

REPORT TO CONGRESS ON THE PREVENTION AND REDUCTION OF UNDERAGE DRINKING

Volume I

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Foreword

As the Acting Administrator of the Substance Abuse and Mental Health Services Administration and Chair of the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), I am proud to present the 2015 Report to Congress on the Prevention and Reduction of Underage Drinking. This is the seventh Report to Congress, which is mandated by the Sober Truth on Preventing Underage Drinking Act of 2006 (P.L. 109-422) and represents the contributions of many federal agencies and all 50 states and the District of Columbia. The Report highlights the activities of the federal agencies that participate in the ICCPUD in reducing underage drinking. It also includes survey results from the states describing their underage drinking prevention programs, their enforcement efforts, and their expenditures on underage drinking prevention.

The Report features updated epidemiological data about the scope of the underage drinking problem in America. It is heartening to note that progress continues to be made, as drinking rates among all ages between 12 and 20 have declined significantly since 2004.

Nevertheless, the data on underage drinking make clear that cause for worry remains. Binge drinking, with its attendant health and safety risks, persists as a frequent phenomenon among underage drinkers. Underage drinkers have shown an increased preference for distilled spirits, which are typically more potent by volume, over beer. Statistics on the social context of underage consumption show that underage drinking parties, which facilitate binge drinking and aggression, including fights and sexual assault, remain a common setting for drinking. Also concerning is the availability of alcohol: 90 percent of 12th graders report that alcohol is “fairly easy” or “very easy” to obtain. And drinking and driving remains far too prevalent: 29 percent of 15- through 20-year-old drivers killed in motor vehicle traffic crashes have alcohol in their systems.

Underage drinking is a problem that must be addressed on many different fronts. This Report draws upon the expertise and experience of the ICCPUD agencies as well as state law enforcement and prevention agencies and sets forth the current state of knowledge regarding best practices. It is my hope that the Report will assist in continuing the nation’s progress in preventing and reducing underage drinking in years to come.

Kana Enomoto

Acting Administrator

Substance Abuse and Mental Health Services Administration

EXECUTIVE SUMMARY

Introduction

Underage drinking and its associated problems have profound negative consequences not just for underage drinkers, but also for their families, their communities, and society as a whole. Underage drinking contributes to a wide range of costly health and social problems, including motor vehicle crashes (the greatest single mortality risk for underage drinkers), suicide, interpersonal violence (e.g., homicides, assaults, rapes), unintentional injuries (e.g., burns, falls, drowning), brain impairment, alcohol dependence, risky sexual activity, academic problems, and alcohol and drug poisoning. On average, alcohol is a factor in the deaths of approximately 4,300 youths in the United States per year, shortening their lives by an average of 60 years (Centers for Disease Control and Prevention [CDC], 2014a).

National data show meaningful reductions in underage drinking, particularly among younger age groups. From 2004 to 2013, young people ages 12 to 20 showed statistically significant declines in both past-month alcohol use and binge alcohol use.¹ These encouraging results were most significant in the 12- to 17-year-old age group, where past-month alcohol use declined by 34.0 percent, and past-month binge drinking declined by 44.1 percent.

But there is still cause for concern. For example, in 2013, 34.4 percent of 20-year-olds reported binge drinking, which substantially increases the risk of injury or death, in the past 30 days; 11.2 percent of 20-year-olds had, in those 30 days, binged five or more times. Furthermore, although drinking levels are lower at younger ages, patterns of consumption across the age spectrum pose significant threats to health and well-being. Particularly troubling is the erosion of the traditional gap between underage males and females in binge drinking. This gap is disappearing as females' drinking practices converge with those of males; female binge drinking rates have declined more slowly than male binge drinking rates.

Still, there is reason for optimism and hope for continued progress. As discussed in Chapters 3 and 4 of this report, states are increasingly adopting comprehensive policies and practices to alter the individual and environmental factors that contribute to underage drinking and its consequences; these can be expected to reduce alcohol-related death and disability and associated health care costs. These efforts can potentially reduce underage drinking and its consequences and change the norms that support underage drinking in American communities.

Characteristics of Underage Drinking in America

Alcohol Is the Most Widely Used Substance of Abuse Among American Youth

Alcohol continues to be the most widely used substance of abuse among America's youth, and a higher proportion use alcohol than use tobacco or drugs. For example, according to the 2013 Monitoring the Future (MTF) study, 25.7 percent of 10th graders reported using alcohol in the

¹ Binge drinking is defined as the consumption of a large amount of alcohol over a relatively short period of time. No common terminology has been established to describe different drinking patterns. Based on National Survey on Drug Use and Health (NSDUH) data, the Substance Abuse and Mental Health Services Administration (SAMHSA) reports binge drinking as five or more drinks on one occasion on at least 1 day in the past 30 days. Appendix A discusses these issues in more detail.

past 30 days, 18.0 percent reported marijuana use in the past 30 days, and 9.1 percent reported cigarette use in the same period (Johnston, O'Malley, Bachman, Schulenberg, & Miech, 2014a).²

Youth Start Drinking at an Early Age

As discussed below, early initiation to alcohol use increases the risk for a variety of developmental problems during adolescence and for problems later in life. Early initiation is often an important indicator of future substance use (Grant & Dawson, 1998; Hawkins et al., 1997; Robins & Przybeck, 1985). Accordingly, delaying the onset of alcohol initiation may significantly improve later health. Although the peak years of initiation to alcohol are 7th to 11th grades, 10 percent of 9- to 10-year-olds have already started drinking (Donovan et al., 2004), and almost one-fifth of underage drinkers begin before they are 13 years old (CDC, 2014c). About 795,000 people reported initiating alcohol use between the ages of 12 and 14. This translates to approximately 2,013 youths (ages 12 to 14) per day in 2013 who initiated alcohol use (SAMHSA, 2014c).

Binge Drinking

Binge drinking is the most common underage consumption pattern. High blood alcohol concentrations (BACs) and impairment levels associated with binge drinking place binge drinkers and those around them at substantially elevated risk for negative consequences, such as motor vehicle crashes, injuries, unsafe sexual practices, and sexual victimization. Accordingly, reducing binge drinking has become a primary public health priority.

Binge rates increase rapidly with age (Exhibit E.1). In 2013, approximately 5.4 million youths 12 to 20 years old (14.2 percent) reported binge drinking in the past month (SAMHSA, 2014a). Although, in comparison with adults, youths generally consume alcohol less frequently and consume less alcohol overall, they are much more likely to binge drink (Exhibit E.2). Accordingly, most youth alcohol consumption occurs in binge drinking episodes. For example, 92 percent of the alcohol consumed by 12- to 14-year-olds is through binge drinking (Pacific Institute for Research and Evaluation [PIRE], 2002). A significant proportion of underage drinkers consume substantially more than the five-drink binge criterion. For example, averaged 2012 and 2013 data show that 10.2 percent of underage drinkers had nine or more drinks during their last drinking occasion (SAMHSA, 2014c). It is important to note that very young adolescents, because of their smaller size, reach binge drinking BACs with fewer drinks (three to four drinks for people ages 12 to 15) than do older adolescents (e.g., ages 18 or older) (Donovan, 2009).

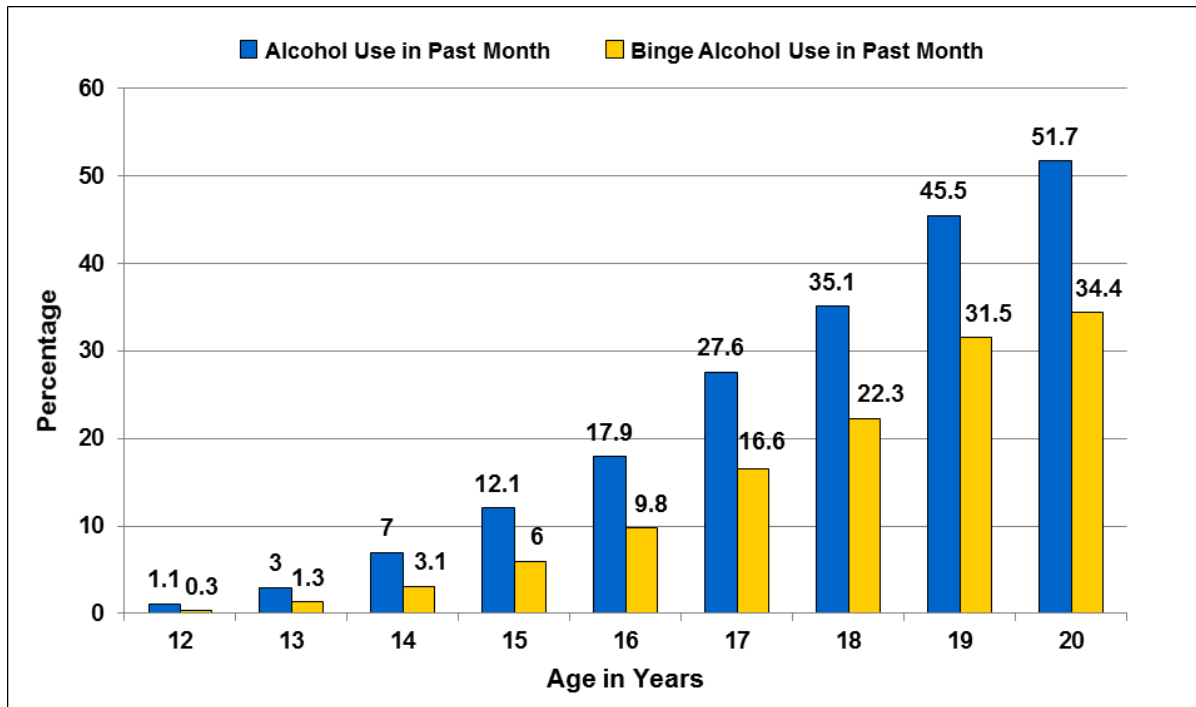
A troubling subset of binge drinking is high-intensity binge drinking, or consumption of 10 or 15 or more drinks on a single occasion. According to MTF data for 2013, 8.1 percent of 12th graders reported consuming 10+ drinks in a row, and 4.4 percent consumed 15+ drinks in a row, within the previous 2 weeks. Although these numbers have declined since 2005, the rate of decline for high-intensity binge drinking has been slower than for all binge drinking (Johnston et al., 2014a).

² For comparability with data from the 2013 NSDUH and 2013 Youth Risk Behavior Survey (YRBS), the latest MTF data included in this report are also from 2013. The 2014 MTF data, available in December 2014, will be included in the next report.

There Is a High Prevalence of Alcohol Use Disorders Among Youth

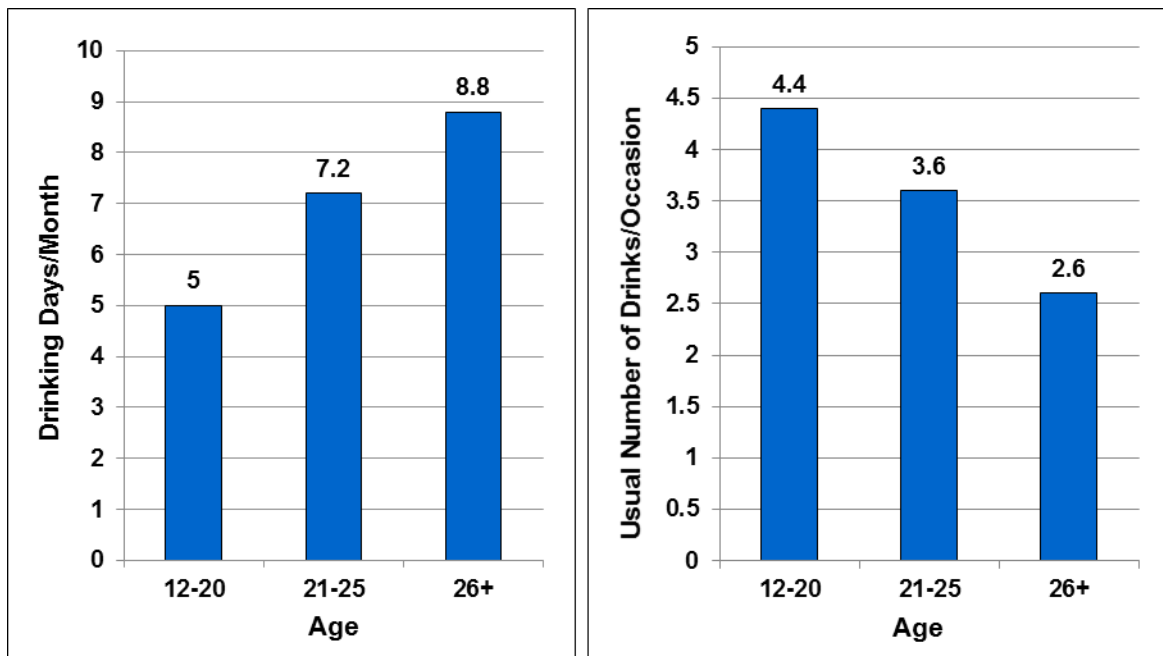
The prevalence of alcohol abuse or dependence among underage drinkers is quite high. Because the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR; American Psychological Association [APA], 2000) criteria for abuse and dependence were originally developed for use with adults, using them to assess abuse and dependence in adolescents may lead to inconsistencies.

Exhibit E.1: Current and Binge Alcohol Use Among People Ages 12–20 by Age: 2013 (SAMHSA, 2014b)



As shown in Exhibit E.3, according to NSDUH combined 2012–2013 data, the prevalence of alcohol use disorders, defined as alcohol abuse and dependence by the DSM-IV-TR (APA, 2000), is about one in nine (11.7 percent) among 18- to 20-year-olds. This prevalence is only slightly less than that for 21- to 24-year-olds (15.3 percent), who have the highest prevalence of alcohol use disorders. In addition, 0.9 percent of 12- to 14-year-olds and 5.3 percent of 15- to 17-year-olds met criteria for alcohol use disorder. Because the DSM-IV-TR (APA, 2000) criteria for alcohol use disorders were originally developed for use with adults, using them to assess abuse and dependence in adolescents may lead to inconsistencies in diagnosis.

Exhibit E.2: Number of Drinking Days per Month and Usual Number of Drinks per Occasion for Youth (12–20), Young Adults (21–25), and Adults (≥26): 2013 (SAMHSA, 2014c)



Female Youth Drinking Rates Are Converging With Male Youth Rates

Although underage males and females tend to start drinking at about the same age and have approximately the same prevalence of any past-month alcohol use, males are more likely to drink with greater frequency and to engage in binge and heavy drinking. Since 1991, rates of binge drinking have been *decreasing* for college, 12th-, 10th-, and 8th-grade males and females, and the gap between male and female binge rates has been steadily declining (Johnston, O'Malley, Bachman, & Schulenberg, 2009b; Johnston et al., 2012a, 2014a; Exhibit E.4). Across all grade groups, male binge drinking rates have been decreasing *faster* than female rates. This is most easily seen in the trend data (straight solid lines) in Exhibit E.4. For example, in 1975, among 12th graders there was a 23 percentage point spread between the rates; in 2013, it was 8.0 points (Johnston et al., 2014a).

A number of biological factors may underlie or contribute to gender differences in drinking behavior and its consequences. Schulte, Ramo, and Brown (2009) noted that differences in body composition (e.g., body fat vs. muscle mass) in females led to a greater BAC from the same dose of alcohol proportionate to body weight, and in males to a lower alcohol reactivity (perceived effects of alcohol as a function of amount consumed). Thus, females may experience alcohol-related problems at lower doses of alcohol.

Exhibit E.3: Prevalence of Past-Year DSM-IV-TR Alcohol Dependence or Abuse by Age: 2012–2013 (SAMHSA, 2014c)

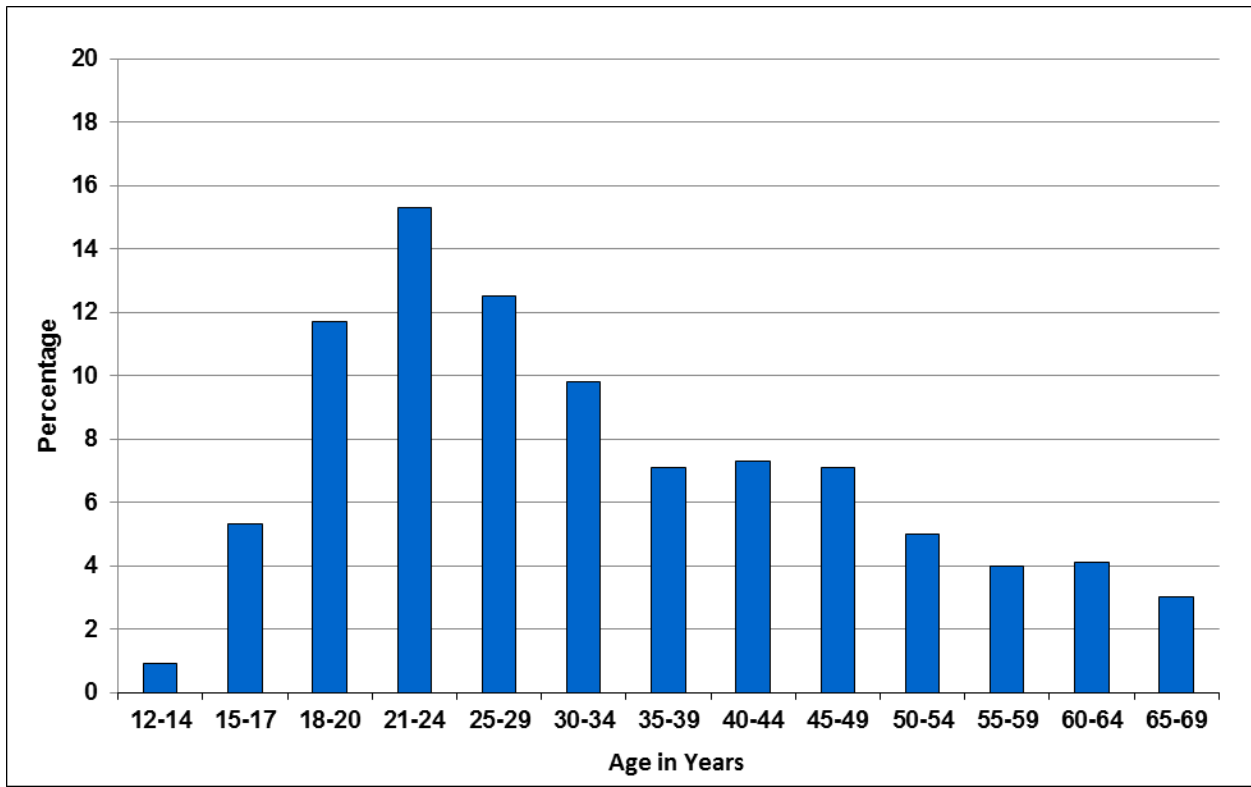
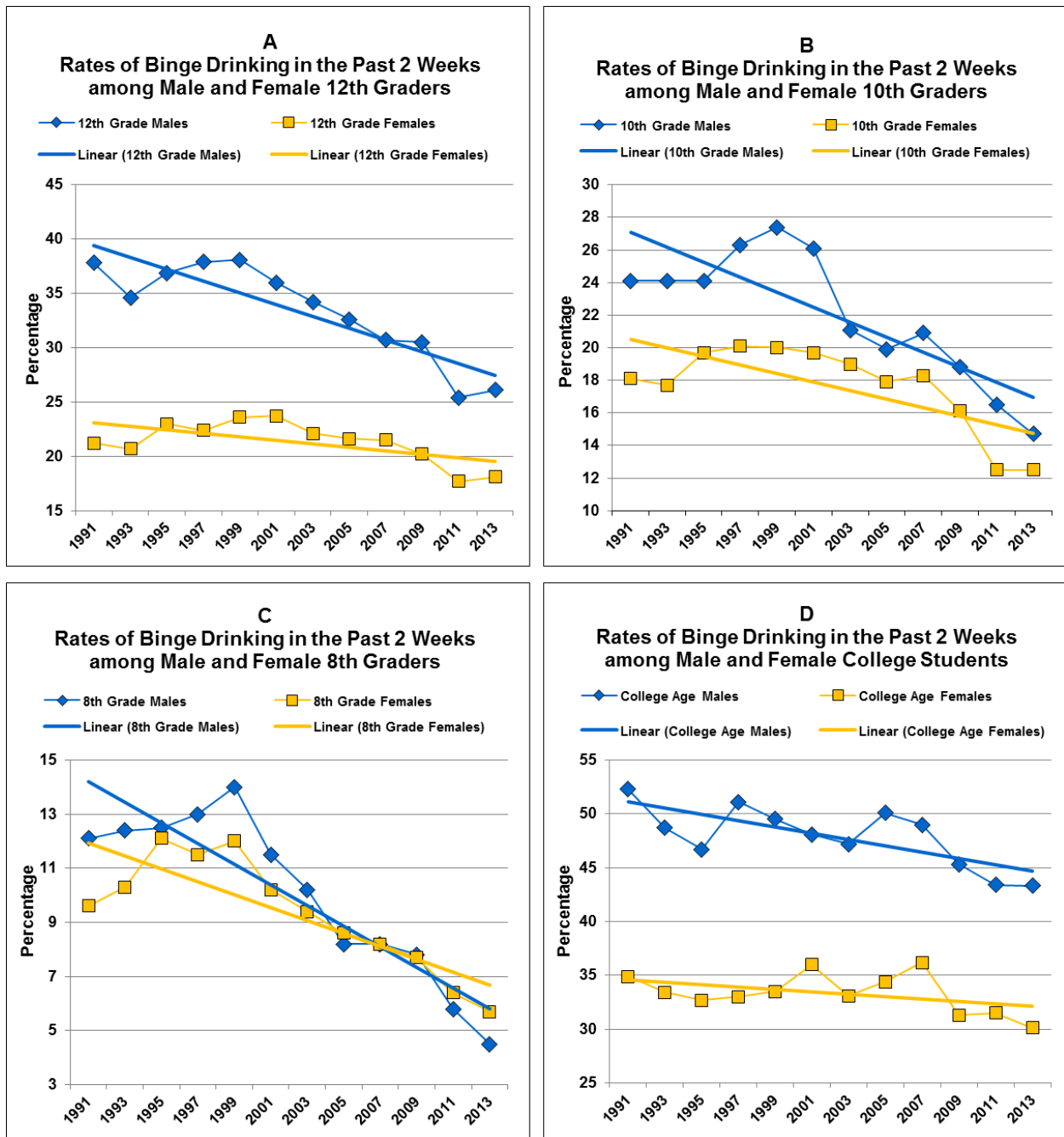


Exhibit E.4: Rates of Binge Drinking in the Past 2 Weeks Among Male and Female 8th, 10th, 12th Graders and College Students, 1991–2013 (Johnston et al., 2014a)³



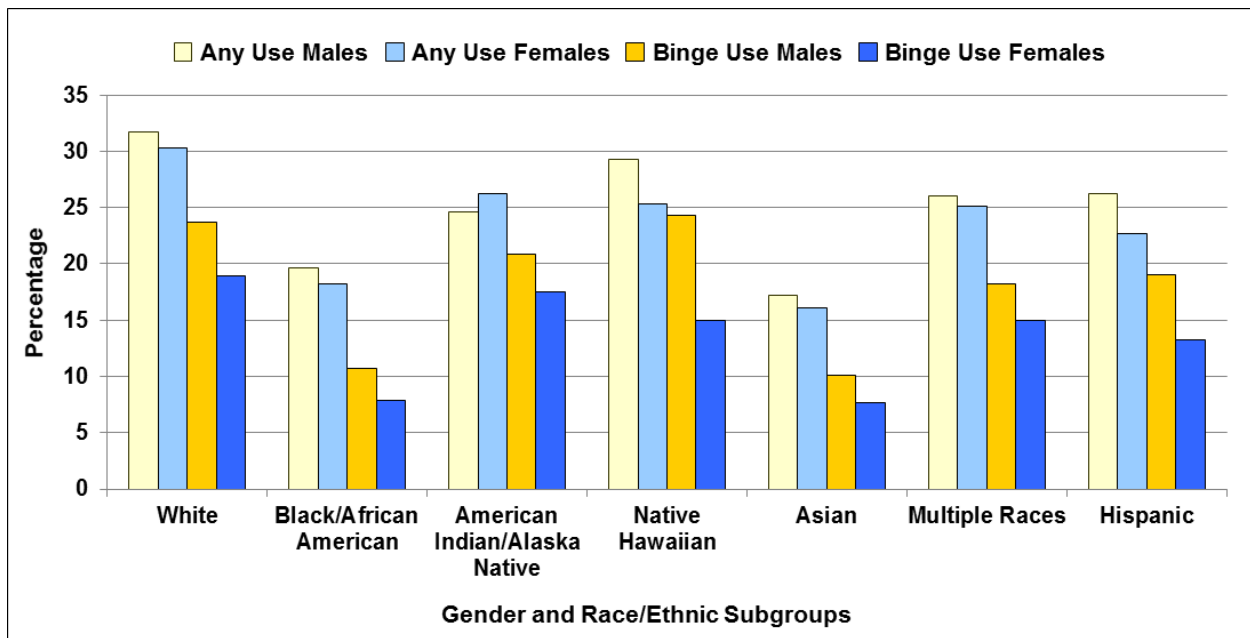
³ Note that the percentage rate scale (y-axis) differs among the four exhibits (A-D) so that the distinctions between males and females within each age group can be easily read. The percentages reflected in each exhibit are the actual percentages.

Drinking Rates Vary by Race and Ethnicity

White youths who are 12 to 20 years old are more likely than any other racial or ethnic group to report current alcohol use. Asian and Black youths had the lowest rates (Exhibit E.5) (SAMHSA, 2014c); however, data indicate that the prevalence of drinking before age 13 is higher among Black and Hispanic youths than among White youths (CDC, 2014c).

These ethnic and racial differences must be viewed with caution. As Caetano, Clark, and Tam (1998) noted, there are important differences in alcohol use and related problems among ethnic and racial subgroups of Whites, Blacks, Hispanics, Asians, and Native Americans/Alaska Natives. Moreover, the authors stressed that the patterns of consumption for any group or subgroup represent a complex interaction of psychological, historical, cultural, and social factors that are not adequately captured by a limited set of labels. With these cautions in mind, the data in Exhibit E.5 highlight the importance of considering race and ethnicity in planning underage drinking countermeasures in specific communities.

Exhibit E.5: Alcohol Use and Binge Drinking in the Past Month Among People Ages 12–20 by Race/Ethnicity and Gender, Annual Averages Based on 2002–2013 Data (SAMHSA, 2014c)



Social Context of Alcohol Use

Underage alcohol use is strongly affected by the context in which drinking occurs, including the number of people present and the location where drinking takes place. Of particular concern is underage drinking at large parties.

Number of People Present at Drinking Event

Most people ages 12 to 20 (79.4 percent) who consumed alcohol in the past month were with two or more people the last time they drank, 14.8 percent were with one other person, and 5.8 percent were alone.⁴ Underage people who drank with two or more other people on the last occasion in the past month had more drinks on average (4.5 drinks) than those who drank with one other person (2.9 drinks) or drank alone (2.7 drinks) (Pemberton, Colliver, Robbins, & Gfroerer, 2008; SAMHSA, 2014c).

Location of Alcohol Use

Most underage drinkers reported last using alcohol in someone else's home (53.5 percent, averaging 4.7 drinks) or in their own home (32.7 percent, averaging 3.5 drinks).⁵ The next most popular drinking locations were at a restaurant, bar, or club (6.7 percent, averaging 4.5 drinks); at a park, on a beach, or in a parking lot (4.5 percent, averaging 4.8 drinks); or in a car or other vehicle (3.7 percent, averaging 6.0 drinks). Thus, most young people drink in social contexts that appear to promote heavy consumption and where people other than the drinker may be harmed by the drinker's behavior.

Underage Drinking Parties

Of particular concern are parties at which large numbers of youth are present. Drinking parties attract those 21 and over as well as significant numbers of underage drinkers (Wells, Graham, Speechley, & Koval, 2005). For this reason, parties are a common environment in which young drinkers are introduced to heavy drinking by older and more experienced drinkers (Wagoner et al., 2012).

Parties are settings for binge drinking and other consumption patterns leading to high BACs (Clapp, Min, Shillington, Reed, & Croff, 2008; Clapp, Reed, Holmes, Lange, & Voas, 2006; Demers et al., 2002; Mayer, Forster, Murray, & Wagenaar, 1998; Paschall & Saltz, 2007; Usdan, Moore, Schumacher, & Talbott, 2005; Wagoner et al., 2012). Factors that increase the risk of high BACs include the size of the party and the number of people drinking (Wagoner et al., 2012), drinking games (Clapp et al., 2006; Clapp et al., 2008), "bring your own booze" policies (Clapp et al., 2006), parties sponsored by fraternities (Paschall & Saltz, 2007), and parties where illicit drugs are available (Clapp et al., 2006). Demers and colleagues (2002) suggested that large parties have a greater facilitative effect on men's drinking compared with women's.

Several studies suggest that drinking parties are settings for aggression, including serious arguments, pushing, fights, and sexual assault (Wagoner et al., 2012). Because large numbers of

⁴ The discussion in this section combines data for 2012 and 2013.

⁵ For the analyses in this section, 2012 and 2013 NSDUH data are combined to provide sufficient sample sizes.

youth are drinking outside their own homes, drinking parties may significantly increase the risk of driving after drinking (PIRE, 2000).

Drinking parties pose serious problems for law enforcement officers. For information on party-related enforcement practices states are implementing, see Chapter 4. For information on relevant state legal policies, see “Hosting Underage Drinking Parties” and “Keg Registration” in Chapter 4.

Types of Alcohol Consumed by Underage Drinkers

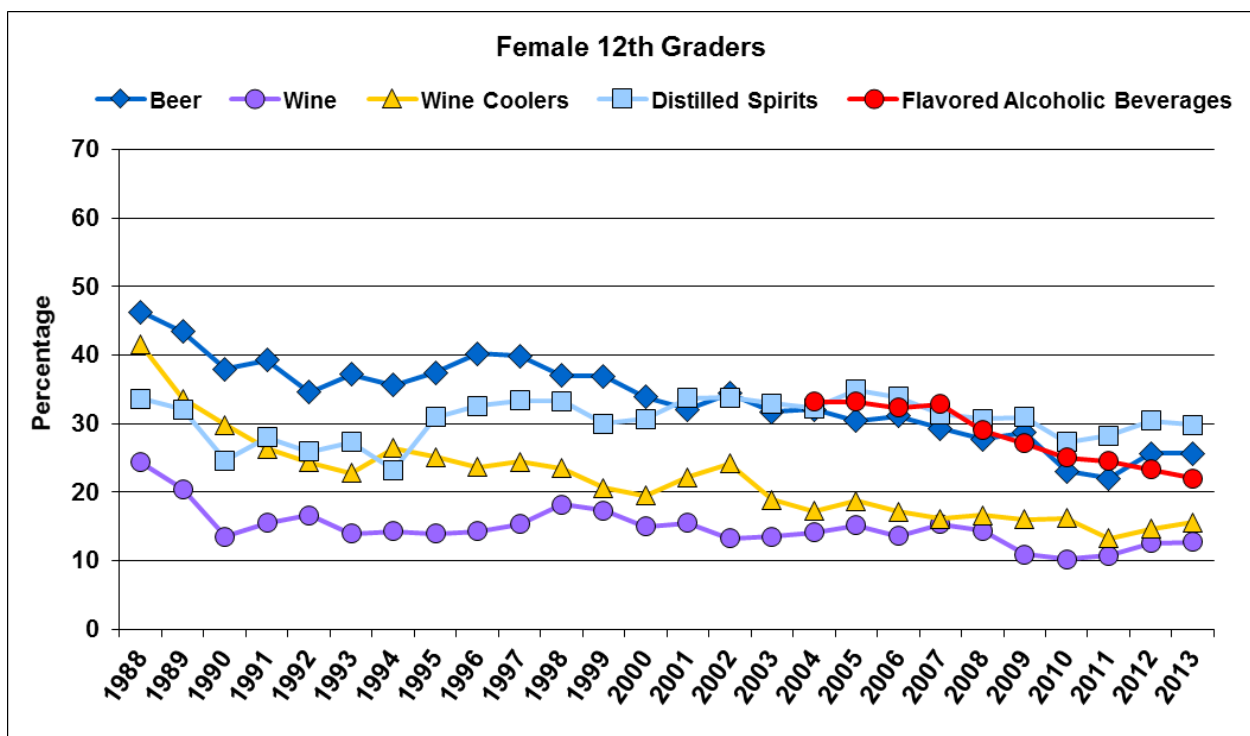
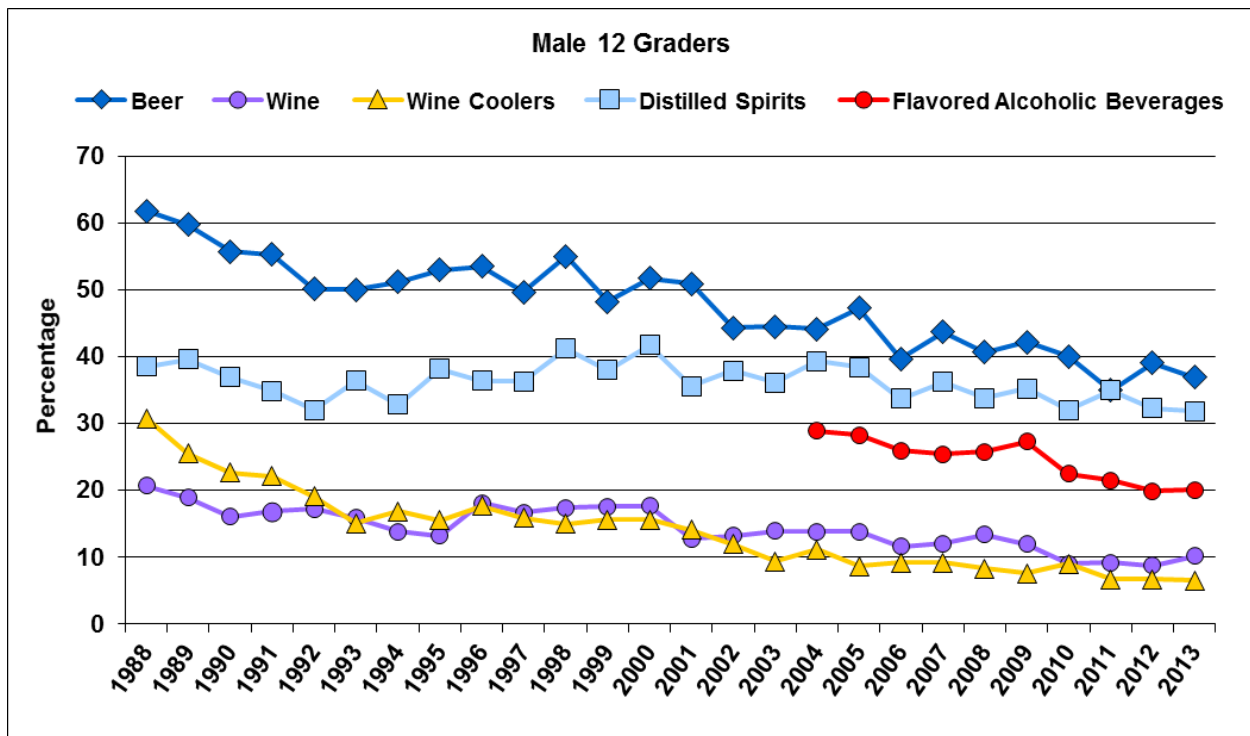
Different alcohol beverage types may be associated with different patterns of underage consumption. Ease of concealment, palatability, alcohol content, marketing strategies, media portrayals, parent modeling, and economic and physical availability may all contribute to the quantity of and settings for consumption. Similarly, beverage types may affect the policies and enforcement strategies that are most effective in reducing underage drinking (CDC, 2007). Tracking beverage preferences among young people is, therefore, an important aspect of prevention policy.

Since 1988, there have been marked shifts in beverage preferences among both male and female 12th graders (Exhibit E.6). Wine is currently preferred by 13 percent or fewer of underage drinkers and is therefore not discussed here.

In 1988, beer was the preferred beverage for both sexes by a large margin. However, preference for beer has declined and preference for distilled spirits has increased. Preference for spirits is now almost equal to preference for beer among males; females now prefer spirits to beer by a slight margin. In 2004 (the first year flavored alcoholic beverages were included in the survey), females’ preference was about the same for beer, distilled spirits, and flavored alcoholic beverages. Their preference for flavored alcoholic beverages has declined steadily since then. Males’ preference for these beverages, which has not been as high as females’ preference, also declined during this period. Data from eight states indicate that, among students in 9th through 12th grades who reported binge drinking, spirits are the most prevalent beverage type (Siegel, Naimi, Cremeens, & Nelson, 2011).

Although reported market share among youth is 0.7 percent, of considerable recent concern is the retail availability of high-potency grain alcohol. These products range in strength from 151 to 190 proof (compared with the 80–101 proof of most spirits). Accordingly, high-potency grain alcohol provides a relatively inexpensive way for underage drinkers to obtain alcohol. Epidemiologic data on the use of high-potency grain alcohol is currently limited. Siegel and colleagues (2014) found that according to an internet panel of youth ages 13 to 20, 5.8 percent of all youth reported consuming high-alcohol-content grain alcohol beverages in the past 30 days. Naimi, Siegel, DeJong, O’Doherty, and Jernigan (2014) reported that when underage drinkers consume grain alcohol, they are significantly more likely to binge drink.

Exhibit E.6: Trends in the Percentage of Male and Female 12th Graders Using Alcoholic Beverages in the Past 30 Days by Beverage Type, 1988–2013 (Johnston et al., 2014b)



Young People Perceive Alcohol To Be Readily Available

Since 1993, youth have reported declines in alcohol availability. However, the number of young people who report that alcohol is fairly easy or very easy to obtain remains high. For example, in 2013, 89.7 percent of 12th graders reported that it was easy or very easy to obtain (Johnston et al., 2014a). Very young drinkers are most likely to obtain alcohol at home from parents or siblings or drink alcoholic beverages stored in the home. In addition, new data suggest that retailer interstate shipping of alcohol has opened up a potentially important avenue of alcohol access for underage people (see below). Please note that some states allow parents, guardians, and spouses to provide alcohol to minors (see Chapter 4).

Youth Drinking Is Correlated With Adult Drinking Practices

Generational transmission has been widely hypothesized as one factor shaping the alcohol consumption patterns of young people. Whether through genetics, social learning, or cultural values and community norms, researchers have repeatedly found a correlation between youth drinking and the drinking practices of parents (Pemberton et al., 2008). Nelson, Naimi, Brewer, and Nelson (2009) demonstrated this relationship at the population (state) level. State estimates of youth and adult current and binge drinking from 1993 through 2005 were significantly correlated when pooled across years.

Xuan and colleagues (2013) analyzed YRBS data from 1999 to 2009 and found a positive correlation between state-level adult binge drinking and youth binge drinking. For individual-level youth drinking outcomes, a 5 percentage point increase in binge drinking prevalence among adults was associated with a 12 percent relative increase in the odds of alcohol use. Paschall, Lipperman-Dreda, and Grube (2013) examined relationships between characteristics of the local alcohol environment and adolescent alcohol use and beliefs in 50 California cities. They observed a greater increase in past-year alcohol use and heavy drinking over time among adolescents living in cities with higher levels of adult drinking. These results suggest that some policies that primarily affect adult drinkers (e.g., pricing and taxation, hours of sale, on-premises drink promotions) may also affect underage drinkers. For corroborating evidence, see Fell, Fisher, Voas, Blackman, & Tippetts (2009). Also, Norberg et al. (2009) reported that people who grew up in states where they could drink legally before age 21 were more likely as adults to meet alcohol and drug abuse and dependence criteria.

Consequences and Risks of Underage Drinking

Driving After Drinking

The greatest mortality risk for underage drinkers is motor vehicle crashes. In 2013, of the 1,691 drivers ages 15 to 20 who were killed in motor vehicle traffic crashes, 492 (29 percent) had a BAC of 0.01 or higher.

Relative to adults, young people who drive after drinking have an increased risk of alcohol-related crashes because of their increased impairment from a given amount of alcohol and perhaps because of their relative inexperience behind the wheel. In a classic paper, Zador (1991) reported that among 16- to 20-year-olds, a BAC of 0.08 g/dL rendered male drivers 52 times more likely and female drivers 94 times more likely than sober gender-matched drivers the same

age to die in a single-vehicle fatal crash. However, the risk of a fatal crash increases as alcohol intake increases, starting at 0.01 g/dL.

O'Malley and Johnston (2013) reported longitudinal data for high school seniors (previous 2 weeks) on driving after drinking any alcohol and after five or more drinks and on being a passenger when the driver has had any alcohol and has had five or more drinks (Exhibit E.7). As can be seen in the exhibit, all four of these behaviors have declined in the last decade, but they remain unacceptably high, especially given the risks associated with driving after even small amounts of alcohol (see above). Males were about twice as likely as females to report driving after drinking, a finding replicated in other studies (CDC, 2014c; Quinn & Fromme, 2012a). Very high percentages of high school seniors who drove after drinking five or more drinks experienced consequences. O'Malley and Johnston (2013) reported that 43.2 percent received a ticket or warning and 30.2 percent were involved in a crash.

Not surprisingly, drinking practices are strongly correlated with driving after drinking. Based on YRBS data, CDC (2012) reported that 84.6 percent of students who reported drinking and driving also reported binge drinking, compared with 26.4 percent of all students. Two studies (LaBrie, Kenney, Mirza, & Lac, 2011; LaBrie, Napper, & Ghaidarov, 2012) found that normative beliefs affect driving after drinking, with higher rates of driving after drinking reported by students who perceived more favorable norms concerning driving after drinking for close friends and typical students.

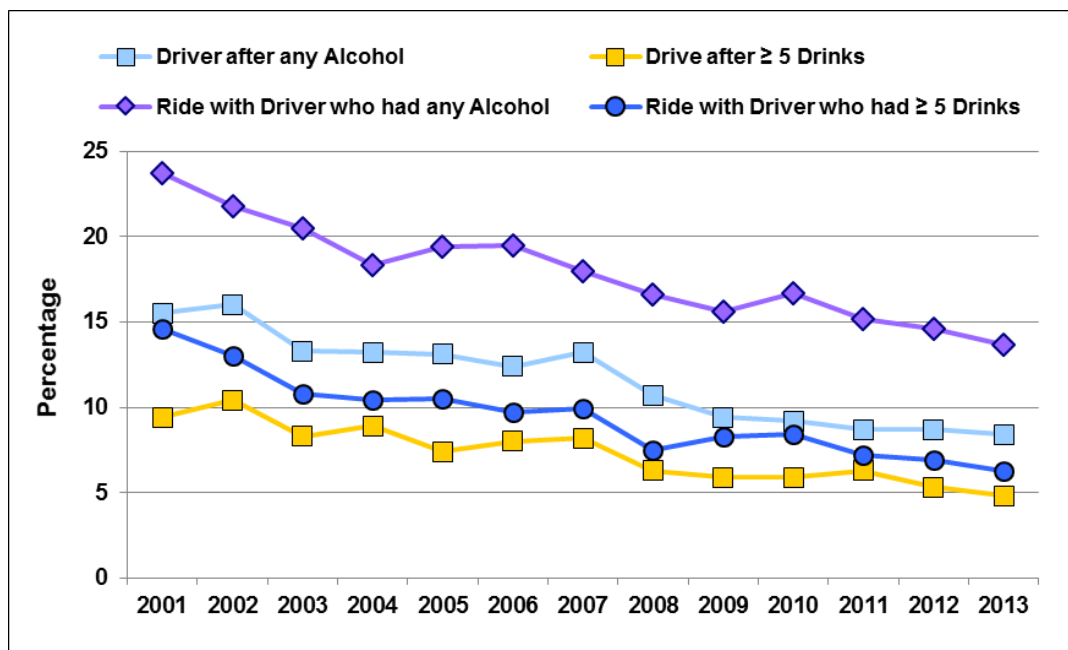
It is an obvious but underappreciated fact that access to cars is a prerequisite for this behavior (see Klitzner, Vegega, & Gruenewald, 1988). O'Malley and Johnston's (2013) data addressed this effect directly: high school seniors who drove more frequently were more likely to engage in driving after drinking.

A number of policy approaches (see Chapter 4) have been shown to reduce driving after drinking and associated mortality and morbidity among youth. Chief among these is the age 21 minimum legal drinking age, even though the law is imperfectly enforced and widely disobeyed (DeJong & Blanchette, 2014; Fell et al., 2009; McCartt, Hellinga, & Kirley, 2010). Fell, Fisher, Voas, Blackman, and Tippetts (2008) examined the effects of a wide variety of laws designed to reduce driving after drinking. They found significant effects of underage purchase and consumption laws and laws related to the production and use of false identification. Cavazos-Rehg and colleagues (2012) used 1999–2009 YRBS data to examine the impact of graduated drivers licensing (GDL) and “use/lose” laws on drinking and driving behaviors of youth ages 16 to 17. Restrictive GDL laws and “use/lose” laws were associated with decreased driving after drinking any alcohol and riding in a car with a driver who had been drinking alcohol.

Other Unintentional Injuries Such as Burns, Falls, and Drowning

In addition to motor vehicle crashes, underage drinking contributes to all major causes of fatal and nonfatal trauma experienced by young people. In 2012, 2,190 youths ages 12 to 20 died from unintentional injuries other than motor vehicle crashes, such as poisoning, drowning, falls, and burns (CDC, 2014b). Research suggests that about 40 percent of these deaths were attributable to alcohol (Smith, Branas, & Miller, 1999).

Exhibit E.7: Trends in Percentage of 12th Graders Reporting Driving After Alcohol Use or Riding After Alcohol Use by the Driver (O'Malley & Johnston, 2013)



Note: The 2012 data came from a special run done by Patrick O'Malley on November 21, 2013. The 2013 data came from a special run done by Patrick O'Malley on November 10, 2014.

Suicide, Homicide, and Violence

Data from 17 states show that among people who died by suicide who were ages 10 to 19 (all of whom were under the legal drinking age in the United States) and were tested, 12 percent had BACs >0.08 g/dL (Crosby, Espitia-Hardeman, Hill, Ortega, & Clavel-Arcas, 2009). One study (Smith et al., 1999) estimated that, for the population as a whole, 31.5 percent of homicides and 22.7 percent of suicides were related to alcohol (i.e., involved a deceased person with a BAC of 0.10 g/dL or greater). Another study on youth suicide estimated that 9.1 percent of suicide-related hospital admissions of those under age 21 involved alcohol and that 72 percent of these cases were attributable to alcohol (Miller, Levy, Spicer, & Taylor, 2006).

Years of Potential Life Lost Due to Alcohol

People under age 21 who die as a result of alcohol use lose an average of 60 years of potential life (CDC, 2014b). By comparison, each person who dies from cancer loses an average of 15 years of life, and each person who dies from heart disease loses an average of 11 years of life (Ries et al., 2003), because these are primarily diseases of older adults.

Risky Sexual Activity

According to the 2007 *Surgeon General's (SG's) Call to Action To Prevent and Reduce Underage Drinking*, underage drinking plays a significant role in risky sexual behavior, including unwanted, unintended, and unprotected sexual activity as well as sex with multiple partners. Such behavior increases the risk for unplanned pregnancy and for contracting sexually transmitted diseases, including infection with HIV, the virus that causes AIDS (Cooper & Orcutt,

1997). When pregnancies occur, underage drinking may result in fetal alcohol spectrum disorders, including fetal alcohol syndrome, which remains a leading cause of intellectual disabilities (Jones, Smith, Ulleland, & Streissguth, 1973; Stratton, Howe, & Battaglia, 1996; Warren & Bast, 1988). A review article by Nolen-Hoeksema cited a number of studies suggesting that underage drinking by both victim and assailant increases the risk of physical and sexual assault (Abbey, 2011; Nolen-Hoeksema, 2004).

Increased Risk of Developing an Alcohol Use Disorder Later in Life

Early-onset alcohol use, alone and in combination with escalated drinking in adolescence, has been noted as a risk factor for development of alcohol-related problems in later life (Agrawal et al., 2009; Dawson, Goldstein, Chou, Ruan, & Grant, 2008; Hingson, Heeren, & Winter, 2006; Hingson & Zha, 2009; Pitkänen, Lyyra, & Pulkkinen, 2005; York, Welte, Hirsch, Hoffman, & Barnes, 2004). Grant and Dawson (1997) found that more than 40 percent of people who initiated drinking before age 13 met diagnostic criteria for alcohol dependence at some time in their lives.⁶ By contrast, alcohol dependence rates among those who started drinking at ages 17 and 18 were 24.5 percent and 16.6 percent, respectively (Exhibit E.8). Data from the 2009–2011 NSDUH survey suggested a similar relationship between age of initiation and development of alcohol-related problems. Only 10 to 11 percent of people who started at age 21 or older met the criteria.

The onset of alcohol consumption in childhood or early adolescence is a marker for later use of drugs, drug dependence, and drug-related crash involvement (Hermos, Winter, Heeren, & Hingson, 2008; Hingson, Heeren, & Edwards, 2008). Moss, Chena, and Yi (2014) found that use of both alcohol and marijuana or a combination of alcohol, marijuana, and cigarettes before age 16 was associated with a spectrum of young adult substance use problems, as well as substance use disorder diagnoses.

Adults who started drinking at age 14 were three times more likely to report driving after drinking too much ever in their lives than were those who began drinking after age 21. Crashes were four times as likely for those who began drinking at age 14 as for those who began drinking after age 21 (Hingson, Heeren, Levenson, Jamanka, & Voas, 2001).

Impaired Academic Performance

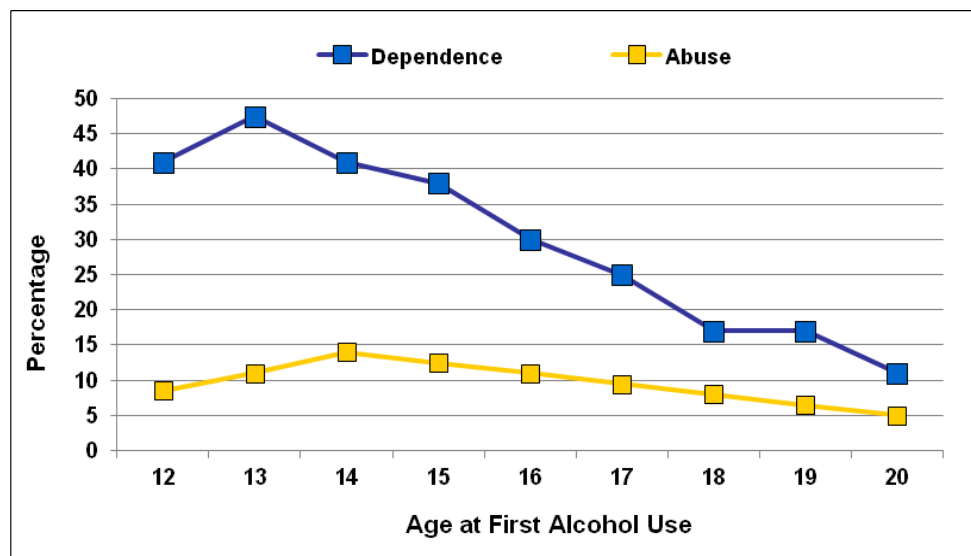
In general, cross-sectional studies have found that students who do poorly in school drink more than students whose school performance is better (Bryant, Schulenberg, & O'Malley, 2003). For example, Miller, Naimi, Brewer, and Jones (2007) found that students who reported binge drinking were three times more likely to report earning mostly Ds and Fs on their report cards, compared with non-binge drinkers.

However, the evidence from longitudinal studies is less clear-cut. Using data from the Youth Development Study (Mortimer, 2003), Owens, Shippee, and Hensel (2008) tracked a panel of youth from their freshman to senior years in high school. They failed to find a significant link across the high-school years between increased drinking and diminishing academic performance. In a 1-year longitudinal analysis of middle-school and high-school students (using the National

⁶ The new criteria for alcohol-related disorders in the DSM-V (APA, 2013) do not specifically address adolescents.

Longitudinal Study of Adolescent Health), Crosnoe, Muller, and Frank (2004) found that, independent of consumption levels, students who drank experienced modest declines (one-tenth of a letter grade) in academic achievement. Using a similar design, Crosnoe (2006) found a stronger association between number of classes failed and later alcohol use than between alcohol use and academic performance. Renna (2008) tracked educational attainment and alcohol use at ages 19 and 25 among two cohorts of 18-year-olds in 1982 and 1983. Binge drinking in the senior year of high school reduced the probability of receiving a high school diploma and increased the probability of graduating later in life with a GED (and hence realizing lower earning potential).

Exhibit E.8: Ages of Initiation and Levels of DSM Diagnoses for Abuse and Dependence (Grant & Dawson, 1997)



Potential Brain Impairment

Adverse effects on normal brain development are a potential long-term risk of underage alcohol consumption. Neurobiological research suggests that adolescence may be a period of unique vulnerability to the effects of alcohol. For example, early heavy alcohol use may have negative effects on the actual physical development of the brain structure of adolescents (Brown & Tapert, 2004) as well as on brain functioning. Negative effects indicated by neuropsychological studies include decreased ability in planning, executive functioning, memory, spatial operations, and attention, all of which play important roles in academic performance and future levels of functioning (Brown, Tapert, Granholm, & Dellis, 2000; Giancola & Mezzich, 2000; Tapert & Brown, 1999; Tapert et al., 2001; Winward, Hanson, Bekman, Tapert, & Brown, 2014). As Brown and colleagues (2000) noted, these deficits may put alcohol-dependent adolescents at risk for falling farther behind in school, putting them at an even greater disadvantage relative to nonusers. Some of these cross-sectional findings are supported by longitudinal analyses (Squeglia, Jacobus, & Tapert, 2009). In a 10-year prospective study, Hanson, Medina, Padula, Tapert, & Brown (2011) found that having a history of heavy alcohol or other substance use during adolescence appears to be more important in determining cognitive deficits than whether individuals continued to have substance-related problems into their mid-twenties.

Underage Drinking Among College Students

In its landmark 2002 report, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* (henceforth referred to as *The National Institute on Alcohol Abuse and Alcoholism's [NIAAA's] Call to Action*), NIAAA noted the following, which remains the case 13 years later:

The tradition of drinking has developed into a kind of culture—beliefs and customs—entrenched in every level of college students' environments. Customs handed down through generations of college drinkers reinforce students' expectation that alcohol is a necessary ingredient for social success. These beliefs and the expectations they engender exert a powerful influence over students' behavior toward alcohol.⁷

Extent of the Problem

Overall rates of college student drinking and binge drinking exceed those of age peers who do not attend college (Johnston, O'Malley, Bachman, Schulenberg, & Miech, 2014c). Of college students, 78 percent drank and 35.2 percent reported drinking five or more drinks on an occasion in the past 2 weeks. Unlike high school students and same-age peers not in college, binge drinking rates among college students have shown little decline since 1993 (Johnston et al., 2014c). Considering binge drinking trends for only 12th graders with college plans and college students, the slopes of the two trend lines are diverging noticeably. In other words, college students are now drinking more than 12th graders with college plans than they did in past years. This finding suggests that the impact of the college transition may be increasing over time.

Underage college students drink about 48 percent of the alcohol consumed by students at 4-year colleges (Wechsler, Lee, Nelson, & Kuo, 2002). Some college students far exceed the binge criterion of five drinks per occasion (Wechsler, Molnar, Davenport, & Baer, 1999; Wechsler & Nelson, 2008).

Adverse Consequences of College Drinking

The consequences of underage drinking in college are widespread and serious (White & Hingson, 2014). A study of roughly 5,500 college women on two campuses revealed that nearly 20 percent experienced some form of sexual assault while at college (Krebs, Lindquist, Warner, Fisher, & Martin (2009). A review by Abbey (2011) concluded that approximately half of all reported and unreported sexual assaults involve alcohol consumption by the perpetrator, victim, or both. Abbey further reported that typically, if the victim consumes alcohol, the perpetrator does as well.

Hingson and Zha (2009) estimated that annually more than 696,000 college students were assaulted or hit by another student who had been drinking; another 599,000 were unintentionally injured while under the influence of alcohol. Research suggests that roughly 474,000 students ages 18 to 24 have had unprotected sex while under the influence of alcohol, and each year more than 100,000 students ages 18 to 24 report having been too intoxicated to know if they consented to having sex. About 25 percent of college students report academic consequences as a result of their drinking, including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall.

⁷ For many students, alcohol use is not a tradition. Students who drink the least attend 2-year institutions, religious schools, commuter schools, and historically black colleges and universities (Meilman et al., 1994, 1995, 1999; Presley et al., 1996a, b).

College Drinking Prevention Best Practices

In 1998, NIAAA convened a Task Force on College Drinking, composed of college presidents, students, and alcohol research experts on college drinking. During a 3-year research and outreach project, the Task Force produced the above-mentioned *NIAAA's Call to Action*, which highlighted the magnitude of the problem and made specific recommendations for addressing the problem based on existing research evidence.

The report recommended that schools use a “3-in-1 Framework” to develop comprehensive programs that integrate multiple complementary strategies. Exhibit E.9 outlines the strategies examined by the NIAAA Task Force, grouped according to the supporting evidence for them and the levels at which they operate.

Since the NIAAA Task Force report was issued in 2002, research on college drinking has continued to yield important information about the potential effectiveness of these and additional intervention strategies. In 2007, after an updated review of college intervention literature, NIAAA issued *What Colleges Need to Know Now: An Update on College Drinking Research*. Current research confirms that interventions targeting individual students, including those at risk for alcohol problems, are effective. In addition, research now more clearly supports the use of environmental interventions, particularly campus–community partnerships, as part of a comprehensive program to address harmful college drinking.

The 2007 *SG's Call to Action* also provided best-practice recommendations for college drinking prevention, including fostering a culture in which alcohol does not play a central role in college life or the college experience. About a quarter of the recommendations of the *SG's Call to Action* specifically overlap the NIAAA 3-in-1 framework. The *SG's Call to Action* also recommends:

- Providing frequent alcohol-free late-night events, extending hours of student centers and athletics facilities, and increasing public service opportunities.
- Offering alcohol-free dormitories that promote healthy lifestyles.
- Restricting or eliminating alcohol sales at concerts and at athletic and other campus events.
- Reinstating Friday classes to shorten the extended weekend.

The Task Force on Community Preventive Services (2010) and the National Research Council/Institute of Medicine's *Reducing Underage Drinking: A Collective Responsibility* (2004), although not specifically focused on college drinking, both support the 3-in-1 framework strategies of aggressive enforcement of underage drinking laws, increasing alcohol prices, and excise tax. Exhibit 4.1.1, “Underage Drinking Prevention Policies – Best Practices,” presented in Chapter 4.1 lists additional policies that may contribute to a reduction in college drinking, especially drinking that occurs in the surrounding community. The policies include dram shop and social host liability; bans on direct sales (internet/mail order); keg registration; minimum ages for servers, sellers, and bartenders; internal possession laws; and restrictions on alcohol advertising.

Exhibit E.9: 3-in-1 Framework

3-IN-1 FRAMEWORK				
Tier	Strategy	Level of Operation		
		Individuals, including At-Risk and Dependent Drinkers	Student Population as Whole	Community
1: Effective among college students	Combining cognitive-behavioral skills with norms clarification & motivational enhancement intervention	Yes	No	No
	Offering brief motivational enhancement interventions in student health centers and emergency rooms	Yes	No	No
	Challenging alcohol expectancies	Yes	No	No
2: Effective with general populations	Increased enforcement of minimum drinking age laws	No	Yes	Yes
	Implementation, increased publicity, and enforcement of other laws to reduce alcohol-impaired driving	No	Yes	Yes
	Restrictions on alcohol retail density	No	No	Yes
	Increased price and excise taxes on alcoholic beverages	No	No	Yes
	Responsible beverage service policies in social & commercial settings	No	Yes	Yes
	The formation of a campus/community coalition	No	Yes	Yes
3: Promising	Adopting campus-based policies to reduce high-risk use (e.g., reinstating Friday classes, eliminating keg parties, establishing alcohol-free activities & dorms)	No	Yes	No
	Increasing enforcement at campus-based events that promote excessive drinking	No	Yes	No
	Increasing publicity about enforcement of underage drinking laws/eliminating “mixed” messages	No	Yes	Yes
	Consistently enforcing disciplinary actions associated with policy violations	No	Yes	No
	Conducting marketing campaigns to correct student misperceptions about alcohol use on campus	No	Yes	No
	Provision of “safe rides” programs	No	Yes	Yes
	Regulation of happy hours and sales	No	Yes	Yes
	Enhancing awareness of personal liability	Yes	Yes	No
	Informing new students and parents about alcohol policies and penalties	Yes	Yes	No
4: Ineffective	Informational, knowledge-based or values clarification interventions when used alone	N/A	N/A	N/A

Moving Forward—NIAAA’s CollegeAIM

NIAAA-supported research has resulted in evidence-based practices that can be used to address harmful drinking and related consequences on college campuses, several of which are mentioned above. To foster the implementation of these strategies, NIAAA convened a new College Presidents Working Group in 2011. Its goals are to bring renewed, vigorous national attention to college drinking; encourage the translation of college prevention research findings into practice; and provide a platform for sharing and disseminating evidence-based information. NIAAA continues to work with this working group of college presidents to address the issue of college drinking. Among the many practical recommendations the presidents made to NIAAA, one stood out: the need for a clear, easy-to-understand tool to help them evaluate and select

interventions that are effective, best fit their schools, and are feasible to implement. In response, NIAAA is developing a matrix-based decision tool that organizes what is known about college drinking interventions by important parameters, such as the strength of the research evidence and ease of implementation. NIAAA enlisted a team of six college drinking research experts to develop the matrix. Next, 10 additional scientific experts reviewed the draft matrix. Their comments were collated and shared with the developers, who have revised the matrix in response. The matrix will form the centerpiece of a guide for college administrators on intervening to prevent harmful drinking on campus. A searchable online decision tool is envisioned as well.

Federal and State Actions Regarding Powdered Alcohol

On March 10, 2015, the U.S. Alcohol Tax and Trade Bureau (TTB), which approves alcohol labeling, issued label approvals for Palcohol, a powdered product. A container of Palcohol contains 3.4 ounces of powder, which, when water is added, contains the equivalent of one shot of distilled spirits. Public health professionals and state government officials raised concerns that, because powdered alcohol could be easily concealed and easily transported, it would have particular appeal to underage drinkers. As of June 2015, 24 states have enacted either permanent or temporary bans on powdered alcohol, and 4 states have expanded the statutory definition of alcohol so that powdered alcohol can be regulated under their existing alcohol statutes. An additional 14 state legislatures and the District of Columbia have introduced bills banning powdered alcohol.

The National Effort To Reduce Underage Drinking

Underage drinking has been recognized as a public health problem for many years. Recently, the national effort to prevent alcohol use by America's young people has intensified as the multifaceted consequences associated with underage drinking have become more apparent. A brief summary of key milestones over the last two decades follows:

1. 1992—Congress created SAMHSA to “focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders.”
2. 1998—Congress mandated that the U.S. Department of Justice, through the Office of Justice Programs' Office of Juvenile Justice and Delinquency Prevention, establish and implement the Enforcing the Underage Drinking Laws program, a state- and community-based initiative.
3. 2004—Congress directed the Secretary of the U.S. Department of Health and Human Services (HHS) to establish the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) and to issue an annual report summarizing all federal agency activities related to the problem.
4. 2006—Congress passed the Sober Truth on Preventing (STOP) Underage Drinking Act, Public Law 109-422, popularly known as the STOP Act. The act states, “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.” The STOP Act also calls for two annual reports: (1) a Report to

Congress from the HHS Secretary (the “Annual Report to Congress”) and (2) a report on state underage drinking prevention and enforcement activities (the “State Report”). Chapters 1–3 of this document constitute the Annual Report to Congress; Chapter 4 constitutes the State Report. Together, they fulfill the STOP Act mandate and are designed to build on the efforts that precede it.

5. 2007—The *SG’s Call to Action To Prevent and Reduce Underage Drinking* (HHS, 2007), the first on that subject, was issued. Based on the latest and most authoritative research at the time, particularly on underage drinking as a developmental issue, the *SG’s Call to Action* outlines a comprehensive national effort to prevent and reduce underage alcohol consumption. The strategies for implementing the goals of the *SG’s Call to Action* are presented in the full *SG’s Call to Action*, which is available at <http://www.ncbi.nlm.nih.gov/books/NBK44360>.

The STOP Act requires the HHS Secretary to report to Congress on “the extent of progress in preventing and reducing underage drinking nationally.” Data presented in Chapter 1 of this report demonstrate that meaningful progress has been made in reducing underage drinking prevalence. The factors that have contributed to this progress are varied and complex, with one clear factor having been the increased attention to this issue at all levels of society. Federal initiatives have raised underage drinking to a prominent place on the national public health agenda, created a policy climate in which significant legislation has been passed by states and localities, raised awareness of the importance of aggressive enforcement, and stimulated coordinated citizen action. These changes are mutually reinforcing and have provided a framework for a sustained national commitment to reducing underage drinking.

Nevertheless, the rates of underage drinking are still unacceptably high, resulting in preventable and tragic health and safety consequences for the nation’s youth, families, communities, and society as a whole. Therefore, ICCPUD remains committed to an ongoing, comprehensive approach to preventing and reducing underage drinking. This document, with its yearly updates to the State Report and survey responses, is part of that sustained effort to reduce underage drinking in America.

Report on State Programs and Policies Addressing Underage Drinking

Recognizing the importance of state programs and policies in preventing underage drinking, the STOP Act directs HHS and ICCPUD to provide an annual report on state underage drinking prevention activities. It defines specific categories of prevention programs, policies, enforcement activities related to those policies, and state expenditures to guide the report’s development. The annual State Report (Chapter 4) provides the following information for the 50 states and the District of Columbia (henceforth referred to as “states”):

1. Information on 25 underage drinking prevention policies focused on reducing youth access to alcohol and youth involvement in drinking and driving
2. Data from a survey addressing underage drinking enforcement programs; programs targeted to youth, parents, and caregivers; collaborations, planning, and reports; and state expenditures on the prevention of underage drinking

The 25 policies included in Chapter 4 can be grouped under four general headings:

- Laws Addressing Minors in Possession of Alcohol

- Laws Targeting Underage Drinking and Driving
- Laws Targeting Alcohol Suppliers
- Alcohol Pricing Policies

Laws Addressing Minors in Possession of Alcohol

1. Underage possession
2. Underage consumption
3. Internal possession by minors
4. Underage purchase and attempted purchase
5. False identification

Laws and the penalties associated with them are designed to raise the costs to underage people of obtaining and consuming alcohol. Such laws provide a primary deterrent (preventing underage drinking among nondrinkers) and a secondary deterrent (reducing the probability that adjudicated youth will drink again before reaching age 21). In addition, laws addressing internal possession facilitate enforcement, and laws regarding false identification for obtaining alcohol make obtaining alcohol more difficult.

Laws Targeting Underage Drinking and Driving

6. Youth blood alcohol concentration limits (underage operators of noncommercial motor vehicles)
7. Loss of driving privileges for alcohol violations by minors (“use/lose” laws)
8. GDLs

Similarly to laws addressing minors in possession of alcohol, these laws seek to deter underage driving after drinking by raising the cost of this behavior. In addition, GDLs restrict driving privileges to reduce the incidence of a variety of risky driving behaviors, including driving while intoxicated.

Laws Targeting Alcohol Suppliers

9. Furnishing alcohol to minors
10. Compliance check protocols
11. Penalty guidelines for sales to minors
12. Responsible beverage service
13. Minimum ages for off-premises sellers
14. Minimum ages for on-premises servers and bartenders
15. Outlet siting near schools
16. Dram shop liability
17. Social host liability
18. Hosting underage drinking parties
19. Retailer interstate shipments of alcohol
20. Direct sales/shipments
21. Keg registration
22. Home delivery

These laws serve to reduce alcohol availability to minors and hence reduce underage drinking. Some of the laws increase the costs to adults and thus deter furnishing alcohol to minors (e.g.,

compliance checks, social host and dram shop liability). Other laws directly impede the furnishing of alcohol (e.g., responsible beverage service, minimum age for servers and sellers, restrictions on direct shipment and home delivery).

Alcohol Pricing Policies

- 23. Alcohol taxes
- 24. Drink specials
- 25. Wholesaler pricing

These policies serve to decrease the “economic availability” of alcoholic beverages through increases in retail price and thus decrease underage drinking and a wide variety of related consequences. The effects of these policies may be direct (e.g., increased taxes, minimum wholesale prices, banning reduced-price drink specials) or indirect (e.g., limiting serving size).

Chapter 4 includes a description of each policy’s key components, the status of the policy across states, and trends over time. Summaries are followed by a state-by-state analysis of each policy.

For more information on these state policies, see the individual state reports and policy summaries in Chapter 4.

State Survey

This section of Chapter 4 provides both the complete responses of the states to the 2014 State Survey (state summaries), and the Cross-State Report. This is the fourth wave of data collection for the State Survey (which was initiated in 2011). Comparisons for selected enforcement activities are presented among data collected between 2011 and 2014.

The survey content was derived directly from the STOP Act, covering topics and using terminology from the act. The survey questions were structured to allow states maximum flexibility in deciding which initiatives to describe and how to describe them. Open-ended questions were used whenever possible to allow states to “speak with their own voices.” As noted earlier, the survey addressed four main areas:

1. Enforcement programs to promote compliance with underage drinking laws and regulations
2. Programs targeted to youth, parents, and caregivers to deter underage drinking
3. State interagency collaboration to implement prevention programs, state best-practice standards, and collaborations with tribal governments
4. The amount that each state invests on the prevention of underage drinking

The Cross-State Report presents data about variables amenable to quantitative analysis. Overall, the 2013 data reveal a wide range of activity in the areas studied, although these vary in scope and intensity from state to state. A key conclusion to be drawn from the STOP Act State Survey is that the states have demonstrated a commitment to the reduction of underage drinking and its consequences. This commitment is evident in the fact that all states and the District of Columbia completed the 90-question survey; reported numerous program activities; and, in many cases, provided substantial detail about those activities. Some of the variability found in the data may be due as much to data unavailability as to whether the activities were actually conducted. For example, only a limited number of states collect data on local enforcement efforts. Given that much of the enforcement of laws pertaining to furnishing minors and minors in possession

occurs at the local level, it is likely that the enforcement statistics reported here actually underestimate the total amount of underage drinking enforcement occurring in the states. Regular and complete collection of both state and local data is critical to building an accurate picture of the national effort to prevent underage drinking.

Data collection and reporting vary greatly from year to year among the states, so it is not possible to compare all states over these 4 years. Fewer than half of the states provided information in all 4 years for six of the enforcement data categories selected for comparison in the Cross-State Report. Therefore, caution should be used in interpreting these data. Forty-nine percent of the states provided minors in possession data, and 63 percent provided state compliance check data for all 4 years. Fifty-six percent of the states that reported data for all 4 years reported a smaller number of minor in possession arrests in 2014 compared with 2011, and 56 percent of the states reported an increased number of compliance checks between 2011 and 2014. Fewer than 20 percent of the states reported on local compliance checks and state expenditures for compliance checks in all 4 years. In all penalty categories, larger percentages of the states reported reduced use of these penalties between 2011 and 2014 than reported increased use.

Enforcement

A significant component of the STOP Act's mission is to collect data and report on each state's performance in enforcing policies designed to prevent or reduce underage drinking. This year's report provides in-depth background on enforcement to provide context for these data.

Discussions are provided of:

- The mechanisms by which enforcement supports policy effectiveness
- Factors that affect the impact of enforcement on policy compliance
- How enforcement is measured
- Empirical studies of enforcement practices

Research suggests that enforcement can result in greater compliance and better public health outcomes (Preusser, Ulmer, & Preusser, 1992). However, enforcement of underage drinking policies is often uneven, inconsistent, and sporadic, and outcomes generally diminish over time (Ferguson, Fields, & Voas, 2000; Forster et al., 1994; Montgomery, Foley, & Wolfson, 2006; Mosher, Toomey, Good, Harwood, & Wagenaar, 2002; Preusser et al., 1992; Voas, Lange, & Tippetts, 1998; Wagenaar & Wolfson, 1995; Wolfson, Wagenaar, & Hornseth, 1995). One study (Wagenaar, Toomey, & Erickson, 2005) found that a compliance check intervention resulted in an immediate 17 percent reduction in underage sales. Over a 3-month period, these effects decayed completely for off-sale premises and by half for on-sale premises.

Three studies (Grube, 1997; Hingson et al., 1996; Holder et al., 2000) have shown that when community-based interventions to prevent underage drinking or other alcohol-related harms include a media campaign, this may increase the public's perception of the likelihood that the law will be enforced and violators sanctioned. Also see McCartt et al., 2009 and Wagenaar, 2000. This increased awareness appears to lead to increased compliance with alcohol-related laws.

A key determinant of enforcement effectiveness is the resources devoted to enforcement actions. A study that examined the relationship among underage alcohol policies in 50 California cities, enforcement of these policies, and adolescent alcohol use identified an inverse relationship

between the funding of enforcement of underage drinking laws and frequency of past-year underage alcohol use (Paschall et al., 2013). Similarly, a study of binge drinking among college students found a significant association between binge drinking rates and state ratings for resources devoted to enforcement (Nelson, Naimi, Brewer, & Wechsler, 2005).

Conclusion

Data in this report demonstrate that meaningful progress has been made in reducing underage drinking prevalence. The factors contributing to this progress are varied and complex, with one clear factor being increased attention to this issue at all levels of society. Federal initiatives, together with efforts by the national media, state and local governments, and interested private organizations, have raised underage drinking to a prominent place on the national public health agenda, created a policy climate in which significant legislation has been passed by states and localities, raised awareness of the importance of aggressive enforcement, and stimulated coordinated citizen action. These changes are mutually reinforcing and have provided a framework for a sustained national commitment to reducing underage drinking.

Nevertheless, the rates of underage drinking are still unacceptably high, resulting in preventable and tragic health and safety consequences for the nation's youth, families, communities, and society as a whole. Therefore, ICCPUD remains committed to an ongoing, comprehensive approach to preventing and reducing underage drinking.

CHAPTER 1

Preventing and Reducing Underage Drinking: An Overview

Introduction

Alcohol remains the most widely used substance of abuse among America's youth. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) through a special analysis based on 2013 data, a higher percentage of youth who are 12 to 20 years old used alcohol in the past month (22.7 percent) than tobacco (16.9 percent) or illicit drugs (13.6 percent; SAMHSA, 2014a). The extent of alcohol consumption by those younger than the legal drinking age of 21 constitutes a serious threat to both public health and public safety. In response, governments at the federal, state, and local levels have sought to develop effective approaches to reduce underage drinking and its associated costs and consequences. The actions of government alone, however, cannot solve this serious problem. Only a broad, committed collaboration among governments, parents of underage youth, other adults, caregivers (people who provide services to youth, such as teachers, coaches, health and mental health care providers, human services workers, and juvenile justice workers), prevention professionals, youth, and private-sector organizations and institutions can reach an effective solution to this national challenge.

Underage drinking is a complex and challenging social problem that has defied an easy solution. Although selling alcohol to youth under age 21 is illegal in all 50 states and the District of Columbia, some states make it legal to provide (but not sell) alcohol to youth under special circumstances, such as at religious ceremonies, in private residences, or in the presence of a parent or guardian. Despite such broad restrictions, underage youth find it relatively easy to acquire alcohol, often from adults. Alcohol use often begins at a young age; the average age of first use for youths who initiated before age 21 is about 16.2 years old, and 10 percent of 9- to 10-year-olds have already started drinking (Donovan et al., 2004; SAMHSA, 2014c). Alcohol use increases with each additional year of age, and by age 20, more than half (51.7 percent) of youths report having had one or more drinks in the past 30 days (SAMHSA, 2014b). Underage drinkers are much more likely than adults to drink heavily and recklessly. Studies consistently indicate that about 78 percent of college students—of whom 48 percent are underage—drink alcohol, and about 35 percent of all college students engage in binge drinking (i.e., when males consume five or more drinks in a row and females consume four or more drinks in a row; National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2002).⁸

Scientific research over the past decade has broadened our understanding of the ways and extent to which underage alcohol use threatens the immediate and long-term development, well-being, and future mental development of young people. Alcohol is a leading contributor to fatal injuries and a major cause of death for people younger than 21. The potential consequences of underage drinking include alcohol-related traffic crashes and fatalities, other unintentional injuries (such as burns and drowning), increased risk of suicide and homicide, physical and sexual assault, academic and social problems, inappropriate and risky sexual activity, and adverse effects on the

⁸ Binge drinking is defined as the consumption of a large amount of alcohol over a relatively short period of time. No common terminology has been established to describe different drinking patterns. Based on National Survey on Drug Use and Health (NSDUH) data, SAMHSA defines “binge drinking” as five or more drinks on one occasion on at least 1 day in the past 30 days and “heavy drinking” as five or more drinks on at least 5 different days in the past 30 days. However, NSDUH can provide binge drinking estimates based on the NIAAA gender-specific definition. Some studies, including Wechsler, Lee, Nelson, and Kuo’s 2002 survey of college students, define “binge drinking” as five or more drinks in a row for men and four or more for women. Other sources use “frequent heavy drinking” to refer to five or more drinks on at least five occasions in the last 30 days. Appendix A discusses these differences in more detail. See Courtney and Polich (2009) for further discussion of the definition issues.

developing brain (NIAAA, 2005a). The consequences of underage alcohol use extend beyond underage drinkers: society also pays. For example, in 2013, 47 percent of all deaths in traffic crashes involving a 15- to 20-year-old driver with a blood alcohol concentration of 0.08 or higher were people other than the drinking driver (National Center for Statistics and Analysis, 2015). In 2006, almost \$27 billion (about 12 percent) of the total \$223.5 billion economic costs of excessive alcohol consumption were related to underage drinking (Bouchery, Harwood, Sacks, Simon, & Brewer, 2011).

As noted below, the problems associated with college drinking include sexual assault or date rape; violent crime on college campuses; and academic consequences, including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall. Campus alcohol use also affects the academic performance of nondrinkers by contributing to a noisy and disruptive environment that is not conducive to studying.

The National Effort To Reduce Underage Drinking

Underage drinking has been recognized as a public health problem for many years. Recently, however, the national effort to prevent alcohol use by America's young people has intensified as the multifaceted consequences associated with underage drinking have become more apparent.

After Prohibition ended in 1933, states assumed authority for alcohol control, including the enactment of laws restricting youth access to alcohol. The majority of states designated 21 as the minimum legal drinking age (MLDA) for the "purchase or public possession" of alcohol. But beyond setting a minimum drinking age, the nation's alcohol problems were largely ignored through the 1960s (NIAAA, 2005b). However, on December 31, 1970, Congress established NIAAA to "provide leadership in the national effort to reduce alcohol problems through research."

Between 1970 and 1976, 29 states lowered their MLDA to 18, 19, or 20 years old, in part because the voting age had been lowered (Wagenaar, 1981). However, studies conducted in the 1970s found that motor vehicle crashes increased significantly among teens, resulting in more traffic injuries and fatalities (Cucchiaro, Ferreira, & Sicherman, 1974; Douglass, Filkins, & Clark, 1974; Wagenaar, 1983, 1993; Whitehead, 1977; Whitehead et al., 1975; Williams, Rich, Zador, & Robertson, 1974). As a result, 24 of the 29 states raised their MLDA between 1976 and 1984, although to different minimum ages. Some placed restrictions on the types of alcohol that could be consumed by people younger than 21. Only 22 states set an MLDA of 21 years old. In response, the federal government enacted the National Minimum Drinking Age Act of 1984, which mandated reduced federal highway funds to states that did not raise their MLDA to 21. By 1987, all remaining states had raised their MLDA to 21 in response to the federal legislation.

In 1992, Congress created SAMHSA to "focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders." In 1998, Congress mandated that the Department of Justice, through the Office of Justice Programs' Office of Juvenile Justice and Delinquency Prevention (OJJDP), establish and implement the Enforcing the Underage Drinking Laws program, a state- and community-based initiative.

As national concern about underage drinking grew, in part because of advances in science that increasingly revealed adverse consequences, Congress appropriated funds for a study by the

National Academies to examine the relevant literature to “review existing Federal, state, and nongovernmental programs, including media-based programs, designed to change the attitudes and health behaviors of youth.” The National Research Council (NRC) and the Institute of Medicine (IOM) issued the report *Reducing Underage Drinking: A Collective Responsibility* in 2004 (NRC & IOM, 2004). Since then, a number of programs aimed at preventing and reducing underage drinking have been initiated at the federal, state, and local levels. Chapter 3 describes major programs at the federal level; Chapter 4 describes initiatives at the state level.

The conference report accompanying H.R. 2673, the “Consolidated Appropriations Act of 2004,” directed the Secretary of the U.S. Department of Health and Human Services (HHS) to establish the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) and to issue an annual report summarizing all federal agency activities related to the problem. The HHS Secretary directed the SAMHSA Administrator to convene ICCPUD in 2004. ICCPUD includes representatives from HHS’s Office of the Surgeon General (OSG), Centers for Disease Control and Prevention, Administration for Children and Families, Office of the Assistant Secretary for Planning and Evaluation, and National Institutes of Health, including NIAAA and the National Institute on Drug Abuse; U.S. Department of Justice, OJJDP; Office of Safe and Healthy Students; Department of Transportation, National Highway Traffic Safety Administration; White House Office of National Drug Control Policy; Department of the Treasury; U.S. Department of Defense; and Federal Trade Commission (FTC).

ICCPUD coordinates federal efforts to reduce underage drinking and served as a resource for the development of *A Comprehensive Plan for Preventing and Reducing Underage Drinking*, for which Congress called in 2004. ICCPUD received input from experts and organizations representing a wide range of parties, including public health advocacy groups, the alcohol industry, ICCPUD member agencies, and the U.S. Congress. The latest research available at the time was analyzed and incorporated into the plan, which HHS reported to Congress in January 2006. It included three goals, a series of federal action steps, and three measurable performance targets for evaluating national progress in preventing and reducing underage drinking.

In December 2006, Congress passed the Sober Truth on Preventing (STOP) Underage Drinking Act, Public Law 109-422, popularly known as the STOP Act. The Act states, “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.” The STOP Act requires the HHS Secretary, in collaboration with other federal officials enumerated in the Act, to “formally establish and enhance the efforts of the interagency coordinating committee (ICCPUD) that began operating in 2004.”

The STOP Act also calls for two annual reports:

1. A report to Congress from the HHS Secretary (the “Annual Report to Congress”) that includes:
 - A description of all programs and policies of federal agencies designed to prevent and reduce underage drinking.
 - The extent of progress in preventing and reducing underage drinking nationally.
 - Information related to patterns and consequences of underage drinking.

- Measures of the exposure of underage populations to messages regarding alcohol in advertising and the entertainment media, as reported by FTC.
 - Surveillance data, including information about the onset and prevalence of underage drinking, consumption patterns, and the means of underage access, and certain other data included in the report.
 - Such other information regarding underage drinking as the Secretary determines to be appropriate.
2. A report on state underage drinking-prevention and enforcement activities (the “State Report”) that includes:
- A set of measures to be used in preparing the report on best practices.
 - Categories of underage-drinking-prevention policies, enforcement practices, and programs (see Chapter 4 for a list of specific categories).
 - Additional information on state efforts or programs not specifically included in the Act.

Chapters 1 through 3 of this document constitute the Annual Report to Congress; Chapter 4 and the individual state reports at the end of the document constitute the State Report. Chapter 5 constitutes the report to Congress on the National Media Campaign to prevent underage drinking that is called for in the STOP Act. Together, these reports fulfill the STOP Act mandate and are designed to build on the efforts that precede it. For example, the State Report provides data that provide a substantial resource for state and local coalitions and policymakers. It reports on comprehensive assessments of state underage drinking laws, policies, and programs in individual state reports. This is critical information for states as a foundation for enhancing their underage drinking prevention efforts.

In fall 2005, ICCPUD sponsored a national meeting of the states to prevent and reduce underage alcohol use. At the meeting, the Surgeon General announced his intent to issue a *Call to Action* on the prevention and reduction of underage drinking. Subsequently, OSG worked closely with SAMHSA and NIAAA to develop the report. In 2007, the *Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking* (HHS, 2007; henceforth termed *SG’s Call to Action*), the first on that subject, was issued. Based on the latest and most authoritative research, particularly on underage drinking as a developmental issue, the *SG’s Call to Action* outlines a comprehensive national effort to prevent and reduce underage alcohol consumption. It includes six goals and describes the rationale, challenges, and strategies of each goal, including specific actions for parents and other caregivers, communities, schools, colleges and universities, the criminal and juvenile justice systems, law enforcement, the alcohol industry, and the entertainment and media industries.

ICCPUD agencies collaborated to provide information and data for the *SG’s Call to Action*. The 2006 Federal Comprehensive Plan set forth three general goals:

1. Strengthening a national commitment to address underage drinking
2. Reducing demand for, availability of, and access to alcohol by people younger than 21 years
3. Using research, evaluation, and scientific surveillance to improve the effectiveness of policies and programs designed to prevent and reduce underage drinking

The six specific goals and associated strategies in the *SG’s Call to Action* for the nation build on these three general goals.

As the nation’s leading medical spokesperson, the Surgeon General is in a unique position to call attention to national health problems. By issuing the *SG’s Call to Action*, the Surgeon General sought to raise public awareness and foster changes in American society—goals similar to those described to Congress in the Comprehensive Plan. The *SG’s Call to Action* has incorporated—and, therefore, superseded—the Comprehensive Plan.

As with the Comprehensive Plan, ICCPUD agencies are implementing a variety of federal programs to support the *SG’s Call to Action’s* goals. For example, SAMHSA and NIAAA worked with OSG to support rollouts of the *SG’s Call to Action* in 13 states; SAMHSA collaborated with ICCPUD to support more than 7,000 town hall meetings, using the *SG’s Call to Action’s Guide to Action for Communities* (HHS, 2007) as a primary resource; and SAMHSA asked community coalitions funded under the STOP Act to implement strategies contained in the *SG’s Call to Action*. These and other programs are described in more detail in Chapter 3.

Principles and Goals of the *SG’s Call to Action*

The national effort to prevent and reduce underage drinking outlined in the *SG’s Call to Action* is based on the following principles from which its goals were derived:

- *Underage alcohol use is a phenomenon directly related to human development.* Because of the nature of adolescence, alcohol poses a powerful attraction to adolescents and can have unpredictable outcomes that put every child at risk.
- *Factors that protect adolescents from alcohol use, as well as put them at greater risk, change during the course of adolescence.* Individual characteristics, developmental issues, and shifting factors in adolescents’ environments all play a role.
- *Protecting adolescents from alcohol use requires a comprehensive, developmentally based approach* that is initiated prior to puberty and continues throughout adolescence with support from families, schools, colleges, communities, the health care system, and government.
- *Prevention and reduction of underage drinking is the collective responsibility of the nation.* “Scaffolding the nation’s youth”⁹ is the responsibility of all people in all of the social systems with which adolescents interact: family, schools, communities, health care systems, religious institutions, criminal and juvenile justice systems, all levels of government, and society as a whole. Each social system has a potential effect on the adolescent, and the active involvement of all systems is necessary to fully maximize existing resources to prevent underage drinking and its related problems. When all of the social systems work together toward the common goal of preventing and reducing underage drinking, they create a powerful synergy that is critical to realizing the vision.
- *Underage alcohol use is not inevitable, and parents and society are not helpless to prevent it.* The *SG’s Call to Action* proposes a vision for the future wherein each child is free to develop to his or her potential without the impairment of alcohol’s negative consequences. The

⁹ “Scaffolding the nation’s youth” is the Surgeon General’s term for a structured process through which parents and society facilitate positive adolescent development and minimize risk by protecting against adolescents’ natural risk-taking, sensation-seeking tendencies. It is a fitting metaphor for the support and protection that parents and society provide children and youth to help them function in a more mature way until they are ready to function without that extra support. This external support system—or scaffold—around the adolescent promotes healthy development and protects against alcohol use and other risky behaviors by facilitating good decisionmaking, mitigating risk factors, and buffering the potentially destructive outside influences that draw adolescents to use alcohol.

fulfillment of that vision rests on the achievement of six goals that the *SG's Call to Action* sets for the nation:

- **Goal 1:** Foster changes in American society that facilitate healthy adolescent development and help prevent and reduce underage drinking.
- **Goal 2:** Engage parents and other caregivers, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences.
- **Goal 3:** Promote an understanding of underage alcohol consumption in the context of human development and maturation that takes into account individual adolescent characteristics as well as ethnic, cultural, and gender differences.
- **Goal 4:** Conduct additional research on adolescent alcohol use and its relationship to development.
- **Goal 5:** Work to improve public health surveillance on underage drinking and on population-based risk factors for this behavior.
- **Goal 6:** Work to ensure that laws and policies at all levels are consistent with the national goal of preventing and reducing underage alcohol consumption.

The strategies for implementing these goals for parents and other caregivers, communities, schools, colleges and universities, businesses, the health care system, juvenile justice and law enforcement, and the alcohol and entertainment industries are included in the full *SG's Call to Action*, which is available at <http://www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf>.

Underage Drinking Among College Students

In its landmark 2002 report, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* (henceforth referred to as the *NIAAA Call to Action*), NIAAA noted the following, which remains the case 13 years later:

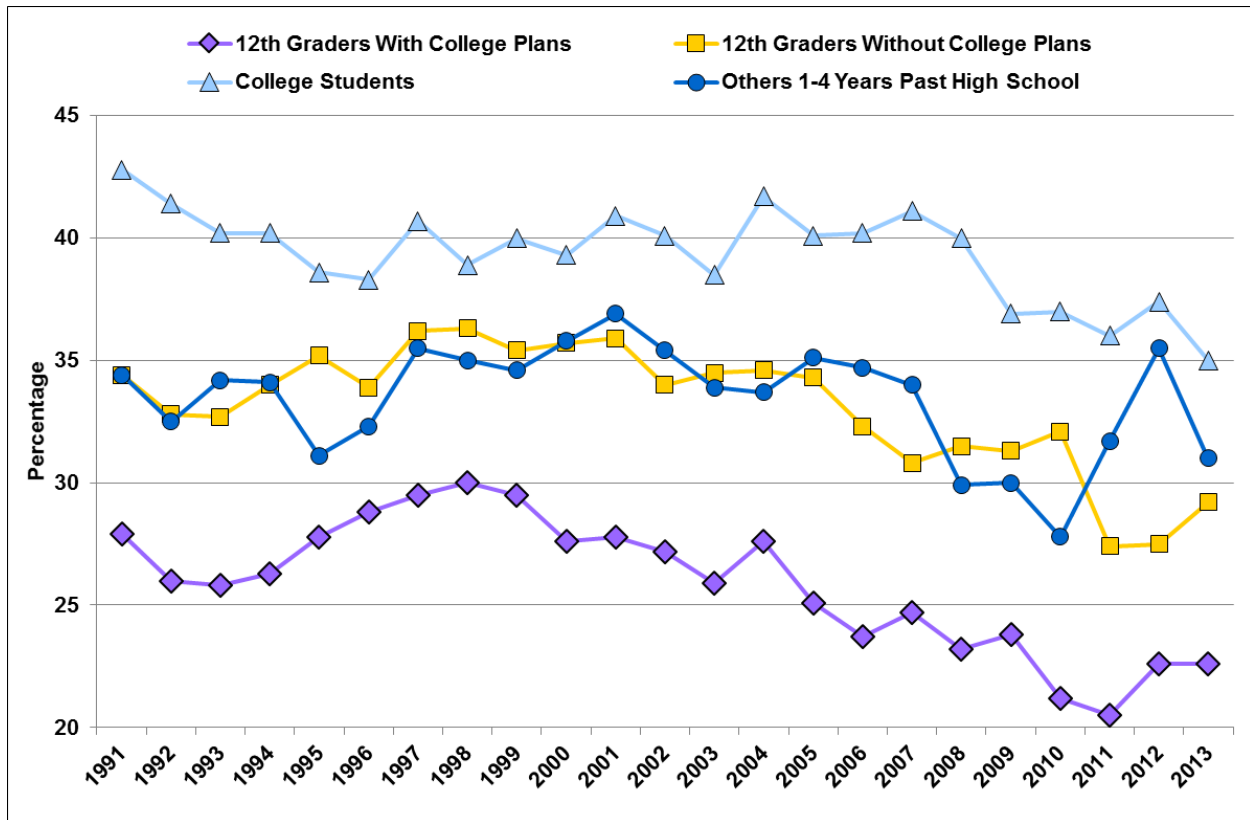
The tradition of drinking has developed into a kind of culture—beliefs and customs—entrenched in every level of college students' environments. Customs handed down through generations of college drinkers reinforce students' expectation that alcohol is a necessary ingredient for social success. These beliefs and the expectations they engender exert a powerful influence over students' behavior toward alcohol.¹⁰

Extent of the Problem

Although colleges and universities vary widely in their student binge drinking rates, overall rates of college student drinking and binge drinking exceed those of age peers who do not attend college (Johnston, O'Malley, Bachman, Schulenberg, & Miech, 2014c). Of college students, 78.0 percent drink, and 35.2 percent report drinking five or more drinks on an occasion in the past 2 weeks. Unlike high school students and same-age peers not in college, binge drinking rates among college students have shown little decline since 1993 (Johnston et al., 2014c). These differences are not easily attributable to differences between college attendees and nonattendees. Although college-bound 12th graders are consistently less likely than noncollege-bound counterparts to report heavy drinking, college students report higher rates of binge drinking than college-age youth who are not attending college (Exhibit 1.1; Johnston et al., 2014c).

¹⁰ For many students, alcohol use is not a tradition. Students who drink the least attend 2-year institutions, religious schools, commuter schools, and historically Black colleges and universities (Meilman et al., 1994, 1995, 1999; Presley et al., 1996a, b).

Exhibit 1.1: Prevalence of Binge Drinking in the Past 2 Weeks by 12th Graders With and Without College Plans, College Students, and Others 1 to 4 Years Past High School: 1991–2013 (Johnston et al., special runs January 2010; 2011a, b; 2012a, b; 2013a, b; 2014 a, c)



This finding suggests that college environments influence drinking practices (Hingson, Heeren, Levenson, Jamanka, & Voas, 2002; Kuo, Wechsler, Greenberg, & Lee, 2003; see also LaBrie, Grant, & Hummer, 2011). Underage college students drink about 48 percent of the alcohol consumed by students at 4-year colleges (Wechsler et al., 2002). Some college students far exceed the binge criterion of five drinks per occasion (Wechsler, Molnar, Davenport, & Baer, 1999; Wechsler & Nelson, 2008).

Adverse Consequences of College Drinking

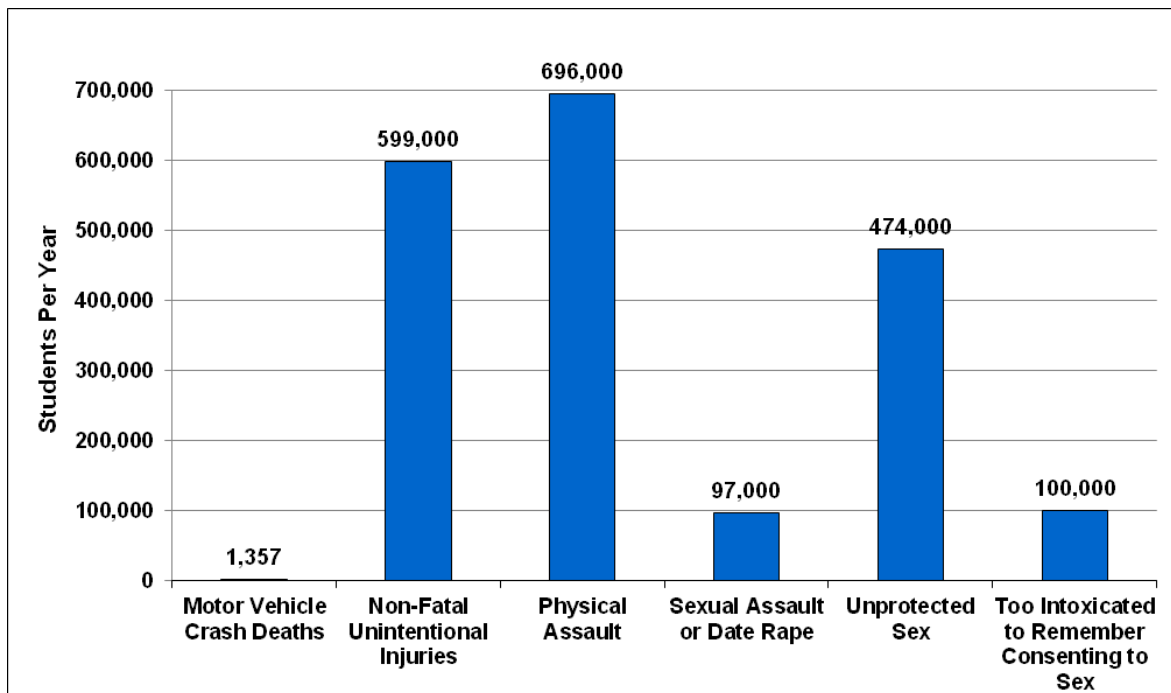
The consequences of underage drinking in college are widespread and serious (White & Hingson, 2014). A study of roughly 5,500 college women on two campuses revealed that nearly 20 percent experienced some form of sexual assault while at college (Krebs, Lindquist, Warner, Fisher, & Martin, 2009). However, the incidence of college sexual assaults is difficult to measure, and different studies report different rates. A review by Abbey (2011) of three relevant studies (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Seto & Barbaree, 1995; Testa, 2002) concluded that approximately half of all reported and unreported sexual assaults involve alcohol consumption by the perpetrator, victim, or both. Abbey et al. (2004) further reported that typically, if the victim consumes alcohol, the perpetrator does as well. Estimates of perpetrators' intoxication during the incident ranged from 30 percent to 75 percent.

Many other adverse social consequences are linked with college alcohol consumption. Hingson and Zha (2009) estimated that annually, more than 696,000 college students were assaulted or hit by another student who had been drinking; another 599,000 were unintentionally injured while under the influence of alcohol. Research suggests that roughly 474,000 students ages 18 to 24 have unprotected sex while under the influence of alcohol, and each year more than 100,000 students ages 18 to 24 report having been too intoxicated to know if they consented to having sex (Exhibit 1.2). About 25 percent of college students report academic consequences as a result of their drinking, including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall. About 11 percent of college student drinkers report having damaged property while under the influence of alcohol (Hingson, Heeren, Winter, & Wechsler, 2005).

College Drinking Prevention Best Practices

In 1998, NIAAA convened a Task Force on College Drinking, composed of college presidents, students, and alcohol research experts on college drinking. During a 3-year research and outreach project, the Task Force produced the above-mentioned *NIAAA Call to Action*, which highlighted the magnitude of the problem and made specific recommendations for addressing the problem based on existing research evidence.

Exhibit 1.2: Prevalence of Alcohol-Related Morbidity and Mortality Among College Students Ages 18–24 (calculated using methods presented in Hingson et al., 2005, 2009)



The Task Force encouraged school administrators to address college drinking issues in a broad and comprehensive fashion. The report recommended that schools use a “3-in-1 Framework” to develop comprehensive programs that integrate multiple complementary strategies. Such programs focus simultaneously on (1) individuals, including at-risk or alcohol-dependent drinkers; (2) the student population as a whole; and (3) the college and surrounding community.

Specific recommendations were grouped into four tiers based on the degree of research evidence to support or refute them. At the time, the strongest research evidence showing effectiveness among college students supported strategies that targeted individual students. A number of environmental strategies showed evidence of effectiveness with similar populations, whereas other strategies were listed as either promising or ineffective. Exhibit 1.3 outlines the strategies examined by the NIAAA Task Force, grouped according to the supporting evidence for them and the levels at which they operate.

Exhibit 1.3: 3-in-1 Framework

3-IN-1 FRAMEWORK				
Tier	Strategy	Level of Operation		
		Individuals, including At-Risk and Dependent Drinkers	Student Population as Whole	Community
1: Effective among college students	Combining cognitive-behavioral skills with norms clarification & motivational enhancement intervention	Yes	No	No
	Offering brief motivational enhancement interventions in student health centers and emergency rooms	Yes	No	No
	Challenging alcohol expectancies	Yes	No	No
2: Effective with general populations	Increased enforcement of minimum drinking age laws	No	Yes	Yes
	Implementation, increased publicity, and enforcement of other laws to reduce alcohol-impaired driving	No	Yes	Yes
	Restrictions on alcohol retail density	No	No	Yes
	Increased price and excise taxes on alcoholic beverages	No	No	Yes
	Responsible beverage service policies in social & commercial settings	No	Yes	Yes
	The formation of a campus/community coalition	No	Yes	Yes
3: Promising	Adopting campus-based policies to reduce high-risk use (e.g., reinstating Friday classes, eliminating keg parties, establishing alcohol-free activities & dorms)	No	Yes	No
	Increasing enforcement at campus-based events that promote excessive drinking	No	Yes	No
	Increasing publicity about enforcement of underage drinking laws/eliminating “mixed” messages	No	Yes	Yes
	Consistently enforcing disciplinary actions associated with policy violations	No	Yes	No
	Conducting marketing campaigns to correct student misperceptions about alcohol use on campus	No	Yes	No
	Provision of “safe rides” programs	No	Yes	Yes
	Regulation of happy hours and sales	No	Yes	Yes
	Enhancing awareness of personal liability	Yes	Yes	No
	Informing new students and parents about alcohol policies and penalties	Yes	Yes	No
4: Ineffective	Informational, knowledge-based or values clarification interventions when used alone	N/A	N/A	N/A

Since the NIAAA Task Force report was issued in 2002, research on college drinking has continued to yield important information about the potential effectiveness of these and additional intervention strategies. In 2007, after an updated review of the college intervention literature, NIAAA issued *What Colleges Need to Know Now: An Update on College Drinking Research*.

Current research confirms that interventions targeting individual students, including those at risk for alcohol problems, are effective. In addition, research now more clearly supports the use of environmental interventions, particularly campus–community partnerships, as part of a comprehensive program to address harmful college drinking.

The 2007 *SG's Call to Action* also provided best practices recommendations for college drinking prevention, including fostering a culture in which alcohol does not play a central role in college life or the college experience. About a quarter of the recommendations of the *SG's Call to Action* specifically overlap the NIAAA 3-in-1 framework. The *SG's Call to Action* also recommends:

- Providing frequent alcohol-free late-night events, extending hours of student centers and athletics facilities, and increasing public service opportunities.
- Offering alcohol-free dormitories that promote healthy lifestyles.
- Restricting or eliminating alcohol sales at concerts and at athletic and other campus events.
- Reinstating Friday classes to shorten the extended weekend.

The Task Force on Community Preventive Services (2010) and NRC/IOM (2004), although not specifically focused on college drinking, both support the 3-in-1 framework strategies of aggressive enforcement of underage drinking laws, increasing alcohol prices, and excise tax. Exhibit 4.1.1, “Underage Drinking Prevention Policies – Best Practices,” presented in Chapter 4.1 lists additional policies that may contribute to a reduction in college drinking, especially drinking that occurs in the surrounding community. The policies include dram shop and social host liability; bans on direct sales (internet/mail order); keg registration; minimum age for servers, sellers, and bartenders; internal possession laws; and restrictions on alcohol advertising. Much of this information is still very helpful today.

For many years, NIAAA has invested substantial resources in supporting studies on individual and environmental interventions to address college drinking. As a result, knowledge about best practices continues to grow. A few highlights follow:

1. At the individual level, screening and brief intervention in the college student health center can be effective in reducing high-risk drinking and alcohol-related consequences (Fleming et al., 2010; Schaus, Sole, McCoy, Mullett, & O'Brien, 2009; Scott-Sheldon, 2014).
2. At the environmental level, a large-scale trial showed the effectiveness of community–college partnerships in reducing alcohol problems in off-campus settings through heavily publicized and highly visible alcohol policy and enforcement activities (Saltz, Paschall, McGaffigan, & Nygaard, 2010; also see Wolfson et al., 2012). The activities included nuisance party enforcement operations, minor decoy operations, driving-under-the-influence checkpoints, social host ordinances, and use of campus and local media to increase the visibility of environmental strategies.
3. An online alcohol education course for incoming freshmen showed benefits through the first semester in reducing binge drinking and alcohol-related problems (Paschall, Antin, Ringwalt, & Saltz, 2011).

These results reinforce the findings in the 2002 *NIAAA Call to Action* and NIAAA's 2007 *What Colleges Need to Know Now: An Update on College Drinking Research*, that intervening with problem drinking and its associated consequences can occur at different levels and times during college and that implementing a combination of interventions may be especially helpful.

College Learning Collaborative on High-Risk Drinking

The National College Health Improvement Project (NCHIP) was founded in 2010 by Dr. Jim Yong Kim, then President of Dartmouth College. Its mission is to improve the health of college students through the application of population health solutions coupled with a quality improvement framework in bringing evidence into practice and measuring outcomes.

In February 2011, NCHIP convened a panel of experts on drinking to discuss the current evidence on how to best address the problem, along with the measurement strategies that could be used to track outcomes and effectiveness of campus efforts. Two months later, NCHIP formally launched the Learning Collaborative on High-Risk Drinking.

The 32 participating members of the Learning Collaborative worked together over a 2-year period to reduce high-risk underage drinking and its associated harms on their campuses. The results of their collaborative effort are summarized in a report released in March 2014, available at http://webapp.dartmouth.edu/nchip/uploads/NCHIP_whitepaper_5.8.14_FINAL.pdf.

Moving Forward—NIAAA’s CollegeAIM

NIAAA-supported research has resulted in evidence-based practices that can be used to address harmful drinking and related consequences on college campuses, several of which are mentioned above. To foster the implementation of these strategies, NIAAA convened a new College Presidents Working Group in 2011. Its goals are to bring renewed, vigorous national attention to college drinking; encourage the translation of college prevention research findings into practice; and provide a platform for sharing and disseminating evidence-based information. NIAAA continues to work with this working group of college presidents to address the issue of college drinking. Among the many practical recommendations the presidents made to NIAAA, one stood out: the need for a clear, easy-to-understand tool to help them evaluate and select interventions that are effective, best fit their schools, and are feasible to implement. In response, NIAAA is developing a matrix-based decision tool that organizes what is known about college drinking interventions by important parameters, such as the strength of the research evidence and ease of implementation. NIAAA enlisted a team of six college drinking research experts to develop the matrix. Next, 10 additional scientific experts reviewed the draft matrix. Their comments were collated and shared with the developers, who have revised the matrix in response. The matrix will form the centerpiece of a guide for college administrators on intervening to prevent harmful drinking on campus. A searchable online decision tool is envisioned as well.

Mixing Alcoholic Beverages with Other Drugs: The Case of Caffeinated Alcoholic Beverages

People have for millennia experimented with combining alcohol with other mind-altering substances to intensify alcohol’s intoxicating effects. A recent example of this phenomenon popular with young people involves combining alcohol with caffeine. This combination is not new—for example, Irish coffee, a traditional bar drink, combines caffeinated coffee and whisky. However, its popularity among young people has increased rapidly in the past 10 years with the increase in availability of energy drinks (which often contain large quantities of caffeine) and the introduction of premixed caffeinated alcoholic beverages (CABs).

Research suggests that mixing alcohol and caffeine poses public health and safety risks, because the caffeine can mask the depressant effects of alcohol without changing the alcohol's intoxicating properties (<http://www.cdc.gov/alcohol/fact-sheets/cab.htm>). This could lead some to believe they are more capable of operating a vehicle and presents other risks, such as encouraging binge drinking, particularly among young drinkers.

In 2007, these health and safety risks prompted members of the National Association of Attorneys General Youth Access to Alcohol Committee to initiate investigations and negotiations with the Anheuser-Busch and MillerCoors Brewing Companies. In 2008, those companies agreed to remove caffeine and other stimulants from their products. In 2009, the U.S. Food and Drug Administration (FDA) initiated an investigation into the marketing and distribution of other CABs. In November 2010, FDA issued warning letters to four companies that the caffeine added to their alcoholic malt beverages is an "unsafe food additive." The letters stated that further action, including seizure and injunction, was possible.¹¹ In response, the four companies ceased using added caffeine in their products; by summer 2011, with few (if any) exceptions, malt-based CABs were no longer available in the United States.¹² In parallel with the federal actions against CABs, numerous states enacted statutory or administrative bans on such beverages.

Young people continue to mix alcohol and energy drinks on their own, despite the federal government's removal of CABs from the marketplace. An NIAAA research study assessed the extent of this practice and its public health and safety effects on college students (Patrick & Maggs, 2014). A sample of 508 students reported alcohol and energy drink use on 4,203 days over seven semesters, starting in their freshman year. 30.5 percent of the sample reported combined use at least once, and respondents consumed energy drinks on 9.6 percent of the days in which they reported drinking alcohol. Heavier drinking, longer times drinking, and increased negative effects occurred when alcohol was combined with energy drinks, compared with drinking occasions without energy drinks. The research suggests that continued attention to this issue is needed among policymakers and educators.

Federal and State Actions Regarding Powdered Alcohol

On March 10, 2015, the U.S. Alcohol Tax and Trade Bureau (TTB), which approves alcohol labeling, issued label approvals for Palcohol, a powdered product. A container of Palcohol contains 3.4 ounces of powder, which, when water is added, contains the equivalent of one shot of distilled spirits. The company has approval to market four versions: vodka, rum, cosmopolitan, and powderita (margarita flavor). Public health professionals and state government officials raised concerns that, because powdered alcohol is easy to conceal and transport, it would appeal to underage drinkers. They also argued that the product raises safety issues: drinks made from powdered alcohol could intentionally or unintentionally be made much

¹¹ See <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm233987.htm#2>. The FDA investigation and warning letters involved companies that produce malt-based alcoholic beverages and did not include wine- and spirits-based products. The investigation did not address products that contain naturally brewed caffeine (e.g., coffee-based drinks).

¹² For more references and details on health and safety risks associated with caffeinated alcoholic beverages and successful efforts to remove them from the marketplace, see the 2012 Report to Congress on the Prevention and Reduction of Underage Drinking (http://www.stopalcoholabuse.gov/media/ReportToCongress/2012/report_main/report_to_congress_2012.pdf), Appendix E.

stronger than standard drinks and could be consumed in other ways that may prove harmful.¹³ The states have the authority to determine which alcohol products may be sold within their borders.

The sale of powdered alcohol was already illegal in Alaska, dating back to 1995.¹⁴ As of June 2015, 21 other states have enacted a permanent or temporary ban on powdered alcohol. Alabama¹⁵, Connecticut¹⁶, Georgia¹⁷, Indiana¹⁸, Kansas¹⁹, Louisiana²⁰, Maine²¹, Nebraska²², Nevada²³, North Carolina²⁴, North Dakota²⁵, Ohio²⁶, Oregon²⁷, South Carolina²⁸, Tennessee²⁹, Utah³⁰, Vermont³¹, Virginia³² and Washington³³ statutorily prohibit the sale of powdered alcohol. Maryland³⁴ and Minnesota³⁵ have enacted temporary 13-month statutory bans. Four states—Colorado³⁶, Delaware³⁷, Michigan³⁸ and New Mexico³⁹—have expanded the statutory definition of alcohol so that powdered alcohol can be regulated under their existing alcohol statutes. Bills have also been introduced in 14 state legislatures (Hawaii, Illinois, Iowa, Massachusetts, Michigan, Missouri, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Texas,

¹³ <http://www.cbsnews.com/news/palcohol-powdered-alcohol-may-present-serious-health-risks/> (accessed 9/23/2014); <http://www.house.leg.state.mn.us/members/pressrelease.asp?pressid=8577&party=1&memid=10753> (accessed 9/23/2014)

¹⁴ AS § 04.16.110.

¹⁵ Ala.Code 1975 § 28-1-8.

¹⁶ 2015 CT S.B. 386.

¹⁷ Ga. Code Ann., § 3-3-34.

¹⁸ IC 7.1-5-8-11.

¹⁹ 2015 KS H.B. 2208.

²⁰ LSA-R.S. 2014 §26:351.

²¹ 28-A MRSA §2089.

²² Neb.Rev.St. LB 330, § 8.

²³ N.R.S. SB 464, § 1.

²⁴ N.C.G.S.A. § 18B-102.

²⁵ 2015 North Dakota Laws Ch. 76 (H.B. 1464).

²⁶ R.C. § 4301.71.

²⁷ 2015 OR S.B. 937.

²⁸ SC Code 1976 §61-6-4157.

²⁹ T. C. A. § 57-3-414.

³⁰ U.C.A. 1953 § 32B-4-424.

³¹ 7 V.S.A. §69.

³² 2015 Virginia Laws No. 202 (S.B. 299).

³³ West's RCWA 66.44.0001.

³⁴ MD Code, Art. 2B, § 16-505.3.

³⁵ 2013 MN H.F. 3364.

³⁶ C.R.S.A. § 12-47-103.

³⁷ 4 Del.C. § 101.

³⁸ M.C.L.A. 436.1105.

³⁹ N. M. S. A. 1978, § 60-3A-3.

Wisconsin and Wyoming)⁴⁰ and the District of Columbia⁴¹ to ban the sale of powdered alcohol and in 2 state legislatures (Kentucky and New Hampshire)⁴² to expand the statutory definition of alcohol to include powdered alcohol. Additionally, two control states—Massachusetts⁴³ and Pennsylvania⁴⁴— will not sell powdered alcohol in their state stores.

Extent of Progress

The STOP Act requires the HHS Secretary to report to Congress on “the extent of progress in preventing and reducing underage drinking nationally.” An examination of trend data reported in federally sponsored surveys suggests that meaningful progress is being made in reducing the extent of underage drinking. It is generally inadvisable to draw conclusions based on changes from one year to the next because of natural fluctuations; examining trends over a multiyear period is much more informative. The following exhibits provide estimates of past-year alcohol use from 2004 through 2013 based on NSDUH data.⁴⁵ All age groups showed a statistically significant decline in both past-month alcohol use and binge alcohol use in 2013 compared with 2004.

As shown in the last columns in Exhibits 1.4 and 1.5, for most age groups the declines have been substantial. Not unexpectedly, changes among 18- to 20-year-olds were smaller but still statistically significant. The large number of 18- to 20-year-olds using alcohol also accounts for the smaller percent change among 12- to 20-year-olds compared with 12- to 17-year olds. As shown in Exhibit 1.6, there was a statistically significant increase in average age at first use over the same time period (SAMHSA, 2014c).

⁴⁰ Hawaii Bill No. 281 (introduced 1/23/15 and sent to governor on 4/28/15); Illinois Senate Bill No. 0067 (introduced 1/15/2015 and sent to the governor on 6/12/15); Iowa House Bill No. 494 (introduced 3/4/15); Massachusetts House Bill No. 243 (introduced 1/16/15); Michigan House Bill No. 4416 (introduced 3/26/15); Missouri House Bill No. 1325 (introduced 3/12/15); New Jersey Assembly Bill No. 3580 (introduced 9/11/2014); New York Senate Bill No. 7217 (introduced 5/16/2014) and Assembly Bill No. 9615 (introduced 5/13/2014); Oklahoma Senate Bill No. 720 (introduced 1/23/15); Pennsylvania Senate Bill No. 588 (introduced 3/19/15) and Pennsylvania House Bill No. 847 (introduced 3/25/15); Rhode Island House Bill No. 5189 (introduced 1/21/15 but only banning powdered alcohol for those under the age of 21) and Rhode Island Senate Bill No. 175 (introduced 2/5/15); Texas House Bill No. 1018 (introduced 1/28/15); Wisconsin Senate Bill No. 10 (introduced 1/23/15) and 2015 Wisconsin Assembly Bill No. 72; and, Wyoming Senate Bill No. 106 (introduced 1/21/15).

⁴¹ District of Columbia Legislative Bill No. 253 (introduced 6/12/15).

⁴² Kentucky Senate Bill No. 81 (introduced 1/9/15) and New Hampshire Senate Bill No. 99 (introduced 6/3/15).

⁴³ “Alcoholic Beverages Control Commission (ABCC) Advisory Regarding Powdered Alcohol.” (March 12, 2015). Retrieved from: <http://www.mass.gov/abcc/pdf/ABCCAdvisoryPowderedAlcohol2015.pdf>

⁴⁴ Pennsylvania Liquor Control Board. (Feb. 11, 2015). The Pennsylvania Liquor Control Board Will Not Sell Powdered Alcohol Products in Fine Wine & Good Spirits Stores. Retrieved from: <http://www.prnewswire.com/news-releases/the-pennsylvania-liquor-control-board-will-not-sell-powdered-alcohol-products-in-fine-wine--good-spirits-stores-300034645.html>

⁴⁵ The 2006–2010 estimates are based on data files revised in March 2012.

Exhibit 1.4: Past-Month Alcohol Use for 12- to 20-Year-Olds, 2004–2013

Age	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	% Change 2004 to 2013
12-13	4.3%	4.2%	3.9%	3.5%*	3.4%*	3.5%*	3.2%*	2.5%*	2.2%*	2.1%*	-51.2%
14-15	16.4%	15.1%	15.6%	14.7%*	13.3%*	13.1%*	12.4%*	11.3%*	11.1%*	9.5%*	-42.0%
16-17	32.5%	30.1%*	29.8%*	29.2%*	26.3%*	26.5%*	24.6%*	25.3%*	24.8%*	22.7%*	-30.1%
18-20	51.1%	51.1%	51.6%	50.8%	48.6%*	49.5%	48.5%*	46.8%*	45.8%*	48.8%*	-14.3%
12-17	17.6%	16.5%*	16.7%*	16.0%*	14.7%*	14.8%*	13.6%*	13.3%*	12.9%*	11.6%*	-34.0%
12-20	28.7%	28.2%	28.4%	28.0%	26.5%*	27.2%*	26.2%*	25.1%*	24.3%*	22.7%*	-20.9%

*Difference between 2004 estimate and this estimate is statistically significant at the 0.05 level.

Exhibit 1.5: Past-Month Binge Alcohol Use for 12- to 20-Year-Olds, 2004–2013

Age	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	% Change 2004 to 2013
12-13	2.0%	2.0%	1.5%	1.5%	1.5%	1.6%	1.0%*	1.1%*	0.9%*	0.8%*	-60.0%
14-15	9.1%	8.0%	9.0%	7.8%*	7.0%*	7.0%*	6.7%*	5.7%*	5.4%*	4.5%*	-50.5%
16-17	22.4%	19.7%*	20.1%*	19.5%*	17.2%*	17.1%*	15.3%*	15.0%*	15.0%*	13.1%*	-41.5%
18-20	36.8%	36.1%	36.2%	35.9%	33.9%*	34.9%	33.1%*	31.2%*	30.5%*	29.1%*	-20.9%
12-17	11.1%	9.9%*	10.3%	9.7%*	8.9%*	8.9%*	7.9%*	7.4%*	7.2%*	6.2%*	-44.1%
12-20	19.6%	18.8%	19.0%	18.7%	17.5%*	18.2%*	16.9%*	15.8†	15.3%*	14.2%*	-27.7%

*Difference between 2004 estimate and this estimate is statistically significant at the 0.05 level.

†Difference between 2011 and 2012 estimate is statistically significant at the 0.05 level.

Exhibit 1.6: Average Age at First Use Among Past-Year Initiates of Alcohol Use Who Initiated Before Age 21, 2004–2013

Year	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Average Age at First Use	15.6	15.6	15.8*	15.8*	15.8*	15.9*	16.0*	15.9*	16.0*	16.2*

*Difference between 2004 estimate and this estimate is statistically significant at the 0.05 level.

Data from the Monitoring the Future (MTF) survey and Youth Risk Behavior Survey also suggest positive movement.⁴⁶ This alignment within and across surveys, even without statistical significance across all three surveys, is a good sign. These data demonstrate that meaningful progress has been made in reducing underage drinking prevalence. The factors that have contributed to this progress are varied and complex; however, one clear factor has been increased attention to this issue at all levels of society. Federal initiatives have raised underage drinking to a prominent place on the national public health agenda, created a policy climate in which significant legislation has been passed by states and localities, raised awareness of the importance of aggressive enforcement, and stimulated coordinated citizen action. These changes

⁴⁶ For comparability with the 2013 NSDUH data, the latest MTF data included in the report are also from 2013. The 2014 MTF data, which became available in December 2014, will be included in the next report.

are mutually reinforcing and have provided a framework for a sustained national commitment to reducing underage drinking.

Nevertheless, the rates of underage drinking are still unacceptably high, resulting in preventable and tragic health and safety consequences for the nation's youth, families, communities, and society as a whole. Therefore, ICCPUD remains committed to an ongoing, comprehensive approach to preventing and reducing underage drinking. This report, with its yearly updates to the State Report and survey responses, is part of that sustained effort to reduce underage drinking in America.

CHAPTER 2

The Nature and Extent of Underage Drinking in America

Introduction

Underage drinking and its associated problems have profound negative consequences not just for underage drinkers themselves, but also for their families, their communities, and society as a whole. Underage drinking contributes to a wide range of costly health and social problems, including motor vehicle crashes (the greatest single mortality risk for underage drinkers), suicide, interpersonal violence (e.g., homicides, assaults, rapes), unintentional injuries (such as burns, falls, and drowning), brain impairment, alcohol dependence, risky sexual activity, academic problems, and alcohol and drug poisoning. Alcohol is a factor related to approximately 4,300 deaths among underage youths in the United States every year, shortening their lives by an average of 60 years (Centers for Disease Control and Prevention [CDC], 2014a).

Despite laws against underage drinking in all 50 states; the efforts of federal, state, and local governments spanning decades; and the dedicated work of many private groups and organizations, alcohol is the most widely consumed substance of abuse among America's youth, used more often than tobacco or marijuana. Underage alcohol use remains a challenging public health and public safety problem with severe consequences for youth and their families, communities, and society. For those under 21 years old, alcohol accounts for more deaths than all other illicit drugs combined. Nevertheless, a lack of public recognition of the devastating consequences of underage alcohol use and its personal, economic, and social costs hampers implementation of a comprehensive prevention effort.

Still, there is cause for optimism. As discussed in Chapters 3 and 4 of this report, states are increasingly adopting comprehensive policies and practices that can alter the individual and environmental factors that contribute to underage drinking and its consequences and can be expected to reduce alcohol-related deaths and disability and associated health care costs.

Federal Surveys Used in This Report

The federal government funds three major national surveys that collect data on underage drinking and its consequences: the annual National Survey on Drug Use and Health (NSDUH), formerly called the National Household Survey on Drug Abuse; the annual Monitoring the Future (MTF) survey (conducted pursuant to federal grants);⁴⁷ and the biennial Youth Risk Behavior Survey (YRBS). Each makes a unique contribution to an understanding of the nature of alcohol use.

Four additional surveys used by the government to obtain data on underage drinkers ages 18 and older are the Behavioral Risk Factor Surveillance System, National Epidemiologic Survey on Alcohol and Related Conditions, National Health Interview Survey, and Survey of Health Related Behaviors Among Active Duty Military Personnel (formerly called the Worldwide Surveys of Substance Abuse and Health Behaviors Among Military Personnel). A more detailed description of each of these surveys and its unique contribution to research can be found in Appendix A.

⁴⁷ Please note that for comparability with the 2013 NSDUH and 2013 YRBS data (the most recent data available), the latest MTF data included in the report are also from 2013. The 2014 MTF data, which will become available in December 2014, will be included in the next report.

Characteristics of Underage Drinking in America

Underage alcohol use in America is a public health problem because of the number of children and adolescents who drink, when and how much they drink, and the negative consequences that result from that drinking. Some of the principal findings of governmental surveys and other research related to underage alcohol use in America are described in the following paragraphs.

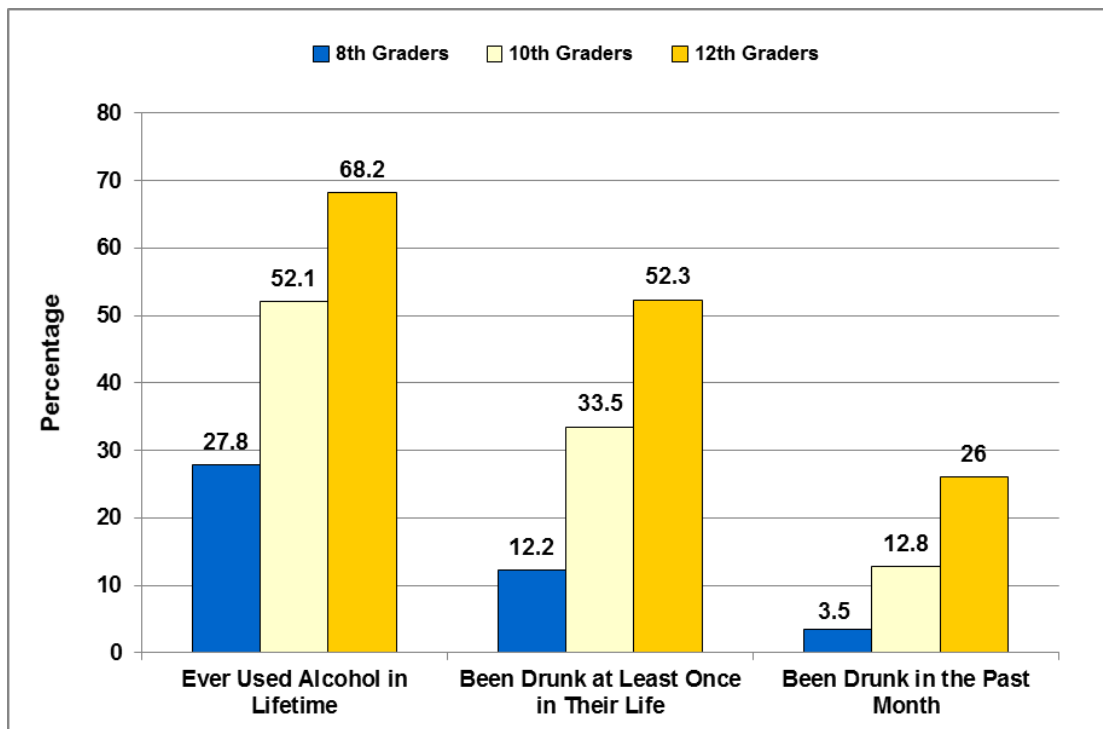
Underage Alcohol Use Is Widespread

Underage alcohol use in America is a widespread and serious problem:

Current Use: The 2013 NSDUH reported that approximately 22.7 percent of Americans ages 12 through 20 (about 8.7 million people) reported having at least one drink in the 30 days prior to the survey interview. Of this age group, 14.2 percent (5.4 million) were binge drinkers (five or more drinks on the same occasion, either at the same time or within a couple of hours) on at least 1 day in the past 30 days. Approximately 3.7 percent of this age group (1.4 million) were heavy drinkers (five or more drinks on the same occasion on each of 5 or more days in the past 30 days). Thus, by definition, all heavy alcohol users are also binge alcohol users (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014a).

Lifetime Use: The 2013 MTF showed that 68.2 percent of 12th graders, 52.1 percent of 10th graders, and 27.8 percent of 8th graders have had alcohol at some point in their lives⁴⁸ (Johnston, O’Malley, Bachman, Schulenberg, & Miech, 2014a). See Exhibit 2.1.

Exhibit 2.1: Lifetime Alcohol Use, Lifetime Use to Intoxication, and Use to Intoxication Within the Past Month among 8th, 10th, and 12th Graders: 2013 (Johnston et al., 2014a)



⁴⁸ Lifetime alcohol use in this survey is defined as “having more than a few sips.”

Binge Use: The 2013 NSDUH showed that 3.1 percent of 14-year-olds, 9.8 percent of 16-year-olds, 22.3 percent of 18-year-olds, and 34.4 percent of 20-year-olds engaged in binge drinking within the past 30 days (SAMHSA, 2014b).

Heavy Use: The 2013 NSDUH data showed that 1.7 percent of 16-year-olds, 6.0 percent of 18-year-olds, and 11.7 percent of 20-year-olds consumed alcohol heavily in the past 30 days (SAMHSA, 2014b).

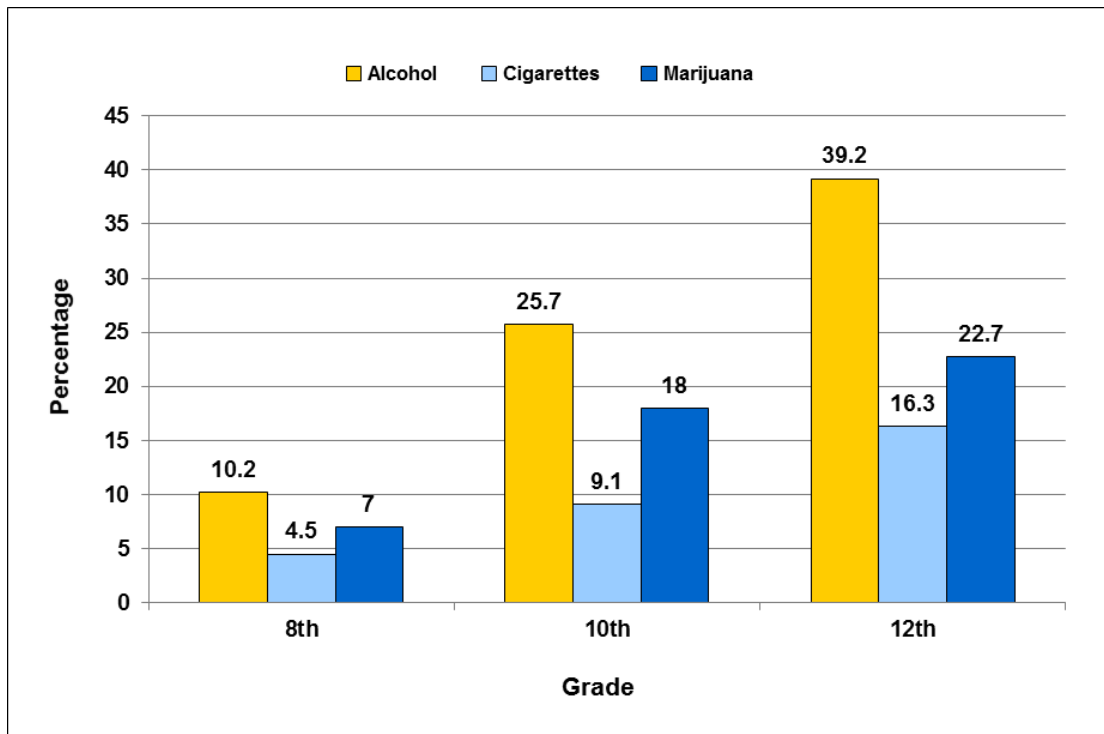
Lifetime Use to Intoxication: In MTF 2013, 52.3 percent of 12th graders, 33.5 percent of 10th graders, and 12.2 percent of 8th graders reported having been drunk⁴⁹ at least once (Johnston et al., 2014a).

Past-Month Intoxication: In MTF 2013, 26.0 percent of 12th graders, 12.8 percent of 10th graders, and 3.5 percent of 8th graders reported being drunk in the past month (Johnston et al., 2014a).

Alcohol Is the Most Widely Used Substance of Abuse among American Youth

As indicated in Exhibit 2.2, a higher percentage of youth in 8th, 10th, and 12th grades used alcohol in the month prior to being surveyed than used marijuana (the illicit drug most commonly used by adolescents) or tobacco (Johnston et al., 2014a).

Exhibit 2.2: Past-Month Adolescent Alcohol, Cigarette, and Marijuana Use by Grade: 2013 (Johnston et al., 2014a)



⁴⁹ MTF asks “On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages?”

Youths Start Drinking at an Early Age

Drinking often begins at very young ages. Surveys indicate that approximately:

- Ten percent of 9- to 10-year-olds have already started drinking (Donovan et al., 2004).⁵⁰
- Almost one-fifth of underage drinkers begin drinking before age 13 (CDC, 2014c).
- Peak years of initiation are 7th through 11th grades, based on data from high school seniors (Johnston, O'Malley, Bachman, & Schulenberg, 2009a).

Fewer than 1 million (795,000) people who initiated alcohol use in the past year reported being ages 12 to 14 when they initiated. This translates to approximately 2,031 youths ages 12 to 14 who initiated alcohol use per day in 2013 (SAMHSA, 2014c). Youths who report drinking before age 15 are more likely to experience problems, including intentional and unintentional injury to self and others after drinking (Hingson & Zha, 2009; Hingson, Heeren, Jamanka, & Howland, 2000); violent behavior, including predatory violence and dating violence (Blitstein, Murray, Lytle, Birnbaum, & Perry, 2005; Ellickson, Tucker, & Klein, 2003; Ramisetty-Mikler, Goebert, Nishimura, & Caetano, 2006); criminal behavior (Eaton, Davis, Barrios, Brener, & Noonan, 2007); prescription drug misuse (Hermos, Winter, Heeren, & Hingson, 2008); unplanned and unprotected sex (Hingson, Heeren, Winter, & Wechsler, 2003); motor vehicle crashes (Hingson, Heeren, Levenson, Jamanka, & Voas, 2002); and physical fights (Hingson, Heeren, & Zakocs, 2001). Early-onset drinking is thus a marker for future problems, including heavier use of alcohol and drugs during adolescence (Hawkins et al., 1997; Robins & Przybeck, 1985) and alcohol dependence in adulthood (Grant & Dawson, 1998).

Delaying the age of first alcohol use can ameliorate some of the negative consequences of underage alcohol consumption, which means that trends in age of initiation of alcohol use are important to follow. MTF data show that the proportion of 8th, 10th, and 12th graders who had ever used alcohol and of those who started using alcohol before 7th grade generally declined from 1998 to 2013, suggesting a possible delay in the age at first use (Johnston et al., 2014a).

SAMHSA revised its methodology to provide more timely estimates that more accurately assess trends in average age at first use and other measures of initiation, such as incidence rates. Average age of first use is now calculated based on initiation within the past 12 months. By this new method, NSDUH data indicate no difference in the average age of first use (15.6 years) among those who initiated alcohol use before age 21 between 2004 and 2005, but there was a significant increase to 15.8 years in 2006. The average age of first use then remained nearly the same in 2007 (15.8 years); 2008 (15.8 years); and 2009 (15.9 years) before a statistically significant increase in 2010 (16.0 years, which was higher than all estimates from 2004 through 2009); then remained stable in 2011, 2012, and 2013 (15.9 years in 2011, 16.0 years in 2012, and 16.2 years in 2013; SAMHSA, 2014c). The average age of first use for all drinkers, including those who started drinking at age 21 or older, was 16.6 in 2006, 17.0 in 2007, 17.7 in 2008, 17.1 in 2009, 18.0 in 2010, 17.3 in 2011, 17.6 in 2012, and 17.3 in 2013 (SAMHSA, 2014c). Appendix A further discusses methodological issues in measuring age at first use and other indicators of alcohol initiation.

⁵⁰ Drinking is defined as having more than a few sips.

For Underage Drinkers, Alcohol Use and Binge Drinking Increase with Age

Drinking becomes increasingly common through the teenage years (O’Malley, Johnston, & Bachman, 1998). Frequent, heavy use by underage drinkers also increases each year from age 12 to age 20 (Flewelling, Paschall, & Ringwalt, 2004). The 2013 NSDUH reported that underage alcohol consumption in the past month increased with age in a steady progression from 1.1 percent for 12-year-olds to 51.7 percent for 20-year-olds and peaked at 70.5 percent for 24-year-olds (SAMHSA, 2014b). Binge drinking also increased steadily between the ages of 12 and 20 (Exhibit 2.3), peaked at age 22 (45.6 percent), and then decreased beyond young adulthood (data not shown; SAMHSA, 2014b). Approximately 5.9 million (15.3 percent) 12- to 20-year-olds reported past-month binge alcohol use (SAMHSA, 2014b).

Youth Binge More and Drink More Than Adults When They Drink

Young drinkers tend to drink less often than adults; when they do drink, however, they drink more heavily. For example, 92 percent of the alcohol consumed by 12- to 14-year-olds is via binge drinking (Pacific Institute for Research and Evaluation [PIRE], 2002). Underage drinkers consume, on average, about four and a half drinks per occasion, five times a month (SAMHSA, 2013c), whereas adult drinkers 26 and older average three drinks per occasion, nine times a month (SAMHSA, 2013c; Exhibit 2.4). It is important to note that very young adolescents, because of their smaller size, reach blood alcohol concentrations (BACs) achieved by older binge-drinking adolescents (e.g., ages 18 or older) with fewer drinks (three to four drinks for people ages 12 to 15; Donovan, 2009).

Exhibit 2.3: Current and Binge Alcohol Use Among People Ages 12–20 by Age: 2013 (SAMHSA, 2014b)

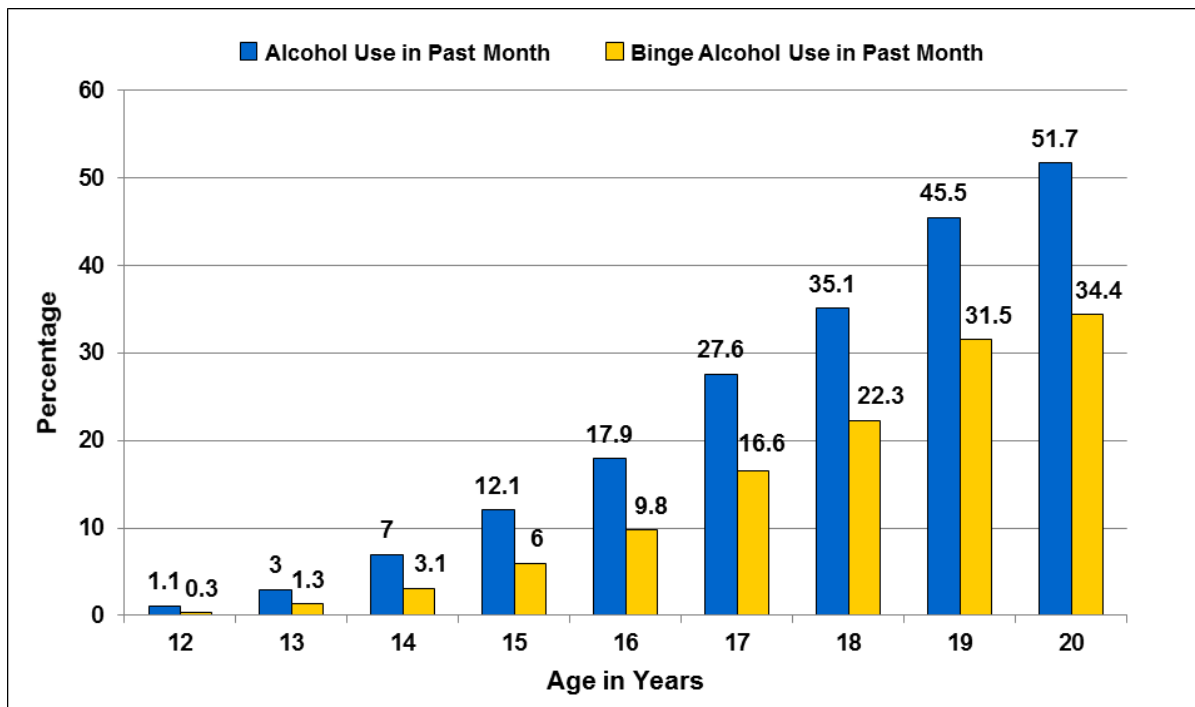
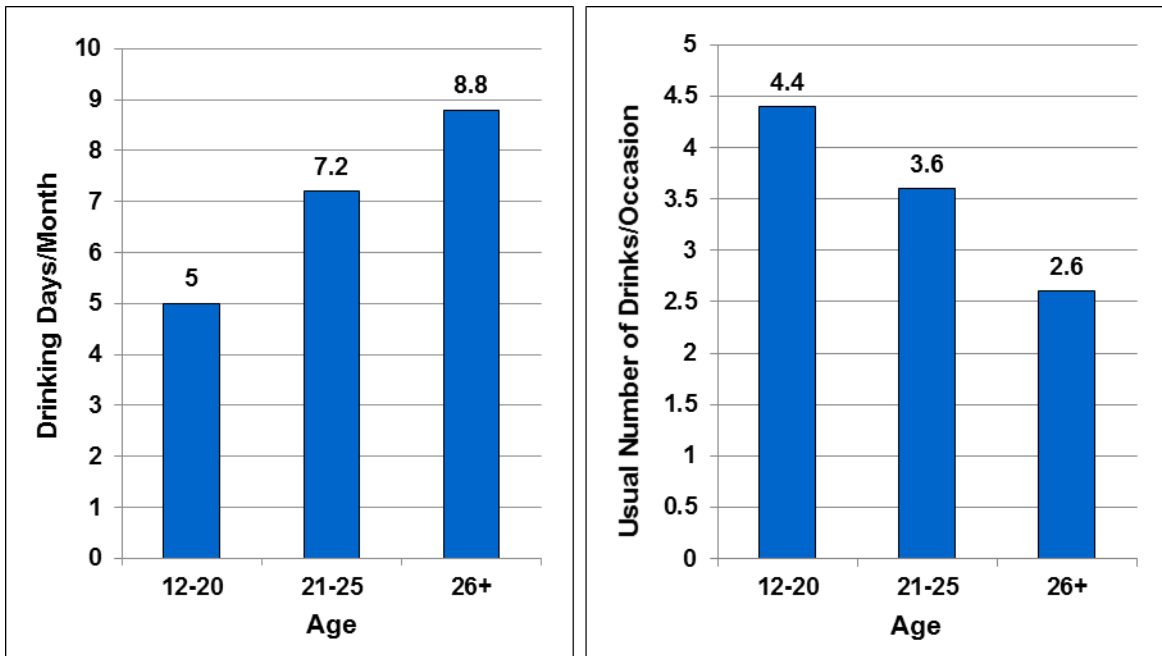


Exhibit 2.4: Number of Drinking Days per Month and Usual Number of Drinks per Occasion for Youth (12–20), Young Adults (21–25), and Adults (≥26): 2013 (SAMHSA, 2014c)

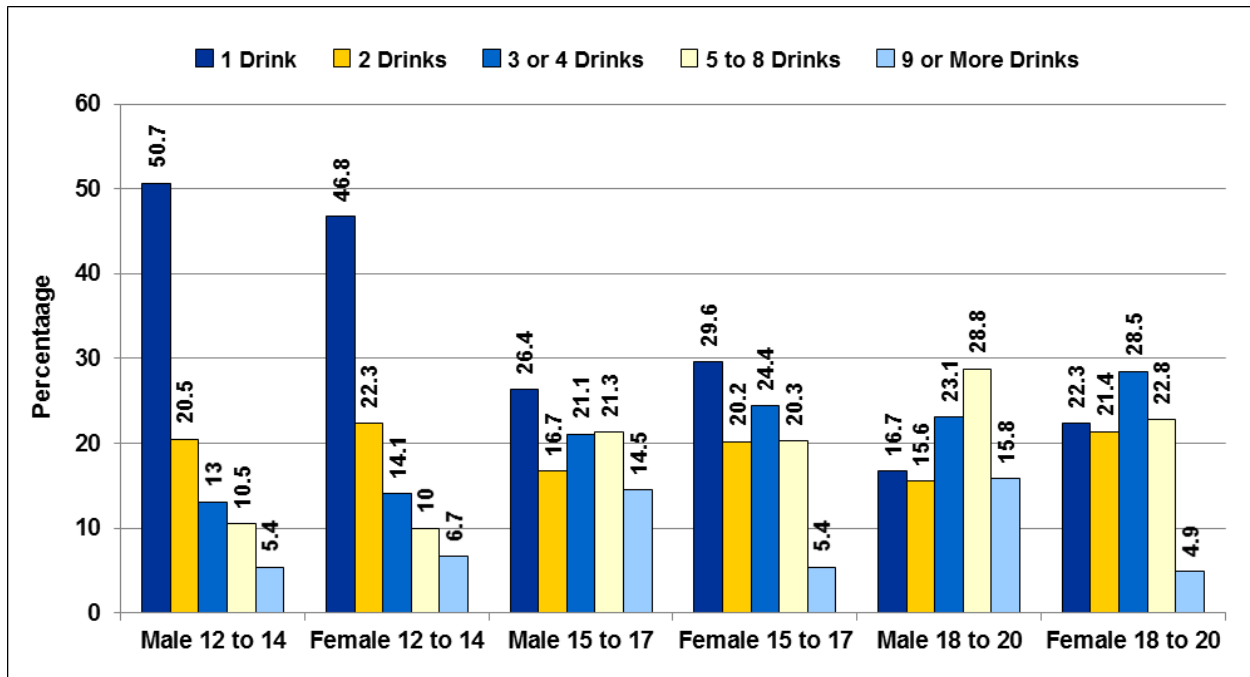


When asked about the number of drinks consumed on their last occasion of alcohol use in the past month, for 2011 and 2012 combined, 23.1 percent of underage drinkers reported one drink; 18.1 percent, two drinks; 24.3 percent, three or four drinks; 24.0 percent, five to eight drinks; and 10.4 percent, nine or more drinks (SAMHSA, 2013c). The number of drinks consumed differs by gender (Exhibit 2.5): underage females are more likely to report consuming one to four drinks, and underage males, five to nine drinks or more. The number of drinks reported on the last occasion tends to increase with increasing age.

Particularly worrisome among underage drinkers is the high prevalence of binge drinking, which MTF defines as five or more drinks in a row in the past 2 weeks and calls “heavy episodic drinking.” In 2013, 5.1 percent of 8th graders, 13.7 percent of 10th graders, and 22.1 percent of 12th graders reported heavy episodic drinking (Johnston et al., 2014a). In 2013, about 1.4 million youth ages 12 through 20 (3.7 percent) drank five or more drinks on a single occasion 5 or more days a month (SAMHSA, 2014a).

Faden and Fay (2004) used statistical trend analyses to examine underage drinking data from 1975 to 2002. Among 12th graders, drinking five or more drinks in a row in the past 2 weeks declined 7.6 percent, from 36.8 percent in 1975 to 29.2 percent in 2004. Analysis of the intervening years showed that the prevalence of drinking five or more drinks in a row in the past 2 weeks rose from 1975 to 1980, fell from 1980 to 1987, steeply declined from 1987 to 1993, rose from 1993 to 1997, and declined from 1997 to 2002. Subsequent statistical trend analyses

Exhibit 2.5: Number of Drinks Consumed on Last Occasion of Alcohol Use in the Past Month Among Past-Month Alcohol Users Ages 12–20, by Gender and Age Group: 2012–2013 (SAMHSA, 2014c)



showed that for 12th graders, the prevalence of drinking five or more drinks in a row in the past 2 weeks continued to fall between 2002 and 2009 (Chen, Yi, & Faden, 2011).

Information on the prevalence of drinking five or more drinks in a row in the past 2 weeks among 8th and 10th graders first became available in 1991. In 1991, 10.9 percent of 8th graders and 21 percent of 10th graders reported engaging in this behavior, compared with 9.4 percent and 19.9 percent, respectively, in 2004. Rates in the intervening years oscillated heavily for 8th graders and rose steadily for 10th graders, for whom rates peaked in 2000 and have since gradually declined (Johnston, O’Malley, Bachman, & Schulenberg, 2005). Since 2002, there have been statistically significant declines in binge drinking for all three grades (Johnston, O’Malley, Bachman, & Schulenberg, 2012a).

A troubling subset of binge drinking is extreme binge drinking or high-intensity drinking, often defined as the consumption of 10 or 15 or more drinks on a single occasion. YRBS data from 2013 indicated that 6.1 percent of high schoolers reported drinking 10 or more drinks within 2 hours at least once in the last month (CDC, 2014c). The percentage for males was 8 percent and for females, 4.2 percent.

MTF has tracked the prevalence of consuming 10 or more and 15 or more drinks in a row since 2005. According to MTF data for 2013, 8.1 percent of 12th graders reported consuming 10 or more drinks in a row, and 4.4 percent reported consuming 15 or more drinks in a row, within the previous 2 weeks. Although these numbers have declined since 2005, the rate of decline for high-intensity binge drinking has been slower than for all binge drinking: a decline of 2.5 percent for 10 or more drinks in a row and 1.3 percent for 15 or more drinks in a row, compared with 5

percent for all binge drinking (Johnston et al., 2014a, p. 247). This disparity suggests that high-intensity binge drinking may be a more entrenched form of adolescent subculture than binge drinking overall (Patrick et al., 2013). The disparity may also help explain why underage hospitalizations for alcohol overdose are increasing while overall rates of underage consumption are decreasing (Hingson & White, 2013, p. 996).

Binge Drinking by Teens Is Not Limited to the United States

In many European countries, a significant proportion of young people ages 15 to 16 report binge drinking (Exhibit 2.6). In all countries listed in Exhibit 2.6, the minimum legal drinking age (MLDA) is lower than in the United States. These data call into question the suggestion that having a lower MLDA results in less problem drinking by adolescents.

There Is a High Prevalence of Alcohol Use Disorders among Youth

The prevalence of alcohol abuse or dependence among underage drinkers is quite high. Because the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR; APA, 2000) criteria for abuse and dependence were originally developed for use with adults, using them to assess abuse and dependence in adolescents may lead to inconsistencies. As shown in Exhibit 2.7, according to the combined 2012–2013 NSDUH data, prevalence of alcohol dependence or abuse as defined by DSM-IV-TR⁵¹ is highest among those ages 18 to 29.

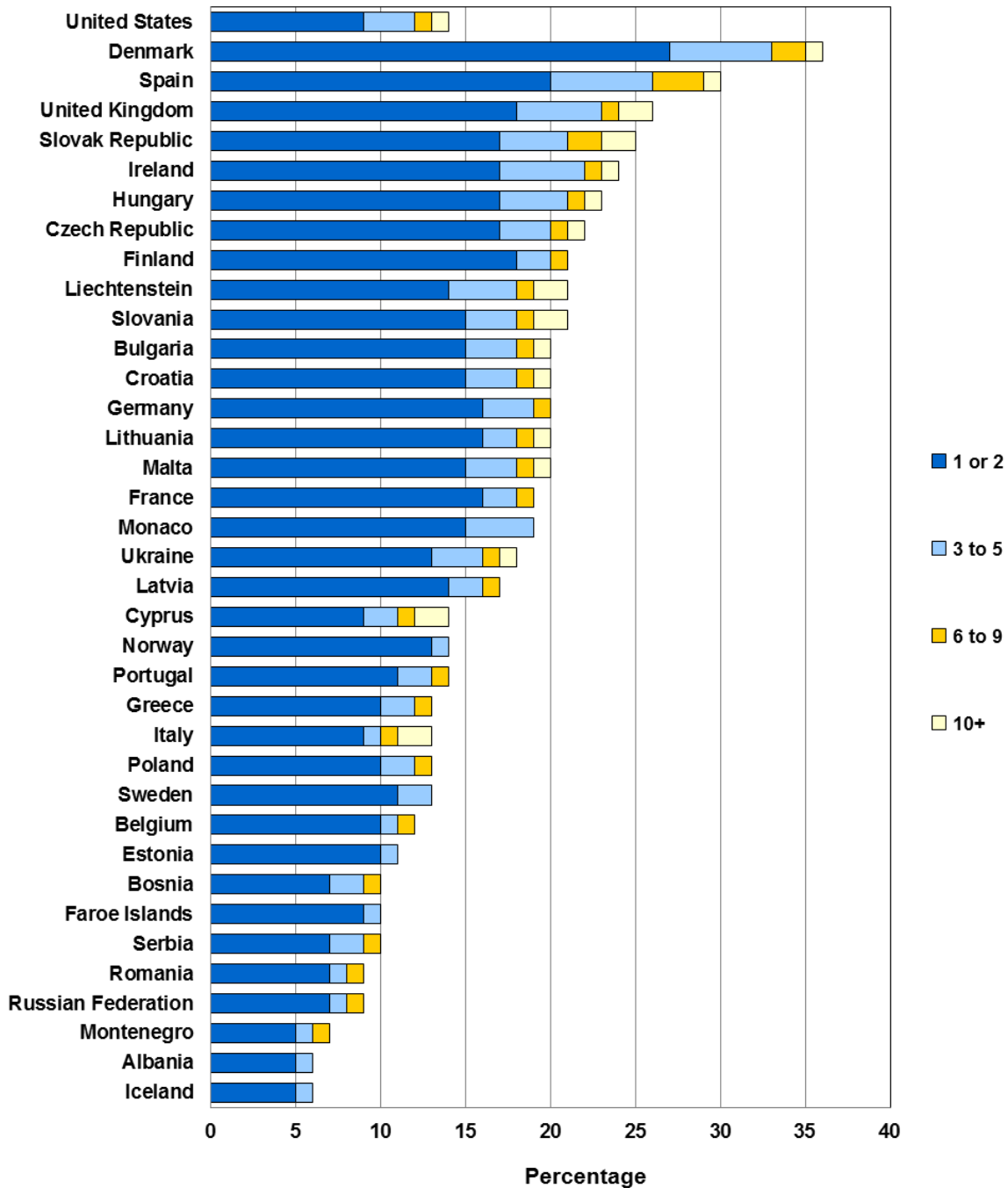
About one in nine (11.7 percent) 18- to 20-year-olds met criteria for alcohol dependence or abuse, a prevalence rate second only to that for 21- to 24-year-olds (15.3 percent) and 25- to 29-year-olds (12.5 percent). In addition, 0.9 percent of 12- to 14-year-olds and 5.3 percent of 15- to 17-year-olds met criteria for alcohol dependence or abuse.

Underage Drinking Differs by Gender

Any discussion of gender differences in underage drinking should include considerations of the biological factors that may underlie or contribute to differences in drinking behavior and its consequences. A review by Schulte, Ramo, and Brown (2009) noted that differences in body composition (body fat versus muscle mass) lead to higher BAC in females from the same dose of alcohol proportionate to body weight and to lower alcohol reactivity (subjective effects as a function of dose) in males than in females. These two findings suggested that females will experience alcohol-related problems at lower doses of alcohol, a finding borne out by data on alcohol-related consequences cited later in this report.

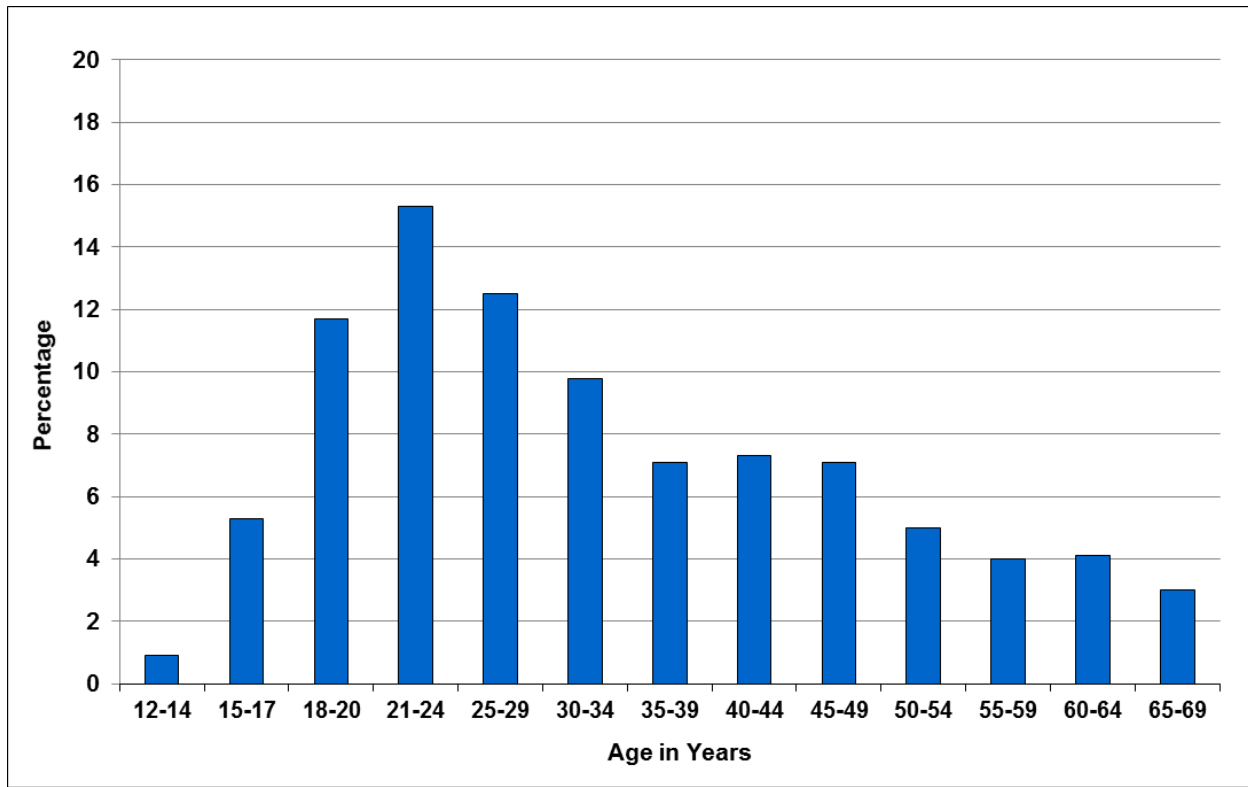
⁵¹ The DSM-IV-TR (APA, 2000) criteria for abuse and dependence used in this study were originally developed for use with adults, and using them to assess abuse and dependence in adolescents may lead to inconsistencies. Several researchers are actively investigating this important issue (Harford, Yi, Faden, & Chen, 2009; Mewton, Teesson, Slade, & Grove, 2010). The newly released *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-V; APA, 2013) provides new criteria for alcohol-related disorders, but it does not specifically address adolescents.

Exhibit 2.6: Percentage of European Students Ages 15–16 Who Reported Being Drunk in the Past 30 Days Compared With American 10th Graders (Hibell et al., 2012; data from the 2011 European School Survey Project on Alcohol and Drugs)



Notes: The 2011 European School Survey Project on Alcohol and Drugs (ESPAD) question is: “On how many occasions (if any) have you been intoxicated from drinking alcoholic beverages (staggered when walking, not able to speak properly, throwing up or not remembering what happened)?” ESPAD data collection is performed every 4 years. The next survey will take place in spring 2015.

Exhibit 2.7: Prevalence of Past-Year DSM-IV Alcohol Dependence or Abuse by Age: 2012–2013 NSDUH (SAMHSA, 2014c)



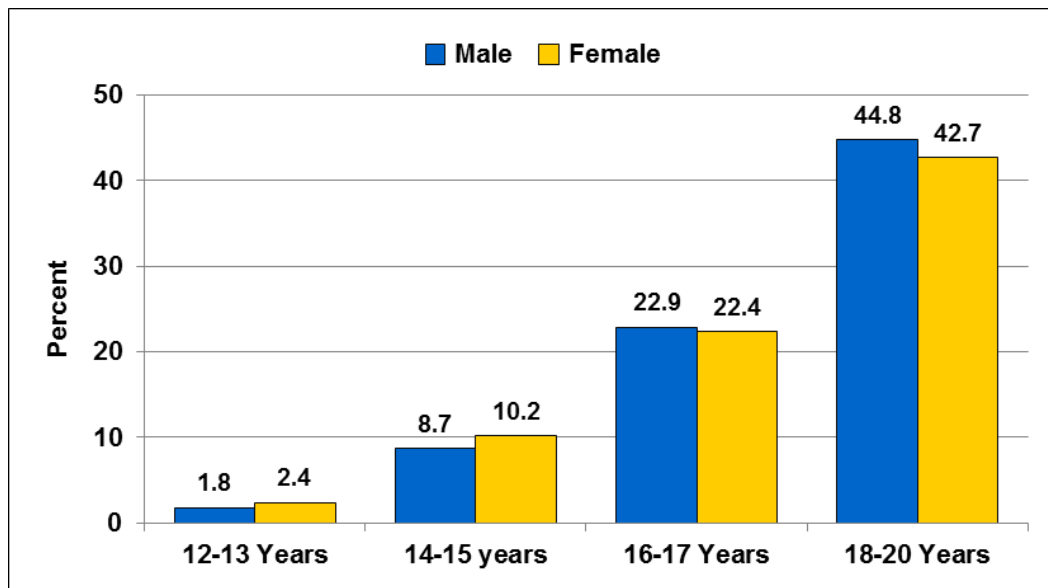
Although underage males and females tend to start drinking at about the same age and have approximately the same prevalence of any past-month alcohol use, males are more likely to drink with greater frequency and to engage in binge and heavy drinking. According to the 2013 NSDUH data, 57.1 percent of males ages 12 and older were current drinkers compared with 47.5 percent of females in that age group. However, among underage drinkers, there were no significant gender differences in past-month alcohol use (Exhibit 2.8; SAMHSA, 2014c). Among those ages 12 to 20, those ages 16 to 17, and those ages 18 to 20, binge drinking rates were statistically significantly higher for males than females.

Binge drinking prevalence is the most significant gender difference, at least among older adolescents. In 2013, 26.0 percent of male 12th graders reported binge drinking (having five or more drinks in a row) at least once in the prior 2-week period, whereas 18.0 percent of female 12th graders did (Johnston et al., 2014a).

Since 1991, rates of binge drinking have been *decreasing* for college-age and 12th-, 10th-, and 8th-grade males and females, and the gap between male and female bingeing rates has been steadily declining since 1991 (Exhibit 2.9; Johnston, O'Malley, Bachman, & Schulenberg, 2009c, 2012a; Johnston, O'Malley, Bachman, Schulenberg, & Miech, 2014b).

Across all grade groups, rates for males have been decreasing *faster* than for females. This is most easily seen in the slopes of the linear trend data (dotted lines) in Exhibit 2.9. For example, in 1975, among 12th graders there was a 23 percentage point spread between the rates; in 2013, it was 8.0 points (Johnston et al., 2014a).

Exhibit 2.8: Past-Month Alcohol Use by Age and Gender, 2013 NSDUH Data (SAMHSA, 2014c)

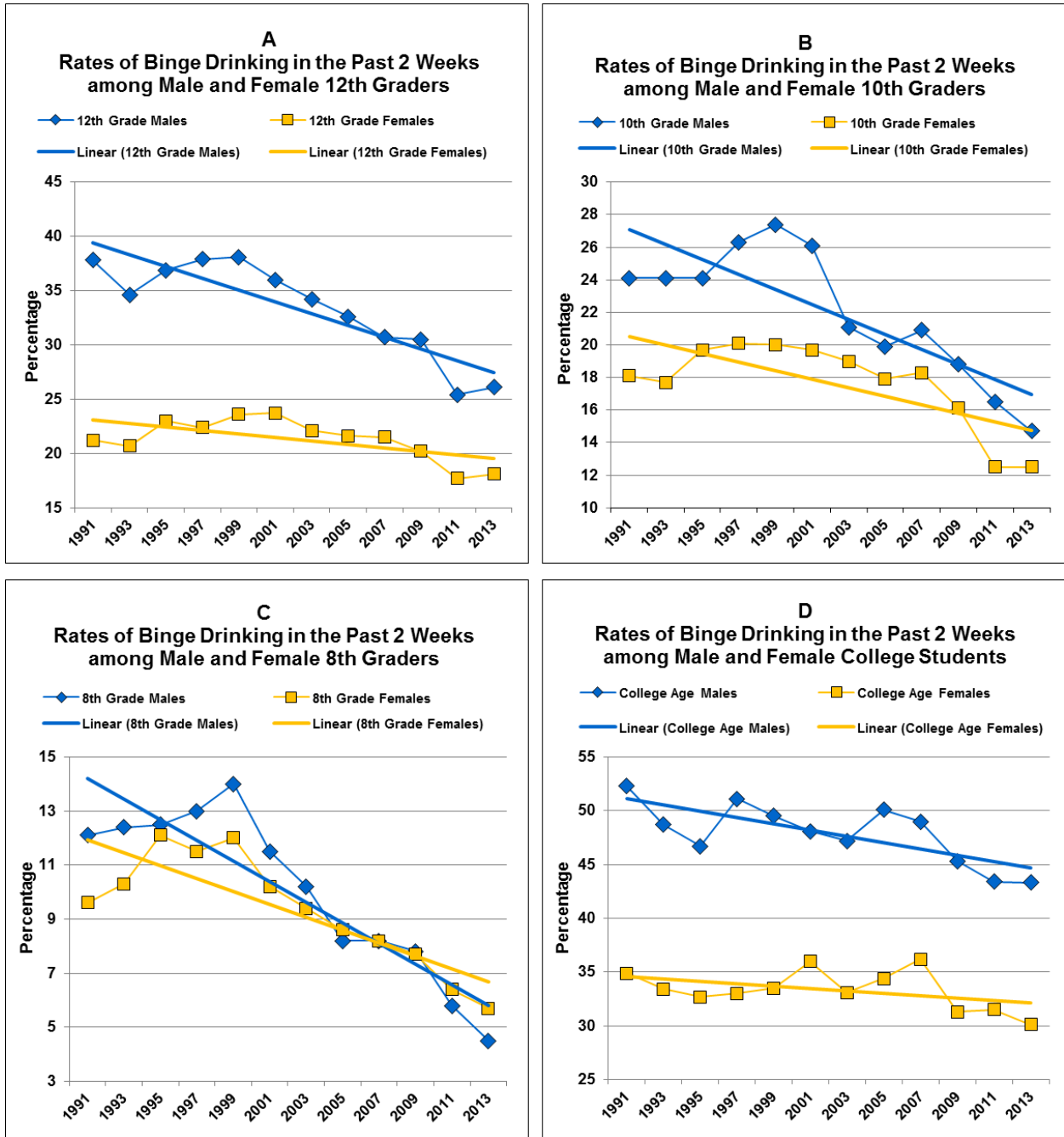


Underage Drinking by Race and Ethnicity

According to 2002–2013 NSDUH data,⁵² Whites ages 12 to 20 were more likely to report current alcohol use than any other race or ethnic group. An estimated 31.3 percent of White males and 30.0 percent of White females reported past-month use, followed by Native Hawaiian or Other Pacific Islander males (28.5 percent), American Indian or Alaska Native females (25.8 percent), Hispanic or Latino males (25.7 percent), Native Hawaiian or Other Pacific Islander females (24.9 percent), males of multiple races (24.8 percent), females of multiple races (24.5 percent), American Indian or Alaska Native males (23.8 percent), Hispanic or Latina females (22.5 percent), Black or African American males (19.4 percent), Black or African American females (18.2 percent), Asian males (17.2 percent), and Asian females (15.8 percent). As shown in Exhibit 2.10, among most races/ethnic groups, males and females reported similar rates of current alcohol use; however, among Whites, Blacks, and Hispanics, males ages 12 to 20 were more likely to report current use than females (SAMHSA, 2014c). Although fewer Blacks report current drinking, data from the 2013 YRBS suggested that prevalence of alcohol use before age 13 is greater among Black students (21.0 percent) and Hispanic students (21.8 percent) than among White students (16.7 percent; CDC, 2014c). Sample sizes from the MTF and the YRBS do not allow estimates of alcohol consumption by youth who are American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or multiple races.

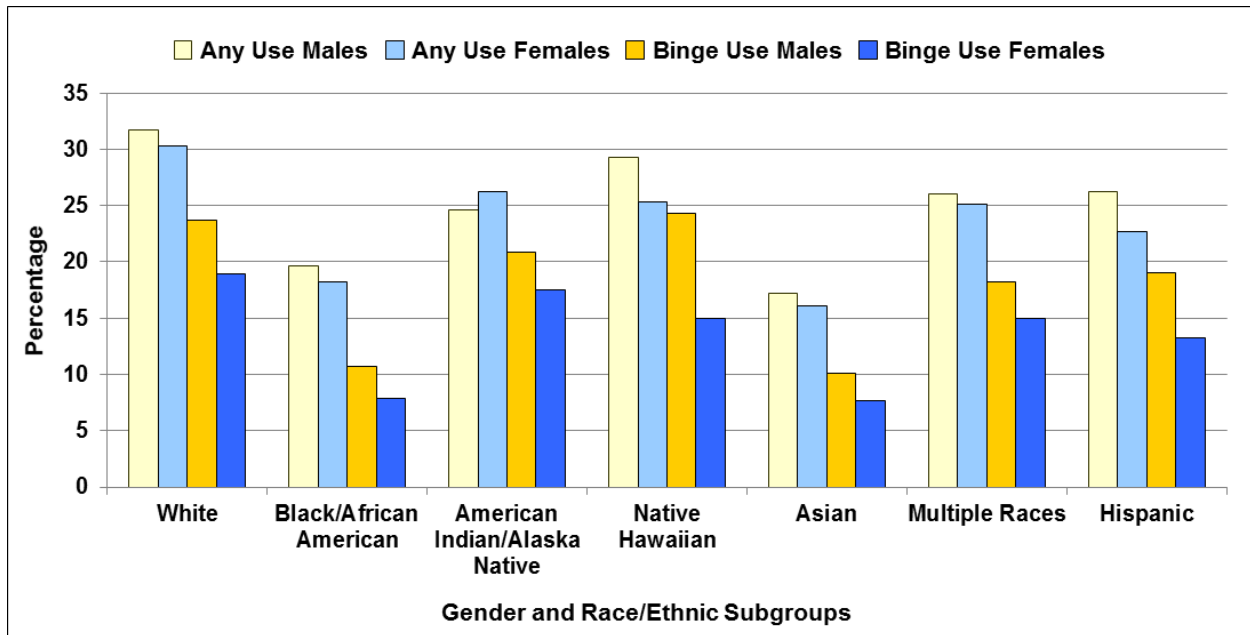
⁵² To provide sample sizes sufficient to produce reliable estimates for each race/ethnic group, multiyear estimates of past-month alcohol use and binge drinking by race/ethnicity were calculated.

Exhibit 2.9: Rates of Binge Drinking in the Past 2 Weeks Among Male and Female 8th, 10th, and 12th Graders and College Students, 1991–2013 (Johnston et al., 2014 a,b)⁵³



⁵³ Note that the percentage rate scale (y-axis) differs among the four exhibits (A-D) above so that the distinctions between males and females within each age group can be easily read. The percentages reflected in each exhibit are the actual percentages.

Exhibit 2.10: Alcohol Use and Binge Drinking in the Past Month Among People Ages 12–20 by Race/Ethnicity and Gender, Annual Averages Based on 2002–2013 Data (SAMHSA, 2014c)



Multiyear NSDUH data (2002–2013) show that White, American Indian and Alaska Native, and Hawaiian and Other Pacific Islander males ages 12 to 20 were equally likely to report binge alcohol use in the past month. An estimated 23.4 percent of White males reported having five or more drinks on the same occasion on at least 1 day within the past 30 days, followed closely by Native Hawaiian or Other Pacific Islander males (22.8 percent) and American Indian or Alaska Native males (20.3 percent). Hispanic males (18.7 percent), White females (18.5 percent), males of multiple races (17.4 percent), and American Indian or Alaska Native females (17.1 percent) reported similar rates of binge drinking, followed by females of multiple races (14.4 percent), Native Hawaiian or Other Pacific Islander females (14.9 percent), Hispanic females (13.2 percent), Black males (10.4 percent), Asian males (9.8 percent), Black females (7.9 percent), and Asian females (7.7 percent).

As Exhibit 2.10 shows, rates of binge drinking were higher for males than females for each race/ethnic group, with the differences being greatest among Native Hawaiian or Other Pacific Islanders (males 22.8 percent versus females 14.9 percent) and Hispanics (males 18.7 percent versus females 13.2 percent) (SAMHSA, 2014c).

These ethnic and racial differences must be viewed with some caution. As Caetano, Clark, and Tam (1998) noted, there are important differences in alcohol use and related problems among ethnic and racial subgroups of Blacks, Hispanics, Asians, and Native Americans/Alaska Natives. Moreover, the patterns of consumption for any group or subgroup represent a complex interaction of psychological, historical, cultural, and social factors inadequately captured by a limited set of labels. With these cautions in mind, however, the data discussed thus far highlight the importance of considering race and ethnicity in underage drinking prevention measures.

Social Context of Alcohol Use

Underage alcohol use is strongly affected by the context in which drinking occurs, including the number of people present and the location where drinking takes place. Of particular concern is underage drinking at large parties.

Number of People Present at Drinking Event

Most (79.4 percent) people ages 12 to 20 who had consumed alcohol in the past month were with two or more people the last time they drank, 14.8 percent were with one other person the last time they drank, and 5.8 percent were alone.⁵⁴ Underage people who drank with two or more other people on the last occasion in the past month had more drinks on the last occasion on average (4.5 drinks) than did those who drank with one other person (2.9 drinks) or drank alone (2.7 drinks; Pemberton, Colliver, Robbins, & Gfroerer, 2008; SAMHSA, 2014c).

The number of people present at the last drinking event appears to differ across age groups. Among current drinkers, youths ages 12 to 14 were more likely to have been alone (12.1 percent) or with one other person (20.2 percent) the last time they drank, compared with youths ages 15 to 17 (7.0 percent alone and 13.9 percent with one other person) or ages 18 to 20 (4.8 percent alone and 14.8 percent with one other person; SAMHSA, 2014c). In all age groups, underage current drinkers who drank with two or more other people averaged more drinks on the last occasion than those who drank with one other person or alone (Exhibit 2.11).

Most male and female underage drinkers were with two or more other people on their last drinking occasion (78.6 percent and 80.2 percent, respectively). However, male drinkers were more likely to drink alone (7.2 percent) than were female drinkers (4.3 percent).

Overall, underage people who drank with two or more other people consumed more drinks on average (4.5 drinks) than did those who drank with one other person (2.9 drinks) or drank alone (2.7 drinks). There were no significant differences in the mean number of drinks consumed between those who drank alone and those who drank with one other person. Males consumed more drinks than did females for those who drank with one or more people, but not for those who drank alone. For example, when the last drinking occasion was with two or more other people, males averaged 5.3 drinks, compared with 3.7 drinks for females (SAMHSA, 2014c).

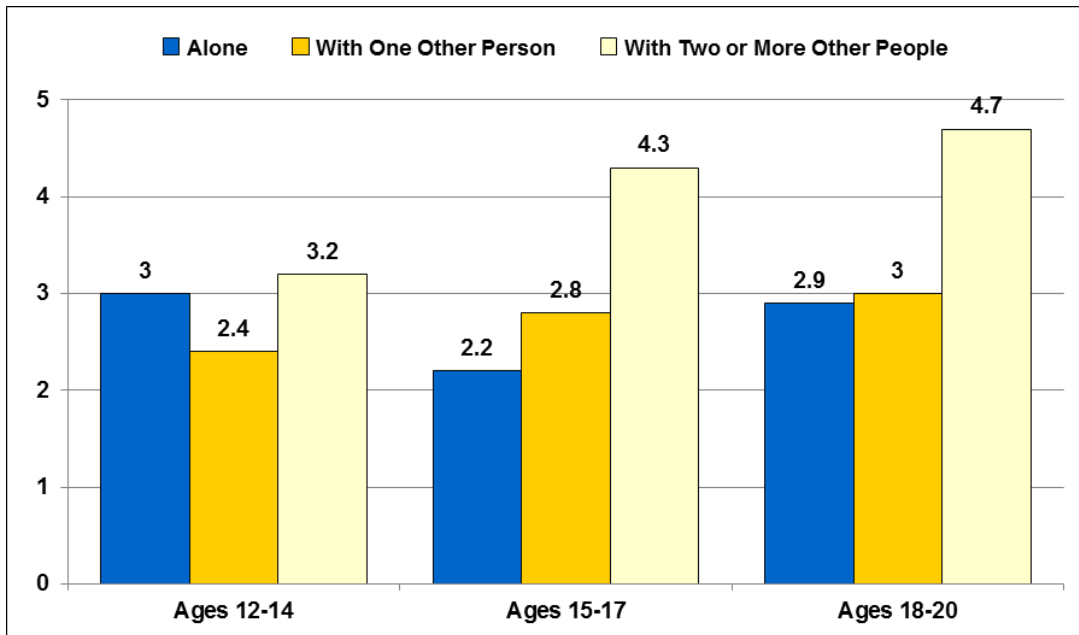
Location of Alcohol Use

Most underage drinkers reported last using alcohol in someone else's home (53.3 percent, averaging 4.7 drinks) or their own home (32.7 percent, averaging 3.5 drinks).⁵⁵ The next most popular drinking locations were at a restaurant, bar, or club (6.7 percent, averaging 4.5 drinks); at a park, on a beach, or in a parking lot (4.5 percent, averaging 4.8 drinks); or in a car or other vehicle (3.7 percent, averaging 6.0 drinks). Current drinkers ages 12 to 20 who last drank at a concert or sports game (2.1 percent of all underage drinkers) consumed an average of 6.1 drinks (SAMHSA, 2014c). Thus, most young people drink in social contexts that appear to promote heavy consumption and where people other than the drinker may be harmed by the drinker's behavior.

⁵⁴ The discussion in this section combines data for 2012 and 2013.

⁵⁵ For the analyses in this section, 2012 and 2013 NSDUH data are combined to provide sufficient sample sizes.

Exhibit 2.11: Average Number of Drinks Consumed on Last Occasion of Alcohol Use in the Past Month Among Past-Month Alcohol Users Ages 12–20, by Social Context and Age Group: Annual Averages Based on 2012–2013 Data (SAMHSA, 2014c)



Drinking location varies substantially by age. For example, drinkers ages 12 to 14 were more likely to have been in their own homes the last time they drank (37.7 percent) than were 15- to 17-year-olds (27.2 percent), but they were similar to 18- to 20-year-olds (34.6 percent). By contrast, 12- to 14-year-olds were less likely to report being in someone else’s home the last time they drank (46.7 percent) than the 15- to 17-year olds (59.2 percent), but they were similar to 18- to 20-year-olds (51.4 percent).

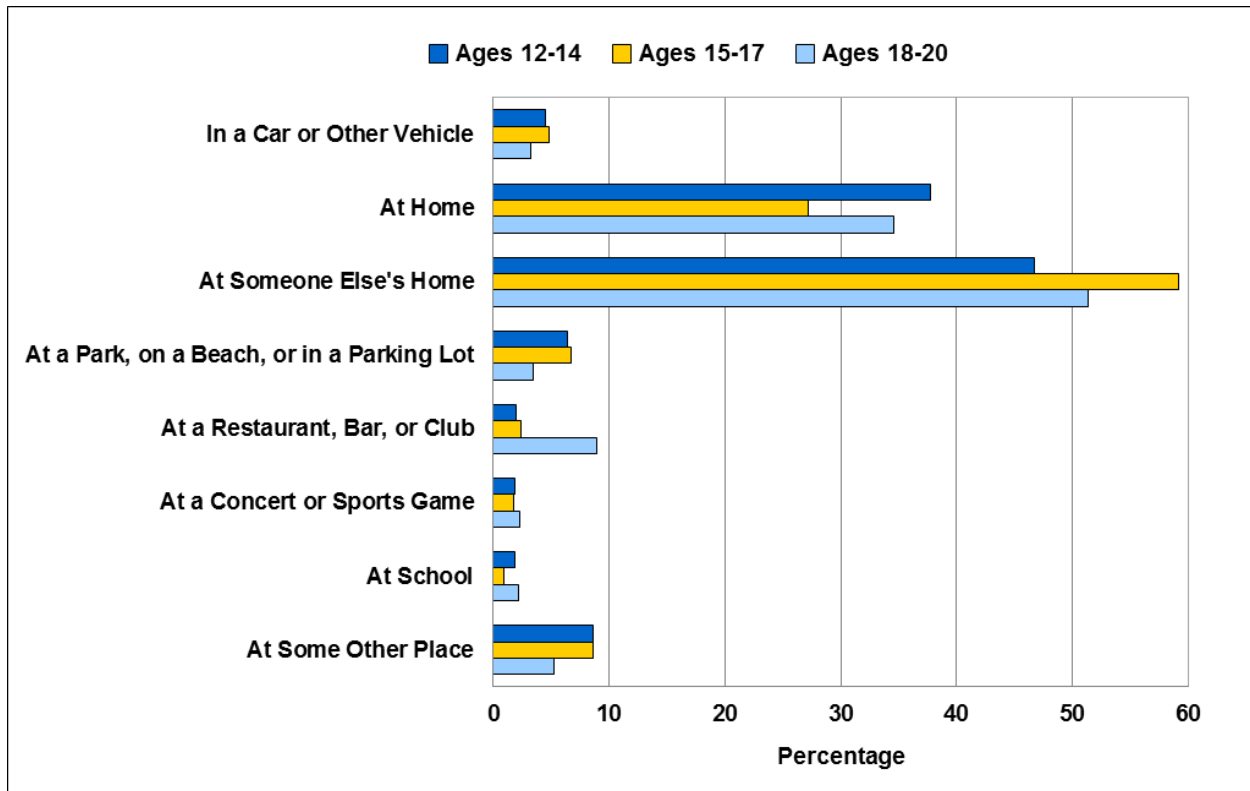
Drinkers ages 18 to 20 were more likely than those in younger age groups to have been in a restaurant, bar, or club on their last drinking occasion (8.9 percent for those ages 18 to 20 versus 2.0 percent for those ages 12 to 14 and 2.4 percent for those ages 15 to 17; Exhibit 2.12; SAMHSA, 2014c). Female current alcohol users ages 12 to 20 were more likely than males to have had their last drink at a restaurant, bar, or club (8.5 percent versus 5.0 percent).

Underage Drinking Parties

The data cited above suggest that underage drinking occurs primarily in a social context (three or more drinkers) at private residences. Such drinking occasions include parties at which large numbers of youth are present.

Drinking parties attract those 21 and over as well as significant numbers of underage drinkers (Wells, Graham, Speechley, & Koval, 2005). For this reason, parties are a common environment in which young drinkers are introduced to heavy drinking by older and more experienced drinkers (Wagoner et al., 2012).

Exhibit 2.12: Drinking Location of Last Alcohol Use Among Past-Month Alcohol Users Ages 12–20 by Age Group: Annual Averages Based on 2012–2013 Data (SAMHSA, 2014c)



Parties are settings for binge drinking and other patterns of consumption leading to high BACs (Clapp, Reed, Holmes, Lange, & Voas, 2006; Clapp, Min, Shillington, Reed, & Croff, 2008; Demers et al., 2002; Paschall & Saltz, 2007; Usdan, Moore, Schumacher, & Talbott, 2005; Wagoner et al., 2012). Factors that increase the risk of high BACs include the size of party and the number of people drinking (Wagoner et al., 2012), drinking games (Clapp et al., 2006, Clapp et al., 2008), “bring your own booze” policies (Clapp et al., 2006), parties sponsored by fraternities (Paschall & Saltz, 2007), and parties where illicit drugs are available (Clapp et al., 2006). Demers and colleagues (2002) suggested that large parties have a greater facilitative effect on men’s drinking than on women’s. Drinking parties are settings for aggression, including serious arguments, pushing, fights, and sexual assault (Wagoner et al., 2012). Because large numbers of youth are drinking outside their own homes, drinking parties may significantly increase the risk of driving after drinking (PIRE, 2000).

Drinking parties pose serious problems for law enforcement officers. These include breaking up parties without allowing drinkers to flee to their cars (PIRE, 2000), processing large numbers of underage offenders (PIRE, 2000), and identifying the individuals who have furnished alcohol to minors (Wagoner et al., 2012). Paschall, Lipperman-Kreda, Grube, and Thomas (2014) rated social host policies for comprehensiveness and stringency. They found a small but significant negative relationship between the strength of the policies and underage drinking at parties among past-year drinkers. For information on party-related enforcement practices that states are implementing, see Chapter 4. For information on relevant state legal policies see “Hosting Underage Drinking Parties” and “Keg Registration” in Chapter 4.

Types of Alcohol Consumed by Underage Drinkers

Different alcohol beverage types are likely associated with different patterns of underage consumption. Ease of concealment, palatability, alcohol content, marketing strategies, media portrayals, parent modeling, and economic and physical availability may all contribute to the quantity of and settings for consumption. Beverage preferences may also affect the policies and enforcement strategies most effective in reducing underage drinking (CDC, 2007). Tracking young people's beverage preferences is thus an important aspect of prevention policy. Since 1988, preferences have shifted markedly for both male and female 12th graders (Exhibit 2.13). Wine is now preferred by 13 percent or fewer of underage drinkers and is therefore not discussed here.

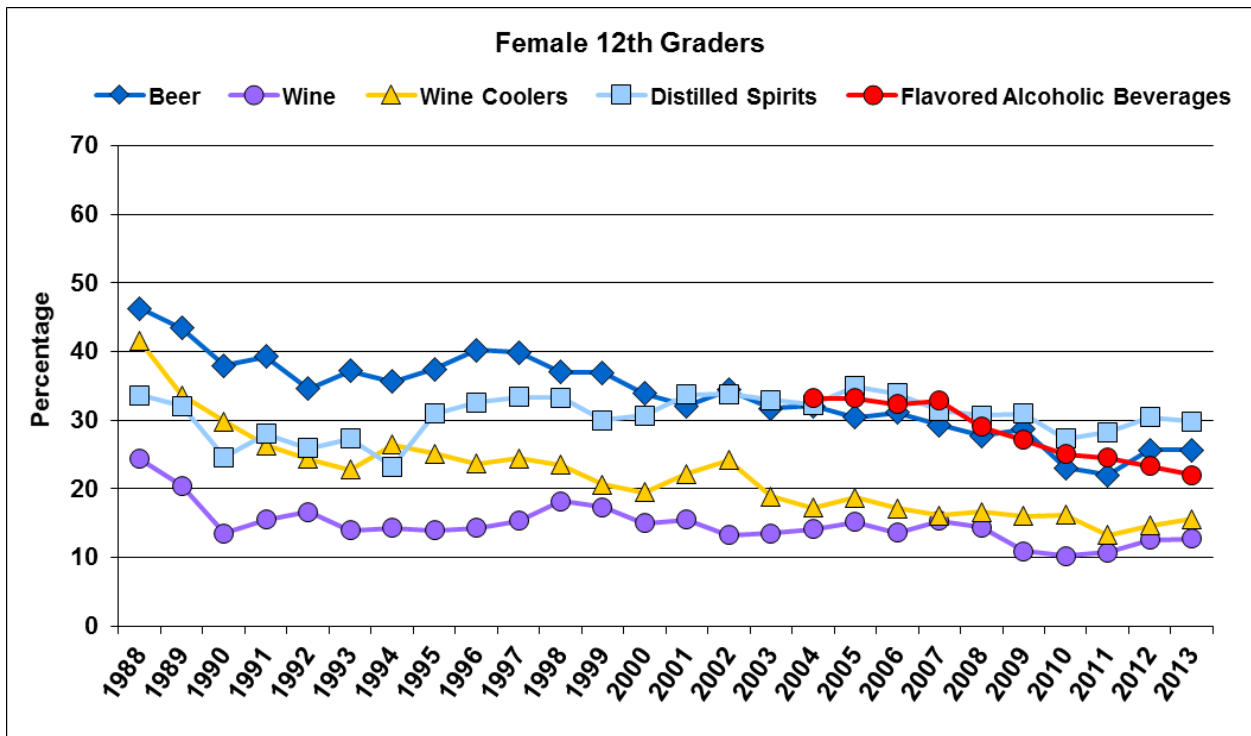
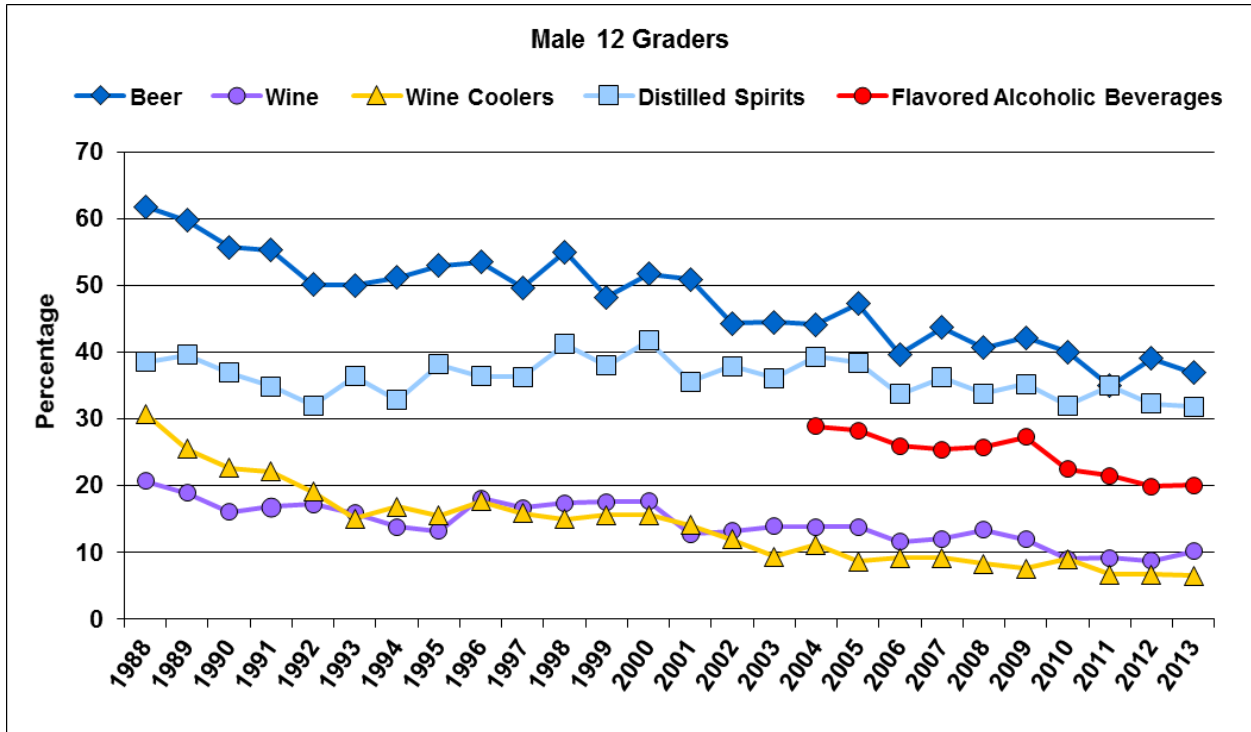
In 1988, beer was the preferred beverage for both sexes by a large margin. By 2011, however, preference for beer had declined and preference for distilled spirits had increased. Preference for distilled spirits is now almost equal to preference for beer among males; females now prefer distilled spirits to beer by a slight margin. In 2004 (the first year flavored alcoholic beverages were included in the survey), female preference for beer, distilled spirits, and flavored alcoholic beverages was about the same. Female preference for flavored alcoholic beverages has declined steadily since then. Male preference for flavored alcoholic beverages, which has not been as high as female preference, also declined during this period. Data from eight states indicated that, among students in 9th through 12th grades who reported binge drinking, distilled spirits were the most prevalent beverage type (Siegel, Naimi, Cromeens, & Nelson, 2011). In a study of a nationally representative sample of youth ages 13 to 20 who had consumed at least one alcoholic drink in the past 30 days, distilled spirits accounted for 43.8 percent of binge drinking prevalence, the highest percentage for any beverage type (Naimi, Siegel, DeJong, O'Doherty, & Jernigan, 2014).

Several studies (e.g., Fortunato, Albers, Siegel, & Jernigan, 2014; Naimi et al., 2014; Siegel et al., 2014) focused on underage drinkers' brand preferences, consistently finding that underage drinkers prefer a limited number of brands. Naimi and colleagues found that the top 25 "binge brands" account for 46.2 percent of all binge drinking reports, and Siegel and colleagues found that the top 25 brands account for about half of all alcohol consumption by volume.

Although the reported market share among youth is 0.7 percent, the retail availability of high-potency grain alcohol is of considerable recent concern (Siegel et al., 2014). These products are cheap, and given that they are twice as strong (151 to 190 proof) as standard spirits products (80 to 101 proof), underage consumers may find it very difficult to gauge their alcohol consumption, increasing the likelihood of injury. Epidemiologic data on the use of high-potency grain alcohol is currently limited. Siegel and colleagues (2014) found that according to an internet panel of youth ages 13 to 20, 5.8 percent of all youth reported consuming high-alcohol-content grain alcoholic beverages in the past 30 days. Naimi, Siegel, DeJong, O'Doherty, and Jernigan (2014) reported that when underage drinkers consume grain alcohol, they are significantly more likely to binge. Given the dangers of high-potency grain alcohol, some states have banned its sale. Improved data on these products, including underage use and related injury, would help policy-makers evaluate appropriate responses.⁵⁶

⁵⁶ Maryland (MD Code, Art. 2B, § 16-505.2), California (West's Ann.Cal.Bus. & Prof.Code § 23403), and Florida (West's F.S.A. § 565.07) have all enacted such laws.

Exhibit 2.13: Trends in the Percentage of Male and Female 12th Graders Using Alcoholic Beverages in the Past 30 Days by Beverage Type, 1988–2013 (Johnston et al., 2014b)



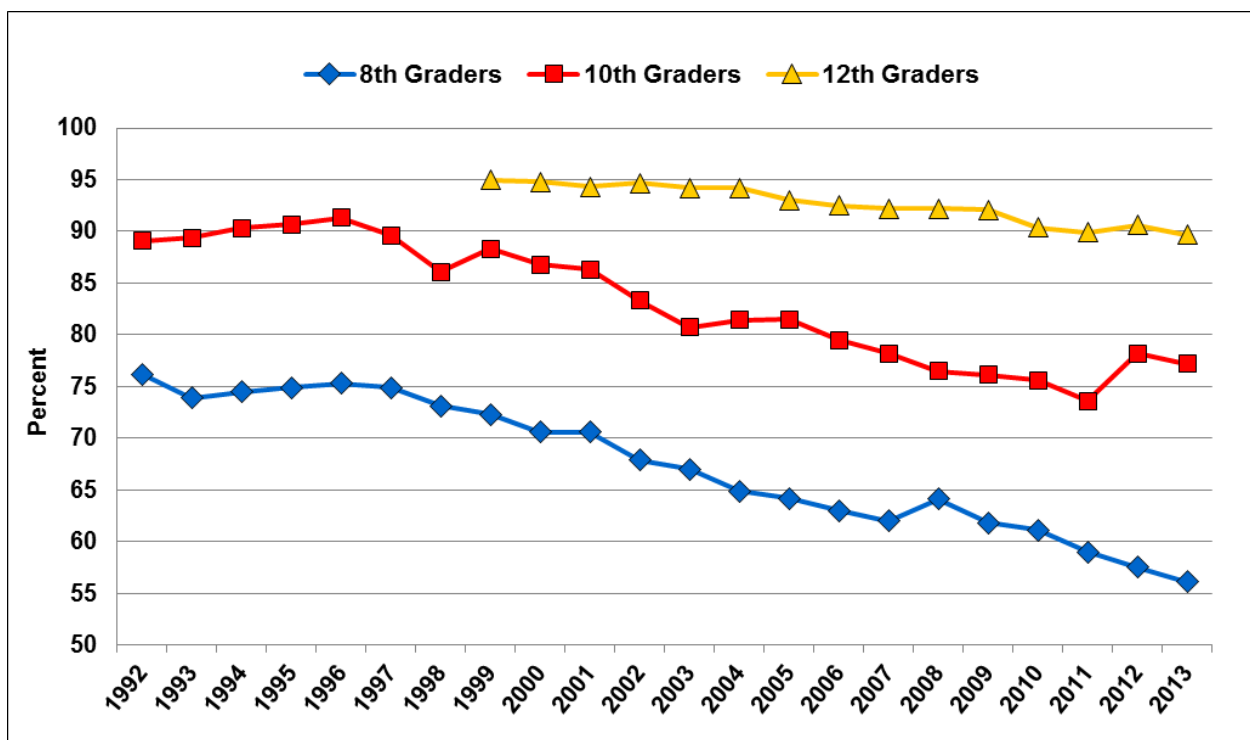
Alcohol Is Perceived as Readily Available by the Underage Population

The relationship among alcohol availability, levels of consumption, and occurrence of alcohol-related problems is well documented in the *Surgeon General’s (SG’s) Call to Action* (U.S. Department of Health and Human Services [HHS], 2007). As shown in Exhibit 2.14, most teens see alcohol as readily available. In 2013, 56.1 percent of 8th graders, 77.2 percent of 10th graders, and 89.7 percent of 12th graders said alcohol would be “fairly easy” or “very easy” to get (Johnston et al., 2014a). Perceived availability, however, has declined in some groups. In 1992, 76.2 percent of 8th graders perceived alcohol as easily available, but by 2013, only 56.1 percent held that perception. For 10th graders, perception of availability peaked in 1996 at 90.4 percent, but by 2013, it had declined to 77.2 percent. Data for 12th graders, first collected in 1999, showed that 95.0 percent perceived alcohol to be readily available—a percentage that has declined only slightly since then. These reductions in perceived availability may be attributable in part to policies and enforcement practices described in Chapter 4.3 (see “Laws Addressing Minors in Possession of Alcohol,” “Laws Targeting Alcohol Suppliers,” and “Alcohol Pricing Policies”).

Alcohol Is Available From a Variety of Sources

NSDUH divides sources of last alcohol use into two categories: the underage drinker paid (he or she purchased it or gave someone else money to do so) or did not pay (he or she received it for free from someone or took it from his or her own home or someone else’s home). Combined data from 2012 and 2013 show that among all underage current drinkers, 28.4 percent paid for

Exhibit 2.14: Trends in Availability of Alcohol as Perceived by 8th, 10th, and 12th graders (Johnston et al., 2014a)



alcohol the last time they drank (7.7 percent purchased the alcohol themselves; 20.5 percent gave money to someone else to do so). Those who paid for alcohol themselves consumed more drinks on their last drinking occasion (average of 5.4 drinks) than those who did not (average of 3.7 drinks). This difference is at least partially explained by the fact that older underage drinkers are more likely to pay for alcohol and to drink more.

Among all underage drinkers, 71.6 percent did not pay for the alcohol the last time they drank. A total of 27.3 percent were given alcohol for free by an unrelated person age 21 or older, 7.6 percent got the alcohol from a parent or guardian, 10.1 percent got it from another family member age 21 or older, and 5.3 percent took it from their own home.

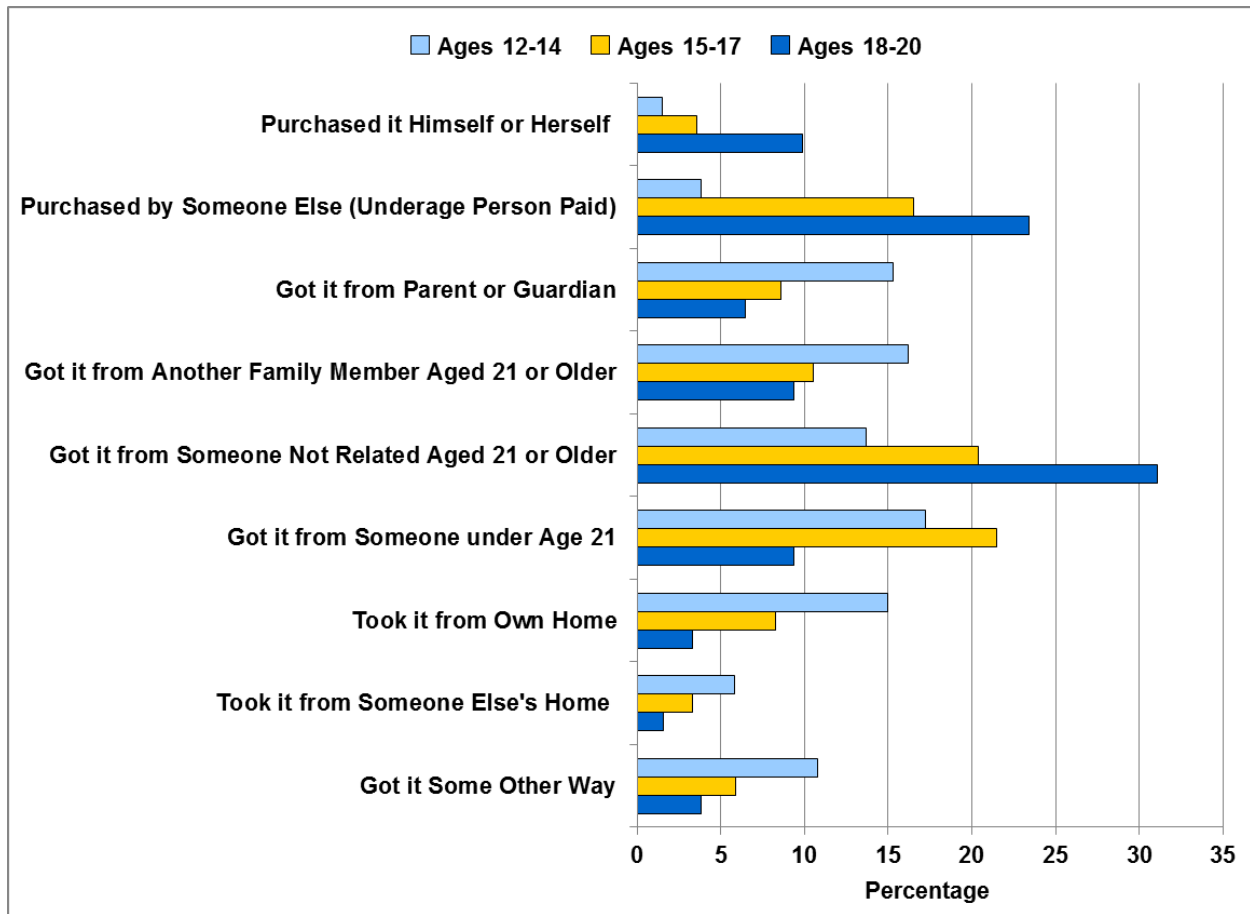
The most common sources of alcohol varied substantially by age as shown in Exhibit 2.15. For youths ages 12 to 14, the most common sources were receiving it free from someone under age 21 (17.2 percent), from another family member ages 21 or older (16.2 percent), or from a parent or guardian (15.3 percent). For youths ages 15 to 17, the most common sources were receiving it free from someone under age 21 (21.5 percent) or from an unrelated person ages 21 or older (20.4 percent) and giving somebody else money to purchase the alcohol (16.5 percent).

Among 18- to 20-year-olds, most current drinkers either received alcohol for free from an unrelated person ages 21 or older (31.1 percent) or gave somebody else money to purchase the alcohol (24.5 percent; SAMHSA, 2014c). Older underage people were more likely to have paid for alcohol themselves (either purchasing it themselves or paying someone else to purchase it) on their last drinking occasion: 33.6 percent of 18- to 20-year-olds did so, compared with 20.4 percent of 15- to 17-year-olds and 5.4 percent of 12- to 14-year-olds. Male underage drinkers were more likely to have paid for alcohol themselves on their last drinking occasion (34.2 percent) than their female counterparts (22.3 percent; SAMHSA, 2014c).⁵⁷

Enforcement of furnishing laws (see Chapter 4) is one key to reducing youth access to alcohol. Flewelling and colleagues (2013), in a multicomunity study, found significant associations between the level of underage drinking law enforcement in the intervention communities and reductions in both 30-day use of alcohol and binge drinking.

⁵⁷ More detailed information can be found in the special report by Pemberton, Colliver, Robbins, & Gfroerer (2008).

Exhibit 2.15: Source of Last Alcohol Used among Past-Month Alcohol Users Ages 12–20, by Age Group: 2012–2013 (SAMHSA, 2014c)



Exposure of Underage Populations to Messages Regarding Alcohol in Advertising and Entertainment Media

To date, the Federal Trade Commission (FTC) has conducted four formal studies of the exposure of those under 21 to alcohol advertising. FTC has not conducted any studies that measure alcohol depictions in entertainment media.

1999 FTC Alcohol Report: In 1999, FTC reported that the voluntary codes of the alcohol industry permitted alcohol advertising in media where as little as 50 percent of the audience was of legal age. Only half the companies studied were able to show that nearly all of their ads reached a majority legal-age audience; the other half either provided data showing that a substantial portion of their ads did not comply with the 50 percent guideline or failed to obtain the data needed to evaluate their code compliance. Noting that the 50 percent standard permitted alcohol advertising to reach large numbers of underage consumers, FTC recommended that the industry raise the placement standard and measure compliance against reliable up-to-date audience composition data.⁵⁸

⁵⁸ For more information, see *Self-Regulation in the Alcohol Industry* (FTC, 1999), available at <https://www.ftc.gov/reports/self-regulation-alcohol-industry-federal-trade-commission-report-congress>.

2003 FTC Alcohol Report: FTC’s 2003 review reported that more than 99 percent of the radio, television, and magazine advertising budgets for alcohol brands whose target audience included 21-year-olds were expended in compliance with the 50 percent placement standard. FTC also announced that the alcohol industry had agreed to amend its voluntary codes to require that adults over 21 constitute at least 70 percent (thus reducing the permissible underage percentage to 30 percent) of the audience for television, magazine, and radio ads, based on reliable data. To facilitate compliance, the revised codes of the beer and spirits industries required members to conduct periodic post-placement audits and promptly remedy any identified problems.⁵⁹

2008 FTC Alcohol Report: In 2008, FTC published its third study of alcohol advertising, evaluating compliance with the 70 percent placement standard and other matters relating to underage exposure. Data showed that 92.5 percent of advertising placements complied with the 70 percent standard; furthermore, because placements that missed the target were concentrated in smaller media, more than 97 percent of total alcohol advertising “impressions” (individual exposures to advertising) met the standard. When advertising exposure data were aggregated across companies and measured media, about 86 percent of the alcohol advertising audience consisted of legal-age adults.⁶⁰

2014 FTC Alcohol Report: In 2014, FTC published its fourth study of alcohol advertising.⁶¹ Data showed that 93.1 percent of placements made by the companies in measured media (including internet media owned by others, such as news, entertainment, and sports) during the first half of 2011 met the 70 percent 21 and older audience composition standard then in effect. When data were aggregated across companies and media, 85.4 percent of the audience for alcohol advertising consisted of people 21 and older. The audiences for major social media (Facebook, Twitter, and YouTube) exceed 70 percent at 21 and older; Facebook further limits alcohol ad viewing to people who previously registered as 21 and older, and Twitter and YouTube offer age-gating technologies. In mid-2011, the industry adopted a 71.6 percent adult placement standard for future placements. The report also evaluated product placement in entertainment media.

Youth Drinking Is Correlated With Adult Drinking Practices

Generational transmission has been widely hypothesized as one factor shaping the alcohol consumption patterns of young people. Whether through genetics, social learning, or cultural values and community norms, researchers have repeatedly found a correlation between youth drinking practices and those of their adult relatives and other community adults (SAMHSA, 2008). Nelson, Naimi, Brewer, and Nelson (2009) demonstrated this relationship at the population (state) level. State estimates of youth and adult current drinking and binge drinking from 1993 through 2005 were significantly correlated when pooled across years. Xuan and colleagues (2013) analyzed YRBS data from 1999 to 2009 and found a positive correlation between state-level adult binge drinking and youth binge drinking. For individual-level youth

⁵⁹ For more information, see *Alcohol Marketing and Advertising* (FTC, 2003), available at <http://www.ftc.gov/os/2003/09/alcohol08report.pdf>.

⁶⁰ For more information, see *Self-Regulation in the Alcohol Industry* (FTC, 2008), available at <http://www.ftc.gov/os/2008/06/080626alcoholreport.pdf>.

⁶¹ For more information, see *Self-Regulation in the Alcohol Industry* (FTC, 2014), available at <http://www.ftc.gov/reports/self-regulation-alcohol-industry-report-federal-trade-commission-0>.

drinking outcomes, a 5 percentage point increase in binge drinking prevalence among adults was associated with a 12 percent relative increase in the odds of alcohol use. Paschall, Lipperman-Dreda, and Grube (2013) examined relationships between characteristics of the local alcohol environment and adolescent alcohol use and beliefs in 50 California cities. A greater increase in past-year alcohol use and heavy drinking over time was observed among adolescents living in cities with higher levels of adult drinking. These results suggest that some policies that primarily affect adult drinkers (e.g., pricing and taxation, hours of sale, on-premises drink promotions) may also affect underage drinking (Fell et al, ACER, 2009; Norberg et al, ACER, 2009).

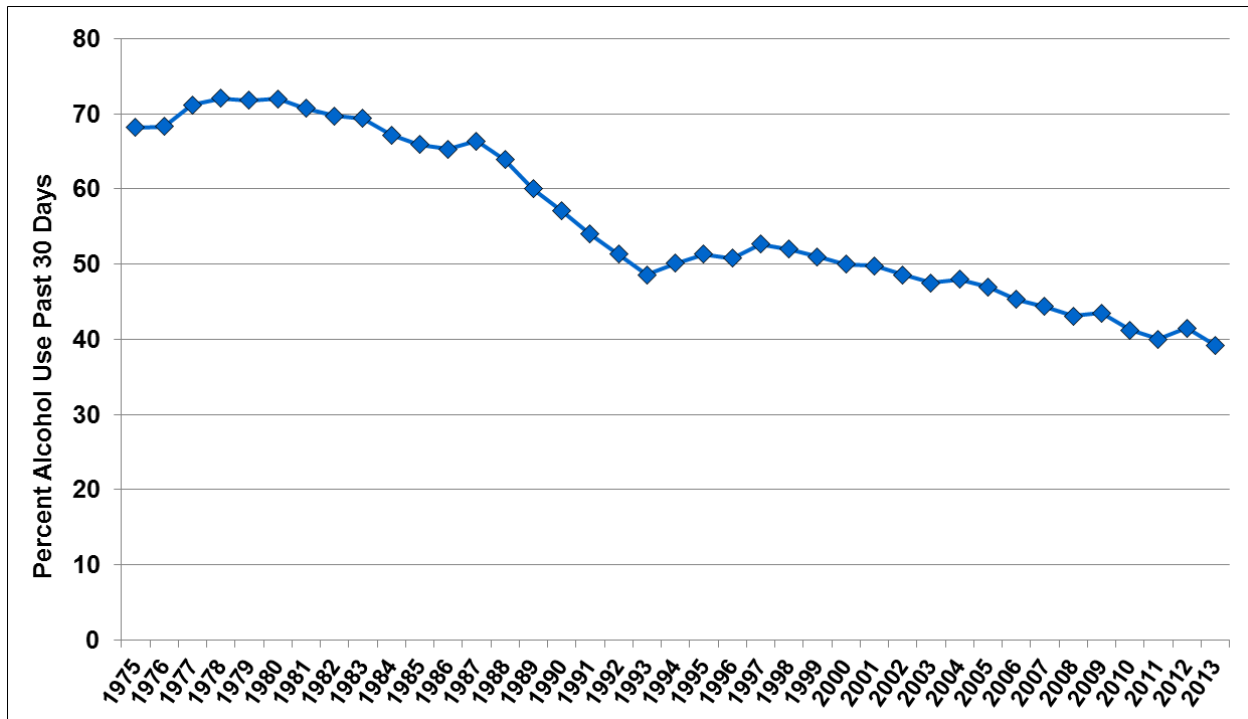
Despite Meaningful Progress, Underage Drinking Remains Unacceptably High

Available data from 1975 to 2013 document that the prevalence of drinking among 12th graders peaked in 1978 for lifetime use and past-year use (Johnston et al., 2014a). Lifetime alcohol use among 12th graders in 2006 showed a statistically significant decline from 2005, dropping from 75.1 percent to 72.7 percent (Johnston, O'Malley, Bachman, & Schulenberg, 2007). Levels of lifetime alcohol use remained steady from 2007 to 2012 (Johnston et al., 2009a, 2013a). Past-month use among 12th graders increased from 1975 to 1978, decreased slightly from 1978 to 1988, decreased from 1988 to 1993, increased from 1993 to 1997, decreased from 1997 to 2002, remained steady from 2002 to 2005, and has decreased slightly since then (Exhibit 2.16; Johnston et al., 2009a,b; 2013a, 2014a).

Binge drinking in the past 2 weeks among 12th graders peaked in 1981, held steady in 1982, and then declined from 40.8 percent in 1983 to a low of 27.5 percent in 1993—a decrease of almost one-third, and thus a significant improvement (Johnston et al., 2009a). From 1993 to 1998, binge drinking rose by about 4 percentage points among 12th graders. After increasing to 32 percent in 1998, the rate among 12th graders dropped to 25 percent by 2006, where it remained through 2009; it then declined significantly to 22 percent by 2011—a new low (Johnston et al., 2012a). In 2012 there was a statistically significant increase to 23.7 percent (Johnston et al., 2013a). An upward drift in binge drinking among 8th graders occurred from 1991 (10.9 percent) to 1996 (13.3 percent) and among 10th graders from 1991 (21.0 percent) to 2000 (24.1 percent).

After those peaks, a slight decline in binge use occurred in all three grades until 2002, when rates fell appreciably. Since 2002, there have been statistically significant declines in bingeing for all three grades (Johnston et al., 2012a). Faden and Fay (2004) examined similar underage drinking data from NSDUH, MTF, and YRBS from 1990 to 2002. Trend analyses “show a pattern of relative stability or decreases in the late 1990s and early 2000s for all groups on all measures with the exception of daily drinking by 10th graders in MTF and drinking five or more drinks in a row by 10th graders in YRBS” (Faden & Fay, 2004, p. 1393). These authors continued: “These results considered together offer stronger support for the finding of stability or decrease in youth drinking prevalence in the past 10 years or so than results from any one survey do by themselves.” More recent analyses of the same data sources (Chen, Yi, & Faden, 2011) show continued declines in past-month and binge alcohol use through 2009.

Exhibit 2.16: Trends in 30-Day Prevalence of Alcohol Use for 12th Graders, 1975–2013 (Johnston et al., 2014a)



These results are encouraging. Meaningful progress is being made. However, as the following sections demonstrate, the consequences of underage drinking remain a substantial threat to public health. From this perspective, the prevalence of alcohol use by people under age 21 remains unacceptably high.

Consequences and Risks of Underage Drinking

Underage drinking is a problem for individuals and society. Underage drinking is a threat to public health and safety, with profound consequences for youth, their families, and their communities. According to the *SG's Call to Action*, about 5,000 people under age 21 die annually from alcohol-related injuries involving underage drinking. Underage drinking also results in enormous economic costs. In 2006, almost \$24.6 billion (about 11 percent) of the total \$223.5 billion economic costs of excessive alcohol consumption were related to underage drinking. The costs largely resulted from losses in workplace productivity (58 percent of the total cost), law enforcement and other criminal justice expenses related to excessive alcohol consumption (19 percent of the total cost), health care expenses for problems caused by excessive drinking (15 percent of the total cost), and motor vehicle crash costs from impaired driving (6 percent of the total cost). Most productivity losses (28 percent) were due to deaths from alcohol-attributable conditions involving underage youth (Bouchery, Harwood, Sacks, Simon, & Brewer, 2011).

Underage drinking is a complex problem that results in a range of adverse short- and long-term consequences. The following sections describe some of these negative consequences, which include the negative effects of alcohol consumption on underage drinkers and consequences for those around them (referred to as secondary effects of underage alcohol use).

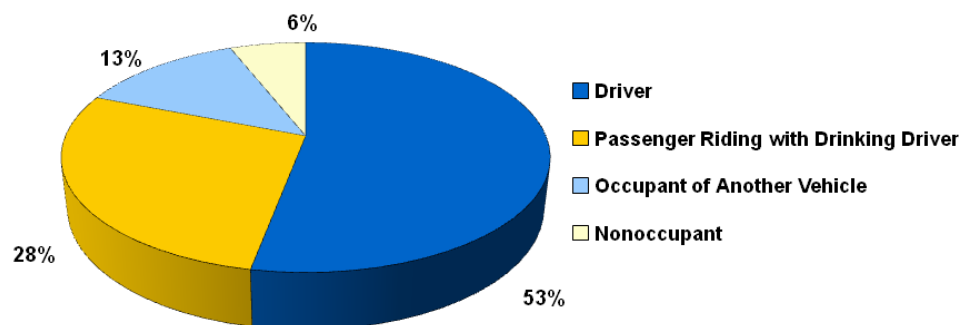
Driving After Drinking

The greatest mortality risk for underage drinkers is motor vehicle crashes. In 2013, of the 1,691 drivers ages 15 to 20 who were killed in motor vehicle traffic crashes:

- 492 (29 percent) had a BAC of 0.01 or higher.
- 87 (5 percent of all fatally injured drivers this age) had a BAC of 0.01 to 0.07 g/dL.
- 405 (24 percent of fatally injured drivers this age) had a BAC of 0.08 g/dL or higher (National Center for Statistics and Analysis, 2015).

The distribution of fatalities in motor vehicle traffic crashes involving a 15- to 20-year-old driver with a BAC of 0.08 g/dL or higher by person type in 2013 is shown in Exhibit 2.17. Relative to adults, young people who drive after drinking have an increased risk of alcohol-related crashes, because of their increased impairment from a given amount of alcohol and perhaps because of their relative inexperience behind the wheel. One study found that a BAC of 0.08 g/dL rendered adult drivers in all age and gender groups 11 times more likely than sober drivers to die in a single-vehicle crash. In a classic paper, Zador (1991) reported that in 16- to 20-year-olds, a BAC of 0.08 g/dL rendered male drivers 52 times more likely and female drivers 94 times more likely than sober gender-matched drivers the same age to die in a single-vehicle fatal crash.

Exhibit 2.17: Distribution of Fatalities in Motor Vehicle Traffic Crashes Involving a 15- to 20-Year-Old Driver with a BAC of 0.08 or Higher by Person Type in 2013 (National Center for Statistics and Analysis, 2015)



The 2013 NSDUH survey provided data on the number of youth by age who reported driving after drinking at least once in the past year (Exhibit 2.18; SAMHSA, 2014b). As can be seen in the exhibit, this behavior increases steadily with age. O'Malley and Johnston (2013) reported longitudinal data for high school seniors (previous 2 weeks) on driving after drinking any alcohol and after five or more drinks and on being a passenger when the driver has had any alcohol and has had five or more drinks (Exhibit 2.19).

Exhibit 2.18: Percentage of Drivers Ages 16–20 Reporting Driving After Drinking At Least Once in the Past Year by Age: 2013 (SAMHSA, 2014b)

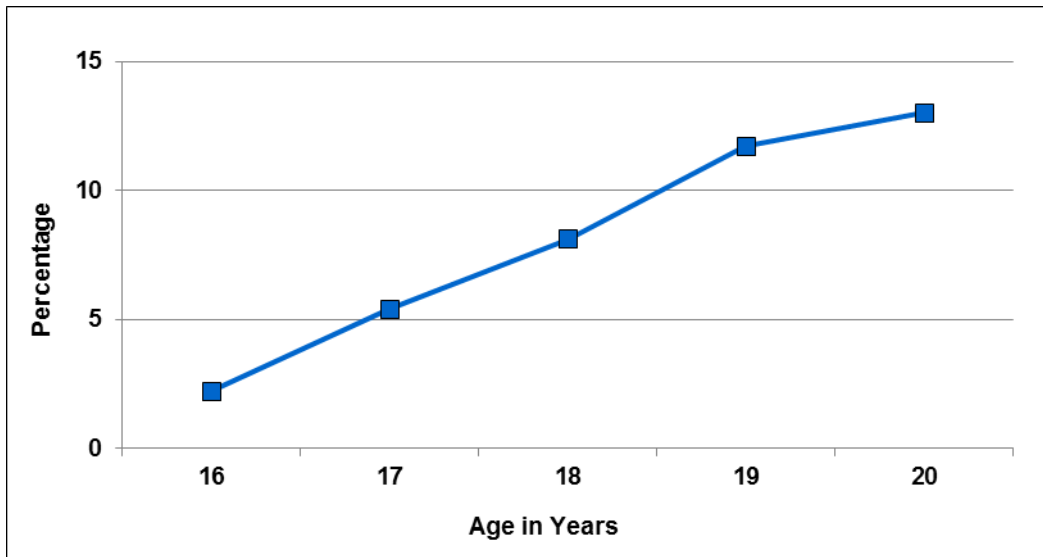
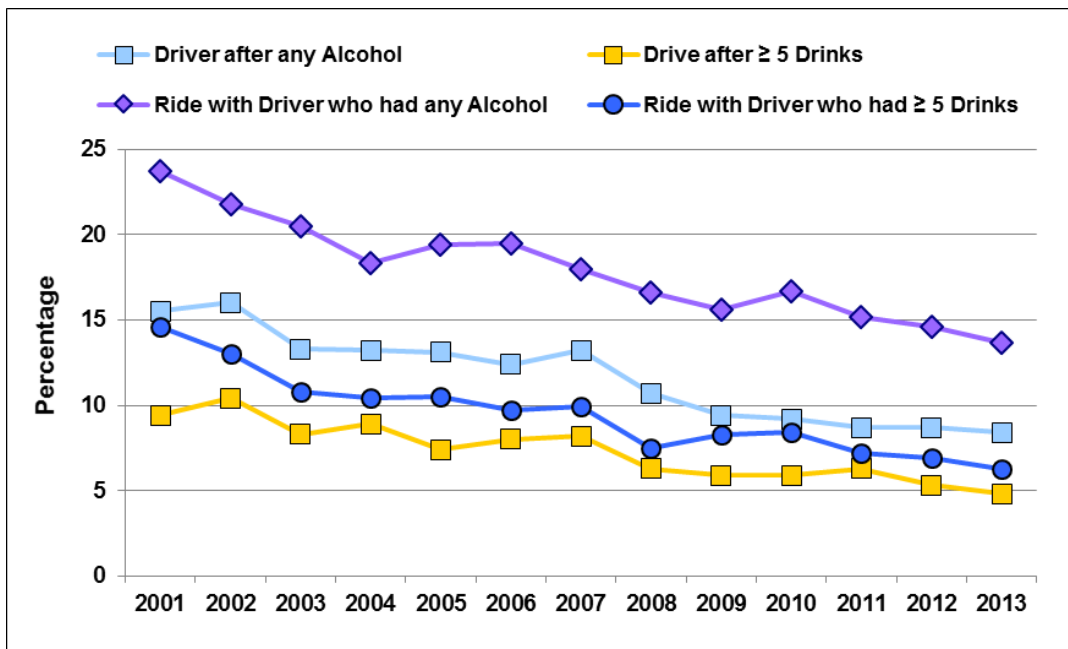


Exhibit 2.19: Trends in Percentage of 12th Graders Reporting Driving after Alcohol Use or Riding after Alcohol Use by the Driver (O'Malley & Johnston, 2013)



Note: The 2012 data came from a special run done by Patrick O'Malley on November 21, 2013. The 2013 data came from a special run done by Patrick O'Malley on November 10, 2014.

As can be seen in Exhibit 2.19, all four of these behaviors have declined in the last decade, but they remain unacceptably high, especially given the risks associated with driving after even small amounts of alcohol (see above). Males were more than twice as likely to report driving after five or more drinks than were females, a finding replicated in other studies (CDC, 2014c;

Quinn & Fromme, 2012a). Very high percentages of high school seniors who drove after drinking five or more drinks experienced consequences. O'Malley and Johnston (2013) reported that 43.2 percent received a ticket or warning and 30.2 percent were involved in a crash.

As is the case with many adolescent risk behaviors, demographic factors associated with driving after drinking include academic performance, truancy, and religious commitment (O'Malley & Johnston, 2013). A 2011 study (LaBrie, Kenney, Mirza, & Lac, 2011) found that fraternity and sorority membership increased driving after drinking, but a similar study in 2012 failed to find such an effect (LaBrie, Napper, & Ghaidarov, 2012). Data for the 2012 study came from a college at which group transportation is provided to off-campus Greek-sponsored events, and the locations of the events are not disclosed. The authors speculated that the failure to find an association between driving after drinking and fraternity and sorority membership at the 2012 study college resulted from these policies. Two recent studies (LaBrie et al., 2011, 2012) found normative effects with higher rates of driving after drinking reported by students who perceived more favorable norms concerning driving after drinking for close friends and typical students.

An obvious but underappreciated fact is that access to cars is a prerequisite for this behavior (see Klitzner, Vegega, & Gruenewald, 1988). O'Malley and Johnston (2013) addressed this directly: high school seniors who drive more frequently are more likely to drive after drinking. The behavior is also associated with factors that may relate to access to cars and driving frequency. These include living off campus (Quinn & Fromme, 2012b), spending more evenings out (O'Malley & Johnston, 2013), higher socioeconomic status, and driving someone's car without permission (Delcher, Johnson, & Maldonado-Molina, 2013). Graduated driver's license (GDL) policies (see Chapter 4) limit the extent to which young people drive and the conditions under which they drive. "Use/lose" policies revoke driving privileges among young people convicted of an alcohol offense. Cavazos-Regh and colleagues (2012) found that students in states with strong GDL laws and the most restrictive "use/lose" laws were significantly less likely to report driving after drinking.

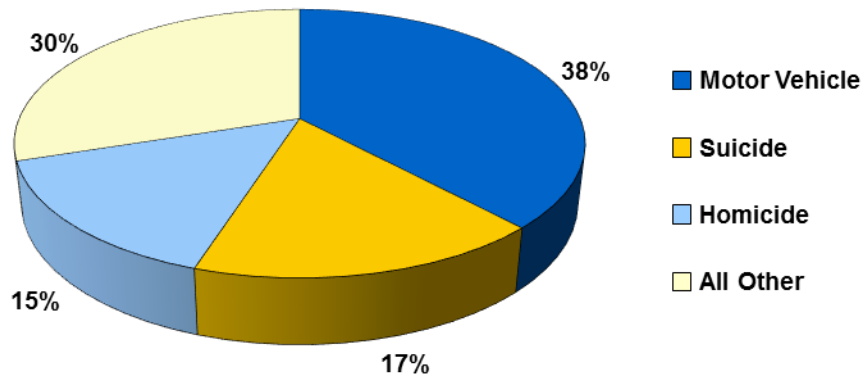
A number of policy approaches (see Chapter 4) have been shown to reduce driving after drinking and associated mortality and morbidity among youth. Chief among these is the age 21 MLDA. Two reviews of the research on the age 21 MLDA concluded that this policy reduces injuries and saves lives, even though the law is imperfectly enforced and widely disobeyed (DeJong & Blanchette, 2014; McCartt, Hellinga, & Kirley, 2010). A 2009 study by Fell, Fisher, Voas, Blackman, and Tippetts found that the age 21 MLDA was associated with a 16 percent decline in the ratio of drinking to nondrinking drivers under age 21 involved in fatal crashes, after controlling for a number of other state-level traffic safety and alcohol-related policies.

Another study that examined the effects of a wide variety of laws designed to reduce driving after drinking found significant effects of underage purchase and consumption laws and laws related to the production and use of false identification (Fell, Fisher, Voas, Blackman, & Tippetts, 2008). Cavazos-Regh and colleagues (2012) used 1999–2009 YRBS data to examine the impact of GDL and "use/lose" laws on drinking and driving behaviors of youth ages 16 to 17 years. Restrictive GDL laws and "use/lose" laws were associated with decreased driving after drinking any alcohol and riding in a car with a driver who had been drinking alcohol.

Other Unintentional Injuries such as Burns, Falls, and Drowning

Motor vehicle traffic crashes, suicide, and homicide are the three leading causes of death among youths ages 12 to 20 (Exhibit 2.20). In addition to motor vehicle crashes, underage drinking contributes to all major causes of fatal and nonfatal trauma experienced by young people.

Exhibit 2.20: Leading Causes of Death for Youth Ages 12–20: 2012 (CDC, 2014b)



In 2012, 2,190 youths ages 12 to 20 died from unintentional injuries other than motor vehicle crashes, such as poisoning, drowning, falls, burns (CDC, 2014b). Research suggests that about 40 percent of these deaths were attributable to alcohol (Smith, Branas, & Miller, 1999).

Suicide, Homicide, and Violence

Data from 17 states shows that among people who died by suicide who were ages 10 to 19 (all of whom were under the legal drinking age in the United States) and were tested, 12 percent had BACs >0.08 g/dL (Crosby, Espitia-Hardman, Hill, & Ortega, 2009). One study (Smith, Branas, & Miller, 1999) estimated that, for the population as a whole, nearly one-third (31.5 percent) of homicides and almost a quarter (22.7 percent) of suicides were attributable to alcohol (i.e., involved a deceased person with a BAC of 0.10 g/dL or greater). Another study focused on youth suicide estimated that 9.1 percent of hospital-admitted suicide acts by those under age 21 involved alcohol and that 72 percent of these cases were attributable to alcohol (Miller, Levy, Spicer, & Taylor, 2006).

Police and child protective services records suggest that those under age 21 commit 30 percent of murders, 31 percent of rapes, 46 percent of robberies, and 27 percent of other assaults (Miller et al., 2006). As the authors noted, relying on victim reports rather than agency records would yield higher estimates. For the population as a whole, an estimated 50 percent of violent crime is related to alcohol use by the perpetrator (Harwood, Fountain, & Livermore, 1998). The degree to which violent crimes committed by those under 21 are alcohol related is yet unknown.

Years of Potential Life Lost Due to Alcohol

People under age 21 who die as a result of alcohol use lose an average of 60 years of potential life (CDC, 2014b). By comparison, each person who dies from cancer loses an average of 15 years of life, and each person who dies from heart disease loses an average of 11 years of life (Ries et al., 2003), because these are primarily diseases of older adults.

Risky Sexual Activity

According to the *SG's Call to Action*, underage drinking plays a significant role in risky sexual behavior, including unwanted, unintended, and unprotected sexual activity as well as sex with multiple partners. Such behavior increases the risk for unplanned pregnancy and for contracting sexually transmitted diseases, including infection with HIV, the virus that causes AIDS (Cooper & Orcutt, 1997). When pregnancies occur, underage drinking may result in fetal alcohol spectrum disorders, including fetal alcohol syndrome, which remains a leading cause of intellectual disabilities (Jones, Smith, Ulleland, & Streissguth, 1973; Stratton, Howe, & Battaglia, 1996; Warren & Bast, 1988). A review article by Nolen-Hoeksema cited a number of studies suggesting that underage drinking by both victim and assailant increases the risk of physical and sexual assault (Abbey, 2011; Nolen-Hoeksema, 2004).

Potential Brain Impairment

Adverse effects on normal brain development are a potential long-term risk of underage alcohol consumption. Neurobiological research suggests that adolescence may be a period of unique vulnerability to the effects of alcohol. For example, early heavy alcohol use may have negative effects on the actual physical development of the brain structure of adolescents (Brown & Tapert, 2004) as well as on brain functioning. Negative effects indicated by neuropsychological studies include decreased ability in planning, executive functioning, memory, spatial operations, and attention, all of which play important roles in academic performance and future levels of functioning (Brown, Tapert, Granholm, & Dellis, 2000; Giancola & Mezzich, 2000; Tapert & Brown, 1999; Tapert et al., 2001; Winward, Hanson, Bekman, Tapert, & Brown, 2014). As Brown and colleagues (2000) noted, these deficits may put alcohol-dependent adolescents at risk for falling farther behind in school, putting them at an even greater disadvantage relative to nonusers. Some of these cross-sectional findings are supported by longitudinal analyses (Squeglia, Jacobus, & Tapert, 2009). A 10-year prospective study (Hanson, Medina, Padula, Tapert, & Brown, 2011) found that having a history of heavy alcohol or other substance use during adolescence appears to be more important in determining cognitive deficits than whether or not individuals continued to have substance-related problems into their mid-twenties.

Impaired Academic Performance

In general, cross-sectional studies have found that students who do poorly in school drink more than students whose school performance is better (Bryant, Schulenberg, & O'Malley, 2003). For example, students who report binge drinking are three times more likely to report earning mostly Ds and Fs on their report cards than nonbinge drinkers (Miller, Naimi, Brewer, & Jones, 2007).

However, the evidence from longitudinal studies is less clear cut, and in some cases the data suggest that academic failure leads to increased drinking rather than the reverse. Using data from the Youth Development Study (Mortimer, 2003), Owens, Shippee, and Hensl (2008)

tracked a panel of youth from their freshman to senior years in high school. They failed to find a significant link across the high school years between increased drinking and diminishing academic performance.

A 1-year longitudinal analysis of middle school and high school students using the National Longitudinal Study of Adolescent Health found that, independent of consumption levels, students who drank experienced modest declines (one-tenth of a letter grade) in academic achievement (Crosnoe, Muller, & Frank, 2004). Using a similar design, Crosnoe (2006) found a stronger association of number of classes failed and later alcohol use than between alcohol use and academic performance. Academic failure appeared to lead to increased drinking through weakened bonds that traditionally control problem behavior, especially bonding to teachers.

Interestingly, both Mortimer (2003) and Owens and colleagues (2008) found that increasing GPAs were associated with increasingly more frequent drinking occasions. The authors speculated that good grades may bring a measure of parental freedom.

Renna (2008) tracked educational attainment and alcohol use at ages 19 and 25 among two cohorts of people 18 years old in 1982 and 1983, using data from the National Longitudinal Survey of Youth. Binge drinking in the senior year of high school reduced the probability of receiving a high school diploma and increased the probability of graduating later in life with a general education development diploma (and hence realizing lowered earning potential). Also of interest, the study found that increases in the MLDA increased the probability of people graduating by age 19 by 5.3 percentage points.

Increased Risk of Developing an Alcohol Use Disorder Later in Life

Early-onset alcohol use, alone and in combination with escalated drinking in adolescence, has been noted as a risk factor for developing alcohol-related problems in later life (Agrawal et al., 2009; Dawson et al., 2008; Hingson, Heeren & Winter, 2006; Hingson & Zha, 2009; Pitkänen, Lyyra, & Pulkkinen, 2005; York, Welte, Hirsch, Hoffman, & Barnes, 2004). Grant and Dawson (1997) found that more than 40 percent of people who initiated drinking before age 13 met diagnostic criteria for alcohol dependence at some time in their lives.⁶² By contrast, alcohol dependence rates among those who started drinking at ages 17 and 18 were 24.5 percent and 16.6 percent, respectively (Exhibit 2.21). Data from the 2009–2011 NSDUH suggested a similar relationship between age of initiation and development of alcohol-related problems. Only 10 to 11 percent of people who started drinking at age 21 or older met the criteria.

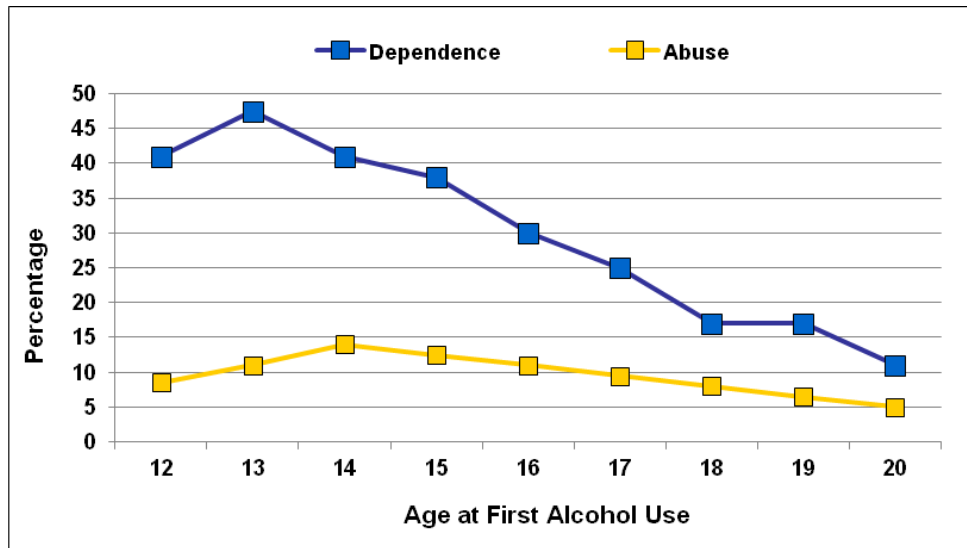
The onset of alcohol consumption in childhood or early adolescence is a marker for later use of drugs, drug dependence, and drug-related crash involvement (Hermos, Winter, Heeren, & Hingson, 2008; Hingson, Heeren, & Edwards, 2008). Use of both alcohol and marijuana or alcohol, marijuana, and cigarettes before age 16 is associated with a spectrum of young adult substance use problems, as well as substance use disorder diagnoses (Moss, Chena, & Yi, 2014).

Adults who started drinking at age 14 were three times more likely to report driving after drinking too much ever in their lives than were those who began drinking after age 21. Crashes

⁶² The new criteria for alcohol-related disorders in the DSM-V (APA, 2013) do not specifically address adolescents.

were four times as likely for those who began drinking at age 14 as for those who began drinking after age 21 (Hingson, Heeren, Levenson, Jamanka, & Voas, 2001).

Exhibit 2.21: Ages of Initiation and Levels of DSM Diagnoses for Abuse and Dependence (Grant & Dawson, 1997)



Underage Drinking: A Developmental Phenomenon

As the Acting Surgeon General wrote in the introduction to the *Call to Action*:

...the latest research also offers hopeful new possibilities for prevention and intervention by furthering our understanding of underage alcohol use as a developmental phenomenon—as a behavior directly related to maturational processes in adolescence. New research explains why adolescents use alcohol differently from adults, why they react uniquely to it, and why alcohol can pose such a powerful attraction to adolescents, with unpredictable and potentially devastating outcomes.

This understanding of underage alcohol use as a developmental phenomenon is one of the major themes of the *SG's Call to Action* and is an important concept in this report.

Adolescence is the period between the onset of puberty⁶³ and the assumption of adult roles. It is a time of particular vulnerability to alcohol use and its consequences for a variety of developmental reasons, some specific to the individual and others related to the biological and behavioral changes produced by adolescence itself. In addition, alcohol can present a special allure to some adolescents for social, genetic, psychological, and cultural reasons. Recent advances in the fields of epidemiology, developmental psychopathology, human brain development, and behavioral genetics have provided new insights into adolescent development and its relationship to underage alcohol use.

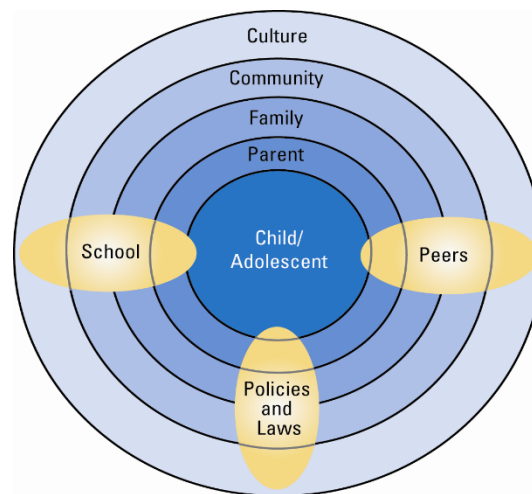
Adolescent alcohol consumption is a complex behavior influenced by multiple factors, including the normal maturational changes that all adolescents experience; the various social and cultural contexts in which adolescents live (e.g., family, peers, school); genetic, psychological, and social factors specific to each adolescent; and environmental factors that influence the availability and

⁶³ For the purpose of this report, puberty is defined as a sequence of events by which a child becomes a young adult characterized by secretions of hormones, development of secondary sexual characteristics, reproductive functions, and growth spurts.

appeal of alcohol (e.g., enforcement of underage alcohol policies, marketing practices, media exposure). Biological factors internal to the adolescent (such as genes and hormones) interact with factors external to the adolescent (such as peers, school, and the overall culture) in determining whether and to what extent an adolescent will use alcohol. Internal and external factors influence each other in reciprocal ways as the adolescent’s development unfolds over time. Youths are not uniformly at risk for alcohol consumption; neither are they uniformly at risk over the span of their own adolescence.

An important aspect of understanding the adolescent attraction to alcohol, as well as the means by which its use can be prevented or reduced, is appreciating the significant influence of the many social systems in which adolescents operate. These different social systems both influence adolescents and are, in turn, influenced by adolescents (Bronfenbrenner, 1979). As shown in Exhibit 2.22, these systems include the adolescent’s family, peers, school, extracurricular and community activities, sports teams and clubs, religious institutions, other diverse organizations with which the adolescent interacts, part-time work, the community itself, the culture, and even influences from around the world accessed through the internet and other electronic resources. Each social system exposes the adolescent to both positive and negative influences, potentially increasing or decreasing the adolescent’s risk of alcohol use. These multiple systems interact and may reinforce or counteract each other. Exhibit 2.22 represents the multiple systems in which adolescents are embedded. Their relative influences vary across development.

Exhibit 2.22: Systems That Influence Adolescent Behavior (HHS, 2007)



Each system may affect an adolescent’s decision to use alcohol. To protect adolescents properly from alcohol use, parents and other adults must be involved in multiple social systems as individuals, citizens, and voters. By understanding the roles these systems play in teenagers’ lives and by acting strategically on the basis of established and emerging research, parents, other adults, and the nation can reduce the risk and consequences of underage alcohol use.

An understanding of underage alcohol use as a developmental phenomenon sheds significant light on the particular vulnerabilities of adolescents to alcohol use, as well as protective measures

likely to prevent and reduce underage drinking. Some of the most important developmental findings included in the *SG's Call to Action* are discussed below.

The Developing Adolescent Brain

During adolescence, dramatic changes to the brain's structure, neuron connectivity ("wiring"), and physiology occur (Restak, 2001). These changes affect everything from emerging sexuality to emotionality and judgment. However, not all parts of the brain mature at the same time. Differences in maturational timing across the brain can result in impulsive decisions or actions, disregard for consequences, and emotional reactions that can lead to alcohol use or otherwise put teenagers at serious risk.

Stress and Adolescent Transitions

The physical effects of puberty create dramatic changes in the sexual and social experiences of maturing adolescents that require significant psychological and social adaptation, creating stress that may contribute to increased consumption of alcohol during the adolescent period (Tschann et al., 1994). In graduating from elementary to middle school, from middle to high school, and from high school to college or the workplace, adolescents face new stressors. Research shows a link between stress and alcohol consumption. For example, research on nonhuman primates shows that adolescent monkeys double their alcohol intake under stress and that excessive alcohol consumption is related to changes in stress hormones and serotonin (Barr, Schwandt, Newman, & Higley, 2004).

Personality Traits

Studies of adolescent drinking have repeatedly failed to find specific sets of personality traits that uniquely predict alcohol use in adolescents. Nonetheless, research does show that adolescents who use alcohol heavily or have alcohol use disorders exhibit certain shared personality traits (also shared by some adolescents who do not abuse alcohol). High levels of impulsiveness, aggression, conduct problems, novelty seeking (Gabel, Stallings, Schmitz, Young, & Fulker, 1999), low harm avoidance (Jones & Heaven, 1998), and other risky behaviors in childhood and early adolescence may be associated with future heavy alcohol use and alcohol use disorders (Soloff, Lynch, & Moss, 2000).

Mental Disorders

Depression and anxiety are risk factors for alcohol problems, because some people drink to cope with internal distress. Adolescents with defined mental disorders have significantly elevated rates of alcohol and other drug use problems. Because many young people are involved not only with alcohol but also with other substances, and may also have a co-occurring mental disorder, interventions should be designed to address this complexity.

Family and Parental Influence

Children whose families include individuals who abuse alcohol are at increased risk for alcohol dependence throughout their lives. Genes account for more than half the risk for alcohol dependence; environmental factors account for the rest. However, no single gene accounts for the majority of risk. Development of a complex behavioral disorder, such as alcohol

dependence, likely depends on specific genetic factors interacting with one another, multiple environmental factors, and the interaction between genetic and environmental factors. Research suggests that genes have a stronger influence on the development of problematic use, whereas environment seems to play a greater role in initiation of use (Rhee et al., 2003). The current college environment may increase the likelihood that people with genetic predispositions to alcohol use disorders will have those predispositions expressed (Timberlake et al., 2007).

Parental monitoring and parental attitudes and perceptions about drinking (such as seeing underage drinking as a rite of passage) have been shown to be very important influences on underage drinking. Studies have found that some parenting practices have proven beneficial in reducing adolescent alcohol use (Beck et al. 2003; Ennet et al., 2011; Resnick et al., 1997; Watkins et al., 2006). Parental monitoring, communication, and emotional support have a positive effect on adolescent alcohol use and are predictive of reduced adolescent alcohol problems (Ennet et al., 2001; Wood et al., 2004). At least one study suggests that parental disapproval of any alcohol use during high school is correlated with reduced alcohol use in college (Abar, Abar, & Turrisi, 2009). Some parents believe that providing alcohol to their children at home under supervision will lead to more moderate drinking practices. However, a meta-analysis of 27 studies found that parental provision of alcohol was associated with increased adolescent alcohol use, heavy episodic drinking, and higher rates of alcohol problems. Data were equivocal that parental provision is protective in the face of other risks (Kaynack et al., JSAD, 2014).

Sensitivity to Effects of Alcohol Use

Animal research indicates that adolescents in general are more sensitive than adults to the stimulating effects of alcohol and less sensitive to some of the aversive effects of acute alcohol intoxication, such as sedation, hangover, and ataxia (loss of muscular coordination; Doremus, Brunell, Varlinskaya, & Spear, 2003; Little, Kuhn, Wilson, & Swartzwelder, 1996; Silveri & Spear, 1998; Varlinskaya & Spear, 2004; White et al., 2002; for review, see Spear, 2000, and Spear, & Varlinskaya, 2005). This differing sensitivity may make adolescents more vulnerable to certain harmful effects of alcohol use. For example, adolescents are able to drink more than adults (who might pass out or be inclined to go to sleep) and therefore are more likely than adults to initiate activities when they are too impaired to perform them competently, such as driving. They are also more likely to drink to the point of coma. Also, in the case of driving, each drink increases impairment more for adolescents than for adults (Hingson & Winter, 2003). Children whose parents abuse alcohol may be at even greater risk for excessive drinking, resulting from a combination of genetic and developmental factors that lower their sensitivity to alcohol.

These issues are reviewed in detail in “Underage Drinking: Understanding and Reducing Risk in the Context of Human Development,” a special supplement of the journal *Pediatrics* (2008).

Intervening Amidst Complexity

Underage alcohol use is a highly complex phenomenon driven by a variety of interacting factors. A developmental approach to preventing and reducing underage alcohol use takes into account these complex forces and factors that determine an adolescent’s decision to use or not use alcohol. Complex interactions among biological, social, cultural, and environmental factors evolve as maturation proceeds; thus, the same adolescent at age 13 and later at age 17 will have

different developmental needs and require different protective structures and skills to avoid using alcohol. To further complicate matters, periods of rapid transition, reorganization, and growth spurts alternate with periods of quiet and consolidation—all within a changing social context. A developmental approach to prevention and reduction of underage drinking recognizes the importance of all environmental and social systems that affect adolescents, as well as adolescents' maturational processes and individual characteristics.

An advantage of understanding underage alcohol use as a developmental phenomenon is the unique insight it provides into risk and protective factors. Although the problem of underage drinking is complex, it is not insurmountable. A developmental approach makes clear the need for a coordinated national effort to prevent and reduce underage drinking and for the active involvement of both public and private sectors as well as parents, other caregivers, and other adults. Success in solving a public health and safety problem as complex as underage drinking will require the engagement of every American, as the *SG's Call to Action* puts it, "in a national effort to address underage drinking early, continuously, and in the context of human development. Underage alcohol use is everybody's problem—and its solution is everybody's responsibility."

Conclusion

As the data in this chapter demonstrate, characteristics of underage drinking, such as age of initiation, current usage, and amounts consumed have fluctuated over the years. There is cause for some optimism, as the average age of first use has slowly risen while binge drinking rates show a gradual decline. Nevertheless, the overall rates of underage drinking remain unacceptably high, with the ability of youth to gain access to alcohol remaining relatively easy, particularly during the college years. The risks associated with this access are profound, resulting in traffic fatalities, injuries, suicides and homicides, and risky sexual behavior, as well as adverse effects on brain development and academic performance.

CHAPTER 3
**A Coordinated Federal Approach
to Preventing and Reducing
Underage Drinking**

The 2006 Sober Truth on Preventing Underage Drinking (STOP) Act records the sense of Congress that “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.”

A Coordinated Approach

The congressional mandate to develop a coordinated approach to prevent and reduce underage drinking and its adverse consequences recognizes that alcohol consumption by those under 21 is a serious, complex, and persistent societal problem with significant financial, social, and personal costs. Congress also recognizes that a long-term solution will require a broad, deep, and sustained national commitment to reducing the demand for, and access to, alcohol among young people. That solution will have to address not only the youth themselves but also the larger society that provides a context for that drinking and in which images of alcohol use are pervasive and drinking is seen as normative.

The national responsibility for preventing and reducing underage drinking involves government at every level: institutions and organizations in the private sector, colleges and universities, public health and consumer groups, the alcohol and entertainment industries, schools, businesses; parents and other caregivers, other adults, and adolescents themselves. This section of the present report, although equally inclusive, nonetheless focuses on the activities of the federal government and its unique role in preventing and reducing underage drinking. Through leadership and financial support, the federal government can influence public opinion and increase public knowledge about underage drinking; enact and enforce relevant laws; fund programs and research that increase understanding of the causes and consequences of underage alcohol use; monitor trends in underage drinking and the effectiveness of efforts designed to reduce demand, availability, and consumption; and lead the national effort.

All Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) agencies and certain other federal partners will continue to contribute their leadership and vision to the national effort to prevent and reduce underage alcohol use. Each participating agency plays a role specific to its mission and mandate. For example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health (NIH), supports biomedical and behavioral research on the prevalence and patterns of alcohol use across the lifespan and of alcohol-related consequences—including abuse and dependence; injuries; and effects on prenatal, child, and adolescent development. This body of research includes studies on alcohol epidemiology, metabolism and health effects, genetics, neuroscience, prevention, and treatment. NIAAA and the Centers for Disease Control and Prevention (CDC) provide the research to promote an understanding of the serious nature of underage drinking and its consequences.

In general, the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Highway Traffic Safety Administration (NHTSA), and the U.S. Department of Education (ED) conduct programs to reduce underage demand for alcohol, and the U.S. Department of Justice (DoJ), through its Office of Juvenile Justice and Delinquency Prevention (OJJDP), works to reduce underage consumption of and access to alcohol, as well as the

availability of alcohol itself. SAMHSA, CDC, and NIAAA conduct surveillance that gathers the latest data on underage alcohol use and the effectiveness of programs designed to prevent and reduce it. NHTSA, CDC, SAMHSA, NIAAA, and the National Institute on Drug Abuse (NIDA) gather data on adverse consequences. As these agencies interact with one another, the activities and expertise of each inform and complement the others, creating a synergistic, integrated federal program for addressing underage drinking in all its complexity.

Federal Agencies Involved in Preventing and Reducing Underage Drinking

Multiple federal agencies are involved in preventing and reducing underage drinking. Each currently sponsors programs that address underage alcohol consumption, and each is a member of ICCPUD. The agencies and their primary roles related to underage drinking are as follows:

1. **U.S. Department of Health and Human Services (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>
2. **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 (DBH) and Intellectual Disabilities Policy 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 & 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 abuse, including prevention of underage drinking. Website: <http://www.aspe.hhs.gov>
3. **HHS/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>
4. **HHS/Indian Health Service (IHS):** IHS is responsible for providing federal health services to American Indians and Alaska Natives. IHS is the principal federal health care provider and health advocate for American Indians and Alaska Natives, 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 American Indians and Alaska Natives who belong to 566 federally recognized tribes in 36 states.

Website: <http://www.ihs.gov>

5. **HHS/NIH/NIAAA:** NIAAA provides leadership in the effort to reduce alcohol-related problems by conducting and supporting alcohol-related research; collaborating with international, national, state, and local institutions, organizations, agencies, and programs; and translating and disseminating research findings to health care providers, researchers, policymakers, and the public.
Website: <http://www.niaaa.nih.gov>
6. **HHS/NIH/NIDA:** NIDA’s mission is to “lead the Nation in bringing the power of science to bear on drug abuse and addiction.” 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>
7. **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 Healthy People 2020 monitors measures for underage alcohol consumption, including binge drinking and riding with drivers who 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>
The Surgeon General (SG) is the nation’s chief health educator who provides Americans with the best available scientific information on how to improve their health and reduce the risk of illness and injury. 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 evidence-based teen pregnancy prevention programs and implements the Pregnancy Assistance Fund, coordinates HHS efforts related to adolescent health promotion and disease prevention, 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>
8. **HHS/SAMHSA:** SAMHSA’s mission is to reduce the impact of substance abuse 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>
9. **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 servicemembers’ families by strengthening protective factors and reducing risks

factors in underage alcohol consumption.

Website: <http://www.defense.gov>

10. **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 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>
11. **DoJ/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 implementation programs that use 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. FY2014 EUDL funding supported underage drinking activity led by Healing to Wellness Courts in five selected tribes.
12. **Department of the Treasury/Alcohol and Tobacco Tax and Trade Bureau (TTB):** TTB's mission is "to collect taxes owed, and to ensure that alcohol beverages are produced, labeled, advertised, and marketed in accordance with federal law."
Website: <http://www.ttb.gov>
13. **Department of Transportation (DOT)/NHTSA:** NHTSA's mission is to save lives, prevent injuries, and reduce traffic-related health care 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>
14. **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>
15. **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>

The following section highlights current initiatives to prevent and reduce underage drinking and its consequences. Further details about departmental and agency programs to prevent and reduce underage drinking appear later in this chapter under "Inventory of Federal Programs for Underage Drinking by Agency."

How Federal Agencies and Programs Work Together

The STOP Act of 2006 requires the HHS Secretary, on behalf of ICCPUD, to submit an annual report to Congress summarizing "all programs and policies of federal agencies designed to prevent and reduce underage drinking." ICCPUD aims to increase coordination and collaboration in program development among member agencies so that the resulting programs and interventions are complementary and synergistic. For example, the Town Hall Meetings held in 2006, 2008, 2010, 2012, and 2014 were held in every state, the District of Columbia, and most of the territories, and they are an effective way to raise public awareness of underage drinking as a public health problem and mobilize communities to take action. At these meetings, communities used CDC, NHTSA, NIAAA, and NIDA statistics, videos, and other resources produced by SAMHSA and training materials developed by OJJDP through the EUDL program. ICCPUD agency members recommend grantees and other community-based organizations as event hosts and encourage them to make use of ICCPUD agency resources to create comprehensive action plans for community change.

A Commitment to Evidence-Based Practices

At the heart of any effective national effort to prevent and reduce underage drinking are reliable data on the effectiveness of specific prevention and reduction efforts. With limited resources available and human lives at stake, it is critical that professionals use the most time- and cost-effective approaches known to the field. Traditionally, efficacy has been ensured through practices that research has proven to be effective instead of those based on convention, tradition, folklore, personal experience, belief, intuition, or anecdotal evidence. The term for practices validated by documented scientific evidence is "evidence-based practices" (EBPs).

Despite broad agreement regarding the need for EBPs, there is currently no consensus on the precise definition of an EBP. Disagreement arises not from the need for evidence, but from the kind and amount of evidence required for validation. The gold standard of scientific evidence is the randomized controlled trial, but it is not always possible to conduct such trials. Many strong, widely used, quasi-experimental designs have and will continue to produce credible, valid, and reliable evidence—these should be relied on when randomized controlled trials are not possible. Practitioner input is a crucial part of this process and should be carefully considered as evidence is compiled, summarized, and disseminated to the field for implementation.

The Institute of Medicine (IOM), for example, defines an EBP as one that combines the following three factors: best research evidence, best clinical experience, and consistency with patient values (IOM, 2001). The American Psychological Association (APA) adopted a slight variation of this definition for the field of psychology, as follows: EBP is "the integration of the

best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Presidential Task Force on Evidence-Based Practice, 2005).

The federal government does not provide a single, authoritative definition of EBPs, yet the general concept of an EBP is clear: some form of scientific evidence must support the proposed practice, the practice itself must be practical and appropriate given the circumstances under which it will be implemented and the population to which it will be applied, and the practice must have a significant effect on the outcome(s) to be measured. For example, OSHA requires that its grantees use EBPs in the programs they fund, and NHTSA has produced a publication entitled “Countermeasures That Work” for use by State Highway Safety Offices (SHSOs) and encourages the SHSOs to select countermeasure strategies that have either been proven effective or shown promise.

National Registry of Evidence-Based Programs and Practices (NREPP)

SAMHSA developed NREPP (<http://www.nrepp.samhsa.gov>), a searchable database of interventions for the prevention and treatment of mental and substance use disorders that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying approaches to preventing and treating mental and substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field. In addition to helping the public find evidence-based interventions, SAMHSA and other federal agencies use NREPP to inform grantees about EBPs and to encourage their use. The NREPP database is not an authoritative list; SAMHSA does not approve, recommend, or endorse the specific interventions listed therein. Policymakers in particular should avoid relying solely on NREPP ratings as a basis for funding or approving interventions. Nevertheless, NREPP provides useful information and ratings of interventions to assist individuals and organizations in identifying those practices that may address their particular needs and match their specific capacities and resources. As such, NREPP is best viewed as a starting point for further investigation regarding interventions that may work well and produce positive outcomes for a variety of stakeholders. As of fall 2013, more than 300 programs were evaluated by NREPP and posted on the NREPP website.

Guide to Community Preventive Services (Community Guide)

CDC supports the use of an evidence-informed approach for its broad range of recommendations, guidelines, and communications. This approach calls for transparency in reporting the evidence that was considered and requires that the path leading from the evidence to the recommendations or guidelines be clear and well described, regardless of the strength of the underlying evidence or the processes used in their development. The Community Guide provides the model for CDC’s evidence-informed approach (<http://www.thecommunityguide.org>).

Under the auspices of the independent, nonpartisan, nonfederal, unpaid Community Preventive Services Task Force, the reviews found on the Community Guide website systematically assess all available scientific evidence to determine the effectiveness of population-based public health interventions and the economic benefit of all effective interventions. The Community Preventive Services Task Force reviews the combined evidence; makes recommendations for practice and

policy; and identifies gaps in existing research to ensure that practice, policy, and research funding decisions are informed by the highest quality evidence.

CDC's Alcohol Program works with The Community Guide, SAMHSA, NIAAA, and other partner organizations on systematic reviews of population-based interventions to prevent excessive alcohol consumption, including underage and binge drinking and related harms. To date, the Community Preventive Services Task Force has reviewed the effectiveness of various community-based strategies for preventing underage and binge drinking, including limiting alcohol outlet density, increasing alcohol excise taxes, dram shop liability, limiting days and hours of alcohol sales, electronic screening and brief intervention (e-SBI) for alcohol misuse, enhancing enforcement of minimum legal drinking age (MLDA) laws, lowering blood alcohol concentration (BAC) laws for younger drivers, and offering school-based instructional programs for preventing drinking and driving and for preventing riding with drunk drivers.

Strategies recommended by the Community Preventive Services Task Force for preventing excessive alcohol consumption include:

- **Promoting dram shop liability**, which allows the owner or server of a retail alcohol establishment where a customer recently consumed alcoholic beverages to be held legally responsible for the harms inflicted by that customer.
- **Increasing alcohol taxes**, which, by increasing the price of alcohol, is intended to reduce alcohol-related harms, raise revenue, or both. Alcohol taxes are implemented at the state and federal levels and are beverage-specific (i.e., they differ for beer, wine, and spirits).
- **Maintaining limits on days of sale**, which is intended to prevent excessive alcohol consumption and related harms by regulating access to alcohol. Most policies limiting days of sale target weekend days (usually Sundays).
- **Maintaining limits on hours of sale**, which prevents excessive alcohol consumption and related harms by limiting the hours of the day during which alcohol can legally be sold.
- **Regulating alcohol outlet density** to limit the number of alcohol outlets in a given area.
- **Using e-SBI** to reduce excessive alcohol consumption and related harms, which use electronic devices (e.g., computers, telephones, mobile devices) to facilitate delivery of key elements, including (1) screening individuals for excessive drinking and (2) delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.
- **Recommending against privatization of retail alcohol sales**, because privatization results in increased per capita alcohol consumption, a well-established proxy for excessive alcohol consumption. Further privatization of alcohol sales in settings with current government control of retail sales is recommended against.
- **Enhancing enforcement of laws prohibiting sales to minors** by initiating or increasing the frequency of retailer compliance checks for laws against the sale of alcohol to minors in a community.

The Community Preventive Services Task Force also recommends the following interventions for preventing alcohol-impaired driving:

- **0.08 percent BAC and above laws**, making it illegal for a driver's BAC to equal or exceed 0.08 percent.

- **Lower BAC laws for young or inexperienced drivers**, which apply to all drivers under age 21. Among states, the illegal BAC level for young drivers ranges from any detectable BAC to 0.02 percent.
- **Maintain current MLDA laws**, which specify an age below which the purchase or public consumption of alcoholic beverages is illegal. In the United States, the age in all states is 21 years.
- **Publicized sobriety checkpoint programs**, where law enforcement officers stop drivers to assess their level of alcohol impairment, which are publicized in advance.
- **Mass media campaigns** intended to reduce alcohol-impaired driving and designed to persuade individuals to either avoid drinking and driving or prevent others from doing so.
- **Multicomponent interventions with community mobilization**, in which communities implement multiple programs and policies in multiple settings to influence the community environment to reduce alcohol-impaired driving.
- **Ignition interlocks**, devices that can be installed in motor vehicles to prevent operation of the vehicle by a driver who has a BAC above a specified level (usually 0.02 to 0.04 percent).
- **School-based instructional programs** to reduce alcohol-impaired driving and riding with alcohol-impaired drivers.

More information on these recommended interventions for preventing alcohol-impaired driving can be found at <http://www.thecommunityguide.org>.

Underage Drinking–Related Goals

Healthy People 2020 provides science-based, national, 10-year objectives for improving health. It was developed by the Federal Interagency Workgroup, which includes representatives from numerous federal departments and agencies. SAMHSA and NIH served as co-leaders in developing Healthy People 2020 objectives for substance abuse, including underage drinking.⁶⁴

A number of the programs listed below in “Inventory of Federal Programs for Underage Drinking by Agency” will advance the following Healthy People 2020 objectives related to underage drinking:

- Increase the number of adolescents who have never tried alcohol
- Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day and who perceive great risk in binge drinking
- Reduce the number of underage drinkers who engage in binge drinking
- Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days
- Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol

A smaller set of Healthy People 2020 objectives, called Leading Health Indicators, has been selected to communicate high-priority health issues and actions that can be taken to address them. These include the following indicator for underage drinking: “Adolescents using alcohol or any illicit drugs during the past 30 days.” For more information on Healthy People 2020, please go to <http://www.healthypeople.gov/2020/topicsobjectives2020>.

⁶⁴ For details regarding these objectives, go to: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=40>

Inventory of Federal Programs for Underage Drinking by Agency

As required by the STOP Act, this section of the report summarizes major initiatives under way throughout the federal government to prevent and reduce underage alcohol use in America.

Interagency Coordinating Committee on the Prevention of Underage Driving

Activities Specific to Underage Drinking

ICCPUD, established in 2004 at the request of the HHS Secretary and made permanent in 2006 by the STOP Act, guides policy and program development across the federal government with respect to underage drinking. The Committee is composed of representatives from DoD, ED/OSHS, FTC, HHS/ACF, HHS/ASPE, HHS/CDC, HHS/IHS, HHS/NIH/NIAAA, HHS/NIH/NIDA, HHS/OASH/OSG, HHS/SAMHSA, DoJ/OJJDP, DOT/NHTSA, ONDCP, and Treasury/TTB. (See Appendix D for a list of ICCPUD members.)

Town Hall Meetings: Beginning in 2006 and every 2 years since, ICCPUD—with SAMHSA as the lead agency—has supported Town Hall Meetings to prevent underage drinking. During each round, community-based organizations have held events in every state, the District of Columbia, and some of the U.S. territories. In 2014, community-based organizations registered their intent to hold 1,345 events. As a result of expanded outreach by SAMHSA to institutions of higher education, 46 colleges registered as the primary Town Hall Meeting organizer and 76 collaborated with community-based organizations in hosting an event. Feedback from host organizations, via a survey approved by the Office of Management and Budget, indicates that these events are an effective approach for raising public awareness of underage drinking as a public health problem and mobilizing communities around its evidence-based prevention. The majority of events focused on ways to reduce underage access to alcohol, such as through environmental prevention (e.g., compliance checks) and parental involvement. In addition, these events launched or strengthened collaboration among underage drinking prevention stakeholders. In planning Town Hall Meetings, 90.6 percent of the event organizers reported collaborating with other organizations, and more than two-thirds (69.5 percent) plan to collaborate with other agencies and programs in follow-up efforts to prevent and reduce underage drinking.

SAMHSA supports event organizers with a growing portfolio of online resources for planning, promoting, hosting, and evaluating their events. For the 2014 initiative, SAMHSA also offered two webinar trainings in implementing environmental prevention at the local level: “Social Host Policies From Theory to Practice,” and “Responsible Beverage Service Training From Theory to Practice”.

During 2014, SAMHSA incorporated responsive design technology into the Town Hall Meetings web section. Responsive design technology enables users of any device with an Internet connection to easily access content and have it automatically reformat to the screen of the device being used. This enhancement complies with the White House’s *Digital Government: Building a 21st Century Platform To Better Serve the American People*.

Messages: To strengthen the national commitment to preventing and reducing underage drinking, it is important that federal agencies convey the same messages at the same time. Therefore, the leadership of the ICCPUD agencies will continue to:

- Increase efforts to highlight in speeches and meetings across the country the need to prevent underage drinking and its negative consequences.
- Ensure that members of the Administration are speaking with a common voice on the issue.
- Reinforce the messages that ICCPUD has developed.
- Use a coordinated marketing plan to publicize programs, events, research results, and other activities and efforts that address underage drinking.

Support the Minimum Drinking Age: Agency leadership will continue to develop and use messaging that supports a 21-year-old drinking age and will promote this in speeches and message points.

Materials and Technical Assistance: ICCPUD has collected information on underage drinking prevention materials developed by participating agencies. This inventory is being used to strengthen each agency's efforts to provide high-quality and timely information and to help avoid unnecessary duplication of effort. In addition, ICCPUD has collected information on each agency's technical assistance activities, facilitating coordination of effort when possible.

ICCPUD Web Portal: SAMHSA, on behalf of ICCPUD, maintains a web portal dedicated to the issue of underage drinking (<http://www.stopalcoholabuse.gov>) that consolidates comprehensive research and resources developed by the federal ICCPUD agencies. The portal includes information on underage drinking statistics (i.e., prevalence, trends, consequences), evidence-based approaches, and other resources and materials that support prevention efforts. Direct links are provided to federally supported websites designed to prevent substance abuse, including alcohol. Information is intended to serve all stakeholders (e.g., community-based organizations involved in prevention, policymakers, parents, youth, educators). The portal also includes a section for the Town Hall Meeting initiative and its supporting resources. During 2014, SAMHSA incorporated responsive design technology into the web portal. Responsive design technology enables users of any device with an internet connection to easily access content and have it automatically reformat to the screen of the device being used. This enhancement complies with the White House's *Digital Government: Building a 21st Century Platform To Better Serve the American People*. In December 2014, the web portal received an average of 1,282 visits per day, and the average time spent on the site was 6 minutes 20 seconds.

Activities Related to Underage Drinking

None

Department of Defense

Activities Specific to Underage Drinking

Youth Program: As one of the core areas for Military Youth Programs, health and life skill building develop young people's capacity to engage in positive behaviors that nurture their well-being, set personal goals, and facilitate living successfully as self-sufficient adults. Through affiliation with the Boys & Girls Clubs of America, nationally recognized programs such as SMART Moves® (Skills Mastery and Resistance Training) help young people resist alcohol, tobacco, drugs, and premature sexual activity. SMART Moves features interactive, small-group activities that increase participants' peer support, enhance life skills, build resilience, and strengthen leadership skills. This year-round program, provided in Military Youth Programs

worldwide, encourages collaboration among staff, youth, parents, and representatives from community organizations. The program's components are grouped to support youth ages 6–9, 10–12, and 13–15.

DoD Education Activity (DoDEA):

1. *Health Education Curriculum:* Health education develops essential health literacy skills along with health promotion and disease prevention concepts. This enables students to obtain, interpret, and understand basic health information and services so that they may use such information and services to enhance their health and the health of others.
2. *Red Ribbon Week:* Sponsored by the National Family Partnership, Red Ribbon Week provides DoDEA schools and families a perfect opportunity to discuss the dangers of drug abuse and the benefits of living a healthy and drug-free lifestyle. The Red Ribbon campaign is the oldest and largest drug prevention program in the nation, reaching millions of young people annually. Red Ribbon Week alcohol and drug prevention campaign activities bring schools, commands, and communities together in DoDEA to raise awareness of the dangers of alcohol, tobacco, and drugs and encourage prevention, early intervention, and treatment services.
3. *Substance Abuse and Violence Prevention:* The DoDEA Health Education Content Standards focus on achievement of health literacy for all students and are aligned to the National Health Education Standards. Basic to health education is a foundation of knowledge about the interactions within the human body, the prevention of disease and other health problems, and the interrelationship between behavior and health. Health education encompasses the application of specific skills to concepts related to personal and community health; safety and injury prevention; nutrition and physical activity; mental health; alcohol, tobacco, and drugs; and family life and human sexuality.
4. *Healthy Base Initiative (HBI):* The Office of Military Community and Family Policy and the Office of the Secretary of Defense launched the HBI at 14 pilot sites across the service branches. HBI is an outreach and behavioral change initiative designed to improve the health and well-being of members of the defense community, including servicemembers, spouses, children, retirees, and DoD employees. DoDEA schools at the pilot locations are implementing healthy practices, which include substance abuse and tobacco-free living campaigns to make healthy behaviors a social norm.

Law Enforcement: DoD ensures installation-level enforcement of underage drinking laws on all federal installations. For underage active-duty members, serious consequences (such as productivity loss or negative career impact) are tracked via the Triennial Health-Related Behavior Survey.

Activities Related to Underage Drinking

DoD has engaged in a series of activities intended to re-energize substance use disorder prevention efforts, including universal, selective, and indicated prevention strategies. The placement of behavioral health personnel in primary care medical settings is intended to combat prejudice associated with receiving mental health care and provides an opportunity to improve early screening, identification, and intervention of many mental health conditions.

Active Duty Health-Related Behaviors (HRB) Survey: DoD conducts the HRB survey every 1 to 3 years to measure more than 17 HRB for active-duty military personnel. The survey develops population estimates on HRB, which include alcohol and prescription drug use. Data are collected on the age of first substance use, prevalence, binge use, and heavy use.

Alcohol Abuse Countermarketing Campaign: DoD's Defense Health Agency launched "That Guy" in 2006 as an integrated marketing campaign targeting military enlisted personnel ages 18 to 24 across all service branches. Based on research and behavior change marketing concepts, the campaign uses a multimedia, peer-to-peer approach to raise awareness of the negative short-term social consequences of excessive drinking. In doing so, "That Guy" promotes peer disapproval of excessive drinking and has helped lead to reductions in binge drinking. This campaign includes an award-winning desktop and mobile website, <http://www.thatguy.com>, as well as social media channels including Facebook and YouTube; online and offline public service announcements (PSAs); paid and pro bono billboard, print, and digital advertising; centrally funded promotional materials and support of special events; online instructional videos; an award-winning mobile game app; and a turnkey implementation plan and promotion schedule for military installation project officers.

This campaign is funded by Defense Health Plan Program Objective Memorandum FY2010–2015, but it relies on commanders to support and local program managers to support and implement the campaign and deliver its messages to the target audience. Successfully engaging with the target audience, "That Guy" is now actively deployed around the world. Cumulative achievements to date include (2014a):

- An average time of 10: 00 minutes per user on the "That Guy" website (<http://www.ThatGuy.com>).
- More than 44,000 "Likes" on Facebook.
- More than 25,000 downloads of the "That Guy" Buzzed mobile game.
- More than 4.4 million branded materials disseminated to all services.
- More than 6,400 points of contacts (POCs) engaged across the globe.
- Fifty states and 23 different countries with a "That Guy" campaign presence, including: United States, Afghanistan, Australia, Belgium, Portugal, Qatar, Africa, Egypt, Bahrain, Greece, Japan, Germany, Italy, Spain, Turkey, Singapore, Cuba, Guam, South Korea, Saudi Arabia, Honduras, United Kingdom, and Iraq.
- Millions reached pro bono through video and radio PSAs broadcast around the world through Armed Forces Radio and Television Service, Army and Air Force Exchange Service, and community stations.
- More than 154 site visits to military installations around the world.
- Exhibits at 48 conferences for a total of 86 days spent exhibiting.
- A total of 269 briefings to leadership and at conferences for POCs.

Seventy-one focus groups were conducted at 20 different installations across all service branches, both inside and outside the continental United States, obtaining input from a total of 555 members of the young enlisted target audience.

Awards: "That Guy" has received 24 awards for excellence in categories that include poster and web design, animation, gaming, marketing, and research. Awards include the PR Week Public Sector Campaign of the Year, PR Week Best Use of Research-Measurement Public Relations Society of America's Bronze Anvil Award for Research/Evaluation, International AVA Digital

Awards for Best Government Website, Mobile App and Social Media/Facebook, and Blue Pencil and Gold Screen Awards finalist in website category and winner in poster category.

Impact: According to analysis of the annual Status of Forces Survey performed by the Defense Manpower Data Center, there has been a steady and strong increase in campaign awareness service-wide within the target audience population since the campaign's launch in 2006, rising from a "phantom awareness" of 3 percent in 2006 to 14 percent in 2007, 29 percent in 2008, 45 percent in 2009, 58 percent in 2011, and 64 percent in 2012 (the most recent figure based on analysis of the 2012 survey data; DoD, 2014b). The campaign is active at more than 800 military locations including installations, aircraft carriers, ships, and submarines, and the website (<http://www.thatguy.com>) has received more than 1,728,912 cumulative visits since its launch in December 2006 (DoD, 2014a). Analysis of the 2008 HRB data also indicates that military personnel who are on installations actively implementing the "That Guy" campaign are less likely (only 21 percent) than personnel from nonengaged installations (30 percent) to agree that their peers believe it is acceptable to drink to the point of losing control.

According to analysis of the 2012 Status of Forces Survey and the 2008 HRB Survey, binge drinking among junior enlisted servicemembers is declining. The 2008 HRB survey results revealed that binge drinking among servicemembers ages 17 to 24 dropped from 51 percent in 2005 to only 46 percent in 2008 (across Army, Air Force, Navy, and Marines). More importantly, data suggest that binge-drinking rates are lower at locations actively implementing "That Guy," as listed below (DoD, 2014c):

- Army: 36 percent report binge drinking at installations actively implementing "That Guy" versus 56 percent at inactive installations.
- Air Force: 35 percent report binge drinking at installations actively implementing "That Guy" versus 45 percent at inactive installations.
- Navy: 45 percent report binge drinking at installations actively implementing "That Guy" versus 49 percent at inactive installations.
- Marines: The sample size was too small for analysis.

Furthermore, the 2012 Status of Forces Survey (DoD, 2014b) indicates that the target audience has shown a stronger level of agreement with the campaign's core message of keeping one's drinking under control and acting responsibly (i.e., increased significantly from 53 percent in 2006 to 64 percent in 2012). In addition, participation in binge drinking shows a steady decline since 2007 among E1 to E4s who are 21 and older across all branches of service (2006, 55 percent; 2007, 55 percent; 2008, 54 percent; 2009, 52 percent; 2011, 49 percent; and 2012, 49 percent; DoD, 2014b). This survey aligns with the HRB results, further indicating that binge drinking rates among younger servicemembers are declining. Data from Status of Forces Survey for 2010 is omitted because the semiannual survey was reduced to a single survey in 2010 due to budget constraints, and "That Guy" questions were to be included in that canceled survey.

Service-Level Prevention Programs

Marine Corps Substance Abuse Program (SAP): The United States Marine Corps (USMC) SAP provides plans, policies, and resources to prevent problems that detract from unit performance and readiness. The USMC SAP uses a multifaceted, evidence-based approach to prevention and early intervention that promotes overall health and reduces the likelihood of substance misuse and underage drinking. Specific program efforts are based on IOM's

prevention continuum and focus on the common risk and protective factors framework. These efforts enhance the level of support behavioral health stakeholders, commanders, and other leaders offer to Marines and their families by increasing the use of effective prevention programs; enhancing understanding of emerging and evolving trends in data; increasing efficiency through technological solutions; and developing evidence-based universal, selected, and indicated population training products. The USMC SAP's alcohol misuse and underage drinking prevention and early intervention efforts include:

1. *Establishment of a Coordinated Continuum of Care:* In November 2013, Navy Bureau of Medicine and Surgery and the USMC Marine and Family Programs signed a Memorandum of Understanding (MOU) establishing a formal continuum of coordinated mental illness and substance abuse prevention and care services. This continuum includes how individuals with substance misuse and substance use disorders are identified and referred to the most appropriate level of care and treatment for Marines and attached sailors.
2. *Universal Training:* Integrative universal annual training, Unit Marine Awareness and Prevention Integrated Training (UMAPIT), educates all Marines at the unit level about behavioral health risk factors and warning signs, including alcohol use and misuse. UMAPIT incorporates protective factors and practice skill-building techniques that can protect against mental and substance use disorders. This training ensures that Marines understand their responsibility to intervene when a fellow Marine shows signs/symptoms of alcohol misuse and behavioral health concerns. UMAPIT also strives to increase acceptance and practice of help-seeking behaviors, as well as willingness to refer and report behavioral health incidents. Additional training reinforces UMAPIT concepts during a Marine's career, including the Marine Awareness and Prevention Integrated Training (MAPIT) Dashboard. MAPIT provides selective training based on the unit's needs through 30- to 45-minute topic-specific guided discussions in Portable Document Format, which can be led by anyone in any situation.
3. *Selected Training:* The Marine Corps adopted the evidence-based motivational intervention called "PRIME for Life" (PFL) as the USMC's educational program for substance abuse education. The use of evidence-based education programs like PFL teaches Marines to self-assess high-risk behaviors and influence changes in attitudes, beliefs, and behaviors. PFL (4.5) is a selective prevention intervention strategy designed to target high-risk populations such as the 17- to 25-year-old Marine at risk for substance misuse. PFL (4.5) may be used by commanders to increase risk awareness and equip Marines with the effective tools to promote readiness and mitigate high-risk choices.
4. *Indicated Training:* PFL (16.0) is an indicated prevention intervention strategy designed to target Marines who are actively making high-risk choices for substance misuse and who may have incurred legal consequences (i.e. alcohol- or drug-related incident). PFL (16.0) is an evidence-based curriculum facilitated by trained and certified prevention specialists.
5. *Deterrence:* The Alcohol Screening Program (ASP) initiated in 2013 is in support of the 21st Century Marine and Sailor Initiative. The Substance Abuse Prevention Program implements the ASP to identify, educate, and connect Marines who may be misusing alcohol while on duty. Mirroring the Marine Corps Urinalysis Program, the ASP uses random Breathalyzer testing of Marines and sailors to screen for underage drinking and alcohol use while in a duty status. Leadership support and Marine-to-Marine engagement at all levels of command are essential components when combating alcohol misuse. Breathalyzer testing enables

commanders to test Marines and take appropriate actions related to the health and safety of Marines, including training, education, and referral to substance misuse counseling. For Marines who test positive, commanders counsel those Marines and may refer them for training, education, and further screening at the Substance Abuse Counseling Center (SACC) or to a “Fitness for Duty” examination at a Navy medical facility.

6. *Case Identification and Treatment:* The USMC model supports an integrated approach while maintaining adherence to the scope of practice delineated in the aforementioned MOU. This model includes standardized screening instruments used in all USMC Behavioral Health Programs (e.g., substance abuse, family advocacy, and community counseling programs). Integrated screening enables clinicians across programs to screen and assesses Marines’ presenting for services and make seamless referrals to appropriate resources as needed. This model employs warm hand-offs for referrals and emphasizes ease of access for Marines.
7. *SACCs:* USMC SACCs are fully accredited by the Commission on Accreditation of Rehabilitation Facilities, which promotes the quality, value, and optimal outcomes of services through a consultative accreditation process. SACCs are staffed with Licensed Independent Practitioners who specialize in addictions treatment.
8. *Collaboration with Sexual Assault Prevention and Response (SAPR):* SAP collaborates with SAPR to create effective prevention messaging in response to the correlation between alcohol and sexual assault. SAP and SAPR work together during Alcohol Awareness and Sexual Assault Awareness Months using social media messaging and awareness campaigns to increase knowledge about the risks associated with alcohol misuse and sexual assault.
9. *Installation Specific Prevention Planning:* USMC SAP provides quarterly training to SACC staff (i.e. directors, substance abuse counselors, prevention specialists, drug demand reduction coordinators). Quarterly trainings address the development and implementation of annual, comprehensive substance misuse prevention plans. SAP has implemented the Strategic Prevention Framework (SPF) developed by HHS, SAMHSA to support the development of annual installation prevention plans. The training and integration of the SPF’s five elements (assessment, capacity, planning, implementation, and evaluation) assists the development of an infrastructure to effectively reduce and sustain reduction in alcohol and substance misuse.

Every SACC is required to have a data-driven and culturally responsive plan that addresses the needs and risk factors associated with installation specific locations (to include the surrounding community and local businesses), the Marines/attached sailors and servicemembers, and families. In an effort to engage local community leaders and off-post businesses, each SACC’s prevention program identifies on- and off-base collaborations with local communities and businesses (i.e. Semper Fit, Single Marine Program, local law enforcement, coalitions to include off base stakeholders, local non-DoD schools participating in the Red Ribbon Campaign and Alcohol Awareness Month). SAP Prevention plans are required to include strategic and measurable initiatives requiring outreach and coordination with local community leaders and off-post businesses to mitigate risk factors related to prevention of alcohol misuse to include underage drinking.

Navy Alcohol and Drug Abuse Prevention (NADAP): The Navy’s comprehensive substance abuse prevention program supports fleet readiness by combating alcohol and drug use. The Navy is committed to preventing substance abuse to enhance readiness, minimize lost workdays, and avoid impairments related to substance use disorders. The Navy’s alcohol abuse prevention

efforts have included the following: marketing responsible use, education and training, early intervention, substance abuse rehabilitation, and accountability.

1. *Keep What You've Earned*: A campaign that seeks to encourage responsible drinking among sailors by celebrating the achievements in their Navy careers. Through recognition of their hard work and dedication, sailors are reminded of their accomplishments and how much they have to lose if they make poor choices regarding alcohol. The campaign actively engages sailors as advocates for responsible drinking. The campaign provides:
 - Tips for sailors on how to drink responsibly.
 - Resources for Navy leadership on how to empower sailors on responsible decisionmaking and how to engage alcohol abuse prevention personnel.
 - Marketing resources for alcohol and drug control officers and drug alcohol program advisors to display on each installation.
 - Resources for partnering organizations and local communities to promote responsible drinking.
 - Readily available multimedia materials for download including posters and factsheets.
2. *The Domino Strategy on How To Drink Responsibly*: A social marketing campaign that encourages sailors to pay attention to the size, content, and amount of alcohol they consume in each sitting. The strategy recommends that sailors follow responsible drinking guidelines defined by HHS. The campaign is designed to help people who drink alcohol reduce their risk of harming themselves or others.
 - The campaign promotes the 0-1-2 guidelines on how to drink responsibly. Zero drinks for people who are under 21, operating any type of vehicle, pregnant, trying to become pregnant or breastfeeding, recovering alcoholics or chemically dependent, and using certain medications. No more than one standard drink per day for women, and no more than two standard drinks per day for men.
 - The Domino Strategy asks the question “Do You Count?,” helping sailors make the connection between counting drinks and reducing personal risk. In addition, the campaign educates sailors on what constitutes a “standard drink” and encourages them to pay attention to the content of their drink by asking, “What’s inside?”
 - The campaign includes posters, outdoor banners, table tents, pamphlets, and TV/radio PSAs.
 - All materials are available at no cost to all Navy commands for ordering through the Navy Logistics Library.
3. *Who Will Stand Your Watch*: A substance abuse prevention campaign designed to educate sailors of the negative impact substance abuse can have on a sailor’s family, shipmates, and career.
 - The campaign focuses on a sailor’s personal responsibility and the impact on the unit and his or her shipmates when the sailor is removed from duty as a result of a substance abuse incident. The campaign uses various communication tactics that include print media and PSAs.
 - The pamphlets include the substance abuse continuum. The continuum is designed to help sailors and commands identify and intervene before a substance abuse incident occurs. Shipmates take care of shipmates. It is important to educate all hands on signs of substance abuse. Every sailor must be aware of the signs of abuse and intervene early to ensure shipmates don’t abuse drugs or alcohol.

- The campaign includes four pamphlets, six posters, and four TV PSAs intended to target various Navy communities.
 - The print media are available through the Navy Logistics Library free of charge.
 - The PSAs are currently being aired on Direct to Sailor TV and can be found on the Navy Personnel Command website.
4. *Shot of Reality*: This 90-minute improvised show focuses on alcohol awareness and the pitfalls of alcohol and drug abuse. The program is designed to help sailors make better decisions and take care of shipmates.
 5. *Myth vs. Truth*: This program provides information about the range of social and professional problems and economic costs associated with underage drinking. The program is also used to increase awareness that underage drinking is related to a host of serious problems, with the aim of informing policymakers about the importance of preventing underage drinking.
 6. *Comedy is the Cure*: This 30-minute stand-up comedy show highlights the dangers and risks of alcohol and drug abuse and sexual assault and harassment. The program is designed to inspire military and civilian personnel to make smart, safe decisions and better prepare each unit for mission success.
 7. *Initial Entry*: All new Navy entrants shall receive education on alcohol and drug abuse awareness and prevention, Navy policies, resources for help, and disciplinary consequences associated with the misuse of alcohol. Education for officer candidates shall include similar prevention information, plus responsibilities of junior leaders in maintaining military discipline and enforcing the law. Entry-level education shall be completed before commissioning or within 90 days after entry on active duty.
 8. *Command Indoctrination*: Brief all newly reporting personnel thoroughly on resources for help, command policy, and punitive consequences for failure to obey the policies outlined in this instruction, with emphasis on deglamorization, responsible use, treatment of driving under the influence (DUI) offenses, prohibitions against drinking during normal working hours, and illicit use of substances.
 9. *Periodic Awareness through General Military Training (GMT)*: Alcohol and drug abuse awareness education shall be scheduled periodically through the Naval Education and Training Command GMT program.
 10. *Alcohol Aware Program*: This program is a command-level alcohol abuse prevention and deglamorization course designed for all hands. Each participant is asked to anonymously evaluate his or her own pattern of drinking in an effort to determine whether it is appropriate and, where necessary, make adjustments. The goals of the program include:
 - Making participants aware of the effects of alcohol.
 - Pointing out the risks involved in using and abusing alcohol.
 - Providing the Navy’s expectations, instructions, and core values.
 - Defining the responsible use of alcohol.
 11. *Alcohol Impact Program*: Alcohol Impact is the first intervention step in the treatment of alcohol abuse. It is an intensive, interactive educational experience designed for personnel who have had incidents with alcohol. The course is primarily an educational tool; however, objectives within the course could identify the need for a higher level of treatment.

12. *Personal Responsibility and Values: Education and Training (PREVENT)*. All uniformed personnel under age 26 shall attend PREVENT within 4 years of accession, preferably at the first duty station.
13. *Alcohol and Drug Abuse Managers/Supervisors (ADAMS) for Leaders*: Commanding Officers, Officers in Charge, Executive Officers, Command Master Chiefs, Chiefs of the Boat, and as applicable, other senior command personnel shall complete ADAMS for Leaders. It is a once-a-career requirement.
14. *Alcohol and Drug Abuse Managers/Supervisors (ADAMS) for Supervisors*: This course is required for all E-5 and above personnel and other personnel in supervisory positions. Civilians who supervise Navy personnel are encouraged to attend this training. Training shall be accomplished within 1 year of attaining such a position. Because policy and programs are subject to change, ADAMS for Supervisors shall be repeated every 5 years.
15. *Alcohol and Drug Abuse Managers/Supervisors (ADAMS) for Facilitators*: Command Drug and Alcohol Program Advisors (DAPAs) and their assistants should attend this course as preparation to provide ADAM for Supervisors training in their commands. Commanding officers may also have a need to have additional ADAMS facilitators and shall select qualified personnel for training and certification to provide ADAMS for Supervisors training in their commands.
16. *DAPA*: Members assigned as DAPAs and assistant DAPAs are required to complete the command DAPA course within 90 days of appointment, unless they have completed the course within the previous 3 years. Additionally, they are expected to be the command's primary trainers of AWARE (Alcohol/Drug) and ADAMS for Supervisors and are therefore required to have completed the ADAMS for Supervisors and ADAMS for Facilitators courses. For individuals reassigned as DAPAs, annual refresher training is required if 3 or more years have elapsed since the initial training.
17. *Alcohol Server Training for Morale, Welfare, and Recreation Personnel*: Personnel employed in Navy recreation facilities, with responsibility to sell or serve alcoholic beverages, shall complete appropriate server training or its equivalent to ensure compliance with Navy and local regulations and statutes, enforcement of policies related to underage drinking, knowledge of alternatives, and a full understanding of designated driver programs.
18. *Personal Readiness (PR) Summits*: PR Summits are conducted throughout the year in fleet-concentrated areas. Personal and family readiness subject matter experts (SMEs) provide command leadership with program policies, valuable resources, and fleet best practices, as well as discuss trends and the "Way Forward" for each of their respective program areas. A PR Summit may also offer some or all of the following topics often associated alcohol abuse:
 - SAPR
 - Domestic violence prevention
 - Equal opportunity
 - Drug abuse prevention
 - Preventing domestic violence
 - Nutrition and physical readiness
 - Suicide prevention program/behavioral health

19. *The NADAP E-Gram*: The NADAP E-Gram provides updates to policy, news on substance abuse, and prevention tools. The E-Gram is published monthly and distributed to those members who have attended PR Summits.
20. *Alcohol Detection Devices (ADD)*: ADD is an education and awareness tool to assist a command in its efforts to promote responsible use of alcohol. This device supports command efforts to enhance the command's culture of fitness; support good order and discipline; and ensure the safety and security of the unit, the servicemember, and the mission. This tool also assists with identifying members who may not be fit and ready for duty as a result of their alcohol use decisions. The results from an ADD may be useful in determining a need for a member to be referred to a substance abuse rehabilitation program.
21. *Alcohol and Drug Management Information Tracking System (ADMITS)*: A web-based system that is the primary information management system for NADAP. ADMITS is the Navy repository for alcohol incidents, screening, treatment, and training information. ADMITS provides statistical reporting and longitudinal assessment of the effectiveness of Navy substance abuse prevention programs. It provides historical data to field activities in order to evaluate and recommend the disposition of members who have an alcohol incident.
22. *NADAP Facebook*: A Facebook fan page sponsored by NADAP. This page is intended to provide updated information and discussion on substance abuse prevention issues, strategies, and policy.

Army Substance Abuse Programs (ASAP): ASAP establishes, administers, and evaluates substance abuse prevention training, evaluation of education certification, and professional training programs for all Army personnel worldwide within the Active Component, National Guard, and Army Reserve. The goal of ASAP is to provide soldiers, command, Department of Army civilians, contractors, and family members with the education and training necessary to make informed decisions about alcohol and drugs. The program also provides command with the necessary resources and tools to complete their annual alcohol and drug awareness training of 4 hours for active duty soldiers, and 2 hours for geo-dispersed proponents within the U.S. Army Reserve (USAR), U.S. Army Recruiting Command, U.S. Army Cadet Command, Army National Guard (ARNG), and Army Civilians (in accordance with Army Regulation 600-85 The Army Substance Abuse Program) and provide them with prevention tools to deter substance abuse. ASAP provides technical support for programs; acts as the lead agent for drug demand reduction issues; supports professional development; provides training for all nonmedical substance abuse prevention staff worldwide; and develops and distributes alcohol and drug abuse prevention training curricula, multimedia products, and other drug and alcohol resources to Army installations. The following programs are currently provided by ASAP to meet the needs of soldiers seen by the Army:

Army's Universal Substance Abuse Prevention Training –PFL: PFL is a motivational intervention used in group settings to provide early intervention and prevent alcohol and drug problems. The program was adopted after the 2010 Health Promotion, Risk Reduction, and Suicide Prevention (HP/RR/SP) indicated an Armywide need for leadership training related to substance abuse/misuse. ASAP, in coordination with Headquarters, Installation Management Command, ARNG, USAR, HP/RR/SP, and other SMEs in the substance abuse prevention field, developed a standardized universal training program derived from the evidence-based PFL program. The program objectives and content were reviewed by Comprehensive Soldier Fitness

personnel to ensure consistent messaging and relevancy for soldiers. Primary purposes of the standardized universal prevention training curricula are to (1) educate leaders in emerging issues of substance abuse, (2) align standardized curricula with concepts and language used throughout current ASAP training and treatment, and (3) allow for measurement of training effectiveness across the Army. This universal training targets an audience that ranges from no substance use (abstainers) to those who are dependent. Four hours of mandatory universal substance abuse awareness training are required annually for all active-component soldiers; USAR and ARNG require 2 hours of universal training annually.

Adolescent Support And Counseling Services (ASACS): ASACS is a centrally managed school-based contract that provides alcohol/drug abuse counseling services, as well as alcohol/drug abuse and deployment support prevention services, to eligible adolescent family members at 17 locations outside the contiguous United States. The counselors are embedded in DoD Dependents Schools (middle and high schools) in Europe and Asia and in civilian community middle and high schools in Hawaii and Alaska. The ASACS-Army counseling caseload remains relatively constant, with approximately 800 counseling cases per year. ASACS expanded services to include substance abuse and deployment support prevention at the request of commanders and school administrators. During the school year ending in June 2013, ASACS has provided 105 deployment education sessions to 1,545 adolescents and their family members, 747 health classes to 14,765 participants, and 1,087 Life Skills Development classes (e.g., evidence-based training to provide adolescents with better living skills such as making decisions, managing anger) to 31,228 attendees. They screened 751 students and provided more than 10,500 treatment sessions to students and families. ASACS employs evidence-based Feedback Informed Therapy (FIT) as a means to keep adolescents engaged in treatment. This method provides therapist feedback, which can be incorporated into the therapy sessions to support goal attainment. The positive change rate for ASACS Family Members was compared with the national norm for adolescents participating in FIT. Of all ASACS clients, 93 percent completed treatment with a positive outcome for the referring problem, versus the national norm of 50 percent for the average adolescent.

Army Campaigns: The Army campaign division of ASAP recognizes and endorses campaigns that go beyond alcohol or other drug abuse problems. These campaigns, discussed below, support a broad range of interventions have an impact on larger populations and concerns within the Army.

1. *Warrior Pride Campaign:* The Army's Warrior Pride Campaign is a substance abuse marketing and education campaign. The purpose of the Warrior Pride campaign is to reduce substance abuse by educating and reminding soldiers that substance abuse is incompatible with Army values and the warrior ethos.
2. *Red Ribbon Campaign:* The Red Ribbon Week campaign is the oldest and largest drug prevention campaign in the country. The Red Ribbon Campaign was started when drug traffickers in Mexico City murdered U.S. Drug Enforcement Administration (DEA) agent Kiki Camarena in 1985. This began the continuing tradition of displaying Red Ribbons as a symbol of intolerance toward the use of drugs. The mission of the Red Ribbon Campaign is to present a unified and visible commitment towards the creation of a drug-free America. In 1990, DoD joined in the national effort by commencing an award program to encourage servicemembers to keep communities drug-free and to recognize outstanding outreach programs.

3. *Summer Safety Impaired Driving Prevention Campaign:* The 101 Critical Days of Summer (Memorial Day through Labor Day) safety campaign is intended to remind the Army that it cannot afford to lose focus on safety either on or off duty. The summer season is a dangerous time of year for the Army, with notable increases in off-duty accidental fatalities. Festivals, road trips, swimming, fishing, hiking, boating, camping, and motorcycle riding are common outdoor activities during the summer. Intense planning often goes into making these outdoor activities a success.
4. *National Drunk and Drugged Driving (3D) prevention Month/Campaign:* December is annually designated as 3D Prevention Month (often referred to as 3D Month). In 2010, more than 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics. Drugs other than alcohol (e.g., marijuana, cocaine) are involved in about 18 percent of motor vehicle driver deaths (DoJ). 3D Month is a reminder to “Designate Before We Celebrate” and encourages safe and sober driving. “Drive Sober or Get Pulled Over” is a nationwide impaired-driving prevention campaign. The campaign was implemented by NHTSA to stop impaired driving and to save lives during the holiday season. According to NHTSA, during December 2010, 2,597 people lost their lives in motor vehicle traffic crashes, and 30 percent (775 people) involved an alcohol-impaired driver. Holiday celebrations offer a perfect opportunity to enjoy a good time with family and friends. Soldiers, family members, and civilians must be proactive and have a responsible plan if choosing to drink.

Air Force Innovative Prevention Program: The U.S. Air Force (USAF) 0-0-1-3 Program, which began at F.E. Warren Air Force Base (AFB), encourages healthy, controlled alcohol use (and nonuse for underage people) as the normative lifestyle choice for young USAF personnel. The program establishes safe, normative behaviors that move DoD forward in addressing the health threats of both alcohol and tobacco. The 0-0-1-3 program was briefed to USAF senior leadership in 2005. As a result of this briefing, USAF Assistant Vice Chief of Staff instructed A1 (personnel) and the USAF SG to expand the 0-0-1-3 program to include a range of HRB that could negatively affect productivity, mission accomplishment, and readiness and to implement the program across the USAF. Consequently, working groups were formed, and a Concept of Operations (CONOPS) was written to provide the theoretical underpinnings for a new program called the Culture of Responsible Choices (CoRC), designed to address underage drinking, alcohol misuse, and illegal drug use. It was also designed to produce a cultural shift within the USAF from “work hard/play hard” to “work hard/play smart.” CoRC uses a comprehensive community-based approach with four levels:

- Strong leadership support (i.e., from top down and bottom up)
- Individual-level interventions (e.g., population screening, anonymous screening at primary care centers, education, short-term counseling with tailored feedback)
- Base-level interventions (e.g., media campaigns, alcohol-free activities, zero-tolerance policies for underage drinking and alcohol misuse, midnight basketball, cyber cafés)
- Community-level interventions (e.g., building coalitions between on-base and off-base groups, increased DUI/driving while intoxicated [DWI] enforcement on and off base)

In 2006, CoRC materials including the CoRC CONOPS, toolkits, memoranda, best practices, and other elements were made available via the web, and CoRC was launched across the USAF. Since the program’s inception, the USAF has had a 6 percent reduction in alcohol-related misconduct incidents.

In addition to CoRC, the USAF partnered with DoJ and NIAAA to implement the EUDL program at five USAF installations. EUDL uses evidence-based environmental strategies to reduce underage Airmen's access to alcohol and decrease the prevalence of underage Airmen drinking on base and in the surrounding local areas. In 2006, the OJJDP funded a 3-year study examining the EUDLs in and around the communities housing five USAF bases as part of an alcohol prevention initiative. This study's intervention activities included controlled dispersal events, compliance sting operations targeting local distributors, increased number and frequency of DUI checks in the local community, development of local policies to prevent underage drinking, community-based media campaigns to reduce underage drinking, and increased frequency of alternative alcohol-free social activities. This study also enabled an evaluation of the impact of the EUDL activities by comparing the rates of problem drinking in each of the EUDL communities with rates in five control communities, as well as in the USAF overall. Results of this study revealed that although all demonstration sites showed some success, sites that implemented their interventions early, had task forces on underage drinking at the program's onset, collaborated with local partners, and followed guidance from the federal agencies sponsoring the evaluation had the best results. As already mentioned, during this study period, the percentage of USAF enlisted personnel at risk for a drinking problem decreased 6.6 percent. However, respondents at the demonstration sites had 30 percent lower odds of problem drinking than respondents at the comparison sites. In 2009, the EUDL program was expanded to two more AFBs, and in 2013 two more were added. DOJ is supervising a 2014 3-year evaluation of the EUDL program, which is described later in this report. Analysis of first-year EUDL data is promising. DoJ will support the evaluation's expansion to the additional USAF installations.

Research has suggested alcohol is the abuse drug of choice for those below the legal drinking age of 21, with 18- to 20-year-olds found to have the highest rates of binge-drinking episodes and alcohol dependence diagnoses. Due to age restrictions and the typical entry age of most military members, the cohort of individuals below age 25 represents a sizable portion of the military population. The Air Force Medical Operations Agency implemented a social norms-based approach at select installations. The social norms approach to alcohol misuse prevention has been applied on numerous college campuses with same-aged cohorts, has demonstrated promising results, and has been identified as a model practice by ED. The social norms approach uses normative-based messages crafted from site-specific data designed to reduce misperceptions and reinforce positive norms for each base, which in turn attenuate problematic drinking behavior.

In collaboration with Hobart and William Smith Colleges, the USAF Social Norms Project began in October 2011 and concluded in the fall of 2013. Using both treatment and control sites, this 2-year project compared the effectiveness of this approach with prevention with traditional health education delivered in control sites and was the first attempt to evaluate this approach with military populations. The approach capitalizes on the strong tendency of young people to conform to group patterns and expectations. Research shows young adults tend to misperceive that alcohol misuse is the norm among peers. This misperception can contribute to hazardous drinkers viewing their behavior as acceptable and normal and others tolerating hazardous drinking, which perpetuates the problem. Evidence has shown that dispelling myths about excessive alcohol use being the norm among peers can lead to changes in attitudes toward alcohol misuse and decreases in problem alcohol-related behavior. Voluntary Airmen (18 to 24

years old) at eight AF installations volunteered to participate in the pilot project. The program identified local alcohol use norms and communicated accurate, credible information to at-risk Airmen through an intensive media campaign and other educational venues. Results indicated Airmen typically believed (erroneously) that their same-age peers supported and engaged in far heavier and much more risky drinking than was actually the case. Airmen with two or more months of social norms exposure were significantly less likely to report problematic drinking behaviors compared with Airmen with less social norms exposure. Rates of alcohol-related misconduct decreased by 21 percent at intervention bases and increased 47 percent at control bases during the same time period. The next step is to create a comprehensive dissemination plan and installation support materials to implement social norms misuse prevention program USAF-wide (projected rollout in FY2016).

Department of Homeland Security/United States Coast Guard (USCG) Substance Abuse Program: The USCG’s global mission is to protect the public, the environment, and U.S. economic interests—in the nation’s ports and waterways, along the coast, on international waters, or in any maritime region as required supporting national security (<http://www.uscg.mil>).

The USCG announced in April 2014 that the minimum drinking age in the USCG, regardless of location, will be 21. Previously, the USCG followed its DoD peers with the “Law of the Land” policy, which permits the Commanding Officer to establish and permit the drinking age to be under 21 but no lower than 18 if the law of the land permits (e.g., Puerto Rico). After careful consideration of alcohol’s negative influence on readiness and proficiency of the force as well as the direct correlation between “age of onset” of drinking and negative consequences related to alcohol, senior leadership acted.

The USCG is currently restructuring its policies to reflect this and many other changes related to alcohol use and the delivery of treatment services. Prevention- and treatment-seeking behaviors are being strengthened and encouraged.

Department of Education

Activities Specific to Underage Drinking

National Center on Safe Supportive Learning Environments (NCCSLE): NCCSLE is funded by ED to help schools and communities address issues that affect conditions for learning, such as bullying, harassment, violence, and substance abuse. In 2013, NCCSLE offered a series of webinar events that provided constructive information and strategies that colleges and surrounding communities could use to strengthen their learning environments and address problems of violence, mental health, and substance use. This series included Community Coalitions Working Collaboratively Across Secondary and Postsecondary Education to Address Underage Drinking, a webinar hosted by ED as a part of the underage drinking series sponsored by ICCPUD. In 2014, this webinar was transferred to the NCCSLE website at <http://safesupportiveschools.ed.gov>. The publications and other resources hosted on this site can be used to assist administrators and other prevention professionals at colleges and universities to help prevent violence and substance abuse on their campuses and in the surrounding communities.

Activities Related to Underage Drinking

ED's School Climate Transformation Grant – Local Educational Agency Grants Program:

In FY2014, ED awarded the first round of awards under the School Climate Transformation Grant – Local Education Agency Grants program. These FY2014 grant awards provided more than \$35.8 million to 71 school districts in 23 states, Washington, D.C., and the U.S. Virgin Islands. The funds are being used to develop, enhance, or expand systems of support for implementing evidence-based, multitiered behavioral frameworks for improving behavioral outcomes and learning conditions for students. ED has developed a variety of measures to assess the performance of the School Climate Transformation Grants, including measures related to the decrease in suspensions and expulsions of students for possession or use of drugs or alcohol.

ED's Safe and Supportive Schools News Bulletin: The Safe and Supportive News Bulletin is used by the ED OSHS to provide weekly e-mail updates to grantees and other stakeholders in the education community on work related to OSHS and on topics related to school safety, school climate, substance abuse, violence prevention in education, and the promotion of student health and well-being. The bulletin also highlights other federal funding opportunities related to these topics (including underage drinking prevention).

Federal Trade Commission

Activities Specific to Underage Drinking

Consumer Education: In FY2015, FTC continued its “We Don’t Serve Teens” (WDST) consumer education program, promoting compliance with the legal drinking age of 21. Targeted to parents and other responsible adults, <http://www.DontServeTeens.gov> provides information about the rates and risks of teen drinking, relevant state laws, things to say and do to reduce easy teen access to alcohol, and free downloadable campaign materials. Each year, at FTC’s request, private partners conduct PSA campaigns (including Internet, magazine, transit, and billboard ads) promoting the WDST message in various cities across the nation.

Activities Related to Underage Drinking

Alcohol Advertising Program: In 2014, FTC published its fourth major report on alcohol advertising and compliance with self-regulatory standards.⁶⁵ In FY2015, FTC met with industry representatives to discuss the report’s findings and to promote adoption of the Commission’s recommendations for improvement.

Administration for Children and Families/HHS

Activities Specific to Underage Drinking

None

Activities Related to Underage Drinking

Runaway and Homeless Youth (RHY) Program: The Family and Youth Services Bureau (FYSB) provides funding to local communities to support young people, particularly runaway

⁶⁵ For more information, see Self-Regulation in the Alcohol Industry (FTC, 2014), available at <http://www.ftc.gov/reports/self-regulation-alcohol-industry-report-federal-trade-commission-0>.

and homeless youth and their families. Basic Center Program grants offer assistance to at-risk youth (under age 18) in need of immediate temporary shelter. Shelters provide family and youth counseling and referrals to services, such as substance abuse treatment. Through the Street Outreach Program, FYSB awards grants to public and private nonprofit agencies to conduct outreach that builds relationships between grantee staff and street youth to help them leave the streets. The Transitional Living Program (TLP) supports projects that use trauma-informed services and the positive youth development approach to provide longer term residential services to homeless youth ages 16 to 22 for up to 21 months. These services help to successfully transition young people to independent living. TLPs enhance youths' abilities to make positive life choices through education, awareness programs, and support. They include evidence-driven services such as substance abuse education, life skills training (LST), recovery, and counseling. Grantee sites are all alcohol-free. All participants are expected to participate in program activities that would prepare them to make healthy choices regarding alcohol and drug use. All RHY programs are mandated to provide substance abuse education (and treatment services as needed) either directly or indirectly. FYSB has several RHY programs that have extensive experience in this area. For more information, visit <http://www.acf.hhs.gov/programs/fysb>.

Family Violence Prevention and Services: The Family Violence Prevention and Services Act (FVPSA) provides the primary federal funding stream dedicated to the support of emergency shelter and supportive services for victims of domestic violence and their dependents. FVPSA is located in FYSB, a division of the Administration on Children, Youth and Families in the ACF. FYSB administers FVPSA formula grants to states, territories, and tribes; state domestic violence coalitions; and national and special-issue resource centers. First authorized as part of the Child Abuse Amendments of 1984 (P.L. 98–457), FVPSA has been amended eight times. It was most recently reauthorized in December 2011 for 5 years by the CAPTA Reauthorization Act of 2010 (P.L. 111-320 42 U.S.C. 10401, et seq.). The statute specifies how most of the appropriated funds will be allocated, including three formula grants and competitive national resource center grants. The remaining discretionary funds are used for competitive grants, technical assistance, and special projects that respond to critical or otherwise unaddressed issues. In 2012, the appropriation level was \$129,546,700. The FVPSA program also administers the National Domestic Violence Hotline.

FVPSA formula grants are awarded to every state and territory and more than 200 tribes. These funds reach 1,505 domestic violence shelters and 1,129 nonresidential service sites, providing both a safe haven and an array of supportive services to intervene in and prevent abuse. Each year, FVPSA-funded programs serve 1.3 million survivors and their children and respond to 2.7 million crisis calls. FVPSA-funded programs do not just serve survivors but also reach their communities; in 2012, programs provided more than 178,000 presentations reaching almost 2.5 million adults and 2.3 million youth. For more information, visit <http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services/about>

Abstinence Education Programs: FYSB provides support for abstinence education programs through discretionary grants from the Competitive Abstinence Education Grant Program and formula grants to states under Section 510 (Title V) State Abstinence Education Program. These programs focus on educating young people and creating an environment within communities that supports teen decisions to postpone sexual activity until marriage. Programs are encouraged to be welcoming and inclusive of all sexual minority youths. They should use evidence-based,

medically accurate interventions to promote abstinence from risky behaviors that lead to poor health outcomes, including substance abuse and underage drinking, unplanned pregnancy, and sexually transmitted infections. For more information, visit <http://www.acf.hhs.gov/programs/fysb>.

Personal Responsibility Education Programs (PREP): FYSB supports healthy decisionmaking through projects funded to states, tribes and community organization to implement pregnancy prevention programs. As part of the Patient Protection and Affordable Care Act, Congress passed and the President signed the PREP into law. PREP funds are used to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections and at least three of six congressionally mandated “adulthood preparation subjects” (APS). Several APS topics—adolescent development, healthy life skills, and healthy relationships—address healthy decisionmaking skills, which encompass substance and alcohol prevention messaging. For example, in North Carolina, PREP funded school-based clubs that collect pledges from their peers in schools and the community promising to not engage in underage drinking as part of community service learning projects during prom season. The South Broward Hospital District, another PREP grantee, supported “Alcohol Literacy,” which features sessions designed to specifically target and address alcohol education and refusal skills for youth in the 5th through 8th grades.

Since 2011, FYSB has engaged in a seven-year, multisite evaluation effort of PREP programs. FYSB is currently conducting a federal-level evaluation of four sites, with a significant investment in piloting new evidence-based approaches to serving vulnerable populations, which include youths in foster care, pregnant and parenting teens, rural youths, and youths in alternative educational settings. For more information on PREP, visit <http://www.acf.hhs.gov/programs/fysb>.

Centers for Disease Control and Prevention/HHS

Activities Specific to Underage Drinking

Reducing Youth Exposure to Alcohol Marketing: The CDC’s Alcohol Program within the National Center for Chronic Disease Prevention and Health Promotion funds the Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health to conduct public health surveillance of youth exposure to alcohol marketing and improve adherence to voluntary industry standards on the placement of alcohol advertising, with the ultimate goal of decreasing youth exposure to alcohol marketing and decreasing excessive alcohol consumption, including underage drinking. For more information on CAMY, see <http://www.camy.org>.

Activities Related to Underage Drinking

Alcohol-Related Disease Impact (ARDI): ARDI is an online application that provides national and state estimates of average annual deaths and years of potential life lost (YPLL) due to excessive alcohol use. The application allows users to create custom data sets and generate local reports on these measures as well. Users can obtain estimates of deaths and YPLL attributed to excessive alcohol use among people under age 21.

Behavioral Risk Factor Surveillance System (BRFSS): BRFSS is an annual random-digit-dial telephone survey of U.S. adults ages 18 years and older in all 50 states, the District of Columbia, Guam, Puerto Rico, the U.S. Virgin Islands, American Samoa, Palau, and the Federated States of Micronesia. It includes questions on current drinking, number of drinking days, average number of drinks per day, frequency of binge drinking (≥ 4 drinks per occasion for women; ≥ 5 per occasion for men), and the largest number of drinks consumed on a drinking occasion. CDC's Alcohol Program has also developed an optional, seven-question binge-drinking module that can be used by states to obtain more detailed information on binge drinkers, including beverage-specific alcohol consumption and driving after binge drinking. CDC also worked with national and international experts to develop an optional module to assess the delivery of screening and brief intervention (SBI) for excessive alcohol use in clinical settings. This optional module was implemented in 22 states for the 2014 BRFSS. In 2011, BRFSS introduced changes to address the growing effects of cellphone-only households, resulting in higher estimates in many states for certain chronic disease indicators and risk behaviors, including binge drinking. For more information, see <http://www.cdc.gov/brfss>.

Youth Risk Behavior Surveillance System (YRBSS): The YRBSS monitors priority health risk behaviors among youth and young adults. It includes a biennial, national school-based survey of 9th- through 12th-grade students that is conducted by CDC and state and local surveys of 9th- through 12th-grade students conducted by education and health agencies. These surveys include questions about the frequency of alcohol use, frequency of binge drinking, age of first drink of alcohol, and usual source of alcohol. States and cities that conduct their own survey have the option to include additional alcohol questions, such as type of beverage usually consumed and usual location of alcohol consumption. The YRBSS also assesses other health risk behaviors, including sexual activity and interpersonal violence, that can be examined in relation to alcohol consumption. Additional information on the YRBSS is available at <http://www.cdc.gov/yrbss>.

School Health Policies and Practices Study (SHPPS): SHPPS is a national survey periodically conducted to assess school health policies and practices at the district, school, and classroom levels. It includes information about school health education on alcohol and drug use prevention, school health and mental health services related to alcohol and drug use prevention and treatment, and school policies prohibiting alcohol use. Additional information is available at <http://www.cdc.gov/SHPPS>.

Pregnancy Risk Assessment Monitoring System (PRAMS): PRAMS is a population-based mail and telephone survey of women who have recently delivered a live-born infant. It collects state-specific data on maternal attitudes and experiences before, during, and shortly after pregnancy. It also includes questions on alcohol consumption, including binge drinking during the preconception period and during pregnancy, along with other factors related to maternal and child health. For more information, see <http://www.cdc.gov/prams>.

National Violent Death Reporting System (NVDRS): NVDRS is a state-based active surveillance system that collects risk factor data on all violence-related deaths, including homicides, suicides, and legal intervention deaths (i.e., deaths caused by police and other people with legal authority to use deadly force, excluding legal executions), as well as unintentional firearm deaths and deaths of undetermined intent. Alcohol-related information collected includes (1) alcohol dependence or problem (whether the victim was perceived by self or others to have a problem with, or to be addicted to, alcohol); (2) alcohol use suspected (whether alcohol

use by the victim in the hours preceding the incident was suspected, based on witness or investigator reports or circumstantial evidence, such as empty alcohol containers around the victim); (3) tested for alcohol (i.e., whether the victim's blood was tested for the presence of alcohol); (4) alcohol test results (recorded as present, not present, not applicable [i.e., not tested], or unknown); and (5) BAC measured in mg/dL. For more information, see <http://www.cdc.gov/ViolencePrevention/NVDRS>.

Guide to Community Preventive Services: CDC's Community Guide Branch works with CDC programs and other partners to systematically review the scientific evidence on the effectiveness of population-based strategies for (1) preventing alcohol-impaired driving and (2) preventing excessive alcohol consumption and related harms (see "Guide to Community Preventive Services" earlier in this chapter). In 2012, the Community Guide Branch, in collaboration with the National Center for Injury Prevention and Control, updated the 2001 publicized sobriety checkpoints systematic review and, in collaboration with the CDC Alcohol Program, conducted a review of electronic delivery of SBI for excessive alcohol use. The results of these reviews are summarized on the Community Guide website (<http://www.thecommunityguide.org>).

Preventing Alcohol-Exposed Pregnancies: CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) has a number of activities supporting the prevention of FASDs among women of childbearing age (18–44 years). NCBDDD continues to monitor alcohol consumption (any use and binge drinking) among women of childbearing age (18–44 years) in the United States, using the BRFSS. These data help identify groups of women at risk for an alcohol-exposed pregnancy and guide the development of prevention programs aimed at reducing risk behaviors and improving pregnancy outcomes. NCBDDD, in collaboration with the National Center for Health Statistics (NCHS), has added four additional alcohol questions to survey years 2011–2013 of the National Survey of Family Growth (NSFG). The NSFG data will provide population-based estimates on alcohol consumption among women of reproductive age and their risk for alcohol-exposed pregnancy.

Six FASD Practice and Implementation Centers (PICs) and five national partner groups have recently been funded to develop and implement training and systems change strategies with a stronger emphasis on primary prevention of FASDs. Through strategic collaborations, the PICs, professional medical organizations, and other partner groups will target multiple groups as key systems and practice change audiences. These include pediatricians, obstetricians and gynecologists, nurses, social workers, family medicine providers, and medical assistants.

CHOICES, an evidence-based intervention for nonpregnant women of childbearing age, aims to reduce the risk for an alcohol-exposed pregnancy by reducing risky drinking, using effective contraception, or changing both behaviors. CHOICES has been implemented in multiple settings, including sexually transmitted disease clinics, family planning clinics, community health centers, and in American Indian communities. A CHOICES curriculum training package is available for order at <http://www.cdc.gov/ncbddd/fasd.freematerials.html>. The curriculum is currently being converted into a web-based training that will also include remote "live" modules to enhance skills-building activities. In 2013, a Training of Trainers CHOICES curriculum was developed, and 15 individuals became CHOICES trainers. Also, two training and technical assistance (TTA) centers are working to increase the capacity to implement alcohol SBI and CHOICES in primary care settings serving American Indian and Alaska Native populations. In addition, CHOICES is included in SAMHSA's NREPP, and SAMHSA uses the CHOICES

model at alcohol and drug treatment centers in various states. For more information on these and other program activities, see <http://www.cdc.gov/ncbddd/fasd/index.html>.

Alcohol SBI in Primary Care: In 2014, NCBDDD released *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use*. This guide provides a process and resources to help staff in any primary care practice to plan and implement alcohol SBI as a routine element of patient care. Three CDC-funded FASD Regional Training Centers recently implemented alcohol SBI and assessed the feasibility of integrating this service into primary care systems. NCBDDD has also been working with the American Academy of Pediatrics to assess pediatricians' use of alcohol SBI with adolescent patients to help inform guidance on delivering this service in pediatric settings serving adolescents. In 2015, questions about provision of alcohol SBI will be added to the core National Ambulatory Medical Healthcare Survey, thereby providing better data on physician practices regarding alcohol SBI. NCBDDD also continues to work to identify partners across multiple sectors, including insurers, employers, medical associations, and private organizations, to advance evidence-based strategies to prevent FASDs and other alcohol-related harms.

Indian Health Service/HHS

The IHS DBH is responsible for the Alcohol and Substance Abuse Program (ASAP) through funding of federal, urban, and tribally administered programs. Funding for tribal programs is administered pursuant to P.L. 93-638 (codified as amended at 25 U.S.C. §§ 450a-450n [1975]). Nearly 85 percent of the ASAP budget is administered under 638 contracts or compacts made directly with tribally administered programs, which aim to provide community-based, holistic, and culturally appropriate alcohol and substance abuse prevention and treatment services. The ASAP is unique in that it is a nationally coordinated and integrated behavioral health system that includes tribal and federal collaboration to prevent or otherwise minimize the effects of alcoholism and drug dependencies in American Indian/Alaska Native communities. The aim of the ASAP is to achieve optimum relevance and efficacy in delivery of alcohol and drug dependency prevention, treatment, and rehabilitation services, while respecting and incorporating the social, cultural, and spiritual values of Native American communities.

Activities Specific to Underage Drinking

The IHS DBH funded the Northwest Portland Area Indian Health Board to develop a media campaign that encourages Native communities to address substance abuse for teens and young adults. The "I Strengthen My Nation" campaign empowers Native youth to resist drugs and alcohol and motivates parents to talk openly to their children about drug and alcohol use. See the IHS DBH website at <http://www.ihs.gov/behavioral>.

Activities Related to Underage Drinking

Alcohol abuse in American Indian/Alaska Native communities is recognized as a high-risk public health behavior. The effects of alcohol can begin in the early stages of prenatal development and continue across the lifespan. Programs are therefore focused on family-oriented prevention activities rooted in the culture of the individual tribes and communities in which they operate. In recognition of this shifting dynamic of local control and ownership of ASAP in Native American communities, the IHS DBH has shifted focus from direct-care services to a technical assistance and supportive role.

Youth Regional Treatment Centers (YRTC): The IHS currently provides recurring funding to 10 tribally and federally operated YRTCs to address the ongoing issues of substance abuse and co-occurring disorders among American Indian/Alaska Native youth. Through education and culture-based prevention initiatives, evidence- and practice-based models of treatment, family strengthening, and recreational activities, youths can overcome their challenges and recover their lives to become healthy, strong, and resilient leaders in their communities.

The YRTCs provide a range of clinical services rooted in a culturally relevant holistic model of care. These services include clinical evaluation; substance abuse education; group, individual, and family psychotherapy; art therapy; adventure-based counseling; life skills; medication management or monitoring; evidence-based/practice-based treatment; continuing care relapse prevention; and posttreatment follow-up services.

Methamphetamine and Suicide Prevention Initiative (MSPI): DBH supports MSPI, which expands and strengthens current tribal and urban responses to the methamphetamine and suicide crises and establishes new methamphetamine and suicide prevention and treatment programs.

The goals of the MSPI are to:

- Prevent, reduce, or delay the use and spread of methamphetamine abuse.
- Build on the foundation of prior methamphetamine and suicide prevention and treatment efforts, in order to support the IHS, tribes, and urban Indian health organizations in developing and implementing tribal and culturally appropriate methamphetamine and suicide prevention and early intervention strategies.
- Increase access to methamphetamine and suicide prevention services.
- Improve services for mental health and substance abuse issues associated with methamphetamine use and suicide prevention.
- Promote the development of new and promising services that are culturally and community relevant.
- Demonstrate efficacy and impact.

This initiative supports 130 pilot projects across Indian Country, consisting of 111 tribal and IHS awardees (MSPI-T), five IHS Area Office awards, 12 urban grantees (MSPI-U), and two youth services grantees (MSPI-Y).

Addressing Fetal Alcohol Spectrum Disorder: DBH supports the Northwest Portland Area Indian Health Board, who subcontracts with the FASD training project at the University of Washington School of Medicine, which is a research-based project that focuses on FASD interventions available to tribal sites throughout the United States but is primary to sites in Oregon, Idaho and Washington. Also, in collaboration with the University of Washington, the Northwest Tribal FASD Project provides education and training on FASD and community readiness and assists communities in Idaho, Oregon, and Washington States to set up an all-systems-based response to FASD.

The DBH also funds the Indian Children's Program (ICP). The ICP provides services to meet the needs of American Indian and Alaska Native children, 0 to 18 years old, with special needs residing or attending school in the southwest region of the United States. The program provides FASD services including assessment, intervention planning, and consultation with families. In addition, IHS participates in the Interagency Coordinating Committee on FASDs (ICCFASD), an interagency task force led by NIAAA that addresses multidisciplinary issues relevant to FASD.

Also, in 2010, the IHS Office of Clinical and Preventive Services and CDC's NCBDDD entered into a 3-year interagency agreement to implement and evaluate CHOICES within primary care settings serving the Oglala Sioux tribe. CHOICES is an evidence-based program for nonpregnant women of reproductive age to reduce their risk for alcohol-exposed pregnancy by reducing risky drinking, using effective contraception, or both. This project was completed in 2014. This intervention supports IHS's Government Performance and Results Act (GPRA) performance measure for screening women of childbearing age for alcohol use to prevent FASD. The alcohol screening GPRA results have exceeded target measures since FY2006. Increases in performance results are due to increased provider awareness and an agency emphasis on behavioral health screening.

National Institute on Alcohol Abuse and Alcoholism/HHS

Activities Specific to Underage Drinking

Underage Drinking Research Initiative: This NIAAA initiative analyzes evidence related to underage drinking using a developmental approach. Converging evidence from multiple fields shows that underage drinking is best addressed and understood within a developmental framework, because it relates directly to processes that occur during adolescence. Such a framework allows more effective prevention and reduction of underage alcohol use and its associated problems. This paradigm shift, along with recent advances in epidemiology, developmental psychopathology, and the understanding of human brain development and behavioral genetics, provided the scientific foundation for the *SG's Call to Action to Prevent and Reduce Underage Drinking*. The developmental approach continues to inform the work of ICCPUD and the related efforts of its member federal agencies and departments, including the work of the Behavioral Health Coordinating Committee, and provides the theoretical framework for NIAAA's underage drinking programs.

Developing Screening Guidelines for Children and Adolescents: Data from NIAAA's National Epidemiologic Survey on Alcohol and Related Conditions (NESARC; see Appendix A) indicate that people between ages 18 and 24 have the highest prevalence of alcohol dependence in the U.S. population—meaning that, for most, drinking started in adolescence. These data, coupled with those from other national surveys (SAMHSA's National Survey on Drug Use and Health [NSDUH; see Appendix A], Monitoring the Future [MTF], and CDC's YRBSS [see Appendix A]) showing the popularity of binge drinking among adolescents, prompted NIAAA to produce a guide for screening children and adolescents for risk for alcohol use, alcohol consumption, and alcohol use disorders.

The screening guide for children and adolescents, *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*, which became available in fall 2011, was developed by NIAAA in collaboration with a working group of experts. As part of a multiyear process, the working group heard from a number of research scientists, analyzed data from both cross-sectional national surveys and proprietary longitudinal studies, and worked with pediatricians from general pediatrics as well as pediatric substance abuse specialty practices. The process culminated in the development of an easy-to-use, age-specific, two-question screener for current and future alcohol use. The *Guide* also provides background information on underage drinking and detailed supporting material on brief intervention, referral to treatment, and patient confidentiality. The screening process enables pediatric and adolescent health practitioners to provide information to

patients and their parents about the effects of alcohol on the developing body and brain in addition to identifying those who need any level of intervention. The guide was produced in collaboration with the American Academy of Pediatrics, which recommends screening all adolescents regarding alcohol use and which endorsed the guide. As of December 2014, almost 200,000 copies of the youth guide have been distributed.

In November 2011, NIAAA issued a Funding Opportunity Announcement (FOA) titled “Evaluation of NIAAA’s Alcohol Screening Guide for Children and Adolescents” to solicit applications to evaluate the new NIAAA alcohol screener for youth. Although the questions were empirically developed, are based on a vast amount of data from national surveys as well as numerous prospective studies, and have high sensitivity and specificity in the sample studied, it is important that the precision of the screener be evaluated in practice. Applications were sought that would evaluate the two-question screener in youth ages 9 to 18: (a) as a predictor of alcohol risk, alcohol use, and alcohol problems including alcohol use disorders; and (b) as an initial screen for other behavioral health problems (e.g., other drug use, smoking, conduct disorder). Six five-year projects were funded to evaluate the guide in a variety of settings, including primary care, a network of pediatric emergency rooms, juvenile justice, the school system, and with youth who have a chronic health condition.

In August 2013, NIAAA issued a new online training course based on its very popular youth alcohol screening guide, *Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide*. The course helps train health care professionals to conduct rapid, evidence-based alcohol SBI with youth. NIAAA produced the course jointly with Medscape, a leading provider of online continuing medical education. The course presents three engaging case scenarios of youth at different levels of risk for alcohol-related harm. The scenarios illustrate the streamlined, four-step clinical process outlined in NIAAA’s guide. As of December 2014, more than 27,000 health care providers have obtained continuing medical education credit for the course.

Research on Underage Drinking: NIAAA supports a broad range of underage drinking research, including studies on the epidemiology and etiology of underage drinking, neurobiology, prevention of underage drinking, and treatment of alcohol use disorders among youth. Studies also assess short- and long-term consequences of underage drinking. A high-priority area described in more detail below is alcohol’s effects on the developing adolescent brain.

Research on the Impact of Adolescent Drinking on the Developing Brain: The powerful developmental forces of adolescence cause significant changes to the brain and nervous system, including increased myelination of neural cells and “pruning” of infrequently used synapses and neural pathways in specific regions of the brain. A key question is the extent to which adolescent drinking affects the developing human brain. A range of studies including: research on rodents; studies of youth who are alcohol dependent; and recent longitudinal work beginning with youth before they begin drinking suggest that alcohol use during adolescence, particularly heavy use, can have deleterious short- and long-term effects.

In 2010, NIAAA issued an FOA titled “Neurobiology of Adolescent Drinking in Adulthood” soliciting animal studies to clearly define the persistent effects of adolescent alcohol exposure and begin to explore the neurobiological mechanisms underlying these effects. In December 2011, NIAAA followed the completion of initial human pilot studies with an FOA titled

“Longitudinal Studies on the Impact of Adolescent Drinking on the Adolescent Brain (Phase II)” soliciting applications to more fully address the following issues: (1) what are the long-term and shorter term effects of child and adolescent alcohol exposure on the developing human brain; (2) what are the effects of timing, dose, and duration of alcohol exposure on brain development; (3) to what extent do these effects resolve or persist over time; (4) how do key covariates factor into alcohol’s effects on the brain; and (5) the potential identification of early neural, cognitive, and affective markers that may predict alcohol abuse and dependence and onset or worsening of mental illness during adolescence and adulthood. Seven projects were funded under the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA) in FY2012. Building on results from NCANDA, in 2014, NIAAA, NIDA and other NIH Institutes collaborated on planning a multisite longitudinal study of 10,000 adolescents who will be recruited prior to the initiation of substance use and followed over 10 years.

College Drinking Prevention Initiative: The work of this initiative, which began more than a decade ago, continues to support and stimulate studies of the epidemiology and natural history of college-student drinking and related problems. Its ultimate goal is to design and test interventions that prevent or reduce alcohol-related problems among college students. NIAAA continues to have a sizable portfolio of projects that target college-age youth. Importantly, NIAAA recently convened a new College Presidents’ Working Group to: (1) provide input to the Institute on future research directions; (2) advise the Institute about what new NIAAA college materials would be most helpful to college administrators, and in what format; and (3) recommend strategies for communicating with college administrators.

In response to the College Presidents’ Working Group’s request that NIAAA develop a “matrix” to help them and their staff navigate the many available interventions when making decisions about what to implement on their respective campuses, NIAAA commissioned a team of experts to develop such a decision tool. The tool will provide information about individual- and environmental-level strategies that have been or might be used to address alcohol use among college students. For each strategy, information is provided about the amount and quality of available research; estimated effectiveness; estimated cost and barriers related to implementation; and time to implement—factors that may be relevant to campus and community leaders as they evaluate their current approaches and as they consider and select additional strategies to address college-student drinking using a comprehensive approach. A searchable online tool is also envisioned. NIAAA’s ultimate goal is to provide science-based information in accessible and practical ways to facilitate its use as a foundation for college drinking prevention and intervention activities.

Building Health Care System Responses to Underage Drinking: The overarching goal of this program was to stimulate primary care health-delivery systems in rural and small urban areas to address the critical public health issue of underage drinking. This was a two-phase initiative. In the first phase (now complete), systems were expected to evaluate and upgrade their capacity to become platforms for research assessing the extent of underage drinking in the areas they serve and to evaluate their ability to reduce it. In the second phase, systems are prospectively studying the development of youth alcohol use and alcohol-related problems in the areas they serve and implementing and evaluating interventions that address underage drinking. Four Phase I awards were made, and subsequently two 5-year Phase II awards were made. The two Phase II projects are still ongoing.

Brief Intervention Research: This research provides an evidence base for effective brief interventions targeting youth in emergency rooms following alcohol-related events. Health care providers capitalize on a “teachable moment” to deliver a brief intervention meant to reduce problem drinking and associated difficulties. This approach complements school-based primary prevention programs, which do not address cessation/reduction issues for adolescents who are already drinking, rarely address motivational issues related to use and abuse, and cannot target school dropouts.

Adolescent Treatment Research Program: NIAAA initiated an adolescent treatment research program in 1998. Since then, dozens of clinical projects have been funded, the majority of which are clinical trials. These include behavioral intervention trials, pharmacotherapy trials, and health services studies. The program’s objective is to design and test innovative, developmentally tailored interventions that use evidence-based knowledge to improve alcohol treatment outcomes in adolescents. Results of many of these projects will yield a broad perspective on the potential efficacy of family-based, cognitive-behavioral, brief motivational, and guided self-change interventions in a range of settings.

Multicomponent Community Interventions for Youth: NIAAA issued a request for applications titled “Multi-Component Youth/Young Adult Alcohol Prevention Trials,” resulting in one award in 2011. The project will create, implement, and evaluate a community-level intervention to prevent underage drinking and negative consequences among American Indian and White youth in rural high-risk communities in northeastern Oklahoma. The study uses community environmental change and brief intervention and referral approaches that will be evaluated alone and in combination.

Publications: NIAAA issued a screening guide for children and adolescents for use by health care practitioners titled *Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide*. NIAAA also disseminates information about the prevention of underage drinking through a variety of publications, including a range of fact sheets, including one on underage drinking (http://pubs.niaaa.nih.gov/publications/UnderageDrinking/Underage_Fact.pdf), one on college drinking, and one titled *Parenting to Prevent Childhood Alcohol Use* (2010); an updated and expanded version of its booklet *Make a Difference—Talk to Your Child About Alcohol* (English and Spanish); two issues of *Alcohol Research and Health: Alcohol and Development in Youth: A Multidisciplinary Overview* (2004/2005) and *A Developmental Perspective on Underage Alcohol Use* (2009); and several *Alcohol Alerts*, including *Underage Drinking: Why Do Adolescents Drink, What Are the Risks, and How Can Underage Drinking Be Prevented?* (2006) and *A Developmental Perspective on Underage Alcohol Use* (2009); a number of seasonal fact sheets focusing on underage drinking issues surrounding high school graduation, the first weeks of college, and spring break; the widely cited report from NIAAA’s college drinking task force, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* (NIAAA, 2002a), and a brief update on college drinking, titled *What Colleges Need to Know Now: An Update on College Drinking Research* (2007).

NIAAA also sponsored and edited a special 2008 supplement to the journal *Pediatrics* titled *Underage Drinking: Understanding and Reducing Risk in the Context of Human Development*. Additional publications include a special July 2009 supplement to the *Journal of Studies on Alcohol and Drugs* on NIAAA’s rapid response initiative to reduce college drinking and *Update on the Magnitude of the Problem*; a 2009 article in the journal *Alcohol Research and Health*

titled “A Developmental Perspective on Underage Alcohol Use”; and the lead article in the December 2010 issue of the *American Journal of Preventive Medicine*, “Alcohol risk management in college settings: The Safer California Universities Randomized Trial.”

NIAAA staff published the following articles in peer-reviewed journals:

- White, A., & Hingson, R. (2014). The burden of alcohol use: excessive alcohol consumption and related consequences among college students. *Alcohol Research: Current Reviews* 35(2), 201–218.
- Hingson, R., & White, A. M. (2014). New research findings since the 2007 Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking: A review. *Journal of Studies on Alcohol and Drugs* 75(1), 158–169.
- 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.
- Hingson, R., Heeren, T., Edwards, E., & Saitz, R. (2012). Young adults at risk for excess alcohol consumption are often not asked or counseled about drinking alcohol. *Journal of General Internal Medicine*, 27(2), 179–184.
- Hingson, R., & White, A. (2013). Trends in extreme binge drinking among U.S. high school seniors. *JAMA Pediatrics*, 167(11), 996–998.
- White, A. M., MacInnes, E., Hingson, R.W., & Pan, I-Jen. (2013). Hospitalizations for suicide-related drug poisonings and co-occurring alcohol overdoses in adolescents (ages 12–17) and young adults (ages 18–24) in the United States, 1999-2008: Results from the Nationwide Inpatient Sample. *Suicide and Life-Threatening Behavior*, 43(2), 198–212.
- White, R., Hingson, R., Pan, I-J., & Yi, H-Y. (2011). Hospitalizations for alcohol and drug overdoses in young adults aged 18-24 in the United States, 1999-2008: Results from the nationwide inpatient sample. *Journal of Studies on Alcohol and Drugs*, 72(5), 774–786.

In addition, two issues of NIAAA’s webzine, the *NIAAA Spectrum*, highlight underage and college drinking:

http://www.spectrum.niaaa.nih.gov/archives/v4i1Feb2012/media/pdf/NIAAA_Spectrum_Newsletter_Feb2012.pdf and

http://www.spectrum.niaaa.nih.gov/media/pdf/NIAAA_Spectrum_Newsletter_Sept2012.pdf.

NIAAA Website: The NIAAA website, <http://www.niaaa.nih.gov>, provides adults with information about the science and prevention of underage drinking and includes links to NIAAA’s college website (<http://www.collegedrinkingprevention.gov>) and its youth-targeted website (<http://www.thecoolspot.gov>).

- **College Drinking Prevention Website:** NIAAA’s website addressing alcohol use among college students (<http://www.collegedrinkingprevention.gov>) was recently redesigned and updated to permit easier navigation by topic or by audience. Updated features include new statistics, recent research papers, and presentations from task force participants along with a new section on choosing the right college.
- **Cool Spot Website for Kids:** This website (<http://www.thecoolspot.gov>), targeted to youth ages 11 to 13 years old, provides information on underage drinking, including effective refusal skills. Recent upgrades include a wide range of new sound effects and voiceovers throughout the site, a dedicated teacher and volunteer corner for use in middle-school classrooms or afterschool programs, and innovative ways to teach young people about peer

pressure and resistance skills through a guided reading activity, along with two lesson plans that accompany the site's interactive features.

Activities Related to Underage Drinking

Alcohol Policy Information System (APIS): APIS is an electronic resource that provides authoritative, detailed information comparable across states on alcohol-related policies in the United States at both state and federal levels. Designed primarily for researchers, APIS encourages and facilitates research on the effects and effectiveness of alcohol-related policies. Although not dedicated to underage drinking policies, APIS does provide information on policies relevant to underage drinking (e.g., retail alcohol outlet policies for preventing alcohol sales and service to those under age 21).

Longitudinal and Genetic Epidemiology Studies and NESARC: A number of longitudinal studies following subjects first identified as adolescents (along with genetic epidemiology studies) are particularly pertinent to underage drinking, as is NESARC, which includes people ages 18 to 21. Such studies could potentially enhance understanding of the etiology, extent, and consequences of underage alcohol consumption. Analysis of NESARC data indicates that 18- to 24-year-olds have the highest prevalence of alcohol dependence of any age group in the general population, underscoring the need for enhanced early prevention efforts. In 2012, NIAAA launched the new nationally representative NESARC III, which captured information on alcohol use disorders and other related mental health conditions from a very a large sample. Data collection is complete and analyses are underway. DNA samples were also collected and are being stored for future analyses. This NESARC survey will provide important prevalence data about alcohol use disorders, related disorders and problems, and overall health that can be used to inform advances in the prevention and treatment of alcohol use disorders, which affect millions of Americans of all ages every year.

National Institute on Drug Abuse/HHS

Activities Specific to Underage Drinking

None

Activities Related to Underage Drinking

Strong African American Families (SAAF) Program: SAAF is a family-centered risk behavior prevention program that enhances protective caregiving practices and youth self-regulatory competence. SAAF consists of separate parent and youth skill-building curricula and a family curriculum. Evaluations have confirmed SAAF's efficacy for 11-year-olds in preventing, across several years, the initiation of risk behaviors, including alcohol use; enhancing protective parenting practices; and increasing youth self-regulatory capabilities. The program was effective when primary caregivers had clinical-level depressive symptoms and when families reported economic hardship; it can also ameliorate genetic risk for involvement in health-compromising risk behaviors across preadolescence. A recently completed randomized controlled trial of SAAF targeted African American adolescents in high school ($N=502$). This study found that 22 months after baseline, the intervention had a significant impact on substance use and substance use problems (including alcohol), conduct problems, and depression symptoms for youth in the intervention condition, compared with youth in the control condition (Brody et al., 2012). Recent research that included two randomized trials of SAAF examined the impact of the

intervention in the context of genetic risk for increased alcohol use (Brody, Chen, & Beach, 2013). Results revealed that youth at increased genetic risk who did not receive SAAF intervention (control condition) showed greater increases in alcohol use over a 2-year period, compared with youth with genetic risk who did receive SAAF and youth without genetic risk who were assigned to either condition. Thus, SAAF was found to moderate genetic risk for alcohol use.

Adults in the Making (AIM): AIM is a drug abuse prevention intervention designed for rural African American adolescents during their high school years and their families. The six-session program supports the transition to adulthood by focusing on family protective factors and self-regulatory processes to increase resiliency, decrease alcohol use, and decrease the development of substance use problems during young adulthood. A randomized controlled trial of AIM for older adolescents (average age 17) and their families was conducted ($N=347$). Assessments were completed at baseline, 6.4, 16.6, and 27.5 months post baseline. AIM had a significant impact on reducing escalation of alcohol use and development of substance use problems for the intervention condition, compared with the control condition, for participants who were at higher risk at baseline (Brody et al., 2012). Reductions in risk-taking, intentions and willingness to use alcohol and drugs, and perceptions of peers who use substances accounted for the effects of the intervention on outcomes for the higher risk youth (Brody et al., 2012).

After Deployment: Adaptive Parenting Tools (ADAPT): Adapted from an evidence-based Parent Management Training-Oregon (PMTO) model intervention, Parenting through Change, the ADAPT program is designed for military families with a parent reintegrating from the conflicts in Afghanistan and Iraq. ADAPT is a modified version of PMTO that is enhanced with web-based supports and is specific to military families and culture. ADAPT uses small-group parenting sessions that provide support and skills for positive parent-child interactions, emotion regulation, and effective parenting practices. Previous research on PMTO interventions for families from universal and high-risk populations (e.g., divorcing families, low-income families, youth with early-onset conduct problems) has demonstrated that the program is effective in reducing coercive parenting and increasing positive parenting. Longitudinal follow-up studies have shown positive effects of PMTO on a broad array of outcomes, including child and parent adjustment, youth substance use and related behavior problems, and other areas of family functioning. Currently, a study of the ADAPT model is being conducted with 400 reintegrating Army National Guard families with 6- to 12-year-old children to test the effectiveness of the intervention for improving parenting and reducing child risk for substance use and related behavior problems and satisfaction with the program. An article describes the need for programs such as ADAPT, the PMTO evidence base supporting the program, and recommendations for providers for supporting parenting among military families as a way to reduce youth risk factors and promote well-being (Gewirtz, Erbes, Polusny, Forgatch, & Degarmo, 2011). Preliminary findings from the study testing ADAPT with integrating Army National Guard families, among the first 42 families assigned to the program, are that participation rates were high for both mothers and fathers and satisfaction was high across all 14 sessions of the intervention. These preliminary findings suggest the program is both feasible and acceptable (Gewirtz, Pinna, Hanson, & Brockberg, 2014).

Girl-Specific Intervention (GSI): Delivered via CD-ROM, GSI is a family-based intervention that targets mothers and their preadolescent and adolescent daughters to prevent substance use.

GSI consists of 10 sessions targeting affective quality, coping, refusal skills, mood management, conflict resolution, problem solving, self-efficacy, body esteem, normative beliefs, social supports, and mother–daughter communication. In addition, the intervention targets family rituals, mothers’ use of rules against substance use, child management, mother–daughter affective quality, and mothers’ communication with their daughters. A previous test of the intervention with 202 pairs of predominantly White adolescent girls and mothers showed improvements in communication skills and conflict management. Compared with girls in the control condition, daughters who received the intervention reported improved alcohol use refusal skills, healthier normative beliefs about underage drinking, greater self-efficacy in avoiding underage drinking, less alcohol consumption (in the past 7 days, 30 days, and year), and lower intentions to drink as adults.

A randomized controlled trial tested the intervention with 11- to 13-year-old primarily Black and Hispanic girls and their mothers ($N=546$), delivered primarily within housing authority centers in New York (Schinke, Cole, & Fang, 2009; Schinke, Fang, Cole, & Cohen-Cutler, 2011). Girls in the intervention condition reported significant improvements in the quality of their communications with their mothers, perceptions of family rules against their substance use, perceptions of parental monitoring, and normative beliefs about substance use, compared with girls in the control condition. Rates of 30-day alcohol consumption were lower for girls in the intervention condition, compared with girls in the control condition. The intervention also had a significant impact on girls’ reports of depression; self-efficacy to avoid drugs; and intentions to drink, smoke, and use drugs in adulthood. Outcomes for mothers also favored GSI, with mothers in the intervention condition reporting significantly more rules against the use of drugs and higher levels of parental monitoring at posttest than mothers in the control condition.

Family-Based Substance Use Prevention Program: This is a family-based, internet-delivered substance use prevention program for early adolescent Asian girls. The intervention focused on enhancing mother–daughter communication and increasing maternal monitoring while also increasing girls’ resilience to resist substance use. The program included nine interactive sessions delivered online, which included interactive modules for the girls and mothers to complete together. For this study, 108 Asian American mother–daughter dyads were recruited through online advertisements and from community service agencies and randomly assigned to the intervention described or to a test-only control arm. At the 2-year follow-up, mother–daughter dyads who participated in the intervention had higher levels of mother–daughter closeness and communication and higher levels of maternal monitoring and family rules against substance use compared with the controls. Girls in the intervention arm showed sustained improvement in self-efficacy and refusal skills and lower intentions to use substances in the future. Of importance, girls in the intervention arm reported fewer instances of alcohol and marijuana use and prescription drug misuse, compared with girls in the control arm (Fang & Schinke, 2013).

Coping Power: Coping Power is a multicomponent child and parent preventive intervention directed at preadolescent children at high risk for aggressiveness and later substance abuse and delinquency. The child component is derived from an anger coping program primarily tested with highly aggressive boys and shown to reduce substance use. The Coping Power Child Component is a 16-month program for children in the 5th and 6th grades. Group sessions usually occur before or after school or during nonacademic periods. Training focuses on

teaching children how to identify and cope with anxiety and anger; control impulsiveness; and develop social, academic, and problem solving skills at school and home. Parents are also trained throughout the program. Efficacy and effectiveness studies show Coping Power to have preventive effects on youths' aggression, delinquency, and substance use (including alcohol use). In a study of the intensity of training provided to practitioners, greater reductions in children's externalizing behaviors and improvements in children's social behaviors and academic skills occurred for those whose counselors received more intensive Coping Power training than for those in the basic Coping Power training or control conditions (Lochman, et al., 2009). A currently funded study of Coping Power is comparing the child component delivered in the usual small-group format with a newly developed individual format to determine whether the latter will produce greater reductions in substance use, children's externalizing behavior problems, and delinquency at a 1-year follow-up assessment. NIDA is also supporting an adaptation study of Coping Power with fewer in-person child and parent sessions that are augmented by multimedia, internet-based intervention content.

EcoFIT (previously Adolescent Transitions Program; also referred to as Family Check-Up [FCU]): This tiered intervention targeted to children, adolescents, and their parents recognizes the multiple environments of youth (e.g., family, caregivers, peers, school, neighborhood). EcoFIT in schools uses a tiered approach to provide prevention services to students in middle and junior high school and their parents. The universal intervention level, directed to parents of all students in a school, establishes a Family Resource Room to engage parents, establish parenting practice norms, and disseminate information about risks for problem behavior and substance use. The selective intervention level uses the FCU, which offers family assessment and professional support to identify families at risk for problem behavior and development of youth substance use and mental health problems. The indicated level, the Parent Focused curriculum, provides direct professional support to parents to make the changes indicated by the FCU. Services may include behavioral family therapy, parenting groups, or case management services. Findings showed that the EcoFIT model reduced substance use in high-risk students 11 to 14 years old (grades 6–9), with an average of 6 hours of contact time with the parents. Adolescents whose parents engaged in the FCU had less growth in substance use and problem behaviors from ages 11 to 18, including arrests (Connell, Dishion, Yasui, & Kavanagh, 2007; Stormshak & Dishion, 2009).

Another study of the FCU on outcomes through grade 9, delivered in middle school with a sample of ethnically diverse families, found that youth whose parents engaged in the program had significantly lower rates of growth in behavioral health problems, from grades 6–9 as compared to a matched control group. This included lower rates of growth in involvement with deviant peers and alcohol use (Van Ryzin, Stormshak, & Dishion, 2012).

The FCU has been consistently associated with reductions in youth antisocial behavior, deviant peer group affiliation, and substance use. In a recent study, the proximal changes in student-level behaviors that account for links between implementation of the FCU and changes in youth problem behavior were explored using data from a randomized controlled trial efficacy study of the FCU with students followed from 6th through 8th grades. The findings were that assignment to the FCU intervention was related to increased levels of students' self-regulation from 6th to 7th grades, which in turn reduced the risk for growth in antisocial behavior; involvement with deviant peers; and alcohol, tobacco, and marijuana use through the 8th grade (Fosco, Frank,

Stormshak, & Dishion, 2013). The National Institute on Child Health and Human Development funded a study in 2012, with cofunding from NIDA, that will examine the role of parent–youth relationships in late adolescence on substance use and abuse during the transition to adulthood. This study will also evaluate the preliminary efficacy of a late adolescence version of the FCU for preventing escalation of substance use during this developmental period and promoting positive behavioral health outcomes in early adulthood.

Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14): SFP is a seven-session skill-building program for parents, youth, and families to strengthen parenting and family functioning and to reduce risk for substance abuse and related problem behaviors among youth. Program implementation and evaluation have been conducted through partnerships that include state university researchers, cooperative extension system staff, local schools, and community implementers. Longitudinal comparisons with control group families showed positive effects on parents' child management practices (e.g., setting standards, monitoring children, applying consistent discipline) and on parent–child affective quality. In addition, an evaluation of this program found delayed initiation of substance use at the 6-year follow-up. Other findings showed improved youth resistance to peer pressure to use alcohol, reduced affiliation with antisocial peers, and reduced levels of problem behaviors. Importantly, conservative benefit–cost calculations indicate returns of \$9.60 per dollar invested in SFP 10–14. A longitudinal study of SFP 10–14 and LST together and LST alone found that 5.5 years after baseline (end of grade 12), both interventions together and LST alone reduced growth in substance initiation. Both interventions also prevented more serious substance use outcomes among youth at high risk (use of at least two substances) at baseline. SFP (Iowa Strengthening Family Program, SFP 10–14), alone and in combination with other universal school-based prevention interventions, has also been found to have an impact on prescription drug use in late adolescence and young adulthood (Spoth et al., 2013). A recently completed study used data from three randomized trials of SFP, delivered in middle school, and found significant long-term effects on prescription opioid misuse and prescription drug misuse overall during late adolescence and young adulthood (Spoth et al., 2013). This study supports the potential for broad public health impact of universal prevention interventions.

A currently funded study is supporting a long-term follow-up of a randomized trial of the multicomponent SFP 10–14 plus LST compared with LST alone, or a minimal contact control condition, following youth during late adolescence and emerging adulthood to further understand the long-term public health impact of universal prevention.

Good Behavior Game (GBG): GBG is a universal preventive intervention that provides teachers with a method of classroom behavior management. It was tested in randomized prevention trials in 1st- and 2nd-grade classrooms in 19 Baltimore City public schools beginning in the 1985–1986 school year and was replicated in the 1986–1987 school year with a second cohort. The intervention was aimed at socializing children to the student role and reducing early antecedents of substance abuse and dependence, smoking, and antisocial personality disorder—specifically, early aggressive or disruptive behavior problems. Analyses of long-term effects in the first-generation sample (1985–1986) at ages 19 to 21 show that, for males displaying more aggressive and disruptive behaviors in 1st grade, GBG significantly reduced drug and alcohol abuse and dependence disorders, regular smoking, and antisocial personality disorder. Currently, NIDA is supporting a long-term second-generation (1986–1987) follow-up through age 25, including

DNA collection for gene x environment analyses. NIDA supported a trial of GBG delivery in a whole-school-day context that emphasizes reading achievement, along with pilot research on models for implementing GBG in entire school districts. In addition, NIDA supported a pilot study for formative research on the large-scale implementation of GBG within a school district that could inform a system-level randomized trial on scaling up GBG. The pilot research focused on developing district partnerships; determining community-level factors that influence program implementation; and ensuring the acceptance, applicability, and relevance of measures and intervention design requirements for a large-scale trial. The conceptual framework guiding the development of the partnership and lessons learned are described in an article (Poduska, Gomez, Capo, & Holmes, 2012) that also addressed the implications for implementing evidence-based universal prevention programs such as GBG through research and practice partnerships.

Life Skills Training: LST addresses a wide range of risk and protective factors by teaching general personal and social skills, along with drug resistance skills and normative education. This universal program consists of a 3-year prevention curriculum for students in middle or junior high school, with 15 sessions during the first year, 10 booster sessions during the second year, and 5 sessions during the third year. The program can be taught in grades 6, 7, and 8 (for middle school) or grades 7, 8, and 9 (for junior high schools). LST covers three major content areas: drug resistance skills and information, self-management skills, and general social skills. The program has been extensively tested and found to reduce the prevalence of tobacco, alcohol, and illicit drug use relative to controls by 50 to 87 percent. NIDA currently funds a study examining the dissemination, adoption, implementation, and sustainability of LST.

Community-Level Studies: Community-level studies address questions related to the dissemination and implementation of evidence-based substance abuse prevention programs. Examples include the following.

- **Communities That Care (CTC):** An operating system for quality implementation of evidence-based preventive interventions targeted to specific risk and protective factors within the community, CTC provides a framework for assessing and monitoring community-level risk and protective factors, training, technical assistance, and planning and action tools for implementing science-based prevention interventions through community service settings and systems. The Community Youth Development Study (CYDS) is testing CTC in 7 states with 12 matched pairs of communities randomized to receive the CTC system or serve as controls. CYDS targets youth in grades 6 through 12. Participating communities selected and implemented evidence-based prevention interventions based on their community profile of risk and protective factors. A panel of 4,407 5th graders was recruited and followed annually to assess impact of the CTC system on substance use and related outcomes. Annual surveys of youth in grades 6, 8, 10, and 12 were also conducted. CTC has demonstrated significant effects on substance use outcomes and delinquency from grades 5 through 10, including alcohol outcomes. For example, from grades 5 through 8, youth in the intervention condition had lower incidences of alcohol, cigarette, and smokeless tobacco initiation and significantly lower delinquent behavior than those in the control condition (Hawkins et al., 2008; Hawkins et al., 2009). At grade 10, the odds of initiating alcohol use by this grade were significantly lower (38 percent lower) in CTC communities than in the control communities (Hawkins et al., 2012). Youth in CTC communities also had a lower prevalence of current cigarette use and past-year delinquent and violent behavior than youth in control communities (Hawkins et al., 2012). At 12th grade, students in the CTC

communities were more likely to have abstained from drinking alcohol, smoking cigarettes, and any drug use than students in the control communities. There were no significant differences in the prevalence of past-month or past-year substance use for youth in the CTC communities versus in the control communities. The findings at 12th grade suggest that the CTC system continued to prevent the initiation of substance use through 12th grade, 8 years after implementation of CTC, but did not produce reductions in current levels of risk in 12th grade (Hawkins, Oesterle, Brown, Abbott, & Catalano, 2014).

Arthur and colleagues (2010) examined the implementation of core intervention elements by coalitions in CYDS and found that, compared with control coalitions, CYDS coalitions implemented significantly more of the CTC core elements (e.g., using community-level data on risk and protective factors to guide selection of effective prevention programs) and also implemented significantly higher numbers of tested, effective prevention programs. In addition, CTC communities had greater sustainability of tested and effective programs and delivered the programs to more children and parents than control communities (Fagan, Arthur, Hanson, Briney & Hawkins, 2011). Also, greater adoption of the CTC science-based approach to prevention was found to mediate the effects of CTC on youth outcomes in 8th grade (Brown et al., 2014). This finding supports use of the CTC model to impact youth outcomes at the community level. An economic analysis of CTC outcomes through 8th grade found a benefit–cost ratio of \$5.30 per dollar invested (Kuklinski, Briney, Hawkins, & Catalano, 2012). A more recent economic analysis of CTC outcomes through grade 12 found a benefit–cost ratio of \$8.22 per dollar invested (Kuklinski, Fagan, Hawkins, Briney, & Catalano, 2015). CTC materials are in the public domain and can be accessed for free through SAMHSA and through the Center for Communities that Care, at the University of Washington.

- *PROmoting School/Community-University Partnerships To Enhance Resilience (PROSPER)*: An innovative partnership model for the diffusion of evidence-based preventive interventions that reduce youth substance use and other problem behaviors, the PROSPER partnership model links land-grant university researchers, the cooperative extension system, the public school system, and community stakeholders. A randomized trial of PROSPER was conducted in 28 school districts in rural and semi-urban communities in Iowa and Pennsylvania, blocked on size, and randomly assigned to the PROSPER partnership model or to a usual programming control condition. Approximately 10,000 6th graders recruited across two cohorts were enrolled in the study along with approximately 1,200 students and their parents. In the PROSPER condition, communities received training and support to implement evidence-based prevention through the partnership and selected interventions from a menu of efficacious and effective universal prevention programs.

Analyses 18 months after baseline revealed significant effects, compared with the control condition, on lifetime/new-user rates of substance use, particularly reduced new-user rates of marijuana, methamphetamine, ecstasy, and inhalant use; lower rates of initiation of gateway and illicit substance use; and lower rates of past-year marijuana and inhalant use and drunkenness (Spoth et al., 2007). Similar results were found at 4.5 years past baseline, with youth in the PROSPER condition reporting significantly lower lifetime/new-user rates of marijuana, cigarettes, inhalants, methamphetamine, ecstasy, alcohol use, and drunkenness compared with the control condition (Spoth et al., 2011). At grades 11 and 12, significant impacts on substance use were maintained for multiple substance use outcomes, and there

were significantly greater impacts on youth at higher risk at baseline (Spath et al., 2013). In terms of alcohol outcomes, there was a significant effect on frequency of drunkenness at grade 11 and a marginal effect on frequency of driving after drinking at grade 11 for the overall sample. Both of these outcomes were significant for youth at higher risk at baseline (Spath et al., 2013). A continuation study was funded in 2012 to understand the effects of PROSPER in emerging adulthood for participants who received evidence-based interventions in middle school. Reductions in substance abuse, antisocial behaviors, sexual risk behaviors, and improvements in healthy adult functioning are being examined.

- **Community Monitoring Systems—Tracking and Improving the Well-Being of America’s Children and Adolescents:** Community Monitoring Systems is a monograph that describes federal, state, and local monitoring systems that provide estimates of problem prevalence; risk and protective factors; and profiles regarding mobility, economic status, and public safety indicators. Data for these systems come from surveys of adolescents and archival records. Monitoring the well-being of children and adolescents is a critical component of efforts to prevent psychological, behavioral, and health problems and to promote successful adolescent development. Research during the past 40 years has helped identify aspects of child and adolescent functioning that are important to monitor. These aspects, which encompass family, peer, school, and neighborhood influences, have been associated with both positive and negative outcomes for youth. As systems for monitoring well-being become more available, communities will become better able to support prevention efforts and select prevention practices that meet community-specific needs. This NIDA publication is available online at <http://www.drugabuse.gov/publications/community-monitoring-systems-tracking-improving-well-being-americas-children-adolescents>.

Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, 2nd Edition: This booklet is based on a literature review of all NIDA prevention research from 1997 through 2002. Before publication, it was reviewed for accuracy of content and interpretation by a scientific advisory committee and reviewed for readability and applicability by a Community Anti-Drug Coalitions of America (CADCA) focus group. The publication presents the principles of prevention; information on identifying and using risk and protective factors in prevention planning; applying principles in family, school, and community settings; and summaries of effective prevention programs. The booklet is available at http://www.drugabuse.gov/sites/default/files/redbook_0.pdf.

National Drug Facts Week (NDFW): NDFW is a health observance week for teens that aims to provide accurate information about alcohol, tobacco, and drug abuse. During this week, NIDA also holds a Drug Facts Chat Day, where NIDA scientific staff and colleagues from NIMH and NIAAA respond to questions and concerns from students on substance abuse and mental health topics. A companion NIDA publication, titled *Drug Facts: Shatter the Myths*, is also a resource for NDFW. This publication answers teens’ most frequently asked questions about alcohol, tobacco, and drug use. The 2015 NDFW is scheduled for January 26–February 1, 2015, and Drug Facts Chat Day is scheduled for January 30, 2015. Information on NDFW can be found at <http://drugfactsweek.drugabuse.gov>.

Family Check Up (FCU)—Positive Parenting Prevents Drug Abuse: NIDA developed a web-based tool demonstrating parenting skills that have been found to help prevent the initiation and progression of drug use among youth. The tool presents five questions regarding specific

parenting skills (e.g., communication with preadolescents) and provides a video clip for each that shows positive and negative examples of the skill. Additional videos and resources are provided for parents to practice positive parenting skills. This tool is based on research on the FCU conducted by Dr. Thomas Dishion and colleagues at Oregon State University and the Oregon Social Learning Center. The FCU tool is housed on the NIDA website: <http://www.drugabuse.gov/family-checkup>.

MTF: MTF is an ongoing study of substance abuse (including alcohol) behaviors and related attitudes of secondary school students, college students, and young adults. Students in grades 8, 10, and 12 participate in annual surveys (8th and 10th graders since 1991, and 12th graders since 1975). Within the past 5 years, 45,000 to 47,000 students have participated in the survey each year. Follow-up questionnaires are mailed to a subsample of each graduating class every 2 years until age 35 and then every 5 years thereafter. Information on current findings from MTF can be found on the NIDA website: <http://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future>.

Substance Abuse and Mental Health Services Administration/HHS

Activities Specific to Underage Drinking

“Talk. They Hear You.” National Media Campaign: SAMHSA’s Center for Substance Abuse Prevention (CSAP) continues with the national rollout of “Talk. They Hear You.,” a national media campaign to prevent underage drinking among youth ages 9 to 15 by providing parents and caregivers with information and resources they need to start addressing the issue of alcohol with their children early.

The campaign features a series of TV and print PSAs in English and Spanish. The PSAs show parents “seizing the moment” to talk with their children about alcohol. By modeling behaviors through the PSAs, parents can see the many “natural” opportunities for initiating the conversation about alcohol with their children. To date, the campaign has distributed the PSAs to 5,722 outlets across the United States, including major airports, public transportation, billboards, broadcast and cable TV networks, radio stations, newspapers, and select magazines that reach parents. Since campaign inception, the PSAs have been distributed to all 50 states and more than 340 cities including the Greater Washington, DC, area. In 2014, SAMHSA introduced a new TV PSA titled “Mom’s Thoughts,” which was distributed to 1,000 local broadcast stations and national networks, as well as 500 local cable stations. In the fall of 2014, a series of print PSAs targeted to Native American populations was distributed among four markets and generated an estimated 25.5 million impressions.

The campaign has also had great success in working with reporters to cover the issues around underage drinking, including on some of the most prominent national TV and radio programs. To date, the campaign has secured more than 750 media placements.

The “Talk. They Hear You.” website (<http://www.samhsa.gov/underagedrinking>) includes tools and information for parents and communities to help prevent underage drinking. The site now features a science-based, interactive mobile application tool that allows parents to use avatars to practice conversations with their children about alcohol.

A conservative estimate of the overall reach of the campaign to date is 3.3 billion media impressions, or the number of times people have seen the campaign ads or messages. These figures are supplemented in part by a recent placement in 550 stores of a large national retailer. The TV PSAs ran on the retailer's point-of-sale screens 5 times per hour in August 2014, reaching an additional estimated 40 million people and creating 19 million impressions. Partnership with a leading patient waiting room media network from April through December 2014 contributed approximately 55 million impressions.

"Talk. They Hear You." has the support of more than 20 national groups, including the CADCA and National Parent Teacher Association, which are assisting SAMHSA in disseminating the campaign.

Underage Drinking Prevention Education Initiatives: This SAMHSA/CSAP effort provides resources, message development, public outreach and education, and partnership development for preventing underage alcohol use among youth up to age 21. The initiative provides ongoing support for the ICCPUD web portal and the nationwide Town Hall Meetings initiative, Too Smart To Start (TSTS), Building Blocks for a Healthy Future (Building Blocks), the State/Territory Videos Project, and other national and community-based prevention initiatives conducted by SAMHSA and CSAP.

- ***ICCPUD Web Portal:*** SAMHSA, on behalf of ICCPUD, maintains a web portal (<http://www.stopalcoholabuse.gov>) dedicated to the issue of underage drinking. This portal consolidates comprehensive research and resources developed by the federal agencies of ICCPUD. The portal includes information on underage drinking statistics (i.e., prevalence, trends, consequences), evidence-based approaches, and other resources and materials that support prevention efforts. The web portal also contains on-demand copies of all webinars hosted by the ICCPUD agencies about evidence-based prevention of underage drinking. Direct links are provided to federally supported websites designed to prevent substance abuse, including alcohol. Information is intended to serve all stakeholders (e.g., community-based organizations involved in prevention, policymakers, parents, youth, educators). The portal also includes a section for the Town Hall Meeting initiative and its supporting resources. During 2014, SAMHSA incorporated responsive design technology into the web portal. Responsive design technology enables users of any device with an internet connection to easily access content and have it automatically reformat to the screen of the device being used. This enhancement complies with the White House's *Digital Government: Building a 21st Century Platform To Better Serve the American People*. During December 2014, the web portal received an average of 1,282 visits per day, and the average time spent on the site was 6 minutes 20 seconds.
- ***Town Hall Meetings:*** In 2014, SAMHSA, as the lead agency for ICCPUD, supported a fifth round of national Town Hall Meetings to prevent underage drinking. The theme for this round was "Our Town. Our Health. Our Future." Acting SG Boris Lushniak served as the honorary chairperson. In 2014, community-based organizations registered their intent to hold 1,345 events. As a result of expanded outreach by SAMHSA to institutions of higher education, 46 colleges registered as the primary Town Hall Meeting organizer, and 76 colleges collaborated with community-based organizations in hosting an event. Feedback from host organizations, via a survey approved by the Office of Management and Budget, indicates that these events are an effective approach for raising public awareness of underage

drinking as a public health problem and mobilizing communities around its evidence-based prevention. The majority of events focused on ways to reduce underage access to alcohol, such as through environmental prevention (e.g., compliance checks) and parental involvement. In addition, these events launched or strengthened collaboration among underage drinking prevention stakeholders. In planning Town Hall Meetings, 90.6 percent of the event organizers reported collaborating with other organizations, and more than two-thirds (69.5 percent) plan to collaborate with other agencies and programs in follow-up efforts to prevent and reduce underage drinking.

SAMHSA supports event hosts with a growing portfolio of online resources in planning, promoting, hosting, and evaluating their events. For the 2014 initiative, SAMHSA also offered two webinar trainings in implementing evidence-based prevention at the local level: *Social Host Policies From Theory to Practice* and *Responsible Beverage Service Training From Theory to Practice*.

During 2014, SAMHSA incorporated responsive design technology into the Town Hall Meetings web section. Responsive design technology enables users of any device with an internet connection to easily access content and have it automatically reformat to the screen of the device being used. This enhancement complies with the White House's *Digital Government: Building a 21st Century Platform To Better Serve the American People*.

- *Partnership Development:* During 2014, SAMHSA continued to build on the partnerships it formed with national health care and education organizations in 2013. A positive outcome from this partnership is broadly expanded outreach to parents and other caring adults through information dissemination. Examples include an online radio interview on underage drinking prevention with Frances Harding, CSAP Director, hosted by the National Association of School Nurses (NASN). NASN also posted questions to its members about underage drinking that could inform SAMHSA's future resource development. Partner organizations also helped to promote the 2014 Town Hall Meetings and other prevention initiatives to their members. In 2015, the Association for Middle Level Education will host a webinar featuring Director Harding and will spotlight SAMHSA as a prevention partner in its online journal.
- *TSTS:* TSTS is a national community education program targeting youth and teens as well as their parents, other caregivers, and educators. The program actively involves entire communities in sending clear, consistent messages about why children should reject underage drinking. The TSTS website provides fact sheets, the Ready, Set, Listen! game and other information that encourage parents to talk with children about alcohol use. It also provides lesson plans for 5th- and 6th-grade classroom use on the effects of alcohol on the brain and body (<http://www.toosmarttostart.samhsa.gov>). SAMHSA currently is developing a mobile application about the effects of alcohol on the brain in response to requests from classroom educators for more interactive materials about underage drinking prevention.
- *Building Blocks for a Healthy Future:* *Building Blocks* is an early childhood substance abuse prevention initiative that educates parents, caregivers, and educators of children 3 to 6 years old about ways to reduce basic risk factors and enhance protective factors related to the behavioral health of young children. This evidence-based initiative is based on six protective steps identified by NIDA and SAMHSA that adults can take to help children avoid later drug use, such as to establish and maintain good communication with their children and make clear rules and enforce them consistently. *Building Blocks* materials are available in both

English and Spanish. Every 2 months, the *Building Blocks* website (<http://www.bblocks.samhsa.gov>) offers lesson plans for early childhood educators and pairs these plans with materials for parents, so classroom activities can be reinforced at home. During FY2014, *Building Blocks* lesson plans addressed topics such as early screening for developmental delays and building resilience for young children.

- *Building Blocks Mobile Application*: SAMHSA plans to launch *Me, You, and Wally Bear: Building Blocks for a Healthy Future Application*, an interactive application that incorporates *Building Blocks* materials, in early 2015. The purposes of the application are to extend the evidence-based messages and protective steps on which the *Building Blocks* initiative is based; guide adults in building positive relationships and opening lines of communication with young children; encourage adults to engage in frequent, positive interactions with young children; and provide adults with opportunities to reinforce good behaviors and social skills in young children.
- *State/Territory Videos Project*: SAMHSA initiated this project in 2006 to explore the potential benefits of developing a series of short videos (each 7 to 10 minutes long) showcasing underage alcohol use prevention efforts in the states. The videos are intended to:
 - Build awareness of current prevention efforts.
 - Promote resources available to community organizations.
 - Empower parents, youth, and organizations through opportunities to join these efforts.
 - Report on the measurable results of state/territory and community activities and initiatives (e.g., holding of Town Hall Meetings, implementation of evidence-based approaches).

SAMHSA completed the state/territory videos project during 2014, having supported production of 87 videos for 48 states, the District of Columbia, 5 territories, and 3 jurisdictions. These videos are available for viewing on the SAMHSA YouTube channel at <https://www.youtube.com/playlist?list=PL6F25AC126268A2B3>. These videos have potentially been viewed by millions through state/territory dissemination at the local level and national dissemination by SAMHSA. In 2014, SAMHSA continued to reach out to public access, educational, and government access (PEG) television stations, often referred to as public access channels, as a low-cost opportunity for video dissemination. Cumulative totals for outlets requesting videos for airing are 524 PEG stations in 31 states and 492 unique cable markets, which serve 22,237,900 households. In addition, the videos are part of Target America: Opening Eyes to the Damage Drugs Cause, the DEA Museum's traveling exhibit.

SPF State Incentive Grant (SPF SIG) Program: The SPF SIG program is both an infrastructure and a service delivery grant program. The program supports an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse prevention services and reducing substance abuse problems. Following the SPF five-step process, SPF SIG grantees develop comprehensive plans for prevention infrastructure and systems at the state and tribal levels. Ultimately, SPF SIG states/tribes assist and support selected subrecipient communities to implement effective programs, policies, and practices to reduce substance abuse and its related problems. Eighty-five percent of the SPF SIG grant award must be allocated to communities to address identified priority substance abuse problems. CSAP has awarded SPF SIGs to 50 states, the District of Columbia, 8 U.S. territories, and 19 tribes. Cohort I grants were awarded in FY2004, Cohort II in FY2005, Cohort III in FY2006, Cohort IV

in FY2009, Cohort V in FY2010, and Cohort VI in 2012. Cohort VI consists of Idaho, the final state to receive SPF SIG funding. The SPF SIG program provides the foundation for success of the SPF - Partnerships for Success (PFS) Grant Program.

All SPF SIGs support the goals of the underage drinking initiative, because all grant tasks, including needs assessment, capacity building, planning, implementation, and evaluation, must be carried out with consideration for the issue of underage drinking. As of 2014, 77 of the 79 grantees funded in Cohorts I through VI had approved SPF SIG plans and had disseminated funds to communities. In FY2013, 64.6 percent of grantee states in Cohorts I, II, III, IV, and V demonstrated a decrease in past 30-day use of alcohol among respondents ages 12 to 20, down from 78.0 percent in FY2012. Likewise, 42.0 percent demonstrated a decrease for individuals ages 21 or older, down from 56 percent in FY2012.

SPF PFS Program: The SPF PFS program was initiated in FY2009 with the goals of reducing substance abuse-related problems; preventing the onset and reducing the progression of substance use disorders; strengthening prevention capacity and infrastructure at the state and community levels in support of prevention; and leveraging, redirecting, and realigning statewide funding streams for substance abuse prevention. Beginning in FY2012, the PFS program has concentrated on addressing two of the nation's top substance abuse prevention priorities: underage drinking among youth and young adults ages 12 to 20 and prescription drug misuse and abuse among individuals ages 12 to 25. SAMHSA awarded 15 grants in 2012. In FY2013, 16 grants were awarded, and in FY2014, 21 PFS grants were awarded.

SPF-PFS grantees are expected to meet several key requirements: (1) States must use a data-driven approach to identify which of the substance abuse prevention priorities they propose to address using the SPF-PFS funds. States must use SPF-PFS funds to address one or both of these priorities. At their discretion, states may also use SPF-PFS funds to target an additional, data-driven prevention priority in their state. (2) States must develop an approach to funding communities of high need (i.e., subrecipients) that ensures that all funded communities receive ongoing guidance and support from the state, including technical assistance and training. Grants awarded in FY2014 included tribal applicants. These grantees were encouraged to address marijuana and heroin use as emergent priority issues. Of the 52 states/tribes awarded funding, 42 have chosen to target underage drinking. Nine of the 42 have chosen underage drinking as their sole priority.

SPF-PFS II: Over a 3-year period, the SPF-PFS II is designed to address two of the nation's top substance abuse prevention priorities: (1) underage drinking among people ages 12 to 20 and (2) prescription drug misuse and abuse among people ages 12 to 25. PFS II grantees are permitted to choose a subset of these respective age ranges for the two prevention priorities based on their data findings. The SPF-PFS II is also intended to bring SAMHSA's SPF to a national scale. These awards provide an opportunity for recipients of the Substance Abuse Prevention and Treatment Block Grant (SABG) that have completed a SPF SIG and are not currently funded through SAMHSA's PFS grants to acquire additional resources to implement the SPF process at the state and community levels. Equally important, the SPF-PFS II program promotes alignment and leveraging of prevention resources and priorities at the federal, state, and community levels.

SPF-PFS II grantees are expected to meet several key requirements: (1) States must use a data-driven approach to identify which of the substance abuse prevention priorities they propose to

address using the SPF-PFS II funds. States must use SPF-PFS II funds to address one or both of these priorities. At their discretion, states may also use SPF-PFS II funds to target an additional, data-driven prevention priority in their state. (2) States must develop an approach to funding communities of high need (i.e., subrecipients) that ensures that all funded communities receive ongoing guidance and support from the state, including technical assistance and training. Of the 15 states awarded funding, 11 have chosen to target underage drinking. Three of the 11 have chosen underage drinking as their sole priority.

STOP Act Grant Program: In December 2006, the STOP Act was signed into public law establishing the STOP Act grant program. The program requires SAMHSA's CSAP to provide \$50,000 per year for 4 years to current or previously funded Drug-Free Communities Program (DFC) grantees to enhance the implementation of EBPs that are effective in preventing underage drinking. It was created to strengthen collaboration among communities, the federal government, and state, local, and tribal governments; enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth; and serve as a catalyst for increased citizen participation and greater collaboration among all sectors and organizations of a community that have demonstrated a long-term commitment to reducing alcohol use among youth.

STOP Act grant recipients are required to develop strategic plans using SAMHSA's SPF process, which includes a community needs assessment; an implementation plan; a method to collect data; and the evaluation, monitoring, and improvement of strategies being implemented to create measurable outcomes. Grantees are required to report every 2 years on four core GPRA measures: frequency of use (past 30 days), perception of risk or harm, perception of parental disapproval, and attitudes toward peer use across at least three grades from grades 6 through 12. SAMHSA's CSAP currently funds 98 community coalitions in 29 states across the United States. CSAP awarded 81 grants in Cohort III (which extends from FY2013 to FY2016) and 17 grants in Cohort IV (which extends from FY2014 to FY2017).

Technology-Based Products To Prevent High-Risk Drinking Among College Students

Challenge: In September 2013, SAMHSA announced the three prizewinners for its Technology-Based Products To Prevent High-Risk Drinking Among College Students Challenge. SAMHSA launched this challenge in May 2013 to help decrease high-risk drinking, including underage drinking, among college students. High-risk drinking is widely prevalent among many college campuses. For example, according to the latest findings from SAMHSA's NSDUH, 40.1 percent of full-time college students were binge drinkers. SAMHSA opened the challenge to seek solutions to prevent high-risk drinking among college students through cost-effective, portable, technology-based products. These products also needed to effectively reach college students and their parents, as well as administrators, faculty, and staff. In addition, they had to be adaptable in order to meet the local needs of academic institutions throughout the United States. For more information about the Challenge and its prizewinners, visit <http://www.samhsa.gov/newsroom/advisories/1309183038.aspx>.

Activities Related to Underage Drinking

SABG: The SABG is a major funding source for substance abuse prevention and treatment in the United States, including the prevention and treatment of alcohol use disorders among adolescents. SABG grantees are required to use at least 20 percent of their grant allotment on

primary prevention services targeted to individuals not in need of substance abuse treatment. Many grantees use prevention funding to target the prevention of alcohol use, particularly among youth. Almost all (98.3 percent) of SABG grantees reported that they planned to use 2015 SABG funding to target underage drinking, making alcohol use among youth the most targeted prevention priority among SABG grantees.

PFS: State and Community Prevention Performance Grant: The PFS is designed to provide states with up to 5 years of funding to achieve quantifiable decline in statewide substance abuse rates, incorporating a strong incentive to grantees that have met or exceeded their prevention performance targets by the end of the third year of funding. Grant awards were made to states with the infrastructure and demonstrated capacity to reduce substance abuse problems and achieve specific program outcomes. The overall goals of the PFS are to reduce substance abuse-related problems; prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; strengthen capacity and infrastructure at the state and community levels in support of prevention; and leverage, redirect, and realign statewide funding streams for prevention. Four states were funded in cohort I and one state funded in cohort II of the grant.

National Helpline (1-800-662-HELP): Individuals with alcohol or illicit drug problems or their family members can call the SAMHSA National Helpline for referral to local treatment facilities, support groups, and community-based organizations. The Helpline is a confidential, free, 24-hour-a-day, 365-days-a-year information service available in English and Spanish. Information can be obtained by calling the toll-free number or visiting the online treatment locator at <http://www.samhsa.gov/treatment>.

State Adolescent Treatment Enhancement and Dissemination (SAT-ED) Grant: SAT-ED brings together stakeholders across the state/territory systems serving adolescents (12 to 18 years old) to develop and enhance a coordinated network that will develop policies, expand workforce capacity, disseminate EBPs, and implement financial mechanisms and other reforms to improve the integration and efficiency of the adolescent substance use, and co-occurring substance use and mental disorders, treatment and recovery support system.

State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination (SYT-ED) Grant: SYT-ED brings together stakeholders across the state/tribal systems serving adolescents and transitional-age youth to develop and enhance a coordinated network that will develop policies, expand workforce capacity, disseminate EBPs, and implement financial mechanisms and other reforms to improve the integration and efficiency of the adolescent and transitional-age youth substance use and co-occurring substance use and mental disorders treatment and recovery support system. The population target is 12 to 24 years of age.

Screening, Brief Intervention, Referral, and Treatment (SBIRT) Grants: SBIRT involves implementation of a system in community and specialist settings that screens for and identifies individuals with substance use-related problems. Depending on the level of problems identified, the system either provides for a brief intervention in a generalist setting or motivates and refers individuals with high-level problems and probable substance dependence disorder diagnoses to a specialist setting for assessment, diagnosis, and brief or long-term treatment. This includes training in self-management and involvement in mutual help groups as appropriate. SBIRT grants are administered by the Center for Substance Abuse Treatment (CSAT). Several SBIRT

grantees have developed programs that are available to individuals under age 21. Additional SBIRT information, including related publications, is available at <http://www.samhsa.gov/sbirt>.

Offender Reentry Program (ORP): This CSAT program addresses the needs of juvenile and adult offenders who use substances and are returning to their families and communities from incarceration in prisons, jails, or juvenile detention centers. ORP forms partnerships to plan, develop, and provide community-based substance abuse treatment and related re-entry services for target populations. The juvenile ORP targets youths ages 14 to 18, and the adult ORP includes adults ages 19 to 20.

Program To Provide Treatment Services for Family, Juvenile, and Adult Treatment Drug Courts: By combining the sanctioning power of courts with effective treatment services, drug courts break cycles of child abuse and neglect, criminal behavior, alcohol and drug use, and incarceration or other penalties. Motivational strategies are developed and used to help adolescents deal with the often-powerful negative influences of peers, gangs, and family members. SAMHSA/CSAT funds Juvenile Treatment Drug Court grants to provide services to support substance abuse treatment, assessment, case management, and program coordination for those in need of treatment drug court services.

Programs for Improving Addiction Treatment: SAMHSA/CSAT supports a variety of programs to advance the integration of new research into service delivery and improve addiction treatment nationally. For example, the Addiction Technology Transfer Center (ATTC) Network identifies and advances opportunities for improving addiction treatment. It assists practitioners and other health professionals in developing their skills and disseminates the latest science to the treatment community, providing academic instruction to those beginning their careers as well as continuing education opportunities and technical assistance to people already working in the addictions field. Ten ATTCs are located in the 10 HHS designated regions, and 4 ATTCs focus on areas of specific issues in addiction treatment (Hispanic/Latino issues, American Indian/Alaskan Native issues, Rural and Frontier issues, and SBIRT). For more information on the ATTC Network, including related publications and resources, see <http://www.ATTCNetwork.org>.

In addition, CSAT has produced several Treatment Improvement Protocols (TIPs) that address a wide array of concerns. These TIPs include TIP 16: *Alcohol and Drug Screening of Hospitalized Trauma Patients*; TIP 24: *A Guide to Substance Abuse Services for Primary Care*; TIP 31: *Screening and Assessing Adolescents for Substance Use Disorders*; TIP 32: *Treatment of Adolescents with Substance Use Disorders*; TIP 34: *Brief Interventions and Brief Therapies for Substance Abuse*; TIP 36: *Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues*; and TIP 39: *Substance Abuse Treatment and Family Therapy*. Another relevant CSAT publication is the five-volume, evidence-based *Cannabis Youth Treatment* series.

FASDs: SAMHSA's FASD Center for Excellence (CFE) is an alcohol prevention initiative addressing innovative techniques and effective strategies for preventing alcohol use among women of childbearing age and providing assistance to people and families affected by FASD. States, communities, juvenile justice systems, and academic institutions are in the process of improving their service delivery systems and policies and procedures to screen at intake for FASD among children, youth, and adults and refer individuals for interventions or for diagnosis, if necessary. These systems also participate in surveillance to create sustainable evidence-based

responses to FASD. This initiative does not specifically target underage drinkers, but it is expected that through the current FASD CFE's collaboration with SAMHSA/CSAP underage drinking programs, more children, youth, and adults will be reached, educated, and trained on co-occurring issues (substance use/abuse) across the lifespans of individuals with FASD.

The FASD CFE website, <http://www.fasdcenter.samhsa.gov>, reported 187,467 unique visitors and 493,276 total visits from January to December 2011 and 160,364 unique visitors and 429,991 total visits from January to September 2012. SAMHSA is also a member of ICCFASD, comprising federal partners such as NIAAA, the National Center for Birth Defects and Disabilities of the CDC, HRSA, and IHS.

Access to Recovery (ATR): SAMHSA/CSAT ATR grants allow states, tribes, and tribal organizations the flexibility of designing and implementing a voucher management program that meets the treatment and recovery support services needs of consumers in their community. In doing so, ATR provides eligible clients with choices among substance abuse clinical treatment and recovery support service providers, expands access to comprehensive clinical treatment and recovery support options (including faith-based options and traditional/cultural practices), and fulfills the requirements of a Recovery Oriented System of Care. Grantees are encouraged to support a robust combination of coordinated traditional clinical treatment and recovery support services geared to yielding successful outcomes for individuals in the most cost-effective manner. In addition, states and tribal grantees may implement the program statewide or target geographic areas of greatest need, specific populations in need, or areas with a high degree of readiness to implement a voucher program. Of the six ATR IV grantees, the Inter-Tribal Council of Michigan, serving youth, adults, and their families of the 12 Michigan tribes and the Detroit urban Indian population, is the only tribal grantee. The other returning ATR IV grantees include Idaho, Illinois, Iowa, and Massachusetts, and the new grantee is North Carolina. All ATR grantees provide much-needed clinical and recovery support services, emphasizing those services not covered by Medicaid. More information on ATR, including related publications, can be accessed at <http://search.samhsa.gov/search?q=Access+to+Recovery>.

Tribal TTA Center: The Tribal TTA Center provides TTA on mental and substance use disorders, suicide prevention, and the promotion of mental health to federally recognized tribes, other American Indian/Alaska Native communities, SAMHSA tribal grantees, and organizations serving Indian Country. The TTA is culturally relevant, evidence-based, and holistic. It is designed to support Native communities in their self-determination efforts through infrastructure development and capacity building, as well as program planning and implementation. TTA includes targeted site visits, virtual learning communities, Gatherings of Native Americans, and Tribal Action Plan training.

Office of Indian Alcohol and Substance Abuse (OIASA): OIASA is responsible for aligning, leveraging, and coordinating with federal agencies and departments in carrying out the responsibilities delineated in the Tribal Law and Order Act. The office director chairs the Indian Alcohol and Substance Abuse Interagency Coordinating Committee. This committee coordinates across federal agencies responsible for addressing alcohol and substance abuse issues, including the Department of Interior's Bureau of Indian Affairs and Bureau of Indian Education, DOJ's Office of Justice Programs and Office of Tribal Justice, and HHS' IHS and other agencies in charge of assisting Indian Country.

Safe Schools/Healthy Students (SS/HS) Initiative: SS/HS seeks to create healthy learning environments that help students thrive, succeed in school, and build healthy relationships. A central goal of the initiative is to prevent children from consuming alcohol and drugs, and the implementation of evidence-based programs such as Class Action, Family Matters, and Project Alert helps achieve this goal. The initiative also supports a variety of prevention activities involving families and communities such as “Safe Home Pledges” that ask parents to commit to maintaining a safe and alcohol-free environment (e.g., not serve alcohol to minors) and public forums and town hall meetings on drug and alcohol abuse. The results demonstrate that the initiative has been successful in reducing alcohol consumption among students at participating SS/HS school districts. Between Year 1 and Year 3 of the grant, the percentage of students who reported drinking declined from 25.4 percent to 22.4 percent (according to GPRA data). This represents a decrease from 27,521 students drinking in Year 1 to 24,270 students drinking in Year 3. Furthermore, more than 80 percent of school staff reported the SS/HS grant helped reduce alcohol and other drug use among students. Reported 30-day alcohol use decreased nearly 12 percent from year 1 to year 3 of the grant (25.4 percent to 22.4 percent) for the 2005–2007 cohorts. This correlates to approximately 3,250 fewer students drinking in year 3, enough to fill 130 classrooms.

Implementing Evidence-Based Prevention Practices in Schools (Prevention Practices in Schools): This grant program provides funding to schools to implement the GBG, a universal classroom preventive evidence-based practice provided to school-aged children. It has been proven to reduce antisocial behavior, alcohol and tobacco addiction, and suicidal ideation in young adults. Disruptive and aggressive behavior in classrooms as early as the 1st grade has been identified as a risk factor for the development of substance abuse, antisocial behavior, and violent criminal behavior. The GBG was rigorously tested in clinical trials in Baltimore City public schools. Prevention Practices in Schools is a pilot grant program in its third year of a 5-year grant and has reached 16,019 of students so far.

NSDUH: Conducted by SAMHSA, NSDUH (formerly the National Household Survey on Drug Abuse) is a primary source of national and state-level data on the prevalence and patterns of alcohol, tobacco, and illegal drug use, abuse, and dependence in the noninstitutionalized U.S. civilian population (ages 12 and older). The survey collects data through face-to-face interviews with approximately 68,000 respondents each year. NSDUH tracks information on underage alcohol use and provides a database for studies on alcohol use and related disorders.

Behavioral Health Services Information System (BHSIS): BHSIS, conducted by SAMHSA’s Center for Behavioral Health Statistics and Quality, is the primary source of national data on substance abuse treatment services. Although not specific to youth, BHSIS offers information on treatment facilities with special programs for adolescents as well as demographic and substance abuse characteristics of adolescent treatment admissions. It has four components:

- *Inventory of Behavioral Health Services (I-BHS)* is a list of all known public and private substance abuse and mental health treatment facilities in the United States and its territories.
- *National Survey of Substance Abuse Treatment Services* is an annual survey of all substance abuse treatment facilities in the I-BHS. It collects data on location, characteristics, services offered, and usage and is used to update the National Directory of Drug and Alcohol Abuse Treatment Programs and the online Behavioral Health Treatment Services Locator.

- *National Mental Health Services Survey* is an annual survey of all mental health treatment facilities in the I-BHS. It collects data on location, characteristics, services offered, and usage and is used to update the Behavioral Health Treatment Facility Locator.
- *Treatment Episode Data Set* is a compilation of data on the demographic and substance abuse characteristics of admissions to and discharges from substance abuse treatment, primarily at publicly funded facilities. State administrative systems routinely collect treatment admission information and submit it to SAMHSA in a standard format.

Drug Abuse Warning Network (DAWN): Conducted by SAMHSA, DAWN was a nationally representative public health surveillance system that continuously monitored drug-related visits to hospital emergency departments. Using a stratified two-stage cluster sampling design, SAMHSA collected data from a sample of approximately 250 nonfederal, short-stay, general hospitals with 24-hour emergency departments in the first stage, and then sampled emergency department visits within those hospitals at the second stage. For each sampled emergency department visit that was caused by or related to drugs, DAWN collected up to 22 drugs involved in the visit, along with demographic information that included patient's age and gender. DAWN ceased data collection at the end of 2011.

In 2012, SAMHSA began a partnership with NCHS to incorporate DAWN into the National Hospital Care Survey (NHCS). The NHCS is a new survey that combines two NCHS surveys, the National Hospital Ambulatory Medical Care Survey (NHAMCS) and the National Hospital Discharge Survey (NHDS), as well as DAWN. By moving DAWN into the NHCS, SAMHSA is able to improve response rate with a large, nationally representative sample of hospital emergency departments, reduce cost, and expand information collected (e.g., health insurance coverage information, diagnoses, treatment, ability to track emergency department patients who have been admitted into the hospital through the emergency department). In addition, the new NHCS will collect robust and comprehensive data on mental health-related emergency department visits. Under this new data collection effort, SAMHSA will publish drug- and mental health-related visit data as SAMHSA's Emergency Department Surveillance System. Throughout this partnership, SAMHSA has been working alongside NCHS to implement content and develop the survey methodology and statistical design. Information on clinical history, patient conditions, procedures done, health insurance coverage, and more detailed disposition and provider information will also be available. Currently, NCHS is working to recruit hospitals with publishable data expected in 2016.

Between 2012 and 2015, SAMHSA continued to analyze and report existing DAWN data. Currently, SAMHSA is investigating other data resources to report drug and mental health-related emergency department visits until such time when data from the NHCS is available.

National Registry of Evidence-Based Programs and Practices: NREPP is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. It identifies scientifically tested approaches to preventing and treating mental and substance use disorders that can be readily disseminated to the field. NREPP exemplifies SAMHSA's work toward improving access to information on tested interventions and thereby reducing lag between the creation of scientific knowledge and its practical application in the field. For every intervention NREPP reviews, it publishes an intervention summary on its website that describes the intervention and its targeted outcomes and provides

expert ratings of the quality of the research and its readiness for dissemination. This information helps individuals and organizations determine whether a particular intervention may meet their needs. SAMHSA advises having direct conversations with intervention developers and other contacts listed in the summary before selecting and implementing an intervention. As of fall 2013, more than 300 programs were evaluated by NREPP and posted on the NREPP website. For more information on NREPP, visit <http://www.nrepp.samhsa.gov>.

Center for the Application of Prevention Technologies (CAPT): SAMHSA's CAPT is a national TTA system committed to strengthening substance abuse prevention efforts at the regional, state, and local levels and building the nation's prevention workforce. SAMHSA's CAPT provides face-to-face and virtual TTA services to 76 entities (50 states, 17 tribes, and 9 jurisdictions) receiving funding through any of the following SAMHSA grant programs: SPF State/Tribal Incentive Grants (SPF SIGs/TIGs); PFS II, 2013 and 2014; and the SABG.

During FY2014, the CAPT provided a range of services focusing on underage drinking prevention. For example, in March the CAPT delivered a webinar to SPF SIG subrecipients and local coalition leaders in Delaware entitled "Leveraging an Environmental Approach to Prevention of Underage and Binge Drinking," followed up by an in-person workshop to help participants identify their roles in promoting and sustaining long-term community change. In June, the CAPT provided technical assistance to Alabama on measuring community-level changes in readiness, resources, and capacity to address underage drinking.

The CAPT also worked to strengthen the capacity of multiple tribes across the country to prevent underage drinking. In July, September, and October, the CAPT provided technical assistance to the Dena Nena Henash tribe on developing a process to guide subrecipients in identifying and prioritizing risk and protective factors and culturally relevant strategies to address underage drinking. Also in July, the CAPT worked with the Oklahoma Inter-Tribal Consortium to identify areas of strength and areas of low capacity in tribal partners' strategic work plans to better align the tribal partners' underage drinking strategies with community needs.

Also in FY2014, the CAPT provided the 4-day Substance Abuse Prevention Skills Training (SAPST) to 21 different states, tribes, and jurisdictions. This innovative workforce development curriculum is designed to prepare practitioners new to the prevention field with the knowledge and skills necessary to support and deliver effective, data-driven prevention services. Grounded in current research, the SAPST prepares practitioners to implement the five steps of SAMHSA's SPF: assessment, capacity-building, planning, implementation, and evaluation.

Service to Science Initiative: Administered through the CAPT (see above), SAMHSA's Service to Science initiative helped innovative programs addressing critical substance abuse prevention to enhance their evaluation capacity. Since the initiative's inception in 2004, more than 575 programs serving diverse populations in various settings have received direct technical assistance. In FY2014, 28 programs participated in the initiative. On behalf of SAMHSA, the CAPT also awarded 1-year subcontract awards to 24 programs that had participated in FY2013 to further enhance their evaluation capacity. Of these funded programs, 19 addressed prevention or deterrence of underage drinking, and one addressed prevention of underage drinking exclusively.

Office of the Assistant Secretary for Health, Office of the Surgeon General, and Office of Adolescent Health/HHS

Activities Specific to Underage Drinking

Dissemination of the SG’s Call to Action and the Guides: The ICCPUD agencies continue to promote the 2007 *SG’s Call to Action* and the accompanying *Guides to Action* as a key source of information on addressing the national health problem of underage drinking. The *SG’s Call to Action* and the *Guides* are available at <http://www.surgeongeneral.gov/library/calls/index.html>.

Activities Related to Underage Drinking

National Prevention Strategy: America’s Plan for Better Health and Wellness: On June 16, 2011, the National Prevention, Health Promotion, and Public Health Council announced the release of the National Prevention Strategy, a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. Included in the Prevention Strategy is the section “Preventing Drug Abuse and Excessive Alcohol Use,” which specifically addresses the need to prevent excessive alcohol use, including underage drinking. The recommendations made in this section of the strategy identify the need for more stringent alcohol control policies, advocate for the creation of environments that empower young people not to drink, and promote the use of SBIRT to screen for abuse. OSG continues to work with the 20 federal departments and agencies that compose the National Prevention Council to support implementation of the National Prevention Strategy. More information is available from the 2014 Annual Status Report at: <http://www.surgeongeneral.gov/initiatives/prevention/about/index.html>.

OAH website: The OAH website provides resources for parents and adolescents who are struggling with alcohol use at <http://www.hhs.gov/ash/oah/adolescent-health-topics/substanceabuse/alcohol.html> and <http://www.hhs.gov/ash/oah/resources-and-publications/info/parents/other-conversations/alcohol/>. State-level data on adolescent alcohol use are available at <http://www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/fact-sheets/>.

Adolescent Health: Think, Act, Grow (TAG): In November, 2014, OAH announced Adolescent Health: Think, Act, Grow (TAG). OAH worked with 80 youth-related organizations to develop this national call to action to promote all aspects of adolescent health. In July 2015 OAH published the TAG Playbook on its website with information about what adolescents need to be healthy and resources for youth-serving professionals, family members and teens. Planned TAG activities include Twitter chats, webcasts, and free materials to download. More information about TAG is at <http://www.hhs.gov/ash/oah/tag>.

Office of Juvenile Justice and Delinquency Prevention/DoJ

Activities Specific to Underage Drinking

Enforcing Underage Drinking Laws: The EUDL block grant program has provided national leadership in ensuring that states, territories, and communities have the information, training, and resources needed to enforce underage drinking laws since 1998. Because of reductions in funding for the EUDL initiative in FY 2014, the OJJDP was no longer able to support the block grant program. Alternatively, in FY 2014, OJJDP directed all available EUDL funding to support a new initiative promoting juvenile Tribal Healing to Wellness Court activity, addressing

underage alcohol access and consumption by Native youth minors in five competitively selected tribes.

The EUDL block grant program supports states, territories, local law enforcement, and judicial and prosecutorial agencies in preventing youth access to alcohol; encourages innovative programming; and trains and educates underage drinking prevention advocates about underage drinking, its consequences, and science-based practices to effectively address environmental conditions contributing to underage drinking. The EUDL block grant program encourages partnerships between law enforcement and underage drinking prevention advocates through effective TTA and supporting sustainable change. This technical assistance is provided through the Underage Drinking Enforcement Training Center (UDETC). EUDL requires that all discretionary programs include multidisciplinary coalitions that use environmental, enforcement-oriented approaches.

Underage Drinking Enforcement Training Center: UDETC provides TTA to adults and youth as a major component of the EUDL program. UDETC identifies science-based strategies, publishes supporting documents, delivers training, and provides technical assistance to support the enforcement of underage drinking laws. Since 1999, UDETC has been working with EUDL coordinators in all 50 states, the District of Columbia, and 5 U.S. territories to coordinate TTA for prevention and reduction of underage drinking. UDETC accomplishes its mission by providing onsite trainings; expert technical assistance by UDETC staff; onsite trainings and strategic visits; national webinars (formerly audio teleconferences); publications; a toll-free technical assistance hotline; a dedicated website; distance-learning opportunities; and numerous documents, toolkits, and research support. As a national program since 1999, UDETC has responded to an average of 2,766 technical assistance requests each year (3,288 in 2014); completed 180 national audio calls/webinars reaching more than 30,000 individuals; conducted 882 onsite trainings reaching 38,062 participants; had 2,552 participants complete 6 distance learning courses; developed more than 348 publications, success stories, distance learning courses, toolkits, judicial newsletters, and resource alerts to the field; and had more than 36 million website hits.

UDETC has published the following documents to help states and local communities enforce retail establishment compliance with underage drinking laws:

- *Guide to Responsible Alcohol Sales: Off Premise Clerk, Licensee and Manager Training*—Offers sales personnel training tools that support management policies to prevent sales of alcohol to those under age 21.
- *Preventing Sales of Alcohol to Minors: What You Should Know About Merchant Education Programs*—Describes such programs and their role in comprehensive community strategies to reduce underage drinking. It also identifies necessary components and resources for more information.
- *Reducing Alcohol Sales to Underage Purchasers: A Practical Guide to Compliance Check Investigations*—Indicates the importance of enforcement in retail establishments as the cornerstone of enforcing underage drinking laws and provides the essential elements of carrying out compliance checks using minors or young-looking adults.
- *Strategies for Reducing Third-Party Transactions of Alcohol to Underage Youth*—Dissuades adults from providing alcohol to underage people. The publication discusses the problem of nonretail sources of alcohol for underage drinkers and describes the essential elements of

shoulder-tap operations, along with other techniques, to deter adults from buying or providing alcohol to underage drinkers.

- *Regulatory Strategies for Preventing Youth Access to Alcohol: Best Practices*: Provides information on the regulations that are most important in reducing youth access to alcohol and underage drinking. It shares best practices for establishing appropriate laws and regulations, suggests priorities for regulatory and enforcement efforts, and discusses implementation issues crucial for the successful adoption and implementation of these regulatory strategies.
- *Law Enforcement Guide to False Identification*: Provides information on the prevalence of illegal identification (ID) use, common security measures and tools used to detect them, and steps for checking IDs that increase the likelihood of detection. Information engages law enforcement and retailers to help reduce illegal ID use in their communities.

Additional publications to support enforcement and prevention work, including more than 157 success stories (four in 2014) that feature measurable outcomes, are available from the UDETC website at <http://www.udetc.org>.

UDETC maintains a limited library of radio and TV PSAs aimed at increasing awareness among parents and other adults of underage drinking and its consequences. EUDL State Coordinators and EUDL-funded communities voluntarily forward PSAs to UDETC, which shares the collection with EUDL State Coordinators and others seeking guidance or assistance with their own PSAs.

EUDL Discretionary Program:

- *OJJDP FY 2014 EUDL Tribal Healing to Wellness Court Responses to Underage Drinking Initiative*: This program supports efforts of Tribal Healing to Wellness Courts to develop or enhance their capacity to address issues related to youth younger than 21 years old who possess and consume alcohol. Such capacity development and enhancements are for reducing the number of alcohol-related offenses, alcohol-related traffic injuries or fatalities where this age group's use of alcohol may have been a factor, increasing the number of activities to deter underage drinking, increasing the number of youth who participate in activities to deter underage drinking, and decreasing the number of crimes against people or property where youth younger than 21 consuming alcohol may have been a factor. In addition to supporting program implementation and direct service activities in five tribes, this initiative funded a single cooperative agreement to a TTA provider to support project sites. The tribes funded were the Yurok Tribe in California, Lac du Flambeau Band of Lake Superior Chippewa in Wisconsin, Southern Ute Indian Tribe in Colorado, White Earth Band of Chippewa Indians in Minnesota, and Winnebago Tribe of Nebraska. The Cooperative Agreement was awarded to the Center for Court Innovation in New York. The TTA provider is developing technical assistance plans for each site, working closely with each tribe to develop their strategic plans and providing TTA for the tribes as needed. Although EUDL funds are no longer available for FY 2015, OJJDP chose to expand this work in FY2015 through its Coordinated Tribal Assistance Solicitation.
- *OJJDP EUDL Partnership with the USAF*: In FY2012, OJJDP issued a third solicitation for discretionary EUDL to build on the EUDL/USAF partnerships. Grant activity continued in the two demonstration states of Nevada and California. Due to base populations at the

intervention sites (Nellis AFB, Nevada; and Joint Base Charleston, South Carolina), the current program involves partnerships with the USAF and United States Navy. OJJDP is funding and managing ICF International's evaluation of the sites funded in FY2012.

- *OJJDP FY2010 EUDL Assessment, Strategic Planning, and Implementation Initiative (SASP II)*: In FY2010, OJJDP focused its EUDL discretionary funding on reducing the availability of alcoholic beverages to and the consumption of alcoholic beverages by people younger than 21 through a state assessment, strategic planning, and program implementation. Maine, Nevada, and Washington were grant recipients of the 2010 EUDL SASP II discretionary demonstration project awards, which received no cost extensions and were scheduled to conclude by September 30, 2014. The selected states and communities conducted an independent assessment of both state and local underage drinking in the first year of the program, developing a long-range strategic plan based on the independent assessment as part of first-year program activities and implementing selected elements of the strategic plan during the rest of the grant period. The unique feature of the FY2010 discretionary program is the independent assessment process that culminates in a report to the state that provides recommended action steps for reducing underage access to and consumption of alcohol. Each state prioritized the assessment recommendations and is currently engaged in implementation efforts. To date, results include:
 - Increased collaborations within all participating states to more efficiently and effectively address underage drinking issues.
 - New relationships built within participating states with business licensing, county prosecutors, department of education, juvenile justice professionals (includes judges, juvenile corrections and probation, attorneys), local law enforcement agencies, local businesses, military installations, police academies, state liquor control, state police, and tribal law enforcement.
 - Nine enforcement task forces established in all eight enforcement districts across the state of Maine to address underage drinking-related issues within local communities.
 - Development of a statewide repository hosted by the Secretary of State to collect fake IDs and investigate fake ID cases in Maine.
 - Development of law enforcement task forces that include tribal law enforcement in underage drinking prevention efforts in Maine and Nevada.
 - Implementation of drug impairment training for educational professionals training to include the topic of alcohol in continuing education for school personnel in Nevada.
 - Engagement of military personnel in addressing underage drinking issues in on- and off-base installations in Nevada.
 - Improved compliance by alcohol retailers and implementation of institutional policies to build compliance check operations into their normal way of doing business in three of the four pilot sites within the state of Washington.
 - Inclusion of source investigations as a means to hold adult providers accountable for their role in underage drinking incidences investigated by law enforcement in the state of Washington.

- A second visit in FY2014 by the Independent Assessment Team to the demonstration states for the purpose of reviewing progress on implementing a selection of the team recommendations.

Office of National Drug Control Policy

Activities Specific to Underage Drinking

None

Activities Related to Underage Drinking

National Youth Anti-Drug Media Campaign: Through its teen brand “Above the Influence” (ATI), the National Youth Anti-Drug Media Campaign provided ongoing messaging and tools to prevent teen use of drugs and alcohol. Among the channels used to reach youth were an ATI Facebook page, an ATI website, and teen-targeted national media coupled with local outreach. In May 2014, the ATI Campaign was transitioned to the Partnership for Drug-Free Kids. The Partnership was a close collaborator of the ATI campaign since its launch in 2005 and is committed to maintaining teens’ awareness and engagement with the brand at the national level through donated and social media efforts and will continue to support local outreach activities at the following website: <http://www.ATIpartnerships.com>.

DFC Support Program: The DFC Program, created by the Drug-Free Communities Act of 1997, is the nation’s leading effort to mobilize communities to prevent youth substance use. Directed by ONDCP in partnership with SAMHSA, DFC provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use. Recognizing the fundamental concept that local problems need local solutions, the program requires funded coalitions to implement environmental strategies—broad initiatives aimed at addressing the entire community through the adaptation of policies and practices related to youth substance use. Currently, the program has funded more than 2,000 community coalitions and mobilized nearly 9,000 community coalition members throughout the United States, the District of Columbia, Puerto Rico, American Samoa, and the Federated States of Micronesia (Palau). DFC grantees collect data every 2 years on four substances—alcohol, tobacco, marijuana, and prescription drugs—for at least three grade levels between 6th and 12th grades. Grantees collect data on the following four measures: past 30-day use, perception of risk or harm of use, perception of parental disapproval of use, and perception of peer disapproval of use. Among the four core substances tracked by DFC, alcohol is reported by coalitions to be the most prevalent substance used at the high school level (94 percent of grantees) and at the middle school level (89 percent of grantees). In the past 10 years of program evaluation, DFC-funded communities have achieved significant reductions in youth substance use. Significant reductions in the prevalence of past 30-day use have been reported for alcohol, tobacco, and marijuana use at both the middle school and high school levels. For additional information, visit the DFC website at <http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-21> Program.

Demand Reduction Interagency Working Group (IWG): In 2009, ONDCP reinstated the IWG, comprising 35 federal agencies whose missions involve some connection to substance abuse. Agency leaders identified four major cross-cutting issues: prevention and education, prescription drugs, electronic health records, and data. These committees have helped shape the 2010, 2011, 2012, and 2013 National Drug Control Strategies. Underage drinking is an issue

receiving great attention in several of these IWG committees. In 2012, ONDCP along with its federal partners participated in several events with associations and institutions of higher education on underage drinking to encourage implementation of EBPs that are motivational and empowering along with the development of strategies that foster ongoing collaboration and communication on policy, curriculum development, programs, and resources on college and university campuses.

National Highway Traffic Safety Administration/DOT

Activities Specific to Underage Drinking

Programs Encouraging States To Enact Minimum Drinking Age and Zero Tolerance Laws:

NHTSA implemented congressionally mandated programs to encourage states to enact minimum drinking age and zero tolerance laws. Zero tolerance laws establish very low legal BAC limits of .02 g/dL or less for drivers under the MLDA of 21. Minimum drinking age laws make it unlawful for people under age 21 to possess alcohol. All 50 states and the District of Columbia have enacted both laws. NHTSA continues to monitor state compliance with these federal mandates. Failure to comply results in financial sanctions to the states.

High-Visibility Enforcement of Underage Drinking and Driving Laws/Youth Access to Alcohol and Social Marketing Campaign to Parents: High-visibility enforcement of traffic laws has been proven to be effective in reducing impaired driving, increasing seat belt use, and otherwise improving traffic safety. A demonstration project, funded by NHTSA, to apply this principle to reduce underage access to alcohol and underage drinking and driving in four locations ended recently. This project demonstrated the use of high-visibility enforcement coupled with communication strategies that publicize the enforcement. Enforcement strategies included saturation patrols, party patrols, compliance checks, and source investigations. Communications included paid, earned, and social media. Strategies varied depending on the characteristics of the participating communities. A report of the findings should be released in 2015.

National Organizations for Youth Safety (NOYS): NHTSA provides support to and works cooperatively with NOYS to influence changes in behavior to reduce traffic-related injuries and fatalities, specifically among youth. Previous projects include YOUTH-Turn, developed to enhance protective factors that help change attitudes toward underage drinking and driving, and UnderYOURInfluence, focused on helping parents teach their teens how to drive safely. Current funding supports the development of a program that engages youth to reach peers and adults, specifically parents, to build relationships that encourage safe teen driving and decisionmaking and prevent underage drinking and driving.

Students Against Destructive Decisions (SADD): NHTSA provides support to and works cooperatively with SADD National to improve SADD's capacity to engage youth leaders in traffic safety efforts, specifically focused on underage drinking and driving issues. Under a cooperative agreement, the SADD National Student of the Year is eligible for a summer leadership opportunity at NHTSA.

Activities Related to Underage Drinking

State Highway Safety Funding: NHTSA provides federal funding to states and local communities through SHSOs. Funds may be used for activities related to underage drinking and driving under the following programs: 402 (state and community programs), 405 (national priority safety programs including impaired driving and occupant protection incentive grants), 154 (open container transfers), and 164 (repeat offender transfer).

Youth Traffic Safety Media: NHTSA has created the Teen Driver website (<http://www.nhtsa.gov/Teen-Drivers>) containing information about graduated driver licensing and driver education and access to Parents Central, which provides additional overviews, recommendations, and facts about teen driver safety (<http://www.safercar.gov/parents/teendriving.htm>).

The accompanying media campaign, 5 to Drive, shares tips, resources, and ideas for setting ground rules and specifying consequences related to alcohol, seat belts, speed, distraction, and extra passengers. Additional communications news, campaign materials, and marketing techniques are available at Traffic Safety Marketing (<http://www.trafficsafetymarketing.gov>).

Exhibit 3.1: Expenditures by Select Interagency Coordinating Committee on Preventing Underage Drinking (ICCPUD) Agencies for Programs Specific to Underage Drinking

ICCPUD Agency	FY2010 actual	FY2011 actual	FY2012 actual	FY2013 actual	FY 2014 actual
CDC	\$1,200,000	\$1,041,730	\$1,081,200	\$986,587	\$949,894
ED	\$40,580,995	\$8,782,000 ^a	— ^b	— ^b	— ^b
NIAAA	\$56,000,000 ^c \$2,000,000 ^d	\$57,000,000	\$62,000,000	\$62,000,000	\$59,350,175
SAMHSA ^e	\$62,542,390	\$63,779,872	\$67,953,616	\$84,555,315	\$89,422,285
OJJDP ^f	\$25,000,000	\$20,708,500	\$4,862,895	\$5,000,000	0
NHTSA	\$625,000	\$600,000	\$645,000	\$600,000	\$600,000
TOTAL	\$187,948,385	\$151,912,102	\$136,542,711	\$153,141,902	\$150,322,354

^a ED’s Office of Safe and Drug Free Schools received significant budget cuts in FY2011, and this figure represents continuation costs for the Grants to Reduce Alcohol Abuse program, which was eliminated in FY2012. In FY2011, ED also provided support (\$1,874,450) for the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, which focused in part on underage drinking on college campuses.

^b In FYs 2012 and 2013, ED consolidated the functions of the HEC Center into a new technical assistance center, the NCSSLE. However, the exact amount of funding of that Center specific to underage drinking cannot be determined. Similarly, although underage drinking prevention was one activity among many in certain grant projects funded by ED in FYs 2011, 2012, 2013 and 2014, the exact amount of funding specific to underage drinking cannot be determined. Not included, as in prior years, are estimates of SS/HS grant activity that focuses on alcohol abuse prevention.

^c NIAAA FY2010 non-American Recovery and Reinvestment Act (ARRA) funding

^d NIAAA FY2010 ARRA funding

^e FY2010–2013 figures include SPF/SIG, UAD, Adult Media Campaign, STOP Act grants, and ICCPUD. FY2010–2013 also include PFS, which is a subset of SPF/SIG.

^f OJJDP’s EUDL program received significant budget cuts in FY2012. Support for EUDL programming was \$25 million annually from FY1998 until FY2011, when there was a reduction to \$5 million, which resulted in the elimination of the EUDL block grant program for all states and territories.

CHAPTER 4
Report on State Programs
and Policies Addressing
Underage Drinking

CHAPTER 4.1

Introduction

The Sober Truth on Preventing Underage Drinking (STOP) Act recognizes the critical role that states play in the national effort to reduce underage drinking, particularly in their role as regulators of the alcohol market. Its preamble includes this statement of the sense of Congress:

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

To this end, the Act directs the Secretary of the Department of Health and Human Services (HHS), working with the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), to provide an annual report on state activities pertaining to underage drinking prevention programs, policies, related enforcement efforts, and state expenditures.

This year's report provides the following information for the 50 states and the District of Columbia (henceforth referred to as "states"):

1. Information on 25 underage drinking prevention policies focused on reducing youth access to alcohol and youth involvement in drinking and driving. Consistent with the STOP Act requirement to report on "evidence-based best practices to prevent and reduce underage drinking and provide treatment services to those youth who need them," most policies have been identified as best practices by a variety of relevant federal agencies (see "Best Practices" below).
2. Data from a survey addressing underage drinking enforcement programs; programs targeted to youth, parents, and caregivers; collaborations, planning, and reports; and state expenditures on the prevention of underage drinking.

Underage Drinking Prevention Policies

This section presents summaries of the 25 policies that describe each policy's key components, the status of the policy across states, and trends over time. Summaries are followed by a state-by-state analysis of each policy. The policy variables for each state are linked electronically to both the relevant policy summaries and the definitions of each variable.

Seventeen of these policies were included in original STOP Act legislation or were recommended by Congress during the 2009–2010 appropriations process. The remaining six policies were added at the request of SAMHSA following input from various stakeholders. The report obtained data for 13 of the policies, including the 6 added by SAMHSA, from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) Alcohol Policy Information System (APIS).

It is important to note that not all of these state policies will apply on tribal lands. Some will vary by tribe and land type. Such variations are beyond the scope of this report.

The following policies are included (underlined policies are available on APIS):⁶⁶

⁶⁶ See Appendix H for a detailed chart of non-APIS policies in each state.

Laws Addressing Minors in Possession of Alcohol

1. Underage possession
2. Underage consumption
3. Internal possession by minors
4. Underage purchase and attempted purchase
5. False identification

Laws Targeting Underage Drinking and Driving

6. Youth blood alcohol concentration limits
7. Loss of driving privileges for alcohol violations by minors
8. Graduated driver's licenses

Laws Targeting Alcohol Suppliers

9. Furnishing of alcohol to minors
10. Compliance check protocols
11. Penalty guidelines for sales to minors
12. Responsible beverage service
13. Minimum ages for off-premises sellers
14. Minimum ages for on-premises servers and bartenders
15. Outlet siting near schools
16. Dram shop liability
17. Social host liability
18. Hosting underage drinking parties
19. Retailer interstate shipment
20. Direct sales/shipments
21. Keg registration
22. Home delivery

Laws Affecting Alcohol Pricing

23. Alcohol taxes
24. Drink specials
25. Wholesale pricing

Best Practices

The majority of the underage drinking prevention policies analyzed in this chapter have been identified as best practices by one or more of the following four sources:

- Community Preventive Services Task Force (*Guide to Community Preventive Services. Preventing excessive alcohol consumption*, <http://www.thecommunityguide.org/alcohol/index.html>. Last updated: 05/16/2011).
- The Surgeon General (*The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking*, 2007).

- Institute of Medicine (IOM) (*Reducing Underage Drinking: A Collective Responsibility*, 2004).
- National Institute on Alcohol Abuse and Alcoholism (*A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, 2002).

Exhibit 4.1.1 lists the 25 policies analyzed in Chapter 4. An X indicates that a given policy is endorsed as a best practice by one or more of the four federal sources.

As can be seen in Exhibit 4.1.1, 18 of the policies are endorsed as best practices by at least one source document, and more than half of the policies are endorsed as best practices by two or more source documents. Seven policies were not endorsed by any of the sources. Four of these (Direct Sales, Minimum Age for On-Premises Servers, Minimum Age for Off-Premises Servers, and Internal Possession) are included on NIAAA’s APIS website. As relatively recent concerns, these policies likely had not been thoroughly studied at the time the federal source documents were prepared. One policy (Outlet Siting Near Schools) not specifically endorsed by any of the sources examined was addressed at a more general level by two sources—the Community Services Prevention Task Force and the NIAAA *Call to Action*. These sources included restrictions on alcohol outlet density as a best practice without specifically endorsing the reduction of alcohol outlet density near schools. Retailer Interstate Shipment, the final policy not endorsed by the four sources, is closely linked to the Home Delivery policy (which is endorsed).

It is important to note that, although all 25 of the policies can be described as evidence based, the data that support each of them are different. Some policies find greater or lesser support in the research literature and in the source documents.

State Survey

This section provides both the complete responses of the states to the survey (included in the state-by-state analysis described above) and a cross-state report. The cross-state report summarizes the findings across states and presents data on variables amenable to quantitative analysis.

The survey content was derived directly from the STOP Act, covering topics and using terminology from the Act. The survey questions were structured to allow states maximum flexibility in deciding which initiatives to describe and how to describe them. Open-ended questions were used whenever possible to allow states to “speak with their own voices.” The survey addressed four main areas:

- Enforcement programs
- Programs targeted to youth, parents, and caregivers
- Collaborations, planning, and reports
- State expenditures on prevention of underage drinking

Exhibit 4.1.1: Underage Drinking Prevention Policies – Best Practices

Underage drinking prevention policies	Recommended by the Community Preventive Services Task Force	Addressed in the Surgeon General's Call to Action	IOM Report, Reducing Underage Drinking: A Collective Responsibility	A Call to Action: Changing the Culture of Drinking at U.S. Colleges (NIAAA)
Policies included in original STOP Act legislation or added in 2009 2010 appropriations				
Purchase or attempt to purchase alcohol by minor		X	X	
Consumption by minor		X	X	
Possession by minor		X	X	
False identification/Incentives for retailers to use ID scanners or other technology		X	X	
Penalty guidelines for violations of furnishing laws by retailers				X
Furnishing or sale to a minor		X	X	
Hosting underage drinking parties		X	X	
Dram-shop liability	X		X	
Social-host liability			X	
Compliance checks	X	X	X	
Mandatory-voluntary server-seller training (Responsible Beverage Service programs)		X	X	X
Direct sales (Internet/mail order)				
Home delivery			X	
Graduated drivers' licenses		X	X	X
Increasing alcohol tax rates	X		X	X
Restrictions on drink specials		X	X	X
Wholesaler pricing provisions				
Policies added at the request of SAMHSA				
Keg registration		X	X	
Minimum age for on-sale server				
Minimum age for off-sale server				
Internal possession				
Youth BAC limits ("Zero Tolerance")		X	X	X
Loss of privileges for alcohol violations by Minors (Use/Lose Law)				X
Outlet siting near schools				
Retailer interstate shipment				

Enforcement

A significant component of the STOP Act's mission is to collect data and report on each state's performance in enforcing policies designed to prevent or reduce underage drinking. As indicated above, the annual STOP survey includes a section devoted to enforcement of these laws, ranging from the types of programs or actions implemented, whether they are conducted at both the state and local level, number(s) of enforcement actions taken (when available), and state expenditures

made on enforcement activities. The following discussion of enforcement provides the background and context for these data.

Concepts

Mechanisms

Typically, an alcohol policy seeks to change the behavior of targeted individuals, groups, or organizations. The intended change in behavior may or may not occur, depending in part on the extent to which the policy is enforced.

The role of enforcement in policy effectiveness varies depending on the nature of the policy. At one extreme, policies such as alcohol taxes are virtually self-enforcing in that sellers must regularly report sales data. By contrast, laws that prohibit sales to minors require relatively high enforcement levels to achieve compliance at desirable levels. In this case, detecting a violation may require regular compliance checks and recording sources of alcohol from minor in possession arrests.

It is important to distinguish between compliance and enforcement. *Compliance* is the extent to which an individual, organization, group, or population acts in accordance with a specific public policy. *Enforcement* is the sum total of actions taken by public entities to increase compliance. Enforcement includes three components: policing, adjudication, and sanctioning. Enforcement data collected by the STOP Act generally combine adjudication and sanctioning because the latter usually requires the former.

The impact of enforcement on compliance with alcohol policies is a function of both actual and perceived levels of enforcement (i.e., levels of policing, adjudication, and sanctioning). *Actual* enforcement levels may vary depending on the strategies employed (e.g., random vs. complaint-based compliance checks) and on quantitative differences in policing, adjudication, and sanctioning (e.g., numbers of officers on patrol, severity of sanctions). *Perception* of the probability of apprehension (policing), swiftness and certainty of a penalty (adjudication), and severity of the penalty (sanctioning) also affect compliance with a particular policy. These perceptions are key factors in the extent to which an alcohol-related policy functions as a deterrent to illegal behavior (Ross, 1992).. Factors that affect these perceptions, such as publicity about enforcement efforts, may be construed as part of enforcement (Hingson et al., 1996). Compliance may also be affected by extra-legal factors (See Exhibit 4.1.2).

A large body of literature addresses the factors related to effective enforcement (Klitzner, 2002; Klitzner & Sole-Brito, 2002; Levy, 2002). It is important to note that policies and their enforcement cannot be distinguished easily in practice. Laws may specify sanctions (e.g., use/lose laws) or enforcement practices (e.g., administrative license revocation).

Exhibit 4.1.2: Contextual Factors Affecting Compliance⁶⁷

Variable	Relevance to Enforcement	Relevance to Compliance
Knowledge and awareness on the part of enforcement personnel and the public	Enforcement personnel who lack knowledge of a law or policy or lack skills in using enforcement technologies (e.g., field identification of intoxication) may be less effective in enforcement activities.	Increasing public awareness of the existence or enforcement of a policy and efforts to enforce it tends to increase compliance
Costs	Increasing costs of enforcement (either absolute or relative to benefits) can decrease the attractiveness of an enforcement effort to policymakers, who must balance enforcement against other priorities.	Policy complexity may tend to reduce compliance if (1) the burden of complying is increased in terms of details that must be addressed, work that is required, or costs that must be incurred, or (2) the risk that noncompliance with specific provisions will be detected is perceived as low.
Complexity	All else being equal, complex laws or policies may be more difficult to enforce (detect and prosecute) than simple laws or policies.	When laws or policies are complex, compliance may be reduced (1) due to the sheer amount of detail involved in complying, (2) due to the work and cost involved in complying, or (3) if the risk of detection of small deviations is low.
Norms	Enforcement personnel tend to act in accordance with prevailing norms, more vigorously enforcing laws and policies prohibiting behavior that is counter-normative in a given community than behavior that is socially acceptable.	Avoidance of specific behaviors may be as much a function of their social acceptability as of legal proscriptions. Thus, for a given level of enforcement, compliance may vary as a function of community norms.
Public Support	High public support can facilitate enforcement through allocation of public funds, political support for public officials who advocate strong enforcement, or formal or informal cooperation between citizens and public safety officials.	Public support is a visible manifestation of norms. As such, public support for a given law or policy should tend to increase compliance.
<i>Note:</i> For further discussion of these factors, see http://alcoholpolicy.niaaa.nih.gov/enforcement#lit for literature reviews and analyses, and see two publications, Holder (1998) and Gruenewald, Treno, Taff, & Klitzner (1997).		

⁶⁷ Adapted from the Alcohol Policy Information System (APIS) Enforcement and Compliance resource, Table 3 (Sample Contextual Factors), http://alcoholpolicy.niaaa.nih.gov/uploads/Table_3_-_Sample_Contextual_Factors_12_18_07.pdf.

Deterrence theory (Ross, 1984) is the most widely used model of enforcement effectiveness. It stipulates that undesirable behavior will be reduced to the extent that those targeted by enforcement activities (e.g., alcohol retailers) perceive that threatened sanctions are certain, severe, and promptly imposed (celerity). Ross argued that severity is largely irrelevant when certainty of punishment is low and, conversely, that even mild penalties have a deterrent effect when sanctions are a near certainty (e.g., parking enforcement). As noted by Klitzner and Sole-Brito (2002), Ross is essentially stating that deterrence is a multiplicative function of the perceived risk of being punished and the perceived severity of penalties. The importance of celerity is debatable, because the most commonly cited example (Administrative License Revocation for impaired driving offenses) increases both celerity and certainty. Although the deterrence literature is largely focused on criminal activity, the same concepts apply in a variety of other areas not generally considered criminal, for example, compliance with health care regulations (Bartrum & Bryant, 1997; Walker, 2002).

Deterrence is generally divided into two types, deterrence aimed at convicted offenders (secondary or specific deterrence) and deterrence aimed at the general public (primary or general deterrence). Incapacitation (supervision, incarceration, a number of hybrids such as electronic monitoring, license revocation, etc.) is a widely used form of specific or secondary deterrence in the United States. Whatever effects incapacitation may have on individuals' propensity to engage in future crime, they are less likely to recidivate while incarcerated or under supervision.

Vingilis (1990) suggested that the importance of classical deterrence diminishes as norms against a behavior increase. When norms are strong, only those who are "abnormally socialized" need an additional motivation to behave. The author argues that the behavior of most citizens is governed by informal social sanctions, and cautions that (a) effective enforcement and deterrence are interactions among individuals and environments and (b) deterrence is dynamic, with the population that is deterred by a given enforcement activity constantly in flux.

Measures

The research literature relies on three types of measurements to assess extent and effectiveness of enforcement interventions. *Categorical measures* assess which of a set of possible enforcement strategies (e.g., random vs. complaint-based compliance checks) or sanctions (e.g., use/lose penalties) are implemented in a jurisdiction. *Quantitative measures* assess the resources devoted to enforcement (personnel, budgets, specialized equipment), number of enforcement activities (e.g., shoulder tap operations) conducted, number or percentage of persons or entities targeted, number of sanctions imposed, and severity of sanctions imposed. These measures are sometimes referred to as "enforcement pressure." *Surrogate measures* use compliance rates (e.g., number of retail outlets that fail compliance checks, number of minors in possession (MIP) arrests, or number of young people and retailers that actually receive sanctions) to measure enforcement. These measures reflect an amalgam of both enforcements and compliance (Gruenewald et al., 1997) and should be viewed with some caution.⁶⁸

⁶⁸ To be fully useful as measures of enforcement, these data must be corrected for enforcement pressure. However, measures of enforcement pressure can be difficult and expensive to obtain. Accordingly, arrests, compliance check failures, and similar data are often used in enforcement research.

Literature

Historically, studies that have tested enforcement interventions in relation to outcomes such as incidents of drinking and driving and underage drinking parties make clear that enforcement can result in greater compliance and better public health outcomes (Preusser, Ulmer, & Preusser, 1992). However, enforcement of underage drinking policies is often uneven, inconsistent, and sporadic, and outcomes generally diminish over time (Ferguson, Fields, & Voas, 2000; Forster et al., 1994; Montgomery, Foley, & Wolfson, 2006; Mosher, Toomey, Good, Harwood, & Wagenaar, 2002; Preusser et al., 1992; Voas, Lange, & Tippetts, 1998; Wagenaar & Wolfson, 1995; Wolfson, Wagenaar, & Hornseth, 1995).

Of all enforcement practices, compliance checks (or decoy operations) have been most frequently studied (and are one focus of the STOP Act State Survey data presented later in this report). These practices, in which trained underage (or apparently underage) operatives (“decoys”) working with law enforcement officials enter retail alcohol outlets and attempt to purchase alcohol, are a way of reducing sales of alcohol to minors. The 2003 IOM report on preventing underage drinking (National Research Council and Institute of Medicine, 2004) includes the recommendation that compliance checks be carried out regularly and comprehensively, at the state and local level.

A national study collected data from state alcohol beverage control agencies and a random sampling of local law enforcement agencies (Erickson, Smolenski, Toomey, Carlin, & Wagenaar, 2013; Rutledge et al., 2013). Respondents were asked to report on the number of compliance checks they conducted and on such recommended practices as (a) checking all outlets in their jurisdiction; (b) conducting checks at least three or four times a year; and (c) conducting a follow-up check of establishments within 3 months of having failed a compliance check. Thirty-nine percent of local agencies and 79 percent of state agencies indicated they conducted compliance checks (Toomey, Lenk, Nelson, Jones-Webb, & Erickson, 2012). Although 60 percent of the agencies reported checking all outlets in their jurisdiction, only one fifth conducted checks three to four times a year, and one third conducted follow-up checks. Only 4 to 6 percent conducted all three recommended practices (Erickson et al., 2014). As with previous studies, the use of compliance checks to enforce underage sales policies was found to be uneven and inconsistent in intensity.

A number of studies have used experimental designs to determine whether increasing the number of compliance checks results in lower rates of sales to minors. The NIAAA-funded Community Trials Project conducted experimental interventions to reduce underage drinking in three cities, including a six-fold increase in compliance checks in a randomly selected group of test outlets. At follow-up, the test outlets were half as likely to sell to minors as control sites (Grube, 1997). An enhanced enforcement campaign in Concord, New Hampshire, employed quarterly compliance checks of all off-sale licensees, enhanced administrative penalties, and a media campaign (Centers for Disease Control and Prevention, 2004b). As with the Community Trials Project, this campaign resulted in a 64-percent reduction in sales to minors, and a temporary reduction in alcohol consumption and binge drinking among high school students. A multicomponent time series trial, *Complying with the Minimum Drinking Age (CMDA)*, also tested increased enforcement compliance checks, comparing this strategy with training retail outlet managers to reduce risks associated with alcohol sales (Wagenaar, Toomey, & Erickson, 2005). Although the effects of the training program were mixed, the compliance check

intervention resulted in an immediate 17-percent reduction in underage sales. Over a 3-month period, these effects decayed completely in the case of off-sale premises and by half among on-sale premises. Data from the CMDA study also demonstrated that the effects of compliance checks may spill over to neighboring establishments (Erickson et al., 2013). Outlets that had a close neighbor that had been checked were less likely to serve to underage-appearing decoys.

Some of these experimental studies have included media campaigns to increase (a) public awareness of enforcement efforts, (b) the perception of risk of arrest, or (c) the perception of risk of sanctions. As discussed above, these perceptions can play an important role in compliance with the law. When community-based interventions to prevent underage drinking or other alcohol-related harms include a media campaign, this may increase public perception of the likelihood that the law will be enforced, and violators sanctioned. The Saving Lives Program was a comprehensive, multifaceted program undertaken in six Massachusetts communities to reduce alcohol-impaired driving and related problems (Hingson et al., 1996). In addition to enhanced enforcement and educational programs, media campaigns were implemented to increase public awareness of the issue. Among other results, these communities showed a 42-percent decline in alcohol-related fatal crashes relative to the rest of the state. Awareness of enforcement notably increased among teenagers. For example, the percentage of this group that believed the license of a person caught drinking and driving could be suspended before a trial increased from 61 percent to 76 percent in the test communities, compared with no change in the rest of the state. The Community Trials Project discussed above also combined enhanced enforcement with local media coverage. Highly visible enhanced enforcement, such as roadside checkpoints, also served to increase both actual enforcement and perceived risk of arrest (Grube, 1997; Holder et al., 2000). This combination of environmental strategies resulted in lower volumes of self-reported drinking and fewer nighttime crashes.

A key determinant of enforcement effectiveness is the resources devoted to enforcement actions. A study that examined the relationship among underage alcohol policies in 50 California cities, enforcement of these policies, and adolescent alcohol use, identified an inverse relationship between the funding of enforcement of underage drinking laws and frequency of past-year underage alcohol use (Paschall, Grube, Thomas, Cannon, Treffers, & 2012). Similarly, a study of binge drinking among college students found a significant association between binge drinking rates and state ratings for resources devoted to enforcement (Nelson, Naimi, Brewer, & Wechsler, 2005).

Practices

The STOP Act survey includes questions about the practices used by the states (and to the extent known) by local law enforcement to enforce underage drinking policies. Whether at the point of sale or through other forms of illegal access to alcohol, these practices aim to both prevent current underage possession and consumption and deter future incidents.

In addition to compliance checks (discussed above), two other enforcement strategies are employed at the point of sale to prevent youth access to alcohol: Cops in Shops and shoulder tap operations (National Research Council and IOM, 2004; Paschall, Flewelling, & Grube, 2009). Cops in Shops is a program developed by the Century Council (sponsored by the alcohol industry) in which undercover law enforcement officers pose as employees or customers in retail alcohol outlets in order to catch underage persons who attempt to purchase alcohol or adults who

purchase alcohol for minors. Cops in Shops campaigns involve voluntary participation of retailers and are often well publicized, with the goal of educating the public and providing a deterrent effect to underage access to alcohol.

Shoulder tap operations are another type of decoy operation. Because young people may perceive asking an adult to purchase alcohol for them as a less risky strategy for obtaining alcohol, this is another important point of access for law enforcement to address. In actual transactions, both the underage person and the adult are in violation of the law. In shoulder tap operations, trained young people (decoys) approach individuals outside of retail alcohol outlets and ask them to make an alcohol purchase. If the adult makes the purchase and gives it to the decoy, law enforcement may cite or arrest the adult.

Away from the point of sale, youth frequently are able to access alcohol at parties or other social gatherings. Parties are often cited as a high-risk setting for underage alcohol consumption, and are linked to impaired driving, violence, and property damage (Hoover, 2005). In response, many local law enforcement agencies have used party patrols to intervene. Party patrols (or party dispersal) operations are patrols that identify underage drinking parties and make arrests and issue citations at underage drinking parties. Police may use local noise or nuisance ordinances as the basis for entering the premises of parties involving underage drinking. They may conduct regular weekend patrols of locations where underage parties or gatherings are known to occur (National Research Council and IOM, 2004).

The data collected by the STOP Act survey provide greater insight into the use of such practices as compliance checks, Cops in Shops, shoulder tap operations, and party patrols by states and local jurisdictions. Together with the data collected on MIP arrests, penalties imposed for sales to minor violations, and state expenditures on enforcement, a more detailed picture of the underage drinking enforcement environment is being composed, both by individual states and nationwide.

CHAPTER 4.2

Cross-State Survey Report

Summary

The Sober Truth on Preventing Underage Drinking (STOP) Act mandates annual collection of data from the states and the District of Columbia on their performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking. Since 2011, this survey has collected data on the following topics:

- Enforcement programs to promote compliance with underage drinking laws and regulations
- Programs targeted to youth, parents, and caregivers to deter underage drinking
- State interagency collaboration to implement prevention programs, state best-practice standards, and collaborations with tribal governments
- The amount that each state invests on the prevention of underage drinking

Chapter 4.2 discusses the survey responses in detail. A key conclusion to be drawn from the STOP Act State Survey is that the states have demonstrated a commitment to the reduction of underage drinking and its consequences. This commitment is evident in the fact that all states completed the 90-question survey, reported numerous program activities, and in many cases provided substantial detail about those activities (see individual state summaries). (Note: henceforth, the states and the District of Columbia are referred to, together, as “states.”)

The results presented in Chapter 4.2 must be viewed with caution. In many cases, substantial missing data decrease the extent to which a meaningful conclusion can be drawn. Caution must also be exercised in interpreting the changes from 2011 to 2014, given variations in data availability.

Enforcement Programs

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

Overall, enforcement activities appear highly variable across the states. Compliance checks and other enforcement activities related to furnishing (Cops in Shops, shoulder tap operations, underage alcohol-related fatality investigations, and enforcement of direct-shipment laws) are fairly widely implemented, although not necessarily at both the state and local levels. The total number of checks is modest, however. Just over 60 percent of those states conducting checks test 20 percent or fewer of their licensees. Sanctions for furnishing are predominantly fines, which are about five times more common than suspensions. Revocations are extremely rare; 65 percent of the states revoked one or no licenses. Data on MIP activities (an index of the enforcement of a variety of laws aimed at deterring underage drinking) revealed medians of 1.6 arrests per 1,000 underage drinking occasions, and 1,728 arrests per 100,000 in a population of 16- to 20-year-olds.

Programs Targeted to Youth, Parents, and Caregivers

States reported implementing a wide variety of underage-drinking-prevention programs for youth, parents, and caregivers. Many well-known programs were reported, including those

focused on life skills, refusal skills, media advocacy, community organizing, and environmental change. The programs are predominantly focused on individuals, with approximately one in four programs focused on environmental change. Data on numbers of program participants were limited, owing perhaps to inherent difficulties in estimating program participation for programs focused on entire populations or subpopulations (e.g., environmental change programs). Thirty-five percent of the states reported implementing programs to measure or reduce youth exposure to alcohol advertising and marketing.

Evaluation of underage drinking prevention programs is not comprehensive. Fifty-four percent of the programs the states described have been evaluated, and reports are available for 39 percent of these. As with enforcement, assessments of program effectiveness are limited by a lack of relevant data.

Ninety-two percent of the states reported they had best practice standards for underage-drinking-prevention programs. About 75 percent of states with standards reported that a state agency had established their best standards, and 66 percent indicated that they followed a federal standard. Close to half (47 percent) included SAMHSA and the Center for Substance Abuse Prevention (CSAP) in their list of agencies from which standards were obtained

Collaborations, Planning, and Reports

Seventy-eight percent of states reported the existence of a state-level interagency body or committee to coordinate or address underage drinking prevention activities. However, of the states with such a committee, only about 1 in 10 included the governor, and 1 in 5 included a representative of the legislature. Thirty-eight percent of the states with interagency committees included community coalitions, and 50 percent included college or university administrations, campus life departments, or campus police. About one in four states included youth or local law enforcement. Thus, key decisionmakers and local stakeholders were underrepresented on the interagency committees.

States were asked whether they had prepared a plan for preventing underage drinking or issued a report on underage drinking in the past 3 years. Sixty-nine percent of the states had prepared a plan, and 61 percent had issued a report.

State Expenditures on the Prevention of Underage Drinking

States were asked to estimate state expenditures for two categories of enforcement activities and five types of programs targeted to youth, parents, and caregivers. The largest expenditure category is for community-based programs, followed by K–12 programs. While the median of expenditures for all enforcement activities (median = \$8,000) is higher than that for all programs

targeted to youth, parents, and caregivers (median = \$0)⁶⁹, the total dollar amount expended for these nonenforcement programs (approximately \$150 million) is more than 40 times the total dollar amount spent on enforcement (approximately \$3.7 million). Data reporting was incomplete, with response rates ranging from 20 to 66 percent (median = 48 percent) across the five expenditure categories for programs targeting youth, parents, and caregivers. Thus these results must be viewed with some caution. On the other hand, these data may be difficult for states to assemble given multiple funding streams and asynchronous fiscal years, among other issues.

Comparison of Enforcement Data: 2011–2014

In the 4 years in which the STOP Act State Survey has been implemented, the states varied greatly in their completion of datasets for all years. Fewer than half of the states provided information in all 4 years for six of the enforcement data categories selected for comparison. Forty-nine percent of the states provided MIP data and 63 percent provided state compliance check data for all 4 years. Fifty-six percent of the states that reported data for all 4 years reported a smaller number of MIP arrests in 2014 compared with 2011, and 56 percent of the states reported an increased number of compliance checks between 2011 and 2014. Less than 20 percent of the states reported on local compliance checks and state expenditures for compliance checks in all 4 years. In all penalty categories, larger percentages of the states reported reduced use of these penalties between 2011 and 2014 than reported increased use.

Comment

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

Introduction

The STOP Act mandates this annual report on the states' performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking. An annual survey of the states is conducted to collect data on many of the performance measures described in the STOP Act. Since 2011, this survey has collected data on the following topics derived directly from the STOP Act:

- Enforcement programs to promote compliance with underage drinking laws and regulations
- Programs targeted to youth, parents, and caregivers to deter underage drinking
- The amount that each state invests on the prevention of underage drinking

⁶⁹ The median is zero if more than half the responses are zero. The difference between the two types of expenditures can also be expressed by comparing the average (mean) expenditure: The mean expenditure for enforcement activities is around \$96,000, compared with a mean of nearly \$1.4 million in expenditures for programs targeted to youths, parents, and caregivers.

The survey instrument comprised approximately 90 questions divided into 4 sections consistent with the topics and performance measures described in the STOP Act.

1. Enforcement of underage drinking laws, including:
 - The extent to which states implement checks of retail outlets, assessing compliance with laws prohibiting the sale of alcohol to minors, and the results of these checks
 - The extent to which the states implement other strategies for underage drinking enforcement, including Minors in Possession, Cops in Shops, shoulder taps, party patrol operations or programs, and underage alcohol–related fatality investigations
 - Sanctions imposed for violations
2. Underage drinking prevention programs targeted to youth, parents, and caregivers, including data on the number of people served by these programs and whether these programs are evaluated
3. State interagency collaboration to implement prevention programs, state best-practice standards, and collaborations with tribal governments
4. State funds invested in the following categories, along with descriptions of any dedicated fees, taxes, or fines used to raise funds:
 - Compliance checks and provisions for technology to aid in detecting false IDs at retail outlets
 - Checkpoints and saturation patrols
 - Community-based, school-based, and higher-education-based programs
 - Programs that target youth within the juvenile justice and child welfare systems
 - Other state efforts as deemed appropriate

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

This chapter offers a summary of the survey data collected across the 50 states and the District of Columbia. Each state’s full survey responses appear in the State Reports section of this report.

Methods

The state governors and the Office of the Mayor of the District of Columbia were sent letters requesting confirmation of a designated representative for each jurisdiction to serve as the contact and be responsible for completing the survey. In most cases, this representative was the same person designated for the 2013 survey. Designated contacts are typically staff members from state substance abuse program agencies and state alcohol beverage control (ABC) agencies. The survey was uploaded to a web-based platform in four segments, and the designated contacts were sent a link to this platform. They were also sent a copy of the report compiled from their responses to the 2013 survey, so that data that remained unchanged between years could be readily copied into the web survey. Contacts were given technical instructions for filling out the survey.

The online survey was available for completion by the states beginning in March 2014. The CDM Group, Inc., a Substance Abuse and Mental Health Services Administration (SAMHSA) contractor, provided both telephone and online technical support to state agency staff while the

survey was in the field. Representatives from the National Liquor Law Enforcement Association provided review and support for any questions pertaining specifically to enforcement.

As with the 2011, 2012, and 2013 State Surveys, responses were received from all 50 states and the District of Columbia—a 100 percent response rate. Each state’s response was reviewed by senior staff members, who made inquiries when necessary about apparent omissions, ambiguities, or other content issues. The responses were also copyedited, and the edited responses were returned to each state by e-mail. The states either approved the proposed copyedits or provided their own changes, and they provided any requested clarifications.

Results

The individual state reports provide a full presentation of the survey data submitted by each state. This Results section provides summary information about all variables amenable to quantitative analysis. It is important to keep in mind that the states determined how much information to provide, and that the range of information the respondents provided was highly variable.

The results are grouped under five broad headings:

1. Enforcement Programs
2. Programs Targeted to Youth, Parents, and Caregivers
3. Collaborations, Planning, and Reports
4. State Expenditures on the Prevention of Underage Drinking
5. Comparison of Enforcement Data: 2011 to 2014

The final section, Comparison of Enforcement Data: 2011 to 2014, provides a limited comparison of state survey data collected between 2011 and 2014 for selected activities. It should be noted that not all states reported data for all years. This section should be viewed with this caution in mind.

In all cases, where numerical estimates are reported, the reporting period is the most recent year for which complete data were available to the state. Average values are reported as medians. The median is the numerical value separating the higher half of a sample from the lower half and is the best representation of the “average” value when, as is often the case with the state survey responses, the data include outliers (a data point that is widely separated from the main cluster of data points in a dataset).

Enforcement Programs

The STOP Act State Survey requested enforcement data⁷⁰ in four areas:

1. Whether the state encourages and conducts comprehensive enforcement efforts—such as compliance checks and shoulder tap programs—to prevent underage access to alcohol at retail outlets
2. Whether data are collected on local enforcement efforts to prevent underage access to alcohol
3. The number of compliance checks conducted on alcohol retail outlets, including random checks, checks in response to complaints, and checks resulting from previous compliance check failures, and the results of these compliance checks

⁷⁰See Appendix E for charts showing individual state responses to all enforcement program questions on the 2014 survey.

4. Enforcement of selected state laws aimed at deterring underage drinking (see Chapter 4.3: Policy Summaries) and penalties imposed for violation of these laws, using arrest data for MIP offenses to index enforcement of these laws

Exhibit 4.2.1 shows the percentage of states that collect data on compliance checks, MIP charges, and penalties levied against retail establishments for furnishing alcohol to minors. The large majority of states collect data on state compliance checks, MIP charges, and penalties imposed on retail establishments. However, the number of states that collect data on local enforcement efforts is limited. Thus, it is likely that the enforcement statistics that follow underestimate the total amount of underage drinking enforcement occurring in the states.

Compliance Checks

Compliance checks (or decoy operations) are defined as those enforcement actions in which trained underage (or apparently underage) operatives (“decoys”), working with law enforcement officials, enter retail alcohol outlets and attempt to purchase alcohol. States were asked to provide an estimate of the total number of retail licensees in their state so that the percentage of licensees checked annually could be measured. A median of 17 percent of licensed establishments are checked across all 37 states that conduct compliance checks and collect associated data.⁷¹ Exhibit 4.2.2 provides a state-by-state picture of the percentage of licensees checked. Just over 60 percent of those states conducting checks tested 20 percent or fewer of their licensees, indicating that checking is generally not comprehensive. Ninety-five percent of the states reported that checks were conducted at both on- and off-premise establishments.

In addition to questions about the number of state checks and check failures, states were asked whether they conduct random compliance checks. Of the 40 states that conduct and collect data on compliance checks, 78 percent indicated that some or all of the checks conducted were done randomly, as opposed to being conducted in response to a complaint or as part of a convenience sample. For nearly two thirds (65 percent) of the states that report conducting random checks, all state checks were conducted randomly.

Exhibit 4.2.1: Percentage of Jurisdictions that Reported Enforcement Data Collection at the State and Local Levels

	State collects data on compliance checks		State collects data on MIP arrests/citations	State collects data on MIP, including arrests/citations by local law enforcement agencies	State collects data on penalties imposed on retail establishments		
	State conducted	Locally conducted			Fines	License suspensions	License revocations
Percentage	78	29	80	31	73	78	67

⁷¹ Three states that conduct compliance checks and collect data on these checks did not provide sufficient information to calculate the percentage of all licenses checked.

Exhibit 4.2.2: Percentage of Licenses Checked by State

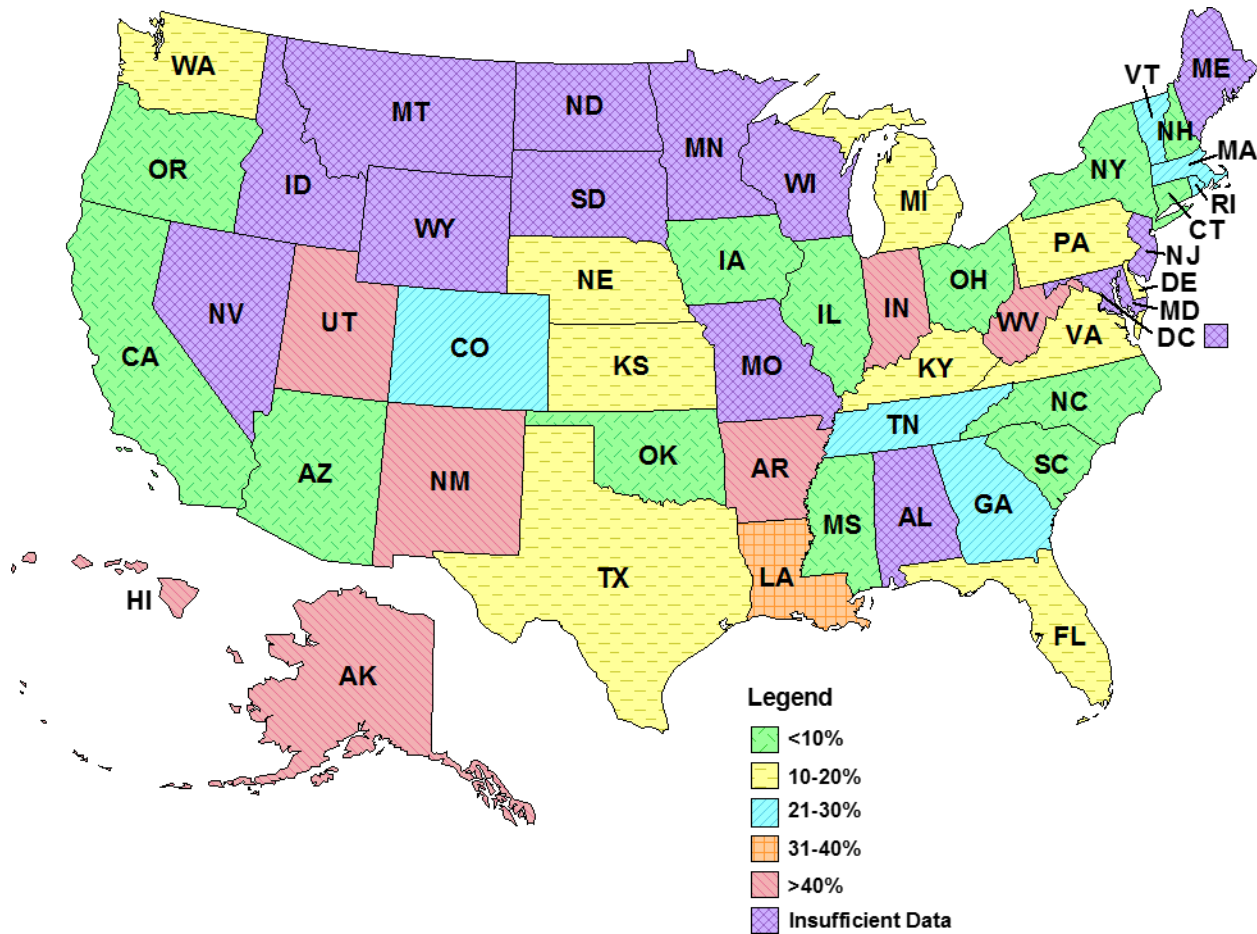


Exhibit 4.2.3 compares the number and failure rates of all state compliance checks, those state checks conducted randomly, and local compliance checks. Localities in 15 states also conduct compliance checks and collect data. Eight states report conducting and collecting data for *both* state and local compliance checks; 47 states conduct and collect data on either state or local compliance checks; and 4 states conduct neither state nor local checks. As shown in Exhibit 4.2.3, the number of licensees checked and licensee failures varies widely.

Exhibits 4.2.4 and 4.2.5 provide state-by-state licensee failure rates for all compliance checks conducted by state and local agencies based on data reported by the states. Most state-level checks report failure rates of 20 percent or less, with 10 states reporting higher rates. Exhibit 4.2.5 highlights the lack of data on local compliance checks for most states. Only 13 states report any data, with 12 of those states reporting rates of 20 percent or less.

As noted above, there is great variation among the states in the percentage of the total number of outlets checked during this period. Some states indicate that they make multiple checks on single outlets during the year in question, and this may be true of other states. Compliance check protocols also vary by state. For example, states use differing procedures and requirements for choosing underage decoys (see Compliance Check Protocols in Chapter 4.3, Policy Summaries).

Exhibit 4.2.3: Compliance Checks

	Number of licenses on which checks were conducted		Percentage of licenses on which checks were conducted that failed the checks	
State agencies all checks (n=37)	Median for those that collect data	1,302	Median for those that collect data	14
	Minimum	14	Minimum	3
	Maximum	12,487	Maximum	63
State agencies random checks only (n=20)	Median for those that collect data	1,549	Median for those that collect data	13
	Minimum	225	Minimum	3
	Maximum	12,487	Maximum	34
Local agencies (n=13)	Median for those that collect data	946	Median for those that collect data	12
	Minimum	145	Minimum	7
	Maximum	7,830	Maximum	21

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

Exhibit 4.2.4: State Compliance Checks Failure Rate

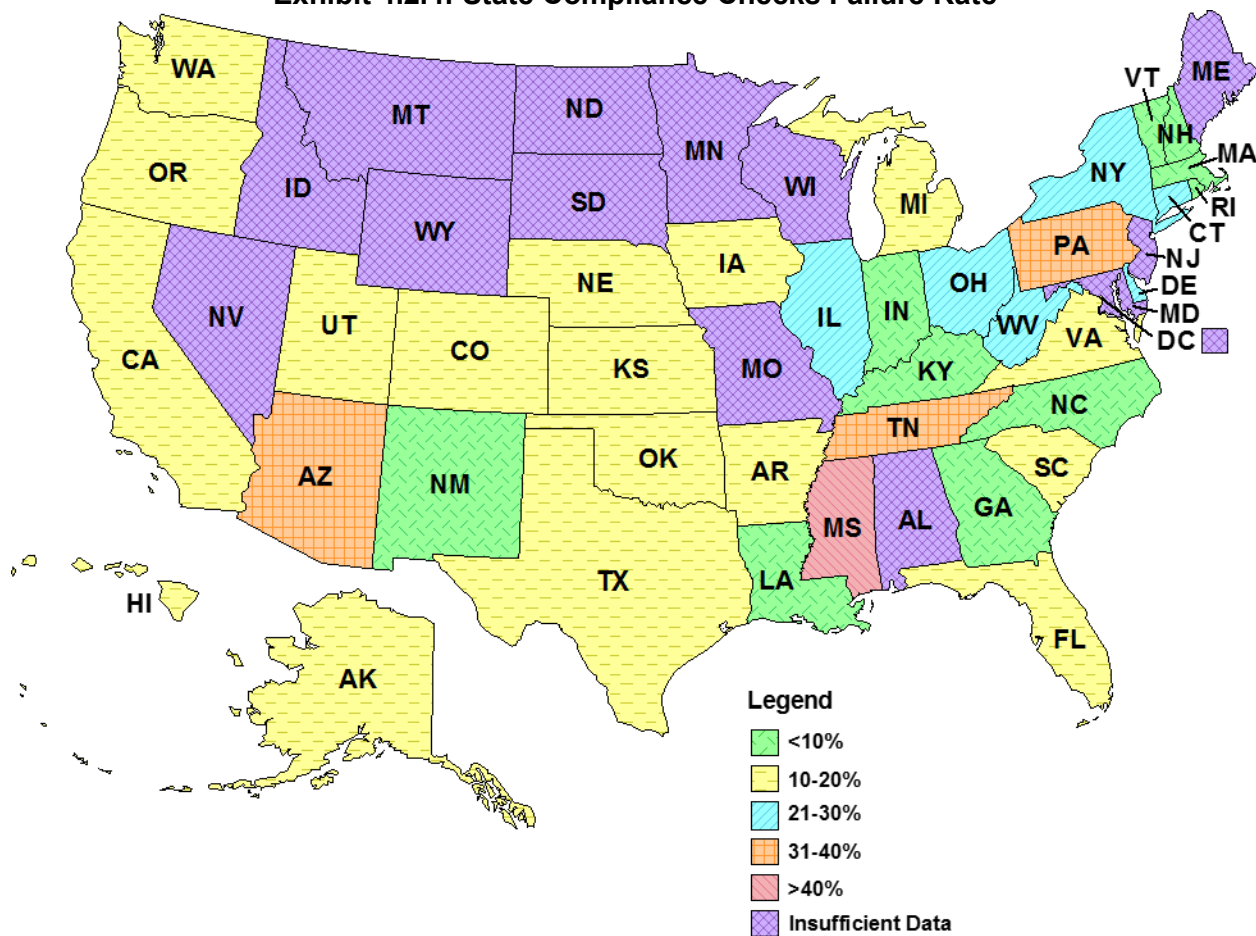
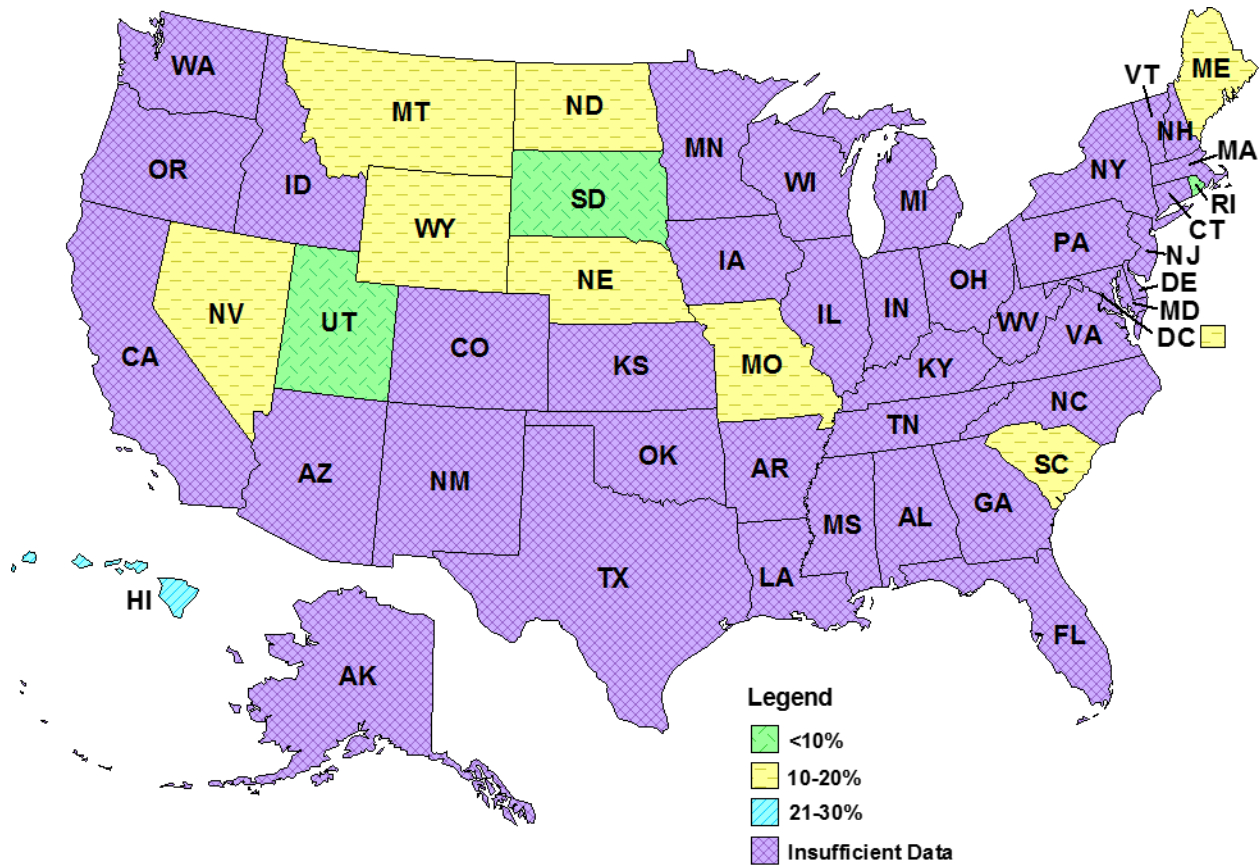


Exhibit 4.2.5: Local Compliance Checks Failure Rate



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

Other Enforcement Strategies

States were asked to report on four other state and local strategies to enforce underage drinking laws: Cops in Shops, shoulder tap operations, party patrol operations or programs, and underage alcohol-related fatality investigations. Definitions of these enforcement strategies follow. An expanded discussion of these strategies is found in the Enforcement section in Chapter 4.1:

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

As shown in Exhibit 4.2.6, the most common enforcement activities at both state and local levels are party patrol operations or programs and underage alcohol–related fatality investigations. Given that much of the enforcement of laws pertaining to minors in possession occurs at the local level, it is not surprising that more states report implementation of related programs (shoulder tap and party patrol operations) by local law enforcement than at the state level.

Exhibit 4.2.7 displays states that implement one, two, three, or all four of the strategies listed in Exhibit 4.2.6. Exhibit 4.2.8 displays states in which local law enforcement agencies implement one, two, three, or all four of the strategies.

Exhibit 4.2.6: Implementation of Other Enforcement Strategies

State enforcement: Percentage of states that implement:				Local enforcement: Percentage of states in which localities implement:			
Cops in Shops	Shoulder tap operations	Party patrol operations or programs	Underage alcohol related fatality investigations	Cops in Shops	Shoulder tap operations	Party patrol operations or programs	Underage alcohol related fatality investigations
35	18	51	71	33	47	67	51

Exhibit 4.2.7: Number of Enforcement Strategies Implemented by States

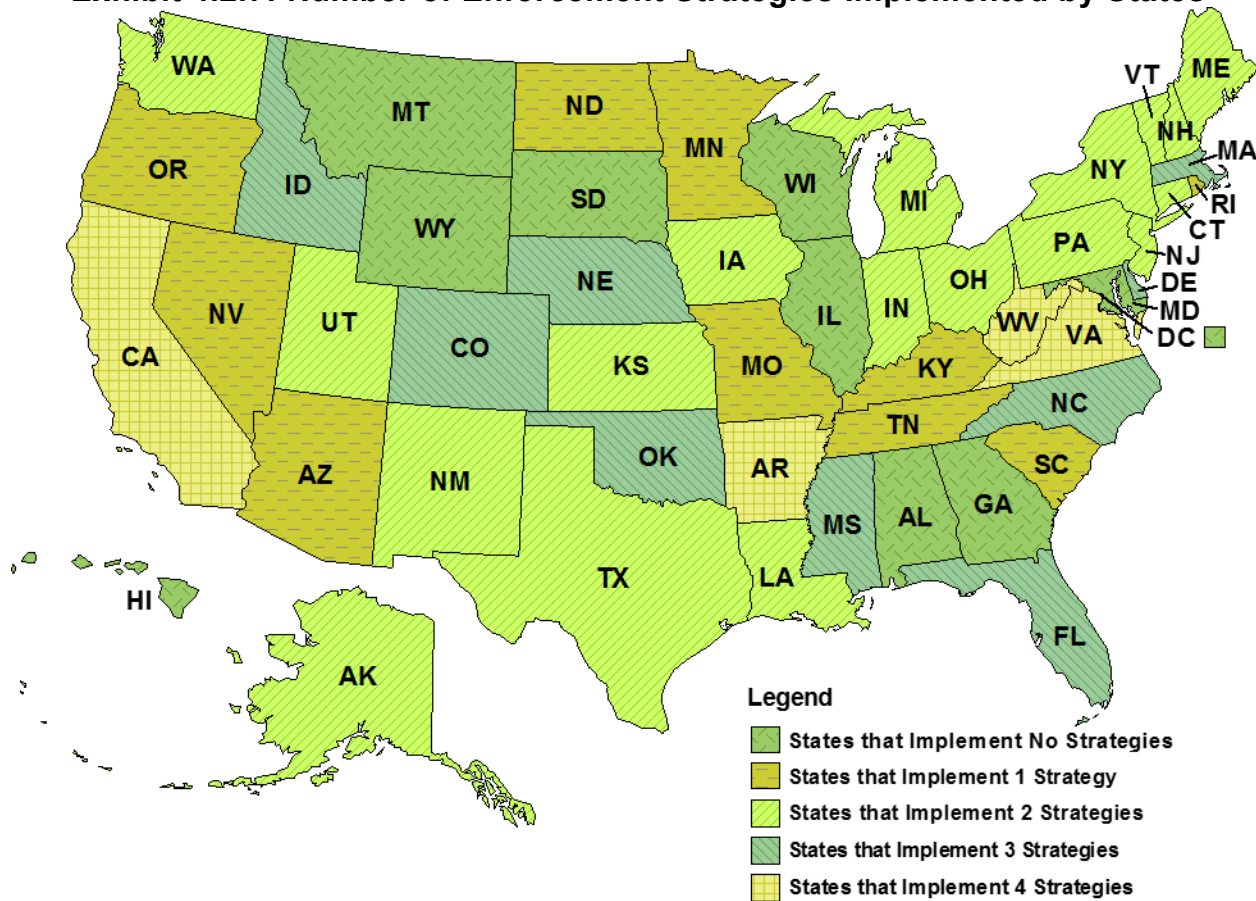
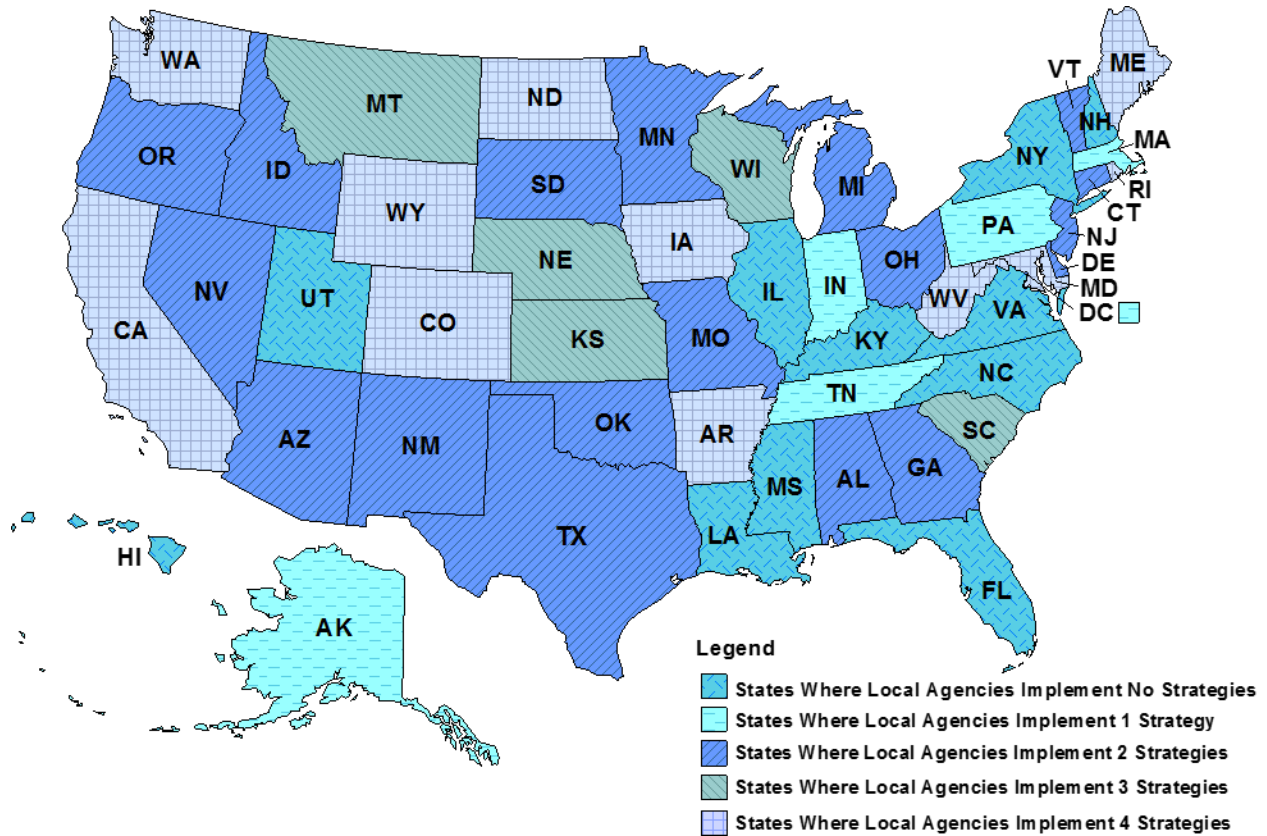


Exhibit 4.2.8: Number of Enforcement Strategies Implemented by Local Law Enforcement Agencies



In addition, all states regulate or prohibit direct sales and direct shipment of alcohol from producers to consumers, typically through internet orders and delivery by common carriers. (These laws do not address home delivery or Internet sales by retailers.) States were asked whether they have a program to investigate and enforce direct-sales or direct-shipment laws and whether these laws are also enforced by local law enforcement agencies. As shown in Exhibit 4.2.9, fewer than half (47 percent) of the states report having direct-shipment enforcement programs, and only 4 percent report that local law enforcement also enforce these laws.

Exhibit 4.2.9: Enforcement of Direct-Shipment Laws

	State has a program to investigate and enforce direct sales/shipment laws (%)	Laws are also enforced by local law enforcement agencies (%)
Yes	47%	4%
No	35%	24%
Don't know/No answer	18%	73%

Sanctions Imposed on Retail Establishments for Violations

The state survey requested information on penalties imposed on retail establishments for furnishing to minors (see Exhibits 4.2.10–4.2.14). (Note that the “*n*” figures in these exhibits differ from the total number of states that answered “yes” to collecting data on fines, suspensions, and revocations, because some states provided incomplete data.)

As would be expected, fines are the most common sanction, imposed about five times as often as suspensions. However, revocations are rare. Of the states that collect data on revocations, 65 percent revoked one or no licenses. Eighty-four percent of the states revoked fewer than six licenses.

The survey asked states to report the lowest and highest fine imposed, and the shortest and longest number of suspension days. Exhibits 4.2.11 and 4.2.13 illustrate great variation among the states in the amount of fines and the length of license suspensions imposed.

Exhibit 4.2.10: Fines Imposed on Retail Establishments for Furnishing to Minors

Number of outlets fined for furnishing		Total amount of fines in dollars across all licensees
Median for those that collect data (<i>n</i> =30)	179	\$154,900
Minimum	0	\$0
Maximum	1,259	\$963,000

Exhibit 4.2.11: Lowest and Highest Fines Imposed on Retail Establishments for Furnishing to Minors

Lowest fine imposed	Dollar amount of fines across all licenses
Median for those that collect data (<i>n</i> =32)	\$310.00
Minimum	\$0
Maximum	\$2,000.00
Highest fine imposed	Dollar amount of fines across all licenses
Median for those that collect data (<i>n</i> =31)	\$4,000
Minimum	\$300
Maximum	\$80,000

Exhibit 4.2.12: License Suspensions Imposed on Retail Establishments for Furnishing to Minors

Number of outlets suspended for furnishing		Total days of suspension across all licensees
Median for those that collect data (<i>n</i> =32)	22	72
Minimum	0	0
Maximum	200	2,610

Exhibit 4.2.13: Shortest and Longest License Suspensions Imposed on Retail Establishments for Furnishing to Minors

Shortest suspension imposed		Number of days across all licenses
Median for those that collect data (n=31)		2
Minimum		0
Maximum		30
Longest suspension imposed		Number of days across all licenses
Median for those that collect data (n=31)		30
Minimum		0
Maximum		150

Exhibit 4.2.14: License Revocations Imposed on Retail Establishments for Furnishing to Minors

Number of outlets revoked for furnishing	
Median for those that collect data (n=31)	0*
Minimum	0
Maximum	41

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

Sanctions for furnishing to minors can be put into perspective by considering rates per 100,000 drinking occasions among youth who are 16 to 20 years old. Exhibit 4.2.15 presents these rates for 28 states that collect complete sanctions data (fines, suspensions, and revocations).

Minor in Possession Offenses

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

The first three rows of Exhibit 4.2.16 present the number of arrests/citations reported by all states that collect such data. These data may not provide an accurate picture of MIP enforcement, because much of it is conducted at the local level and, therefore, is not represented in state data. The last three rows of Exhibit 4.2.16 present data only from those states that collect both state and local data. When only those states that collect local data are considered, the median number of arrests/citations increases by 58 percent, highlighting the importance of local enforcement efforts and data.

Exhibit 4.2.15: Retailer Sanctions for Furnishing to Minors

Sanctions per 100,000 drinking occasions	
Median for those that collect data (n=28)	7.22
Minimum	0.27
Maximum	15.74

Exhibit 4.2.16: Number of Minors Found In Possession of (or Having Consumed or Purchased per State Statutes) Alcohol

	Number of arrests/citations
Median for all states that collect data (n=40)	823
Minimum	2
Maximum	22,434
Median for states that collect both state and local data (n=15)	1,975
Minimum	67
Maximum	22,434

To explore the meaning of these data, two indices were calculated for states with both state and local MIP enforcement. The first index compares the rates of MIP arrests/citations with an estimate of yearly drinking occasions among 16- to 20-year-olds.⁷² The second index reflects arrests per 100,000 youth in each state who are 16 to 20 years old. The results appear in Exhibit 4.2.17.

Sanctions Against Youth vs. Sanctions Against Retailers

Comparing rates of MIP arrests and rates of retailer sanctions (totals of fines, suspensions, and revocations) highlights enforcement priorities. Twenty-two states provided the complete dataset needed for this analysis (Exhibit 4.2.18).

Exhibit 4.2.17: State and Local Arrests/Citations for Minors in Possession: 16- to 20-Year-Olds

	Number of arrests/citations	Arrests/Citations per 1,000 drinking occasions	Arrests/Citations per 100,000 population 16 20
Median for those that collect data (n=15)	1,975	1.60	1,728
Minimum	67	0.03	32
Maximum	22,434	7.8	8,399

Exhibit 4.2.18: Ratio of State and Local MIP Arrests to Retailer Sanctions

	MIP arrests per retailer sanctions
Median for those that collect data (n=22)	4
Minimum	0.03
Maximum	988

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

⁷² This estimate is based on the calculations of Wagenaar and Wolfson (1994). Using *Monitoring the Future* data, they estimated a rate of 90 drinking occasions per 100 youth per month.

Programs Targeted to Youth, Parents, and Caregivers

States were asked to list general prevention programs that have underage drinking as one objective funded or operated directly by the state. The survey provided space to provide detailed descriptions of up to 15 programs, plus additional space to briefly list any other programs that the states wanted to highlight. States were also asked:

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

Specific populations served were defined as follows:

Youth: People younger than 21 years old

Parents: People who have primary responsibility for the well-being of a minor (e.g., biological and adoptive parents, grandparents, foster parents, extended family)

Caregivers: People who provide services to youth (e.g., teachers, coaches, health and mental health care providers, human services and juvenile justice workers)

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

Program Content

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

As a method for summarizing the types of programs states are implementing, all programs were coded into one of four categories:

- **Programs focused on individuals**—Programs designed to impart knowledge, change attitudes and beliefs, or teach skills. Although individual youths or adults (usually parents) are the focus of these programs, the programs are almost always conducted with groups (e.g., classrooms, Boys/Girls Clubs, PTAs, members of a congregation). Also in this category are programs for offenders (MIP, driving while intoxicated [DWI]). Certain kinds of education and skills development were considered part of the environment. These include training for alcohol sellers and servers, health care workers, public safety personnel, and others whose activities affect large numbers of people.
- **Programs focused on the environment**—Programs that seek to alter physical, economic, and social environments, which may be focused on entire populations (e.g., everyone in a state or community) or a subpopulation (e.g., underage people, youth who drive). The main mechanisms for environmental change include state laws and local ordinances and their enforcement, institutional policies (e.g., enforcement priorities or prosecutorial practice, how alcohol is to be served at public events, carding everyone who looks younger than 35 years old, alcohol screening of all ER injury admissions), and changing norms. These changes are

generally designed to decrease physical availability of alcohol (e.g., home delivery bans, retailer compliance checks), raise economic costs (drink special restrictions, taxation), and limit social availability, such as policies that affect the extent to which alcohol and alcohol users are visible in the community (e.g., banning alcohol in public places and at community events, banning outdoor alcohol advertising).

- **Mixed**—Cases where both individual and environmental approaches are a substantive part of the effort. So-called “comprehensive” prevention programs are a relevant example.
- **Media campaigns**

In total, 282 programs (89 percent of all programs) were described in sufficient detail to allow coding. The results are presented in Exhibit 4.2.19. As shown, programs focused on individuals were more than twice as common as programs focused on the environment. States tended to favor either an individual or an environmental approach in the programs they described; 45 percent of the states that reported any programs that could be coded focused exclusively on one or the other.

Numbers Served

States were asked to estimate the numbers of youths, parents, and caregivers served by programs aimed at specific populations. These data were incomplete, with 53 percent of the states ($n=27$) providing data for at least one program for youths served, 37 percent ($n=19$) for parents served, and 16 percent ($n=8$) for caregivers served. These data may be difficult for certain types of programs to estimate. In particular, the target populations for programs focused on the environment may be entire populations or subpopulations. Estimating the actual numbers reached is therefore problematic. Exhibit 4.2.20 gives the reported number of youths, parents, and caregivers served across all states that reported data.

Evaluation Data

For each program, states were asked whether the program has been evaluated and whether an evaluation report is available. Summary data for these questions appear in Exhibit 4.2.21. Clearly, the states vary widely in their emphasis on evaluation.

Exhibit 4.2.19: Types of Programs Implemented by the States

Program category	Percentage of programs implemented
Focused on individuals	57
Focused on the environment	24
Mixed focus	14
Media campaigns	5

Exhibit 4.2.20: Reported Numbers of Youths, Parents, and Caregivers Served

	Youths served	Parents served	Caregivers served
Median	668	0	0
Minimum	0	0	0
Maximum*	3,571,867	12,799,553	1,000,585

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

Exhibit 4.2.21: Evaluation of Underage Drinking–Specific Programs

	Percentage of state programs evaluated	Percentage of evaluated programs with reports available
Median	60	33
Minimum	0	0
Maximum	100	100

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

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

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

Best Practice Standards

States were asked whether they have adopted or developed best practice standards for underage-drinking-prevention programs and, if so, the type of agency or organization that established the standards. Ninety-two percent ($n=47$) reported they had best practices standards. As shown in Exhibit 4.2.22, state agencies play a significant role in their establishment, followed by federal agencies. Fifty-five percent of those states with best practices standards reported that more than one type of agency was responsible for their establishment. Close to half (47 percent) included SAMHSA and the Center for Substance Abuse Prevention (CSAP) in their list of agencies.

Collaborations, Planning, and Reports

The STOP Act Survey included two questions about collaborations. The first question asked whether states collaborated on underage drinking issues with federally recognized tribal governments (if any). Fifty-three percent ($n=27$) said they did collaborate, 16 percent said they did not collaborate, and the remainder reported no federally recognized tribes in their states.

Exhibit 4.2.22: Agencies Establishing Best Standards

Type of agency establishing best practice standards	Percentage of states adhering to best practice standards
Federal (n=31)	66
State (n=35)	74
Nongovernmental (n=8)	17
Other (n=6)	13

The second question asked whether the states had a state-level interagency body or committee to coordinate or address underage-drinking-prevention activities. Seventy-eight percent of the states reported that such a committee exists, although the composition of the committee varied somewhat from state to state. Most states' interagency committees included a variety of state agencies directly involved in underage-drinking-prevention policy implementation and enforcement, as well as educational- and treatment-program development and oversight. These include the states' departments of health and human services and alcohol beverage control, their substance abuse agency, and their state police/highway patrol. Of interest is the extent to which the committee included representatives of the governor, legislature, and attorney general, given that they are so critical in setting priorities, providing funding, and generating political and public support. As shown in Exhibit 4.2.23, about 1 in 10 states with a committee included the governor, 1 in 5 a legislative representative, and 1 in 3 an attorney general.

Exhibit 4.2.24 shows the extent to which the interagency committee included relevant entities and constituencies outside of state government. Half of the states with interagency committees included college/university administrations, campus life departments, or campus police. About one in four states included youth, and local law enforcement, and just over one third included community coalitions or concerned citizens.

States were asked whether they had prepared a plan for preventing underage drinking or issued a report on underage drinking in the past 3 years. About two thirds of the states had prepared a plan, and around 60 percent had issued a report. The majority of states provided a source for obtaining the plans or reports (see individual state reports).

Exhibit 4.2.23: Composition of the Interagency Group—State Government Entities

	Office of the Governor	Legislature	Attorney General
Percentage of states with a committee (n=40)	10	18	33

Exhibit 4.2.24: Composition of the Interagency Group—Other Entities

	Local law enforcement	College/University administration, campus life department, campus police	Community coalitions/ Concerned citizens	Youth
Percentage of states with a committee (n=40)	23	50	38	28

State Expenditures on the Prevention of Underage Drinking

States were asked to estimate state expenditures for two categories of enforcement activities and five types of programs targeted to youths, parents, and caregivers. Exhibit 4.2.25 provides the data in \$1,000 units reported for the enforcement activities, program activities, and an “other” category. An entry of zero in the “Minimum reported” row means that at least one state that maintains data reports no expenditures in that category.

The largest expenditure category is for community-based programs, followed by K–12 programs. At the median of expenditures for all enforcement activities (\$8,000) is higher than that for all programs targeted to youths, parents, and caregivers (\$0), the total dollar amount expended for these nonenforcement programs (approximately \$150 million) is more than 40 times the total dollar amount spent on enforcement (approximately \$3.7 million).⁷³

States were also asked whether funds dedicated to underage drinking are derived from taxes, fines, and fees. Ninety-four percent of the states provided data for these questions. The use of these funding sources for underage-drinking-prevention activities is limited (see Exhibit 4.2.26).

Exhibit 4.2.25: 12-Month Expenditures* (in thousands) for Enforcement Activities; Programs Targeted to Youths, Parents, and Caregivers; and Other Programs†

	Enforcement activities		Programs targeted to youths, parents, and caregivers					Other programs
	Compliance checks	Checkpoints and saturation patrols	Community based programs	K 12 programs	College/ university programs	Juvenile justice System programs	Child welfare system programs	
Number of states providing data	25	14	29	25	23	17	15	18
Median expenditure*	\$37K	\$0	\$72K	\$0	\$10K	\$0	\$0	\$0
Minimum reported	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Maximum reported	\$1,100K	\$509K	\$50,044K	\$35,090K	\$445K	\$4,678K	\$1,122K	\$4,500K
Percentage of states providing data that invest in this category	68	43	66	48	52	29	20	50

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

†These data must be viewed cautiously. Response rates ranged from about 20 percent to about 68 percent. Thus the extent to which some of these data reflect national trends is unclear.

⁷³ The median of the combined expenditures for programs targeted to youths, parents, and caregivers is affected by the number of states reporting zero expenditures, as is clear from Exhibit 4.2.25.

Exhibit 4.2.26: Sources of Funds Dedicated to Underage Drinking

Source	Number of states providing data	Percentage reporting yes*
Taxes	44	18
Fines	43	16
Fees	44	16

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

Comparison of Enforcement Data: 2011 to 2014

The STOP Act State Survey is now in its fourth year of data collection. The following exhibits offer a snapshot of the results for 2011, 2012, 2013, and 2014 for several key components of the enforcement data. Caution should be used in interpreting these data. Data collection and reporting vary greatly from year to year among the states, so it is not possible to compare all states over these 4 years. Fewer than half the states provided information in all 4 years for six of the datasets.⁷⁴

Forty-nine percent of the states provided minor in possession data over all four years. As shown in Exhibit 4.2.27, of these states, 44 percent reported a larger number of MIP arrests in 2014 than in 2011, and 56 percent reported a decrease in the number of arrests. Increases and decreases in the number of arrests were not necessarily continuous over the 3 years. For 84 percent of the states, there was some variation across the years.

Exhibit 4.2.28 shows that 63 percent of the states provided state compliance check data for all 4 years. Fifty-six percent of the states reported an increased number of compliance checks between 2011 and 2014, and 43 percent reporting a decreased number. As with MIP arrests, increases and decreases were not continuous across the years; 81 percent of the states reported some fluctuation. Fewer data are available addressing compliance checks conducted by local law enforcement. Only eight states provided data for all years. Of this small group, 88 percent reported a decrease in the number of local compliance checks between 2011 and 2014.

Five states reported their expenditures for compliance checks in all 4 years. Of these states, equal percentages (29 percent) indicated that expenditures increased or remained the same between 2011 and 2014, whereas 14 percent reported that these expenditures decreased.

Exhibits 4.2.29–4.2.31 describe state reporting on penalties for retail establishments between 2011 and 2014. In all penalty categories, larger percentages of the states reported reduced use of these penalties than reported increased use. Given that revocations are relatively infrequent, it is not surprising that 33 percent of all states reporting showed no change between 2011 and 2014. Given the great variation in reporting rates for all 4 years (22 percent to 47 percent), these data should be viewed with caution.

⁷⁴See Appendix E for detailed charts of all state enforcement data reported from 2011 to 2014.

Exhibit 4.2.27: Minors in Possession 2011–2014

	Number	Percentage
States reporting in all 4 years (n=25)		
States showing increased arrests across all 4 years	1	4
States showing decreased arrests across all 4 years	3	12
States showing variation across all 4 years, but increased number of MIP arrests between 2011 and 2014	10	40
States showing variation across all 4 years, but decreased number of MIP arrests between 2011 and 2014	11	44
States not reporting in all 4 years (n=26)		

Exhibit 4.2.28: State Compliance Checks 2011–2014

	Number	Percentage
States reporting in all 4 years (n=32)		
States showing increasing number of compliance checks across all 4 years	3	9
States showing decreasing number of compliance checks across all 4 years	3	9
States showing variation across all 4 years, but increased number of compliance checks between 2011 and 2014	15	47
States showing variation across all 4 years, but decreased number of compliance checks between 2011 and 2014	11	34
States not reporting in all 3 years (n=19)		

Exhibit 4.2.29: Fines on Retail Establishments 2011–2014

	Fines: total number	Fines: total dollar amount
	States reporting in all 4 years (n=14)	States reporting in all 4 years (n=14)
States showing consistent increases over all 4 years	7% (n=1)	0% (n=0)
States showing consistent decreases over all 4 years	14% (n=2)	7% (n=1)
States showing variation across all 4 years, but increases between 2011 and 2014	36% (n=5)	43% (n=6)
States showing variation across all 4 years, but decreases between 2011 and 2014	43% (n=6)	50% (n=7)

Exhibit 4.2.30: License Suspensions of Retail Establishments 2011–2014

	Suspensions: total number	Suspensions: total number of days
	<i>States reporting in all 4 years (n=23)</i>	<i>States reporting in all 4 years (n=11)</i>
States showing consistent increases over all 4 years	13% (n=3)	9% (n=1)
States showing consistent decreases over all 4 years	17% (n=4)	9% (n=1)
States showing variation across all 4 years, but increases between 2011 and 2014	22% (n=5)	27% (n=3)
States showing variation across all 4 years, but decreases between 2011 and 2014	48% (n=11)	55% (n=6)

Exhibit 4.2.31: Revocations of Retail Establishment Licenses 2011–2014*

	Revocations: total number
	<i>States reporting in all 4 years (n=24)</i>
States showing consistent increases over all 4 years	0% (n=0)
States showing consistent decreases over all 4 years	0% (n=0)
States showing variation across all 4 years, but 2011 and 2014 were equal	33% (n=8)
States showing variation across all 4 years, but increases between 2011 and 2014	21% (n=5)
States showing variation across all 4 years, but decreases between 2011 and 2014	46% (n=11)

Discussion

A key conclusion to be drawn from the STOP Act State Survey is that the states have demonstrated a commitment to the reduction of underage drinking and its consequences. This commitment is evident in the fact that all states completed the survey, reported numerous program activities, and in many cases provided substantial detail about those activities (see individual state summaries). The lengthy survey required the cooperation of multiple state agencies, including those charged with enforcement of underage drinking laws and policies and those involved in prevention of underage consumption. The fact that the survey has had a 100 percent response rate over its 4-year existence is evidence of the seriousness with which the task of preventing underage drinking is taken by the states.

Although the data provided by the state survey is informative and useful, it should be noted that enforcement activities appear highly variable across the states. Compliance checks and other enforcement activities related to furnishing (Cops in Shops, Shoulder Tap operations, underage alcohol-related fatality investigations, and enforcement of direct-shipment laws) are fairly widely implemented, although not necessarily at both the state and the local level. However, the total number of checks is modest. Just over 60 percent of those states conducting checks test 20 percent or fewer of their licensees. Sanctions for furnishing are predominantly fines, which are about five times more common than suspensions. Revocations are extremely rare; 65 percent of the states revoked one or no licenses.

Some of the variability found in the enforcement data may be due as much to data unavailability as to whether the activities were actually conducted. As discussed in the enforcement results

section, the number of states that collect data on local enforcement efforts is limited. Given that much of the enforcement of laws pertaining to furnishing minors and minors in possession occurs at the local level, it is likely that the enforcement statistics reported here actually underestimate the total amount of underage drinking enforcement occurring in the states. Regular and complete collection of both state and local enforcement data is critical to building an accurate picture of the national effort to prevent underage drinking.

CHAPTER 4.3

Policy Summaries

Laws Addressing Minors in Possession of Alcohol

Underage Possession, Consumption, and Internal Possession

Policy Description

As of January 1, 2014, all U.S. states and the District of Columbia prohibit possession of alcoholic beverages (with certain exceptions) by those under age 21. In addition, most but not all jurisdictions have statutes that specifically prohibit consumption of alcoholic beverages by those under age 21.

In recent years, a number of jurisdictions have enacted laws prohibiting “internal possession” of alcohol by persons less than 21 years old. These provisions typically require evidence of alcohol in the minor’s body, but they do not require any specific evidence of possession or consumption. Internal possession laws are especially useful to law enforcement in making arrests or issuing citations when breaking up underage drinking parties. Internal possession laws allow officers to bring charges against underage individuals who are neither holding nor drinking alcoholic beverages in the presence of law enforcement officers. As with laws prohibiting underage possession and consumption, jurisdictions that prohibit internal possession may apply various statutory exceptions to these provisions.

Although all jurisdictions prohibit possession of alcohol by minors, some jurisdictions do not specifically prohibit underage alcohol consumption. In addition, some jurisdictions that do prohibit underage consumption allow for different exceptions for consumption than those that apply to underage possession. Jurisdictions that may prohibit underage possession or consumption may or may not address the issue of internal possession.

Some jurisdictions allow exceptions to possession, consumption, or internal possession prohibitions when a family member consents or is present. Jurisdictions vary widely in terms of which relatives may consent or must be present for this exception to apply and in what circumstances the exception applies. Sometimes a reference is made simply to “family” or “family member” without further elaboration.

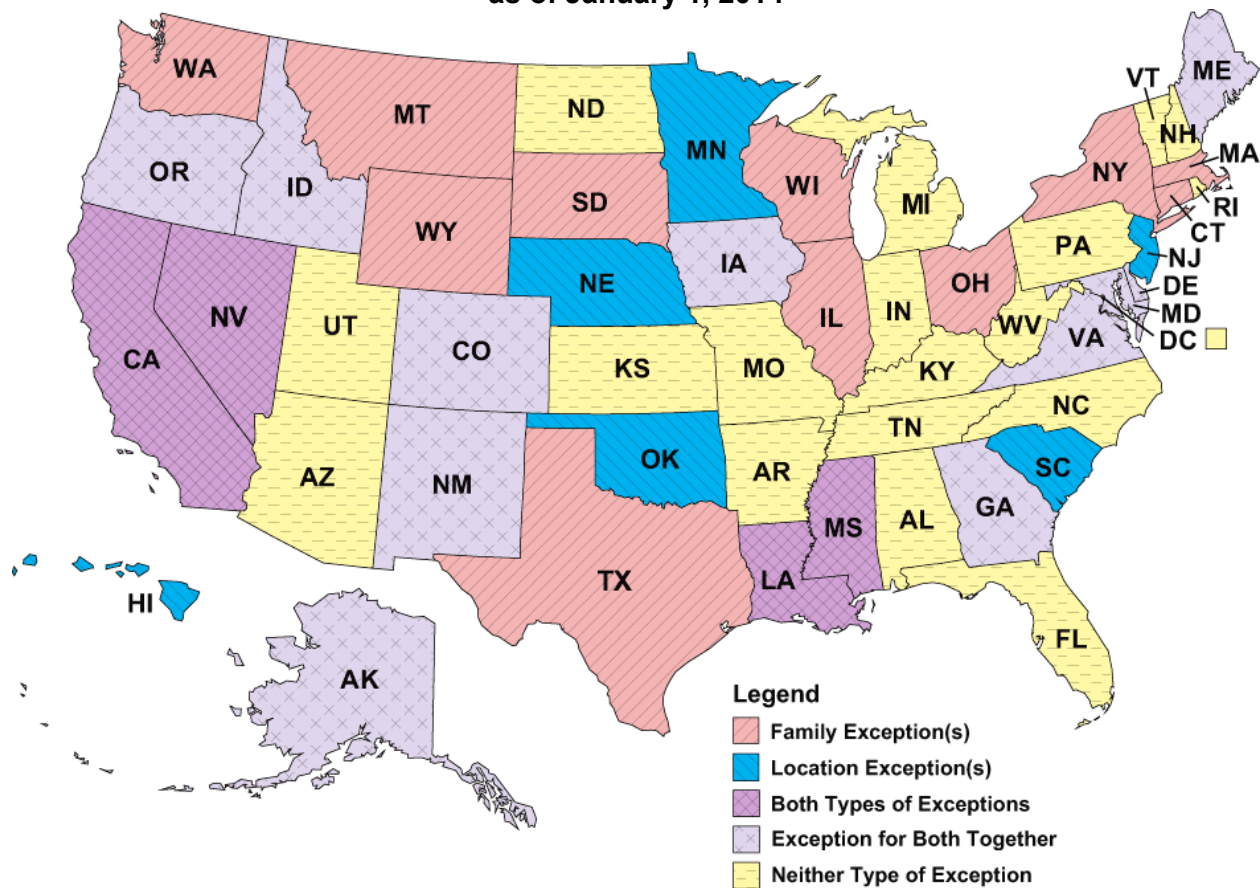
Some jurisdictions allow exceptions to possession, consumption, or internal possession prohibitions on private property. Jurisdictions vary in the extent of the private property exception, which may extend to all private locations, private residences only, or in the home of a parent or guardian only. In some, a location exception is conditional on the presence or consent of a parent, legal guardian, or spouse.

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

Status of Underage Possession Policies

As of January 1, 2014, all 50 states and the District of Columbia prohibit possession of alcoholic beverages by those under age 21. Twenty-six jurisdictions have some type of family exception, 21 have some type of location exception, and 19 have neither (see Exhibit 4.3.1).

Exhibit 4.3.1: Exceptions to Minimum Age of 21 for Possession of Alcohol as of January 1, 2014



Four of these limit the location to the parent/guardian's residence, eight pertain to any private residence, and nine concern any private location.

Trends in Underage Possession Policies

During the period between 1998 and 2014, the number of jurisdictions with family exceptions rose from 23 to 26, the number with location exceptions rose from 20 to 21, and the number of jurisdictions with neither exception decreased from 21 to 19 (see Exhibit 4.3.2).

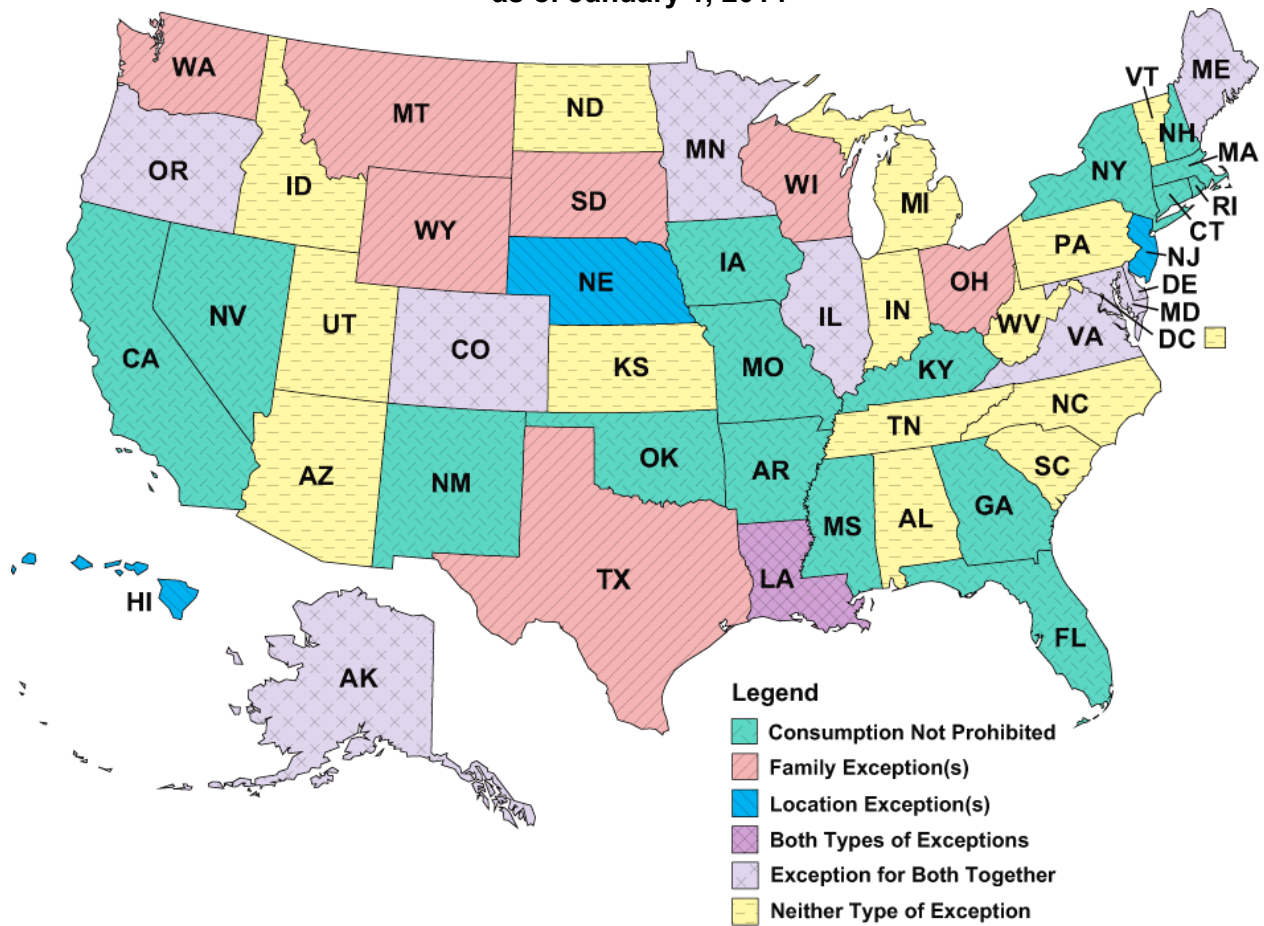
Status of Underage Consumption Policies

As of January 1, 2014, 35 jurisdictions prohibit consumption of alcoholic beverages by those under age 21. Of those, 17 permit family exceptions to the law, 13 permit location exceptions, and 15 permit neither type of exception (see Exhibit 4.3.3). Seven states (Montana, Ohio, South Dakota, Texas, Washington, Wisconsin, and Wyoming) permit only family exceptions; three states (Hawaii, New Jersey, and Nebraska) permit only location exceptions. Ten states had both types of exceptions, with nine of the states permitting underage consumption only if both family and location criteria are met.

Exhibit 4.3.2: Number of States with Family and Location Exceptions to Minimum Age of 21 for Possession of Alcohol, January 1, 1998, through January 1, 2014



Exhibit 4.3.3: Exceptions to Minimum Age of 21 for Consumption of Alcohol as of January 1, 2014



Trends in Underage Consumption Policies

As Exhibit 4.3.4 illustrates, during the period between 1998 and 2014, the number of jurisdictions that did not prohibit underage consumption decreased from 24 to 17. Location exceptions rose from 9 to 13; family exceptions rose from 13 to 17; and the number of jurisdictions with neither type of exception rose from 13 to 14.

Status of Underage Internal Possession Policies

As of January 1, 2014, nine states prohibit internal possession of alcoholic beverages for anyone under age 21 (see Exhibit 4.3.5). Of the nine states that prohibit internal possession, six do not make any exceptions. In contrast, Colorado has exceptions for situations in which parents or guardians are present and give consent and the possession occurs in any private location. South Carolina’s law makes an exception for internal possession in the homes only of parents or guardians. Wyoming makes exceptions for situations in which parents, guardians, and spouses are present.

Trends in Underage Internal Possession Policies

As Exhibit 4.3.6 illustrates, during the period between 1998 and 2014, the number of states that prohibit underage internal possession grew steadily from two to nine. The most recent state to enact a prohibition on internal possession was Wyoming.

Exhibit 4.3.4: Number of States with Family and Location Exceptions to Minimum Age of 21 for Consumption of Alcohol, January 1, 1998, through January 1, 2014

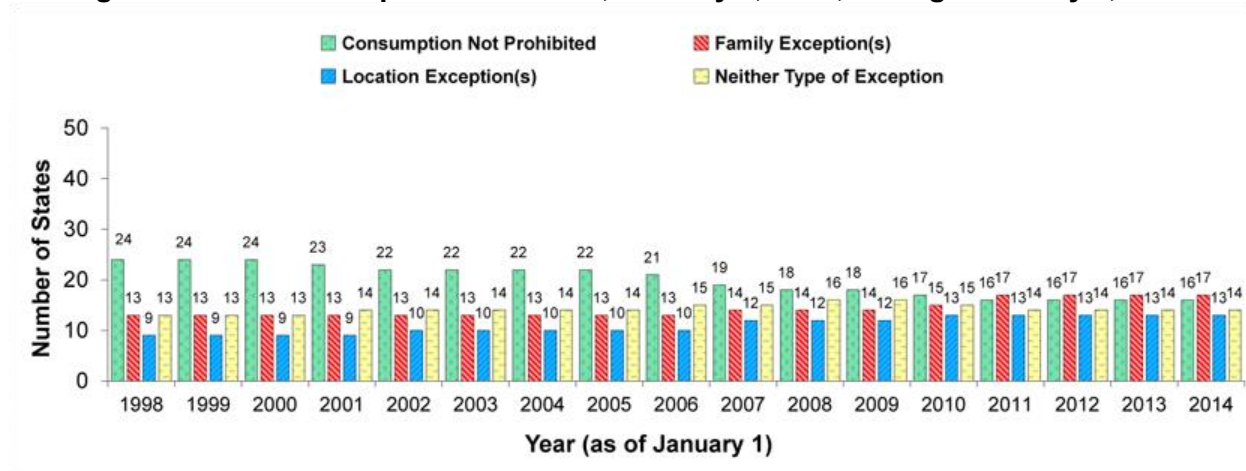


Exhibit 4.3.5: Prohibition of Internal Possession of Alcohol by Persons Under Age 21 as of January 1, 2014

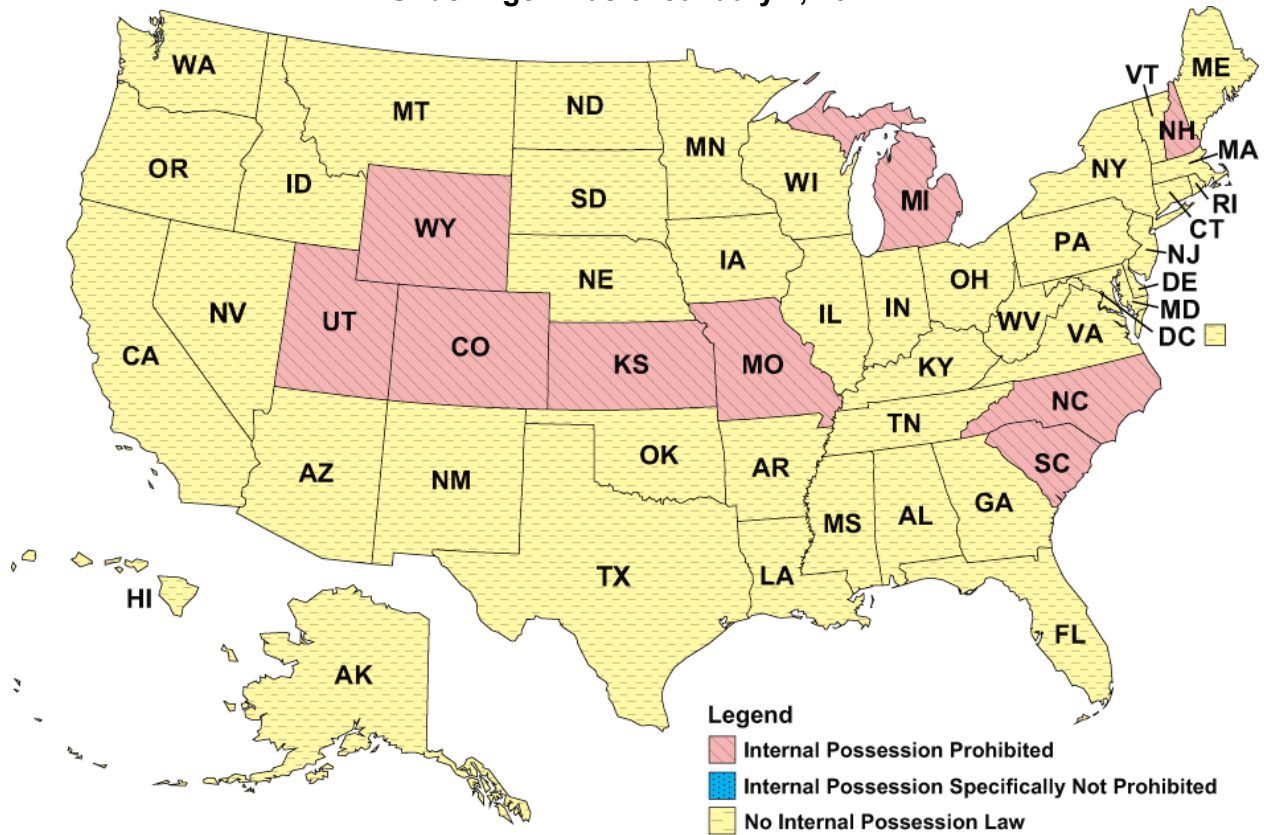
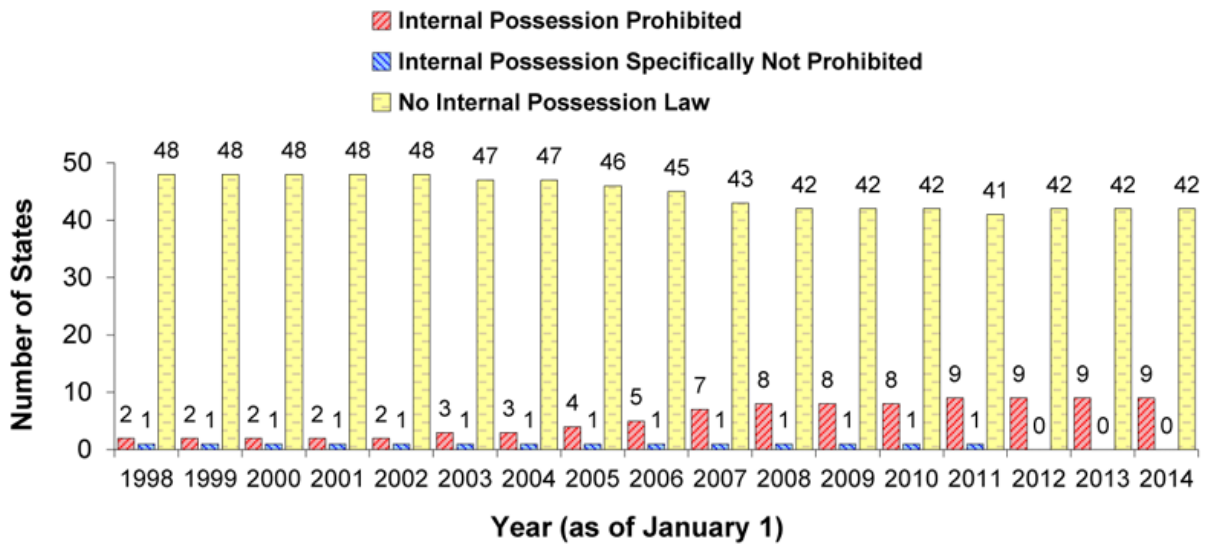


Exhibit 4.3.6: Distribution of States with Laws Prohibiting Internal Possession of Alcohol by Persons Under Age 21, January 1, 1998, through January 1, 2014



References and Further Information

All data for underage possession, consumption, and internal possession policy topics were obtained at <http://www.alcoholpolicy.niaaa.nih.gov> from the Alcohol Policy Information System (APIS). Follow links to the policy titled “Underage Possession/Consumption/Internal Possession of Alcohol.” APIS provides further descriptions of this set of policies and its variables, details regarding state policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to Appendix B.

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Underage Purchase and Attempted Purchase

Policy Description

Most states, but not all, prohibit minors from purchasing or attempting to purchase alcoholic beverages. A minor purchasing alcoholic beverages can be prosecuted for possession because, arguably, a sale cannot be completed until there is possession on the part of the purchaser. Purchase and possession are nevertheless separate offenses. A minor who purchases alcoholic beverages is potentially liable for two offenses in states that have both prohibitions. See the “Underage Possession/Internal Possession/Consumption” section of this report for further discussion.⁷⁵ A significant minority of youths purchase or attempt to purchase alcohol for themselves, sometimes using falsified identification (see the “False Identification” section of this report).

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

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

Status of Underage Purchasing Policies

As of January 1, 2014, 46 states and the District of Columbia prohibit underage purchase or attempted purchase of alcohol; the remaining 4 states (Delaware, Indiana, New York, and Vermont) do not (see Exhibit 4.3.7). Underage persons are allowed to purchase alcohol for law enforcement purposes in 23 states including Indiana, even though Indiana does not have an underage purchase statute. The three other states without underage purchase statutes have no allowances for such purchases made for law enforcement purposes.

Trends in Underage Purchasing Policies

Since 1998, the number of jurisdictions prohibiting underage purchase of alcohol has remained the same (47). During that period, the number of states with allowances for underage purchase for enforcement purposes has steadily increased, from 9 in 1998 to 23 in 2014 (Exhibit 4.3.8).

⁷⁵ Some states have laws that specifically prohibit both underage purchase and attempted purchase of alcohol. An attempted purchase occurs when a minor takes concrete steps toward committing the offense of purchasing whether or not the purchase is consummated. It is likely that courts in states that include only the purchase prohibition in their statutes would treat attempted purchase as a lesser included offense. It can, therefore, be assumed that all states that prohibit purchase also prohibit attempted purchases. The two offenses are therefore not treated separately in this report.

Exhibit 4.3.7: Underage Purchase of Alcohol for Law Enforcement Purposes as of January 1, 2014

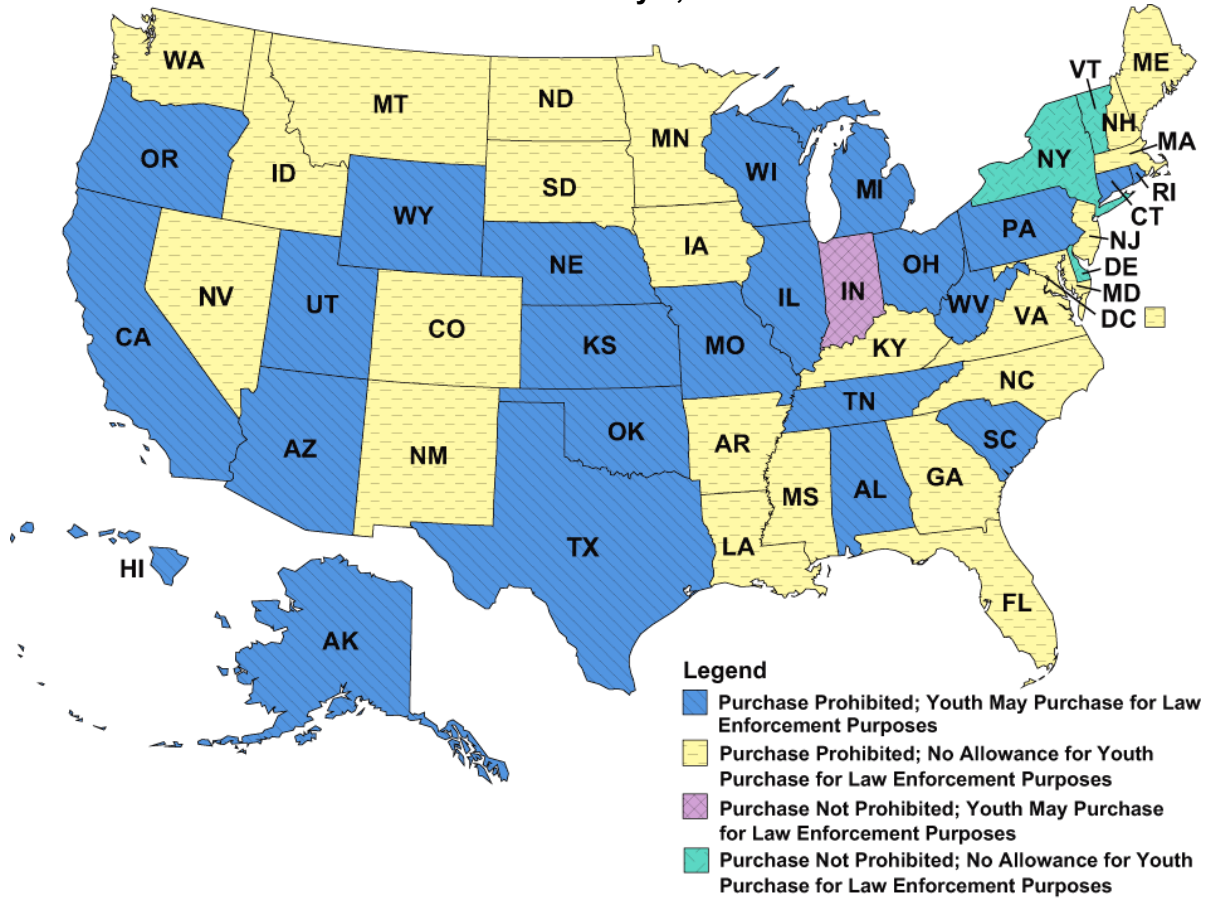
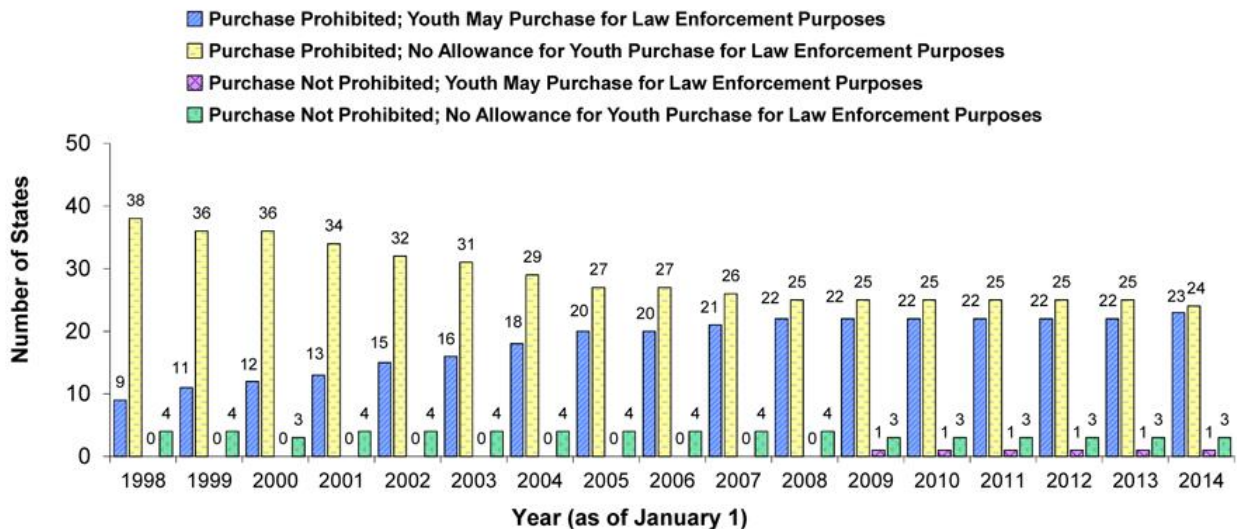


Exhibit 4.3.8: Underage Purchase of Alcohol for Law Enforcement Purposes, January 1, 1998, through January 1, 2014



References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy titled “Underage Purchase of Alcohol.” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. For definitions for the variables in this policy, go to Appendix B.

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False Identification (“False ID”)

Policy Description

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

Compliance check studies suggest that underage drinkers may have little need to use false ID because retailers often make sales without any ID inspection. However, concerns about false ID remain high among educators, law enforcement officials, retailers, and government officials. Current technology, including high-quality color copiers and printers, has made false ID easier to fabricate, and the Internet provides ready access to a large number of false ID vendors.

All states prohibit use of false identification by minors to obtain alcohol. In addition to the basic prohibitions, states have adopted a variety of legal provisions pertaining to false ID for obtaining alcohol. These provisions can be divided into three basic categories:

- Provisions that target minors who possess and use false identification to obtain alcohol
- Provisions that target those who supply minors with false identification, either through lending of a valid ID or the production of invalid (“fake”) IDs
- Provisions that assist retailers in avoiding sales to potential buyers who present false IDs

Government-issued IDs are used for a number of age-related purposes other than the purchase of alcohol: registering to vote, enlisting in the military, entering certain entertainment venues, and so on. APIS confines its analysis to statutes and regulations relating to the use of false identification for the purpose of obtaining alcohol.

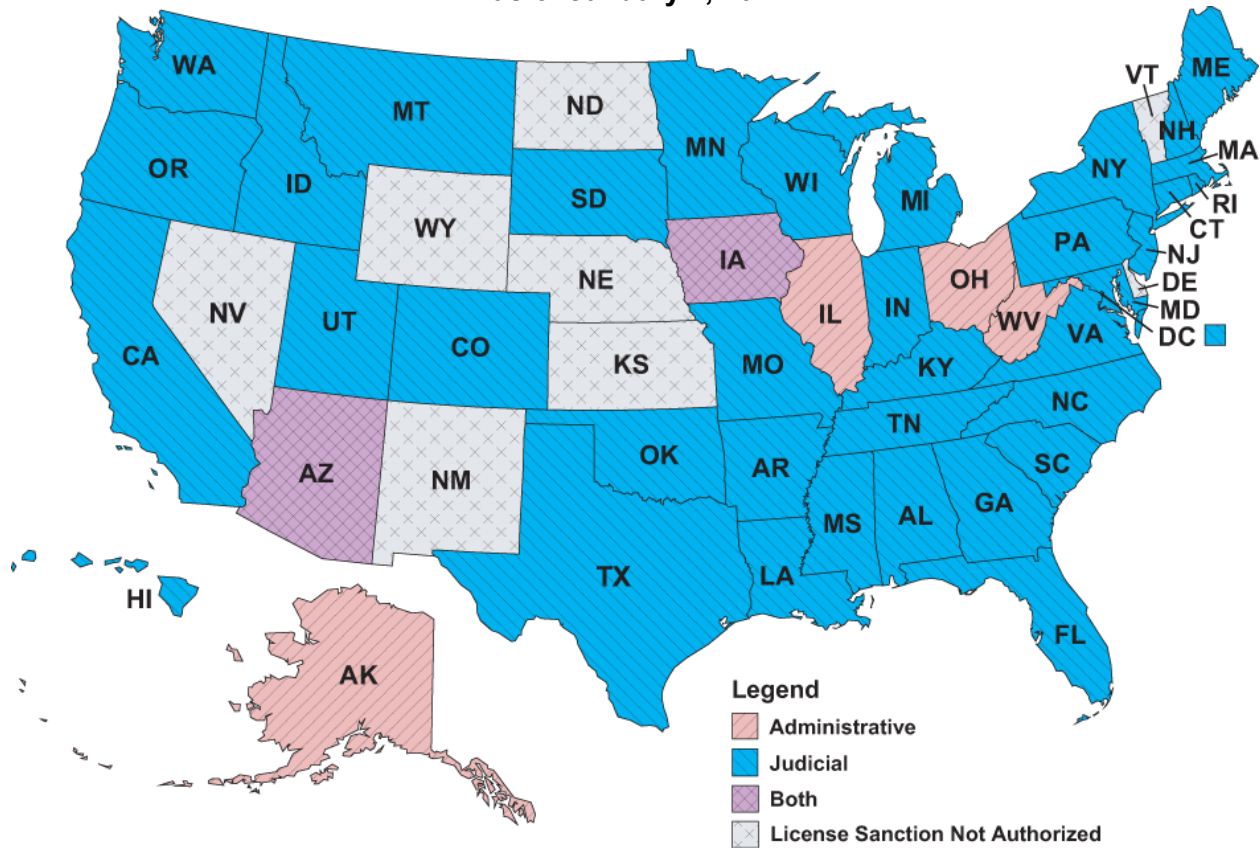
For further discussion of policies pertaining to the purchase of alcohol by minors, see the “Underage Purchase and Attempted Purchase” section of this report; for policies that mandate training of servers to detect false identification, see the “Responsible Beverage Service” section of this report; and for policies on license suspension or revocation, see the “Loss of Driving Privileges for Alcohol Violations by Minors” section of this report.

Status of False ID Policies

Provisions That Target Minors

As of January 1, 2014, all states and the District of Columbia prohibit minors from using false IDs to obtain alcohol (see Exhibit 4.3.9). All but eight states (Delaware, Kansas, Nebraska, Nevada, New Mexico, North Dakota, Vermont, and Wyoming) authorize suspension of minors’ driver’s licenses for using a false ID in the purchase of alcohol. In all but four states (Alaska, Illinois, Ohio, and West Virginia) the suspension is through judicial proceedings. Two states (Arizona and Iowa) allow for both judicial and administrative proceedings for license sanctions.

Exhibit 4.3.9: Procedure for Imposing License Sanction for Use of False ID as of January 1, 2014



Provisions That Target Suppliers

As of January 1, 2014, 25 states have laws that target suppliers of false IDs; 24 prohibit lending, transferring, or selling false IDs to minors for the purpose of purchasing alcohol; and 13 prohibit manufacturing such licenses.

Retailer Support Provisions

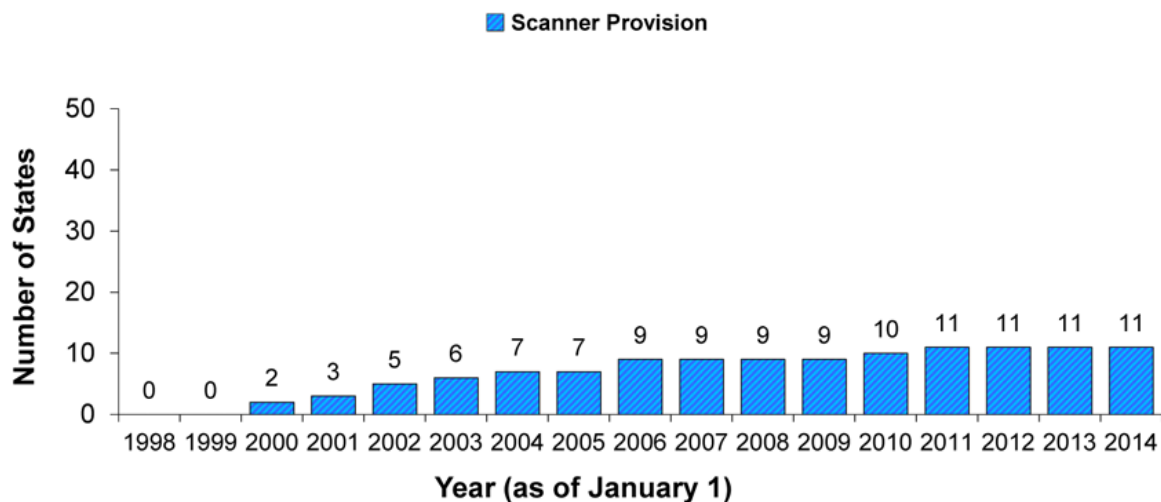
Retailer support provisions vary widely across the states. In prosecution involving an illegal underage alcohol sale, 44 states and the District of Columbia provide for some type of affirmative defense (the retailer shows that he/she reached a good faith or reasonable conclusion that the false ID was valid); 43 states have laws requiring distinctive licenses for persons under age 21; 11 states permit retailers to seize apparently false IDs; 11 states provide incentives for the use of scanners; 4 states (Arkansas, Colorado, South Dakota, and Utah) allow retailers to detain minors; and 5 states (Alaska, Oregon, New Hampshire, Utah and Wisconsin) permit retailers to sue minors for damages.

Trends in False ID State Policies

State false ID policies that target minors and suppliers have been relatively stable for the last 12 years. During this period, Hawaii, Maine, Mississippi, and South Dakota implemented judicial license revocation, and Missouri enacted a law making it illegal to lend, transfer, or sell false IDs to minors. By contrast, states have been actively enacting four of the retailer support provisions.

All 11 scanner provisions were enacted over the last 12 years (see Exhibit 4.3.10). Two of the specific affirmative defense laws (Arizona and Vermont), two of the right to detain minors laws (Arkansas and South Dakota), and four of the right to sue minors laws (Alaska, New Hampshire, Utah, and Wisconsin) were enacted during this time period. Idaho is an exception to the general trend; in 2007, it rescinded its law permitting retailers to seize apparently false IDs.

Exhibit 4.3.10: Number of States with Scanner Provisions in False ID Laws, January 1, 1998, through January 1, 2014



References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “False Identification for Obtaining Alcohol.” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. Variables are defined in Appendix B.

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Hingson, R., & White, A. (2014). New research findings since the 2007 *Surgeon General’s call to action to prevent and reduce underage drinking*: A review. *Journal of Studies on Alcohol and Drugs*, 75(1), 158–169.

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Laws Targeting Underage Drinking and Driving

Youth Blood Alcohol Concentration Limits (underage operators of noncommercial motor vehicles)

Policy Description

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

There is strong scientific evidence that, as BAC increases, the cognitive and motor skills needed to operate a motor vehicle are increasingly impaired. BAC statutes establish criteria for determining when the operator of a vehicle is sufficiently impaired to constitute a threat to public safety and is, therefore, violating the law. Currently, all states and the District of Columbia mandate a BAC limit of 0.08 g/dL for adult drivers.

Owing to differences between young people and adults (e.g., body mass, physiological development, driving experience), young people's ability to safely operate a motor vehicle is impaired at a lower BAC than for adults. Partly as a result of financial incentives established by the federal government, all jurisdictions in the United States have enacted low BAC limits for underage drivers. Laws establishing very low legal BAC limits of 0.02 g/dL or less for drivers under the legal drinking age of 21 are widely referred to as zero-tolerance laws.

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

Status of Youth BAC Limit Policies

As of January 1, 2014, all states have per se youth BAC statutes (see Exhibit 4.3.11). Thirty-four states set the driving BAC limit for underage persons at 0.02 g/dL. The District of Columbia and 14 states consider any underage alcohol consumption while driving to be a violation of the law and have set the limit to 0.00 g/dL. Two states (California and New Jersey) have set the underage BAC limit to 0.01 g/dL.

Trends in Youth BAC Limit Policies

Since 1998, all states have had zero tolerance (0.02 g/dL or lower) youth BAC limit laws (see Exhibit 4.3.12). In the period between 1999 and 2014, the number of states mandating specific BAC limits for underage drivers remained constant with the exception of one state (Maryland), which lowered its underage BAC limit from 0.02 to 0.00 g/dL. Prior to 1998, three states (South Carolina, South Dakota, and Wyoming) had no youth BAC limits and one (Mississippi) set the limit to 0.08 g/dL.

Exhibit 4.3.11: Youth Operators Blood Alcohol Concentration Limit Laws as of January 1, 2014

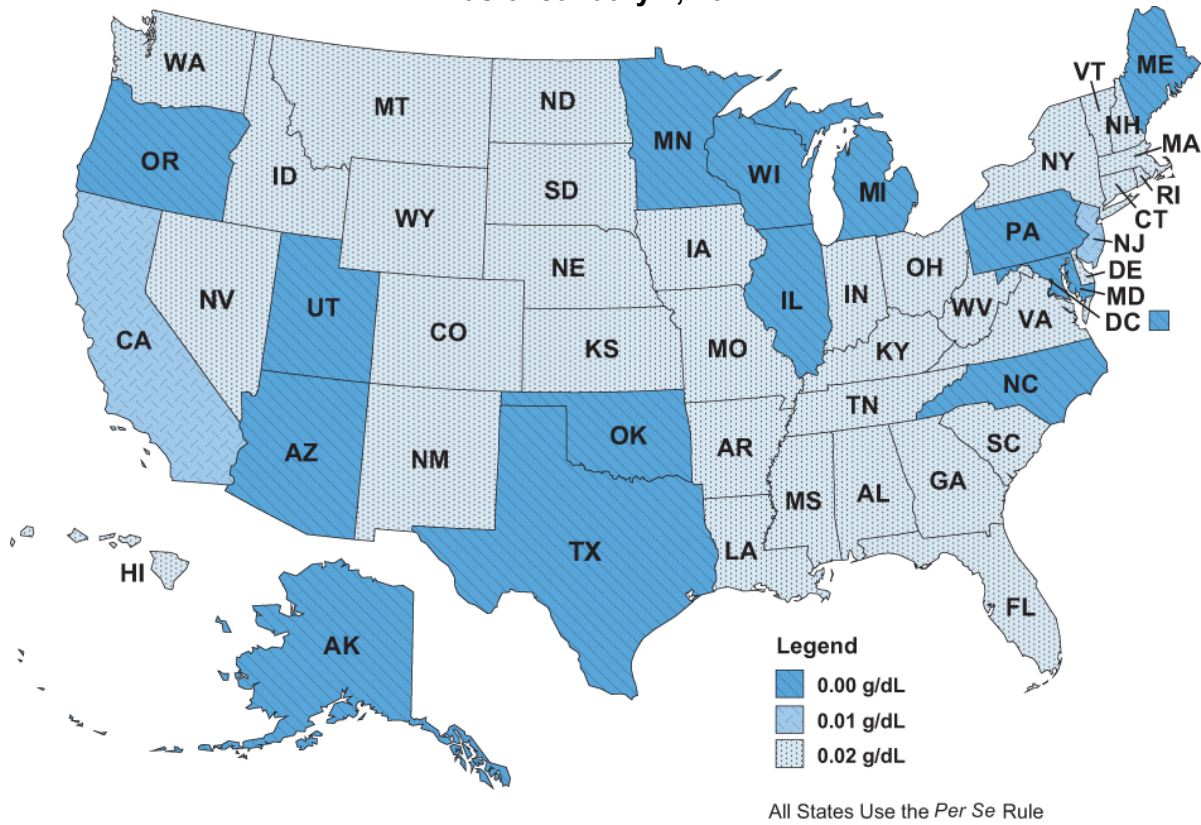
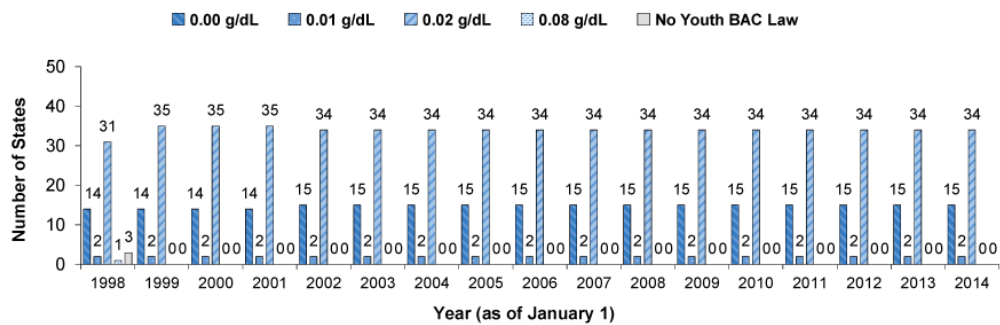


Exhibit 4.3.12: Distribution of Youth (Underage Operators of Noncommercial Motor Vehicles) BAC Limit Laws, January 1, 1998, through January 1, 2014



References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Blood Alcohol Concentration Limits: Youth (Underage Operators of Noncommercial Motor Vehicles).” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to Appendix B.

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Loss of Driving Privileges for Alcohol Violations by Minors (“Use/lose” Laws)

Policy Description

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

State laws specific to minors (purchase, possession, and consumption of alcoholic beverages) are described in the “Underage Purchase and Attempted Purchase,” “Underage Possession,” “Underage Consumption,” and “Internal Possession by Minors” sections of this report.

Status of Loss of Driving Privileges Policies

Upper Age Limit

Twenty-six states and the District of Columbia set age 21 as the upper limit for which use/lose laws apply. Fourteen states set the upper limit at age 18, and one state (Wyoming) sets the limit at age 19. In four states (Arkansas, Hawaii, Tennessee, and Virginia), some sanction conditions vary depending on whether the violator is under age 18 or under age 21.

Authority To Impose License Sanction

The vast majority of jurisdictions (35 states and the District of Columbia) have made license suspension or revocation mandatory in cases of underage alcohol violations (see Exhibit 4.3.13). Nine states have made this a discretionary penalty for such violations, and 10 states have no use/lose law. One state (Hawaii) makes this a discretionary penalty for minors below age 18, but mandatory for violators ages 18 through 20. (The total of states is greater than 51 because some have both mandatory and discretionary laws.)

Trends in Loss of Driving Privileges Policies

Between 1998 and 2014, the number of jurisdictions that made license suspension or revocation mandatory in cases of underage alcohol violations increased from 25 to 33 (see Exhibit 4.3.14). During this same time period, the number of jurisdictions with no use/lose laws decreased from 17 to 10, and the number with discretionary authority to impose use/lose sanctions dropped from 10 to 8.

Exhibit 4.3.13: License Suspension/Revocation for Alcohol Violations by Minors as of January 1, 2014

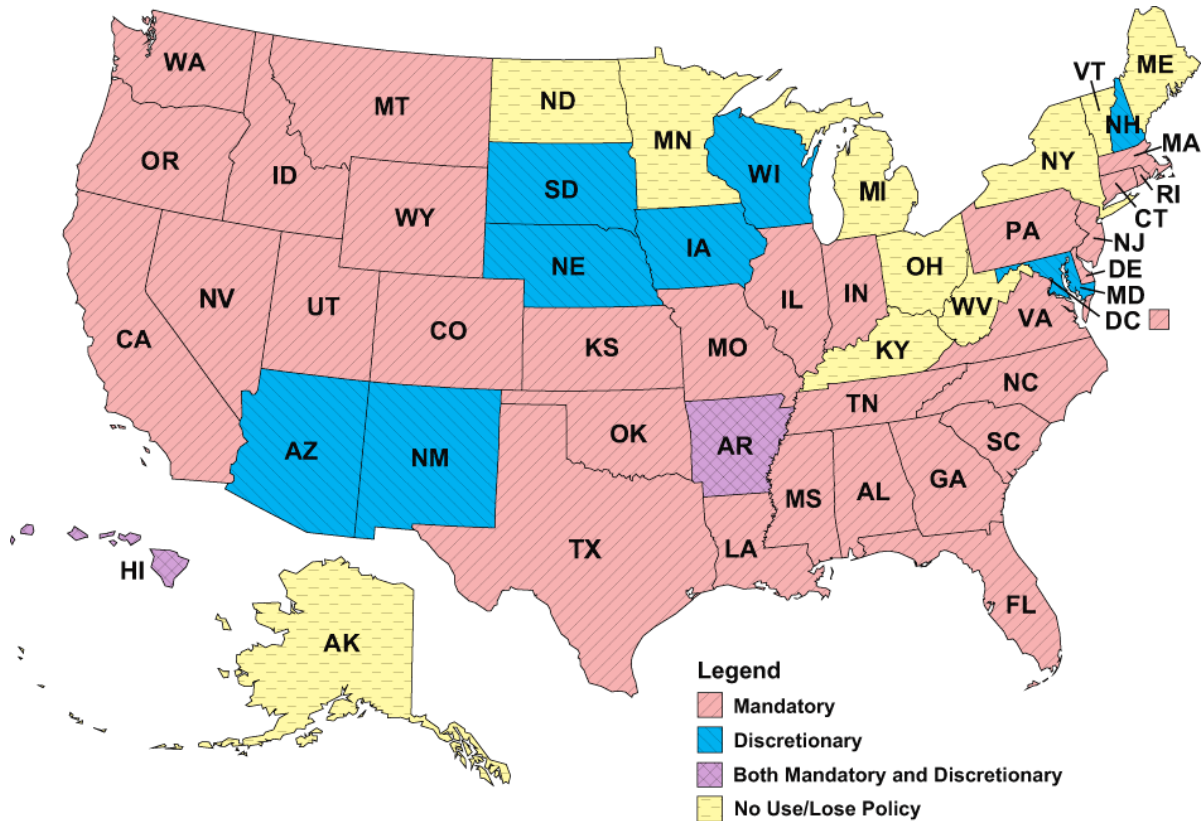
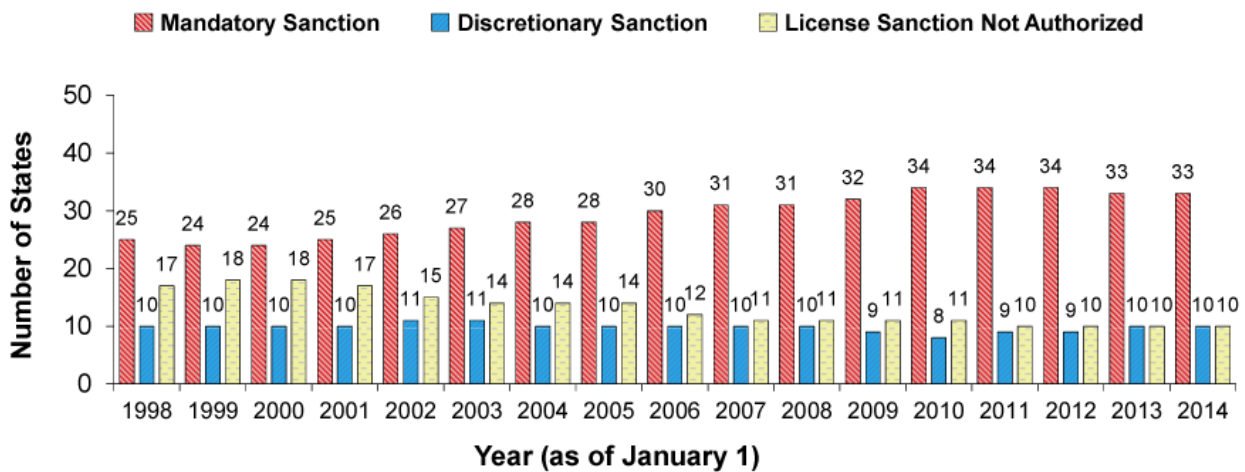


Exhibit 4.3.14: Distribution of License Suspension/Revocation Procedures for Alcohol Violations by Minors, January 1, 1998, through January 1, 2014



References and Further Information

Data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose” Laws).” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to Appendix B.

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Graduated Driver's Licenses

Policy Description

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

A fully developed GDL system has three stages: a minimum supervised learner's period, an intermediate license (once the driving test is passed) that limits unsupervised driving in high-risk situations, and a full-privilege driver's license available after completion of the first two stages. Beginners must remain in each of the first two stages for set minimum time periods.

The learner's stage has three components:

- Minimum age at which drivers can operate vehicles in the presence of parents, guardians, or other adults
- Minimum holding periods during which learner's permits must be held before drivers advance to the intermediate stage of the licensing process
- Minimum age at which drivers become eligible to drive without adult supervision

The intermediate stage of GDL law has five components:

- Minimum age at which drivers become eligible to drive without adult supervision
- Unsupervised night-driving prohibitions
- Primary enforcement of night-driving provisions
- Passenger restrictions, which set the total number of passengers allowed in vehicles driven by intermediate-stage drivers
- Primary enforcement of passenger restrictions

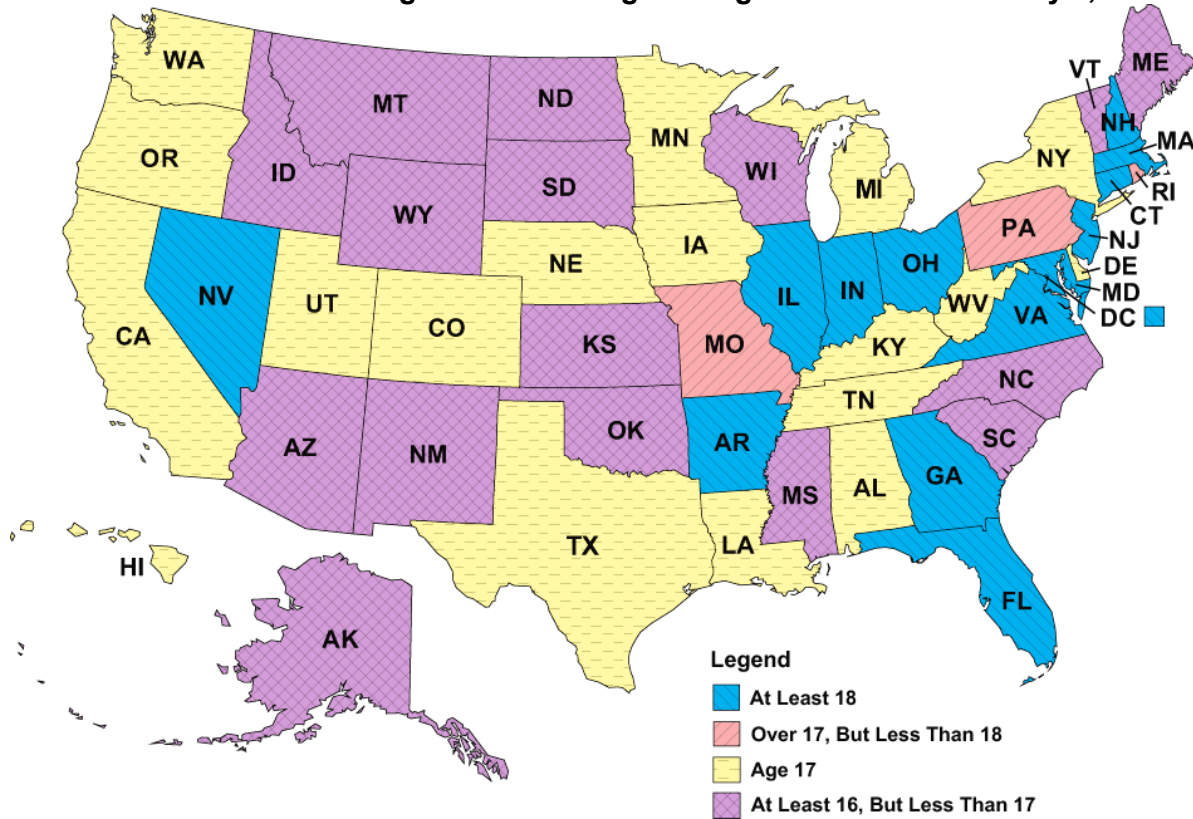
“Primary enforcement” refers to the authority given to law enforcement officers to stop drivers for the sole purpose of investigating potential violations of night-driving or passenger restrictions. Law enforcement officers in states without primary enforcement can investigate potential violations of these provisions only as part of an investigation of some other offense. Primary enforcement greatly increases the chance that violators will be detected. The single component for the license stage of GDL is the minimum age at which full licensure occurs and both passenger and night-driving restrictions are lifted.

Status of Graduated Driver Licensing Policies

All 51 jurisdictions have some form of GDL policy and all states have full three-stage criteria (see Exhibit 4.3.15). The minimum ages for each stage and the extent to which the other restrictions are imposed vary across jurisdictions. An important GDL provision related to traffic safety is the minimum age for full licensure. Fifteen jurisdictions allow full licensure on the 18th birthday; three jurisdictions permit it at age above 17 but under 18; and 17 permit it on the 17th birthday. The remaining 16 jurisdictions permit full licensure to those who are under 17 but at least 16 years old. All but one jurisdiction has night-driving restrictions; the hours during which these restrictions apply vary widely among jurisdictions, but fall largely between 6 p.m. and 1 a.m. Thirty-eight jurisdictions have primary enforcement of night-driving restrictions. Forty-

seven jurisdictions place passenger restrictions on drivers with less than full licensure, and 32 of those have primary enforcement of these restrictions.

Exhibit 4.3.15: Minimum Age of Full Driving Privileges Laws as of January 1, 2014



Trends in Graduated Driver Licensing Policies

Since the mid-1990s, states enacting three-stage GDL laws have steadily increased (see Exhibit 4.3.16). On January 1, 1996, only one state (Maryland) had such a law, but by 2000, 23 jurisdictions had enacted three-stage GDL laws, and by 2012, that number had risen to 51.

Exhibit 4.3.16: Number of States (and District of Columbia) with Three-Stage Graduated Driver Licensing Policies, July 1, 1996, through January 1, 2014



References and Further Information

Legal research for this topic is planned and managed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and conducted under contract by The CDM Group, Inc. Historical data for the years 1996 through 2004 were obtained from “Graduated Driver Licensing Programs and Fatal Crashes of 16 year old Drivers: A National Evaluation” (Baker, Chen, & Li, 2006; National Highway Transportation Safety Administration, DOT HS 810 614). Data from January 1, 2005, until December 31, 2008, were obtained from the Insurance Institute for Highway Safety (http://www.iihs.org/laws/pdf/us_licensing_systems.pdf). Data through January 1, 2014, were collected by SAMHSA. To see definitions of the variables for this policy, go to Appendix B.

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Laws Targeting Alcohol Suppliers

Furnishing Alcohol to Minors

Policy Description

All states prohibit furnishing alcoholic beverages to minors by both commercial servers (bars, restaurants, retail sales outlets) and noncommercial servers. However, examination of case law would be required to determine with certainty that the prohibition applies to both commercial and noncommercial servers in all states. Additionally, most states include some type of exception to their furnishing laws of the types listed below.

Most underage persons obtain alcohol from adults including parents, older siblings and peers, or strangers solicited to purchase alcohol for the minor. Fewer youth purchase alcohol for themselves from merchants who fail to comply with laws prohibiting sale to minors or by using false identification (see the “False Identification” section of this report). These sources increase the availability of alcohol to underage persons, which, in turn, increases underage consumption. Prohibitions and associated sanctions on furnishing to underage persons can be expected to depress rates of furnishing by raising the monetary and social costs of this behavior. Such laws provide a primary deterrent (preventing furnishing) and a secondary deterrent (reducing the chances of persons sanctioned under these laws furnishing in the future).

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

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

Some states provide sellers and licensees with one or more defenses against a charge of furnishing alcoholic beverages to a minor. Under these provisions, a retailer who provides alcohol to a minor will not be found in violation of the furnishing law if he or she can establish one of these defenses. This policy topic tracks one such defense: some states require that the minor who initiated a transaction be charged for possessing or purchasing the alcohol before the retailer can be found in violation of the furnishing law. (Defenses associated with minors using false ID can be found in the “False Identification” section of this report.) Many states also have provisions that mitigate or reduce the penalties imposed on retailers if they have participated in responsible beverage service (RBS) programs; see the “Responsible Beverage Service” section of this report for further discussion.

In some states, furnishing laws are closely associated with laws that prohibit hosting underage drinking parties. These laws target hosts who allow underage drinking on property they own, lease, or otherwise control. (See the “Hosting Underage Drinking Parties” section of this report for further discussion.) Hosts of underage drinking parties who also supply the alcohol consumed or possessed by minors may be in violation of two distinct laws: furnishing alcohol to minors and allowing underage drinking to occur on property they control.

Also addressed in this report are social host liability laws, which impose civil liability on hosts for injuries caused by their underage guests. Although related to party hosting laws, social host

liability laws are distinct. They do not establish criminal or civil offenses, but instead allow injured parties to recover damages by suing social hosts of events during which minors consumed alcohol and later were responsible for injuries. The commercial analog to social host liability laws is dram shop laws, which prohibit commercial establishments—bars, restaurants, and retail sales outlets—from furnishing alcoholic beverages to minors. See the “Social Host Liability” and “Dram Shop Liability” portions of this report for further discussion.

Status of Underage Furnishing Policies

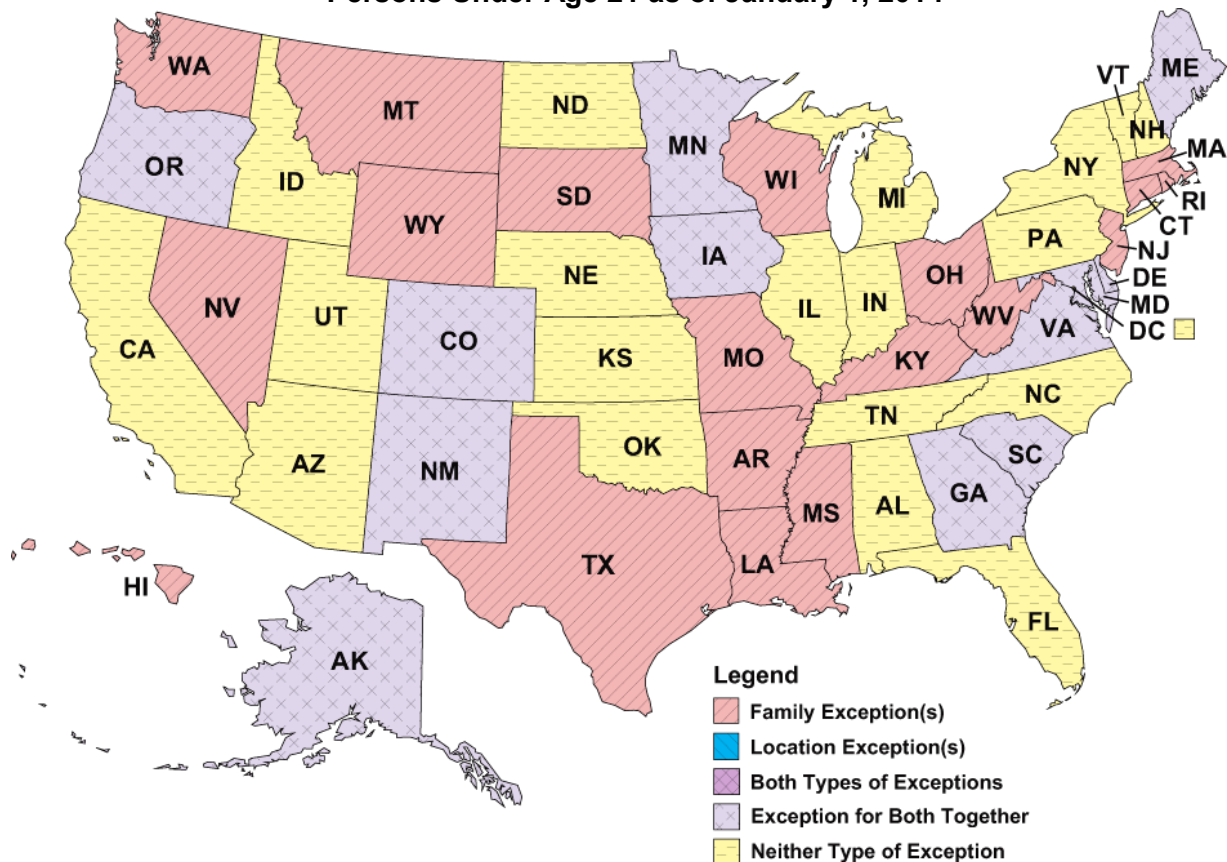
Exceptions to Furnishing Prohibitions

As of January 1, 2014, all states prohibit the furnishing of alcoholic beverages to minors (see Exhibit 4.3.17). Nineteen states and the District of Columbia have no family or location exceptions to this prohibition. The remaining 31 states permit parents, guardians, or spouses to furnish alcohol to their underage children or spouses. Of these, 12 states limit the exception to certain locations (3 states, any private location; 7 states, any private residence; 2 states, parents’ or guardians’ homes only).

Affirmative Defense for Sellers and Licensees

As of January 1, 2014, the underage furnishing laws of two states (Michigan and South Carolina) include provisions requiring that the seller/licensee be exonerated of charges of furnishing alcohol to a minor unless the minor involved is charged.

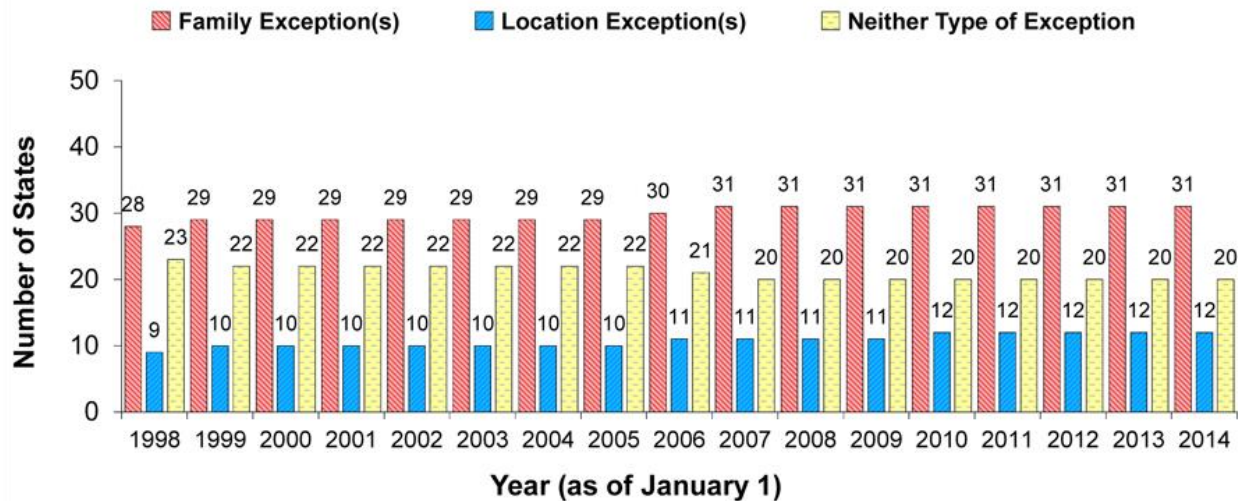
Exhibit 4.3.17: Exceptions to Prohibitions on Furnishing Alcohol to Persons Under Age 21 as of January 1, 2014



Trends in Underage Furnishing Policies

State policies prohibiting the furnishing of alcohol to minors have remained stable over the last 12 years. As of January 1, 1998, all states prohibited underage furnishing (see Exhibit 4.3.18).

Exhibit 4.3.18: Number of States with Family and Location Exceptions to Prohibition on Furnishing Alcohol to Persons under Age 21, January 1, 1998, through January 1, 2014



References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. See the policy entitled “Furnishing Alcohol to Minors.” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to Appendix B.

- Fagan, A. A., Hawkins, J. D., & Catalano, R. F. (2011). Engaging communities to prevent underage drinking. *Alcohol Research & Health*, 34(2), 167–174.
- Gosselt, J. F., Van Hoof, J. J., & De Jong, M. D. (2012). Why should I comply? Sellers’ accounts for (non-)compliance with legal age limits for alcohol sales. *Substance Abuse Treatment, Prevention, and Policy*, 7, 5. doi:10.1186/1747-597X-7-5
- Hingson, R., & White, A. (2014). New research findings since the 2007 Surgeon General’s call to action to prevent and reduce underage drinking: A review. *Journal of Studies on Alcohol and Drugs*, 75(1), 158–169.
- Kaynak, O, Winters, K. C., Cacciola, J., Kirby, K. C., & Arria, A. M. (2014). Providing alcohol for underage youth: What messages should we be sending parents? *Journal of Studies on Alcohol and Drugs*, 75(4), 590–605.
- Paschall, M. J., Grube, J. W., Black, C., & Ringwalt, C. L. (2007). Is commercial alcohol availability related to adolescent alcohol sources and alcohol use? Findings from a multi-level study. *Journal of Adolescent Health*, 41(2), 168–174.
- U.S. Department of Health and Human Services. (2007). Surgeon General’s call to action to prevent and reduce underage drinking. Rockville, MD: Office of the Surgeon General. Retrieved from <http://www.surgeongeneral.gov/topics/underagedrinking>
- Ward, L. M., & Snow, P. C. (2011). Factors affecting parental supply of alcohol to underage adolescents. *Drug and Alcohol Review*, 30(4), 338–343.

Compliance Check Protocols

Policy Description

Compliance checks involve an underage operative (a “decoy”) working with either local law enforcement officials or agents from the state alcoholic beverage control (ABC) agency, who enters an alcohol retail establishment and attempts to purchase an alcoholic beverage from a server, bartender, or clerk. The protocols for these checks vary from state to state, but in general follow a similar outline. An underage person (allowable ages vary by state) serves as a decoy in the compliance check. Decoys are generally instructed to act and dress in an age-appropriate manner. The decoy enters an alcohol retail outlet to attempt to purchase a predetermined alcohol product (e.g., a six-pack of beer at an off-sale establishment or a mixed drink at an on-sales establishment). Typically, the decoy is observed by an undercover enforcement officer from a local police department or the state ABC agency. Audio and video recording equipment may also be used or required. State rules vary regarding a decoy’s use of legitimate identification cards (driver’s licenses, etc.), although a few states allow decoys to verbally exaggerate their age. If a purchase is made successfully, the establishment and the clerk or server may be subject to an administrative or criminal penalty.

Most, but not all, states permit law enforcement agencies to conduct compliance checks on a random basis. A few states permit them only when there is a basis for suspecting that a particular licensee has sold alcohol to a minor in the past. To ensure that state and local law enforcement agencies are following uniform procedures, most states have issued formal compliance check protocols or guidelines. If the protocols are not adhered to, then the administrative action against the licensee may be dismissed. The protocols are therefore designed to ensure that law enforcement actions are fair and reasonable and to provide guidelines to licensees for avoiding prosecution.

Compliance checks of off- and on-premise licensed alcohol retailers are an important community tool for reducing illegal alcohol sales to minors and promoting community normative change. The Institute of Medicine (IOM) 2003 report, *Reducing Underage Drinking: A Collective Responsibility*, calls for (a) regular, random compliance checks; (b) administrative penalties, including fines and license suspensions that increase with each offense; (c) enhanced media coverage for the purposes and results of compliance checks; and (d) training for alcohol retailers regarding their legal responsibility to avoid selling alcohol to underage youths.

Compliance checks have both educational and behavior change goals:

- Change or reinforce social norms that underage drinking is not acceptable by publicizing noncompliant retailers.
- Educate the community, including parents, educators, and policymakers, about the ready availability of alcohol to youth, which may not be considered a major issue.
- Increase alcohol retailers’ perception that violation of sales to minors laws will be detected and punished, creating a deterrent effect.

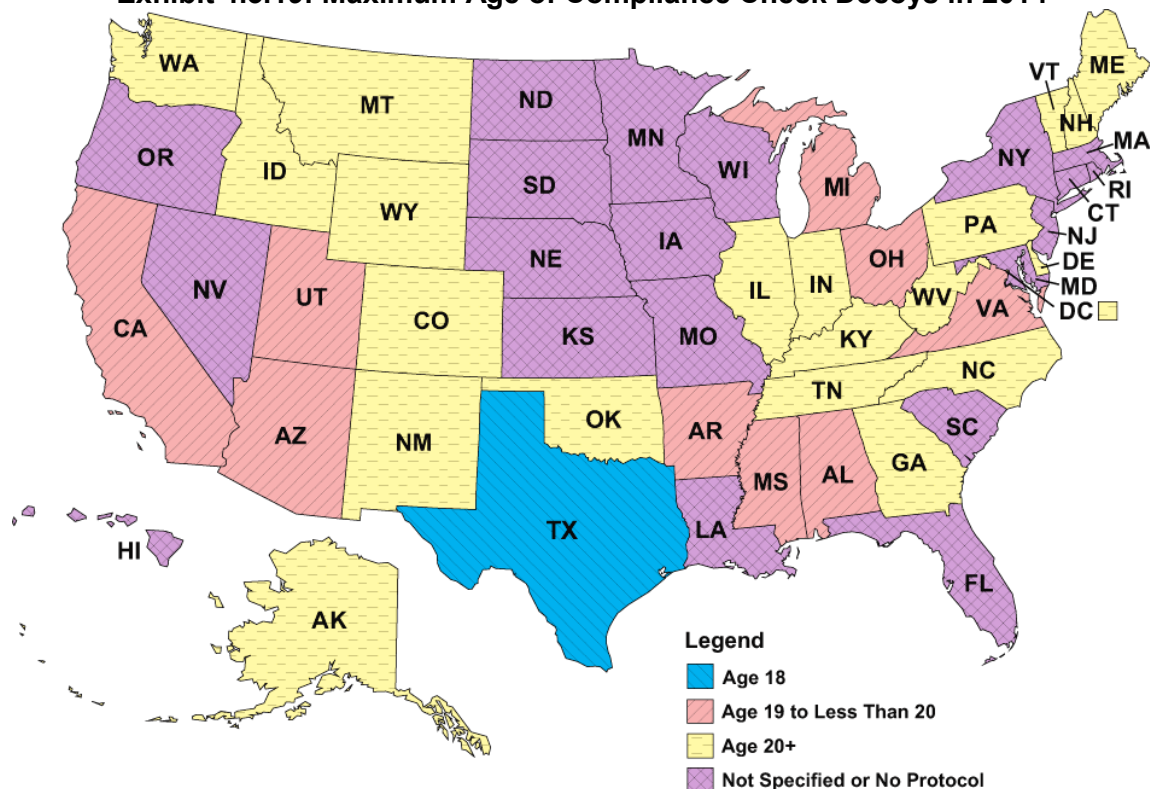
Status of Compliance Check Protocols

Data for this policy were coded from formal compliance check protocols or guidelines. A total of 32 states have formal, written protocols; the remaining states either do not have them or do not have them readily available to the public. Compliance check protocols are generally issued by the state police or the state ABC agency. These guidelines vary somewhat in specificity and

detail, possibly reflecting differences in the purposes of the checks and the evidentiary standards in each jurisdiction.

The maximum age of the decoy varies from 18 to 21 (only one state lists 21 as the maximum age), with the majority of states requiring that the maximum age of the decoy be 19 or 20 (see Exhibit 4.3.19). The minimum age of the decoy ranges from 15 to 18, with the majority of the states requiring the minimum age of the decoy to be 17 or 18. Twenty-nine jurisdictions have guidelines for the decoys' appearance (e.g., no facial hair on males, no makeup on females). These requirements vary widely by state. At least one state uses an age panel to ensure that the decoys appear underage. Two states allow decoys to verbally exaggerate their age. Decoy training is mandatory in 13 states. Fewer than one quarter of the states (nine) require decoys to have valid identification in their possession at the time of the check.

Exhibit 4.3.19: Maximum Age of Compliance Check Decoys in 2014



References and Further Information

Legal research and data collection for this topic are planned and managed by SAMHSA and conducted under contract by The CDM Group, Inc. To see variables for this policy, go to Appendix B. For further information and background, see:

Pacific Institute for Research and Evaluation. (2007). *Reducing alcohol sales to underage purchasers: A practical guide to compliance investigations*. Washington, DC: U.S.

Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Penalty Guidelines for Sales/Service to Minors

Policy Description

In the majority of states, ABC agencies are responsible for adjudicating administrative charges against licensees, including violations for sales or service to those under age 21. Alcohol law enforcement seeks to increase compliance with laws by increasing the level of perceived risk of detection and sanctions. Such deterrence involves three key components: perceived likelihood that a violation will lead to apprehension and sanction, swiftness with which the sanction is imposed, and severity of the sanction (Ross, 1992). As stated in the 2003 IOM report, *Reducing Underage Drinking: A Collective Responsibility*, the effectiveness of alcohol control policies depends heavily on the “intensity of implementation and enforcement and on the degree to which the intended targets are aware of both the policy and its enforcement.” The report recommends, “Enforcement agencies should issue citations for violations of underage sales laws, with substantial fines and temporary suspension of license for first offenses and increasingly stronger penalties thereafter, leading to permanent revocation of license after three offenses.”

States typically include administrative penalties in their statutory scheme prohibiting sales to minors. The penalty provisions are usually very broad, allowing for severe penalties but delegating responsibility for determining actual penalties in particular cases to the ABC agencies. Penalties may include warning letters, fines, license suspensions, a combination of fines and suspensions, or license revocation. The agencies may consider both mitigating and aggravating circumstances as well the number of violations within a given time period, with repeat offenders usually receiving more severe sanctions.

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

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

Status of Penalty Guidelines for Sales/Service to Minors

At least 24 jurisdictions have defined administrative penalty guidelines for licensees who sell alcohol to an underage youth (see Exhibit 4.3.20). The remaining 27 states either do not have penalty guidelines or do not make them readily available to the public. The guidelines may be based on statute, regulations, and internal policies developed by the agency.

The guidelines vary widely across states. For example, two states issue warning letters for first offenses if there are no aggravating circumstances. Other states impose fines and suspensions. Minimum fines for a first offense range from \$50 to \$3,000, with most states in the \$250 to \$1,000 range. Fines are typically in lieu of suspensions for first offenses, with some states allowing licensees to choose between the two sanctions. Two states (California and New Mexico) have adopted the IOM recommendation that licenses should be revoked after three offenses, and an additional four states revoke licenses for a fourth offense. The time periods for

Responsible Beverage Service

Policy Description

Responsible beverage service (RBS) training policies set requirements or incentives for retail alcohol outlet participation in programs that (a) develop and implement policies and procedures for preventing alcohol sale and service to minors and intoxicated persons, and (b) train licensees, managers, and servers/sellers to implement RBS policies and procedures effectively.

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

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

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

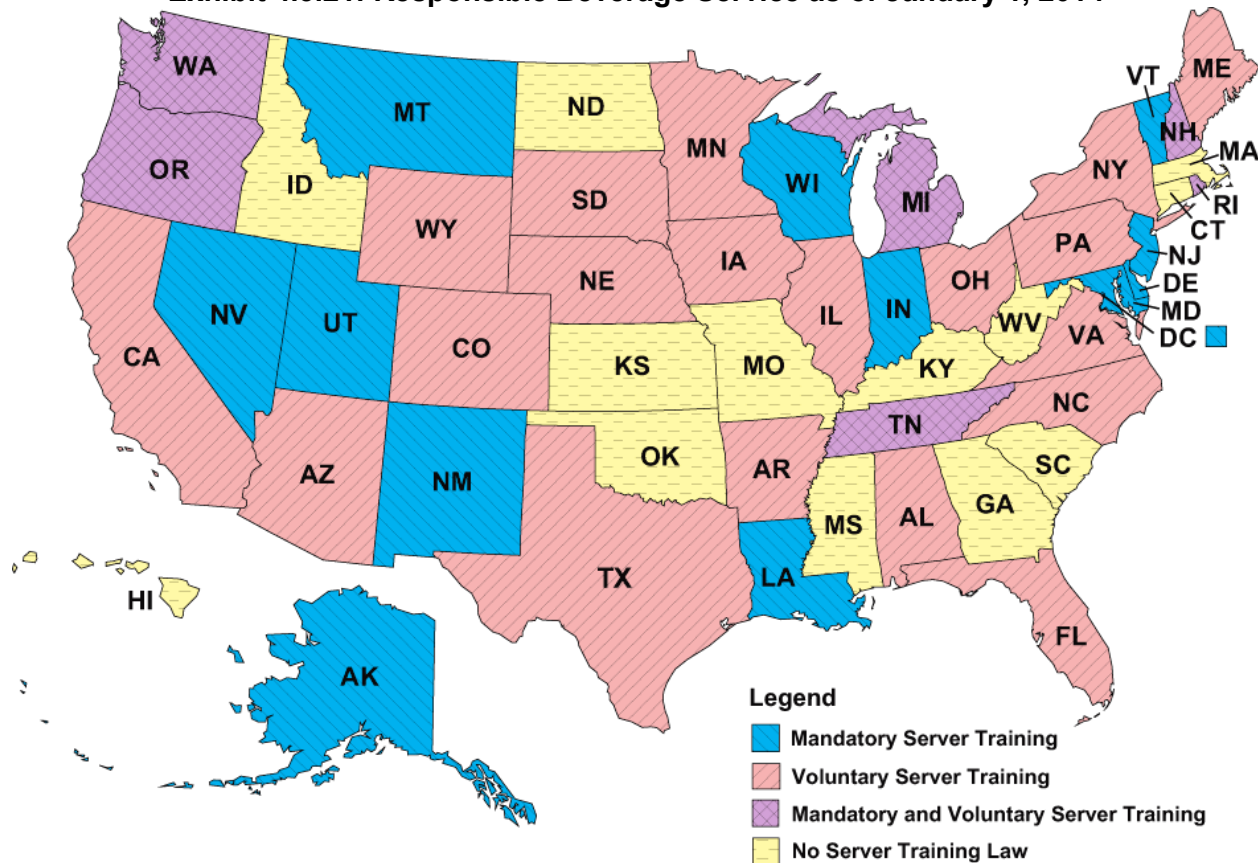
See the “Dram Shop Liability” section of this report for further discussion of this policy. The “Furnishing of Alcohol to Minors” section has additional information regarding prevention of alcohol sales to minors, and the “False Identification” section includes materials related to age identification policies.

Status of Responsible Beverage Service Training Policies

As of January 1, 2014, 37 states and the District of Columbia have some type of RBS training provision (see Exhibit 4.3.21). Out of these, 18 states and the District of Columbia have some form of mandatory provision, and 25 states provide for voluntary training. Of the 18 mandatory states, 14 states and the District of Columbia apply their RBS training provisions to both on- and off-sale establishments; 3 states (Michigan, Rhode Island, and Tennessee) apply them to on-premises establishments only; and New Jersey limits its provisions to off-sale establishments. Thirteen of the mandatory states and the District of Columbia apply their provisions to both new

and existing establishments, while four states (Michigan, New Hampshire, New Jersey, and Wisconsin) apply them to new establishments only.

Exhibit 4.3.21: Responsible Beverage Service as of January 1, 2014



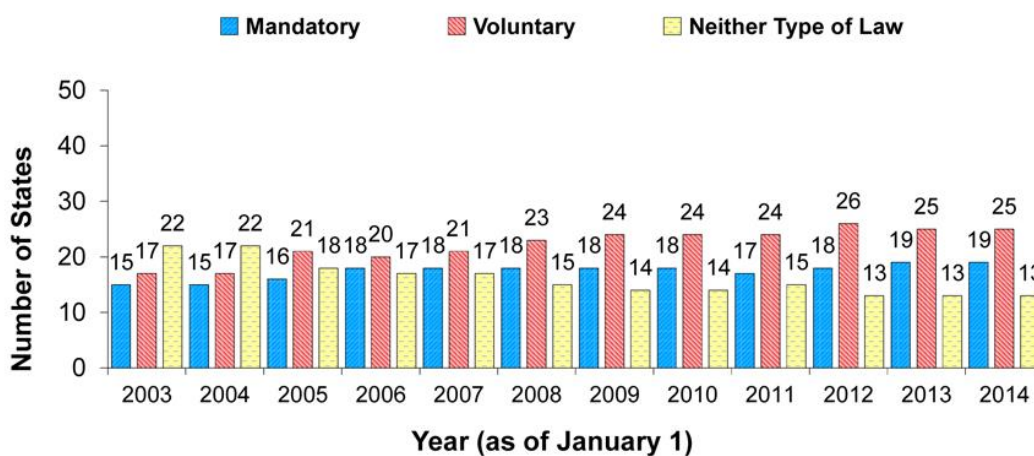
Six states (Michigan, New Hampshire, Oregon, Rhode Island, Tennessee, and Washington) have both mandatory and voluntary provisions:

- Michigan: The mandatory provisions apply to new on-premises establishments; the voluntary provisions apply to existing on-premises establishments.
- New Hampshire: The mandatory provisions apply to new on- and off-premises establishments; the voluntary provisions provide incentives available to both types of establishments.
- Oregon: Both the voluntary and mandatory provisions apply to both types of establishments, with the voluntary provisions offering incentives for participation in both.
- Rhode Island: The mandatory provisions apply to existing on-premises establishments. The voluntary provisions offer dram shop liability defense incentives and do not specify which type of establishment may participate.
- Tennessee: The mandatory provisions apply to new and existing on-premises establishments. The voluntary provisions offer incentives available to off-premises establishments, but do not specify whether the incentives are available to new or existing establishments.
- Washington: The mandatory provisions are applicable to new and existing on and off-premises establishments. The voluntary provisions are applicable to new, off-premises establishments.

Trends in Responsible Beverage Service Policies

Between 2003 and 2014, the number of states with mandatory policies increased from 15 to 19, and the number of states with voluntary policies rose from 17 to 25 (see Exhibit 4.3.22). The number of states with no RBS training policy decreased from 22 to 13.

Exhibit 4.3.22: Number of States with Responsible Beverage Service, January 1, 2003, through January 1, 2014



References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy titled “Beverage Service Training and Related Practices.” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to Appendix B.

Chinman, M., Burkhart, Q., Ebener, P., Fan, C. C., Imm, P., Osilla, K. C., . . . Wright, A. (2011). The premises is the premise: Understanding off- and on-premises alcohol sales outlets to improve environmental alcohol prevention strategies. *Prevention Science, 12*(2), 181–191.

Danaher, B. G., Dresser, J., Shaw, T., Severson, H., Tyler, M., Maxwell, E., & Christiansen, S. M. (2012). Development and process evaluation of a web-based responsible beverage service training program. *Substance Abuse Treatment, Prevention and Policy, 7*, 41.

Dresser, J., Starling, R., Woodall, W. G., Stanghetta, P., & May, P. A. (2011). Field trial of alcohol-server training for prevention of fetal alcohol syndrome. *Journal of Studies on Alcohol and Drugs, 72*(3), 490–496.

Gosselt, J. F., Van Hoof, J. J., & De Jong, M. D. (2012). Why should I comply? Sellers’ accounts for (non-)compliance with legal age limits for alcohol sales. *Substance Abuse Treatment, Prevention, and Policy, 7*, 5. doi:10.1186/1747-597X-7-5

Rammohan, V., Hahn, R. A., Elder, R., Brewer, R., Fielding, J., Naimi, T. S., . . . Task Force on Community Preventive Services. (2011). Effects of dram shop liability and enhanced overservice law enforcement initiatives on excessive alcohol consumption and related harms:

Two Community Guide systematic reviews. *American Journal of Preventive Medicine*, 41(3), 334–343. doi:10.1016/j.amepre.2011.06.027

Saltz, R. F. (2011). Enlisting bars and restaurants in the prevention of intoxication and subsequent harms: Why it matters. *American Journal of Preventive Medicine*, 41(3), 353–354.

Toomey, T. L., Erickson, D. J., Lenk, K. M., Kilian, G. R., Perry, C. L., & Wagenaar, A. C. (2008). A randomized trial to evaluate a management training program to prevent illegal alcohol sales. *Addiction*, 103(3), 405–413.

Minimum Ages for Off-Premises Sellers

Policy Description

Most states have laws that specify a minimum age for employees who sell alcoholic beverages in off-premises establishments such as liquor stores. A small number require sellers to be at least 21 years old, but most states permit sellers to be younger. Some states allow any person to sell alcohol regardless of age. Other variations across states include minimum age requirements for conducting sales transactions with customers and allowing younger employees to stock coolers with alcohol or bag purchased alcohol. Age restrictions may also vary based on the type of off-premises establishment or type of alcohol being sold. For example, younger persons may be allowed to sell beer but not wine or distilled spirits. Younger persons may also be allowed to sell alcohol in grocery or convenience stores rather than liquor stores. Some states permit younger minimum selling ages only if a manager or supervisor is present.

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

Status of Age of Seller Policies

Minimum Age of Sellers and Types of Beverages

Most jurisdictions specify the same minimum age for sellers of all types of alcoholic beverages (see Exhibit 4.3.23). As of January 1, 2014, 10 states specify that off-premises sellers must be 21 years or older. Three states (Idaho, Indiana, and Nebraska) require off-premise sellers to be 19 years or older; 16 states and the District of Columbia have set the minimum age at 18. Four states (Arizona, Maine, Nevada, and New Hampshire) set the minimum age between 16 and 17 years. Four states (California, Georgia, Louisiana, and Virginia) do not specify any minimum age for sellers.

Minimum age requirements in the remaining 14 states vary by type of alcohol, with age requirements generally higher for the sale of distilled spirits and lower for beer. Florida, New York, and North Carolina set a minimum age of 18 for the sale of spirits and have no age minimum for beer or wine. Alabama and South Carolina have a minimum age of 21 for the sale of spirits but no minimum for beer and wine. Vermont sets a minimum age for selling beer and wine (16), but does not specify a minimum age for selling spirits.

Manager or Supervisor Presence

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

Trends in Age of Seller Policies

There were no changes in age of seller policies across states between 2003 and 2014 (see Exhibit 4.3.24).

Exhibit 4.3.23: Minimum Age To Sell Beer for Off-Premises Consumption as of January 1, 2014

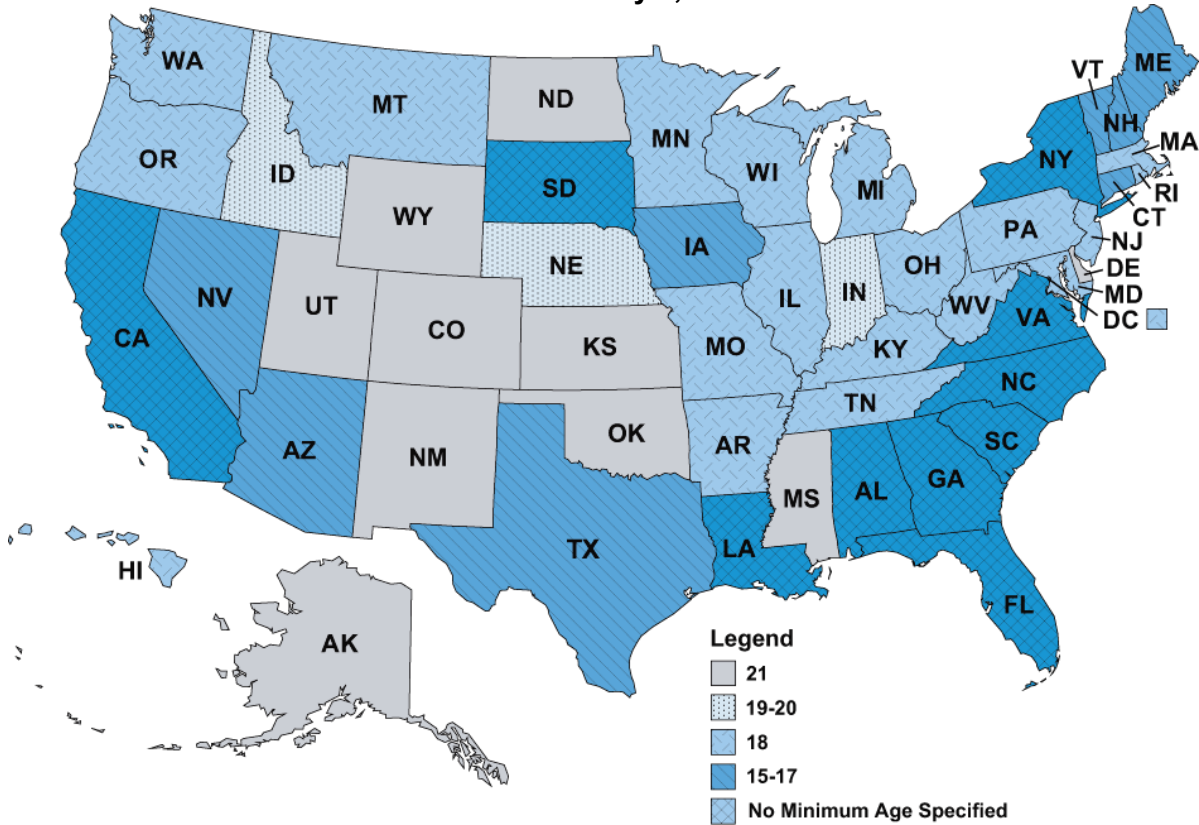
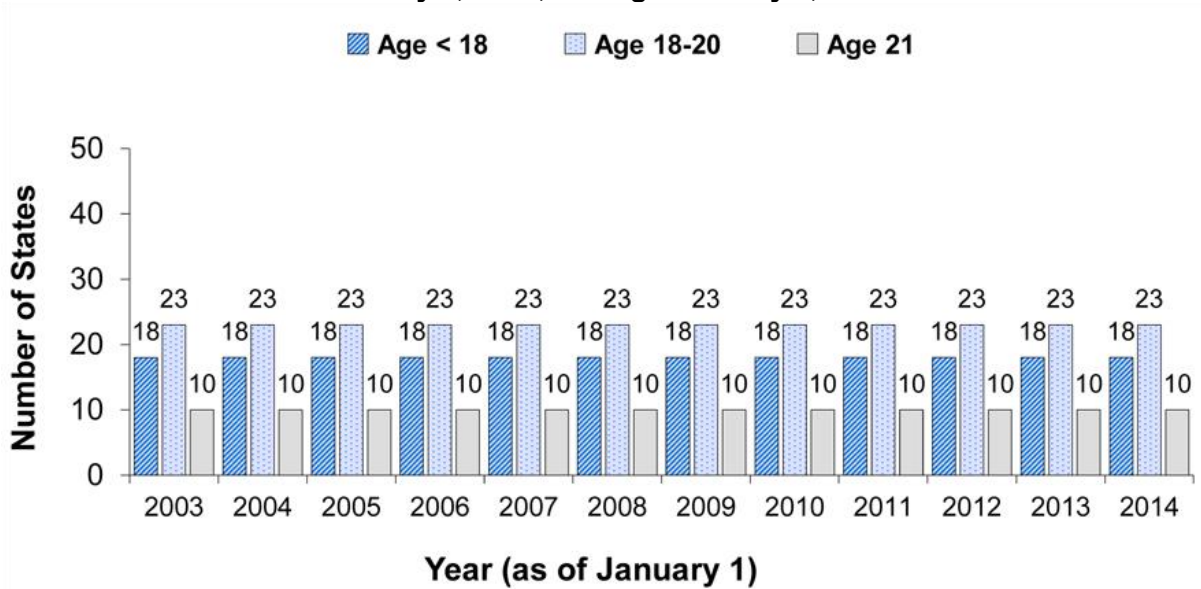


Exhibit 4.3.24: Distribution of Minimum Ages for Off-Premises Sellers of Beer, January 1, 2003, through January 1, 2014



References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Minimum Ages for Off-Premises Sellers.” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to Appendix B.

National Institute on Alcohol Abuse and Alcoholism. (2006). Young adult drinking. *Alcohol Alert, No. 68*

National Research Council and Institute of Medicine. (2004). *Reducing underage drinking: A collective responsibility*. Washington, DC: National Academies Press.

Reboussin, B. A., Song, E.Y., & Wolfson, M. (2011). The impact of alcohol outlet density on the geographic clustering of underage drinking behaviors within census tracts. *Alcoholism: Clinical and Experimental Research, 35(8)*, 1541–1549.

Wagenaar, A. C., Toomey, T. L., & Erickson, D. J. (2005). Complying with the minimum drinking age: Effects of enforcement and training interventions. *Alcoholism: Clinical and Experimental Research, 29(2)*, 255–262.

Minimum Ages for On-Premises Servers and Bartenders

Policy Description

All states specify a minimum age for employees who serve or dispense alcoholic beverages. Generally, the term “servers” refers to waitpersons, and “bartenders” refers to individuals who dispense alcoholic beverages. These restrictions recognize that underage employees, particularly those who are unsupervised, may lack the maturity and experience to conduct adequate checks of age identification and resist pressure from underage peers to complete illegal sales.

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

Status of Age of Server Policies

Age of Servers

As of January 1, 2014, Alaska, Nevada, and Utah specify that on-premises alcohol servers of beer, wine, or distilled spirits must be age 21 or older (see Exhibit 4.3.25). Only one state (Maine) allows 17-year-olds to be servers. Ten states specify that servers be at least 19 or 20 years old, and the remaining 36 states and the District of Columbia allow 18-year-old servers.

Age of Bartenders

Minimum ages for bartenders are generally higher than for servers across the states. Nineteen states and the District of Columbia limit bartending to persons age 21 or older. Five states (Arizona, Idaho, Kentucky, Nebraska, and Ohio) specify that bartenders be at least 19 or at least 20. Twenty-five states allow 18-year-olds to bartend, while only one state (Maine) allows 17-year-olds to be bartenders. Minimum ages for serving beer, wine, and distilled spirits are identical in all but three states: Maryland, North Carolina, and Ohio. Maryland and North Carolina require bartenders to be 21 to serve spirits, but permit 18-year-olds to dispense beer and wine; Ohio requires bartenders to be 21 to serve wine and distilled spirits, but those ages 19 and older are allowed to dispense beer.

Trends in Age of Server Policies

Manager or Supervisor Presence

Ten states require that a supervisor or manager be present when an underage seller conducts an alcoholic beverage transaction. State policies for ages of servers and bartenders in on-premises establishments have been generally stable over the last decade (see Exhibit 4.3.26). Between 2003 and 2014, Arkansas lowered its minimum age for servers from 21 to 19, and North Dakota lowered its age for servers from 19 to 18.

**Exhibit 4.3.25: Minimum Ages for On-Premises Servers (Beer)
as of January 1, 2014**

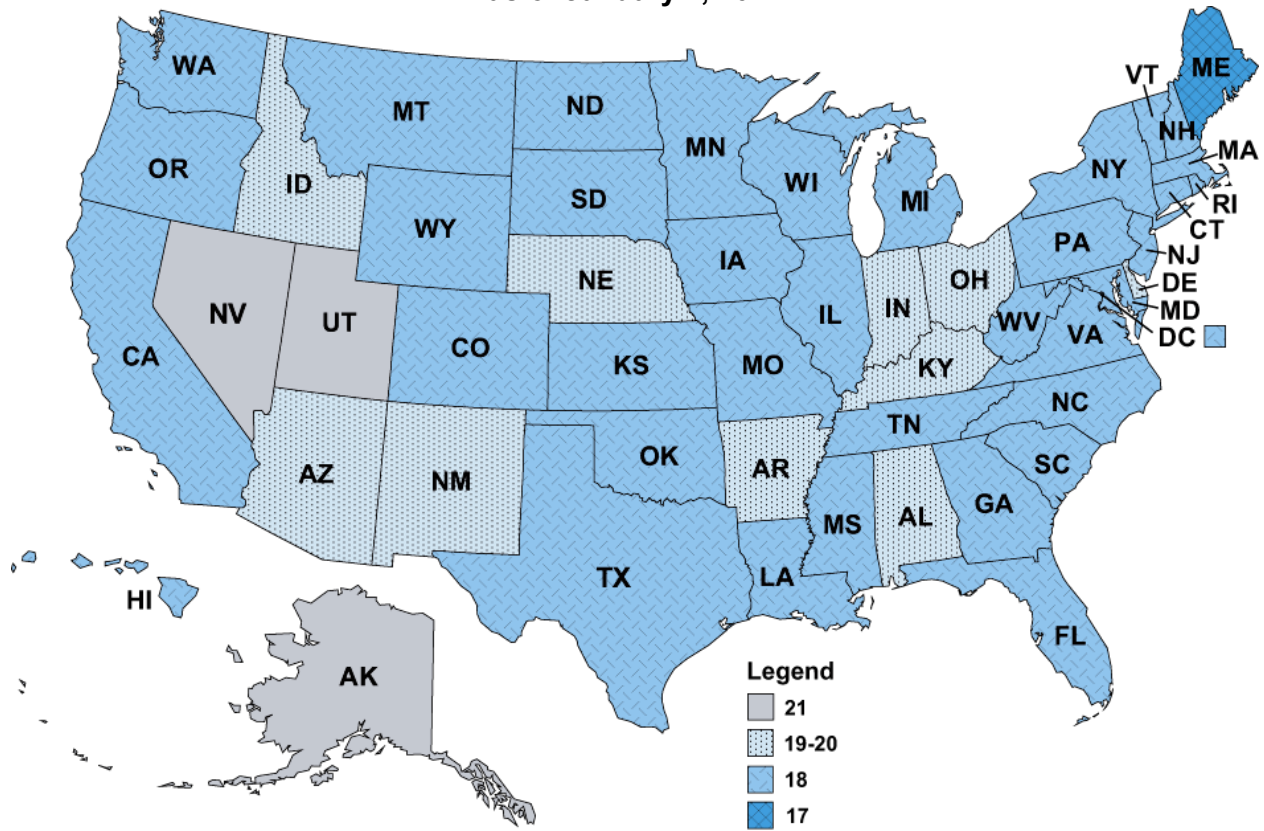
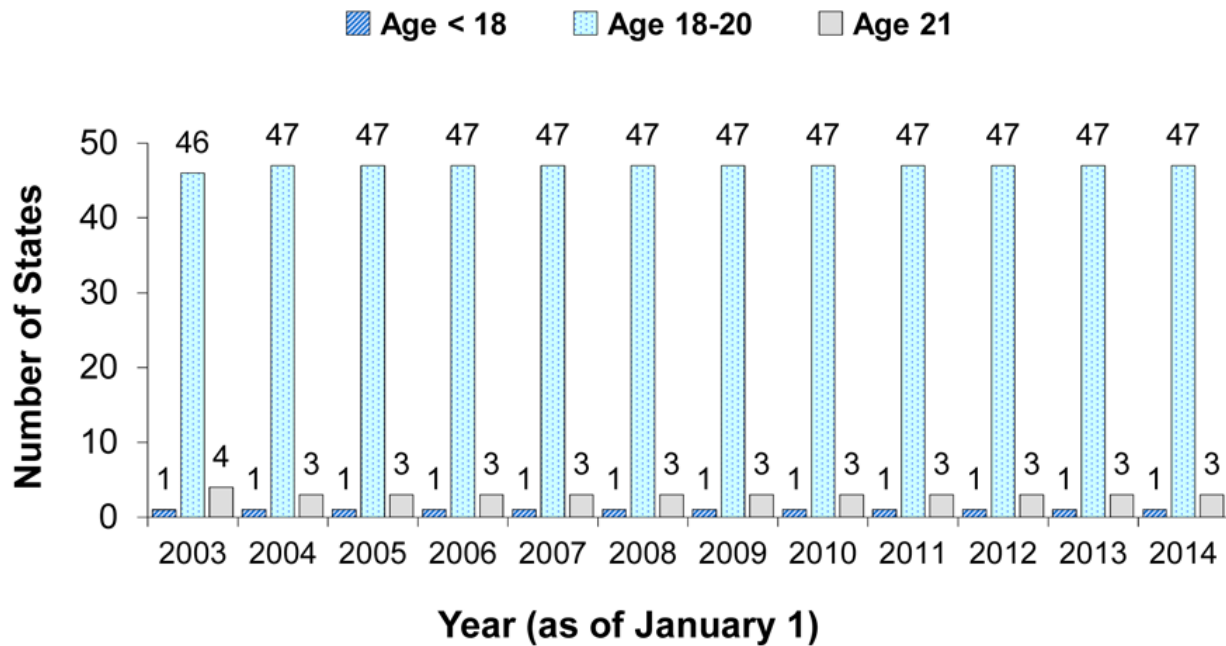


Exhibit 4.3.26: Distribution of Minimum Ages for On-Premises Servers of Beer, January 1, 2003, through January 1, 2014



References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy titled “Minimum Ages for On-Premises Servers and Bartenders.” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to Appendix B.

National Institute on Alcohol Abuse and Alcoholism. (2006). Young adult drinking. *Alcohol Alert, No. 68*.

National Research Council and Institute of Medicine. (2004). *Reducing underage drinking: A collective responsibility*. Washington, DC: National Academies Press.

Stout, E., Sloan, A., Liang, L., & Davies, H. (2000). Reducing harmful alcohol-related behaviors: Effective regulatory methods. *Journal of Studies on Alcohol and Drugs, 61*, 402–412.

Wagenaar, A. C., Toomey, T. L., & Erickson, D. J. (2005). Complying with the minimum drinking age: Effects of enforcement and training interventions. *Alcoholism: Clinical and Experimental Research, 29*(2), 255–262.

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

Policy Description

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

Outlets Near Colleges and Universities

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

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

Research shows a correlation between underage drinking and retail outlet density near college and university campuses. Outlet density was correlated with heavy and frequent drinking among college students, including underage students, in a study of eight universities (Weitzman, Folkman, Folkman, & Wechsler, 2003). Another study found that both on- and off-premises alcohol outlet densities were associated with campus rape offense rates; the effect of on-campus densities was reduced when student drinking levels were considered (Scribner et al., 2010). A third study examined “secondhand” effects of drinking on residential neighborhoods near college campuses, and concluded that limiting the number of outlets near colleges, particularly those colleges with high rates of binge drinking, could mitigate the secondhand effects (Wechsler, Lee, Hall, Wagenaar, & Lee, 2002). A 1996 study found higher rates of drinking and binge drinking among college students when there were higher numbers of alcohol outlets within 1 mile of campus (Chaloupka & Wechsler, 1996).

Outlets Near Primary and Secondary Schools

Limiting outlets near primary and secondary schools is another way to reduce alcohol outlet density in a high-risk setting of underage drinking, although there is no research comparable to that for universities that focuses specifically on the relationship between drinking by K–12 students and the proximity of alcohol outlets to their schools.

Types of Outlet Density Restrictions

Outlet density restrictions typically require that alcohol outlets be located a certain distance from a school. Such restrictions may regulate the location of retail outlets near colleges and universities, near primary and secondary schools, or near both categories of schools. Some restrictions limit the sale of alcohol directly on university campuses. Outlet density

restrictions may apply to off-premises retailers, on-premises retailers, or both types of retailers. Restrictions may also apply to the sale of beer, wine, spirits, or some combination of the three.

Distance requirements vary widely, from 100 feet (the distance a primary or secondary school in Illinois must be from an off-premises outlet) to 1.5 miles (the distance a university in California must be from an outlet selling wine or spirits). Restrictions that mandate greater distances are more likely to promote the goals of keeping alcohol away from underage drinkers and reducing their exposure to alcohol marketing.

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

Status of Outlet Density Restrictions

Colleges and Universities

Thirteen states have some type of restriction on outlet density near colleges and universities, while 38 have no restrictions. Of the 13 states with restrictions, 11 have restrictions that apply to both on-premises and off-premises outlets. Kansas's restriction applies only to off-premises outlets and West Virginia's applies only to on-premises outlets.

Nearly all of the restrictions apply to beer, wine, and spirits. California's and Mississippi's restrictions apply only to wine and spirits, North Carolina's restriction applies to beer and wine, and West Virginia's applies only to beer. Exhibit 4.3.27 shows the states with restrictions on colleges and universities and shows whether the restrictions apply to off- or on-premises outlets.

Primary and Secondary Schools

Many more states have laws restricting outlet location near primary and secondary schools: 32 states have some restriction, while 19 states have none. Out of the 32 states restricting outlet location, 23 apply restrictions to both off- and on-premises locations. The restrictions apply only to on-premises locations in seven states: California, Florida, Hawaii, Idaho, Maine, Montana, and West Virginia. Arkansas and Kansas restrict only off-premises locations.

Most of the restrictions apply to beer, wine, and spirits. Restrictions in New York, Mississippi, and Wisconsin apply to wine and spirits; North Carolina's restrictions apply only to beer and wine, and West Virginia's restrictions apply only to beer. Exhibit 4.3.28 shows the states with restrictions on primary and secondary schools and shows whether the restrictions apply to off-premises or on-premises outlets.

Exhibit 4.3.27: States with Restrictions on Placement of Retail Outlets Near Colleges and Universities

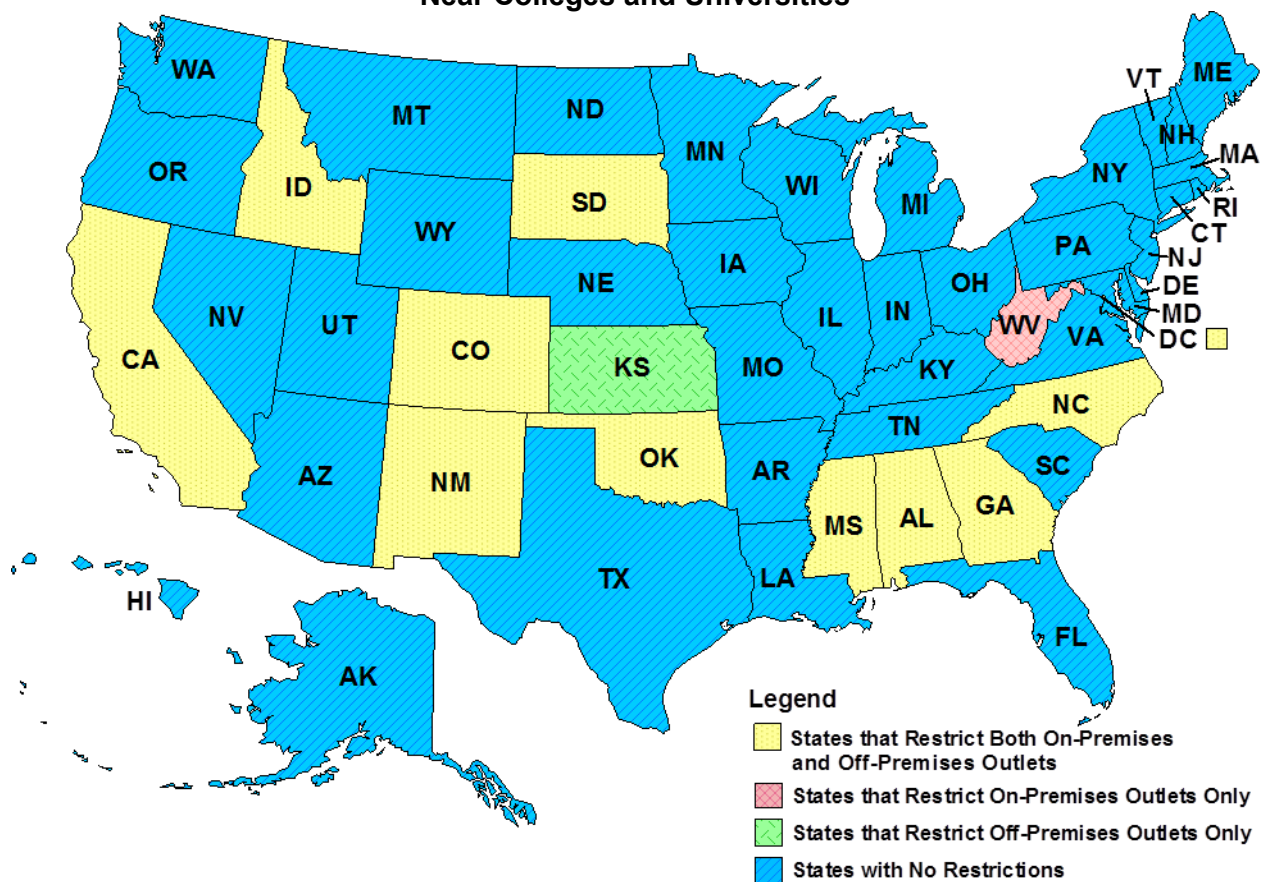
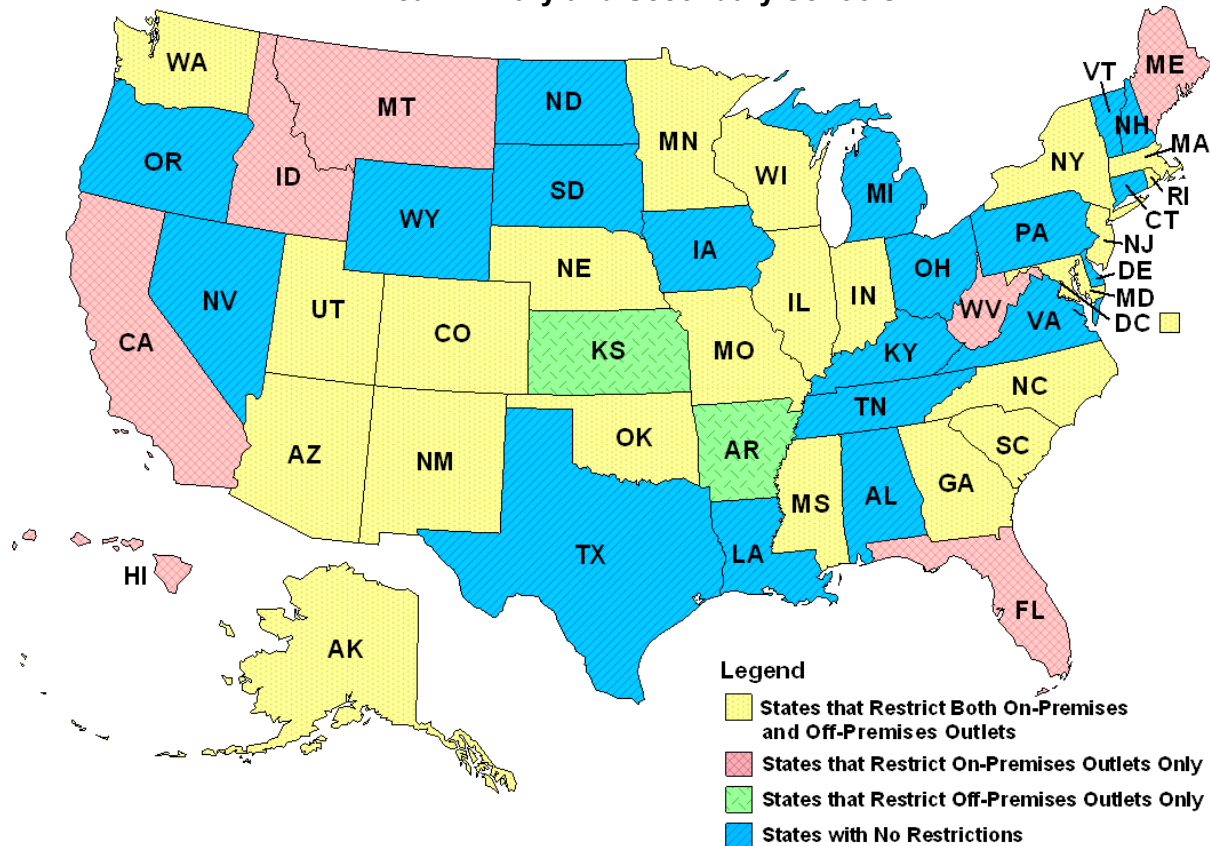


Exhibit 4.3.28: States with Restrictions on Placement of Retail Outlets Near Primary and Secondary Schools



References and Further Information

Legal research and data collection for this topic are planned and managed by SAMHSA and conducted under contract by The CDM Group, Inc. To see definitions of the variables for this policy, go to Appendix B. For further information and background see:

Campbell, C. A., Hahn, R. A., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., . . . Task Force on Community Preventive Services. (2009). The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American Journal of Preventive Medicine*, 37, 556–569.

Centers for Disease Control and Prevention, Community Preventive Services Task Force. (2009). Guide to community preventive services. Preventing excessive alcohol consumption: Regulation of alcohol outlet density. Retrieved from <http://www.thecommunityguide.org/alcohol/outletdensity.html>.

Chaloupka, F. J., & Wechsler, H. (1996). Binge drinking in college: The impact of price, availability, and alcohol control policies. *Contemporary Economic Policy*, 14(4), 112–124.

National Institute on Alcohol Abuse and Alcoholism. (2002). *A call to action: Changing the culture of drinking at U.S. colleges*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism

- Scribner, R., Mason, K., Simonsen, N., Theall, K., Chotalia, J., Johnson, S., . . . Dejong, W. (2010). An ecological analysis of alcohol-outlet density and campus-reported violence at 32 U.S. colleges. *Journal of Studies on Alcohol and Drugs, 71*, 184–191.
- Task Force on Community Preventive Services. (2009). Recommendations for reducing excessive alcohol consumption and alcohol-related harms by limiting alcohol outlet density. *American Journal of Preventive Medicine, 6*, 570–571.
- Wechsler, H., Lee, J. E., Hall, A., Wagenaar, A., & Lee, H. (2002). Secondhand effects of student alcohol use reported by neighbors of colleges: The role of alcohol outlets. *Social Science & Medicine, 55*, 425–435.
- Weitzman, E., Folkman, A., Folkman, K. L., & Wechsler, H. (2003). The relationship of alcohol outlet density to heavy and frequent drinking and drinking-related problems among college students at eight universities. *Health & Place, 9*, 1–6.

Dram Shop Liability

Policy Description

Dram shop liability refers to the civil liability that commercial alcohol providers face for injuries or damages caused by their intoxicated or underage drinking patrons.⁷⁶ The analysis in this report is limited to alcohol service to minors. The typical factual scenario in legal cases arising from dram shop liability is a licensed retail alcohol outlet furnishes alcohol to a minor who, in turn, causes an alcohol-related motor vehicle crash that injures a third party. In states with dram shop liability, the injured third party (“plaintiff”) may be able to sue the retailer (as well as the minor who caused the crash) for monetary damages. Liability comes into play only if an injured private citizen files a lawsuit. The state’s role is to provide a forum for such a lawsuit; the state does not impose a dram shop–related penalty directly. (This distinguishes dram shop liability from the underage furnishing policy, which results in criminal liability imposed by the state.)

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

Dram shop liability serves two purposes: (a) it creates a disincentive for retailers to furnish to minors because of the risk of litigation leading to substantial monetary losses, and (b) it allows parties injured as a result of an illegal sale to a minor to gain compensation from those responsible for the injury. The minor causing the injury is the primary and most likely party to be sued. Typically, the retailer is sued through a dram shop claim when the minor does not have the resources to fully compensate the injured party.

Dram shop liability is established by statute or by a state court through “common law.” Common law is the authority of state courts to establish rules by which an injured party can seek redress against the person or entity that negligently or intentionally caused injury. Courts can establish these rules only when the state legislature has not enacted its own statutes, in which case the courts must follow the legislative dictates (unless found to be unconstitutional). Thus, dram shop statutes normally take precedence over dram shop common law court decisions. This analysis includes both statutory and common law dram shop liability for each state.

A common law liability designation signifies that the state allows lawsuits by injured third parties against alcohol retailers for the negligent service or provision of alcohol to a minor. Common law liability assumes the following procedural and substantive rules:

- A negligence standard applies (i.e., the defendant did not act as a reasonable person would be expected to act in like circumstances). Plaintiffs need not show that the defendant acted intentionally, willfully, or with actual knowledge of the minor’s underage status.
- Damages are not arbitrarily limited. If negligence is established, the plaintiff receives actual damages and can seek punitive damages.

⁷⁶ “Dram shop liability” is a legal term that originated in the 19th century. Dram shops were retail establishments that sold distilled spirits by the “dram,” a liquid measure that equals 1 ounce. This form of liability is also known as “commercial host liability.”

- Plaintiffs can pursue claims against defendants without regard for the age of the person who furnished the alcohol and the age of the underage person furnished with the alcohol.
- Plaintiffs must establish only that minors were furnished alcohol and that the furnishing contributed to the injury without regard to the minor’s intoxicated state at the time of sale.
- Plaintiffs must establish key elements of the lawsuit via “preponderance of the evidence” rather than a more rigorous standard (e.g., “beyond a reasonable doubt”).

A statutory liability designation indicates that the state has a dram shop statute. Statutory provisions can alter the common law rules listed above, restricting an injured party’s ability to make successful claims. This report includes three of the most important statutory limitations:

1. Limitations on damages: Statutes may impose statutory caps on the total dollar amount that plaintiffs may recover through dram shop lawsuits.
2. Limitations on who may be sued: Potential defendants may be limited to only certain types of retail establishments (e.g., on-premises but not off-premises licensees), or certain types of servers (e.g., servers above a certain age).
3. Limitations on elements or standards of proof: Statutes may require plaintiffs to prove additional facts or meet a more rigorous standard of proof than would normally apply in common law. The statutory provisions may require plaintiff to:
 - Establish that the retailer knew the minor was underage or that the retailer intentionally or willfully served the minor.
 - Establish that the minor was intoxicated at the time of sale or service.
 - Provide clear and convincing evidence or evidence beyond a reasonable doubt that the allegations are true.

These limitations can restrict the circumstances that can give rise to liability or greatly diminish a plaintiff’s chances of prevailing in a dram shop liability lawsuit, thus reducing the likelihood of a lawsuit being filed. Other restrictions may also apply. For example, many states do not allow “first-party claims”—cases brought by the person who was furnished alcohol for his or her own injuries. This report does not track these additional limitations.

Some states have enacted responsible beverage service (RBS) affirmative defenses. In these states, a defendant can avoid liability if it can establish that its retail establishment had implemented an RBS program and was adhering to RBS practices at the time of the service to a minor. Texas has enacted a more sweeping RBS defense. A defendant licensee can avoid liability if it establishes that (a) it did not encourage the illegal sale and (b) it required its staff, including the server in question, to attend RBS training. Proof that RBS practices were being adhered to at the time of service is not required. See the “RBS Training” policy topic in this report for more information.

Status of Dram Shop Liability

As of January 1, 2014, 45 jurisdictions imposed dram shop liability as a result of statutory or common law or both (see Exhibit 4.3.29). The District of Columbia and 28 states have either common law liability or statutory liability or both with no identified limitation. The remaining 16 states impose one or more limits on statutory dram shop liability: 7 states limit the damages that may be recovered, 4 states limit who may be sued, and 12 states require stricter standards for proof of wrongdoing than for usual negligence. Seven states provide an RBS defense for alcohol outlets (see Exhibit 4.3.30). Six states provide an affirmative RBS defense, and one state provides a complete RBS defense.

Trends in Dram Shop Liability for Furnishing Alcohol to a Minor

Between 2009 and 2014, the number of jurisdictions that permit dram shop liability remained constant and three states (Colorado, Illinois, and Maine) increased the dollar limits on damages.

Exhibit 4.3.29: Common Law/Statutory Dram Shop Liability and Limitations as of January 1, 2014

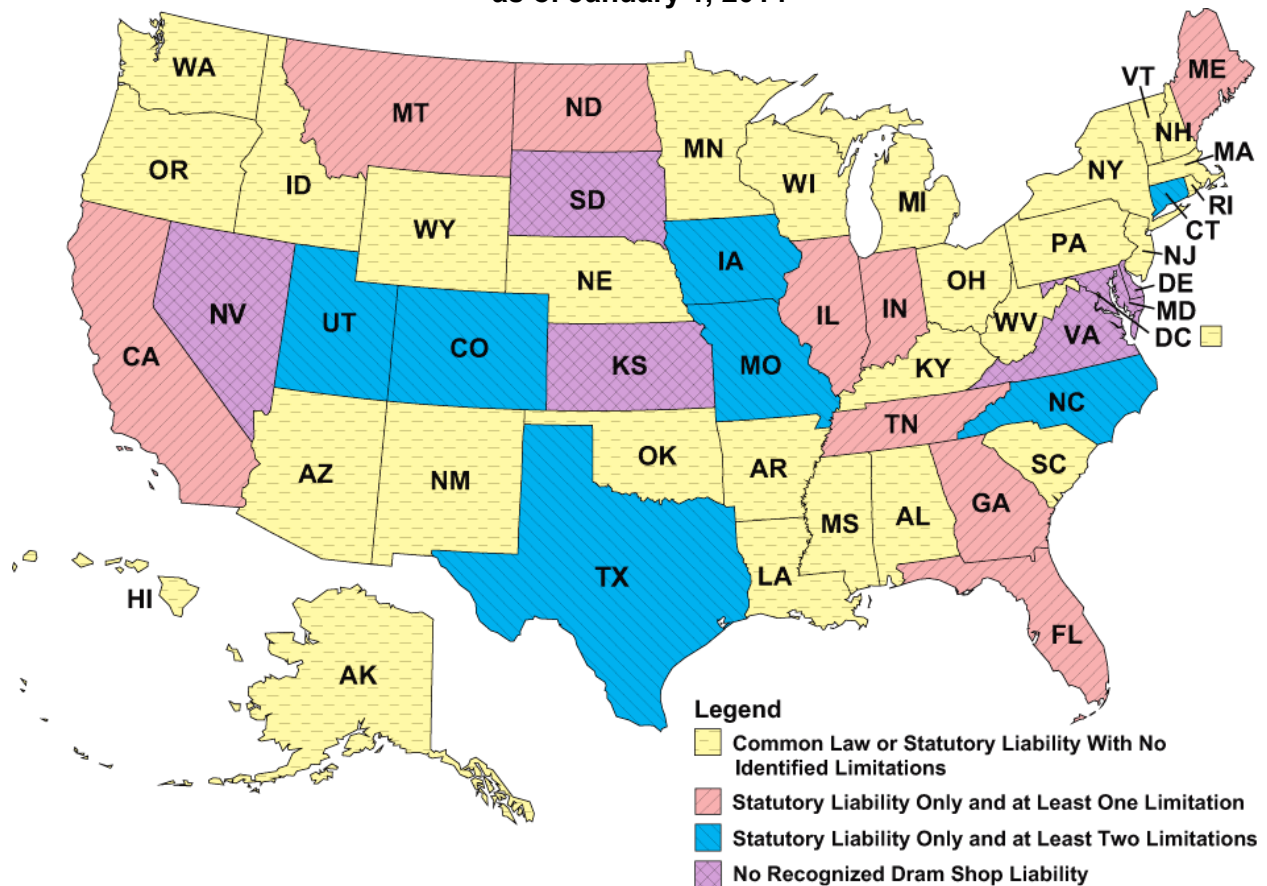
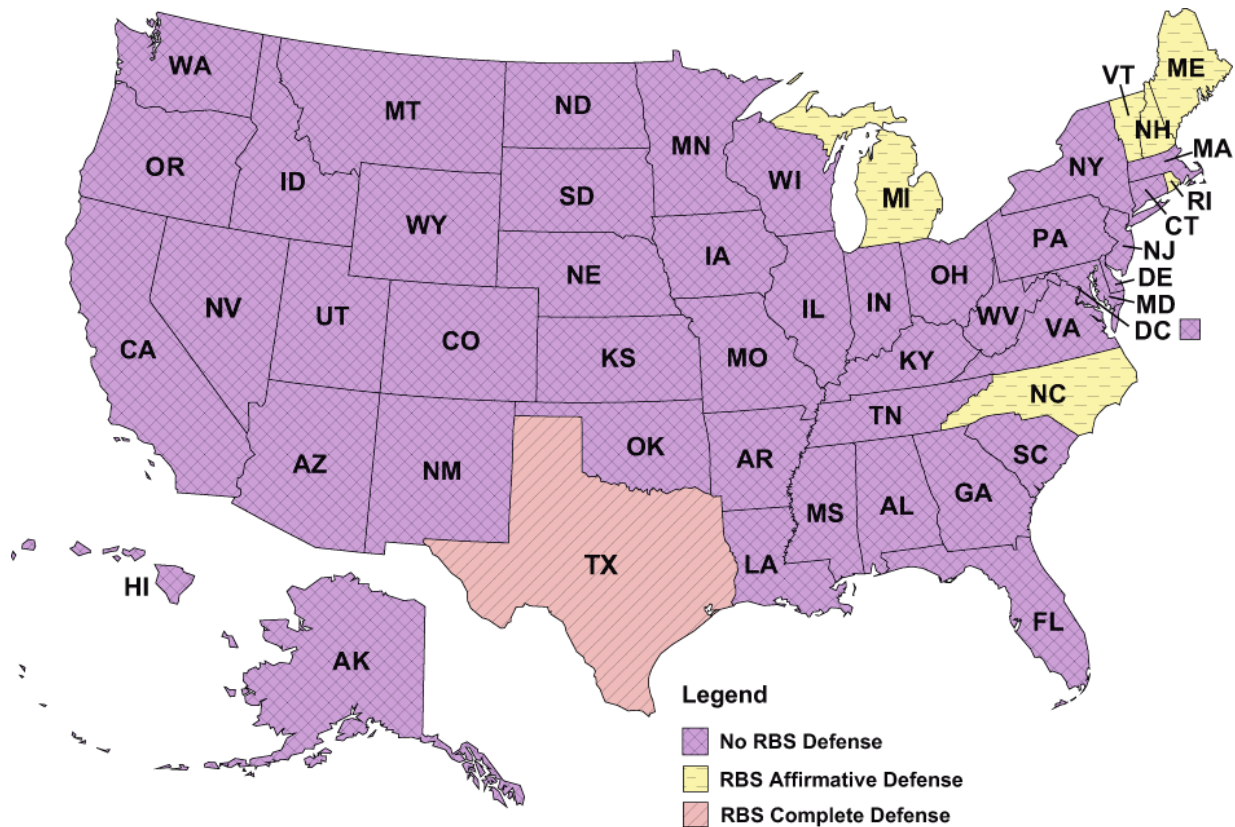


Exhibit 4.3.30: Responsible Beverage Service Program Defenses Against Dram Shop Liability Across the United States as of January 1, 2014



References and Further Information

Legal research and data collection for this topic are planned and managed by SAMHSA and conducted under contract by The CDM Group, Inc. To see definitions of the variables for this policy, go to Appendix B. For further information and background see:

Holder, H., Janes, K., Mosher, J., Saltz, R., Spurr, S., & Wagenaar, A. (1992). *Final report: Evaluation of dram shop liability and the reduction of alcohol-related traffic problems*. National Highway Traffic Safety Administration, DTNH22-87-R-07254.

Holder, H., Janes, K., Mosher, J., Saltz, R., Spurr, S., & Wagenaar, A. (1993). Alcoholic beverage server liability and the reduction of alcohol-involved problems. *Journal of Studies on Alcohol*, 54, 23–36.

Mosher, J., Boertzel, G. S., Clune, K. P., Clune, J. R., Cohen, H. M., Cohen, M. L., . . . Weinstein, S. S.. (2011). *Liquor liability law*. Newark, NJ: LexisNexis.

Mosher, J. F., Cohen, E. N., & Jernigan, D. H. (2013). Commercial host (dram shop) liability: Current status and trends. *American Journal of Preventive Medicine*, 45, 347–353.

Rammohan, V, Hahn, R. A., Elder, R., Brewer, R., Fielding, J., Naimi, T. S., . . . Zometa, C. (2011). Effects of dram shop liability and enhanced overservice law enforcement initiatives on excessive alcohol consumption and related harms: Two community guide systematic reviews. *American Journal of Preventive Medicine*, 41(3), 334–343. doi:10.1016/j.amepre.2011.06.027

Social Host Liability

Policy Description

Social host liability refers to the civil liability that noncommercial alcohol providers face for injuries or damages caused by their intoxicated or underage drinking guests. The analysis in this report does not address social host liability for serving adult guests. The typical factual scenario in legal cases arising from social host liability involves an underage drinking party at which the party host furnishes alcohol to a minor who, in turn, injures a third party in an alcohol-related incident (often a motor vehicle crash). In states with social host liability, injured third parties (“plaintiffs”) may be able to sue social hosts (as well as the minor who caused the crash) for monetary damages. Liability comes into play only if injured private citizens file lawsuits. The state’s role is to provide a forum for such lawsuits; the state does not impose social host–related penalties directly. (As discussed below, this distinguishes social host liability from underage furnishing and host party policies, which can result in criminal liability imposed by the state.)

Social host liability is closely related to the furnishing alcohol to a minor and host party policy topics, but the three topics are distinct. Social hosts who furnish alcohol to minors or allow underage drinking parties on their property may face fines or other punishment imposed by the state as well as social host liability lawsuits filed by injured parties stemming from the same incident. Social host liability and dram shop liability (presented elsewhere in this report) are identical policies except that the former involves lawsuits brought against noncommercial alcohol retailers, and the latter involves lawsuits filed against commercial alcohol providers.

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

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

Many states require evidence that social hosts furnished alcohol to the underage guest, although others permit liability if social hosts allowed underage guests to drink on the hosts’ property, even if the hosts did not furnish the alcohol. This analysis does not report the states that have adopted this more permissive standard. The analysis includes both statutory and common law social host liability for each state. A common law liability designation signifies that the state allows lawsuits by injured third parties against social hosts for the negligent service or provision of alcohol to minors in noncommercial settings. Common law liability assumes the following procedural and substantive rules:

- A negligence standard applies (i.e., defendants did not act as reasonable persons would be expected to act in similar circumstances). Plaintiffs need not show that defendants acted intentionally, willfully, or with actual knowledge of minors' underage status.
- Damages are not arbitrarily limited. If successful in establishing negligence, plaintiffs receive actual damages and have the possibility of seeking punitive damages.
- Plaintiffs can pursue claims against defendants without regard for the age of the person who furnished the alcohol and the age of the underage person furnished with the alcohol.
- Plaintiffs must establish only that minors were furnished with alcohol and that the furnishing contributed to injuries without regard to the minors' intoxicated state at the time of the party.
- Plaintiffs must establish the key elements of lawsuits by "preponderance of the evidence" rather than a more rigorous standard (such as "beyond a reasonable doubt").

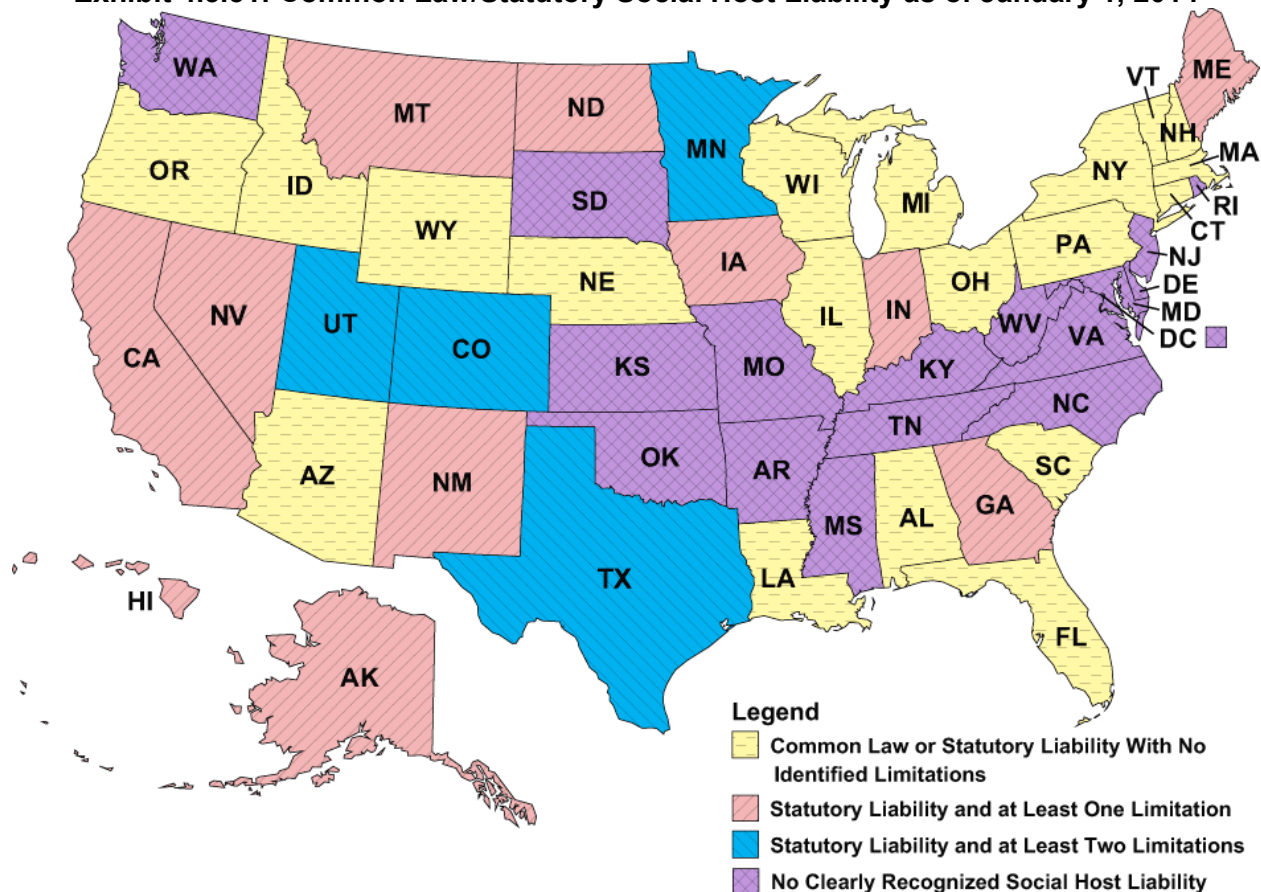
A statutory liability designation indicates that a state has a social host liability statute. Statutory provisions can alter the common law rules listed above, restricting an injured party's ability to make successful claims. This report includes three of the most important statutory limitations:

1. Limitations on damages: Statutes may impose statutory caps on the total dollar amount that plaintiffs may recover through social host lawsuits.
2. Limitations on who may be sued: Potential defendants may be limited to persons above a certain age.
3. Limitations on elements or standards of proof: Statutes may require plaintiffs to prove additional facts or meet a more rigorous standard of proof than would normally apply in common law. The statutory provisions may require the plaintiff to:
 - Establish that hosts had knowledge that minors were underage or proof that social hosts intentionally or willfully served minors.
 - Establish that the minors were intoxicated at the time of service.
 - Provide clear and convincing evidence or evidence beyond a reasonable doubt that the allegations are true.

These limitations can limit the circumstances that can give rise to liability or greatly diminish plaintiffs' chances of prevailing in a social host liability lawsuit, thus reducing the likelihood of a lawsuit being filed. Additional restrictions may also apply. For example, many states do not allow "first-party claims," cases brought by the person who was furnished alcohol for his or her own injuries. This report does not track these additional limitations.

Status of Social Host Liability

As of January 1, 2014, 33 states impose social host liability through statute or common law; 15 states and the District of Columbia do not impose social host liability. In two states, there is no statutory liability and common law liability is unclear (see Exhibit 4.3.31). Eighteen states have either common law liability or statutory social host liability with no identified limitations. Eleven states impose one limit on statutory social host liability, and four states impose two limitations. The count for limitations is as follows: 4 states limit the damages that may be recovered, 4 states limit who may be sued, and 11 states require standards of proof of wrongdoing that are stricter than usual negligence standards.

Exhibit 4.3.31: Common Law/Statutory Social Host Liability as of January 1, 2014

Trends in Social Host Liability for Furnishing Alcohol to a Minor

In the years between 2009 and 2014, the number of states that permit social host liability increased by one. California requires standards of proof of wrongdoing that are stricter than usual negligence standards. One state (Utah) increased the dollar limits on damages.

References and Further Information

Legal research and data collection for this topic are planned and managed by SAMHSA and conducted under contract with The CDM Group, Inc. To see definitions of the variables for this policy, go to Appendix B. For additional information and background, see:

- Dills, A. K. (2010). Social host liability for minors and underage drunk-driving accidents. *Journal of Health Economics*, 29(2), 241–249.
- Mosher, J., Boertzel, G. S., Clune, K. P., Clune, J. R., Cohen, H. M., Cohen, M. L., . . . Weinstein, S. S.. (2011). *Liquor liability law*. Newark, NJ: LexisNexis.
- Stout, E., Sloan, A., Liang, L., & Davies, H. (2000). Reducing harmful alcohol-related behaviors: Effective regulatory methods. *Journal of Studies on Alcohol*, 61, 402–412.
- Wagoner, K. G., Sparks, M., Francisco, V. T., Wyrick, D., Nichols, T., & Wolfson, M. (2013). Social host policies and underage drinking parties. *Substance Use & Misuse*, 48(1–2), 41–53. doi:10.3109/10826084.2012.722158

Hosting Underage Drinking Parties

Policy Description

Host party laws establish state-imposed liability against individuals (social hosts) responsible for underage drinking events on property they own, lease, or otherwise control. The primary purpose of these laws is to deter underage drinking parties by raising the legal risk for individuals who allow underage drinking events on property they own, lease, or otherwise control. Underage drinking parties pose significant public health risks. They are high-risk settings for binge drinking and associated alcohol problems including impaired driving. Young drinkers are often introduced to heavy drinking behaviors at these events. Law enforcement officials report that, in many cases, underage drinking parties occur on private property, but the adult responsible for the property is not present or cannot be shown to have furnished the alcohol. Host party laws address this issue by providing a legal basis for holding persons responsible for parties on their property whether or not they provided alcohol to minors.

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

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

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

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

- They may limit their application specifically to underage drinking parties (e.g., by requiring a certain number of minors to be present for the law to take effect) or may prohibit hosts from allowing underage drinking on their property generally, without reference to hosting a party.
- Underage drinking on any of the host's properties may be included, or the laws may restrict their application to residences, out-buildings, or outdoor areas.
- The laws may apply only when hosts make overt acts to encourage the party, or they may require only that hosts knew about the party or were negligent in not realizing that parties were occurring (i.e., should have known based on the facts available).
- A defense may be available for hosts who take specific preventive steps to end parties (e.g., contacting police) once they become aware that parties are occurring.

- The laws may require differing types of behavior on the part of the minors at the party (possession, consumption, intent to possess or consume) before a violation occurs.
- Jurisdictions have varying exceptions in their statutes for family members or others, or for other uses or settings involving the handling of alcoholic beverages.

Status of Host Party Laws

As of January 1, 2014, 19 jurisdictions have general host party laws, 8 have specific host party laws, and 23 have no laws of either sort (see Exhibit 4.3.32). Of the jurisdictions with host party laws, 23 apply to both residential and outdoor property and 4 apply to residential property but not outdoor property. Twenty-six jurisdictions apply their law to other types of property (e.g., motels, hotels, campgrounds, out-buildings). Seven jurisdictions permit negation of violations when the host takes preventive action; 20 require knowledge standards to trigger liability; 3 rely on a negligence standard; 1 relies on criminal negligence; 4 require an overt act on the part of the host to trigger liability; and 2 require recklessness. Finally, 19 jurisdictions have family exceptions and 5 have resident exceptions.

Trends in Host Party Law Policies

Between 1998 and 2014, the number of jurisdictions that enacted specific host party laws rose from 5 to 9, and the number that enacted general host party laws rose from 11 to 19. In 1998, there were 16 host party laws of both types; in 2014 there are 28 (see Exhibit 4.3.33).

Exhibit 4.3.32: Prohibitions against Hosting Underage Drinking Parties as of January 1, 2014

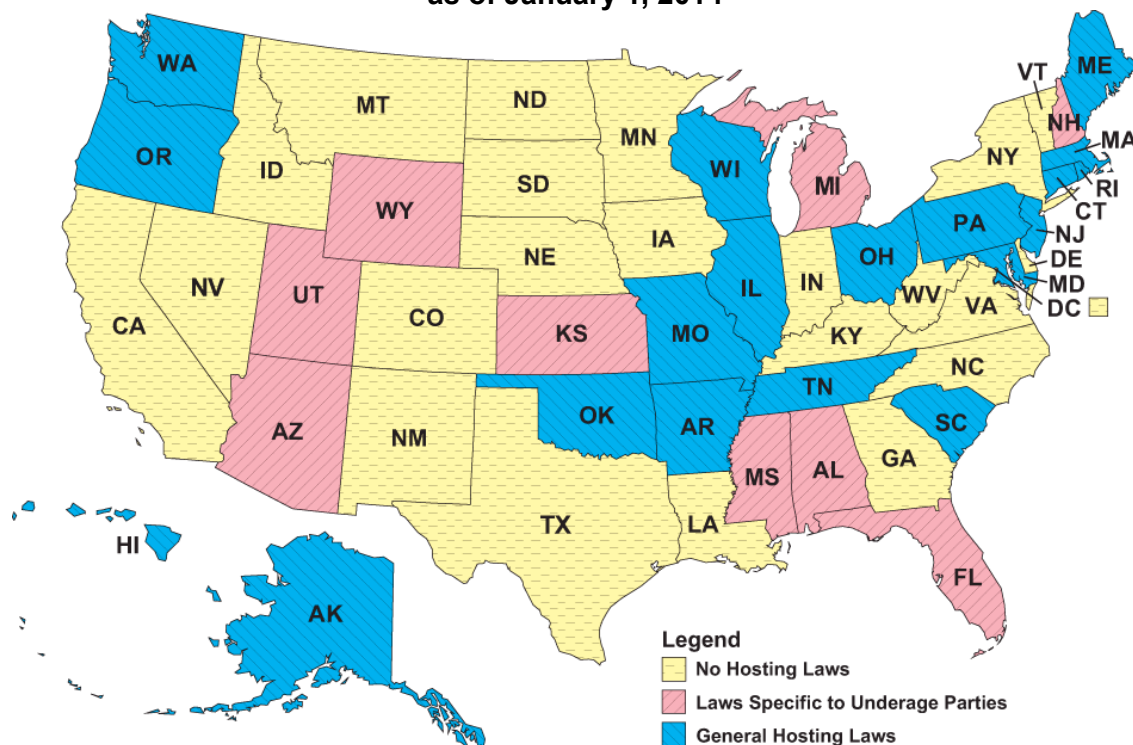
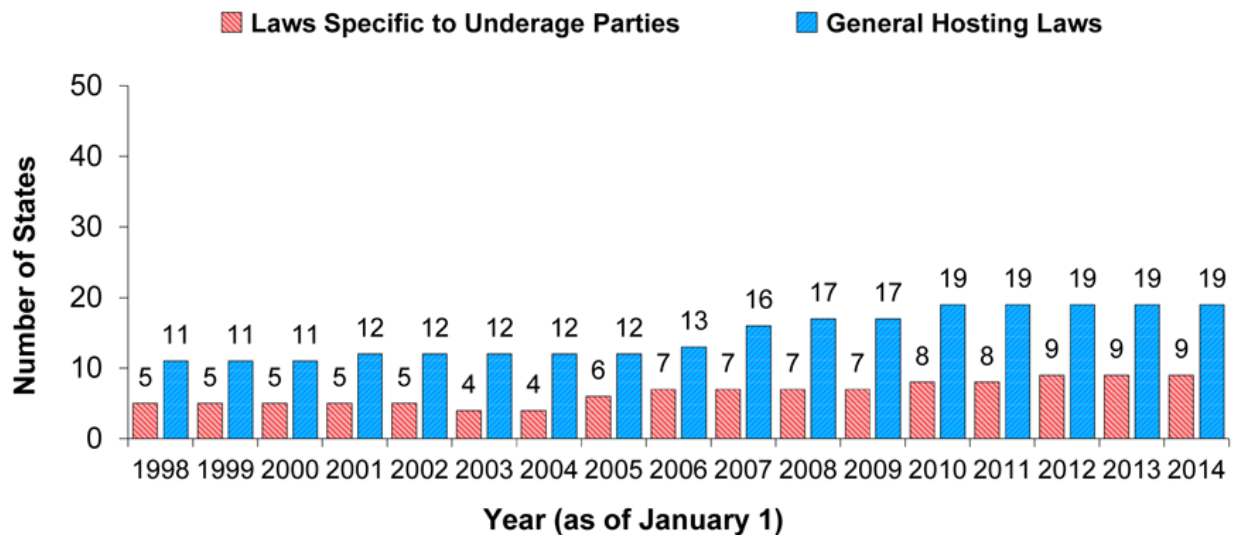


Exhibit 4.3.33: Number of States with Prohibitions Against Hosting Underage Drinking Parties, January 1, 1998, through January 1, 2014

References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy titled “Prohibitions against Hosting Underage Drinking Parties.” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to Appendix B.

Buettner, C. K., Khurana, A., & Slesnick, N. (2011). Drinking at college parties: Examining the influence of student host-status and party-location. *Addictive Behaviors, 36*(12), 1365–1368.

Dills, A. K. (2010). Social host liability for minors and underage drunk-driving accidents. *Journal of Health Economics, 29*, 241–249.

Friese, B., & Grube, J. W. (2014). Teen parties: Who has parties, what predicts whether there is alcohol and who supplies the alcohol? *Journal of Primary Prevention, 35*(6), 391–396.

National Institute on Alcohol Abuse and Alcoholism. (2006). Young adult drinking. *Alcohol Alert, No. 68*.

National Research Council and Institute of Medicine. (2004). Reducing underage drinking: A collective responsibility. Washington, DC: National Academies Press.

Paschall, M. J., Lipperman-Kreda, S., Grube, J. W., & Thomas, S. (2014). Relationships between social host laws and underage drinking: Findings from a study of 50 California cities. *Journal of Studies on Alcohol and Drugs, 75*(6), 901–907.

Stout, E., Sloan, A., Liang, L., & Davies, H. (2000). Reducing harmful alcohol-related behaviors: Effective regulatory methods. *Journal of Studies on Alcohol and Drugs, 61*, 402–412.

Wagoner, K. G., Sparks, M., Francisco, V. T., Wyrick, D., Nichols, T., & Wolfson, M. (2013). Social host policies and underage drinking parties. *Substance Use & Misuse, 48*(1–2), 41–53. doi:10.3109/10826084.2012.722158.

Retailer Interstate Shipments of Alcohol

Policy Description

This policy addresses state laws that prohibit or permit retailers to ship alcohol directly to consumers located across state lines, usually by ordering alcohol over the Internet. It is related to, but distinct from, both the direct shipment policy, which addresses alcohol shipments to consumers by alcohol producers, and the home delivery policy, which involves retailer deliveries to consumers within the same state.

Retailer interstate shipments may be an important source of alcohol for underage drinkers. In a North Carolina study (Williams & Ribisl, 2012), a group of eight 18- to 20-year-old research assistants placed 100 orders for alcoholic beverages using Internet sites hosted by out-of-state retailers. Forty-five percent of the orders were successfully completed and 39 percent were rejected as a result of age verification. The remaining 16 percent of orders failed for reasons believed to be unrelated to age verification (e.g., technical and communications problems with vendors).

Most vendors (59 percent) used weak, if any, age verification at the point of order, and, of the 45 successful orders, 23 (51 percent) had no age verification at all. Age verification at delivery was also inconsistently applied.

The North Carolina study reported that there are more than 5,000 Internet alcohol retailers, and that the retailers make conflicting claims regarding the legality of shipping alcohol across state lines to consumers. For example, one internet alcohol retailer says on its website that only four states (Massachusetts, Nevada, Texas, and West Virginia) do not allow internet alcohol retailers to ship directly to individual consumers. Other Internet alcohol retailers list different states or imply that all shipments are legal.

There were also conflicting claims regarding the role of common carriers. The North Carolina study reported that all deliveries were made by such companies, and many Internet alcohol retailers list well-known common carriers on their websites. Yet carriers contacted by the North Carolina researchers stated that they do not deliver packages of alcohol except with direct shipping permits. This suggests confusion regarding state laws addressing interstate retail shipments. North Carolina, where the study took place, prohibits such shipments, which means that at least 43 percent of the retailers in the study appeared to have violated the state law.

The National Research Council/Institute of Medicine report on reducing underage drinking recognized the potential for young people to obtain alcohol over the Internet. It recommended that states either ban such sales or require alcohol labeling on packages and signature verification at the point of delivery (National Research Council and Institute of Medicine, 2004).

There are several potential barriers to implementing and enforcing bans on retailer interstate alcohol sales, including:

1. States will have difficulty securing jurisdiction over out-of-state alcohol retailers.
2. States may have little incentive to use limited enforcement resources to crack down on in-state alcohol retailers that are shipping out of state because they are not violating state law, taxes are being collected, and any problems occur out of state.

- Enforcing bans on retailer interstate shipments may prompt online retailers to locate outside the country (many already are foreign based), creating additional jurisdictional and enforcement problems.

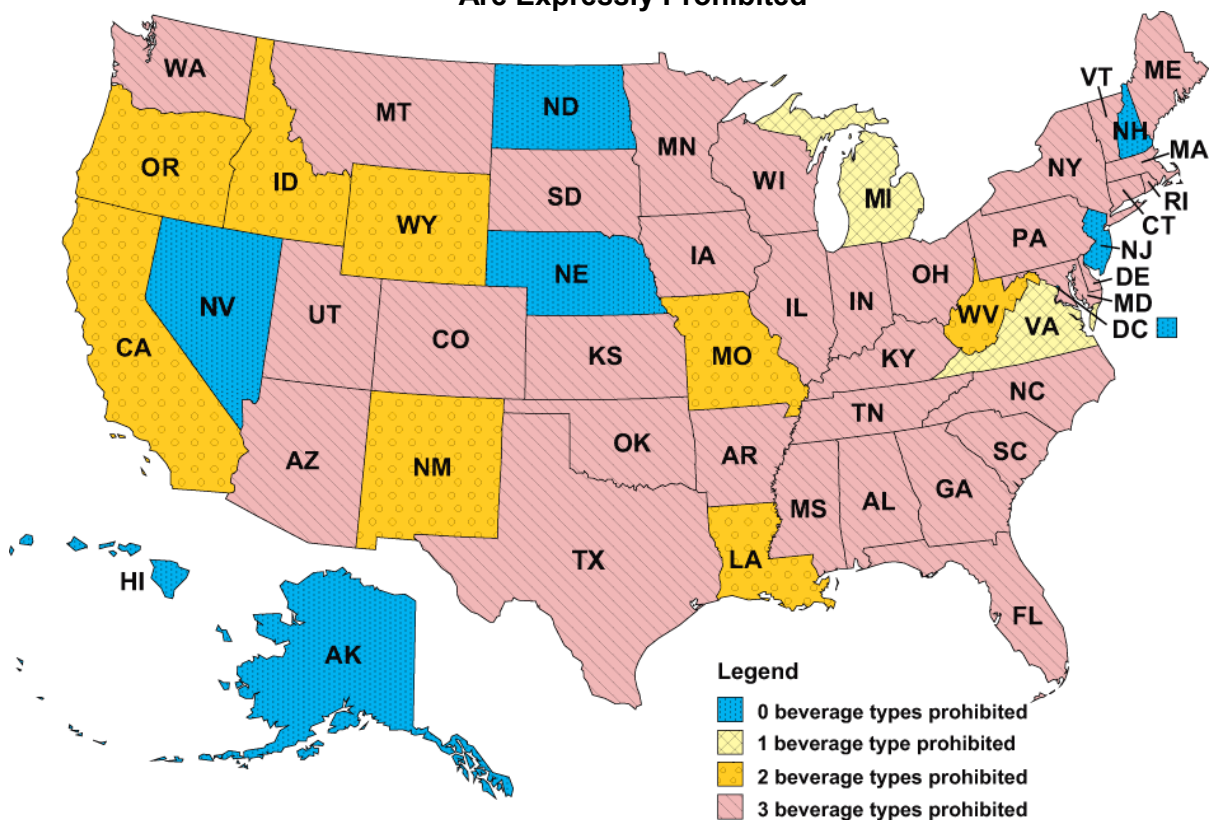
Types of Restrictions on Interstate Internet Sales

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

Current Status of Interstate Internet Sales

As shown in Exhibit 4.3.34, 33 states prohibit retailer interstate sales of all 3 beverage types, 8 prohibit sales of 2 beverage types, and 2 prohibit sales of 1 beverage type. Spirits are the most commonly prohibited beverage (43 states), followed by beer (41 states) and wine (33 states). In nine states, retailer interstate sales laws were deemed uncodable for at least one beverage type (beer, wine, liquor). For the purposes of this summary, these states are treated as *not* expressly prohibiting interstate internet sales for the uncodable beverage types.

Exhibit 4.3.34: Number of Beverage Types for which Interstate Internet Sales Are Expressly Prohibited



References and Further Information

Legal research and data collection for this topic are planned and managed by SAMHSA and conducted under contract by The CDM Group, Inc. To see definitions of the variables for this policy, go to Appendix B. For further information and background see:

“Drink Up New York: The web’s best source for fine wine, spirits, sake & more!” (No date). Retrieved from <http://www.drinkupny.com>

National Research Council and Institute of Medicine. (2004). *Reducing underage drinking: A collective responsibility*. Washington, DC: National Academies Press.

N.C.Gen. Stat. § 18B-102.1; N.C.Gen. Stat. § 18B-109.

Williams, R. S., & Ribisl, K. M. (2012). Internet alcohol sales to minors. *Archives of Pediatrics & Adolescent Medicine*, 166(9), 808–813. doi:10.1001/archpediatrics.2012.265

Direct Sales/Shipments from Producers to Consumers

Policy Description

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

Modern marketing practices, particularly Internet sales that link producers directly to consumers, have led many states to create laws with exceptions to general mandates that alcohol producers distribute their products only through wholesalers. Some states permit producers to ship alcohol to consumers using a delivery service (usually a common carrier). In some cases, these exceptions are responses to legal challenges by producers or retailers arguing that state law unfairly discriminates between in-state and out-of-state producers. The U.S. Supreme Court has held that state laws permitting in-state producers to ship directly to consumers while barring out-of-state producers from doing so violate the U.S. Constitution’s Interstate Commerce Clause, and that this discrimination is neither authorized nor permitted by the 21st Amendment.⁷⁷

One central concern emerging from this controversy is the possibility that direct sales/shipments (either through Internet sales or sales made by telephone or other remote communication) will increase alcohol availability to underage persons. Young people may attempt to purchase alcohol through direct sales instead of face-to-face sales at retail outlets, because they perceive that detection of their underage status is less likely. These concerns were validated by a study that found that Internet alcohol vendors use weak, if any, age verification, thereby allowing minors to successfully purchase alcohol online (Williams & Ribisl, 2012). In response to these concerns, several jurisdictions that permit direct sales/shipments have included provisions to deter youth access. These may include requirements that:

- Consumers have face-to-face transactions at producers’ places of business (and show valid age identification) before any future shipments to consumers can be made.⁷⁸
- Producers/shippers and deliverers verify recipient age, usually by checking recipients’ identification.
- Producers/shippers and deliverers obtain permits or licenses or be approved by the state.
- Producers/shippers and deliverers maintain records that must either be reported to state officials or be open for inspection to verify recipients of shipments.
- Direct shipment package labels include statements that the package contains alcohol and that the recipient must be at least 21 years old.

⁷⁷ See, e.g., *Granholm v. Heald*, 544 U.S. 460, 125 S.Ct. 1885 (2005).

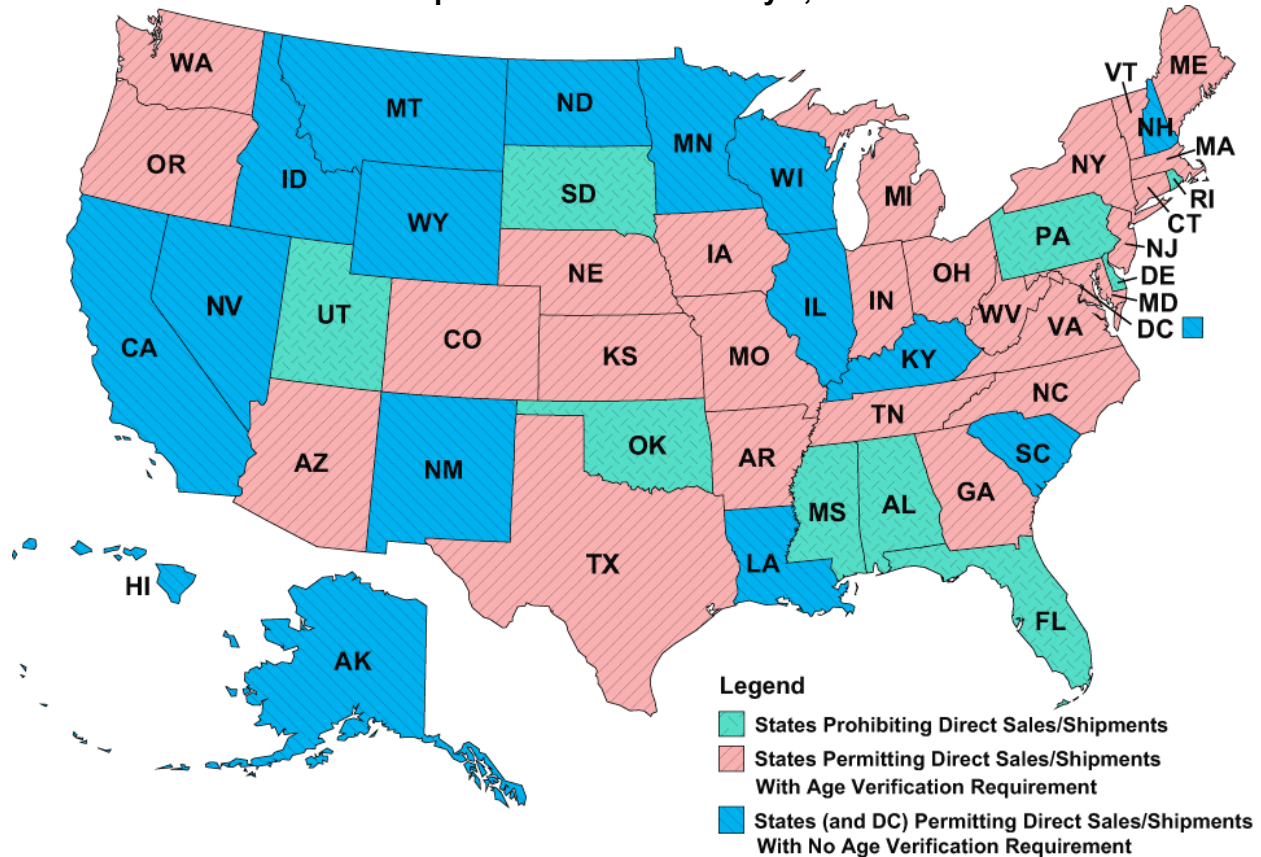
⁷⁸ Laws that require face-to-face transactions for all sales prior to delivery are treated as prohibitions on direct sales/shipments.

State laws also vary on the types of alcoholic beverages (beer, wine, distilled spirits) that producers may sell directly and ship to consumers. These and other restrictions may apply to all direct shipments. This report includes only those requirements related to preventing underage sales.⁷⁹

Status of Direct Sales/Shipment Policies

As of January 1, 2014, 42 states permit direct sales/shipments from producers to consumers, and 9 prohibit such transactions (see Exhibit 4.3.35). Two states (Arkansas and Indiana) require face-to-face transactions at producers' places of business (and verification of valid age identification) before shipments to the consumer can be made. Thirty-nine states require producers to obtain a shipper's permit or state approval prior to shipping. Of the 42 states permitting direct sales or shipments, 9 require shippers to verify purchaser age, 21 require deliverers to verify recipient age, 5 require age verification by both shippers and deliverers, and 2 require verification at some point before delivery. Sixteen states and the District of Columbia

Exhibit 4.3.35: Direct Sales/Shipment Policies and Age Verification Requirements as of January 1, 2014



⁷⁹ These include caps on amount that can be shipped; laws that permit only small producers to sell directly to consumers; reporting and taxation provisions unrelated to identifying potential underage recipients; and brand registration requirements. In some cases, exceptions are so limited that a state is coded as not permitting direct sales (e.g., shipments are allowed only by boutique historical distilled spirits producers).

do not require any age verification. Thirty-five states require a label stating that the package can only be received by a person over age 21, 34 states require a label stating that the package contains alcohol, and 4 states have no labeling requirements related to underage drinking.

Trends in Direct Sales/Shipments Policies

Between January 1, 2009, and January 1, 2014, seven states added more regulation to their policies. Seven other states (Arkansas, Kansas, Maine, Maryland, New Jersey, New Mexico, and Tennessee) adopted permit systems for allowing the direct shipment of wine from producers to purchasers. Previously, New Mexico had allowed direct shipping by wineries only in those states that offered it reciprocal privileges. Alaska, Montana and Nebraska adopted label requirements stating that the recipients of wine shipments must be over 21 and that the package contains alcohol. North Dakota adopted label requirements stating that the recipient of wine shipments must be over 21, only. Iowa adopted age verification requirements at the point of delivery. New Hampshire adopted a provision regarding collecting purchasers' names. In 2011, Ohio expanded direct shipping privileges to include beer and in 2013, Vermont did the same.

References and Further Information

Legal research and data collection for this topic are planned and managed by SAMHSA and conducted under contract by The CDM Group, Inc. To see variables for this policy, go to Appendix B. For further information and background, see:

- Jurkiewicz, C., & Painter, M. (Eds.). (2008). *Social and economic control of alcohol: The 21st Amendment in the 21st century*. New York: CRC Press.
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- Williams, R. S., & Ribisl, K. M. (2012). Internet alcohol sales to minors. *Archives of Pediatrics & Adolescent Medicine*, 166(9), 808–813. doi:10.1001/archpediatrics.2012.265

Keg Registration

Policy Description

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

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

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

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

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

Status of Keg Registration Policies

Keg Registration Laws

As of January 1, 2014, the District of Columbia and 30 states require keg registration, and 19 states do not require that kegs be registered. Minimum keg sizes subject to keg registration requirements range from 2 to 7.75 gallons with the exception of South Dakota, where the requirements are 8 or 16 gallons. Utah alone prohibits keg sales altogether, making a keg registration law irrelevant.

Prohibited Acts

Ten states prohibit both the possession of unregistered kegs and the destruction of keg labels. Six states prohibit only the possession of unregistered kegs, 8 prohibit only the destruction of keg labels, and 25 states and the District of Columbia prohibit neither act.

Purchaser Information Collected

All 31 jurisdictions with keg registration laws require retailers to collect some form of purchaser information. Of these, 27 require purchasers to provide a driver's license or other government-issued identification. Six jurisdictions (District of Columbia, Georgia, North Carolina, Oregon,

Virginia, and Washington) require purchasers to provide the address at which the keg will be consumed.

Warning Information to Purchaser

Of the 31 jurisdictions with keg registration laws, 23 states and the District of Columbia require that some kind of warning information be presented to purchasers about the violation of any laws related to keg registration (see Exhibit 4.3.36). Fourteen states and the District of Columbia specify “active” warnings (requiring an action on the part of the purchaser, such as signing a document), and nine states specify “passive” warnings (requiring no action on the part of the purchaser). Seven states do not require that any warning information be given to purchasers.

Trends in Keg Registration Policies

The number of states enacting keg registration laws rose steadily between 2003 and 2008, with an increase from 20 to 31 jurisdictions (see Exhibit 4.3.37).

References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy titled “Keg Registration.” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to Appendix B.

Hingson, R., & White, A. (2014). New research findings since the 2007 *Surgeon General’s call to action to prevent and reduce underage drinking: A review*. *Journal of Studies on Alcohol and Drugs*, 75(1), 158–169.

National Institute on Alcohol Abuse and Alcoholism. (2006). Young adult drinking. *Alcohol Alert*, No. 68.

Ringwalt, C. L., & Paschall, M. J. (2011). The utility of keg registration laws: A cross-sectional study. *Journal of Adolescent Health*, 48(1), 106–108.

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Exhibit 4.3.36: Keg Registration Laws as of January 1, 2014

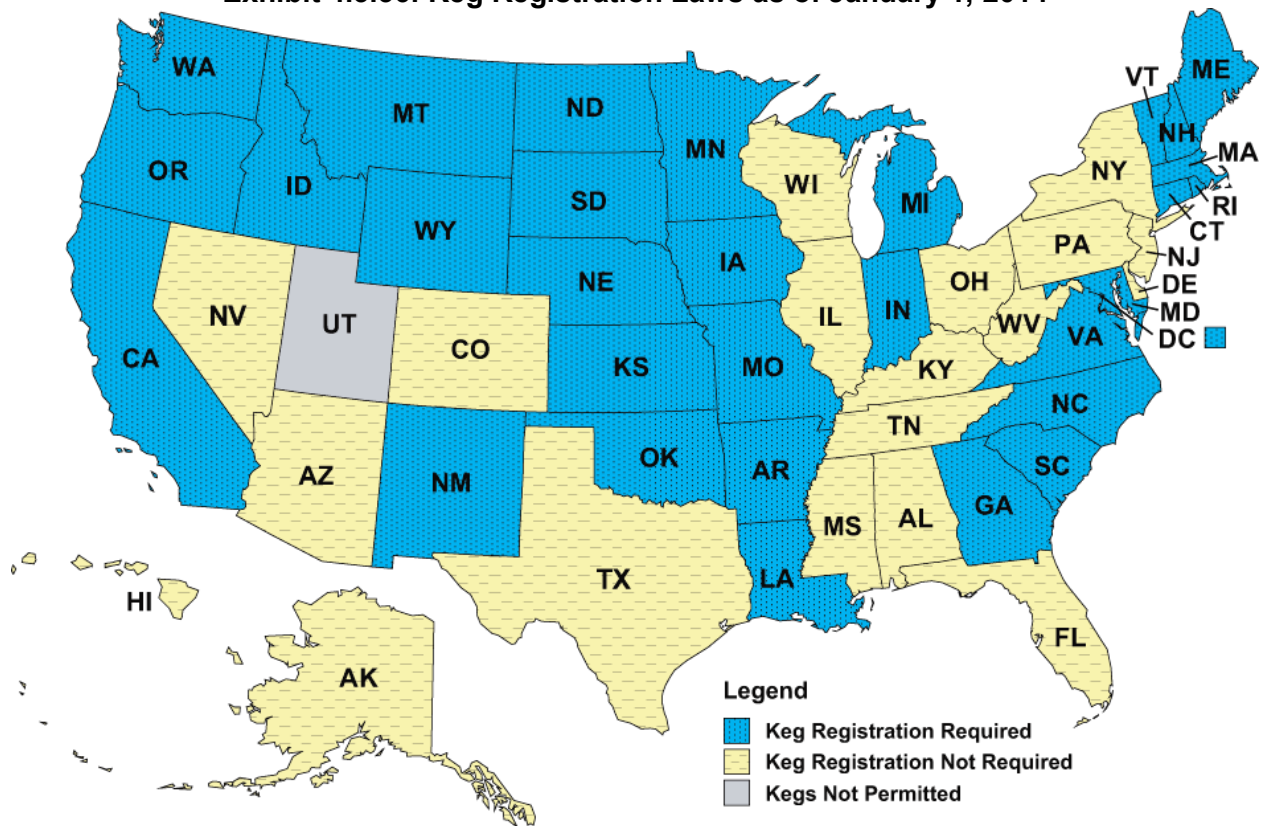


Exhibit 4.3.37: Number of States with Keg Registration Laws, January 1, 2003, through January 1, 2014



Home Delivery

Policy Description

Home delivery restrictions prohibit or limit the ability of alcohol retailers to deliver alcoholic beverages to customers who are not present at their retail outlet. The University of Minnesota Alcohol Epidemiology Program notes that home delivery of alcohol may increase alcohol availability to youth by increasing opportunities for underage persons to subvert minimum age purchase requirements. Ordering by phone, fax, or e-mail may facilitate deception. Delivery persons may have less incentive to check purchasers' age identification when they are away from the licensed establishment and cannot be watched by a surveillance camera, the liquor store's management, or other customers.

Research on home delivery of alcohol is limited. One study examined the use of home delivery by adult men. The authors report that regular drinkers without a history of alcohol problems were significantly less likely to have had alcohol delivered than problem drinkers. Another study found similar results for underage drinkers. Ten percent of 12th graders and 7 percent of 18- to 20-year-olds in 15 Midwestern communities reported they obtained alcohol through delivery services in the last year. Use of delivery services was more prevalent among young men and among more frequent, heavier drinkers.

A state home delivery law may:

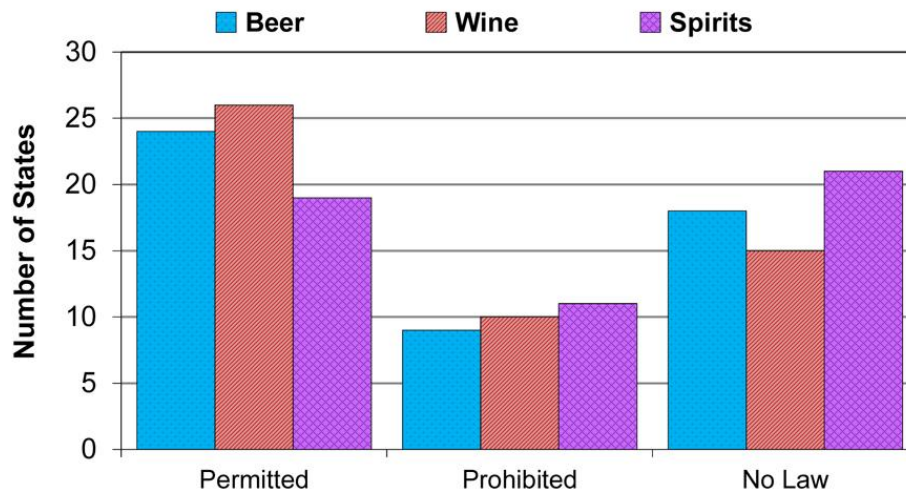
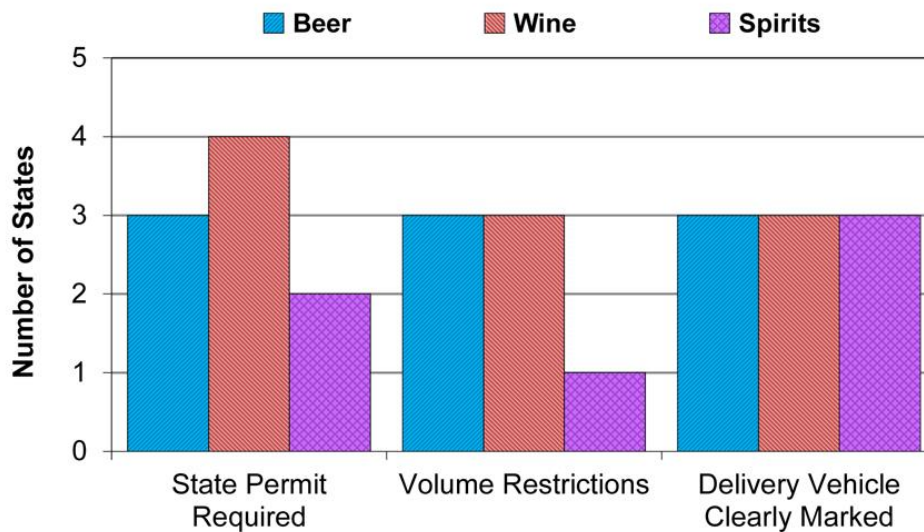
- Specifically prohibit or permit the delivery of beer, wine, or spirits to residential addresses, hotel rooms, conference centers, etc.
- Permit home delivery, but with restrictions, including:
 - Limits on the quantity that may be delivered.
 - Limits on the time of day or days of the week when deliveries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

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

Status of Home Delivery Policies

Exhibit 4.3.38 shows the number of states that permit, prohibit, or have no law regarding home delivery of beer, wine, and spirits. As the exhibit shows, 19 states permit home delivery of all three beverages, 9 prohibit delivery of all three, and 15 have no law for any beverage. Nine states have different laws for different beverages: Four states (New Hampshire, North Carolina, Oregon and Virginia.) permit delivery of beer and wine but have no law regarding spirits. Michigan permits beer and wine delivery but prohibits spirits, and Kentucky prohibits delivery of wine and spirits but has no law regarding beer. Louisiana and West Virginia permit home delivery of wine but have no law regarding beer and spirits.

Of the 24 states that permit home delivery of *beer and wine*, 11 place at least one restriction on retailers. Of the 19 states that permit home delivery of *spirits*, 9 place at least one restriction on retailers. Of the two states that permit delivery of wine only, both impose retailer restrictions. Exhibit 4.3.39 shows the distribution of those restrictions imposed by two or more states on home delivery laws: (a) a state permit is required (Colorado, Texas, Virginia, and West

Exhibit 4.3.38: Home Delivery of Beer, Wine, and Spirits**Exhibit 4.3.39: Restrictions Imposed by Two or More States on Delivery of Beer, Wine, and Spirits**

Virginia); (b) the volume that can be delivered is restricted (Indiana, Louisiana, New York, Virginia, and West Virginia); and (c) the delivery vehicle must be clearly marked (New Jersey, New York, and Texas). Three additional states that permit delivery of beer, wine, and spirits place a single, unique restriction on retailers: (a) orders must be in writing (Alaska); (b) written information on fetal alcohol syndrome must accompany the delivered product (Alaska); and (c) a local permit is required to deliver to the retailer's county or city (Maryland). One state (Washington) that permits delivery of beer and wine requires a special license only for Internet orders. Massachusetts requires that each vehicle used for transportation and delivery have a state-issued permit. Oregon requires "for hire" carriers to be approved by the state. Exhibits 4.3.40 through 4.3.42 summarize the status of home delivery for beer, wine, and spirits as of January 1, 2014.

Exhibit 4.3.40: Beer

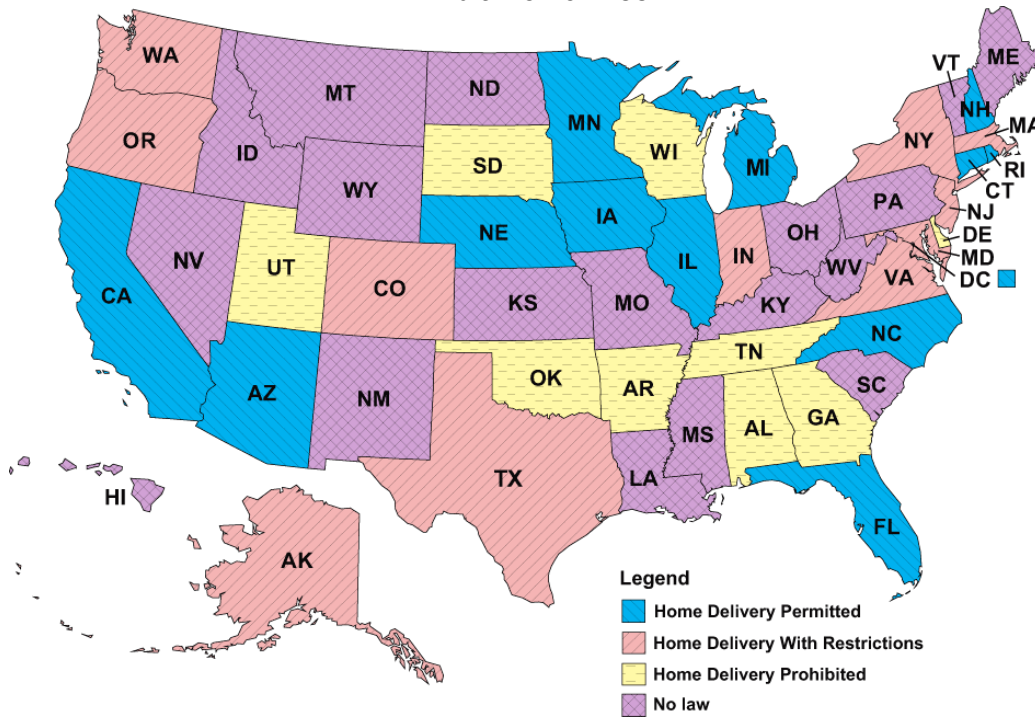


Exhibit 4.3.41: Wine

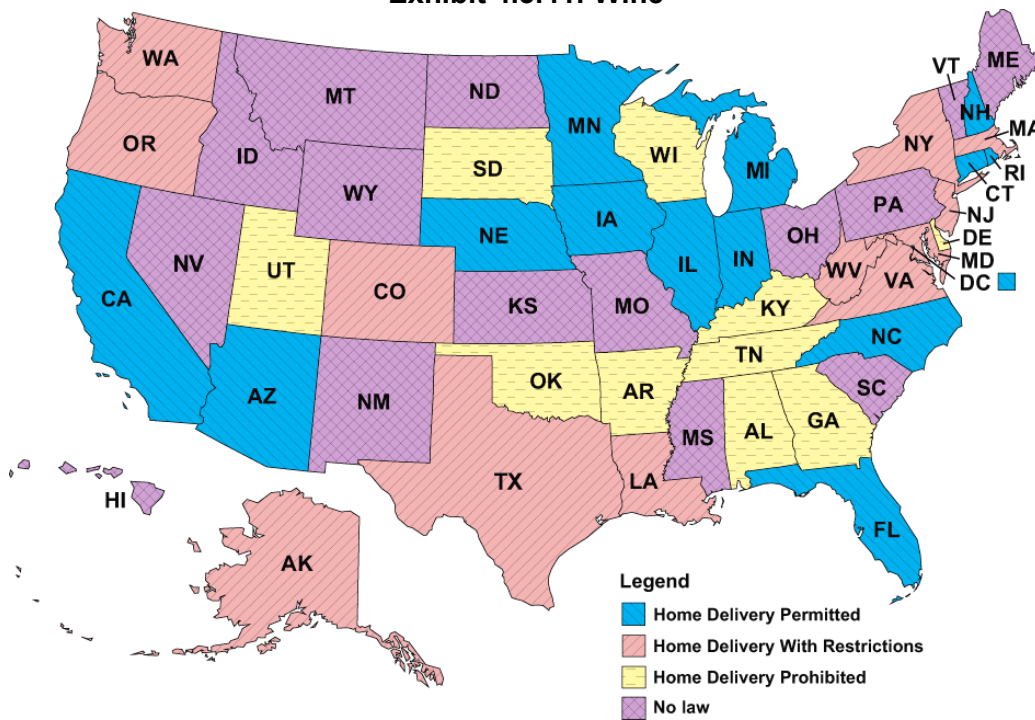
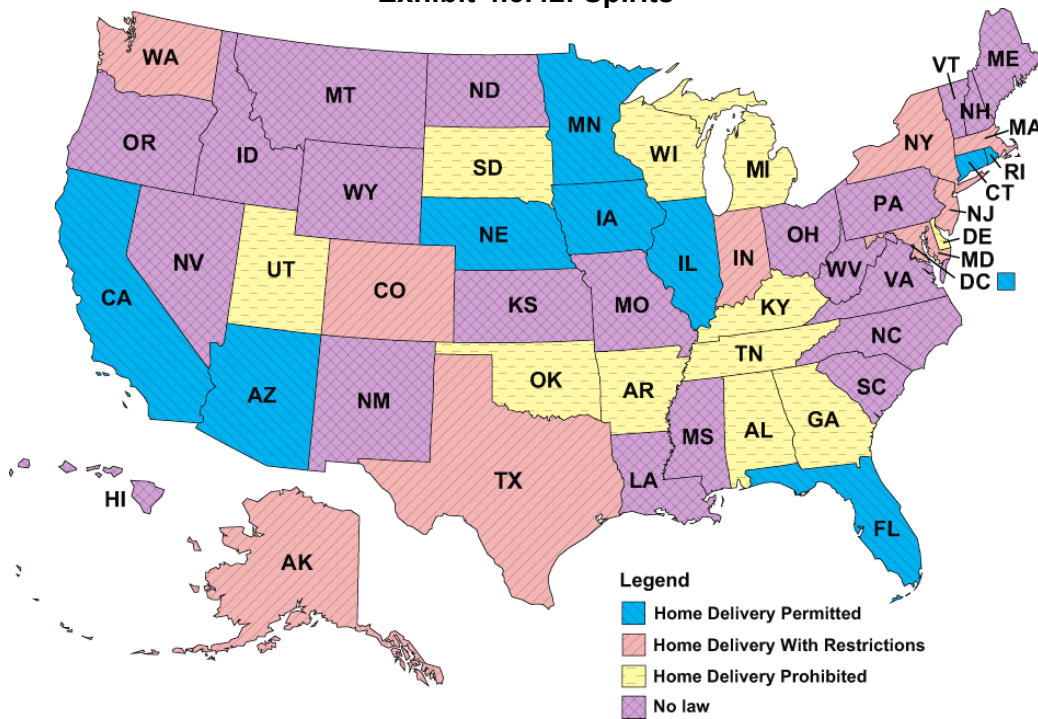


Exhibit 4.3.42: Spirits

Trends in Home Delivery Policies

Between 2010 and 2014, Louisiana changed its home delivery policies by permitting wine retailers to deliver to consumers in 2011. Washington changed its home delivery policies by permitting spirit retailers to deliver to consumers in 2012.

References and Further Information

Legal research and data collection for this topic are planned and managed by SAMHSA and conducted under contract by The CDM Group, Inc. To see definitions of the variables for this policy, go to Appendix B. For further information and background, see <http://www.aep.umn.edu/index.php/aep-tools/underage-access>.

Fletcher, L. A., Nugent, S. M., Ahern, S. M., & Willenbring, M. L. (1996). Brief report. The use of alcohol home delivery services by male problem drinkers: A preliminary report. *Journal of Substance Abuse*, 8(2), 251–261.

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Alcohol Pricing Policies

Alcohol Taxes

Policy Description

There is ample evidence that the “economic availability” of alcoholic beverages (i.e., retail price) impacts underage drinking and a wide variety of related consequences. The *Surgeon General’s Call to Action* includes economic availability as a strategy in the context of increasing the cost of underage drinking. Taxes are a major way that alcohol prices are manipulated by policymakers.

The effects of price on reducing underage drinking, college drinking, and binge drinking (including drinking among youth who show signs of alcohol use disorders) are considerable. There are also significant effects on youth traffic crashes, violence on college campuses, and crime among people under 21. Although alcohol taxes are an imperfect index of retail prices, tax rates are relatively easy to measure and provide a useful proxy for economic availability. Based on this and other research, the 2004 National Research Council/IOM Report, *Reducing Underage Drinking: A Collective Responsibility*, made the following recommendation: “[S]tate legislatures should raise excise taxes to reduce underage consumption and to raise additional revenues for this purpose.”

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

Status of Alcohol Taxation

As of January 1, 2014, all license states have a specific excise tax for beer, wine, and spirits. The federal government also levies a specific excise tax of \$0.58/gallon for beer, \$1.07/gallon for wine, and \$13.50/gallon for spirits.⁸⁰

Like the federal-specific excise tax, state-specific excise taxes are generally highest for spirits and lowest for beer, roughly tracking the alcohol content of these beverages. Beer-specific excise taxes range from \$0.02 to \$1.29/gallon, wine-specific excise taxes range from \$0.11 to \$2.50/gallon, and spirits-specific excise taxes range from \$1.50 to \$14.25/gallon. The states with the highest excise tax for one beverage may not be the states with the highest excise taxes for other beverages. States may control for one, two, or three categories (beer, wine, and spirits).

Exhibits 4.3.43 through 4.3.45 show the levels of excise taxes for beer, wine, and spirits across the 50 states and the District of Columbia. Exhibit 4.3.46 shows the ad valorem excise tax or sales tax adjusted ad valorem excise tax rates⁸¹ for license states that have ad valorem excise

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

⁸¹ The retail ad valorem excise tax minus the sales tax. Applicable only to states in which sales tax does not apply to alcoholic beverages in order to reflect the actual taxation rate.

Exhibit 4.3.43: Specific Excise Tax per Gallon on Beer as of January 1, 2014

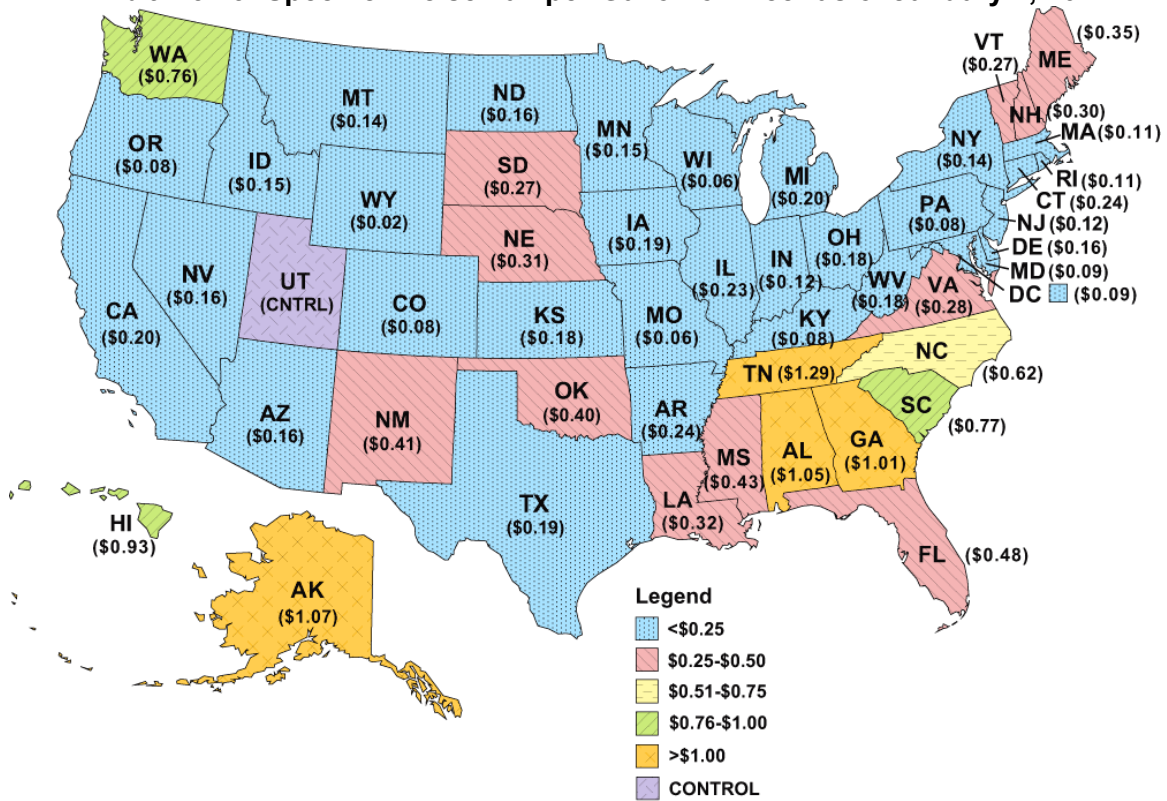


Exhibit 4.3.44: Specific Excise Tax per Gallon on Wine as of January 1, 2014

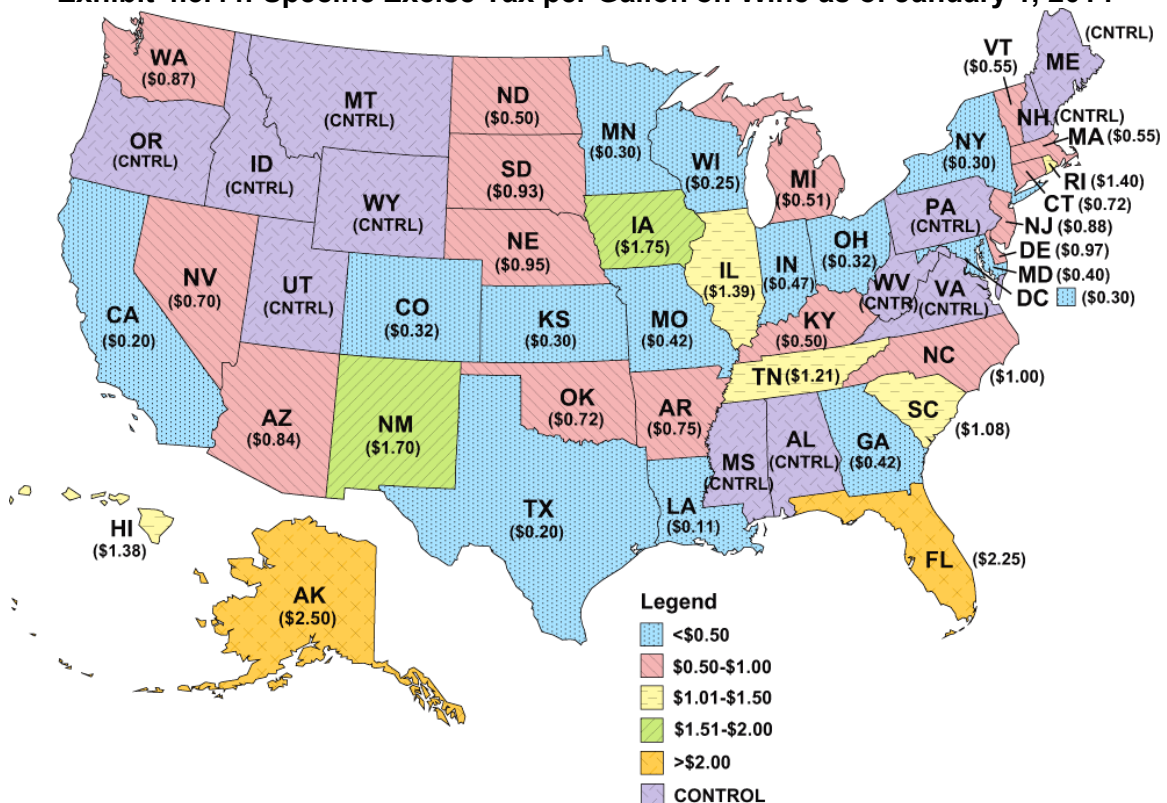


Exhibit 4.3.45: Specific Excise Tax per Gallon on Distilled Spirits as of January 1, 2014

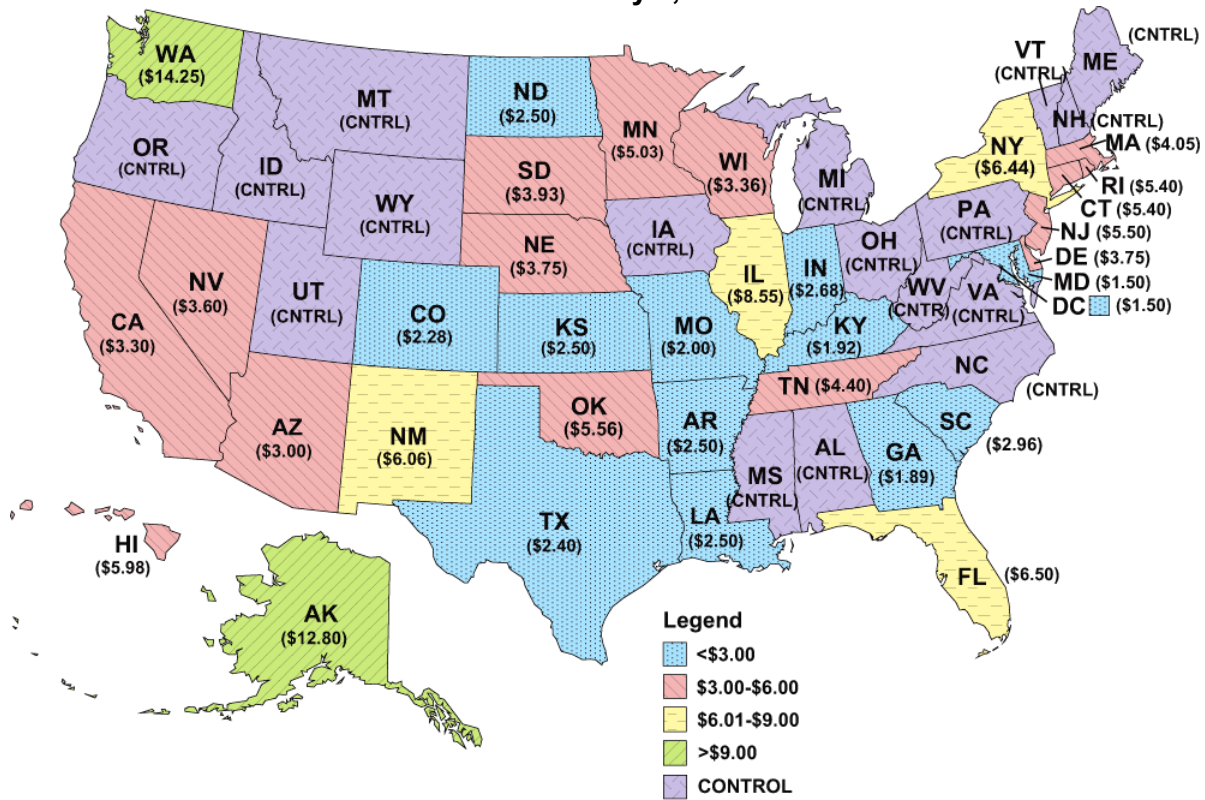


Exhibit 4.3.46: Sales Tax Adjusted Retail Ad Valorem Excise Tax Rates in License States as of January 1, 2014

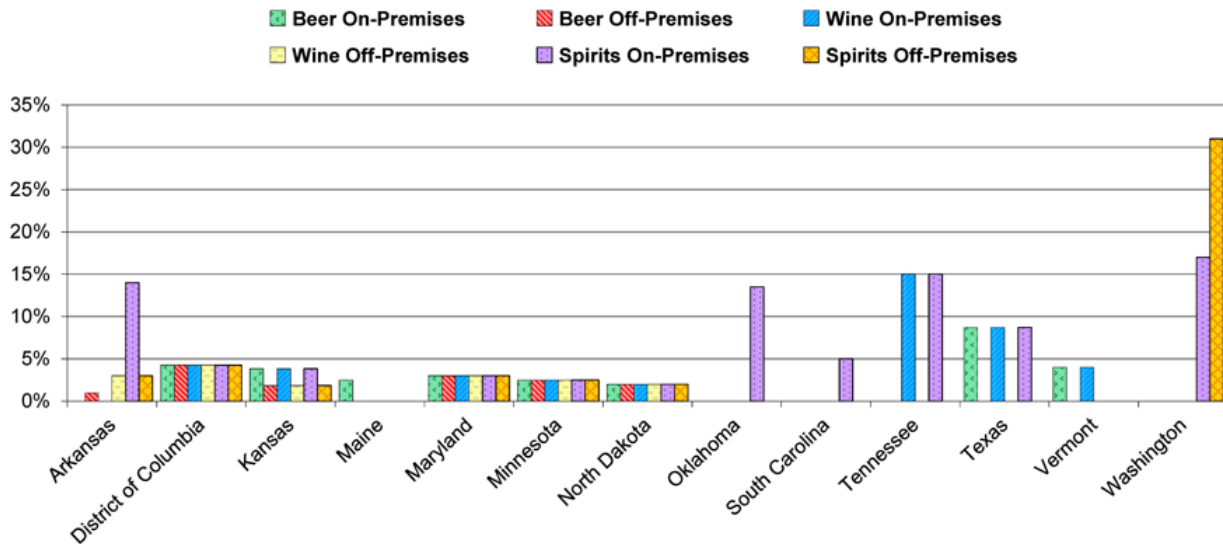


Exhibit 4.3.47: Number and Percentage of States that Levy an Ad Valorem Excise Tax but Do Not Apply General Sales Tax

Beverage type	Type of ad valorem excise tax	Number of states that levy this ad valorem excise tax	Number of states that do not apply general sales tax when the ad valorem excise tax is levied	Percentage of states that do not apply general sales tax when the ad valorem excise tax is levied
Beer	Ad valorem excise tax: onsite	9	7	78
	Ad valorem excise tax: offsite	7	4	57
Wine	Ad valorem excise tax: onsite	10	6	60
	Ad valorem excise tax: offsite	9	4	44
Spirits	Ad valorem excise tax: onsite	13	5	39
	Ad valorem excise tax: offsite	9	5	56

taxes. These may be levied at on- or off-sale outlets and may be for beer, wine, and spirits. Beer ad valorem excise tax rates range from 1 to 17 percent for on- and off-premises sales. Wine rates range from 1.7 to 15 percent for on- and off-premises sales. Distilled spirit rates range from 2 to 31 percent for on- and off-premises sales. As shown in Exhibit 4.3.47, the trade-off between retail ad valorem excise tax and sales tax is not uncommon.

Additionally, in 2011, voters in Washington approved Initiative Measure 1183, privatizing all aspects of the wholesale distribution and retail sale of beer, wine, and distilled spirits. The Initiative added a new section to the state's statutes on alcohol sales, which includes permitting retail licensees to sell spirits in original containers to consumers for off-premises consumption, and to licensees to sell spirits for on-premises consumption. It ended government involvement in beer and wine distribution and sales. Thus, Washington is no longer a control state.

Trends in Alcohol Taxes

Alcohol taxes have remained relatively constant for several decades. As can be seen in Exhibit 4.3.48, there have been limited tax increases or decreases in beer, wine, or spirits excise taxes since 2003. These changes do not reflect increases or decreases as a result of changes in sales tax adjusted ad valorem excise tax rates (see Note 1 above). During this period there have been 37 tax rate increases across all jurisdictions.

Exhibit 4.3.48: Alcohol Tax Changes 2003–2014

		Beer		Wine		Spirits		Total
		Specific excise tax	Ad valorem excise tax	Specific excise tax	Ad valorem excise tax	Specific excise tax	Ad valorem excise tax	
Number of jurisdictions that:	Increased rates	9	4	9	4	7	4	37
	Decreased rates	1	2	1	1	0	1	6

References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policies titled “Alcohol Beverage Taxes – Beer,” “Alcohol Beverage Taxes – Wine,” and “Alcohol Beverage Taxes – Distilled Spirits.” APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to Appendix B.

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- 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. doi:10.1111/acer.12152

Low-Price, High-Volume Drink Specials

Policy Description

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

Research has examined the impact of on-premises retail drink specials on binge drinking among college students. For example, one study measured self-reported binge-drinking rates among college students from 119 colleges, conducted an assessment of marketing practices of on-premises outlets in neighboring communities, and determined whether these communities restricted low-price, high-volume drink specials. The results demonstrated that price-related promotions were significantly correlated with higher binge drinking and self-reported drinking and driving rates among students (Wechsler, Lee, Nelson, & Lee, 2003).

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

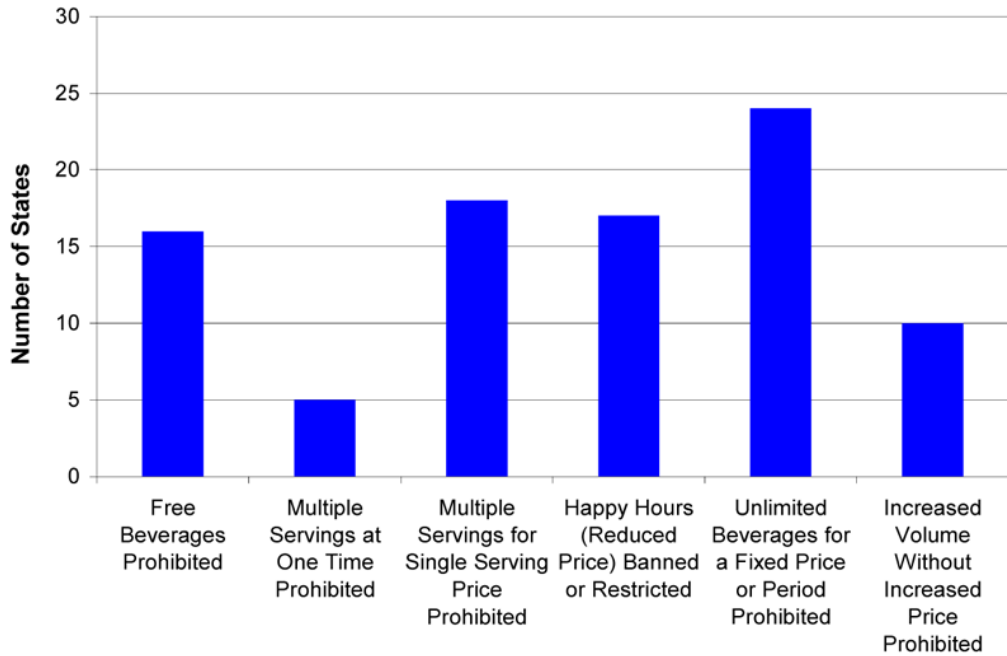
A state low-price, high-volume drink specials law may prohibit or restrict the following practices:

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

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

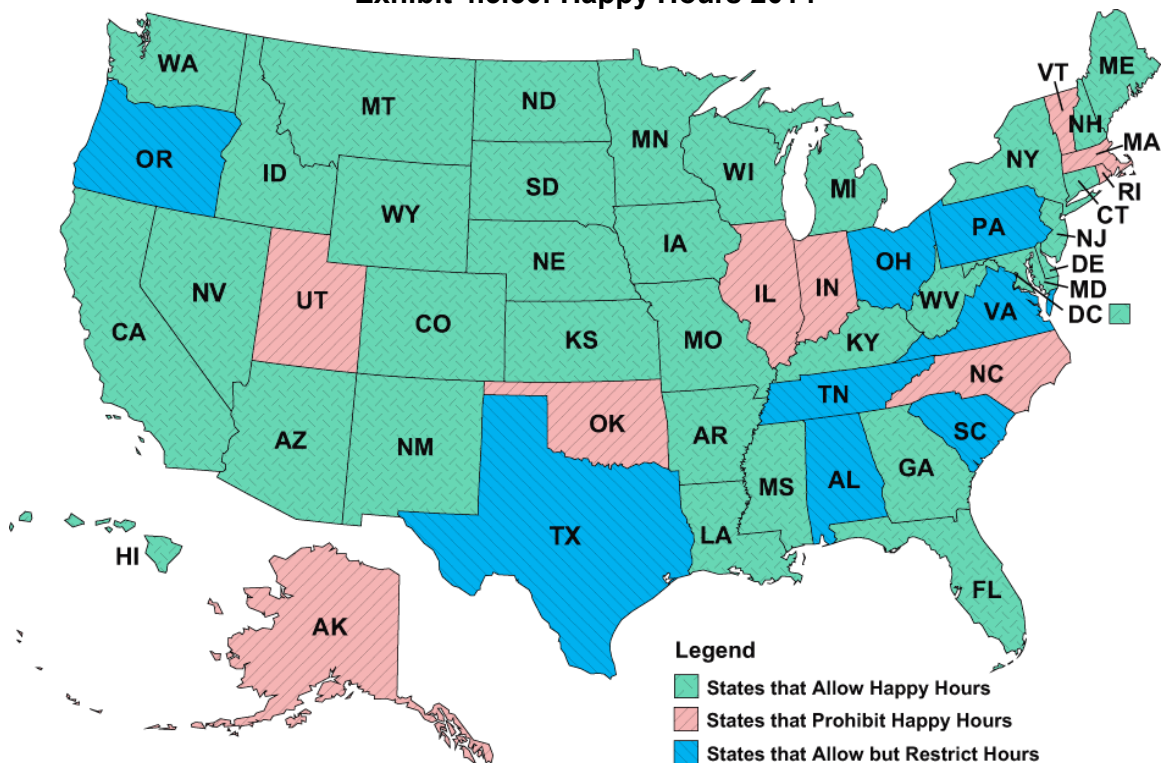
Exhibit 4.3.49 shows the number of states that prohibited the six low-price, high-volume specials listed above. Sixteen states prohibited *free beverages*. Six additional states (California, New Jersey, New Mexico, South Carolina, Texas, and Washington) allowed a licensee to offer a free drink on a case-by-case basis only (e.g., on a birthday or anniversary, as compensation for poor services). Four states prohibited *multiple servings at one time*. In one of these states (Tennessee), this prohibition applied only after 10 p.m. Eighteen states prohibited *multiple servings for single serving price*. Twenty-four states prohibited *unlimited beverages for a fixed price or period*. In one of these (Louisiana), this prohibition applied only after 10 p.m. Ten states prohibited *increased volume without increase in price*, with Tennessee making it unlawful after 10 p.m.

Exhibit 4.3.49: Number of States Prohibiting Various Low-Price, High-Volume Drink Specials



As can be seen in Exhibit 4.3.50, nine states prohibited *happy hours (reduced prices)*. Eight additional states allowed happy hours but restricted the hours in which they may be offered.

Exhibit 4.3.50: Happy Hours 2014



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

Since 2011, one state (Pennsylvania) has increased the number of hours during which discounts may be offered. Since 2012, Kansas has changed its law to allow reduced-price drinks during designated times of day and increased volume of an alcoholic beverage.

References and Further Information

Legal research for this topic is planned and managed by SAMHSA and conducted under contract by The CDM Group, Inc. To see definitions of the variables for this policy, go to Appendix B. For further information and background, see:

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U.S. Department of Health and Human Services. (2007). *Surgeon General’s call to action to prevent and reduce underage drinking*. Rockville, MD: Office of the Surgeon General. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK44360/>.

Wechsler, H., Lee, J., Nelson, T., & Lee, H. (2003). Drinking and driving among college students: The influence of alcohol control policies. *American Journal of Preventive Medicine*, 25(3), 212–218.

Wholesaler Pricing Restrictions

Policy Description

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

Research suggests that the specific wholesaler pricing restrictions described below increase the price of alcohol to consumers. Research also shows that underage consumption and problems are strongly influenced by alcohol prices. One study has suggested that restrictions on certain wholesale pricing practices may have a stronger effect on alcohol pricing than do alcohol taxes.

Some states operate alcohol wholesale operations directly through a state agency, usually limited to distilled spirits, beer with high alcohol content, and wine with high alcohol content.⁸² In these cases, the state sets wholesaler prices as part of its administrative function, and statutory provisions are relevant only to that portion of the wholesaler market in the control of private entities. For this policy, an index beverage has been selected: beer (5 percent), wine (12 percent), and spirits (40 percent). If the index beverage is controlled, in whole or in part, by the state at the wholesale level, the state is coded as CONTROL and no additional coding is displayed.

Types of Wholesaler Pricing Policies

In general, wholesaler pricing policies fall within four types: (a) restrictions on volume discounts; (b) restrictions on discounting practices; (c) price posting requirements; and (d) restrictions on the ability of wholesalers to provide credit extensions to retailers. These policy categories are closely interrelated but may operate independently of each other. Each is described briefly below.

Volume Discounting Restrictions

Large retailers often have an advantage over smaller retailers due to the large volumes they are able to purchase at once. This purchasing power allows them to negotiate lower prices on most commodities and therefore offer items at lower prices to consumers. Many states have imposed restrictions on the ability of wholesalers to provide volume discounts—the same price must be charged for products regardless of the amount purchased by individual retailers. The primary purpose of these laws is to protect small retailers from predatory marketing practices of large-volume competitors and to prevent corruption. They have a secondary effect of increasing retail prices generally by making retail price discounting more difficult.

Minimum Pricing Requirements

States may require wholesalers to establish a minimum markup or maximum discount for each product sold to retailers based on the producer's price for the product, or states may enact a ban against selling any product below cost. These provisions are designed to maintain stable prices

⁸² For a state-by-state review of control state wholesaler systems, see <http://www.apis.niaaa.nih.gov>.

on alcohol products by limiting price competition at both retail and wholesale levels. In most cases, this increases the retail price to consumers, and thus affects public health outcomes.

Post-and-Hold Provisions

This policy requires wholesalers to publicly “post” prices of their alcohol products (i.e., provide a list of prices to a state agency for review by the public, including retailers and competitors) and hold these prices for a set amount of time, allowing all retailers the opportunity to make purchases at the same cost. Post-and-hold requirements are typically tied to minimum pricing and price discounting provisions and enhance the states’ ability to enforce those provisions. The wholesalers’ submissions can be reviewed easily to determine whether wholesalers are paying the proper taxes on their products and whether they are providing any illegal price inducements to retailers. Post-and-hold provisions reduce price competition among both retailers and wholesalers because the posted prices are locked in for a set amount of time. They also promote effective enforcement of other wholesaler pricing policies. Some states require wholesalers to post prices but have no “hold” requirement—that is, posted prices may be changed at any time. This is a weaker restriction.

Credit Extension Restrictions

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

Federal Court Challenges to State Wholesaler Pricing Restrictions

As noted earlier, in general, states have broad authority under the 21st Amendment to the Constitution to regulate alcohol availability within their boundaries. That authority has been constrained by U.S. Supreme Court and Federal Court of Appeals cases, which have interpreted the Interstate Commerce Clause and Sherman Antitrust Act⁸³ to prohibit certain state restrictions on the alcohol market.^{84,85} These cases have led to considerable uncertainty regarding the validity of state restrictions on alcohol wholesaler prices, and additional challenges to those restrictions are anticipated. In the meantime, this uncertainty has prompted states to reexamine their alcohol wholesaler practices provisions.

⁸³ July 2, 1890, ch. 647, 26 Stat. 209, 15 U.S.C. § 1-7.

⁸⁴ See, e.g., *California Retail Liquor Dealers Ass’n v. Midcal Aluminum, Inc.*, 445 U.S. 97, 100 S.Ct. 937 (1980).

⁸⁵ Several federal and state courts have addressed the constitutionality of selected wholesaler pricing practices, with conflicting results. For example, in *Costco Wholesale Corp. v. Maleng*, 522 F.3d 874 (9th Cir. 2008), the plaintiff challenged nine distinct Washington state restrictions governing wholesaler practices, including policies in all four categories described above. The court upheld the state’s volume discount and minimum markup provisions but invalidated the post-and-hold requirements. In *Manuel v. State of Louisiana*, 982 So.2d 316 (3rd Cir. 2008), a Louisiana appellate court rejected six separate challenges to the Sherman Act, including the ban on volume discounts. It upheld the state’s ability to regulate alcoholic beverages within the state and concluded that the Sherman Act had to yield to the state’s authority granted under the 21st Amendment. Maryland’s post-and-hold law and volume discount ban were challenged in *TFWS, Inc. v. Franchot*, 572 F.3d 186 (4th Cir. 2009), a complicated case involving multiple appeals and rehearings. On Maryland’s fourth appeal, the court upheld its previous decisions to strike down the two policies.

Status of Wholesaler Pricing Restrictions

Federal Law

Federal law addresses restrictions on wholesaler credit practices:

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

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

State Law

Exhibits 4.3.51 through 4.3.54 show summary distributions of volume discounts, minimum markup/maximum discount, post and hold, and retailer credit for the license states (beer = 50 license states; wine = 43 license states; spirits = 34 license states).⁸⁶ Only two license states (Alaska and Rhode Island) have no wholesaler pricing restrictions. Among the remaining states, bans on extending credit and post and hold (excluding post only) are the most common wholesaler pricing restrictions (ranging from about a fifth to about half the states depending on beverage type). Other restrictions range from under 10 percent of the license states to about a quarter of the states depending on beverage type.

Trends in Wholesaler Pricing Restrictions

No changes occurred between 2010 and 2014. Idaho removed wine from state control on July 1, 2011, and implemented a ban on retailer credit and volume discounts. A post-and-hold provision of 180 days also went into effect. On November 8, 2011, voters in Washington approved Initiative Measure 1183, which privatized all aspects of the wholesale distribution and retail sale of beer, wine, and distilled spirits effective December 8, 2011. Implementation occurred in 2012. Wholesaler pricing restrictions now ban volume discounts for beer and impose a price posting requirement. Sales below cost and retailer credit provisions are prohibited. Likewise, retailers may not purchase wine or spirits on credit. Spirits may not be sold below cost.

Exhibits 4.3.55 through 4.3.58 present detailed state-by-state information for wholesaler pricing policies for beer.

⁸⁶ Comparisons among beverage types must be made with some caution, because the number of license states differs for each beverage.

Exhibit 4.3.51: Volume Discounts

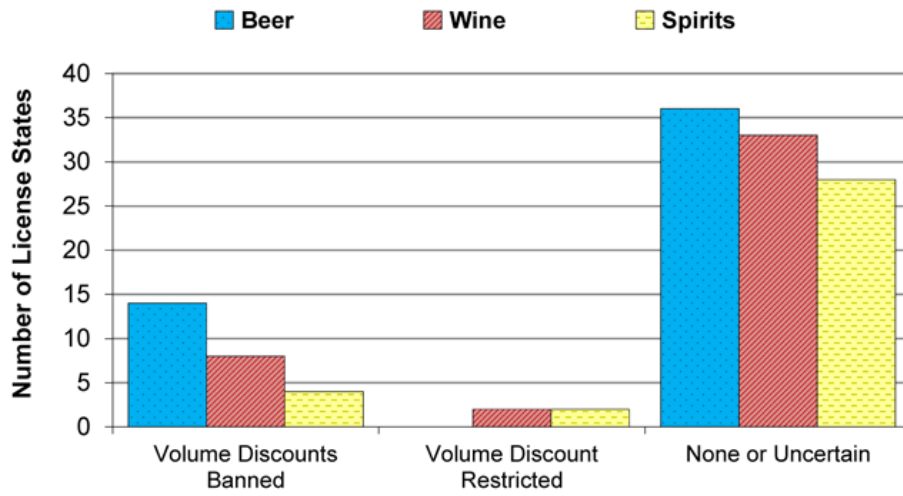


Exhibit 4.3.52: Minimum Markup/Maximum Discount

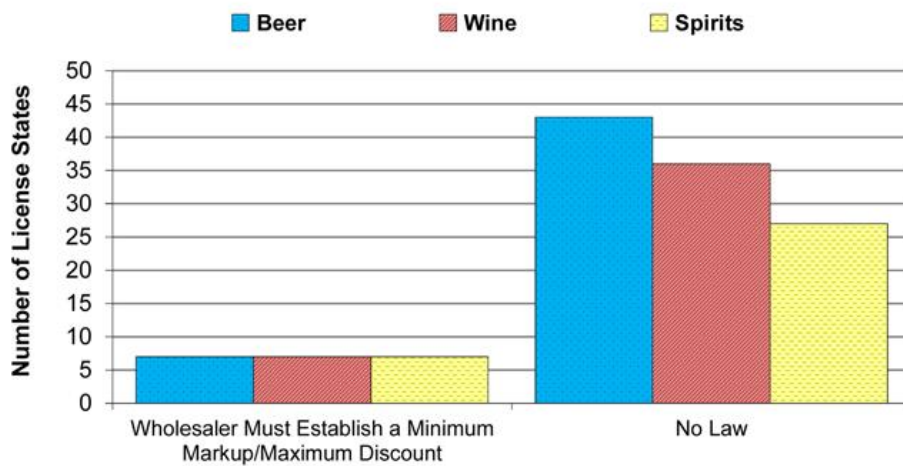


Exhibit 4.3.53: Post and Hold

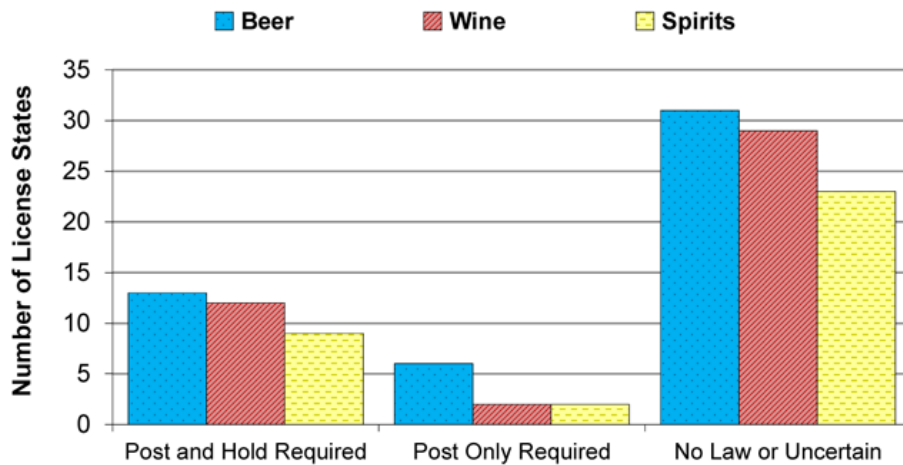


Exhibit 4.3.54: Retailer Credit

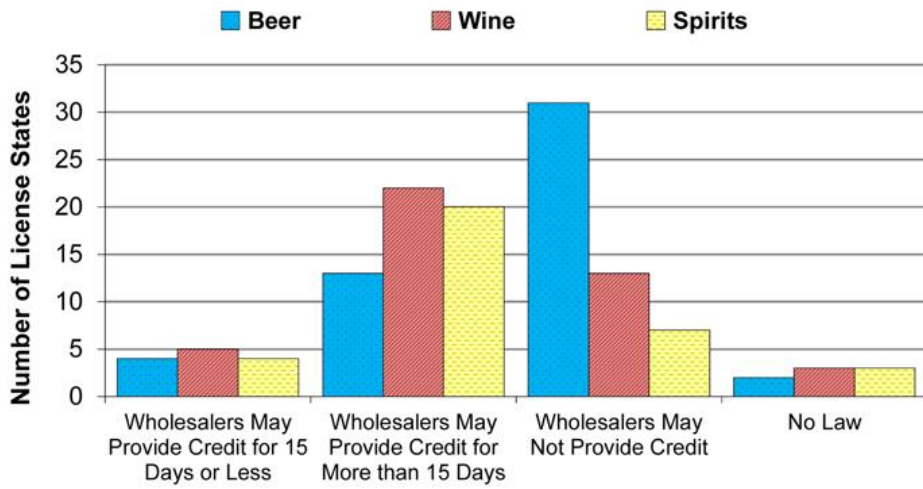


Exhibit 4.3.55: Volume Discounts for Beer as of January 1, 2014

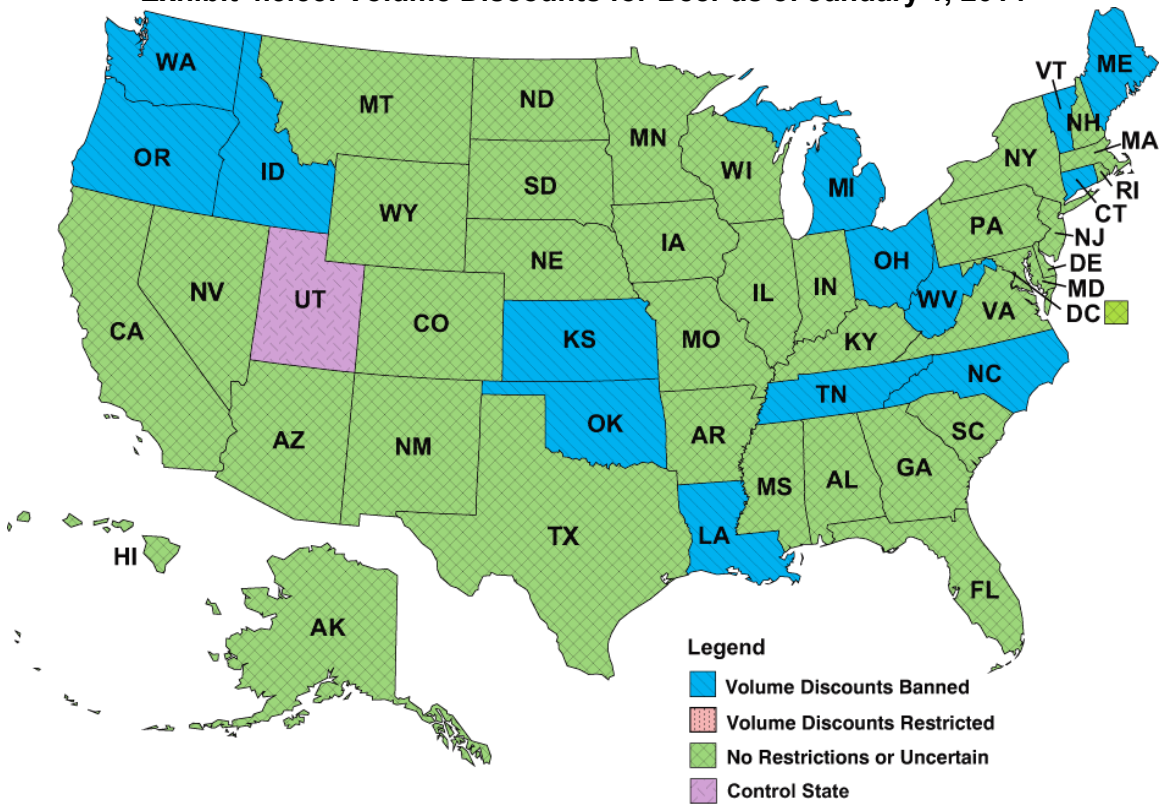


Exhibit 4.3.56: Minimum Markup, Maximum Discount for Beer as of January 1, 2014

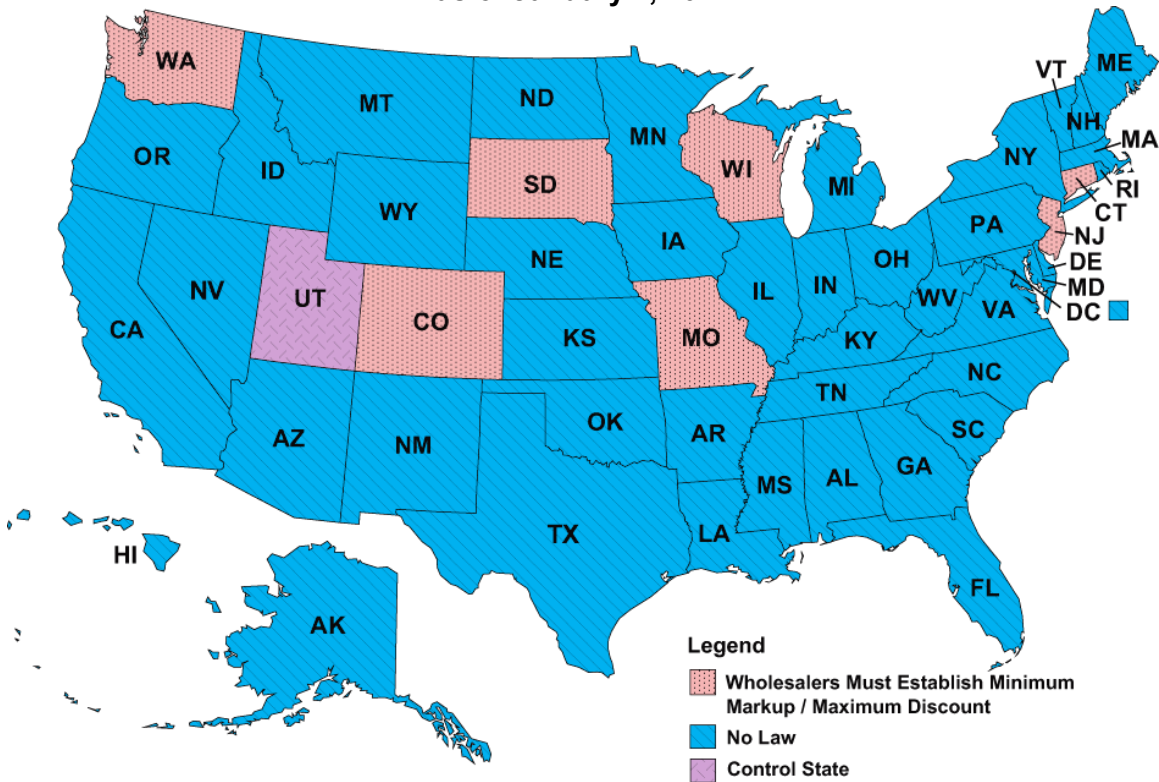


Exhibit 4.3.57: Post-and-Hold Requirements for Beer as of January 1, 2014

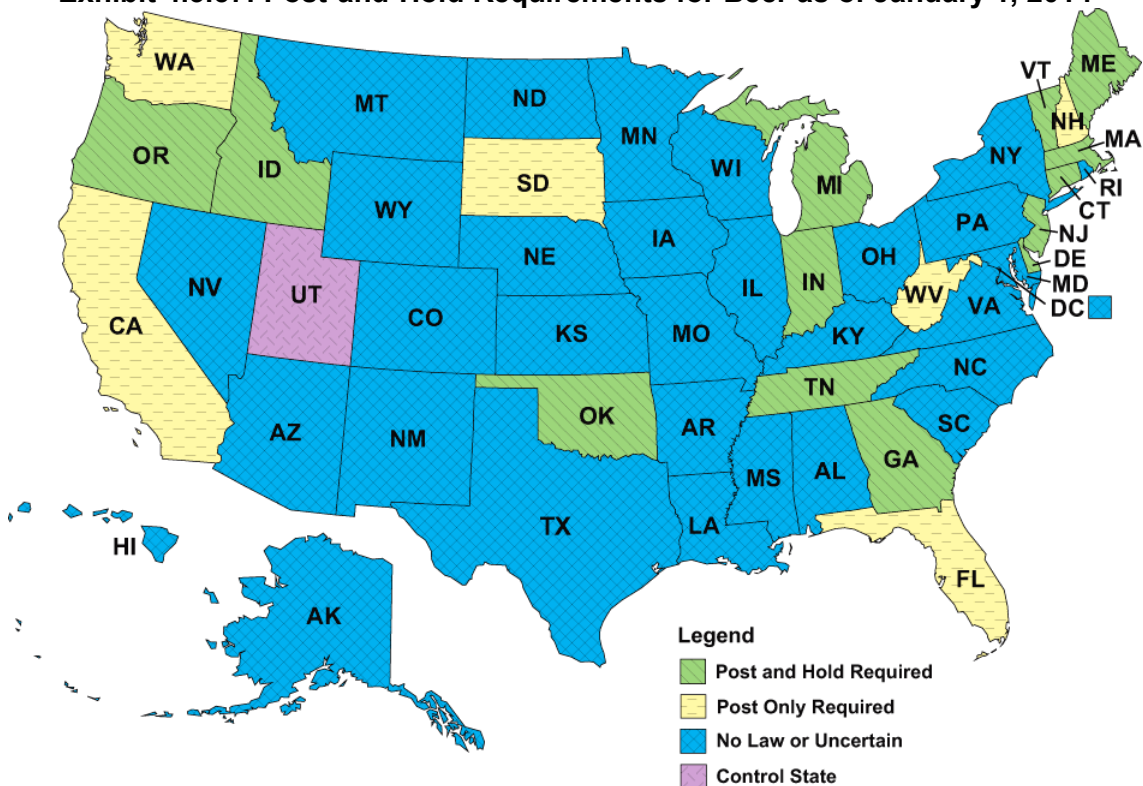
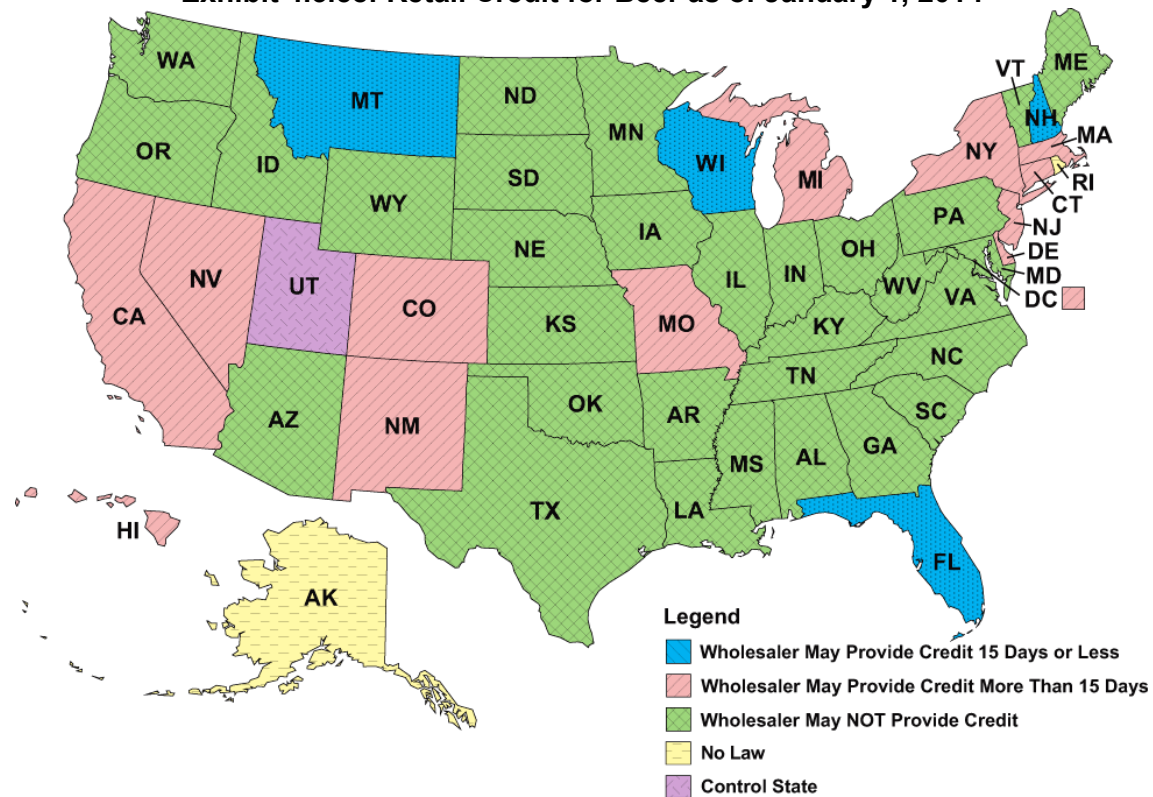


Exhibit 4.3.58: Retail Credit for Beer as of January 1, 2014



*MI allows 30 days credit to on-sale retailers but no credit to off-sale retailers

References and Further Information

Legal research and data collection for this topic are planned and managed by SAMHSA and conducted under contract by The CDM Group, Inc. To see definitions of the variables for this policy, go to Appendix B. For further information and background see:

- Chaloupka, F. (2008, January). *Legal challenges to state alcohol control policy: An economist's perspective*. Presentation at the Alcohol Policy 14 Conference, San Diego, CA.
- Gruenewald, P. J., Ponicki, W. R., Holder, H. D., & Romelsjö, A. (2006). Alcohol prices, beverage quality, and the demand for alcohol: Quality substitutions and price elasticities. *Alcoholism: Clinical and Experimental Research*, 30, 96–105.
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CHAPTER 5
**Evaluation of the National Media
Campaign: *Talk. They Hear You.***

Background Information

In December 2006, Congress passed the Sober Truth on Preventing Underage Drinking (STOP) Act, Public Law 109-422, popularly known as the STOP Act. The Act states, “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” (120 stat. 2890). The STOP Act Section 2(d) calls for the Secretary of the U.S. Department of Health and Human Services (HHS) to fund and oversee the production, broadcasting, and development of an adult-oriented media campaign to prevent underage drinking.

The Substance Abuse and Mental Health Services Administration (SAMHSA), on behalf of the Secretary of HHS, is responsible for the development and implementation of the national media campaign. SAMHSA is also charged with evaluating the need for an expanded adult-oriented media campaign and the effectiveness of the campaign in reducing underage drinking.

SAMHSA was created in 1992 to collaborate with states to improve prevention, treatment, and rehabilitation services for individuals with mental and substance use disorders. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities by providing leadership and dedicating resources to the delivery of the following key messages to the Nation: behavioral health is essential to health; prevention works; treatment is effective; and people recover.

SAMHSA’s Center for Substance Abuse Prevention (CSAP) works with federal, state, public, and private organizations to develop comprehensive prevention systems by:

Providing national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug use disorders, alcohol use disorders, and underage alcohol and tobacco use.

Promoting effective substance use disorder prevention practices that enable states, communities, and other organizations to apply prevention knowledge in an effective manner.

SAMHSA has made prevention of underage drinking a priority through its Strategic Initiative #1 – Prevention of Substance Abuse and Mental Illness, specifically addressing underage alcohol use in Goal 1.2, which is to “prevent and reduce underage drinking and young adult problem drinking” (SAMHSA, 2014, p. 12). This goal was established because of the potential impact of underage drinking on the health and well-being of young people and their communities.

As discussed in the Executive Summary and Chapters 1 and 2 of this Report, declines in the rate of underage drinking during the past several years have been promising. However, there are still more than 9 million people who drink while underage in the United States. Alcohol remains the substance of choice among adolescents, and it is used by more young people than tobacco or illicit drugs. Furthermore, alcohol misuse among college students remains unacceptably high.

Early alcohol consumption is predictive of negative social outcomes, with academic literature providing examples of the harmful impact of underage drinking on individuals, families, and social structures. However, formative research suggests that parents and caregivers can significantly influence young people's decisions about alcohol (Hingson & Kenkel, 2004).

Scope of the National Media Campaign

As prescribed by the STOP Act, CSAP began development of a national underage drinking prevention media campaign titled “Talk. They Hear You.” (TTHY). This chapter summarizes findings to date on the implementation and outcomes of TTHY from an evaluation of the campaign conducted by SAMHSA under contract 277-09-0313 (SAMHSA, 2012). The findings suggest that the campaign has reached large numbers of Americans and is having the desired impact on children's and parents' knowledge, attitudes and behaviors. In future years, this Report to Congress will further elaborate upon these findings as additional analyses are conducted.

TTHY formally launched in May 2013 and targets parents and caregivers of children ages 9 to 15. The campaign encourages parents and caregivers to talk to youth about underage drinking. The campaign has broadened from use of print, television, and radio outlets to include social media, entertainment media, and workplace communication, as well as collaborating with intermediaries and partners in retail, health care, and academic settings. The campaign tools now include a tailored simulation application that provides an additional forum for behavior modeling and skill building. All campaign materials encourage parents and caregivers to visit the TTHY website (<http://www.underagedrinking.samhsa.gov>), which features skill-building tools, knowledge-increasing resources, and behavior-modeling scenarios for parents, caregivers, and communities to help prevent underage drinking.

The campaign's central focus is helping parents and caregivers expand their knowledge, improve their skills, and increase their confidence in having successful conversations with their children regarding alcohol use. The campaign encourages parents and caregivers to show that they:

- Disapprove of underage drinking.
- Care about their children's happiness and well-being.
- Are good sources of information about alcohol.
- Pay attention and will notice if their child drinks.
- Can help build their children's skills and strategies for avoiding underage drinking.

A conservative estimate of the overall reach (the number of times people have seen TTHY ads or messages) of the campaign to date is 3.6 billion media impressions.⁸⁷ During the campaign development phase, SAMHSA collected qualitative and quantitative data that tested messages and gauged their impact on the intended target audiences. Two distinct sets of qualitative collections—interviews with children ages 9 to 15 and focus groups of parents of children ages 9

⁸⁷ The TTHY campaign distribution and reach was tracked and reported using multiple resources. Gross impressions (GIs) represent the total potential audience reached, measured by multiplying the audience exposed to the message by the frequency of the PSA usage. For broadcast television, GIs come from the A.C. Nielsen Co., and for all other media, they come from the media or published sources.

to 15—and several rounds of pre- and posttest survey data collection ensued. SAMHSA also collected quantitative data by conducting a series of surveys using a pre- and posttest design.

SAMHSA’s TTHY research used two methods of message exposure (forced exposure and natural exposure/event evaluation) to answer the following questions:

- What does the group being tested know about underage drinking?
- How do members of the group feel about underage drinking?
- What effect, if any, does the campaign have on the group’s knowledge, attitudes, and behaviors with regard to underage drinking?

A summary of these evaluation efforts and available findings are provided in the remaining sections of this chapter.

Qualitative Evaluation

In May 2011, 21 individual interviews with children ages 9 to 15 were conducted in two cities. SAMHSA collected demographic data from the participants, as well as information about their prior knowledge and attitudes related to underage drinking. SAMHSA then presented each interviewee with two messages from the campaign:

1. Your brain is not fully developed until your mid-twenties. Drinking when your brain is not fully developed may cause permanent damage to your memory and your ability to learn.
2. Even if it seems like we’re always making rules and telling you what to do and not to do, we want you to know the dangers of drinking alcohol because we care about you. We’re trying to help you make good decisions so you can grow up to have a healthy and successful life.

Participants then answered questions about the messages, including whether the messages sounded believable, whether the information the messages presented was new to them, how persuasive the messages were to them, and what additional information they wanted to know after exposure to the messages. SAMHSA gathered additional information about underage drinking during the interviews, including whom the participants talked to when they had concerns or issues; whether their parents or guardians had talked to them about underage drinking; and the influence parents and other adults, setting, time, and place may have had in making such conversations effective.

Additionally, SAMHSA conducted three sets of focus groups with parents of children ages 9 to 15. Each of these focus groups gathered information on the attitudes of, barriers perceived by, and beliefs of children ages 9 to 15 and their parents. In addition, these focus groups obtained their initial reactions to creative TTHY messaging. In Phase 2, 10 in-person focus groups with parents of children ages 9 to 15 were conducted in five cities across the country from April to May 2011. The group size ranged from three to eight participants. Questions posed to focus groups addressed the following:

- Basic knowledge and attitudes about underage drinking (e.g., “Currently, do you see drinking as an issue you need to be concerned or worried about with your child/grandchild, or not so much?”).

- Language and terminology related to underage drinking (e.g., “What is your reaction to the words ‘binge drinking’? How does it sound to you? What does it mean?”).
- Communication preferences (e.g., “Overall, how would you prefer to receive [information on underage drinking]?”).

Participants evaluated a set of messages from the campaign that were delivered in separate formats, including headlines for a brochure, poster, or ad that might appear in print or online; a radio script; and a theme line. For each format, the participants stated how the message made them feel; what was confusing, annoying, or offensive about the message; and what additional information they might want to know after seeing the message.

In August and September 2011, SAMHSA conducted a second round of focus groups with parents of children ages 9 to 15 in five additional cities across the country. The groups ranged in size from 8 to 12 participants. The protocol for these focus groups was the same as the other set of parent focus groups; however, this set focused specifically on testing draft creative concepts for the campaign and identifying what types of messaging and concepts would prompt parents to begin having conversations with their children about the risks associated with underage drinking.

Quantitative Evaluation

For the forced exposure survey, 2,500 adults with children ages 9 to 15 were randomly selected from a nationally representative, stratified, random sample of households. After selecting the sample, SAMHSA randomly assigned respondents to the control or stimulus group. SAMHSA then administered an identical pretest instrument to both groups that ascertained respondents’ prior knowledge of the campaign and its messages and their current knowledge, attitudes, and behaviors related to underage drinking. After stimulus group respondents completed the pretest instrument, SAMHSA then mailed campaign materials to their home addresses. Both groups then completed an identical web-based follow-up survey to measure change over time and differences between groups.

The natural exposure survey also followed a pre- and posttest design. Parents attending pilot sites and partnership events took the paper-and-pencil pretest survey throughout the campaign from May through July 2012. This first survey established a baseline of knowledge and attitudes concerning underage drinking. Within three months of completion of the first survey, respondents received a second survey administered via the web to measure changes in attitudes and obtain feedback on the event.

Evaluation Findings

The impact of the campaign can be divided into three areas: knowledge, attitudes, and behaviors.

Impact on Knowledge

Of parents with children ages 9 to 15 who were exposed to TTHY campaign materials, 29 percent agreed that the materials made them think about underage drinking in a new way. In the focus groups, parents mentioned that messaging about how it is never too early to begin speaking with children about drinking was particularly eye opening, saying that the statistics mentioned in the messaging were “scary” and that they resonated with the participants. Of

particular concern to parents was the statistic that “one in four eighth graders has used alcohol in the last 30 days”; respondents said that this statistic “grabbed” them, that it was “overwhelming,” and that it was “alarming, but very believable.” These responses suggest that parents were taking in and reacting to new information.

Likewise, individual interviews with children ages 9 to 15 revealed that some campaign messages affected participants’ knowledge of underage drinking. Said one child, upon learning that alcohol consumption can cause damage to developing brains, “If I ever was in a situation and somebody gave me a beer or something, I would think of that [message].” Said another, “I just heard about the liver and kidneys so far. I haven’t heard about your brain before.” These responses suggest that the campaign materials had provided new information.

However, some respondents voiced skepticism. Parents, for the most part, understood and even believed the statistics presented in certain TTHY messages, but none of them believed that their children were drinking alcohol. Some questioned the methods for gathering and presenting the statistics in the ads; others argued that the effects of alcohol can be so individualized that the aggregate statistics and overarching messages are not effective at countering lived examples (e.g., children may know other students who get good grades despite drinking; parents may know people who drink yet are not socially maladapted).

Impact on Attitudes

The effect of the TTHY campaign on the attitudes of children ages 9 to 15 and their parents is evident. Of parents who were exposed to the campaign and surveyed, 27 percent reported that the materials left an impression on them; of those parents who liked the materials, 44 percent said that they were concerned about their children drinking alcohol. In focus groups, parents mentioned that the campaign materials challenged them to reconsider the appropriate age for starting conversations about underage drinking; said one, “I need to talk to my kids, and I feel empowered by this [campaign].” The campaign had a general attitudinal and affective impact, with participants saying that the ads made them feel “frightened,” “empowered,” and “humbled,” among other responses.

Impact on Behaviors

The TTHY campaign messages appeared to influence participants’ behaviors. Among all survey respondents, there was a slight increase in the percentage of parents reporting that they had a conversation with their child about alcohol between pretest (91 percent) and posttest (93 percent) instrument completion. For the forced exposure survey, parents in the stimulus group—those who were exposed to the campaign—were more likely than parents in the control group—those who were not exposed to it—to report having at least one conversation about alcohol with their child in the past six months. Likewise, those in the stimulus group (83 percent) were more likely than those in the control group (74 percent) to have had a conversation with their children within the past three months about the dangers of drinking alcohol. This call to conversation was echoed in the focus groups. Said one parent, “[The campaign message] empowers parents. It motivates me to tell [my children] ‘don’t do it.’” Said another, “[The campaign] makes me want to go home and talk to [my children] again.” Overall, 24 percent of survey respondents reported that they were likely to seek out additional information about SAMHSA.

For both of the messages tested in focus groups with children, participants were split on the effectiveness of the messages as deterrents. When shown the messaging about the effect of underage drinking on the brain, one said, “I’m pretty sure it will persuade [children] not to [drink].” Said another, “After hearing [about] the brain damage, I think if I was in that situation, I would totally back off and not do that.” However, another participant retorted that the message would not be effective because “a lot of kids don’t really care about learning anything about that anyway,” and another mentioned that children “probably wouldn’t think [the message] was telling the truth.” When presented with the message about parental control, some children expressed the belief that the message would affect behavior; said one, “After hearing that, they would probably rethink what they were going to do, or maybe not.” Said another, “Probably it could change his or her mind if they heard that [message].” Still others argued that the message would not be as effective: “Some kids I know that drink now and are trying to get other people to drink; they wouldn’t care. They would think [parents are] just saying this to stop [kids] from drinking.” Said another, “[The message would] probably affect [kids]; they’ll probably have thoughts of not [drinking], but then if they’re the type of kid who doesn’t want to listen, they’ll [drink anyway].”

Campaign Testing

Results from the SAMHSA-administered national web survey (N=2,500) to establish baseline attitudes, beliefs, and behaviors related to underage drinking demonstrate the prelaunch effectiveness of campaign materials. The following findings are from a preliminary assessment of the baseline and short-term changes in underage drinking prevention behaviors and attitudes:

- Underage drinking is not a top-of-mind issue; fewer than half of all parents surveyed reported concern. Regarding general attitudes toward underage drinking, only 30 percent of participants reported that they see drinking alcohol as an issue to be concerned about with their children.
- Education and conversations with children were the top two ways parents said that they could prevent underage drinking. When asked what they could do to prevent their children from drinking alcohol, 30 percent reported “educate them” and 25 percent reported “have open conversations.”
- Women (94 percent) are more likely than men (87 percent) to have had a conversation with their children about underage drinking.
- Most parents exposed to the materials said that they were believable, and a third said that the materials left an impression on them. Parents and caregivers asked for additional modeling scenarios in the print public service announcements (PSAs).
- Of parents who were exposed to TTHY PSAs:
 - A quarter agreed that the PSAs were some of the best ads they had seen related to underage drinking prevention.
 - A quarter said that they would seek out more information about SAMHSA.
- Parents exposed to the PSAs (89 percent) were more likely than unexposed parents (85 percent) to have had a conversation with their children about the dangers of underage drinking in the past three months.

Summary of TTHY Evaluations to Date

All evaluations conducted to date gathered anecdotal evidence related to knowledge, attitudes, and behaviors regarding underage drinking. A direct analysis of postlaunch changes in reaction to the campaign materials is not yet available.

None of the evaluations completed to date included a direct analysis of changes in youth drinking behavior due to the campaign materials. A brief review of current, nationally normed data on youth behavior suggests downward trends in excessive drinking, but a persistent percentage of youth continue to drink in some form (Johnston, Miech, O'Malley, Bachman, & Schulenberg, 2014). Monitoring the Future, the long-term survey of 8th, 10th, and 12th graders funded by the National Institute on Drug Abuse, has collected data on underage drinking. In 1991, 70.1 percent of eighth graders reported having ever used alcohol, but by 2014, the proportion was 26.8 percent; likewise, 26.7 percent of eighth graders reported having ever been drunk in 1991, but in 2014, only 10.8 percent of eighth graders reported having ever been drunk (Johnston et al., 2014). Since the beginning of the TTHY campaign in 2013, the proportion of eighth graders using alcohol has decreased (Johnston et al., 2014); however, there are not enough data to measure whether the campaign is having an impact on the rate of underage drinking. Changes in the underage drinking rate due to the campaign will take longer to manifest, given the young target age of adolescents and the aim of the campaign to have parents talk to them about future behavior.

The Effectiveness of the Campaign in Reducing Underage Drinking

The TTHY campaign hinges on the idea that a parent or caregiver talking to his/her children about the dangers of alcohol is an important factor in deterring underage alcohol consumption. Studies have shown that parents and other adults have a significant influence on young people's decisions about alcohol consumption (Nash, McQueen, & Bray, 2005), especially when they create supportive and nurturing environments in which children can make their own decisions (Barnes, Reifman, Farrell, & Dintcheff, 2000). In fact, about 80 percent of children believe that parents should have a say in whether they drink alcohol (Jackson, 2002; Nash et al., 2005). The SAMHSA survey of 2,500 parents of children ages 9 to 15 found that 91 percent of parents reported that they had talked with their children about alcohol; however, this survey did not track any changes in underage drinking behavior over time as a result of parental behaviors.

The TTHY campaign has had excellent reach, surpassing 3.6 billion impressions since its inception in 2013, with good representation across the United States. It has also generated an advertising equivalency of more than \$39 million across all media outlets. This includes a presence in all 50 states and more than 300 cities nationwide. Since the campaign's launch, TTHY PSAs have been played on television and radio channels; displayed in Washington, DC, Atlanta, and Los Angeles airports; posted in greater DC-area shopping malls and the Washington Metropolitan Area Transit Authority Metrorail and Metrobus system; and distributed across the country on AccentHealth Media Network and Walmart SuperCenters Checkout TVs. The TTHY television PSA has played nearly 3,000 times across the AccentHealth network alone, generated an ad equivalency of \$1,904,378, and earned more than 95 million impressions. However, the majority of all PSA usage came from television, which is the most effective medium for reaching the largest number of people while generating the most value. Recent outreach to bloggers and campaign partners has elicited additional coverage online and through social media, as well as

sharing of TTHY campaign materials, which include newly designed infographics and a teaser video for the mobile application (app).

Future Directions: The TTHY App

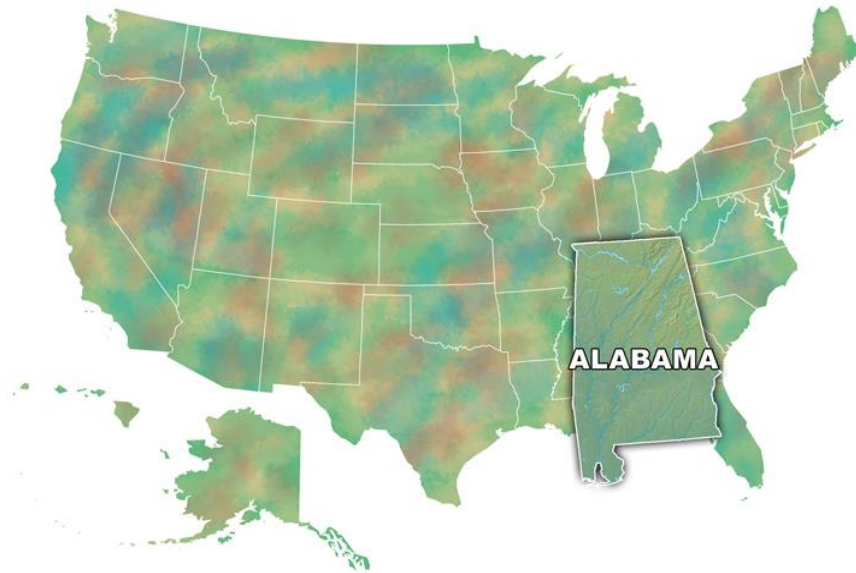
By expanding the TTHY campaign to include a TTHY mobile app, SAMHSA has provided parents and caregivers with vital information and skills to increase the quality and content of the conversations they have with their children about underage drinking. This app addresses the need parents expressed for more scenario-based information on how to talk to their children about underage drinking. It allows more direct measurement of impact on parent behaviors than analysis of PSA exposure provides. The extent to which parents engage with the materials is evident through the app's usage data.

Once users download the app, they must take a survey to provide baseline data on the content and scope of their knowledge about underage drinking. Follow-up questionnaires help determine short-term outcomes, defined as changes in parent/caregiver knowledge and behavior as a result of using the app. Additional demographic data points provided by the app allow the opportunity to describe who has downloaded the app and completed the survey. In addition, the app allows collection of analytics to assess sharing of the app and linking to or seeking out additional resources and tools that are integrated within the app at critical skill-building moments. Ultimately, user skills and knowledge, as well as identified analytics, serve as proxy variables to predict youth alcohol consumption behavior.

Population-level youth surveys, including the National Survey on Drug Use and Health and Monitoring the Future, were used to report the baseline underage drinking rates for youth before the launch of the campaign in 2013. A trend analysis comparing changes in youth responses during three-year intervals before, around, and after introduction of the campaign will be completed to assess long-term outcomes of the campaign. Using the demographic and geographic data collected through the survey of app users and data on the campaign collected through Nielsen Ratings/out-of-home data collection and web analytics, subpopulations of users and viewers can be generated. These subpopulations can then be compared to their corresponding subpopulations in the population-level youth surveys to test whether the underage drinking rate has decreased among those subpopulations who have had contact with the campaign.⁸⁸

⁸⁸ For example, if a particular region of the country has had a significantly higher exposure to the campaign (e.g., the Northeast), a subpopulation can be generated from the data to compare changes in the underage drinking rate for that region with changes at the national level.

State Reports (Alabama–Montana)



Alabama

State Profile and Underage Drinking Facts*

State Population: 4,833,722
Population Ages 12–20: 587,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	19.4	114,000
Past-Month Binge Alcohol Use	11.5	68,000
Ages 12–14		
Past-Month Alcohol Use	5.6	11,000
Past-Month Binge Alcohol Use	2.3	4,000
Ages 15–17		
Past-Month Alcohol Use	17.3	33,000
Past-Month Binge Alcohol Use	11.5	22,000
Ages 18–20		
Past-Month Alcohol Use	34.3	70,000
Past-Month Binge Alcohol Use	20.0	41,000
Alcohol-Attributable Deaths (under 21)		94
Years of Potential Life Lost (under 21)		5,662
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	26	15

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited—no explicit exceptions noted in the law.

Underage Consumption of Alcohol

Consumption is prohibited—no explicit exceptions noted in the law.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting retailers

- No statutory affirmative defense—statutes do not provide an affirmative defense related to retailer’s belief that the minor was 21 years old or older.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- Minimum: 90 days
- Maximum: 180 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- No minimum supervised driving requirement with driver education; 30 hours without

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 12 a.m.
 - No primary enforcement of the night-driving rule
- Passenger restrictions exist: No more than one passenger who is not a parent, guardian, family member, or person at least 21 years old
 - No primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited—no explicit exceptions noted in the law.

Compliance Check Protocols

Age of decoy

- Minimum: 16
- Maximum: 19

Appearance requirements

- Male: No beard
- Female: No heavy makeup

ID possession

- Unclear

Verbal exaggeration of age

- Prohibited

Decoy training

- Mandated

Penalty Guidelines for Sales to Minors

- Time period/conditions: Not specified
- First offense: \$750 fine
- Second offense: \$1,000 fine

Responsible Beverage Service

Voluntary beverage service training

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets
- Mitigation of fines or other administrative penalties for sales to minors
- Protection against license revocation for sales to minors

Minimum Ages for Off-Premises Sellers

- Beer: Not specified
- Wine: Not specified
- Spirits: 21

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Note: A minor employee of an off-premises retail licensee may handle, transport, or sell beer or table wine, provided an adult employee is in attendance at all times.

Minimum Ages for On-Premises Sellers

- Beer: 19 for servers and 21 for bartenders
- Wine: 19 for servers and 21 for bartenders
- Spirits: 19 for servers and 21 for bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Distance Limitations for New Alcohol Outlets near Universities and Schools***Colleges and universities***

- Limitations on outlet siting:
 - Off-premises outlets: Yes—within one mile
 - On-premises outlets: Yes—within one mile
 - Alcohol products: Beer, wine, spirits

Primary and secondary schools

- No distance limitation

Dram Shop Liability

Statutory liability exists.

Social Host Liability Laws

Statutory liability exists.

Host Party Laws

Social host law is specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession, consumption
- Property type(s) covered by liability law: Residence, other
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence.
- Preventive action by the host negates the violation.

Note: Alabama's provision requires that the adult social host be in attendance at the gathering or party in order for a violation to occur. The "preventive action" provision in Alabama requires the prosecution to prove that the host failed to take preventive action.

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are not permitted.

Keg Registration

Registration is not required.

Home Delivery

- Beer: Prohibited
- Wine: Prohibited
- Spirits: Prohibited

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$1.05 per gallon

Wine (12 percent alcohol)

- Control state

Spirits (40 percent alcohol)

- Control state

Drink Specials

- Free beverages: Not prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Prohibited
- Reduced price, specified day or time: Not prohibited—not permitted before 10 a.m. or after 9 p.m.
- Unlimited beverages: Not prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Retailer credit: Not permitted

Spirits (40 percent alcohol)

- Control state

Alabama State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Alabama Alcoholic Beverage Control Board	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	No
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Don't know
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	Yes
Number pertains to the 12 months ending	693
Data include arrests/citations issued by local law enforcement agencies	12/31/2013
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	No
Number of retail licensees in state ³	Yes
Number of licensees checked for compliance by state agencies (including random checks)	Unknown
Number of licensees that failed state compliance checks	3,126
Numbers pertain to the 12 months ending	20
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	12/31/2013
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	Yes
Number of licensees that failed random state compliance checks	313
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	No
Number of licensees that failed local compliance checks	Unknown
Numbers pertain to the 12 months ending	Unknown
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	No
Total amount in fines across all licensees	Not applicable
Smallest fine imposed	Not applicable
Largest fine imposed	Not applicable
Numbers pertain to the 12 months ending	Not applicable
	12/31/2013

<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	No
Number of suspensions imposed by the state ⁵	Not applicable
Total days of suspensions across all licensees	Not applicable
Shortest period of suspension imposed (in days)	Not applicable
Longest period of suspension imposed (in days)	Not applicable
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	No
Number of license revocations imposed ⁶	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Additional Clarification	
No data	

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
North Central	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data
<p>Program Description: The target priorities for information dissemination are prescription drugs and underage drinking. Eight primary venues may include (1) Health Fairs; (2) Child Safety Conference; (3) Calhoun Community College; (4) school events; (5) media (media campaigns, media outlets, social media websites, newspaper articles); (6) speaking engagements; (7) businesses (pharmacy “take home bags,” 20,000–25,000 utilities customers, florists, dress/tuxedo shops, limo drivers, alcohol vendors/merchants); and (8) community agencies/organizations (medical offices, Advisory Committee, MHC Board of Directors, MCSAN Coalition, senior citizen centers, Area Agency on Aging, Community Action, Commission on Aging, and law enforcement personnel, etc.). The media campaigns include information about prescription and over-the-counter drug misuse, “Prescription Drug Take-Back Day” and “Lock Your Meds” campaigns, and information about other substance abuse and unhealthy behaviors. Underage drinking campaigns will include materials from “Parents Who Host Lose the Most” and information to support compliance with the Decatur City Alcoholic Beverage Ordinance including the Responsible Vendor Program.</p>	
North Central	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data

Program Description: The target priorities for this strategy are to conduct activities in Morgan County to (1) reduce access and availability of alcohol to minors and raise community awareness of the dangers of underage drinking (UAD) and (2) reduce and/or prevent prescription and over-the-counter drug misuse and abuse and raise community awareness of the dangers of diverting medication for unintended use. The intent is to (1) promote the enforcement of underage drinking and prescription drug laws and regulations; (2) conduct activities that will raise awareness of youth, parents, and the community about the importance of the enforcement of the Decatur City Alcohol Ordinance and the need to comply with social hosting laws; and (3) encourage responsible storage and disposal of prescription and over-the-counter medication. Focus efforts include reducing the noncompliance rate of alcohol sales to minors in the city of Decatur, increasing the amount of medications collected at Prescription Drug Take-Back Days, and conducting media campaigns via “Lock Your Meds” materials.

Additional Underage Drinking Prevention Programs Operated or Funded by the State

No data

URL for more program information: No data

Program description: No data

Additional Clarification

No data

Additional Information Related to Underage Drinking Prevention Programs

<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	No
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Description of collaboration: Not applicable

<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
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Description of program: Not applicable

<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	No
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Agencies/organizations that established best practices standards:

Federal agency(ies):

Agency(ies) within your state:

Nongovernmental agency(ies):

Other:

Best practice standards description:

Additional Clarification

No data

State Interagency Collaboration

<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	No
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Committee contact information:

Not applicable

Agencies/organizations represented on the committee:

Not applicable

<i>A website or other public source exists to describe committee activities</i>	Not applicable
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URL or other means of access: Not applicable

Underage Drinking Reports

<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Not sure
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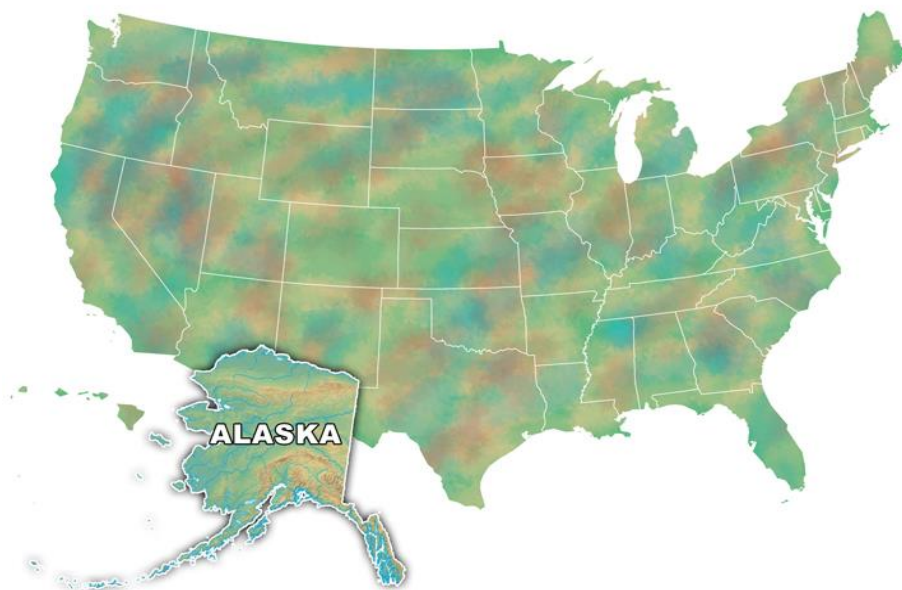
Prepared by: Not applicable

Plan can be accessed via: Not applicable

<p><i>State has prepared a report on preventing underage drinking in the last 3 years</i></p> <p>Prepared by: Alabama’s Epidemiological Outcomes Workgroup (AEOW) Plan can be accessed via: http://www.mh.alabama.gov/Downloads/SAPV/EpidemiologicalProfile.pdf</p>	<p>Yes</p>
Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	\$6,000
Estimate based on the 12 months ending	12/31/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	\$5,400
Estimate based on the 12 months ending	12/31/2013
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$34,338
Estimate based on the 12 months ending	12/31/2013
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$8,262
Estimate based on the 12 months ending	12/31/2013
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	12/31/2013
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	12/31/2013
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	12/31/2013
<i>Other programs:</i>	
Programs or strategies included: Data not available	
Estimate of state funds expended: Data not available	
Estimate based on the 12 months ending: Data not available	

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other: Unsure	No
<i>Description of funding streams and how they are used:</i>	
Not applicable	
Additional Clarification	
The information submitted in this section reflects state funds, not federal funds.	



Alaska

State Profile and Underage Drinking Facts*

State Population: 735,132
 Population Ages 12–20: 91,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	22.0	20,000
Past-Month Binge Alcohol Use	13.8	13,000
Ages 12–14		
Past-Month Alcohol Use	3.7	1,000
Past-Month Binge Alcohol Use	0.9	0
Ages 15–17		
Past-Month Alcohol Use	20.7	6,000
Past-Month Binge Alcohol Use	11.5	3,000
Ages 18–20		
Past-Month Alcohol Use	41.5	13,000
Past-Month Binge Alcohol Use	28.9	9,000
Alcohol-Attributable Deaths (under 21)		14
Years of Potential Life Lost (under 21)		843
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	0	0

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Private location AND EITHER
- Parent/guardian OR
- Spouse

Underage Consumption of Alcohol

Consumption is prohibited with the following exception(s):

- Private location AND EITHER
- Parent/guardian OR
- Spouse

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver's license suspension through an administrative procedure.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- General affirmative defense—the retailer came to a good faith or reasonable decision that the purchaser was 21 years or older; inspection of an identification card not required.
- Retailer has the statutory right to sue a minor who uses a false ID to purchase alcohol for any losses or fines suffered by the retailer as a result of the illegal sale.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.00
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers age 14 or above
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

No use/lose law

Graduated Driver's License

Learner stage

- Minimum entry age: 14
- Minimum learner stage period: 6 months

- Minimum supervised driving requirement: 40 hours, of which 10 must be at night or in inclement weather

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 1 a.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No passengers under 21 except siblings, unless at least one passenger is a parent, guardian, or person at least 21 years old
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 16 years, 6 months

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s):

- Private location AND EITHER
- Parent/guardian OR
- Spouse

Compliance Check Protocols

Age of decoy

- Minimum: 18
- Maximum: 20½

Appearance requirements

- No rings on left finger; age-appropriate dress
- Male: No facial hair
- Female: No excessive facial makeup or lipstick

ID possession

- Required

Verbal exaggeration of age

- Permitted

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

No written guidelines

Responsible Beverage Service

Mandatory beverage service training for licensees, managers, servers

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

Minimum Ages for Off-Premises Sellers

- Beer: 21
- Wine: 21
- Spirits: 21

Minimum Ages for On-Premises Sellers

- Beer: 21 for both servers and bartenders
- Wine: 21 for both servers and bartenders
- Spirits: 21 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 200 feet
 - On-premises outlets: Yes—within 200 feet
 - Alcohol products: Beer, wine, spirits

Dram Shop Liability

Statutory liability exists.

Social Host Liability Laws

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of underage status

Host Party Laws

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession
- Property type(s) covered by liability law: Residence
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence.
- Exception(s): Family

Retailer Interstate Shipments of Alcohol

Prohibition against retailer interstate shipments:

- Beer: Uncertain
- Wine: Uncertain
- Spirits: Uncertain

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for beer, wine, and distilled spirits with the following restrictions:

Age verification requirements: None

State approval/permit requirements: None

Reporting requirements: None

Shipping label statement requirements

- Contains alcohol—applies to wine shipments
- Recipient must be 21—applies to wine shipments

Keg Registration

Registration is not required.

Home Delivery

- Beer: Permitted—all orders must be in writing. Written information on fetal alcohol syndrome must be included in all shipments.
- Wine: Permitted—all orders must be in writing. Written information on fetal alcohol syndrome must be included in all shipments.
- Spirits: Permitted—all orders must be in writing. Written information on fetal alcohol syndrome must be included in all shipments.

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$1.07 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$2.50 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$12.80 per gallon
- Additional taxes: \$2.50 per gallon for alcohol content of less than 21 percent

Drink Specials

- Free beverages: Prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Not prohibited
- Reduced price, specified day or time: Prohibited
- Unlimited beverages: Prohibited
- Increased volume: Not prohibited

Wholesale Pricing

No pricing restrictions

Alaska State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i>	
The Alcoholic Beverage Control (ABC) Board coordinates efforts with the Alaska Bureau of Alcohol and Drug Enforcement (ABADE) Division of the Alaska State Troopers. The agency also depends on state and local police to enforce alcohol laws (Title 4). With four investigators and one enforcement unit supervisor, the ABC Board must rely on the assistance of local law enforcement and state troopers to enforce laws across the state. License fees are refunded to municipalities that have police departments and that enforce Title 4. The Alaska Court System has primary responsibility for enforcing the consequences related to any charges.	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	No
Underage Alcohol–Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol–Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	No
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Not applicable
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
	Yes
Number of minors found in possession by state law enforcement agencies	2,210
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	Yes
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	1,531
Number of licensees checked for compliance by state agencies (including random checks)	828
Number of licensees that failed state compliance checks	84
Numbers pertain to the 12 months ending	6/30/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
	No
Number of licensees subject to random state compliance checks/decoy operations	Not applicable
Number of licensees that failed random state compliance checks	Not applicable
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	No
Data are collected on these activities	No
Number of licensees checked for compliance by local agencies	Not applicable

Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	Yes
Number of fines imposed by the state ⁴	2
Total amount in fines across all licensees	\$1,000
Smallest fine imposed	\$500
Largest fine imposed	\$500
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	7
Total days of suspensions across all licensees	28
Shortest period of suspension imposed (in days)	7
Longest period of suspension imposed (in days)	7
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	12/31/2013
Additional Clarification	
No data	

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Adult and Juvenile Alaska Alcohol Safety Action Programs (ASAP)

Program serves specific or general population	Specific population
Number of youth served	1,300
Number of parents served	800–1,000
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	
http://dhss.alaska.gov/dbh/Pages/Prevention/programs/asap/default.aspx	

Program Description: ASAP provides substance abuse screening, case management, and accountability for driving while intoxicated (DWI) and other alcohol/drug-related misdemeanor cases. This involves screening cases referred from the district court into drinker classification categories, as well as thoroughly monitoring cases throughout education and/or treatment requirements. ASAP operates as a neutral link between the justice and health care delivery systems. This requires a close working relationship among all involved agencies: enforcement, prosecution, judicial, probation, corrections, rehabilitation, licensing, traffic records, and public information/education. The benefits of ASAP monitoring include:

- Increased accountability of offenders.
- Reduced recidivism resulting from successful completion of required education or treatment.
- Significant reductions in the amount of resources spent by prosecutors, law enforcement officers, judges, attorneys, and corrections officers enforcing court-ordered conditions.

- Increased safety for victims and the larger community; offenders are more likely to receive treatment, make court appearances, and comply with other probation conditions.

Much like the adult program, the Juvenile Alcohol Safety Action Program (JASAP) receives referrals for those under age 18 who have three or more minor possession or consuming offenses, or who have a driving under the influence (DUI) type offense. In Alaska, ASAP is an integral part of the criminal justice and behavioral health care service systems, providing invaluable and necessary monitoring and tracking of clients referred to substance abuse services throughout the state. Five probation officers and five community grantees handle traditional adult misdemeanor ASAP referrals; an additional seven community grantees are funded to handle juvenile cases. In addition to the Anchorage office, adult and juvenile grant programs are located in Fairbanks, Juneau, Kenai/Homer, Kotzebue, and Wasilla/Palmer. Juvenile-only programs are located in Anchorage, Dillingham, Ketchikan, Kodiak, Seward, Nome, and Bethel. The ASAP program provides a standardized statewide network of alcohol screening and case management for cases referred by the criminal justice system. It offers a consistent process to ensure that clients complete required substance abuse education or treatment programs as prescribed by the courts. The ASAP programs, including the Anchorage office, monitor these cases to confirm with the court and the Department of Motor Vehicles (DMV) when clients have completed court-ordered assignments. In FY2010, the ASAP program incorporated motivational interviewing (MI), an evidence-based practice, as a model for increasing the engagement of clients during their first encounter with ASAP staff. Through the use of MI-styled interviews, the expected outcome is that clients will be motivated to change their personal behaviors and attitudes related to alcohol and drug use, thereby increasing their completion and success rates following the receipt of required services. Grantees are also responsible for engaging their community prevention coalition and for being involved in ASAP program outreach and education efforts in schools, community forums, and other appropriate venues.

Alcohol & Drug Information School (ADIS)

Program serves specific or general population	Specific population
Number of youth served	500
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	
http://dhss.alaska.gov/dbh/Pages/Prevention/programs/asap/default.aspx	

Program Description: ADIS programs provide education to first-time DWI and Minor Consuming offenders, as well as those convicted of other alcohol/drug-related offenses if those persons would not be diagnosed as substance abusers. ADIS programs aim to reduce subsequent alcohol- and/or drug-related offenses and associated high-risk behaviors. ADIS programs cover the effects of alcohol and drugs on driving and social behaviors, as well as health and legal consequences. Each ADIS program conforms to the same standards and is approved and monitored by the Division of Behavioral Health. These programs are designed to be available to all Alaskans involved in alcohol- and/or drug-related offenses. Each Adult or Youth ADIS program uses an identical core curriculum that combines the most recent research in early intervention and prevention. Each program includes regionally specific information and is designed to be relevant to all segments of Alaska’s diverse population while ensuring uniformity of the core ADIS program content statewide. The adult program uses a core curriculum developed by the Change Company and the State of Alaska. Adult ADIS programs are appropriate for all adults over age 18.

PRIME for Life (PFL)

Program serves specific or general population	Specific population
Number of youth served	649
Number of parents served	500
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable

URL for more program information: <http://www.anjc.org> or <http://www.voaak.org/Services/Prevention--Intervention/PRIME-for-Life>

Program Description: PFL-Under 21 is a youth program similar to the ADIS course but developed by the Prevention Research Institute (PRI) and used for individuals between 14 and not yet 21 years old. There are two providers for this program: Volunteers of America Alaska and the Alaska Native Justice Center (ANJC). The numbers below reflect their combined information.

Approximately 90% of all of the cases referred to the ANJC community diversion panel program are required to take our PFL-Under 21 class. ANJC uses the PFL course to educate clients on the dangers of alcoholism and drug addiction. ANJC is the only state-certified program approved to administer this class with a cultural component added to it. PFL is a nationally recognized Best Practices therapeutic educational risk reduction model that is recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP). ANJC enhances the PFL experience with a “talking circle,” a culturally based component that identifies and celebrates the cultural values of the indigenous Alaska people.

Comprehensive Prevention and Early Intervention Services

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No data
Evaluation report is available	No data
URL for evaluation report:	No data
URL for more program information:	
http://dhss.alaska.gov/dbh/Pages/Prevention/default.aspx	

Program Description: The grant program funds a comprehensive array of promotion, prevention, and early intervention approaches that focus on community-designed and community-driven services. These services are based on concepts and program strategies proven effective in the prevention of behavioral health concerns. These grant dollars “blend, braid, and pool” resources and programming concepts into an integrated approach to behavioral health prevention. The program is aware that substance abuse, mental health, suicide, fetal alcohol spectrum disorders, family violence, juvenile delinquency, and other issues are interrelated. Thus, one program goal is for communities to have the freedom to connect these issues, to partner and collaborate with community members working on connected and related issues, and to focus on what it will take to develop overall community health and wellness. Agencies throughout the state receive funding through this program in remote or rural, as well as hub and urban, communities. Each community applying for funds must use the SAMHSA CSAP Strategic Prevention Framework (SPF) planning model to assess, plan, strategize, implement, and evaluate community-based services. Prevention strategies must be identified based on a clear assessment of local/regional data, selecting programs or practices that are data driven. This model promotes a better connection between program selection and the critical issues facing the community, as evidenced by the available data.

Alaska Strategic Prevention Framework State Incentive Grant Program (SPF SIG)

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://alaskaspfsig.org

Program Description: The Alaska SPF SIG program is one of SAMHSA’s infrastructure grant programs. SAMHSA’s infrastructure grants support an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse and/or mental health services. The

<p>SPF SIGs, in particular, will provide funding to states and federally recognized tribes and tribal organizations to implement SAMHSA's Strategic Prevention Framework in order to:</p> <ul style="list-style-type: none"> • Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking • Reduce substance abuse-related problems in communities • Build prevention capacity and infrastructure at the state/tribal and community levels 	
<p>Statewide Underage Drinking Prevention Media Campaign</p>	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data
<p>Program Description: Alaska currently funds this underage drinking prevention campaign, operated by the Alaska Wellness Coalition (AWC). AWC is a statewide coalition, representing rural and urban communities across the entire state. The goal is to conduct a coordinated media campaign to reduce underage drinking that accounts for messages and efforts at the local, state, and federal levels. The campaign will focus on evidence-based environmental prevention strategies to change social norms regarding youth alcohol. Using this approach, the Coalition will maximize communication, outcomes, and economic use of resources while at the same time reducing duplicate and ineffective approaches. To prevent underage drinking, the Media Campaign will employ a strengths-based approach utilizing the positive community norms model. It will begin a long-term dialogue with the public that increases parent and youth understanding of the social norms surrounding underage drinking as well as educates both youth and adults across Alaska, cultivating a culture that decreases underage drinking and delays the early onset of alcohol use. The AWC plans to launch the campaign in 2014 and continue community conversations and the media campaign for a minimum of 3 years.</p> <p>Although this is a statewide campaign, the media components will be designed so that local coalitions can include regional data and messages into the overall campaign format; local tags and information can be included to maximize reach effectiveness. The campaign will be designed to reach multiple target audiences, including youth and adults.</p> <p>As a party to the media campaign, coalitions will continue their work at strengthening laws and regulations aiming to reduce and prevent underage drinking. Where legislation is enacted and/or enforcement strengthened, the campaign will strive to include education in these areas within the media plan. Where possible, the media campaign will be used to energize the population around the state and to promote policy changes designed to further reduce opportunities for underage drinking.</p>	
<p>University of Alaska Anchorage (UAA): Alcohol, Drug and Wellness Education</p>	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	Yes
<p>URL for evaluation report: Contact UAA Dean of Students Office at 907-786-1214</p> <p>URL for more program information: http://www.uaa.alaska.edu/deanofstudents/AlcoholDrugAndWellnessEducation/index.cfm</p>	
<p>Program Description: UAA provides a comprehensive alcohol and other drug (AOD) education program for approximately 15,000 UAA students. UAA provides numerous, ongoing, alcohol-free events and activities for students. UAA has created policies to limit alcohol on campus, and UAA communicates</p>	

these policies and normative messages to students continually. UAA consistently enforces AOD policies and assigns developmental sanctions to students who violate UAA’s AOD policies. UAA employs an Alcohol, Drug, and Wellness Educator (ADWE) to coordinate UAA’s Alcohol, Drug, and Wellness Education program. The ADWE is a 10-month, 30-hour-per-week position funded by student health fees. The ADWE uses general fund monies to provide ongoing alcohol, drug, and wellness education programs on campus. The ADWE serves as a consultant to campus groups, meets with students who violate UAA’s AOD policies, provides referrals to students seeking treatment for AOD use, and oversees UAA’s compliance with the Drug Free Schools and Communities Act.

Enforcing Underage Drinking Laws (EUDL) Program	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data

Program Description: In 1998, Congress acknowledged the seriousness of underage drinking and related problems by appropriating funding to encourage enforcement of underage drinking laws throughout the country. The EUDL program was established to support and enhance the efforts of state and local jurisdictions to prohibit the sale of alcoholic beverages by minors (defined as under age 21). EUDL’s strategic goal is to reduce the availability of alcoholic beverages to minors. The initiative includes four programmatic elements: (1) block grants to each state and the District of Columbia to fund the establishment of a statewide task force and innovative programs to prevent underage drinking with a strong emphasis on law enforcement; (2) discretionary grants to selected states to fund enhanced activities at the local level; (3) technical assistance to guide states and communities in their efforts; and (4) national evaluation of the EUDL program. Although EUDL funding supports a wide range of activities, most states focus on enforcement. EUDL funding has also helped states promote community awareness of underage drinking, encourage changes in norms regarding underage drinking, and develop organizational structures and relationships to support coordinated efforts.

Additional Underage Drinking Prevention Programs Operated or Funded by the State

No data
 URL for more program information: No data

Program description: No data

Additional Clarification

No data

Additional Information Related to Underage Drinking Prevention Programs

State collaborates with federally recognized Tribal governments in the prevention of underage drinking Yes

Description of collaboration: The State of Alaska partners with tribal health corporations to fund community-level prevention strategies driven by the needs of individual communities or regions. Currently, the state’s prevention partners are Bristol Bay Health Corporation, Fairbanks Native Association, Maniilaq Association, Akiachak Native Community, Southeast Alaska Regional Health Consortium, Asa’carsarmiut Tribal Council, Association of Village Council Presidents, Cook Inlet Tribal Council, Copper River Native Association, Ketchikan Indian Corporation, Kodiak Area Native Health Association, Native Village of Gakona, Native Village of Nulato, Tanana Chiefs Conference, Yukon Kuskokwim Health Corporation, Eastern Aleutian Tribes, and Norton Sound Health Corporation. The state works in close partnership with the Alaska Native Health Consortium and Cook Inlet Tribal Council. The state also relies on input and support of leaders from the Alaska Native community through informal and formal avenues, including participation in the SPF SIG processes; these processes include the Advisory Committee, Epidemiological Committee, and Evidence-Based Work

Group. Representatives from the Alaska Native Justice Center serve on the Alaska Committee to Prevent Underage Drinking.	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Description of program: Not applicable	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies):	No
Agency(ies) within your state: Alaska Committee to Prevent Underage Drinking	Yes
Nongovernmental agency(ies): No data	No
Other:	No
Best practice standards description: Recommendations are included in the State of Alaska Plan to Reduce and Prevent Underage Drinking, which can be found at http://dhss.alaska.gov/dbh/Documents/Prevention/UnderagedrinkingUpdated.pdf	
Additional Clarification	
No data	

State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i>	
Name: Sara Clark	
E-mail: sara.clark@alaska.gov	
Address: 3601 C Street, Suite 934, Anchorage, AK 99503	
Phone: 907-269-3781	
<i>Agencies/organizations represented on the committee:</i>	
Division of Juvenile Justice	
Alcohol Beverage Control Board	
Alaska Network on Domestic Violence and Sexual Assault	
University of Alaska Anchorage College of Health	
Department of Education and Early Development	
Joint Base Elmendorf Richardson	
Alcohol Safety Action Program	
University of Alaska Justice Center	
Alaska Native Justice Center	
Alaska Mental Health Board	
Alaska Court System	
DHSS/ Division of Behavioral Health Prevention and Early Intervention Section.	
<i>A website or other public source exists to describe committee activities</i>	No
URL or other means of access: Not applicable	
Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Yes
Prepared by: Alaska Committee to Prevent Underage Drinking (ACPUD)	
Plan can be accessed via:	
http://dhss.alaska.gov/dbh/Documents/Prevention/UnderagedrinkingUpdated.pdf	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	Yes
Prepared by: University of Alaska Justice Center	
Plan can be accessed via:	
http://justice.uaa.alaska.edu/research/2010/1010.voa/1010.04.youth_alcohol_access.update.html	
Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking

<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	\$100,000
Estimate based on the 12 months ending	6/30/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$3,886,595
Estimate based on the 12 months ending	6/30/2013
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	12/31/2013
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	\$20,925
Estimate based on the 12 months ending	6/30/2013
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	\$150,000
Estimate based on the 12 months ending	6/30/2013
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs: No data</i>	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data

Funds Dedicated to Underage Drinking

State derives funds dedicated to underage drinking from the following revenue streams:

Taxes	Yes
Fines	No
Fees	No
Other: money for our comprehensive substance abuse prevention includes state general funds; state alcohol tax funds; federal SPF funds; and federal SAPT block grant funds	Yes

Description of funding streams and how they are used:

The Alcohol Tax fund state dollars (approximately \$300,000) are used to fund an underage drinking prevention statewide media campaign operated by the Alaska Wellness Coalition. The goal of the program is to conduct a coordinated media campaign to reduce underage drinking that accounts for messages and efforts at the local, state, and federal level. The campaign will focus on evidence-based environmental prevention strategies to change social norms regarding youth alcohol. Using this approach, the Alaska Wellness Coalition will maximize communication, outcomes, and economic use of resources and at the same time reduce duplicate and ineffective approaches.

Additional Clarification

Funds targeted at Institutions of Higher Education represent a combination of dollar amounts reported by University of Alaska Anchorage, University of Alaska Southeast, and University of Alaska Fairbanks.



Arizona

State Profile and Underage Drinking Facts*

State Population: 6,626,624
 Population Ages 12–20: 817,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	23.1	189,000
Past-Month Binge Alcohol Use	14.2	116,000
Ages 12–14		
Past-Month Alcohol Use	4.9	12,000
Past-Month Binge Alcohol Use	3.5	9,000
Ages 15–17		
Past-Month Alcohol Use	21.1	61,000
Past-Month Binge Alcohol Use	10.2	29,000
Ages 18–20		
Past-Month Alcohol Use	41.6	116,000
Past-Month Binge Alcohol Use	27.9	78,000
Alcohol-Attributable Deaths (under 21)		114
Years of Potential Life Lost (under 21)		6,896
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	12	5

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited—no explicit exceptions noted in the law.

Underage Consumption of Alcohol

Consumption is prohibited—no explicit exceptions noted in the law.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Note: Although Arizona does not prohibit internal possession as defined in this report, it has a statutory provision that makes it unlawful for a person under age 21 to have in the person’s body any spirituous liquor. Laws that prohibit minors from having alcohol in their bodies, but do so without reference to a blood, breath, or urine test, are not considered as prohibiting internal possession for purposes of this report.

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial or administrative procedure.

Provision(s) targeting retailers

- State provides incentives to retailers who use electronic scanners that read birthdate and other information digitally encoded on valid identification cards.
- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.00
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 18.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Discretionary

Length of suspension/revocation

- Minimum: 0 days
- Maximum: 180 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 6 months
- No minimum supervised driving requirement with driver education; 30 hours without (of which 10 must be at night)

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 12 a.m.
 - No primary enforcement of the night-driving rule
- Passenger restrictions exist: No more than one passenger under 18 who is not the driver’s sibling, unless accompanied by a parent or guardian
 - No primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 16 years, 6 months

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited—no explicit exceptions noted in the law.

Compliance Check Protocols

Age of decoy

- Minimum: 15
- Maximum: 19

Appearance requirements

- Age-appropriate appearance: Limit use of cosmetics; no jewelry associated with adulthood (such as wedding or engagement ring); limit facial hair (no full beards or mustache); no receding hairlines; be of appropriate height and weight

ID possession

- Discretionary

Verbal exaggeration of age

- Prohibited

Decoy training

- Mandated—each decoy receives training and supervision from a sworn officer.

Note: Arizona allows compliance checks of establishments for which the law enforcement agency has received a complaint alleging the sale of liquor to an underage person or which have previously been cited for sale of liquor to an underage person.

Penalty Guidelines for Sales to Minors

- Time period/conditions: 2 years
- First offense: \$1,000 to \$2,000 fine and/or up to 30-day suspension
- Second offense: \$2,000 to \$3,000 fine and/or up to 30-day suspension
- Third offense: \$3,000 fine and/or up to 30-day suspension

Note: Mitigating or aggravating factors considered

Responsible Beverage Service***Voluntary beverage service training***

- Applies to both on-sale and off-sale establishments
- The law does not specify new or existing outlets

Incentive for training

- Mitigation of fines or other administrative penalties for sales to minors

Minimum Ages for Off-Premises Sellers

- Beer: 16
- Wine: 16
- Spirits: 16

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Note: Off-sale retailers may employ persons who are at least 16 years old to check out, if supervised by a person on the premises who is at least 19 years old, package, or carry merchandise, including spirituous liquor, in unbroken packages, for the convenience of the customer of the employer, if the employer sells primarily merchandise other than spirituous liquor.

Minimum Ages for On-Premises Sellers

- Beer: 19 for both servers and bartenders
- Wine: 19 for both servers and bartenders
- Spirits: 19 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools***Colleges and universities***

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 300 feet
 - On-premises outlets: Yes—within 300 feet
 - Alcohol products: Beer, wine, spirits

Note: Exceptions include (1) restaurants; (2) hotel-motels; (3) government; and (4) golf courses. Also, (5) case-by-case exemptions may apply for certain licenses within entertainment districts.

Dram Shop Liability

- Statutory liability exists.
- The courts recognize common law dram shop liability.

Social Host Liability Laws

- There is no statutory liability.
- The courts recognize common law social host liability.

Host Party Laws

Social host law is specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession, consumption
- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Negligence—host must have known or should have known of the event's occurrence
- Exception(s): Family, resident

Note: Arizona's social host provision applies to gatherings of two or more underage persons on unlicensed premises, where the person charged knows or should know that one or more of the underage persons is in possession of or consuming spirituous liquor.

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Producer must verify age of purchaser.
- Common carrier must verify age of recipient.

State approval/permit requirements

- Producer/shipper must obtain state permit.

Reporting requirements

- Producer must record/report purchaser's name—for out-of-state sales only.
- Common carrier must record/report purchaser's name.

Shipping label statement requirements

- Recipient must be 21.

Note: A licensed domestic farm winery that produces not more than 20,000 gallons of wine in a calendar year may make sales and deliveries of that wine to consumers who order by telephone, mail, fax, or through the Internet. Farm wineries can deliver such purchases, subject to the rules applicable to the delivery of spirituous liquors by the holder of a retail license having off-sale privileges. An independent contractor or the employee of an independent contractor is deemed to be an employee of the licensee when making a sale or delivery of spirituous liquor for the licensee. The rules governing the retail delivery of spirituous liquor require age verification at the point of delivery and recording of the recipient's name.

Keg Registration

Registration is not required.

Home Delivery

- Beer: Permitted
- Wine: Permitted
- Spirits: Permitted

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.16 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$0.84 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$3.00 per gallon

Drink Specials

- Free beverages: Not prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Not prohibited
- Reduced price, specified day or time: Not prohibited
- Unlimited beverages: Prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Retailer credit: Not permitted

Spirits (40 percent alcohol)

- Retailer credit: Not permitted

Arizona State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Arizona Department of Liquor	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	No
Such laws are also enforced by local law enforcement agencies	Not applicable
<i>Such laws are also enforced by local law enforcement agencies</i>	
Not applicable	
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	Yes
Number pertains to the 12 months ending	1,085
Data include arrests/citations issued by local law enforcement agencies	12/31/2013
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	No
Number of retail licensees in state ³	Yes
Number of licensees checked for compliance by state agencies (including random checks)	10,000
Number of licensees that failed state compliance checks	277
Numbers pertain to the 12 months ending	88
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	12/31/2013
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	No
Number of licensees that failed random state compliance checks	Not applicable
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	No
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	Yes
Total amount in fines across all licensees	158
Smallest fine imposed	\$221,325
Largest fine imposed	\$200
Numbers pertain to the 12 months ending	\$50,000
	12/31/2013

<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	0
Total days of suspensions across all licensees	0
Shortest period of suspension imposed (in days)	0
Longest period of suspension imposed (in days)	0
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	12/31/2013
Additional Clarification	
No data	

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Parker Area Alliance for Community Empowerment (PAACE)

Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://www.paace.org

Program Description: PAACE addresses underage drinking by implementing community development strategies and providing community education and training on the risks, harms, and consequences of underage drinking for youth and adults. Activities include a life skills component to help youth decrease favorable attitudes toward substance (ab)use and increase knowledge of the perceived risks and harms of underage drinking. The number of clients served directly and indirectly (including youth, parents, and caregivers) was 671 ending June 2013.

Campesinos Sin Fronteras

Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://campesinosinfronteras.org

Program Description: Campesinos Sin Fronteras is implementing the Primero La Familia/Family First Program to address the high rates of alcohol abuse and controlled substance use in the rural areas of Yuma County, Arizona. The program increases and enhances parental involvement in community-based prevention and intervention targeting the serious risks and public health problems caused by the abuse of alcohol and controlled substances. The program uses multiple strategies to increase parental involvement, including peer education groups, parent and caregiver community mobilization, implementation of the South Yuma County Anti-Drug Coalition Subcommittee, youth leadership

development, and a family/community theater production. The number of clients served directly or indirectly (including youth, parents, and caregivers) was 17,299 ending June 2013.	
La Frontera Center	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://www.lafronteraaz.org
Program Description: The program provides parent education to refugee families who have relocated in Tucson, Arizona. The education is for the purpose of preventing underage drinking among refugee youth. The number of clients served directly or indirectly (including youth, parents, and caregivers) was 2,684 ending June 2013.	
MATFORCE	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://www.matforce.org
Program Description: Due to an overwhelming concern for substance abuse and its effects, MATFORCE, the Yavapai County Substance Abuse Coalition, was formed. The coalition consists of over 300 volunteers working on various projects to reduce substance abuse in Yavapai County. The coalition’s mission statement is: “With determination and integrity, we, the citizens of Yavapai County, commit to working in partnership to build healthier communities by striving to eliminate substance abuse and its effects.” The coalition’s five goal statements are to (1) support prevention programs for youth and families, (2) increase the capacity to intervene and treat, (3) address the problem of underage drinking, (4) influence public opinion and policy, and (5) reduce prescription drug abuse. MATFORCE consists of various committees and workgroups, each working on objectives of the specified goal statements. The number of clients served directly or indirectly (including youth, parents, and caregivers) was 36,968 ending June 2013.	
Arizona Youth Partnership	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://www.azyp.org
Program Description: Arizona Youth Partnership is implementing Project GIFTS (Growing and Inspiring Families to Succeed) in three communities in Mohave County: Bullhead City, Kingman, and Lake Havasu City. The project combines two research-based programs proven to significantly reduce violence against self, the family, and the community. The two programs, Strengthening Families and Parent Pledge, educate parents on the social and judicial dangers of youth underage drinking. The number of clients served directly or indirectly (including youth, parents, and caregivers) was 12,455 ending June 2013.	

Coconino County Juvenile Court	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information: http://www.coconino.az.gov/courts.aspx?id=249	
Program Description: Coconino County Juvenile Court seeks to embed parent-inclusive processes into its work with parents who have children on probation in Flagstaff, Williams, and Page. Information from focus groups with parents of delinquent children and research about court-involved families will be integrated into a series of workshops for probation officers to assist them in building stronger working relationships with parents of their probationers. A parent guide and parenting tool box have been written for use by probation officers in working with parents. A new parent education and support group program will gather parents' input about the guide and tool box. Each strategy is designed to support parents in effectively helping their children to graduate from the Step Up probation process and become productive and healthier citizens. The number of clients served directly or indirectly (including youth, parents, and caregivers) was 305 ending June 2013.	
Compass Health Care	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information: http://www.compasshc.org	
Program Description: The goal of the project is for the Community Prevention Coalition to target parents in Pima County through the development and implementation of multiple strategies that educate parents on the harms and consequences associated with youth alcohol and prescription drug use. The project teaches effective parenting skills and practices to engage parents in their child's life as a protective factor, in order to reduce youth risk of alcohol and prescription drug use. Parents become more informed on issues of youth alcohol use and the current prescription drug epidemic while learning to communicate with their youth in a way that positively impacts youth's choices, which ultimately prevents youth alcohol and prescription drug use. The number of clients served directly or indirectly (including youth, parents, and caregivers) was 2,596,642 ending June 2013. Compass Health Care numbers (2,592,356 notably) include their media hits from multiple media advertisements, which is an indirect count.	
Jewish Family & Children's Services of Southern Arizona	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information: http://www.jfcstucson.org	
Program Description: Embracing Challenges Creating Opportunities (ECCO) is a family-centered program that provides individual, group, and family therapy to youth ages 13 to 18 and their families who have identified a substance use concern. The program seeks to increase youths' capacity to identify and manage signs of risk, and develop relapse prevention strategies/skills. ECCO focuses on identifying and	

building on client and family strengths, expanding coping skills, and developing healthy options for managing feelings and behaviors. Strategies include 8-week individual therapy, 8-week group therapy, family group therapy, conjoint youth/parent group therapy, and sober socialization activities. The number of clients served directly or indirectly (including youth, parents, and caregivers) was 705 ending June 2013.

Parenting Arizona (PA)	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information: http://www.parentingaz.org	

Program Description: Chicanos Por La Causa (CPLC) – Parenting Arizona will impact 6,000 individuals both directly and indirectly by increasing and enhancing parental involvement in school and community. PA will have all Parent Resource Coordinators (PRCs) trained in substance abuse prevention to increase parental knowledge regarding serious risks and public health problems caused by substance abuse of alcohol and controlled substances. The number of clients served directly or indirectly (including youth, parents, and caregivers) was 18,836 ending June 2013.

Event Sponsorships SFY 13 (events listed below)	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data

Program Description: Events include Future for Kids and other events out of the Attorney General’s Office and Arizona Administrative Office of the Courts.

Additional Underage Drinking Prevention Programs Operated or Funded by the State

No data
 URL for more program information: No data

Program Description: No data

Additional Clarification

The programs provided in this section are RELATED to Underage Drinking. Each of the programs is a current SFY 2014 subgrantee, but data were collected up to June 2013.

Additional Information Related to Underage Drinking Prevention Programs

<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	Yes
Description of collaboration: Arizona has intergovernmental agreements with the Gila River Indian Community and Pascua Yaqui Tribe to provide alcohol-related substance abuse prevention services. Arizona subcontracts to private nonprofit corporations (Regional Behavioral Health Authorities) that: (1) provide alcohol-related substance abuse prevention services directly to the San Carlos Apache Tribe, (2) provide alcohol-related prevention services to the Ak-Chin Indian Community and Hopi Nation, and (3) work collaboratively to write grants and develop capacity to deliver alcohol-related substance abuse prevention services with the Hualapai Nation. The Arizona Department of Liquor License and Control meets quarterly with three groups to discuss liquor-related concerns and solutions. Of the three groups, two represent all 22 of Arizona’s federally recognized tribal governments and are identified with an asterisk before the group name: *Indian Country Intelligence	

<p>Network (ICIN), Arizona Police Chiefs Association, and *Tribal Gaming Office (TGO). All licensed establishments on Tribal land in Arizona operate under Title 4 (Arizona liquor law).</p>	
<p><i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i></p> <p>Program description: Luz Southside Coalition – Juntos Podemos Program (in a southern neighborhood of Tucson) works with billboard companies in their neighborhood to limit billboards advertising alcohol. Luz has been instrumental in the removal of billboards, mostly advertising alcohol. Also, Luz has been successful in the denial of new liquor licenses on the south side of Tucson. The second component of Juntos Podemos involves media literacy and cultural competency with respect to the consumption of alcohol, through community presentations that tie alcohol consumption directly to cultural identity. The media literacy campaign educates community members about alcohol abuse for all ages and empowers community residents to attend liquor license hearings to oppose new licenses.</p>	<p>Yes</p>
<p><i>State has adopted or developed best practice standards for underage drinking prevention programs</i></p> <p>Agencies/organizations that established best practices standards:</p> <p>Federal agency(ies):</p> <p>Agency(ies) within your state: Arizona Department of Health Services - Division of Behavioral Health</p> <p>Nongovernmental agency(ies):</p> <p>Other:</p> <p>Best practice standards description: Evidence-based practice (EBP) review teams are assembled annually to review and evaluate all Arizona Department of Health Services/Division of Behavioral Health Services subcontracted prevention programs to determine which are evidence based, using criteria recommended by Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to fulfilling block grant requirements, the purpose of the EBP review is to provide an opportunity for learning and improvement among Arizona’s prevention community. Each EBP review team consists of a member of ADHS/DBHS, one to two provider representatives, a RBHA representative, and a research representative. Each team reviews eight to 12 programs. The definition of “program” within the ADHS/BHS RBHA system is “a set of prevention strategies, which address a common set of goals and objectives for a common target audience in one county.” This definition is broad and intended to serve as an umbrella to encompass many strategies used by a provider. The information viewed under this definition combines all prevention strategies, activities, and/or curriculum under one program. Reviewers use the program logic model, program descriptions, strategies, and outcomes to assess whether the overall program meets the criteria of being evidence based. The criteria to be considered evidence based are based on the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP) criteria. To be deemed an evidence-based practice, a program/strategy must meet the following criteria: (1) Included on federal lists or registries of evidence-based interventions, (2) reported (with positive effects) in peer-reviewed journals; and (3) documented effectiveness supported by other sources of information and the consensus judgment of informed experts:</p> <ul style="list-style-type: none"> • Guideline 1: The intervention is based on a theory of change documented in a clear, logical, or conceptual mode. • Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature. • Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects. • Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures. <p>In addition to the above guidelines, ground rules are set for how the groups formulate their expert judgments: (a) The team must come to a consensus for a “yes.” (b) No consensus is needed for a</p>	<p>Yes</p> <p>No</p> <p>Yes</p> <p>No</p> <p>No</p>

“no.” An “I don’t know,” “I’m not sure,” “I can’t judge this,” or “I need more information” is simply a “no.” (c) Program funding and jobs are not in jeopardy if a program receives a “no.” (d) Programs that would be “yes” due to Guideline 1 or 2 still must demonstrate a logical grounding.

Additional Clarification

No data

State Interagency Collaboration

A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities Yes

Committee contact information:

Name: Cindy Schaider
 E-mail: cindy.schaider@gmail.com
 Address: 317 East Cottonwood Lane, Suite A, Casa Grande, AZ 85130
 Phone: 520-836-5022

Agencies/organizations represented on the committee:

Department of Public Safety
 Terros
 Compass Health Care
 Pima Prevention Partnership
 Codac
 CPSA
 Governor’s Office for Children Youth and Families
 SADD (Students Against Destructive Decisions)
 Gila River
 Cenpatico
 Arizona Criminal Justice Commission
 Phoenix Indian Center
 AZIHE
 Pascua Yaqui Tribe
 Drug Free AZ
 Administrative Office of the Courts
 AZ Youth Partnership
 Mercy Maricopa Integrated Care

A website or other public source exists to describe committee activities No
 URL or other means of access: Not applicable

Underage Drinking Reports

State has prepared a plan for preventing underage drinking in the last 3 years Yes
 Prepared by: Substance Abuse Prevention Committee of Arizona (SAPCA). SAPCA is a collaborative partnership between statewide organizations and communities to create a healthier Arizona free from substance abuse.
 Plan can be accessed via: Not available online. This document can be uploaded or sent via e-mail.

State has prepared a report on preventing underage drinking in the last 3 years Yes
 Prepared by: Substance Abuse Prevention Committee of Arizona (SAPCA). SAPCA is a collaborative partnership between statewide organizations and communities to create a healthier Arizona free from substance abuse.
 Plan can be accessed via: Not available online. This document can be uploaded or sent via e-mail.

Additional Clarification

No data

State Expenditures for the Prevention of Underage Drinking

Compliance checks in retail outlets:
 Estimate of state funds expended Data not available

Estimate based on the 12 months ending	Data not available
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	Data not available
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking

State derives funds dedicated to underage drinking from the following revenue streams:

Taxes	Yes
Fines	No data
Fees	No data
Other	No data

Description of funding streams and how they are used:

Arizona's Parents Commission receives a percentage of liquor sales taxes. The Parents Commission funds some RELATED underage drinking prevention programs (listed in Part 2: Section A).

Otherwise, most programs related to underage drinking prevention in Arizona are funded through grants and other sources, not state funds.

Additional Clarification

No data



Arkansas

State Profile and Underage Drinking Facts*

State Population: 2,959,373
 Population Ages 12–20: 354,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	21.4	76,000
Past-Month Binge Alcohol Use	14.2	50,000
Ages 12–14		
Past-Month Alcohol Use	3.7	4,000
Past-Month Binge Alcohol Use	2.1	2,000
Ages 15–17		
Past-Month Alcohol Use	19	24,000
Past-Month Binge Alcohol Use	12.3	15,000
Ages 18–20		
Past-Month Alcohol Use	40.3	48,000
Past-Month Binge Alcohol Use	27.7	33,000
Alcohol-Attributable Deaths (under 21)		55
Years of Potential Life Lost (under 21)		3,309
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	24	5

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited—no explicit exceptions noted in the law.

Underage Consumption of Alcohol

Consumption is not explicitly prohibited.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Note: Arkansas law provides that intoxicating liquor, wine, or beer in the body of a minor is deemed to be in his or her possession. Laws that prohibit minors from having alcohol in their bodies, but do so without reference to a blood, breath, or urine test, are not considered as prohibiting internal possession for purposes of this report.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.
- It is a criminal offense to manufacture or distribute a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- No statutory affirmative defense—statutes do not provide an affirmative defense related to retailer’s belief that the minor was 21 years old or older.
- Retailer has the authority to detain a minor suspected of using a false ID in connection with the purchase of alcohol.

Note: Under Arkansas law, a seller’s detention of a person under 21 for use of false identification shall not include physical detention.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 18.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession

Authority to impose driver’s license sanction

- Discretionary

Length of suspension/revocation

- Minimum: 0 days
- Maximum: Not specified

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- 60 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 14
- Minimum learner-stage period: 6 months
- No minimum supervised driving requirement

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 11 p.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No passenger under 21 who is not a sibling or household member, unless accompanied by driver who is 21 or older
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 18

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s): EITHER

- Parent/guardian OR
- Spouse

Note: Arkansas’ statute regarding furnishing alcohol to any person under 21 years old includes an exception for “family” members, but does not specify which family members. For purposes of this report, the phrase “family” is interpreted as including a spouse.

Compliance Check Protocols

Age of decoy

- Minimum: 16
- Maximum: 19

Appearance requirements

- Males: clean shaven; Females: should not wear excessive jewelry or makeup

ID possession

- Not specified

Verbal exaggeration of age

- Prohibited

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

No data

Responsible Beverage Service

Voluntary beverage service training

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

Incentive for training

- Mitigation of fines or other administrative penalties for sales to minors

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 18
- Spirits: 21

Minimum Ages for On-Premises Sellers

- Beer: 19 for servers and 21 for bartenders
- Wine: 19 for servers and 21 for bartenders
- Spirits: 19 for servers and 21 for bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 1,000 feet
 - On-premises outlets: No
 - Alcohol products: Wine, spirits

Note: There is an exception for small farm wine retail off-premises permit-holders.

Dram Shop Liability

Statutory liability exists.

Social Host Liability Laws

There is no statutory liability.

Host Party Laws

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Consumption
- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence
- Exception(s): Family

Note: Arkansas's social host provision applies only to a person who is present and in control of the private property at the time the consumption occurs.

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions: Consumer must make at least one trip to producer's place of business to verify age before any direct shipments are permitted.

Age verification requirements

- Producer must verify age of purchaser.

State approval/permit requirements

- Producer/shipper must obtain state permit.

Reporting requirements

- None

Shipping label statement requirements

- None

Keg Registration

- Keg definition: A liquid capacity of more than 5 gallons
- Prohibited:
 - Possessing an unregistered, unlabeled keg—maximum fine/jail \$1,000/90 days
 - Destroying the label on a keg—maximum fine/jail \$1,000/90 days
- Purchaser information collected:
 - Purchaser's name and address
 - Verified by a government-issued ID
- Warning information to purchaser: Active—purchaser action required (e.g., signature)
- Deposit required: \$75
- Provisions do not specifically address disposable kegs

Home Delivery

- Beer: Prohibited
- Wine: Prohibited
- Spirits: Prohibited

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.24 per gallon
- Ad valorem excise tax (off-premises retail): 1 percent

Wine (12 percent % alcohol)

- Specific excise tax: \$0.75 per gallon
- Ad valorem excise tax (off-premises retail): 3 percent %

Spirits (40 percent alcohol)

- Specific excise tax: \$2.50 per gallon
- Ad valorem excise tax (on-premises retail): 14 percent
- Ad valorem excise tax (off-premises retail): 3 percent %
- Additional taxes: \$1.00 per gallon for alcohol content of less than 26.25 percent but more than 6.25 percent

Drink Specials

- Free beverages: Prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Prohibited
- Reduced price, specified day or time: Not prohibited
- Unlimited beverages: Prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Retailer credit: Not permitted

Spirits (40 percent alcohol)

- Retailer credit: Not permitted

Arkansas State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i>	
ABC Enforcement	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	No
Such laws are also enforced by local law enforcement agencies	Not applicable
<i>Such laws are also enforced by local law enforcement agencies</i>	
Not applicable	
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	Yes
Number pertains to the 12 months ending	67–includes possession, consumption, warnings, citations, and arrests
Data include arrests/citations issued by local law enforcement agencies	12/31/2013
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of retail licensees in state ³	3,992 (as of 4/08/14)
Number of licensees checked for compliance by state agencies (including random checks)	2,271
Number of licensees that failed state compliance checks	251
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	Yes
Number of licensees that failed random state compliance checks	3,992 (as of 4/8/2014)
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	No
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
<i>Numbers pertain to the 12 months ending</i>	
12/31/2013	
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	Yes
Total amount in fines across all licensees	312
\$154,900	

Smallest fine imposed	\$300
Largest fine imposed	\$1,000
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	3
Total days of suspensions across all licensees	47
Shortest period of suspension imposed (in days)	2
Longest period of suspension imposed (in days)	2 weeks
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	No
Number of license revocations imposed ⁶	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Additional Clarification	
No data	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Arkansas Underage Drinking & Injury Prevention Conference

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data

Program Description: This program is federally funded by the Department of Justice, Office of Juvenile Justice and Delinquency Prevention by means of the Enforcing Underage Drinking Laws. A subgrant, issued by the Arkansas Department of Finance and Administration, Office of Intergovernmental Services, supports an annual prevention conference that targets Arkansas' law enforcement, coalitions, and injury prevention professionals. The conference focuses on community solutions to underage drinking and provides learning opportunities through research-based plenary sessions as well as strategies for implementing and sustaining effective underage drinking prevention.

Youth Summit

Program serves specific or general population	Specific population
Number of youth served	70 in 2013. Data for 2014 will be on the 2015 survey.
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data

Program Description: The Summit will bring together youth from around Arkansas to participate in sessions and panel discussions focusing on alcohol use/abuse and the systematic consequences of underage drinking, how to avoid the pressures of underage drinking, and learning about the effects of

underage drinking. Participants will be exposed to technical and trade programs as well as potential employers, in preparation for the next phase of their lives. There were 70 youths served during the 2013 Youth Summit. *Note:* The number of youth served will be reported on the 2015 Substance Abuse and Mental Health Services Administration (SAMHSA) Survey. The closing date for submission of all final documents will be the due date of the 2014 survey.

Additional Underage Drinking Prevention Programs Operated or Funded by the State	
No data	
URL for more program information: No data	
Program description: No data	
Additional Clarification	
No data	

Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	No recognized Tribes
Description of collaboration: Not applicable	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Description of program: Not applicable	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	No
Agencies/organizations that established best practices standards: Federal agency(ies): Not applicable Agency(ies) within your state: Not applicable Nongovernmental agency(ies): Not applicable Other: Not applicable Best practice standards description: Not applicable	
Additional Clarification	
No data	

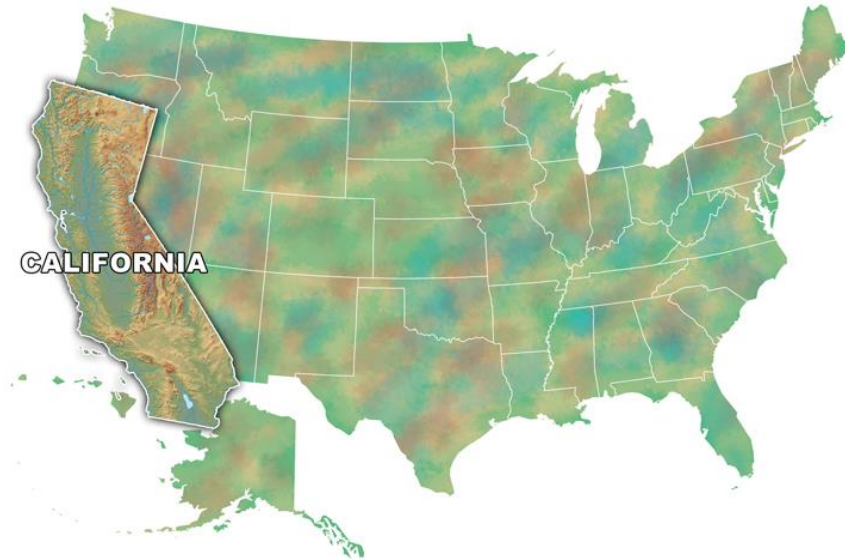
State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	No
<i>Committee contact information:</i> Not applicable	
<i>Agencies/organizations represented on the committee:</i> Mothers Against Drunk Driving University of Arkansas for Medical Sciences – College of Medicine Arkansas Department of Education Arkansas Collegiate Drug Education Committee Arkansas Beverage Control Enforcement Arkansas State Police Highway Safety Office Arkansas State Drug Director Director of Prevention Services Arkansas Department of Health & Human Services Arkansas Division of Youth Services	
<i>A website or other public source exists to describe committee activities</i>	Yes
URL or other means of access: https://www.arunderagedrinking.com/task_force.asp	

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	No
Prepared by: Not applicable	
Plan can be accessed via: Not applicable	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	No
Prepared by: Not applicable	
Plan can be accessed via: Not applicable	
Additional Clarification	
The Underage Drinking Task Force is still inactive at this time.	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	12/31/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	12/31/2013
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	Data not available
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other	No data

<i>Description of funding streams and how they are used:</i>
Not applicable
Additional Clarification
No data



California

State Profile and Underage Drinking Facts*

State Population: 38,332,521

Population Ages 12–20: 4,960,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	24.7	1,228,000
Past-Month Binge Alcohol Use	15.6	771,000
Ages 12–14		
Past-Month Alcohol Use	4.4	67,000
Past-Month Binge Alcohol Use	1.8	27,000
Ages 15–17		
Past-Month Alcohol Use	20.6	327,000
Past-Month Binge Alcohol Use	12.5	198,000
Ages 18–20		
Past-Month Alcohol Use	45.4	834,000
Past-Month Binge Alcohol Use	29.8	546,000
Alcohol-Attributable Deaths (under 21)		503
Years of Potential Life Lost (under 21)		30,236
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	36	40

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Private location OR
- Parent/guardian OR
- Spouse

Note: California’s “Any private location” exception excludes possession in motor vehicles. California’s statute for possession of alcohol by a person under age 21 includes an exception for “responsible adult relative” but does not specify which relatives are included. For purposes of this report, the phrase “responsible adult relative” is interpreted as including a spouse.

Underage Consumption of Alcohol

Consumption is not explicitly prohibited.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Retailers are permitted to seize apparently false IDs.
- Specific affirmative defense: The retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.01
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- 365 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 11 p.m.
 - No primary enforcement of the night-driving rule
- Passenger restrictions exist: No passengers under 20, unless accompanied by a parent, guardian, instructor, or licensed driver over 25
 - No primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited—no explicit exceptions noted in the law.

Compliance Check Protocols

Age of decoy

- Minimum: Not specified
- Maximum: 19

Appearance requirements

- No hats, sunglasses, tattoos, visible body piercing, clothing with college or alcohol verbiage/logos; minimal jewelry; not large in stature; appropriate dress for age; hair that does not obscure facial features
- Male: No facial hair, really short hair, balding, or receding hairline
- Female: Minimal makeup, no provocative clothing

ID possession

- Discretionary

Verbal exaggeration of age

- Prohibited

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

- Time period/conditions: 3 years
- First offense: 15-day license suspension
- Second offense: 25-day license suspension
- Third offense: License revocation

Note: Retailer has the option to accept fine in lieu of suspension. A list of aggravating and mitigating factors is provided.

Responsible Beverage Service***Voluntary beverage service training***

- The law does not specify on- or off-sale establishments.
- The law does not specify new or existing outlets.

Incentive for training

- Mitigation of fines or other administrative penalties for sales to minors

Minimum Ages for Off-Premises Sellers

- Beer: Not specified
- Wine: Not specified
- Spirits: Not specified

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Minimum Ages for On-Premises Sellers

- Beer: 18 for servers and 21 for bartenders
- Wine: 18 for servers and 21 for bartenders
- Spirits: 18 for servers and 21 for bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools***Colleges and universities***

- Limitations on outlet siting:
 - Off-premises outlets: Yes—within 1½ miles of universities with enrollments of 1,000 or more students of whom 500 or more reside on the university’s grounds
 - On-premises outlets: Yes—within 1½ miles of universities with enrollments of 1,000 or more students of whom 500 or more reside on the university’s grounds
 - Alcohol products: Wine, spirits—does not include beer or products of not more than 4 percent alcohol by volume (ABV)

Note: Exceptions to the college restriction exist for numerous individual colleges and universities.

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: No
 - On-premises outlets: Yes—within 600 feet
 - Alcohol products: Beer, wine, spirits

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Minor must be obviously intoxicated at time alcohol of furnishing.

Social Host Liability Laws

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of underage status

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Prohibition against retailer interstate shipments:

- Beer: Prohibited
- Wine: Uncertain
- Spirits: Prohibited

Note: An individual or retail licensee in a state that affords California retail licensees or individuals an equal reciprocal shipping privilege may ship, for personal use and not for resale, no more than two cases of wine (no more than 9 liters each case) per month to any adult resident in this state. Delivery of a shipment pursuant to this subdivision shall not be deemed to constitute a sale in this state.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements: None

State approval/permit requirements

- Producer/shipper must obtain state permit.

Reporting requirements: None

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

- Keg definition: 6 gallons or more
- Prohibited: Possessing an unregistered, unlabeled keg—maximum fine/jail \$1,000/6 months
- Purchaser information collected:
 - Purchaser’s name and address
 - Verified by a government-issued ID
- Warning information to purchaser: Not required
- Deposit: Not required
- Provisions do not specifically address disposable kegs

Home Delivery

- Beer: Permitted
- Wine: Permitted
- Spirits: Permitted

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.20 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$0.20 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$3.30 per gallon

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Price posting requirements: Post
- Retailer credit: Restricted—30 days maximum

Wine (12 percent alcohol)

- Retailer credit: Restricted—30 days maximum

Spirits (40 percent alcohol)

- Retailer credit: Restricted—30 days maximum

California State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> California Alcoholic Beverage Control	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	No
Such laws are also enforced by local law enforcement agencies	Not applicable
<i>Such laws are also enforced by local law enforcement agencies</i>	
Not applicable	
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	Yes
Number pertains to the 12 months ending	898
Data include arrests/citations issued by local law enforcement agencies	6/30/2013
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of retail licensees in state ³	73,489
Number of licensees checked for compliance by state agencies (including random checks)	2,195
Number of licensees that failed state compliance checks	359
Numbers pertain to the 12 months ending	6/30/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	Yes
Number of licensees that failed random state compliance checks	Data unavailable
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	No
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	No
Total amount in fines across all licensees	Not applicable
Smallest fine imposed	Not applicable
	\$750

Largest fine imposed	\$20,000
Numbers pertain to the 12 months ending	No data
State collects data on license suspensions imposed on retail establishments specifically for furnishing minors	
Number of suspensions imposed by the state ⁵	Not applicable
Total days of suspensions across all licensees	Not applicable
Shortest period of suspension imposed (in days)	Not applicable
Longest period of suspension imposed (in days)	Not applicable
Numbers pertain to the 12 months ending	Not applicable
State collects data on license revocations imposed on retail establishments specifically for furnishing minors	
Number of license revocations imposed ⁶	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Additional Clarification	
<p>The California Highway Patrol (CHP) also collects data for underage persons driving with a blood alcohol concentration (BAC) of 0.01 percent or greater or in possession of alcohol. The following data cover the period of January 1, 2013, through December 31, 2013:</p> <ul style="list-style-type: none"> • 538 citations for persons under age 21 driving with 0.01 percent to <0.05 percent (BAC) • 738 citations for persons under age 21 driving with 0.05 percent BAC or greater • 110 citations for persons under age 21 in possession of alcohol • 68 citations for passengers under age 21 in possession of alcohol <p>CHP Contact: Lieutenant Kevin Davis, Accreditation Manager, California Highway Patrol, Professional Standards and Ethics Division, 916-843-3343, kmdavis@chp.ca.gov</p>	

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
Strategic Prevention Framework State Incentive Grant (SPF SIG)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	
http://www.dhcs.ca.gov/provgovpart/Pages/SPFSIG.aspx	
<p>Program Description: The DHCS was awarded the SPF SIG in September 2010 to (1) provide more streamlined state and county processes and procedures; (2) expedite the planning/action/outcomes process; (3) create a means for communicating statewide priorities at all levels; (4) increase the use of data in local planning; and (5) provide more coordinated and effective evidence-based prevention efforts. In following the SPF SIG five-step process, a statewide needs assessment was conducted, the results of which identified underage and excessive drinking among 12- to 25-year-olds as the priority of the California SPF SIG project. Twenty-four communities were paired and a random selection process determined 12 project communities and 12 control communities. Communities are currently implementing environmental prevention strategies that address both retail and social access aimed at the general population in order to change community norms. Research indicates that by implementing these strategies, underage and young adult use and consequences related to alcohol will be reduced.</p>	

Substance Abuse Prevention and Treatment (SAPT) Block Grant Primary Prevention Set-Aside State-Level Support/Administration	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No data
Evaluation report is available	No data
URL for evaluation report:	No data
URL for more program information:	No data
Program Description: California allocates funds through DHCS to counties based on population utilizing the 20 Percent Primary Prevention Set-Aside of the Substance Abuse and Mental Health Services Administration (SAMHSA) SAPT Block Grant. California requires that each county create a strategic prevention plan utilizing the SPF. This ensures that appropriate primary prevention services are selected based on local need. Forty-five of California’s 58 counties identified underage drinking as a priority in their county strategic plans. DHCS provides support to county local efforts that emphasize increasing protective factors and decreasing risk factors for underage drinking by (1) overseeing contractual requirements and providing ongoing county communication for resource and technical assistance purposes; (2) administering statewide technical assistance and training contracts to support local primary prevention efforts; and (3) providing leadership and guidance to the substance abuse prevention field in a coordinated manner.	
California Statewide/County Efforts	
Program serves specific or general population	No data
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No data
Evaluation report is available	No data
URL for evaluation report:	No data
URL for more program information:	No data
Program Description: Underage drinking is a priority for California. Forty-five counties have specified underage drinking in their SPF plans as a priority goal, and 38 counties are specifically focusing on binge drinking among youth. Twenty-seven of 58 counties implement evidenced-based programs (EBPs) that increase protective factors and decrease risk factors influencing underage drinking. The most frequently implemented EBPs in California are LifeSkills Training, Too Good For Drugs, Project Success, Project Alert, Communities Mobilizing for Change on Alcohol, and Strengthening Families. Other underage drinking–focused EBPs include Alcohol: True Stories (Los Angeles County), Community Trials Intervention To Reduce High-Risk Drinking (Los Angeles County), and Project Northland (Los Angeles County). Local innovative programs in California that address underage drinking include the following: <ul style="list-style-type: none"> • PARENT COMMITTED (Butte County) campaign: Provides support to parents and families with teenagers. The campaign urges parents to renew their commitment as a parent and support their child through their journey into adulthood. • MERCHANT COMMITTED (Butte County): An education program for off-sale and on-sale alcoholic beverage retailers (markets, stores, gas stations, bars, restaurants, and special event venues). The goal is to reduce underage drinking and youth access to alcohol by increasing alcoholic beverage establishment compliance. • Monument Corridor Anti-Alcohol & Drug Coalition (Contra Costa): Fosters ongoing community conversations and projects about local alcohol and drug problems to work with residents and local organizations in implementing environmental prevention strategies with an emphasis on policy change that will reduce substance abuse among youth while empowering the community. • Lock up Your Lethals (Humboldt): A locally developed project that will address preventing/reducing access to alcohol, prescription and over-the-counter medication and inhalants, and firearms. This is a collaboration effort with suicide prevention. • Parents who Host, Lose the Most (Los Angeles): Engages parents and other community members in identified housing development sites to become advocates in the effort to decrease underage drinking 	

and binge drinking among youth and young adults; reduce availability of and access to alcohol by underage youth and decrease the social access to alcohol by underage youth through informational sessions; strategic planning; formulate relevant and effective public awareness campaign messaging; and engage in dissemination strategies.

- Community Colleges Initiative (Orange): Strengthens regional alcohol prevention through partnerships with directors/coordinators of student health and wellness, campus faculty and administrators, Associated Student Government, and local community agencies.
- “Minor Drinking, Major Problems” media campaign (Orange)”: Will focus on adults in the City of Laguna Beach to increase knowledge and awareness of the prevalence and consequences of underage drinking, in addition to measuring support for effective actions to reduce underage drinking.

Community Prevention Initiative (CPI)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No data
Evaluation report is available	No data
URL for evaluation report:	No data
URL for more program information: http://www.ca-cpi.org/main.php	

Program Description: CPI provides no-cost training and technical assistance (TTA) to California counties and community-based organizations delivering substance abuse prevention services. CPI is administered by the Center for Applied Research Solutions and directed by DHCS. Trainings that address underage drinking include:

- Engage Youth and Families: Culturally Competent Recruitment and Retention Strategies
- From Risk to Resilience: Inside-Out Prevention
- Environmental Prevention 101: Covering the Basics
- Environmental Prevention: Strategies for Engaging Youth
- Community Action to Reduce Binge Drinking
- Responsible Beverage Service Training
- Tools for Regulating Local Alcohol Availability

To support capacity building within the substance abuse prevention field, the CPI project also provides written products as resources to support knowledge transfer of successful EBPs on underage and binge drinking. These publications are available online and include:

- Binge Drinking: Community Action to Reduce Binge Drinking
- College Presidents Forum on Underage and Binge Drinking: One Community’s Success Story
- Policy Strategies to Reduce Underage and Binge Drinking
- Social Host Ordinances: An Approach to Preventing Underage Drinking
- Underage Binge Drinking

Friday Night Live (FNL) Partnership	
Program serves specific or general population	Specific population
Number of youth served	626,528
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://www.fridaynightlive.org	

Program Description: FNL is a youth development program predicated on youth and adults working in partnership to influence issues relevant to their well-being and that of their community. FNL programs:

- Encourage young people to develop programs that are meaningful
- Promote messages through shared experiences
- Encourage peer-oriented programming (youth driven and youth led)
- Are goal-directed, action-oriented, and innovative

<ul style="list-style-type: none"> • Encourage and empower young people as active leaders and community resources • Have broad appeal to diverse ethnic, racial, and social groups • Encourage youth to care about each other and their environment • Offer conferences and trainings for young people to develop leadership skills <p>Many FNL programs statewide engage youth in environmental prevention efforts to reduce underage drinking. Also, every year the California Friday Night Live Partnership (CFNLP) collaborates with the Governor’s Prevention Advisory Council (GPAC) to provide support and leadership to Town Hall Meetings on Underage Drinking.</p>																			
<p>Office of the Chancellor, California State University (CSU)</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>Specific population</td> </tr> <tr> <td>Number of youth served</td> <td>150,265</td> </tr> <tr> <td>Number of parents served</td> <td>No data</td> </tr> <tr> <td>Number of caregivers served</td> <td>No data</td> </tr> <tr> <td>Program has been evaluated</td> <td>Yes</td> </tr> <tr> <td>Evaluation report is available</td> <td>No</td> </tr> <tr> <td>URL for evaluation report:</td> <td>Not applicable</td> </tr> <tr> <td>URL for more program information:</td> <td>No data</td> </tr> </table>		Program serves specific or general population	Specific population	Number of youth served	150,265	Number of parents served	No data	Number of caregivers served	No data	Program has been evaluated	Yes	Evaluation report is available	No	URL for evaluation report:	Not applicable	URL for more program information:	No data		
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Program has been evaluated	Yes																		
Evaluation report is available	No																		
URL for evaluation report:	Not applicable																		
URL for more program information:	No data																		
<p>Program Description: A significant number of strategies and programs have been undertaken by all 23 CSU campuses as part of a commitment to address alcohol policy and prevention programming. Many of the programs serve students under 21, which is 38 percent of the systemwide student population. CSU alcohol prevention and education programs include a variety of strategies such as (1) Peer Education Programs; (2) targeted activities that involve high collegiate alcohol consumption (e.g., Alcohol Awareness Week and Safe Spring Break); (3) collaboration with campus and community partners (Mothers Against Drunk Driving, local police departments, Alcoholic Beverage Control (ABC), etc.); and (4) increasing number of online assessments and interactive education tools. Some of the online assessments and interactive education tools can be found at Alcohol.Edu, San Diego State University Research Foundation (http://www.echeckuptogo.com) and Princeton Review (http://collegewise.com). Every other year, CSUs such as Fresno State University randomly select students to participate in the National College Health Assessment. This survey allows the CSU to get to know students’ habits, behaviors, and perceptions on the most prevalent health topics.</p>																			
<p>California Highway Patrol (CHP) Start Smart Program</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>Specific population</td> </tr> <tr> <td>Number of youth served</td> <td>38,183</td> </tr> <tr> <td>Number of parents served</td> <td>67,082</td> </tr> <tr> <td>Number of caregivers served</td> <td>No data</td> </tr> <tr> <td>Program has been evaluated</td> <td>No</td> </tr> <tr> <td>Evaluation report is available</td> <td>Not applicable</td> </tr> <tr> <td>URL for evaluation report:</td> <td>Not applicable</td> </tr> <tr> <td>URL for more program information:</td> <td></td> </tr> <tr> <td>http://www.chp.ca.gov/community/startsmart.html</td> <td></td> </tr> </table>		Program serves specific or general population	Specific population	Number of youth served	38,183	Number of parents served	67,082	Number of caregivers served	No data	Program has been evaluated	No	Evaluation report is available	Not applicable	URL for evaluation report:	Not applicable	URL for more program information:		http://www.chp.ca.gov/community/startsmart.html	
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URL for evaluation report:	Not applicable																		
URL for more program information:																			
http://www.chp.ca.gov/community/startsmart.html																			
<p>Program Description: The Start Smart Program provides classes targeting new and future licensed teenage drivers ages 15 through 19 and their parents/guardians. As part of the Start Smart Program, CHP officers discuss topics such as traffic collision avoidance techniques, collision-causing factors, driver/parent responsibilities, underage drinking, and seat belt usage.</p>																			
<p>California Highway Patrol Every 15 Minutes Program</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>Specific population</td> </tr> <tr> <td>Number of youth served</td> <td>111,790</td> </tr> <tr> <td>Number of parents served</td> <td>No data</td> </tr> <tr> <td>Number of caregivers served</td> <td>No data</td> </tr> <tr> <td>Program has been evaluated</td> <td>No</td> </tr> <tr> <td>Evaluation report is available</td> <td>Not applicable</td> </tr> <tr> <td>URL for evaluation report:</td> <td>Not applicable</td> </tr> <tr> <td>URL for more program information:</td> <td></td> </tr> <tr> <td>http://www.chp.ca.gov/programs/every-15-minutes</td> <td></td> </tr> </table>		Program serves specific or general population	Specific population	Number of youth served	111,790	Number of parents served	No data	Number of caregivers served	No data	Program has been evaluated	No	Evaluation report is available	Not applicable	URL for evaluation report:	Not applicable	URL for more program information:		http://www.chp.ca.gov/programs/every-15-minutes	
Program serves specific or general population	Specific population																		
Number of youth served	111,790																		
Number of parents served	No data																		
Number of caregivers served	No data																		
Program has been evaluated	No																		
Evaluation report is available	Not applicable																		
URL for evaluation report:	Not applicable																		
URL for more program information:																			
http://www.chp.ca.gov/programs/every-15-minutes																			

Program Description: The Every 15 Minutes Program is a 2-day program focusing on high school juniors and seniors that challenges them to think about drinking, driving, personal safety, the responsibility of making mature decisions, and the impact their decisions have on family, friends, their community, and many others.	
Department of Education – Safe and Supportive Schools Grant	
Program serves specific or general population	Specific population
Number of youth served	87,000
Number of parents served	130,000
Number of caregivers served	Included in parent estimate above
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://californias3.wested.org	
Program Description: The California Department of Education receives a grant from the U.S. Department of Education to improve school climate. One goal of the grant is to reduce alcohol use among students. The grant has been awarded to 58 school districts statewide. To measure the impact on school climate, each participating district must collect data about the learning and teaching environment, the health and well-being of students, and support for parents, school staff, and students that fosters learning and school success.	
University of California (UC)	
Program serves specific or general population	Specific population
Number of youth served	30,000
Number of parents served	200
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: UC consists of 10 campuses throughout California, most with programs that address underage drinking. Campuses that do not offer underage drinking programs operate under a “harm/risk philosophy,” in which they encourage students to adhere to all applicable campus policies related to alcohol. The campuses provide peer health educators who address drinking safely and responsibly and recovery programs related to various types of substance abuse. UC campus programs include but are not limited to PartySafe, Southside Safety Patrol, Event Planning and Risk Management Training for Greeks, Alcohol and Other Drug Counseling, Student Health Advocates, College Alcohol Risk Reduction Seminar, Student Health Outreach and Promotion, and the Just Say Gnome/Small Party Initiative. Campus programs can be found on individual campus websites located at: UC Berkeley, Party Safe: http://www.uhs.berkeley.edu/psafe UC Berkeley, Health Services: http://www.uhs.berkeley.edu/home/healthtopics/alcoholdrugs.shtml UC San Diego Alcohol eCHECK: https://interwork.sdsu.edu/echeckup/usa/alc/coll/index.php?id=UCSD&hfs=true UC Santa Cruz Counseling and Psychological Services: http://caps.ucsc.edu/counseling/aod/index.html	
Department of Alcoholic and Beverage Control (ABC) – Underage Drinking Programs	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: https://www.abc.ca.gov/Annualreports/Performance%20Management%20Report%202012-13.pdf	

<p>URL for more program information: https://www.abc.ca.gov/programs/programs.html</p>
<p>Program Description: Target Responsibility For Alcohol Connected Emergencies (TRACE) is a protocol wherein first responders to alcohol-related emergencies immediately notify ABC when an incident involves a person under 21 and an alcoholic beverage. ABC agents will conduct a simultaneous investigation to determine where the alcoholic beverages were acquired, purchased, or served. For more information, go to https://www.abc.ca.gov/programs/Trace.html.</p> <p>Minor Decoy Operations reduce the number of licensees who sell alcohol to minors and reduce youth access to alcohol. These operations, conducted by law enforcement and/or community groups, can markedly increase the percentage of licensees who comply with the minimum purchase age law. For more information, go to https://www.abc.ca.gov/forms/ABC511.pdf.</p> <p>Decoy Shoulder Tap Operation is an enforcement program that ABC and local law enforcement agencies use to detect and deter shoulder tap activity. During the program, a minor decoy under direct supervision of law enforcement officers solicits adults outside ABC-licensed stores to buy the minor decoy alcohol. Any person seen furnishing alcohol to the minor decoy is arrested (either cited or booked) for furnishing alcohol to a minor (a violation of Section 25658(a) Business and Professions Code). For more information, go to https://www.abc.ca.gov/forms/ABC509.pdf.</p> <p>Operation Trapdoor is a program to reduce underage consumption of, and access to, alcohol by arresting minors who possess false identification. A secondary goal is to generate leads and develop potential confidential informants that will lead back to counterfeit operations and ID “mills.” For more information, go to https://www.abc.ca.gov/forms/ABC513.pdf.</p> <p>The Teenage Party Prevention, Enforcement, and Dispersal Program Enablers aims to reduce the number of teen drinking parties and driving under the influence incidents. Objectives include (1) forming an Alcohol Enforcement Response Team or provide specialized training to patrol officers; (2) increasing awareness and support by involving the media, parents, and community stakeholders; (3) containing party participants and controlling their release; and (4) deterring future parties by citing or arresting violators. For more information, go to https://www.abc.ca.gov/forms/ABC512.pdf.</p>

Additional Underage Drinking Prevention Programs Operated or Funded by the State
<p>No data URL for more program information: No data</p>
<p>Program description: No data</p>
Additional Clarification
<p>No data</p>

Additional Information Related to Underage Drinking Prevention Programs
<p><i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i> Yes</p> <p>Description of collaboration: Through the CPI contract, training and technical assistance (TTA) was provided to the following federally recognized tribes to support prevention efforts that include underage drinking:</p> <ul style="list-style-type: none"> • Shingle Springs Rancheria Tribal Court received TTA on how to integrate culturally responsive elements to build a mentoring program for court-involved youth as an intervention to juvenile delinquency that emphasizes healthy alternatives to AOD use. • Hoopa Valley Tribe received TTA for Hoopa AmeriCorps members ages 18–24 about substance abuse in the workplace. • La Jolla Band of Luiseño Indians sponsored a training for teen girls and staff on how to build leadership and incorporate AOD education, prevention, and intervention to increase health and well-being efforts and services in Native American culture. <p>TTA services were also provided to the following agencies that serve Native American populations:</p> <ul style="list-style-type: none"> • Health and Human Services, Department of Public Health, Mendocino County • American Indian Resource Center, University of California, Santa Cruz

<ul style="list-style-type: none"> •K'ima:w Medical Center Tribal Injury Prevention Program • Resources for Indian Student Education 	
<p><i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i></p> <p>Program description: The CSU's Executive Order 966, Alcohol Sales and Advertising Policy, prohibits sale of alcohol beverages at athletic events and limits advertising to beer and wine at CSU campuses in compliance with Guidelines for Beverage Alcohol Marketing by National Inter-Association Task Force on Alcohol Issues. Additionally, the Board of Trustees policy requests all campuses to adopt policies that require alcoholic beverage trademarks or logos to be clearly subordinate to the sponsored event itself. Similarly, the name of an alcoholic beverage manufacturer or product may not be connected to the name of the institutional event or facility, but may be promoted as a sponsor of the event.</p> <p>The California Friday Night Live Partnership provides TTA to the FNL field to empower youth to partner with the community at large in the implementation of a number of projects including the Retail Alcohol Merchant Awards, which works with local merchants on a voluntary basis to reduce advertising and increase adherence to local policies.</p> <p>The National Council on Alcoholism and Drug Dependence (Orange County) facilitates youth-led educational workshops regarding marketing strategies employed by the alcohol industry to promote alcohol use by youth.</p> <p>Social Advocates for Youth (San Diego County) spearheads a campaign to develop and advance public and private policies related to business practices to reduce alcoholic beverage advertising and marketing to youth.</p> <p>The Japanese Community Youth Council (San Francisco County) cofacilitates the Youth Advisory Council, which is implementing a youth-led Alcohol Campaign action plan in order to decrease public alcohol advertisements through media messaging and policy change.</p> <p>The Healthy Stores for a Healthy Community campaign is a statewide collaboration between tobacco use prevention, nutrition, and alcohol prevention partners. The goal is to improve the health of Californians through changes in community stores and to educate people how in-store product marketing influences consumption of unhealthy products especially to young people.</p>	<p>Yes</p>
<p><i>State has adopted or developed best practice standards for underage drinking prevention programs</i></p> <p>Agencies/organizations that established best practices standards:</p> <p>Federal agency(ies):</p> <p>Agency(ies) within your state: Department of Health Care Services, Office of the Chancellor, California State University, University of California</p> <p>Nongovernmental agency(ies):</p> <p>Other:</p> <p>Best practice standards description:</p> <p>DHCS best practice standards include:</p> <p>Statewide use of the SPF to</p> <ul style="list-style-type: none"> • Ensure data-informed programmatic decisionmaking • Encourage the implementation of EBPs • Ensure effective prevention services guided by the SPF • Maintain fidelity of evidence-based programs by providing individualized and community-based technical assistance and training <p>The Office of the Chancellor, California State University, has a systemwide committee, the Alcohol Policy Implementation Steering Committee, made up of nine members of the Student Affairs Council (i.e., Vice Presidents of Student Affairs) that meets regularly to provide guidance to campuses about effective policy implementation and practices and provide leadership on systemwide efforts. The CSUs also have campus and community-level collaborations on alcohol, tobacco and other drugs. Programs use a variety of assessment tools and best practice standards. A few examples include resources such as Standards and Guidelines for Alcohol and Drug Programs by the Council for the Advancement of Standards in Higher Education; National Institute on Alcohol Abuse and Alcoholism College Drinking Report; and annual program evaluations.</p>	<p>Yes</p> <p>No</p> <p>Yes</p> <p>No</p> <p>No</p>

The UC Berkeley Vice Chancellor’s Office campus policy titled, “Berkeley Campus Policy Governing the Promotion of Alcoholic Beverages and Tobacco Products on the Campus and at Campus-Sponsored Events” can be viewed at <http://students.berkeley.edu/uga/alcohol.stm>.

Additional Clarification

No data

State Interagency Collaboration

A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities Yes

Committee contact information:

Name: Margie Hieter
 E-mail: margie.hieter@dhcs.ca.gov
 Address: PO Box 997413, MS 2622, Sacramento, CA 95899-7413
 Phone: 916-323-1836

Agencies/organizations represented on the committee:

- Department of Health Care Services
- Department of Alcoholic Beverage Control
- California Community Colleges
- California Conservation Corps
- Department of Public Health
- California Highway Patrol
- Office of the Chancellor, California State University
- Office of the President, University of California
- California Department of Education
- Department of Rehabilitation
- Department of Social Services
- California National Guard
- Office of Traffic Safety
- Governor’s Office of Planning and Research
- Attorney General’s Office

A website or other public source exists to describe committee activities Yes
 URL or other means of access: <http://www.dhcs.ca.gov/provgovpart/Pages/IPAC.aspx>

Underage Drinking Reports

State has prepared a plan for preventing underage drinking in the last 3 years No
 Prepared by: Not applicable
 Plan can be accessed via: Not applicable

State has prepared a report on preventing underage drinking in the last 3 years No
 Prepared by: Not applicable
 Plan can be accessed via: Not applicable

Additional Clarification

The state-level interagency governmental body/committee (question 2.C.1) that coordinates or addresses underage drinking prevention activities in California is the Governor’s Prevention Advisory Council.

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data
<i>Other programs:</i>	
Programs or strategies included:	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No data
Fines	No data
Fees	No data
Other	No data
<i>Description of funding streams and how they are used:</i>	
No data	
Additional Clarification	
No data	



Colorado

State Profile and Underage Drinking Facts*

State Population: 5,268,367
 Population Ages 12–20: 580,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	27.1	157,000
Past-Month Binge Alcohol Use	15.0	87,000
Ages 12–14		
Past-Month Alcohol Use	6.2	13,000
Past-Month Binge Alcohol Use	1.9	4,000
Ages 15–17		
Past-Month Alcohol Use	22.9	44,000
Past-Month Binge Alcohol Use	12.3	24,000
Ages 18–20		
Past-Month Alcohol Use	54.2	100,000
Past-Month Binge Alcohol Use	32.1	59,000
Alcohol-Attributable Deaths (under 21)		61
Years of Potential Life Lost (under 21)		3,715
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	40	11

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Private location AND
- Parent/guardian

Note: Colorado’s exception requires the knowledge and consent of the owner of the private property when minors possess alcohol (in addition to the consent and presence of a parent or guardian).

Underage Consumption of Alcohol

Consumption is prohibited with the following exception(s):

- Private location AND
- Parent/guardian

Note: Colorado’s exception requires the knowledge and consent of the owner of the private property when minors consume alcohol (in addition to the consent and presence of a parent or guardian).

Internal Possession by Minors

Internal possession is prohibited with the following exception(s):

- Private location AND
- Parent/guardian

Note: Colorado’s exception requires the knowledge and consent of the owner of the private property when minors possess or consume alcohol (in addition to the consent and presence of a parent or guardian).

Underage Purchase of Alcohol

Purchase is prohibited, and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Retailers are permitted to seize apparently false IDs.
- Specific affirmative defense: The retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.
- Retailer has the authority to detain a minor suspected of using a false ID in connection with the purchase of alcohol.

Note: In Colorado, the license revocation period for a first conviction of obtaining or attempting to obtain an alcoholic beverage by misrepresentation of age is 24 hours of public service, if ordered by the court, or 3 months.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- Minimum: Not specified
- Maximum: 90 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15
- Minimum learner stage period: 12 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 12 a.m.
 - No primary enforcement of the night-driving rule
- Passenger restrictions exist: For first 6 months, no passenger under 21 who is not an immediate family member unless accompanied by driver’s parent or guardian; second 6 months, only one passenger under 21 who is not an immediate family member unless accompanied by driver’s parent or guardian
 - No primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s):

- Private location AND
- Parent/guardian

Compliance Check Protocols

Age of decoy

- Minimum: 18
- Maximum: 20

Appearance requirements

- Age-appropriate appearance with no age enhancements

ID possession

- Discretionary

Verbal exaggeration of age

- Not specified

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

- Time period/conditions: 1 year
- First offense: Written warning up to 15-day license suspension. Licensee may pay a fine in lieu of up to 14 days of suspension.
- Second offense: 5- to 30-day license suspension. Licensee may pay fine in lieu of suspension, or suspension may be held in abeyance if no fine was paid or suspension served at time of first offense.
- Third offense: 20- to 45-day license suspension.
- Fourth offense: 45-day or more license suspension or license revocation.

Note: List of aggravating and mitigating factors is provided. A 2-year time period is allowed for the fourth offense. All penalties are for compliance check violations only.

Responsible Beverage Service

Voluntary beverage service training

- The law does not specify on- or off-sale establishments.
- The law does not specify new or existing outlets.

Incentive for training

- Mitigation of fines or other administrative penalties for sales to minors

Minimum Ages for Off-Premises Sellers

- Beer: 21
- Wine: 21
- Spirits: 21

Note: Although employees must be at least 21 years old to sell malt, vinous, or spirituous liquors in a retail liquor store, employees at least 18 years old may sell fermented malt beverages

containing not more than 3.2 percent alcohol by weight in establishments where fermented malt beverages are sold at retail in containers for off-premises consumption.

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Note: Persons under 21 years old employed to sell or dispense malt, vinous, or spirituous liquors are required to be supervised by another person who is on premise and has attained the age of 21.

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- Limitations on outlet siting:
 - Off-premises outlets: Yes—within 500 feet
 - On-premises outlets: Yes—within 500 feet
 - Alcohol products: Beer, wine, spirits

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 500 feet
 - On-premises outlets: Yes—within 500 feet
 - Alcohol products: Beer, wine, spirits

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$280,810 per person
- Limitations on elements/standards of proof: Knowledge of underage status

Social Host Liability Laws

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$280,810 per person
- Limitations on elements/standards of proof: Knowledge of underage status

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Common carrier must verify age of recipient.

State approval/permit requirements

- Producer/shipper must obtain state permit.

Reporting requirements

- Producer must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

Registration is not required.

Home Delivery

- Wine: Permitted—state permit required
- Spirits: Permitted—state permit required

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.08 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$0.32 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$2.28 per gallon

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Minimum markup/maximum discount: Yes—no sales below cost
- Retailer credit: Restricted—30 days maximum

Wine (12 percent alcohol)

- Minimum markup/maximum discount: Yes—no sales below cost
- Retailer credit: Restricted—30 days maximum

Spirits (40 percent alcohol)

- Minimum markup/maximum discount: Yes—no sales below cost
- Retailer credit: Restricted—30 days maximum

Colorado State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Liquor Enforcement Division, Colorado Department of Revenue	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	Yes
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Liquor Enforcement, Colorado Dept. of Revenue
Such laws are also enforced by local law enforcement agencies	No
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
	Yes
Number of minors found in possession by state law enforcement agencies	566
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	No
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	10,296
Number of licensees checked for compliance by state agencies (including random checks)	3,010
Number of licensees that failed state compliance checks	380
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
	Yes
Number of licensees subject to random state compliance checks/decoy operations	3,010
Number of licensees that failed random state compliance checks	380
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	No
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable

Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	Yes
Number of fines imposed by the state ⁴	373
Total amount in fines across all licensees	\$401,636
Smallest fine imposed	\$200
Largest fine imposed	\$5,000
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	53
Total days of suspensions across all licensees	440
Shortest period of suspension imposed (in days)	No data
Longest period of suspension imposed (in days)	21
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	2
Numbers pertain to the 12 months ending	12/31/2013
Additional Clarification	
No data	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
<i>Substance Abuse Prevention and Treatment Block Grant – Prevention and Reduction of Under 18 Alcohol, Tobacco and Other Drug Use</i>	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	Not available
Program Description: The Colorado Office of Behavioral Health administers a portion of the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Reduction of Under 18 Alcohol, Tobacco and Other Drug Use program is designed to reduce the current alcohol, tobacco, and other drug use rate; prevent early initiation of substance use; promote healthy behavior; and support positive choices in school and communities by youth under age 18 at the local level. Fourteen agencies across Colorado are provided funding to implement evidence-based programs to reduce underage drinking.	
<i>Persistent Drunk Driver (PDD) Program</i>	
Program serves specific or general population	Specific population
Number of youth served	532,239
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No

URL for evaluation report:	Not applicable																
URL for more program information:	Not available																
<p>Program Description: PDD prevention grants focus on supporting education programs for the general public with particular emphasis on education of young drivers regarding the dangers of persistent drunk driving at the county and local level. The PDD cash fund was established in 1998 by HB 98-1334, known as the “Persistent Drunk Driver Act of 1998.” As a part of the legislation, monies gathered from penalties and fees associated with being convicted of DUI are designated to support education programs for the general public, with emphasis on education of young drivers regarding the dangers of persistent drunk driving. Currently, nine agencies across Colorado receive PDD funding from the Office of Behavioral Health. All nine agencies with the exception of the evaluation contract focus on providing education to young drivers about drunk driving as well as persistent drunk driving.</p>																	
<p>Colorado Prevention Partners for Success (CPPS)</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>Specific population</td> </tr> <tr> <td>Number of youth served</td> <td>474,664</td> </tr> <tr> <td>Number of parents served</td> <td>No data</td> </tr> <tr> <td>Number of caregivers served</td> <td>No data</td> </tr> <tr> <td>Program has been evaluated</td> <td>Yes</td> </tr> <tr> <td>Evaluation report is available</td> <td>No</td> </tr> <tr> <td>URL for evaluation report:</td> <td>Not applicable</td> </tr> <tr> <td>URL for more program information:</td> <td>Not available</td> </tr> </table>		Program serves specific or general population	Specific population	Number of youth served	474,664	Number of parents served	No data	Number of caregivers served	No data	Program has been evaluated	Yes	Evaluation report is available	No	URL for evaluation report:	Not applicable	URL for more program information:	Not available
Program serves specific or general population	Specific population																
Number of youth served	474,664																
Number of parents served	No data																
Number of caregivers served	No data																
Program has been evaluated	Yes																
Evaluation report is available	No																
URL for evaluation report:	Not applicable																
URL for more program information:	Not available																
<p>Program Description: Colorado is one of only five states to be awarded the SAMHSA Partnership for Success: State and Community Prevention Performance grant. This program is designed to help reduce statewide substance abuse rates by addressing gaps in current prevention services and increasing the ability to reach out to specific populations or geographic areas with serious, emerging substance abuse problems. CPPS employs a public health model to demonstrate positive statewide change to prevent the onset and reduce progression of underage and binge drinking among Hispanic/Latino high school youth. The Office of Behavioral Health will work with four counties: Adams, Denver, Pueblo, and Weld, over the next 5 years. This program is designed to help reduce statewide substance abuse rates by addressing gaps in current prevention services and increasing the ability to reach out to specific populations or geographic areas with serious, emerging substance abuse problems. The project employs a public health model to demonstrate positive statewide change in underage and binge drinking rates and disparity for high school Latino youth. CPPS will continue to integrate the Strategic Prevention Framework within Colorado’s State Prevention System to ensure measurable and sustainable substance abuse prevention outcomes.</p>																	

Additional Underage Drinking Prevention Programs Operated or Funded by the State	
No data	
URL for more program information: No data	
Program description: No data	
Additional Clarification	
No data	

Additional Information Related to Underage Drinking Prevention Programs	
<p><i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i></p> <p>Description of collaboration: The Southern Ute Community Action Program (SUCAP), located in Ignacio, CO, is part of the Southern Ute Reservation in southwest Colorado. Ignacio is a multiethnic community with a strong Native American population. The Boys and Girls Club of the Southern Ute Indian Tribe and the Ignacio school district use evidence-based practices targeting youth ages 9 to 17. Under the Office of Behavioral Health Block Grant funding, SUCAP operates a teen center that continually offers education and alternative activities aimed at youth underage drinking and other substance use. SUCAP programs are culturally relevant to the Southern Ute Tribal requirements and combine classroom activities with outdoor excursions developed for Native American communities. Outreach is based on relationship-building with youth in the schools and teen center to create a continuum of contacts and dosage.</p>	Yes
<p><i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i></p> <p>Program description: Not applicable</p>	No
<p><i>State has adopted or developed best practice standards for underage drinking prevention programs</i></p> <p>Agencies/organizations that established best practices standards:</p> <p>Federal agency(ies): SAMHSA</p> <p>Agency(ies) within your state: Colorado Department of Human Services, Office of Behavioral Health</p> <p>Nongovernmental agency(ies):</p> <p>Other:</p> <p>Best practice standards description: The Strategic Prevention Framework (SPF) uses a five-step planning process to guide states, jurisdictions, tribes, and communities in selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The SPF process promotes youth development, reduces risk-taking behaviors, builds assets and resilience, and prevents problem behaviors across the life span of the programs.</p> <p>The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.</p> <p>SPF steps require states, territories, federally recognized tribes and tribal organizations, and communities to systematically:</p> <ol style="list-style-type: none"> 1. Assess their prevention needs based on epidemiological data 2. Build their prevention capacity 3. Develop a strategic plan 4. Implement effective community prevention programs, policies, and practices 5. Evaluate their efforts for outcomes <p>The SPF is built on a community-based risk and protective factors approach to prevention. Also, there is a series of guiding principles that can be utilized at the federal, state or tribal, and community levels.</p>	Yes
Additional Clarification	
No data	
State Interagency Collaboration	
<p><i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i></p> <p>Committee contact information:</p> <p>Not applicable</p>	No

<i>Agencies/organizations represented on the committee:</i> Not applicable	
<i>A website or other public source exists to describe committee activities</i> URL or other means of access: Not applicable	No data

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i> Prepared by: Colorado Department of Human Services, Office of Behavioral Health, Prevention and Intervention Plan can be accessed via: Not available	Yes
<i>State has prepared a report on preventing underage drinking in the last 3 years</i> Prepared by: Not applicable Plan can be accessed via: Not applicable	Not sure
Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	12/31/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	6/30/2013
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$1,931,559
Estimate based on the 12 months ending	6/30/2013
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	\$33,649
Estimate based on the 12 months ending	6/30/2013
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Estimate of state funds expended	Not applicable
Estimate based on the 12 months ending	Not applicable

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	Yes
Fines	Yes
Fees	Yes
Other: Federal government grant funds	Yes
<i>Description of funding streams and how they are used:</i>	
<p>Persistent Drunk Driver funds: Pursuant to legislation passed in 1998, penalties were increased for high BAC and repeat DUI offenders. Referred to as the Persistent Drunk Driver Act of 1998, this legislation defined the PDD and created the PDD Cash Fund, which is funded by a surcharge imposed on convicted DWAI/DUI offenders. Monies in the PDD fund are subject to annual</p>	

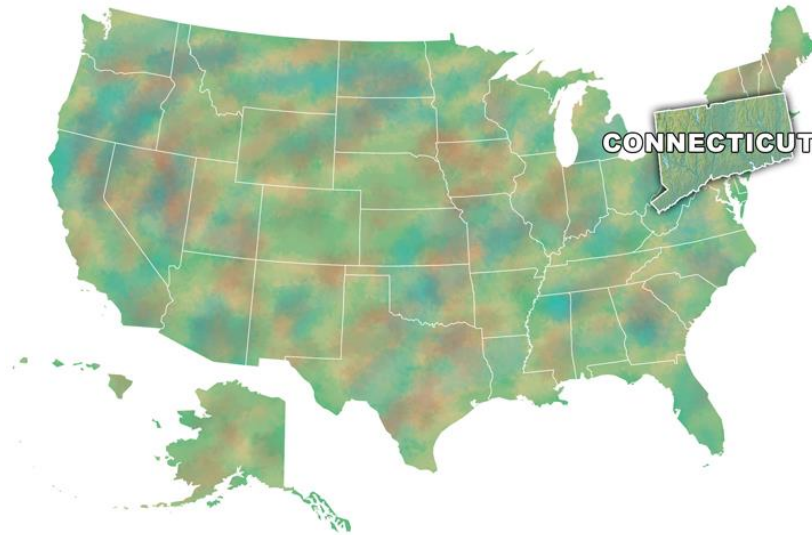
appropriation by the general assembly with the scope of their use stipulated by statute. Overall, the primary purpose of the fund is to support programs that are intended to deter persistent drunk driving or intended to educate the public, with particular emphasis on education of young drivers regarding the dangers of persistent drunk driving. In recent years the scope of the fund was expanded to include assisting indigent DUI offenders with the cost of required treatment or intervention services.

Colorado Partnership for Success funds: Colorado is one of only four states to be awarded the SAMHSA Partnership for Success: State and Community Prevention Performance grant. This program is designed to help reduce statewide substance abuse rates by addressing gaps in current prevention services and increasing the ability to reach out to specific populations or geographic areas with serious, emerging substance abuse problems. The other three states are Connecticut, Illinois, and Tennessee. CPPS funds are used to help reduce statewide substance abuse rates by addressing gaps in current prevention services and increasing the ability to reach out to specific populations or geographic areas with serious, emerging substance abuse problems. CPPS employs a public health model to demonstrate positive statewide change in underage and binge drinking rates and disparity for high school Latino youth. CPPS will continue to integrate the Strategic Prevention Framework within Colorado’s State Prevention System to ensure measurable and sustainable substance abuse prevention outcomes.

Block Grant funds: A portion of the state Substance Abuse Prevention and Treatment Block Grant funds, awarded by the Federal government agency Substance Abuse and Mental Health Services Administration (SAMHSA), are allocated for the prevention and reduction of under 18 alcohol, tobacco and other drug use. These particular block grant funds are used to reduce the current alcohol, tobacco and other drug use rate, prevent early initiation of substance use, promote healthy behavior, and support positive choices in school and communities by youth under age 18 at the local level.

Additional Clarification

No data



Connecticut

State Profile and Underage Drinking Facts*

State Population: 3,596,080

Population Ages 12–20: 440,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	30.1	133,000
Past-Month Binge Alcohol Use	19.2	84,000
Ages 12–14		
Past-Month Alcohol Use	5.2	7,000
Past-Month Binge Alcohol Use	1.1	2,000
Ages 15–17		
Past-Month Alcohol Use	26.2	39,000
Past-Month Binge Alcohol Use	15.7	23,000
Ages 18–20		
Past-Month Alcohol Use	56.6	86,000
Past-Month Binge Alcohol Use	39	59,000
Alcohol-Attributable Deaths (under 21)		35
Years of Potential Life Lost (under 21)		2,085
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	49	10

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s): EITHER

- Parent/guardian OR
- Spouse

Underage Consumption of Alcohol

Consumption is not explicitly prohibited.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting retailers

- State provides incentives to retailers who use electronic scanners that read birthdate and other information digitally encoded on valid identification cards.
- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense: The retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage possession

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- 30 days

Note: In addition to the 30-day suspension penalty mentioned above, Connecticut imposes a license suspension of 60 days if underage possession occurs on any public street or highway.

Graduated Driver’s License

Learner stage

- Minimum entry age: 16
- Minimum learner stage period: 4 months with driver education, 6 months without
- Minimum supervised driving requirement: 40 hours

Intermediate stage

- Minimum age: 16 years, 4 months
- Unsupervised night driving
 - Prohibited after: 11 p.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: First 6 months, limited to one parent, instructor, or licensed adult who is at least 20 years old; second 6 months, expands to include immediate family
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 18—passenger restrictions expire 12 months after issuance of intermediate license; unsupervised night-driving restrictions remain until age 18.

Note: A parent or guardian of any applicant less than 18 to whom a learner’s permit is issued shall attend 2 hours of safe-driving instruction with such applicant.

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s): EITHER

- Parent/guardian OR
- Spouse

Compliance Check Protocols

No data

Penalty Guidelines for Sales to Minors

No written guidelines

Responsible Beverage Service

No beverage service training requirement

Minimum Ages for Off-Premises Sellers

- Beer: 15
- Wine: 18
- Spirits: 18

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- No distance limitation

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$250,000 per person
- Limitations on elements/standards of proof: Minor must be intoxicated at time of furnishing.
- The courts recognize common law dram shop liability.

Note: A common-law cause of action is not precluded by the dram shop statute. Under common law, the limitations on damages may be avoided.

Social Host Liability Laws

- There is no statutory liability.
- The courts recognize common law social host liability.

Host Party Laws

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession
- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Criminal negligence
- Preventive action by the host negates the violation
- Exception(s): Family

Note: The “preventive action” provision in Connecticut requires the prosecution to prove that the host failed to take preventive action. Connecticut permits prosecution of a person who “knowingly, recklessly, or with criminal negligence” permits a minor to possess alcoholic liquor.

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Producer must verify age of purchaser: ID check is required at some point prior to delivery.
- Common carrier must verify age of recipient: ID check is required at some point prior to delivery.

State approval/permit requirements

- Producer/shipper must obtain state permit.
- State must approve common carrier.

Reporting requirements

- Producer must record/report purchaser's name.
- Common carrier must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

- Keg definition: 6 gallons or more
- Prohibited:
 - Possessing an unregistered, unlabeled keg
 - Maximum fine/jail: \$500/3 months
- Purchaser information collected:
 - Purchaser’s name and address
 - Verified by a government-issued ID
- Warning information to purchaser: Passive—no purchaser action required
- Deposit: Not required
- Provisions do not specifically address disposable kegs

Home Delivery

- Beer: Permitted
- Wine: Permitted
- Spirits: Permitted

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.24 per gallon

Note: Connecticut imposes a tax of \$7.20 per barrel, defined as “not less than twenty-eight nor more than thirty-one gallons,” and \$0.24 per wine gallon or fraction thereof on quantities less than a quarter barrel.

Wine (12 percent alcohol)

- Specific excise tax: \$0.72 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$5.40 per gallon

Drink Specials

- Free beverages: Not prohibited
- Multiple servings at one time: Prohibited
- Multiple servings for same price as single serving: Not prohibited
- Reduced price, specified day or time: Not prohibited
- Unlimited beverages: Prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Volume discounts: Banned
- Minimum markup/maximum discount: Yes—no sales below cost
- Price posting requirements: Post and hold—1 month minimum
- Retailer credit: Restricted—30 days maximum

Wine (12 percent alcohol)

- Volume discounts: Banned
- Minimum markup/maximum discount: Yes—no sales below cost
- Price posting requirements: Post and hold—1 month minimum
- Retailer credit: Restricted—30 days maximum

Spirits (40 percent alcohol)

- Volume discounts: Banned
- Minimum markup/maximum discount: Yes—no sales below cost
- Price posting requirements: Post and hold—1 month minimum
- Retailer credit: Restricted—30 days maximum

Connecticut State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> State of Connecticut, Department of Consumer Protection–Liquor Control Division	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol–Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol–Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	Yes
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Liquor Control Div.
Such laws are also enforced by local law enforcement agencies	Don't know
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
	Yes
Number of minors found in possession by state law enforcement agencies	1,539
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	Yes
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	6,500
Number of licensees checked for compliance by state agencies (including random checks)	565
Number of licensees that failed state compliance checks	129
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
	No
Number of licensees subject to random state compliance checks/decoy operations	Not applicable
Number of licensees that failed random state compliance checks	Not applicable
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Don't know/no answer
Data are collected on these activities	Not applicable
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
	Yes
Number of fines imposed by the state ⁴	200

Total amount in fines across all licensees	\$175,000
Smallest fine imposed	\$500
Largest fine imposed	\$10,000
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	200
Total days of suspensions across all licensees	No data
Shortest period of suspension imposed (in days)	1
Longest period of suspension imposed (in days)	30
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	12/31/2013
Additional Clarification	
FY2013 Liquor Control Personnel, \$1.8 million: The primary mission is to reduce minors' access to alcoholic liquor through investigations, police referrals, suitability of applicants, and location premises investigations. While it is difficult to break down each individual component, most of these efforts are designed to fulfill one of the department's mission statements: reducing access to alcoholic liquor to minors from our licensed retailers. Total fines assessed for 2013 were \$942,178 for all violations.	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Partnerships for Success (PFS)

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: http://www.ct.gov/dmhasprevention	
URL for more program information: http://www.ct.gov/dmhas/prevention	

Program Description: PFS is a 5-year, \$11.5 million grant awarded to Connecticut through a competitive bid from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP). PFS funding was to commence on September 30, 2014. PFS allows Connecticut to continue successful community-based approaches that prevent underage drinking through the use of the Strategic Prevention Framework (SPF). This data-driven public health approach builds on existing successes of over 20 community-based coalitions that specifically address underage drinking, including several other state and federally funded coalitions and community-based programs currently in place covering each region of the state. PFS uses environmental prevention approaches to produce measurable reductions in alcohol consumption patterns and their negative consequences. The University of Connecticut Health Center conducts evaluations at the state and community levels to track performance targets. Goals include:

- Reducing past-month alcohol use rates for individuals ages 12–20
- Preventing the onset and reducing the progression of childhood/underage drinking
- Strengthening capacity and infrastructure at the state and community levels to implement data-driven, evidence-based policies, practices, and programs

- Taking a collaborative approach to align state and community strategies, redirect existing services, and leverage human and fiscal resources to sustain efforts

Strategy types: Nineteen funded community coalitions throughout the state use a public health approach in over 30 municipalities and statewide across college campuses to decrease alcohol consumption in youth ages 12 to 20. Additionally, coalitions build on existing resources to implement environmental strategies known to be effective in reducing youth alcohol use rates, such as curtailing retail and social access, policy change, enforcement, media advocacy, and parental and merchant education, as well as measure changes in underage drinking that use student survey and social indicator data. Connecticut has recently completed implementation of the SAMHSA-funded SPF initiative, which identified underage drinking as a state priority. SPF was a 5-year, \$11 million initiative that brought evidence-based programs, policies, and practices to communities through a coalition approach to regions across the state. Coalitions were charged with conducting needs and resource assessments, building community capacity to address underage drinking, developing strategic plans, implementing evidence-based programs, and evaluating and sustaining efforts once the initiative ended. The majority of the coalitions were continued through SAMHSA’s Partnership for Success Grant. Highlights included prioritizing and addressing underage drinking at the state and community levels; leveraging, redirecting, and realigning resources in support of the SPF and the reduction of underage drinking; and strengthening state/local capacity and infrastructure in support of prevention. The overall goals of Connecticut’s PFS initiative are to:

1. Reduce substance abuse-related problems in the state, particularly those related to underage alcohol use
2. Prevent the onset and reduce the progression of substance abuse, including underage drinking
3. Strengthen state and community-level capacity and infrastructure in support of substance abuse prevention
4. Leverage, redirect, and realign statewide funding streams for prevention

At the end of Year 3 of the PFS, the cumulative evidence indicates that the state has been successful in reducing and preventing underage drinking.

The target performance indicator for Connecticut’s PFS project was exceeded. Past-month alcohol use among 12- to 17-year-olds dropped from 19.6 percent in the 2006–2007 baseline year to 17.8 percent in 2009–2010 as measured by the National Survey on Drug Use and Health (NSDUH), surpassing Connecticut’s CSAP-approved performance target of 18.1 percent. According to the NSDUH, underage drinking among the state’s population ages 12 to 17 decreased 9.2 percent in the 3-year period.

Connecticut Statewide Healthy Campus Initiative (CSHCI)

Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://www.ct.gov/dmhasprevention

Program Description: The purpose of CSHCI is to develop a comprehensive prevention system responsive to the needs of young adults ages 18 to 25 who attend Connecticut’s public universities. The Initiative is based on a 3-in-1 Framework recommended by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The goal is to change the culture of drinking and other substance use/abuse using broad-based, comprehensive, integrated programs with multiple complementary components that target individuals, including at-risk or alcohol-dependent drinkers; the student population as a whole; and the college and the surrounding community. Objectives of the initiative are to:

- Address gaps in substance abuse prevention and early intervention services.
- Support culturally responsive, age appropriate, and evidence-based approaches for young adults.
- Further develop Connecticut’s prevention data infrastructure and capacity to collect and analyze outcome data and report on key performance measures. The primary target population is college students ages 18 to 25. Programs may also target family members, peers, schools, and

communities at large. This initiative requires that programs use multiple strategies within the 3-in-1 Framework (community, campus, and individual-level strategies known to be effective).

The following is a summary list of activities:

1. Monthly meetings of the Connecticut Healthy Campus Initiative, open to all Connecticut institutions of higher education. Meetings include training by national experts, technical assistance, networking, and coalition organizational tasks geared toward sustaining efforts and promoting evidence-based activities on college campuses. Forty colleges have signed on to participate in the Initiative.
2. Grantee funding opportunities: Following a competitive request-for-proposal process, nine Connecticut colleges received awards to implement evidence-based environmental strategies including policy review and creation, enforcement of underage drinking laws and policies, coalition capacity building, and social marketing. Colleges receiving the awards implement the CORE survey before and after implementation to measure the effectiveness of the strategies at reducing past-month alcohol use and binge drinking.
3. Technical assistance (TA) is provided by Connecticut Center for Prevention, Wellness and Recovery staff to Connecticut institutions of higher education. TA includes face-to-face, telephone, and electronic consultation as requested by college staff. An electronic listserv of Connecticut colleges will be maintained and used to provide updates on national and state alcohol and drug prevention news and information.

Best Practices Programs

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://www.ct.gov/dmhasprevention	

Program Description: The Best Practice Initiative consists of 14 multifocused Substance Abuse Prevention and Treatment (SAPT) Block Grant-funded programs across the state. They were originally created in the mid-1990s to apply science- and research-based innovations to populations across the lifecycle. In 2009, following extensive review of state epidemiological data on underage alcohol use and related consequences, the funded agencies were refocused to apply the SPF and related strategies to address underage drinking and other substances that were data-identified as problems in chosen communities. All Best Practice agencies are required to use part of their block grant funds to reduce underage drinking and related consequences. Additionally, they are required to hire a local evaluator to assist with evaluation of their grants and development of an evaluation report. The population-level approach requires agencies to use evidenced-based environmental strategies endorsed by CSAP, such as law and policy development and enforcement and media and marketing campaigns.

Office of Policy and Management – Enforcement of Underage Drinking Laws (EUDL)

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information: http://www.ct.gov/OPM	

Program Description: The Office of Policy and Management and the Juvenile Justice Advisory Committee (JJAC) support comprehensive programs designed to combat underage drinking. Another initiative sponsored by the Office of Policy and Management is called “SetTheRulesCT.” This statewide media campaign educates parents and adults about Connecticut’s social host law and the impact of alcohol on teenage brain development. The EUDL program supports and enhances state efforts, in

cooperation with local jurisdictions, to enforce laws prohibiting the sale of alcoholic beverages to, or the consumption of alcoholic beverages by, individuals under 21 years old.	
Governor's Prevention Partnership (GPP)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information: http://www.preventionworksct.org	
<p>Program Description: GPP, a statewide resource link, serves as a nonprofit entity between state government and businesses with a mission to keep Connecticut's youth safe, successful, and drug free. GPP provides leadership and services to help schools, communities, colleges, and businesses create and sustain quality programs in the following areas: mentoring, coalition building, underage drinking, school-based substance abuse and violence prevention, campus community partnerships, parent education, and media. GPP works closely with the Department of Mental Health and Addiction Services (DMHAS), state agencies, and community-based organizations to maximize prevention efforts and services based on state needs and policy plans. GPP and state and local coalitions have mobilized toward a statewide coalition, the Connecticut Coalition to Stop Underage Drinking (CCSUD). GPP has also been the technical assistance provider to the SPF grantees and currently provides technical assistance on the SPF 5-step process to the Best Practice Programs and the Partnerships for Success (PFS) grantees.</p>	
Regional Action Councils (RACs)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://www.ct.gov/dmhasprevention	
<p>Program Description: RACs comprise 13 public/private subregional planning and action councils covering the state that have responsibility for planning, development, and coordination of behavioral health services in their respective regions. RACs are resource links for DMHAS and are legislatively mandated to:</p> <ol style="list-style-type: none"> 1. Determine the extent of substance abuse problems within their subregions 2. Determine the status of resources to address such problems 3. Identify gaps in the substance abuse service continuum 4. Identify changes to the community environment that will reduce substance abuse <p>This information is used by DMHAS to inform decisions related to service system plans and enhancements. RAC membership consists of diverse members of the community, including the chief elected official, chief of police, school superintendents of each municipality within the subregion, business and professional leaders, General Assembly members, service providers, representatives of minority populations, religious organizations, representatives of private funding organizations, and the media. Every 2 years, RACs produce Subregional Prevention Priority Reports to describe:</p> <ol style="list-style-type: none"> 1. The burden of substance abuse, problem gambling, and suicide in the subregions 2. Prioritized prevention needs 3. The capacity of the subregions' communities to address those needs <p>These reports are based on data-driven analyses of issues in the subregions with assistance from key community members. The reports and accompanying data are used as building blocks for state- and community-level processes, including capacity and readiness building, strategic planning, implementing evidence-based programs and strategies, and evaluating efforts to reduce substance abuse and promote</p>	

mental health. The subregional priority-setting process conducted by the RACs was instrumental in assisting community coalitions with developing strategic plans to address underage drinking in their respective communities. RACs have also received Drug Free Coalition (DFC) and Sober Truth on Preventing (STOP) Underage Drinking Act grants to address underage drinking in their regions.

Connecticut Clearinghouse, Connecticut Center for Prevention, Wellness, and Recovery (CCPWR)

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://www.ctclearinghouse.org	

Program Description: Connecticut Clearinghouse, a program of Wheeler Clinic’s CCPWR, is a statewide library and resource center for information on substance use and mental health disorders, prevention and health promotion, treatment and recovery, wellness, and other related topics. CCPWR serves as a primary infrastructure resource link for DMHAS. Resources and services are available to anyone who lives or works in the state, including families, teachers, students, professionals, community members, and children.

Local Prevention Councils (LPCs)

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://www.ct.gov/dmhasprevention	

Program Description: LPCs support more than 120 local, municipal-based, alcohol, tobacco, and drug abuse prevention councils. The intent of this grant program is to facilitate development of prevention initiatives at the local level with the support of the chief elected officials. The specific goals of LPCs are to increase public awareness of substance use prevention and to stimulate development and implementation of local prevention activities primarily focused on youth.

Multicultural Leadership Institute (MLI)

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://www.mli-inc.org	

Program Description: MLI is a key prevention resource link in Connecticut. A private, nonprofit 501(c)(3) corporation established in 1997, its mission is to provide leadership for positive change through implementing and coordinating multicultural and diversity awareness, education, advocacy, and research programs. The organization is a leader in promoting multicultural transformation, impacting individuals, organizations, and society. MLI works with DMHAS-funded prevention providers to assist them in infusing cultural competence into all of their work. Additionally, MLI’s current education and training programs and activities address diversity and multiculturalism across a variety of professions and fields. Speaking engagements, training, or consultation services may address general cultural competency or specific topics or populations. Curriculum and other materials are tailored to each group’s unique needs.

Additional Underage Drinking Prevention Programs Operated or Funded by the State	
No data	
URL for more program information: No data	
Program description: No data	
Additional Clarification	
The state also supports programs that incorporate, as part of their goals and activities, underage drinking prevention activities. Those programs and agencies include the Department of Children and Families, the Safe and Drug Free Schools, and the DOT DUI Enforcement Program.	

Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	Yes
<p>Description of collaboration: Connecticut has two federally recognized tribal nations, the Mashantucket Pequot Nation (population: 227) and the Mohegan Tribe (population: 1,700). Connecticut also has four state-recognized tribal nations: the Eastern Pequot Nation, the Golden Hill Paugusset Tribe, the Pawcatuck Eastern Pequot Tribe (population: 150), and the Schaghticoke Indian Tribe (population: 300). A seventh tribal nation, Nipmuc Indian Association of Connecticut, is currently seeking federal recognition. The state’s two federally recognized American Indian tribes are located in the Norwich/New London area of eastern Connecticut. Both have casinos that contribute 25 percent of all slot revenues to the state. Outside of the federal government, these casinos are the second-largest contributors to Connecticut’s economy. As a result, the casinos have provided a stable economic foundation for the tribes and have allowed for the preservation of culture and the establishment of tribal departments that provide a broad range of health/social benefits to members on the reservations. Coalitions/RACs in close proximity to Connecticut’s two tribes have formal linkages and include tribal communities within their community interventions. At the state level, DMHAS is currently working with tribal leadership to educate them on the PFS initiative and engage tribal representatives to serve in an advisory role, providing advice on issues facing American Indians who wish to participate in underage drinking and related substance abuse prevention programs. The Mashantucket Pequot Nation and the Mohegan Tribe have representatives who are members of the Connecticut Statewide Prevention Enhancement Policy Consortium.</p>	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	Yes
<p>Program description: “SetTheRulesCT” is a statewide media campaign educating parents and adults about Connecticut’s social host law and the impact of alcohol on teenage brain development. The U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention is addressing the growing problem of underage drinking through numerous initiatives, including public advertising programs. “SetTheRulesCT” was developed by the Office of Policy and Management (OPM) and the JJAC Subcommittee on Combating Underage Drinking, which is composed of representatives from the following state agencies and departments:</p> <ul style="list-style-type: none"> • Commission on Children • Department of Children and Families • Department of Consumer Protection, Liquor Control • Department of Education • Department of Mental Health and Addiction Services • Department of Motor Vehicles • Department of Public Safety • Department of Transportation, Division of Public Defender Services • Department of Public Health • Judicial Branch • Office of Policy and Management • Juvenile Justice Policy and Planning Division • Juvenile Justice Advisory Committee • Office of the Chief State’s Attorney 	

<p>Additionally, Connecticut DMHAS Partnership for Success and Best Practice grantee agencies will implement social marketing campaigns as a strategy to address priority underage drinking risk factors in local communities throughout the state.</p>	
<p><i>State has adopted or developed best practice standards for underage drinking prevention programs</i></p>	<p>Yes</p>
<p>Agencies/organizations that established best practices standards: Federal agency(ies): Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention Agency(ies) within your state: Department of Mental Health and Addiction Services, Prevention and Health Promotion Division Nongovernmental agency(ies): Other:</p>	<p>Yes Yes No No</p>
<p>Best practice standards description: The DMHAS-funded Connecticut PFS grantees use evidence-based programs (EBPs) including the revised guidance document from CSAP, <i>Identifying and Selecting Evidence-Based Interventions for Substance Abuse Prevention</i> (2009). CT's Resource Links will continue to provide training/technical assistance on selecting and implementing EBP strategies that will most effectively assist PFS coalitions with achieving performance target outcomes. DMHAS, in conjunction with Connecticut prevention provider agencies and organizations, developed <i>Cultivating Programs That Work: Operating Standards for Prevention and Health Promotion Programs</i> for prevention programs funded by DMHAS. The standards, guidelines, and supporting documents link state-of-the-art prevention theory to effective, comprehensive, and accountable prevention practice and abide by principles that are divided into eight categories critical for all prevention programs:</p> <ol style="list-style-type: none"> 1. Human relationships 2. Program planning 3. Program activities 4. Program settings 5. Health and safety 6. Program implementation 7. Program administration 8. Evaluation <p>Implementation of the standards should result in positive outcomes for programs, staff, and participants. The purpose of these standards is to provide assurances to the public that alcohol and drug abuse prevention and early intervention programs are regulated under a set of minimum standards established by DMHAS. The standards establish a minimum level of program operation intended to reflect quality substance abuse prevention programs and articulate a service philosophy that helps individuals, families, schools, and communities throughout Connecticut prevent the use, misuse, or abuse of legal or illegal substances. To support prevention staff training and certification, the Prevention Training Collaborative provides a wide range of prevention training across the state.</p>	
<p>Additional Clarification</p>	
<p>No data</p>	

<p>State Interagency Collaboration</p>	
<p><i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i></p>	<p>Yes</p>
<p><i>Committee contact information:</i> Name: Carol Meredith, MPA, Director of Prevention and Health Promotion E-mail: Carol.Meredith@ct.gov Address: 410 Capitol Avenue, PO Box 341431, MS-PIT, Hartford, CT 06134 Phone: 860-418-6826</p>	

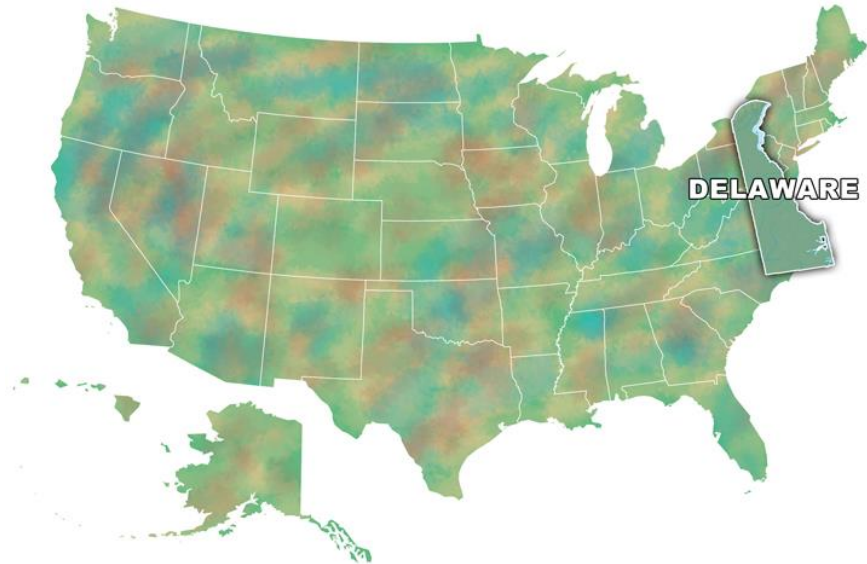
Agencies/organizations represented on the committee:	
Department of Mental Health and Addiction Services	
Department of Consumer Protection	
Department of Public Health	
Department of Emergency Services and Public Protection	
Department of Transportation	
Department of Children and Families	
Department of Social Services	
Office of Policy and Management	
Connecticut State University System	
Office of Higher Education	
Office of the Chief State’s Attorney	
Judicial Department	
A website or other public source exists to describe committee activities	Yes
URL or other means of access: http://www.ct.gov/dmhas	

Underage Drinking Reports	
State has prepared a plan for preventing underage drinking in the last 3 years	Yes
Prepared by: Department of Mental Health and Addiction Services & Connecticut Alcohol and Drug Policy Council	
Plan can be accessed via: http://www.ct.gov/dmhas	
State has prepared a report on preventing underage drinking in the last 3 years	Yes
Prepared by: Department of Mental Health and Addiction Services & University of Connecticut Health Center	
Plan can be accessed via: http://www.ct.gov/dmhasprevention	
Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
Compliance checks in retail outlets:	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
Checkpoints and saturation patrols:	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
Community-based programs to prevent underage drinking:	
Estimate of state funds expended	\$10,178,611
Estimate based on the 12 months ending	6/30/2013
K–12 school-based programs to prevent underage drinking:	
Estimate of state funds expended	\$8,488,782
Estimate based on the 12 months ending	6/30/2013
Programs targeted to institutes of higher learning:	
Estimate of state funds expended	\$444,886
Estimate based on the 12 months ending	6/30/2013
Programs that target youth in the juvenile justice system:	
Estimate of state funds expended	\$4,678,322
Estimate based on the 12 months ending	6/30/2013
Programs that target youth in the child welfare system:	
Estimate of state funds expended	\$1,121,824
Estimate based on the 12 months ending	6/30/2013

<i>Other programs:</i>	
Programs or strategies included:	No data
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	No data

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	Yes
Fines	Yes
Fees	Yes
Other: General Funds	Yes
<i>Description of funding streams and how they are used:</i>	
State Agency Collaboration, Alcohol and Drug Policy Council, Staff Time, Direct Program Support and Drug Forfeiture Funds	
Additional Clarification	
No data	



Delaware

State Profile and Underage Drinking Facts*

State Population: 925,749

Population Ages 12–20: 104,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	26.5	28,000
Past-Month Binge Alcohol Use	17.0	18,000
Ages 12–14		
Past-Month Alcohol Use	5.8	2,000
Past-Month Binge Alcohol Use	2.4	1,000
Ages 15–17		
Past-Month Alcohol Use	20.5	7,000
Past-Month Binge Alcohol Use	11.5	4,000
Ages 18–20		
Past-Month Alcohol Use	51.2	19,000
Past-Month Binge Alcohol Use	35.8	13,000
Alcohol-Attributable Deaths (under 21)		14
Years of Potential Life Lost (under 21)		845
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	100	1

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

Note: Delaware’s exception includes “members of the same family” and allows possession if in “private home of any of said members.” For purposes of this report, the phrase “members of the same family” is interpreted as including a spouse.

Underage Consumption of Alcohol

Consumption is prohibited with the following exception(s):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

Note: Delaware’s exception includes “members of the same family” and allows consumption if in “private home of any of said members.” For purposes of this report, the phrase “members of the same family” is interpreted as including a spouse.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Note: Although Delaware does not prohibit internal possession as defined in this report, it has a statutory provision that makes it an offense for “[w]hoever, being under the age of 21 years, has alcoholic liquor in his or her possession at any time, or consumes or is found to have consumed alcoholic liquor.” Laws that prohibit minors from having alcohol in their bodies, but that do so without reference to a blood, breath, or urine test, are not considered as prohibiting internal possession for purposes of this report.

Underage Purchase of Alcohol

Purchase is NOT prohibited and there is no specific allowance for youth purchase for law enforcement purposes.

Note: Delaware does not have a statute that specifically prohibits purchase, but it does prohibit “obtaining” alcohol in connection with making a false statement.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- No driver’s license suspension procedure.

Provision(s) targeting retailers

- Specific affirmative defense: The retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Note: Although Del. Admin. Code § 2 2000 2215 states that “persons under 21 years old have noted on their licenses ‘Under 21,’” research revealed no Delaware statute or regulation expressly requiring distinguishing licenses for persons under 21 years old.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- 30 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16 years, 6 months
- Unsupervised night driving
 - Prohibited after: 10 p.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No more than one passenger, except for immediate family members when driver is accompanied by a parent, guardian, or licensed driver age 25 or over
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

Note: Delaware’s exception includes “members of the same family” and allows furnishing if in the “private home of any of said members.” For purposes of this report, the phrase “members of the same family” is interpreted as including a spouse.

Compliance Check Protocols

Age of decoy

- Minimum: 17
- Maximum: 20

Appearance requirements

- Male: No facial hair

ID possession

- Not specified

Verbal exaggeration of age

- Prohibited

Decoy training

- Mandated

Penalty Guidelines for Sales to Minors

No written guidelines

Responsible Beverage Service

Mandatory beverage service training for licensees, managers, servers

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

Minimum Ages for Off-Premises Sellers

- Beer: 21
- Wine: 21
- Spirits: 21

Minimum Ages for On-Premises Sellers

- Beer: 19 for servers and 21 for bartenders
- Wine: 19 for servers and 21 for bartenders
- Spirits: 19 for servers and 21 for bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- No distance limitation

Dram Shop Liability

There is no statutory liability.

Social Host Liability Laws

There is no statutory liability.

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are not permitted.

Keg Registration

Registration is not required.

Home Delivery

- Beer: Prohibited
- Wine: Prohibited
- Spirits: Prohibited

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.16 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$0.97 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$3.75 per gallon

Additional taxes

- \$2.50 per gallon for alcohol content of 25 percent or less

Drink Specials

- Free beverages: Prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Prohibited
- Reduced price, specified day or time: Not prohibited
- Unlimited beverages: Prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Price posting requirements: Post and hold—5 days minimum
- Retailer credit: Restricted—commissioner shall not control credit transactions to the extent they are permitted by federal law

Wine (12 percent alcohol)

- Price posting requirements: Post and hold—5 days minimum
- Retailer credit: Restricted—commissioner shall not control credit transactions to the extent they are permitted by federal law

Spirits (40 percent alcohol)

- Price posting requirements: Post and hold—5 days minimum
- Retailer credit: Restricted—commissioner shall not control credit transactions to the extent they are permitted by federal law

Delaware State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Division of Alcohol & Tobacco Enforcement	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Yes Div. of Alcohol & Tobacco Enforcement
Such laws are also enforced by local law enforcement agencies	No
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	Yes 133
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	No
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of retail licensees in state ³	1,200
Number of licensees checked for compliance by state agencies (including random checks)	231
Number of licensees that failed state compliance checks	56
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/ decoy operations	Yes Not available
Number of licensees that failed random state compliance checks	Not available
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes No
Number of licensees checked for compliance by local agencies	Not Available
Number of licensees that failed local compliance checks	Not Available
Numbers pertain to the 12 months ending	12/31/2013
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	Yes 56
Total amount in fines across all licensees	Approximately \$38,000
Smallest fine imposed	\$400

Largest fine imposed	\$4,000
Numbers pertain to the 12 months ending	12/31/2013

<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	0
Total days of suspensions across all licensees	0
Shortest period of suspension imposed (in days)	0
Longest period of suspension imposed (in days)	0
Numbers pertain to the 12 months ending	12/31/2013

<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	12/31/2013

Additional Clarification
No data

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Lunch and Learn	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data

Program Description: The Delaware Prevention Coalition's (DPC) Lunch and Learn Program is held during scheduled lunch periods within the school's cafeteria. Tables are set up exhibiting and disseminating factual information about alcohol and other abusive substances. Lunch and Learn is beneficial for the schools as it does not take away from normal classroom time or require schools to conduct extracurricular activities, which can be costly. It is intended to spread positive prevention messages to the students.

The exhibit tables provide students with an opportunity to be interactive and to partake in fun games that actually have them learn something important about the use and misuse of alcohol and drugs. The program features a game called, "Drunken Goggles," an influential and mind-changing game that simulates an intoxicated person and shows how alcohol affects his or her judgment, decisionmaking process, and vision. Taking part in this game enables students to practice their coordination and reflex timing with impaired vision when over the legal intoxication limit. The game provides a real-life perception of what an individual's vision is like while under the influence. The game also teaches the student what part of the brain is affected by alcohol and how misuse of alcohol and other substances could lead to unwanted situations.

The Lunch and Learn Program is informative, innovative, and interactive. Students are also taught to understand what is considered a drink. On display are examples of the differences between a shot glass filled with liquor, a cooler, a glass of wine, and a mug of beer. The program ensures that information and brochures about the effects of alcohol on the body, the mind, and the family are distributed. Discussions pertaining to binge drinking, laws, and risky behaviors are just a few of the topics that are mentioned. Lunch and Learn impacts the student body like no other program. The essence of the program is to give

<p>students an opportunity to engage in discussions without being embarrassed, and time to change their minds, and also convince them that what they have experienced or learned from their friends may not be safe or factual. The facilitators of the program have the privilege to inspire and witness the change of minds when the students arrive at the conclusion that the behavior they thought was harmless is the opposite. This program has had a large impact on the Division of Prevention and Behavioral Health Services (DPBHS) goal to delay the first onset of use and abuse of alcohol for adolescents in the state.</p>	
<p>Safe Haven/Extended Hours</p>	
Program serves specific or general population	Specific population
Number of youth served	40,654
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data
<p>Program Description: In 2013, DPBHS provided funding for several community centers that allowed them to extend afterschool program hours until 10 p.m. This was much needed to keep youth safe, especially during the summer months. Prosocial activities, dinner, and educational prevention activities were offered nightly. The program worked in tandem with Wilmington’s night-time curfew law. The curfew forbids all minors ages 13–18 from being in public places or at any establishments between 10 p.m. and 6 a.m. The program provided a safe haven for youth who might otherwise be out on the street, as well as age-appropriate services and prevention programming. The youth participated in suicide awareness, anti-bullying, substance abuse prevention, character building, technical classes, and organized sports. The Wilmington Police provided educational sessions for youth who were brought to the center for violating the curfew. This positive interaction with law enforcement gave the youth an opportunity to establish better relationships and knowledge of law enforcement’s desire to protect. The time spent at the center gave the youth an opportunity to avoid being at risk for delinquent behaviors and ultimately avoid the chance of using and misusing substances. The alternative activities and programs had a significant impact on reducing the number of arrests and incidences of violence and substance use. The funding was made possible through an unplanned budget windfall. In 2014, DPBHS will continue with planned outcome measures, particularly pertaining to substance abuse and violence. The curfew and extended hours programs are currently being monitored and will soon be evaluated for evidenced-based outcomes.</p>	
<p>Botvin Life Skills</p>	
Program serves specific or general population	Specific population
Number of youth served	547
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: Report is available by contacting Yolanda.Jenkins@state.de.us.	
URL for more program information:	Not available
<p>Program Description: Botvin Life Skills is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, as well as violence. The program targets the major social and psychological factors that promote initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.</p>	
<p>Parents Step Up</p>	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No

Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://parentsstepup.org
<p>Program Description: Using various communication media, the Step Up Campaign:</p> <ul style="list-style-type: none"> • Helps adults recognize and change behaviors that facilitate underage drinking • Provides ideas for effective house rules to help adults protect kids from underage drinking • Encourages parents to block teens from access to alcohol • Highlights the consequences of underage drinking to discourage alcohol use 	
<p>Strategic Prevention Framework State Incentive Grant (SPF SIG)–Funded Prevention Activities and Initiatives (Federally Funded)</p>	
Program serves specific or general population	No data
Number of youth served:	See Program Description below
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	
<p>http://dhss.delaware.gov/dhss/dsamh/spfsig.html</p>	
<p>Program Description: SPF SIG prevention activities and initiatives are federally funded and take place throughout Delaware, aimed to reduce underage drinking in the state. The number of impacts made through the SPF SIG–funded activities is 7,194,056, which represents the reporting period of April 2013 through March 2014. It should be noted that these are duplicated numbers. The SPF SIG–funded activities and initiatives are often chosen based on understanding the specific community characteristics and what will most likely impact the community and the youth to reduce underage and binge drinking. The SPF model is data driven, which allows for different communities to implement a variety of activities that fall under the six CSAP prevention strategies (i.e., prevention education, alternative activities, problem identification and referral, community-based process activities, environmental strategies, and information dissemination activities) that are appropriate for their target population.</p> <p>One program under the SPF SIG project is Storytelling for Empowerment, a school-based, bilingual (English and Spanish) prevention education program for teenagers at risk of substance abuse and other risky behaviors. This program is implemented at Hispanic-focused community centers serving youth. Many different programs are implemented through SPF SIG initiatives, including Brain Power, Say it Straight, Stewards of Children, IM40, My Playbook for College Athletes, and Smart Moves.</p> <p>Alternative activities also take place throughout the state and provide youth and young adults with an alternative to engaging in underage drinking and associated risky behaviors. Some alternative activities include sports activities available at community center drop-ins, basketball programs, and acting and dancing programs. Offsite activities, like college tours, post prom parties, movie nights, and bowling tournaments, are also conducted.</p> <p>Problem identification and referral activities work to identify individuals who are starting to engage in risky behaviors and refer them to the services needed. Community-based process activities often involve building and sustaining community-based coalitions, building interagency collaboration, and providing training and technical support to community groups. Environmental strategies seek to change or establish written and unwritten standards, codes, and attitudes in the hope of reducing underage and binge drinking. SPF SIG funds have been used to implement environmental strategies that aim to increase compliance and enforcement pertaining to proper alcohol sales in collaboration with the Division of Alcohol Tobacco Enforcement (DATE) and other law enforcement agencies. Additionally, Delaware is implementing a statewide social marketing campaign, initiated by SPF SIG in collaboration with community contractors. In addition to youth-created PSAs/videos that are shown before every movie at a popular movie theater, billboards with coordinated prevention messages are displayed throughout the state and on placards in the Dover mall.</p>	

Finally, information dissemination activities often involve providing individuals with knowledge and awareness pertaining to issues of underage drinking and binge drinking prevention as well as resources in the community. This is often done through brochures, pamphlets, and radio announcements.

During the reporting period of April 2013 through March 2014, the numbers listed below represent the number of participants involved and/or the number of impacts, as is especially the case for information dissemination and environmental strategies. It should be noted that these numbers do not represent unduplicated numbers as this is not tracked across SPF SIG activities.

Education: 10,377

Alternative Activities: 9,646

Problem ID and Referral: 145

Community-Based Process: 4,546

Environmental: 7,028,033

Information Dissemination: 141,309

The program is evaluated quarterly but an overall evaluation will be completed at the end of the grant funding year. Evaluation reports are available by contacting Dr. Cecilia Douthy Willis at Cecilia.Willis@state.de.us.

The following programs are aimed at both general and specific populations:

1. Brandywine Counseling Community Services (BCCS): (1) Fetal Alcohol Spectrum Disorder (FASD) Program at BCCS targets men and women of childbearing age, ages 18 and up exclusively. FASD priorities are to provide educational presentations that cover the effects that occur in an individual whose mother consumed alcohol during pregnancy. Using a modified version of the FASD Prevention Program titled "Project Choices," the goal of the program is to provide knowledge and increased awareness of how alcohol and other drug use, abuse, and addiction affect not only their bodies but those of their offspring. BCCS/FASD is funded by Block Grant Funds. (2) Alcohol, Tobacco and Other Drugs (ATOD) Program at BCCS targets teens and young adults 12–25 years old. BCCS priorities are underage drinking, binge drinking, and underage DUI and related accidents. BCCS implements prevention services throughout all four substate planning regions: the City of Wilmington, New Castle County, Kent County, and Sussex County. BCCS hosts the statewide Coalition of Coalitions which meets quarterly. The program's address is 2713 Lancaster, Wilmington, DE 19805; phone 302-504-5995.
2. Kent & Sussex Counseling Services (KSCS): KSCS targets individuals ages 12–25 throughout Kent and Sussex Counties. Their emphasis is to reduce last month's alcohol misuse and abuse in an effort to decrease underage drinking. Their focus is also on binge drinking (consumption), consequences of alcohol-related traffic crashes, death and/or injuries, and alcohol-related family criminal violence. KSCS also collaborates with coalition membership to implement environmental strategies and utilize capacity-building activities. The Community Wide Coalition's address is 1241 College Park Drive, Dover, DE 19904; phone 302-735-7790.
3. University of Delaware (UDel): Alcohol.UDel's priority is to target college students ages 18–25. The project focuses on high-risk behavior/abuse binge drinking of its student population. Great emphasis is given to freshmen, sorority and fraternity members, and student athletes. UDel serves the University's main campus and the adjacent Newark community. UDel utilizes an environmental strategy by creating a university coalition that includes Newark community residents. The coalition ensures there is a wide range of community representation from the surrounding Newark community. The Coalition's address is 231 S. College Avenue, Newark, DE 19716; phone 302-831-3457.
4. Greater Dover Boys & Girls Clubs of Delaware's (BGC) main priority is to reduce past-month alcohol misuse and abuse of Delawareans ages 13–18. BGC focuses on their surrounding community, which includes the state capital, Dover, which is located in Kent County. BGC utilizes an environmental strategy by implementing a "SMART" curriculum, which includes holding rallies throughout the community with participating stakeholders, other organizations, and community residents. BGC also implements several evidence-based programs such as "SMART Moves" and "Stay SMART Drug FREE Zone." These programs enhance youth leadership and teach them how to make smart and healthy choices. BGC has a community coalition representing community residents

and stakeholders that meets regularly and conducts semiannual events. The program’s address is 9 Lockerman Street, Suite 3B, Dover, DE 19901; phone 302-678-5833.

5. La Esperanza (La Pasa Program): La Esperanza’s priorities are to reduce underage drinking and DUI arrests and consequences, and increase awareness and perception of risk among Latino youth ages 18–25 in Sussex County. This program provides services within the community in Georgetown, DE. La Esperanza utilizes a community-based process by engaging local business owners through the business initiative and active participation in a community coalition. The program’s address is 216 N. Race Street, Georgetown, DE 19947; phone 302-854-9262.
6. Wesley College (Safe Wesley): Wesley’s priority is to focus on students ages 18–25. A great emphasis is put on freshmen and student athletes, who are inclined to exhibit high-risk behaviors and binge drinking. Wesley College serves the college’s main campus and adjacent Dover community. Wesley utilizes an environmental strategy focusing on capacity-building activities by implementing a communitywide coalition. The Coalition’s address is 120 N. State Street, Dover, DE 19901; phone 302-736-2300.
7. Each One Teach One (E1T1) “Neighborhoods United Against Alcohol and Substance Abuse” (NUAASA): E1T1 priorities are to reduce past-month alcohol misuse and abuse of youth ages 12–18. E1T1 partners with community organizations in its surrounding 12 neighborhoods. It utilizes community-based strategies by maintaining a neighborhood coalition (NCNP) in an effort to coordinate, collaborate, and network with surrounding community agencies. Community trials are implemented to educate liquor outlet managers/owners about underage drinking (UAD) laws and provide education to adults/parents who may purchase alcohol for minors. Their focus is to educate individuals on the dangers of UAD and the “shoulder tapping” law. The program’s address is 19 Lambson Lane, Suite B02, New Castle, DE 19720; phone: 302-482-8381.
8. Latin American Community Center (LACC): (1) Prevention Promoters Program at the LACC focuses on serving Latino and other youth ages 12–17 in the City of Wilmington. The program serves their highly vulnerable and disadvantaged population, which is at a greater risk for substance abuse. (2) Storytelling for Empowerment is an evidence-based program. It is a comprehensive set of activities to prevent substance abuse and reduce self-destructive behaviors. Through these activities, young people have the opportunity to gain knowledge and learn the powerful lessons in stories, create symbols of strength for themselves, choose healthy character traits, and set goals for the future. These activities also help youth build protective factors within their own environments. The program’s address is 403 N. Van Buren Street, Wilmington, DE 19805; phone 302-655-7338.
9. YMCA: The YMCA prioritizes to reduce past-month alcohol (underage drinking) misuse and abuse. The program serves Wilmington residents ages 12–20. The YMCA includes five neighborhoods within the City of Wilmington (eastside, northeast, riverside, south bridge, and the west side). The YMCA uses environmental strategies through capacity-building activities such as the implementation of a communitywide coalition to address underage drinking, alcohol, and the use of marijuana. The Wilmington Prevention Coalition disseminates information and provides training for residents pertaining to a “substance-free lifestyle.” The YMCA also provides a Lead Prevention Program, and the IM 40 training, which targets youth ages 12–15 who reside in a high-risk community. The program’s priority is to educate adolescent youth to live healthier lives through a proactive focus on their strengths and assets. The program engages parents, teachers, coaches, and mentors, mobilizing them toward the shared goal of increasing the assets of youth in their communities. Another YMCA program is the “Darkness to Light Stewards of Children,” which is a prevention training program that teaches adults how to prevent, recognize, and react responsibly to sexual abuse of children. The program is designed for organizations serving youth and for individuals concerned about the safety of children. The training increases the awareness of the prevalence, consequences, and circumstances of child sexual abuse. It provides positive change to organizational policies and procedures. The program’s address is 1000 N. Walnut Street, Wilmington, DE 19801; phone 302-254-9622.
10. Bellevue Community Center (formerly the Edgemoor Community Center): Bellevue’s main priorities are to reduce past-month alcohol misuse and abuse of youth ages 12–18. Bellevue partners with churches, ministries, and faith-based community organizations to implement prevention activities. Their coalition includes other organizations and community members, focusing on educating youth

on underage alcohol, tobacco, and other drugs (ATOD) prevention. The project coordinator ensures youth from other organizations are included to expand their prevention efforts. The Center’s address is 500 Duncan Road, Suite A, Wilmington, DE 19809; phone 302-762-1391.

11. Open Door, Inc.: The Open Door “Safe Zone Program” prioritizes to reduce past-month alcohol misuse and abuse by youth ages 12–25. Open Door serves the Appoquinimink School District in New Castle County. Open Door uses environmental strategies such as capacity-building activities, including implementation of the SC4C Coalition to develop a consensus on appropriate environmental strategies. Open Door’s most successful initiative is its “Stall Stories” project. Stall Stories are laminated posters featuring inspirational quotes and, most prominently, Delaware School Survey data to bring awareness to the community about youth drug and alcohol trends. The program’s address is 254 E. Main Street, Newark, DE 19711; phone 302-731-1504.

Additional Underage Drinking Prevention Programs Operated or Funded by the State	
No data	
URL for more program information: No data	
Program description: No data	
Additional Clarification	
2.A.1) Name of Underage Drinking Prevention Program:	
SPF SIG funding is provided by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA/CSAP).	
The Delaware SPF SIG is a cooperative agreement between the Office of the Governor of the State of Delaware and SAMHSA/CSAP. Delaware’s Department of Health and Social Services, Division of Substance Abuse and Mental Health (DHSS/DSAMH), received approval to administer the funds, July 2009, on behalf of the Governor. The purpose of the SPF SIG program is to provide funding to states in order to prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; reduce substance abuse-related problems; and build prevention capacity and infrastructure at the state and community levels.	
SPF SIG–funded prevention education and alternative activity initiatives aim to reduce underage drinking in Delaware. The SPF model is data driven, using evidence-based practices that impact the needs of the target area, allowing different communities to implement different prevention education and alternative activities that are appropriate for their target population. For example, Storytelling for Empowerment is a school-based, bilingual (English and Spanish) intervention for teenagers at risk of substance abuse and other risky behaviors. This program is implemented at Hispanic-focused community centers that serve youth. Additional underage drinking prevention education programs include Brain Power, Say it Straight, and Smart Moves. Alternative activities also take place throughout the state and provide youth with an alternative to engaging in underage drinking and associated risky behaviors. Offsite activities, like college tours, post prom parties, and bowling tournaments, are also conducted.	
<i>Note:</i> Interim evaluation reports on SPF SIG initiatives are complete, but an overall evaluation report will not be available upon the grant completion.	

Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	No recognized tribal governments
Description of collaboration: Not applicable	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Description of program: Not applicable	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies): SAMHSA	Yes
Agency(ies) within your state: DSAMH	Yes

Nongovernmental agency(ies):	No
Other:	No
Best practice standards description: The SPF SIG implemented evidence-based programs, practices, and policies. Additionally, the data-driven SPF model is implemented.	
Additional Clarification	
No data	

State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i> Name: Dr. Cecilia Douthy Willis E-mail: Cecilia.Willis@state.de.us Address: 1901 N. Dupont Highway, New Castle, DE 19720 Phone: 302-255-9433	
<i>Agencies/organizations represented on the committee:</i> Division of Substance Abuse & Mental Health (DSAMH) Division of Alcohol Tobacco Enforcement (DATE) Office of Highway Safety (OHS) Department of Education (DOE) Division of Prevention & Behavioral Health (DPBHS) Center for Drug and Alcohol Studies (CDAS)	
<i>A website or other public source exists to describe committee activities</i>	No
URL or other means of access: The Division of Substance Abuse and Mental Health (DSAMH) services (Single State Agency) developed the state's prevention website (http://www.DHSS.delaware.gov/dhss/dsamh/prevention.html), and website enhancement continues. DSAMH's subrecipient, the Division of Prevention & Behavioral Health Services, provides services to youth age 17 and younger. Their website is http://kids.delaware.gov/fs/fs_prevent.shtml .	

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	No
Prepared by: Not applicable Plan can be accessed via: Not applicable	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	Yes
Prepared by: State Epidemiological Outcomes Workgroup (SEOW) Plan can be accessed via: http://www.udel.edu/delawaredata	
Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	3/31/2014
<i>K-12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available

Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included: Data not available	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	3/31/2014

Funds Dedicated to Underage Drinking

State derives funds dedicated to underage drinking from the following revenue streams:

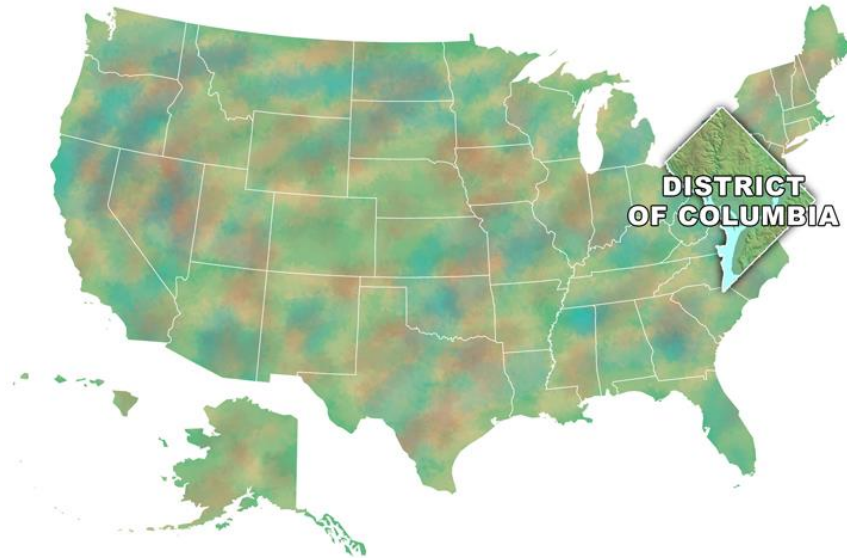
Taxes	No
Fines	No
Fees	No
Other:	No

Description of funding streams and how they are used:

Not applicable

Additional Clarification

Unfortunately, the State of Delaware does not have any information to add, as this section asks for estimates for “state” funds expended for the prevention of underage drinking programs and specifically indicates “not” to include federal or private funding sources in these estimates. Delaware’s Division of Substance Abuse and Mental Health programs are funded through SPF SIG (federal funds) and were mentioned under this survey’s section A/Programs.



District of Columbia

State Profile and Underage Drinking Facts*

State Population: 646,449

Population Ages 12–20: 60,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	32.0	19,000
Past-Month Binge Alcohol Use	18.2	11,000
Ages 12–14		
Past-Month Alcohol Use	5.0	1,000
Past-Month Binge Alcohol Use	3	0
Ages 15–17		
Past-Month Alcohol Use	21.5	3,000
Past-Month Binge Alcohol Use	10.7	2,000
Ages 18–20		
Past-Month Alcohol Use	53.3	15,000
Past-Month Binge Alcohol Use	31.1	9,000
Alcohol-Attributable Deaths (under 21)		17
Years of Potential Life Lost (under 21)		999
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	0.0	0

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited—no explicit exceptions noted in the law

Underage Consumption of Alcohol

Consumption is prohibited—no explicit exceptions noted in the law

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver's license suspension through a judicial procedure.

Provisions targeting retailers

- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.00
- Any detectable alcohol in the blood is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver's license suspension, revocation, or denial

- Underage purchase
- Underage possession
- Underage consumption

Authority to impose driver's license sanction

- Mandatory

Length of suspension/revocation

- 90 days

Graduated Driver's License

Learner stage

- Minimum entry age: 16
- Minimum learner stage period: 6 months

- Minimum supervised driving requirement: 40 hours—must log additional 10 hours of nighttime driving at intermediate stage with driver over 21

Intermediate stage

- Minimum age: 16 years, 6 months
- Unsupervised night driving
 - Prohibited after 11 p.m. Sunday–Thursday and 12:01 a.m. Saturday–Sunday from September through June; 12:01 a.m. in July and August
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: First 6 months, one licensed driver at least 21, and any parent or sibling. After 6 months, no more than two passengers under 21 (except parents or siblings) until age 18
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 18

Laws Targeting Alcohol Suppliers

Furnishing Alcohol to Minors

Furnishing is prohibited—no explicit exceptions noted in the law.

Compliance Check Protocols

Age of decoy

- Minimum: Not specified
- Maximum: Under 21

Appearance requirements

- Must appear to a reasonable person to be under age 21 and should be dressed consistent with other minors in the target area

ID possession

- Discretionary

Verbal exaggeration of age

- Prohibited

Decoy training

- Recommended

Penalty Guidelines

- Time period/conditions: 2 years
- First offense: Warning letter
- Second offense: \$4,000 fine and 10-day suspension, with 6 days served and 4 days stayed for 1 year

Note: For first offense, if violation was egregious or licensee had previous violation in past 4 years, penalty is \$2,000 fine and 5-day suspension with 1 day served and 4 days stayed for 1 year or \$3,000 fine with all 5 suspension days stayed for 1 year.

Responsible Beverage Service

Mandatory beverage service training for managers

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 18
- Spirits: 18

Minimum Ages for On-Premises Sellers

- Beer: 18 for servers and 21 for bartenders
- Wine: 18 for servers and 21 for bartenders
- Spirits: 18 for servers and 21 for bartenders

Distance Limitations for New Alcohol Outlets Near Universities and Schools

Colleges and universities

- Limitations on outlet siting:
 - Off-premises outlets: Yes—within 400 feet
 - On-premises outlets: Yes—within 400 feet
 - Alcohol products: Beer, wine, spirits

Note: Exceptions are (1) restaurant, hotel, club, caterer’s, and temporary licenses; and (2) grocery stores with only incidental sale of alcoholic beverages.

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 400 feet
 - On-premises outlets: Yes—within 400 feet
 - Alcohol products: Beer, wine, spirits

Note: Exceptions are (1) restaurant, hotel, club, caterer’s, and temporary licenses; (2) grocery stores with only incidental sale of alcoholic beverages; and (3) restaurants located inside hotels, apartment houses, clubs, or office buildings provided there are no signs or displays, and unless specifically approved and Board of Education has no objection.

Dram Shop Liability

- There is no statutory liability.
- The courts recognize common law dram shop liability.

Social Host Liability Laws

There is no statutory liability.

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

No prohibitions on retailer interstate shipments

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for beer, wine, and distilled spirits with the following restrictions:

Age verification requirements: None

State approval/permit requirements: None

Reporting requirements: None

Shipping label statement requirements: None

Keg Registration

- Keg definition: 4 gallons or more
- Purchaser information collected:
 - Purchaser’s name and address
 - Verified by a government-issued ID
 - Address where keg will be consumed
- Warning information to purchaser: Active—purchaser action required (e.g., signature)
- Deposit: Not required
- Provisions specifically address disposable kegs

Home Delivery

- Beer: Permitted
- Wine: Permitted
- Spirits: Permitted

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.09 per gallon
- Ad valorem excise tax (on-premises sales): 10 percent
- Ad valorem excise tax (off-premises sales): 10 percent

General sales tax rate of 5.75 percent does not apply to onsite or offsite sales. The onsite ad valorem retail tax is 10 percent. The “sales tax adjusted” onsite retail ad valorem rate is therefore 4.25 percent. The offsite ad valorem tax of 10 percent is applied at the retail level. The “sales tax adjusted” offsite retail ad valorem rate is therefore 4.25 percent.

Wine (12 percent alcohol)

- Specific excise tax: \$0.30 per gallon
- Ad valorem excise tax (on-premises sales): 10 percent
- Ad valorem excise tax (off-premises sales): 10 percent

General sales tax rate of 5.75 percent does not apply to onsite or offsite sales. The onsite ad valorem retail tax is 10 percent. The “sales tax adjusted” onsite retail ad valorem rate is therefore 4.25 percent. The offsite ad valorem tax of 10 percent is applied at the retail level. The “sales tax adjusted” offsite retail ad valorem rate is therefore 4.25 percent.

Spirits (40 percent alcohol)

- Specific excise tax: \$1.50 per gallon

- Ad valorem excise tax (on-premises sales): 10 percent
- Ad valorem excise tax (off-premises sales): 10 percent

General sales tax rate of 5.75 percent does not apply to onsite or offsite sales. The onsite ad valorem retail tax is 10 percent. The “sales tax adjusted” onsite retail ad valorem rate is therefore 4.25 percent. The offsite ad valorem tax of 10 percent is applied at the retail level. The “sales tax adjusted” offsite retail ad valorem rate is therefore 4.25 percent.

Drink Specials

- Free beverages: Not prohibited
- Multiple servings at one time: Prohibited
- Multiple servings for same price as single serving: Not prohibited
- Reduced price, specified day or time: Not prohibited
- Unlimited beverages: Not prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Restricted—45 days maximum

Wine (12 percent alcohol)

- Retailer credit: Restricted—45 days maximum

Spirits (40 percent alcohol)

- Retailer credit: Restricted—45 days maximum

District of Columbia State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Metropolitan Police Department (MPD) and the Alcoholic Beverage Regulation Administration (ABRA)	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Not Applicable
Shoulder Tap Operations	Not Applicable
Party Patrol Operations or Programs	Not Applicable
Underage Alcohol-Related Fatality Investigations	Not Applicable
<i>Local law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Not applicable
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	Don't know
Number pertains to the 12 months ending	Not applicable
Data include arrests/citations issued by local law enforcement agencies	Not applicable
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	No
Number of retail licensees in state ³	1,700
Number of licensees checked for compliance by state agencies (including random checks)	Not applicable
Number of licensees that failed state compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	Yes
Number of licensees that failed random state compliance checks	No data
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	832
Number of licensees that failed local compliance checks	114
Numbers pertain to the 12 months ending	9/30/2013
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	Yes
Total amount in fines across all licensees	30
Smallest fine imposed	\$75,000
	\$2,000

Largest fine imposed	\$4,000
Numbers pertain to the 12 months ending	12/31/2013

<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	14
Total days of suspensions across all licensees	20
Shortest period of suspension imposed (in days)	1
Longest period of suspension imposed (in days)	6
Numbers pertain to the 12 months ending	12/31/2013

<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	12/31/2013

Additional Clarification
No data

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
Addiction Prevention and Recovery Administration (APRA)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data

Program Description: APRA, formerly with the District of Columbia Department of Health, merged with the Department of Mental Health on October 1, 2013, into a new Department of Behavioral Health (DBH). APRA continues to administer the Strategic Prevention Framework State Incentive Grant (SPF SIG), which focuses on prevention of underage drinking and marijuana use among youth. The District's SPF SIG ended June 30, 2014; however, APRA has received approval from the Substance Abuse and Mental Health Services Administration (SAMHSA) to allocate more than \$3 million in no-cost extension funds. The strategies include building on the "Talk. They Hear You" campaign, tailoring resources to District audiences, and coordinating community action with the four DC Prevention Centers (DCPC). More than 250 District youth have been trained in the SPF planning process as part of the DC Youth Prevention Leadership Corps. The youth are working with DCPC to develop data-driven action plans around the SPF SIG priorities. Funds are also available to implement the action plans. APRA also funded 11 evidence-based pilot prevention programs that address underage drinking and marijuana use in universal, indicated, and selective populations. One subrecipient is the Ward 7 Safe and Drug-Free Communities Coalition, which has implemented an underage drinking environmental strategy to engage and empower the Ward 7 community to address excessive alcohol advertisements, over-the-counter sales of alcohol to underage youth, and proliferation of alcohol licenses in the ward. Key elements of the strategy include ongoing community assessment to determine baseline levels of use, attitudes, knowledge, and awareness; strategic positioning messaging, visual images, and materials for community education and changing norms; generating and facilitating meaningful community partnerships; creating and maintaining mentored teen action groups; and media advocacy. In addition, APRA funded term staff

through the DCPC (CORE Coordinators) to assess 300 individuals in community-based organizations plus an additional subset of parents and youth to identify risk reduction and early screening needs.	
DC Prevention Centers (DCPCs)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://www.dmh.dc.gov
Program Description: DBH APRA continues to fund four DCPCs through federal Substance Abuse and Treatment Block Grant-Prevention Set-Aside funds. Each Center supports two wards (Wards 1 and 2; Wards 3 and 4; Wards 5 and 6; Wards 7 and 8) and provides access to prevention (Community Education; Community Leadership; Community Changes) across all eight wards. Underage drinking is a substance abuse prevention priority. DCPCs work with more than 50 community prevention networks and facilitate Strategic Prevention Framework action planning with diverse neighborhoods, communities, and populations. The Centers have reached more than 7,422 youth and 8,457 adults to date this fiscal year. Their “community problem solving” approach focuses on four levels of outcomes: perceptions and attitudes; priority risk factors; community changes; and behavioral/distal outcomes.	
National Capital Coalition to Prevent Underage Drinking (NCCPUD)	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: NCCPUD, a former Robert Wood Johnson grant recipient, continues to initiate underage drinking strategies in the District. For example, NCCPUD receives \$30,000 annually from the District’s ABRA to recruit, train, and schedule minors to participate in the District of Columbia’s Alcohol Enforcement Operations. The NCCPUD Executive Director also serves on the board of the Washington Regional Alcohol Program (WRAP), which provides education and advocacy to District youth. WRAP sponsors an annual Geico Student Award competition that honors high school student groups for their work on promoting alcohol-free lifestyles to their peers.	
Additional Underage Drinking Prevention Programs Operated or Funded by the State	
No data	
URL for more program information: No data	
Program description: No data	
Additional Clarification	
No data	
Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	No recognized tribal governments
Description of collaboration: Not applicable	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Program description: Not applicable	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies):	No

Agency(ies) within your state: Department of Behavioral Health, Addiction Prevention and Recovery Administration	Yes
Nongovernmental agency(ies):	No
Other:	No
Best practice standards description: SAMHSA funded a 1-year DC Strategic Prevention Enhancement Cooperative Agreement Grant that resulted in a 5-year strategic plan and four miniplans in August 2012. The process was guided by a Prevention Policy Consortium of 14 District agency leaders. One of the strategies was the concept of a DC Prevention Leadership Center to sustain data and evaluation; effective strategies that result in measurable community changes; and prevention innovation. SPF SIG funds have supported development of the concept through a national resource assessment, focus groups, and a monograph with recommendations. Preventing underage drinking will be a priority in the final Prevention Leadership Center recommendations.	
Additional Clarification	
No data	

State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i> Name: Judy Donovan E-mail: judith.donovan@dc.gov Address: 1300 1st Street, N.E., Suite 246, Washington, DC 20002 Phone: No data	
<i>Agencies/organizations represented on the committee:</i> District of Columbia Department of Behavioral Health Office of the State Superintendent of Education (OSSE) Child and Family Services Agency DC Children and Youth Investment Trust Corporation DC Metropolitan Police Department District of Columbia Department of Health Criminal Justice Coordinating Council Alcoholic Beverage Regulation Administration LEGACY - Schroeder Institute for Tobacco Research and Policy Studies	
<i>A website or other public source exists to describe committee activities</i>	No
URL or other means of access: Not applicable; the Prevention website is currently under development.	

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Yes
Prepared by: DC Prevention Policy Consortium Plan can be accessed via: No data	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	Yes
Prepared by DC Epidemiological Outcomes Workgroup (DCEOW) District and Ward data report Plan can be accessed via: No data	
Additional Clarification	
SPF SIG funds a comprehensive District and ward data report through the DC Epidemiological Outcomes Workgroup (DCEOW). DCEOW comprises 10 District agency partners and is administered by the DBHAPRA contractor, Research Triangle Institute (RTI). RTI has completed targeted District and Ward fact sheets on underage drinking: age of first use, trends, perceived risk, underage alcohol, and retailer density. Their scope of work includes:	
<ul style="list-style-type: none"> Update alcohol, tobacco, and other drug (ATOD) consumption, consequences, and demographics data 	

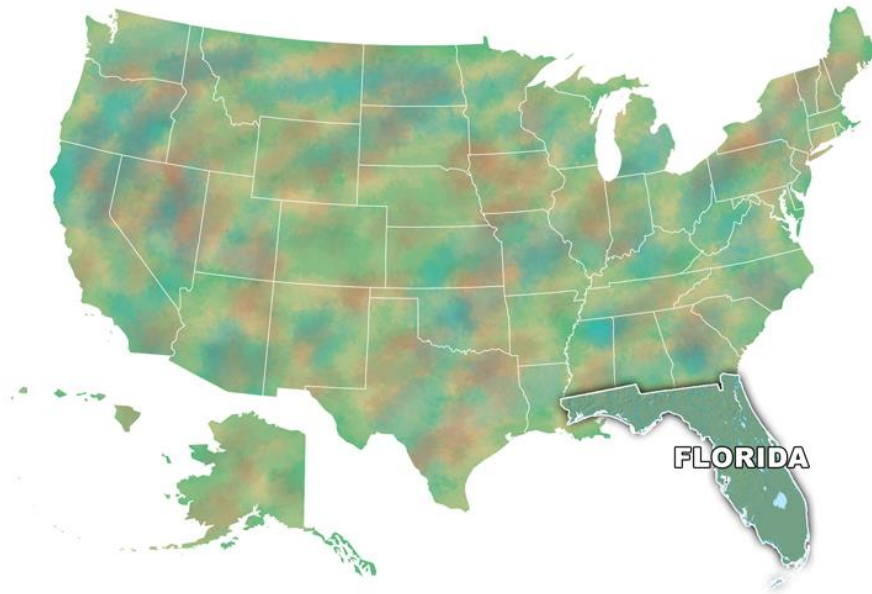
- Continue development of a collaborative effort to build a common, systematic methodology for conducting prevention needs assessment based on a risk assessment system to guide prevention policy, program planning and resource allocation
 - Utilize risk and protective factor data and incidence and prevalence data to estimate service needs, target prevention resources, select and/or develop appropriate prevention strategies and evaluate the effects of the prevention system over time
 - Identify the predictive value of risk and protective factor data
 - Identify priority risk and protective factors for an urban area and culturally diverse populations
 - Provide District and Ward reports that can be used for policymakers, consumers, and providers
- In addition, APRA supports a Memorandum of Understanding with the Office of the State Superintendent of Schools to expand the random sample for the District’s Youth Risk Behavioral Survey (YRBS), and add risk and protective factor questions.

State Expenditures for the Prevention of Underage Drinking

<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$30,000
Estimate based on the 12 months ending	12/31/2013
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included: SPF SIG: APRA continues to administer this federal grant, which focuses on prevention of underage drinking and marijuana use among youth.	
Estimate of state funds expended	\$2,135,724
Estimate based on the 12 months ending	6/30/2014

Funds Dedicated to Underage Drinking

<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other:	No
<i>Description of funding streams and how they are used:</i>	
Not applicable	
Additional Clarification	
No data	



Florida

State Profile and Underage Drinking Facts*

State Population: 19,552,860
Population Ages 12–20: 2,154,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	24.0	518,000
Past-Month Binge Alcohol Use	13.8	297,000
Ages 12–14		
Past-Month Alcohol Use	5.2	34,000
Past-Month Binge Alcohol Use	2.6	17,000
Ages 15–17		
Past-Month Alcohol Use	19.7	142,000
Past-Month Binge Alcohol Use	10.2	73,000
Ages 18–20		
Past-Month Alcohol Use	43.6	342,000
Past-Month Binge Alcohol Use	26.4	207,000
Alcohol-Attributable Deaths (under 21)		282
Years of Potential Life Lost (under 21)		16,951
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	25	23

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited—no explicit exceptions noted in the law.

Underage Consumption of Alcohol

Consumption is not explicitly prohibited.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 18.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- Minimum: 180 days
- Maximum: 365 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15

- Minimum learner stage period: 12 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after 11 p.m. for 16-year-olds; after 1 a.m. for 17-year-olds
 - Primary enforcement of the night-driving rule
- No passenger restrictions

License stage

- Minimum age to lift restrictions: 18

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited—no explicit exceptions noted in the law.

Compliance Check Protocols

No data

Penalty Guidelines for Sales to Minors

No data

Responsible Beverage Service

Voluntary beverage service training

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets
- Mitigation of fines or other administrative penalties for sales to minors
- Protection against license revocation for sales to minors

Minimum Ages for Off-Premises Sellers

- Beer: Not specified
- Wine: Not specified
- Spirits: 18

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: No
 - On-premises outlets: Yes—within 500 feet. Local government has authority to override state restrictions.
 - Alcohol products: Beer, wine, spirits

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Willful and unlawful furnishing to minor

Social Host Liability Laws

- There is no statutory liability.
- The courts recognize common law social host liability.

Note: Common law liability rests on a violation of the criminal social host statute. The criminal social host statute prohibits an adult from allowing an open house party to take place at a residence he/she controls and knowingly allowing a minor to possess or consume alcohol at the residence and failing to take reasonable steps to prevent the possession or consumption of the alcoholic beverage.

Host Party Laws

Social host law is specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession, consumption
- Property type(s) covered by liability law: Residence
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence
- Preventive action by the host negates the violation

Note: The “preventive action” provision in Florida requires the prosecution to prove that the host failed to take preventive action.

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are not permitted.

Note: Although current law suggests that direct shipments of alcoholic beverages are prohibited, the Florida Department of Business and Professional Regulation's informal policy allows out-of-state wineries to make direct shipments of wine to Florida consumers. Florida statutes that purport to ban direct shipments are not being enforced pursuant to a stipulation entered into by the state in a lawsuit challenging the constitutionality of the law (Fla. Stat. Ann. §§ 561.54, 561.545).

Keg Registration

Registration is not required.

Home Delivery

- Beer: Permitted
- Wine: Permitted
- Spirits: Permitted

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.48 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$2.25 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$6.50 per gallon

Additional taxes

- \$2.25 per gallon for alcohol content of less than 17.259 percent

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Price posting requirements: Post
- Retailer credit: Restricted—15 days maximum

Wine (12 percent alcohol)

- Retailer credit: Restricted—15 days maximum

Spirits (40 percent alcohol)

- Retailer credit: Restricted—15 days maximum

Florida State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i>	
Florida Department of Business and Professional Regulation, Division of Alcoholic Beverages and Tobacco, Bureau of Law Enforcement	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	No
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	No
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Not applicable
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
	Yes
Number of minors found in possession by state law enforcement agencies	2,618
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	No
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	44,666
Number of licensees checked for compliance by state agencies (including random checks)	4,858
Number of licensees that failed state compliance checks	679
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
	Yes
Number of licensees subject to random state compliance checks/decoy operations	3,544
Number of licensees that failed random state compliance checks	507
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	No
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
	Yes
Number of fines imposed by the state ⁴	31

Total amount in fines across all licensees	\$29,500
Smallest fine imposed	\$250
Largest fine imposed	\$3,000
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	25
Total days of suspensions across all licensees	135
Shortest period of suspension imposed (in days)	2
Longest period of suspension imposed (in days)	30
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	2
Numbers pertain to the 12 months ending	12/31/2013
Additional Clarification	
No data	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Too Good for Drugs (TGFD)

Program serves specific or general population	General population
Number of youth served	88,207
Number of parents served	7,536
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report: https://www.toogoodprograms.org/too-good/evidence-base	
URL for more program information: https://www.toogoodprograms.org	

Program Description: TGFD is a school-based prevention program designed to reduce the intention to use alcohol, tobacco, and illegal drugs in elementary, middle, and high school students. The program introduces and develops social and emotional skills for making healthy choices, building positive friendships, communicating effectively, and resisting peer pressure. TGFD teaches five essential social and emotional learning skills, which research has linked with healthy development and academic success: goal setting, decisionmaking, bonding with pro-social others, identifying and managing emotions, and communicating effectively.

Guiding Good Choices (GGC)

Program serves specific or general population	General population
Number of youth served	1,137
Number of parents served	1,428
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: http://www.blueprintsprograms.com/evaluationAbstracts.php?pid=ca3512f4dfa95a03169c5a670a4c91a19b3077b4	

URL for more program information: http://www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html	
<p>Program Description: GGC is a multimedia program that gives parents of children in grades 4–8 (ages 8–13) the knowledge and skills needed to guide their children through early adolescence. Over the last 20 years, research has shown that positive parental involvement is an important protective factor that increases school success and buffers children against later problems such as substance abuse, violence, and risky sexual behaviors. GGC teaches five sessions centered on the social development model:</p> <ol style="list-style-type: none"> 1. Getting Started: How to Prevent Drug Use in Your Family 2. Setting Guidelines: How to Develop Healthy Beliefs and Clear Standards 3. Avoiding Trouble: How to Say No to Drugs 4. Managing Conflict: How to Control and Express Your Anger Constructively 5. Involving Everyone: How to Strengthen Family Bonds 	
Keep A Clear Mind (KACM)	
Program serves specific or general population	Specific population
Number of youth served	5,997
Number of parents served	4,934
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=68	
URL for more program information: http://www.keepaclearmind.com/keep_a_clear_mind.php	
<p>Program Description: KACM is a substance abuse prevention program for families with children in grades 4 through 6. This home-based program developed by the University of Arkansas uses a correspondence format and consists of four weekly lessons on alcohol, tobacco, and marijuana, and tools to avoid drugs. KACM's overall goal is to increase parent–child communication regarding drug prevention and to develop youths' skills to refuse and avoid “gateway” drug use.</p>	
Project ALERT	
Program serves specific or general population	General population
Number of youth served	4,679
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: http://www.nrepp.samhsa.gov/viewIntervention.aspx?id=62	
URL for more program information: http://www.projectalert.com	
<p>Program Description: Developed by the Rand Corporation of Santa Monica, California, Project ALERT teaches middle-school children to avoid establishing drug use norms, find reasons not to use drugs, and resist pro-drug pressures. Toward that end, Project ALERT focuses on the substances that adolescents use first and most widely: alcohol, tobacco, marijuana, and inhalants.</p>	
Caring School Community (CSC)	
Program serves specific or general population	General population
Number of youth served	11, 435
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: http://www.devstu.org/research-caring-school-community	

URL for more program information: http://www.devstu.org/caring-school-community																	
<p>Program Description: CSC, formerly called the Child Development Project, is a universal elementary school (K–6) improvement program aimed at promoting positive youth development. The program is designed to create a caring school environment characterized by kind and supportive relationships and collaboration among students, staff, and parents. The CSC model is consistent with research-based practices for increasing student achievement as well as the theoretical and empirical literature supporting the benefits of a caring classroom community in meeting student needs for emotional and physical safety, supportive relationships, autonomy, and sense of competence. By creating a caring school community, the program seeks to promote pro-social values, increase academic motivation and achievement, and prevent drug use, violence, and delinquency.</p>																	
<p>Project SUCCESS</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>Specific population</td> </tr> <tr> <td>Number of youth served</td> <td>38,733</td> </tr> <tr> <td>Number of parents served</td> <td>11,080</td> </tr> <tr> <td>Number of caregivers served</td> <td>No data</td> </tr> <tr> <td>Program has been evaluated</td> <td>Yes</td> </tr> <tr> <td>Evaluation report is available</td> <td>Yes</td> </tr> <tr> <td colspan="2">URL for evaluation report: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=71</td> </tr> <tr> <td colspan="2">URL for more program information: http://www.projectsuccess.org</td> </tr> </table>		Program serves specific or general population	Specific population	Number of youth served	38,733	Number of parents served	11,080	Number of caregivers served	No data	Program has been evaluated	Yes	Evaluation report is available	Yes	URL for evaluation report: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=71		URL for more program information: http://www.projectsuccess.org	
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Program has been evaluated	Yes																
Evaluation report is available	Yes																
URL for evaluation report: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=71																	
URL for more program information: http://www.projectsuccess.org																	
<p>Program Description: Project SUCCESS is a school research-based program using interventions that are effective in reducing risk factors and enhancing protective factors. This program also links the school to the community (mental health/substance abuse) continuum of care. It is designed to prevent and reduce substance use among students 12–18 years old. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse. In recent years, Project SUCCESS has been used in regular middle and high schools for a broader range of high-risk students. The intervention includes four components:</p> <ol style="list-style-type: none"> 1. The Prevention Education Series (PES), an eight-session alcohol, tobacco, and other drug program conducted by Project SUCCESS counselors (local staff trained by the developers) who help students identify and resist pressures to use substances, correct misperceptions about the prevalence and acceptability of substance use, and understand the consequences of substance use. 2. Schoolwide activities and promotional materials to increase the perception of the harm of substance use, positively change social norms about substance use, and increase enforcement of and compliance with school policies and community laws. 3. A parent program that includes informational meetings, parent education, and formation of a parent advisory committee. 4. Individual and group counseling, in which Project SUCCESS counselors conduct time-limited counseling for youth following their participation in the PES and an individual assessment. Students and parents who require more intensive counseling, treatment, or other services are referred to appropriate agencies or practitioners in the community. 																	
<p>Roots and Wings</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>Specific population</td> </tr> <tr> <td>Number of youth served</td> <td>2,191</td> </tr> <tr> <td>Number of parents served</td> <td>1,094</td> </tr> <tr> <td>Number of caregivers served</td> <td>No data</td> </tr> <tr> <td>Program has been evaluated</td> <td>Yes</td> </tr> <tr> <td>Evaluation report is available</td> <td>Yes</td> </tr> <tr> <td colspan="2">URL for evaluation report: http://www.successforall.org/Results</td> </tr> <tr> <td colspan="2">URL for more program information: http://www2.ed.gov/pubs/ToolsforSchools/rw.html</td> </tr> </table>		Program serves specific or general population	Specific population	Number of youth served	2,191	Number of parents served	1,094	Number of caregivers served	No data	Program has been evaluated	Yes	Evaluation report is available	Yes	URL for evaluation report: http://www.successforall.org/Results		URL for more program information: http://www2.ed.gov/pubs/ToolsforSchools/rw.html	
Program serves specific or general population	Specific population																
Number of youth served	2,191																
Number of parents served	1,094																
Number of caregivers served	No data																
Program has been evaluated	Yes																
Evaluation report is available	Yes																
URL for evaluation report: http://www.successforall.org/Results																	
URL for more program information: http://www2.ed.gov/pubs/ToolsforSchools/rw.html																	

Program Description: Roots and Wings is a multiformat, interactive learning program for parents that combines effective parenting skills with exploration of family standards on alcohol and other drug use. This video guides the instructor through the curriculum using the concept of capturing and using “teachable moments.”	
Student Assistance Program	
Program serves specific or general population	Specific population
Number of youth served	3,509
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report: Not applicable	
URL for more program information: Not applicable	
Program Description: The Student Assistance Program is a universal program designed to prevent and reduce substance use and abuse among adolescents attending middle school, high school, and alternative schools.	
Project Northland	
Program serves specific or general population	General population
Number of youth served	3,046
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=25	
URL for more program information: http://www.epi.umn.edu/projectnorthland/schoolba.html	
Program Description: Project Northland is a community-based alcohol use prevention program for middle school students. This program, developed by the University of Minnesota School of Public Health, seeks to delay the age when young people begin drinking, reduce alcohol use among young people who have already tried drinking, and limit the number of alcohol-related problems of young people.	
LifeSkills Training (LST)	
Program serves specific or general population	General population
Number of youth served	16,184
Number of parents served	4,952
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: http://lifeskillstraining.com/evaluation.php	
URL for more program information: http://www.lifeskillstraining.com	
Program Description: LST is a classroom-based substance abuse prevention program for grade and middle school children. LST teaches personal skills and social skills to promote individual competence and aims to decrease young people’s vulnerability to pro-substance use, social influences from peers, and the media.	
AlcoholEdu for High School	
Program serves specific or general population	General pop.
Number of youth served	1,407+
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes

<p>URL for evaluation report: http://www.outsidetheclassroom.com/Upload/images/PDF/NASPAJournalWallAEduStudy.pdf URL for more program information: http://www.outsidetheclassroom.com/solutions/high-school/alcoholedu-for-high-school.aspx</p>													
<p>Program Description: AlcoholEdu for High School is an online, interactive, alcohol education and prevention course designed to increase alcohol-related knowledge, discourage acceptance of underage drinking, and prevent or decrease alcohol use and its related negative consequences. Although high schools typically administer the course to their entire freshman class each year, the course can be used with other high school populations as well.</p>													
<p>Community Trials Intervention to Reduce High-Risk Drinking (RHRD)</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>General pop.</td> </tr> <tr> <td>Number of youth served</td> <td>9,103</td> </tr> <tr> <td>Number of parents served</td> <td>2,045</td> </tr> <tr> <td>Number of caregivers served</td> <td>No data</td> </tr> <tr> <td>Program has been evaluated</td> <td>Yes</td> </tr> <tr> <td>Evaluation report is available</td> <td>Yes</td> </tr> </table> <p>URL for evaluation report: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=9 URL for more program information: http://www.pire.org/communitytrials/index.htm</p>		Program serves specific or general population	General pop.	Number of youth served	9,103	Number of parents served	2,045	Number of caregivers served	No data	Program has been evaluated	Yes	Evaluation report is available	Yes
Program serves specific or general population	General pop.												
Number of youth served	9,103												
Number of parents served	2,045												
Number of caregivers served	No data												
Program has been evaluated	Yes												
Evaluation report is available	Yes												
<p>Program Description: RHRD is a multicomponent, community-based program developed to alter alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components. The program aims to help communities reduce alcohol-related accidents and incidents of violence and the injuries that result from them. The program typically is implemented over several years, gradually phasing in various environmental strategies; however, the period of implementation may vary depending on local conditions and goals.</p>													
<p>ATHENA and ATLAS</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>Specific pop.</td> </tr> <tr> <td>Number of youth served</td> <td>1,343</td> </tr> <tr> <td>Number of parents served</td> <td>No data</td> </tr> <tr> <td>Number of caregivers served</td> <td>No data</td> </tr> <tr> <td>Program has been evaluated</td> <td>Yes</td> </tr> <tr> <td>Evaluation report is available</td> <td>Yes</td> </tr> </table> <p>URL for evaluation report: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC259877/ URL for more program information: http://www.atlasathena.org</p>		Program serves specific or general population	Specific pop.	Number of youth served	1,343	Number of parents served	No data	Number of caregivers served	No data	Program has been evaluated	Yes	Evaluation report is available	Yes
Program serves specific or general population	Specific pop.												
Number of youth served	1,343												
Number of parents served	No data												
Number of caregivers served	No data												
Program has been evaluated	Yes												
Evaluation report is available	Yes												
<p>Program Description: ATHENA (Athletes Targeting Health Exercise and Nutrition Alternatives) and ATLAS (Adolescents Training and Learning to Avoid Steroids) are award-winning programs for student athletes. ATHENA uses a school-based, team-centered format that aims to reduce disordered eating habits and deter use of body-shaping substances among middle and high school female athletes. ATLAS is a multicomponent universal program for male high school athletes, designed to reduce risk factors for use of anabolic steroids and other drugs while providing healthy sports nutrition and strength-training alternatives to illicit use of athletic-enhancing substances.</p>													
<p>Social Norms Campaigns</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>General population</td> </tr> <tr> <td>Number of youth served</td> <td>1,626,273</td> </tr> </table>		Program serves specific or general population	General population	Number of youth served	1,626,273								
Program serves specific or general population	General population												
Number of youth served	1,626,273												

Number of parents served	5,267,386
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	Not applicable
<p>Program Description: Social norms campaigns are being used in schools and various community settings across the state to address underage drinking. Campaign examples include:</p> <ul style="list-style-type: none"> • UthMpact, used to measure perceptions and educate youth by providing accurate information regarding ATOD teen use • Social Hosts Lose the Most, focusing on educating communities on providing alcohol to minors • Own the Upside campaign for adults, used at community events to measure perceptions and teach the real numbers when it comes to teen use of ATOD <p>Many of these campaigns administer pre- and posttests to measure baseline measures as well as campaign impact. These efforts are completed through information exposure to change attitudes about parental acceptance of underage alcohol use, prevalence versus perception of underage alcohol use, and peer acceptance of alcohol use through newsletters, community presentations for parents, and e-mails. Social norms campaigns identify and expose students and parents to normative messages about healthy norms. Youth have been exposed and misinformed through media; normative messages may also include accurate rates of alcohol and marijuana use within their school specifically. These campaigns aim to educate youth, parents, and communities on the real statistics involving underage drinking and drug use.</p>	
<p>Education and Awareness Campaigns and Strategies</p>	
Program serves specific or general population	General population
Number of youth served	1,758,623
Number of parents served	7,499,098
Number of caregivers served	No data
Program has been evaluated	No data
Evaluation report is available	Not applicable
URL for evaluation report:	No data
URL for more program information:	Not applicable
<p>Program Description: Providers use evidence-based strategies for education and awareness campaigns. Providers educate the public about the risks associated with substance use and underage drinking. Education and awareness campaigns implemented over the past year include:</p> <ul style="list-style-type: none"> • Talk-They Hear You, an awareness campaign targeted at parents to decrease underage drinking • Safe Homes Safe Parties – Campaign • Be the Wall, which asks parents to be clear, firm, and consistent with their teens about alcohol • Red Ribbon Awareness Mass Media Campaign <p>Education can come in the form of community presentations, parent engagement, tip lines, surveys, interactive online activities, brochures, posters, puppet shows, videos, discussions, focus groups, and “Lunch-n-Learns. Additional strategies utilized to educate and promote prevention and wellness information are websites; monthly publications; Facebook, YouTube, Twitter, and other social media; youth and teen summits; parades; and providing printed materials at community activities such as health and safety fairs. Education and awareness campaigns focus on laws related to ATOD, risks of underage drinking, and drug abuse and how it affects communities and family units. Parent and youth cafes are another way communities are reaching out to address underage drinking and engaging the community. Efforts across the state are also intended to educate on best practices, such as:</p> <ul style="list-style-type: none"> • Safe Festivals: Evidence-based practice conducting festival scans to determine occurrence of underage drinking and promotion of alcohol to youth • Sticker Shock Campaign: Evidence-based practice to place stickers on tobacco and alcohol products reminding vendors not to sell to minors and adults not to buy for minors 	
<p>Additional Underage Drinking Prevention Programs Operated or Funded by the State</p>	
<p>Additional programs across the state to prevent underage drinking:</p>	

Adult Parenting Programs that Address Underage Drinking

- **Active Parenting Now:** This community-based program is designed into six sessions for parents of children ages 5 to 12. The program is based on proven psychological principles to help prevent drug and alcohol use. Provides tips to parents who are experiencing behavioral difficulties with their adolescent children. Includes education on preventing and Intervening in the child's negative choices, addressing problematic behavior, improving school performance, drug use, developing parental action plans, changing destructive behavior, and rebuilding family relationships.
- **Strengthening Families Program (SFP):** A nationally and internationally recognized parenting and family strengthening program for high-risk and regular families. SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.
- **Parent Project:** A program to help parents deal with hard-to-manage teens and to address ATOD prevention education.
- **Parenting for Prevention:** A program designed for parents and caregivers of children in grades K to 12. The program is facilitated by professionals in the field of addiction treatment.
- **Parenting Wisely:** A self-administered, computer-based program that teaches parents and their 9- to 18-year-old children important skills for combating risk factors for substance use and abuse. The program uses a risk-focused approach to reduce family conflict and child behavior problems, including stealing, vandalism, defiance of authority, bullying, and poor hygiene.
- **Systematic Training for Effective Parenting:** Parenting groups focus on the risk and protective factors that parents need to employ to protect their children from alcohol and drugs.
- **A New Direction:** An evidence-based program proven effective as a supplement to existing programs or as core programming, gives clients the living skills and relapse-prevention tools needed to stay sober after release. Effective in any criminal justice modality, it helps clients develop life goals and objectives, decreasing likelihood of recidivism in criminal justice clients.

Youth Programs

- **Healthy Me Program – “An Apple A Day” (AAAD):** Substance abuse prevention services utilizing the evidenced-based program “An Apple A Day,” a universal literacy-based program that helps build and reinforce resiliency skills for substance abuse prevention and mental health promotion in children from kindergarten through 4th grade. Based on the principles of risk and resilience, AAAD focuses on the following concepts: (1) literacy; (2) personal sense of safety; (3) development of positive friendships; (4) self-esteem, self-respect, and self-efficacy; and (5) awareness of the dangers of alcohol, tobacco, and other drugs. An additional curriculum focuses on prevention of bullying and further increasing students' mental health and sense of safety. Program staff works with parents and families to increase ATOD education and reduce the approval/acceptance of substance abuse in the home as well as provide referrals to social services for students or families in need.
- **Protecting You/Protecting Me® (PY/PM):** A 5-year, classroom-based alcohol-use prevention curriculum for elementary students in grades 1 through 5 (6–11 years old).
- **Brain Drain:** Available in both a classroom or large-group assembly format, this highly interactive, 45- to 60-minute presentation provides current, research-based information on aspects of drug abuse and addiction, including neurobiology, behavioral components, and treatment. Participants learn the parts of the brain, the functions of these parts, and how the brain communicates with the rest of the body. They also learn how drugs of abuse cause a number of negative effects on the body and brain, from mild symptoms to addiction and how the brain of an adolescent is more susceptible to these negative effects.
- **All Stars:** A program that prevents high-risk behaviors including drug use, violence, and premature sexual activity through the development of positive personal characteristics in young adolescents. The program features highly interactive activities and focuses on changing five specific qualities that research indicates are keys for achieving preventive effects.
- **DARE to Be You (DTBY):** A 5-year demonstration project that, through improving parent and child resiliency factors, particularly in the areas of communication, problem-solving, self-esteem, and family skills, significantly lowers the risk of future substance abuse and other high-risk activities. This

multilevel prevention program is an adaptation of the DARE to Be You community and school training programs.

- The A-List Company – Education Project TTPEP: This project utilizes the evidence-based practice (EBP) Theater Troupe/Peer Education Project (TTPEP) and is designed to prevent substance use and other unhealthy behaviors among school-aged youth through peer education. Participants, usually youth of middle school age, are presented with an interactive theatrical performance, followed by two workshops.
- Teen Intervene: Teen Intervene (EBT) is a brief, early intervention program for 12- to 18-year-olds who display the early stages of alcohol or drug involvement. Using the stages of change theory, Motivational Enhancement Therapy (MET) and Cognitive Behavioral Therapy (CBT), the intervention aims to help teens reduce and ultimately eliminate their substance use.
- PRIME For Life®: An evidence-based motivational prevention/intervention program specifically designed for people who may be making high-risk choices. This includes but is not limited to impaired driving offenders, college students, and young people charged with alcohol and/or drug offenses. It is designed to change drinking and drug use behaviors by changing beliefs, attitudes, risk perceptions, motivations, and the knowledge of how to reduce their risk of alcohol- and drug-related problems throughout their lives. Because PRIME For Life® includes both prevention and intervention content, it is also designed in a way that serves universal, selective, and indicated prevention.
- Project Towards No Drug Abuse: “Project TND is an effective, interactive classroom-based substance abuse prevention program that is based on more than two decades of successful research at the University of Southern California. Project TND focuses on three factors that predict tobacco, alcohol, and other drug use, violence-related behaviors, and other problem behaviors among youth, including: 1. Motivation factors (i.e., students’ attitudes, beliefs, expectations, and desires regarding drug use); 2. Skills (social, self-control, and coping skills); and 3. Decision-making (i.e., how to make decisions that lead to health-promoting behaviors).”
- Mock DUI: Interdisciplinary community-based educational intervention for high school students.
- Boys Impact: Male gender-specific program adapted from the Council Curriculum Set, a middle and high school age-appropriate service modality.
- Girls Voice: A female gender-specific program adapted from the Girls Voice Unity Set curriculum, a middle and high school age-appropriate service modality.
- SISTA: A group-level, gender-relevant, and culturally relevant intervention designed to increase condom use with African American women. Five peer-led group sessions focus on ethnic and gender pride, HIV knowledge, and skills training around sexual risk reduction behaviors and decisionmaking. The intervention is based on Social Learning theory as well as the theory of Gender and Power. The SISTA project specifically targets sexually active African American women.
- Youth Excellence Program – Life Skills: Targeted prevention strategies provided through back to school Jam, summer program, resource fair, social norm campaigns, and parent engagement.
- Drug Free Youth in Town (DFYIT): A risk-focused substance abuse prevention program whose primary goal is to maintain a 95 percent or higher drug-free test rate among its club members.
- Getting to the Heart of the Matter
- Alcohol Literacy Challenge (ALC): A program designed to challenge the unique alcohol expectancies and perceived media portrayals of drinking held by each participating student.
- Alcohol/Drug: True Stories Hosted by Matt Damon: A multimedia intervention designed to prevent or reduced alcohol/drug use among young people by positively changing the attitudes of the youth and families in regard to youth drinking/drugging.

Higher Education

- The Next Step: The goal of this two-part program is to prepare college-bound high school seniors with information they need to make wise choices and take care of themselves while away at college.
- Watch Your BAC (Higher Ed): This strategy is designed to provide blood alcohol concentration (BAC) education and to reinforce positive social norms to students attending college. Watch Your BAC is an on-campus, phased social marketing campaign designed to pique student curiosity, increase awareness of high-risk drinking, and influence alcohol norms. The focus is on educating students on the nature of Blood Alcohol Concentration
- BASICS: Brief Alcohol Screening and Intervention for College Students

Family Programs

- Family Education Program: An alternative to suspension program that uses a certified EBP to teach students and parents about the dangers of substance abuse.
- Family Matrix Model: A 12-session program for families addressing alcohol and drug use and its impact.

Additional Clarification

No data

Additional Information Related to Underage Drinking Prevention Programs

State collaborates with federally recognized tribal governments in the prevention of underage drinking No

Description of collaboration: Not applicable

State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing Yes

Program Description: In 2009, the Florida Department of Children and Families initiated the Alcohol Environmental Scan (AES) to capture alcohol advertising exposure within the state through census tract-based visual scanning. This includes examining marketing promotion such as signs/billboards used in retail/convenience stores, bars/clubs, special event, and other locations selling alcoholic beverages. For the first 3 years, the state continued to pay and guide Florida community anti-drug coalitions to complete the AES. Now, many coalitions continue to utilize the instruments developed and the guidance provided to sustain this initiative and gather information on alcohol advertising exposure within their community.

The AES is designed to capture various establishments' placement of alcohol and related items such as (1) alcohol advertising, (2) accessories sold or given away to encourage drinking, (3) an atmosphere promoting alcohol consumption, (4) warning signs surrounding alcohol use, (5) placement of alcoholic beverages at a location, (6) steps taken to identify anyone under 21, and (7) promotions encouraging alcohol sales and consumption. These topics include questions designed to investigate how and where alcohol is placed and promoted throughout their communities in order to measure youth exposure to alcohol advertising and marketing.

State has adopted or developed best practice standards for underage drinking prevention programs Yes

Agencies/organizations that established best practices standards:

- Federal agency(ies): SAMHSA Yes
- Agency(ies) within your state: No
- Nongovernmental agency(ies): No
- Other: No

Best practice standards description: To maximize the impact of strategies implemented, Florida has emphasized the importance of a strategic planning process to guide its prevention efforts, relying on the Strategic Prevention Framework (SPF) as a model. SPF contains five basic elements, and two overarching principles that overlap and interact throughout the process, relying on research and data to determine strategies. In line with this, the state developed the Substance Abuse Response Guide (SARG), an instruction manual designed to help communities learn and apply SPF by providing guidance and tools.

Florida also has identified the need for continual workforce development and enhancement for the prevention field. Over the last year, the state has offered a number of training initiatives that align with the standards set by the Substance Abuse and Mental Health Services Administration (SAMHSA) that cover not only specific EBPs, but environmental strategies and best practices as well. These training efforts have been offered through face-to-face sessions as well as webinar style to reach practitioners across the state.

Additionally, the state has engaged in fidelity review site visits and peer mentoring opportunities to ensure programs and practices are implemented with fidelity and in accordance with best practices identified. These site visits are conducted by peer reviewers who are able to provide feedback and guidance on how to improve current efforts for providers.

Additional Clarification	
No data	

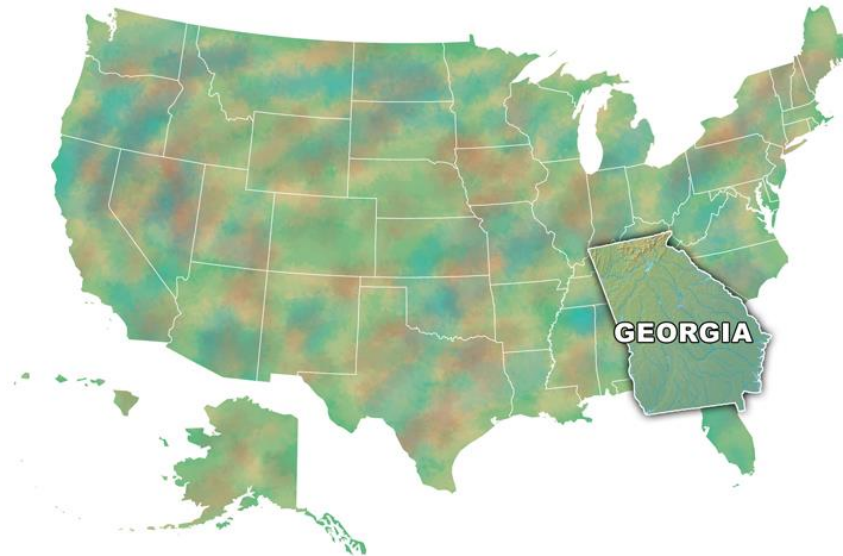
State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i>	
Name: Celeste Philip, M.D.	
E-mail: Celeste.Phipp@flhealth.gov	
Address: 4052 Bald Cypress Way, Tallahassee, FL 32399	
Phone: 850-245-4245	
<i>Agencies/organizations represented on the committee:</i>	
Surgeon General	
Office of Planning and Budget	
Attorney General	
Florida Department of Law Enforcement	
Florida Department of Children and Families	
Florida Department of Corrections	
Florida Department of Juvenile Justice	
Florida Department of Education	
Florida Department of Highway Safety and Motor Vehicles	
<i>A website or other public source exists to describe committee activities</i>	Yes
URL or other means of access:	
http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=397.333&URL=0300-0399/0397/Sections/0397.333.html	

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	No
Prepared by: Not applicable	
Plan can be accessed via: Not applicable	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	No
Prepared by: Not applicable	
Plan can be accessed via: Not applicable	
Additional Clarification	
Interagency collaboration: The members listed above are a part of the Drug Policy Advisory Council.	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$2,147,282
Estimate based on the 12 months ending	12/31/2013
<i>K-12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$8,656,519
Estimate based on the 12 months ending	12/31/2013
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	\$145,480
Estimate based on the 12 months ending	12/31/2013
<i>Programs that target youth in the juvenile justice system:</i>	

Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included: No data	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other	No
<i>Description of funding streams and how they are used:</i> Not applicable	
Additional Clarification	
No data	



Georgia

State Profile and Underage Drinking Facts*

State Population: 9,992,167

Population Ages 12–20: 1,254,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	20.5	257,000
Past-Month Binge Alcohol Use	12.6	159,000
Ages 12–14		
Past-Month Alcohol Use	4.1	16,000
Past-Month Binge Alcohol Use	1.3	5,000
Ages 15–17		
Past-Month Alcohol Use	18.5	79,000
Past-Month Binge Alcohol Use	11.6	49,000
Ages 18–20		
Past-Month Alcohol Use	37.6	161,000
Past-Month Binge Alcohol Use	24.2	104,000
Alcohol-Attributable Deaths (under 21)		149
Years of Potential Life Lost (under 21)		9,030
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	16	10

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Parent/guardian’s home AND
- Parent/guardian

Underage Consumption of Alcohol

Consumption is not explicitly prohibited.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Retailers are permitted to seize apparently false IDs.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- 180 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15
- Minimum learner stage period: 12 months
- Minimum supervised driving requirement: 40 hours, of which 6 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 12 a.m.
 - No primary enforcement of the night-driving rule
- Passenger restrictions exist: First 6 months, immediate family only. Second 6 months, no more than one passenger under 21 who is not immediate family. After 1 year, no more than three passengers under 21 who are not immediate family
 - No primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 18

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s):

- Parent/guardian’s home AND
- Parent/guardian

Compliance Check Protocols

Age of decoy

- Minimum: 17
- Maximum: 20

Appearance requirements

- Not specified

ID possession

- Prohibited except to obtain admission to facility

Verbal exaggeration of age

- Prohibited

Decoy training

- Recommended

Penalty Guidelines for Sales to Minors

No written guidelines

Responsible Beverage Service

No beverage service training requirement

Minimum Ages for Off-Premises Sellers

- Beer: Not specified
- Wine: Not specified
- Spirits: Not specified

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- Limitations on outlet siting:
 - Off-premises outlets: Yes—within 100 yards for wine and beer; within 200 yards for spirits. Local government has the authority to override state restrictions for wine and beer for grocery stores.
 - On-premises outlets: Yes—within 100 yards for wine and beer; within 200 yards for spirits. Local government has authority to override state restrictions.
 - Alcohol products: Beer, wine, spirits.

Note: Exceptions include (1) hotels of more than 50 rooms; (2) bona fide private clubs.

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 100 yards for wine and beer; within 200 yards for spirits.
 - On-premises outlets: Yes—within 100 yards for wine and beer; within 200 yards for spirits. Local government has authority to override state restrictions.
 - Alcohol products: Beer, wine, spirits

Note: Exceptions include (1) hotels of more than 50 rooms; (2) bona fide private clubs.

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Furnishing with knowledge that customer was a minor and would soon be operating a motor vehicle.

Social Host Liability Laws

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Furnishing with knowledge that customer was a minor and would soon be operating a motor vehicle.

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Producer must verify age of purchaser.

State approval/permit requirements

- Producer/shipper must obtain state permit.

Reporting requirements

- Producer must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Note: Wineries that hold a federal basic wine manufacturing permit, regardless of whether they are licensed by the state of Georgia, may also ship wines directly to consumers. The consumer must purchase the wine while physically present on the premises of the winery, and the winery must verify that the consumer is of the age to do so.

Keg Registration

- Keg definition: More than 2 gallons
- Prohibited:
 - Possessing an unregistered, unlabeled keg—maximum fine/jail \$1,000/12 months
 - Destroying the label on a keg—maximum fine/jail \$1,000/12 months
- Purchaser information collected:
 - Purchaser's name and address
 - Verified by a government-issued ID
 - Address where keg will be consumed
- Warning information to purchaser: Active—purchaser action required (e.g., signature)
- Deposit: Not required
- Provisions do not specifically address disposable kegs

Note: Although Georgia does not require a retailer to record the number of a keg purchaser's ID, it does require the retailer to record the form of identification presented by the purchaser, as well as the purchaser's name, address, and date of birth.

Home Delivery

- Beer: Prohibited
- Wine: Prohibited
- Spirits: Prohibited

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$1.01 per gallon

Note: \$0.32 per gallon for malt beverages sold in barrels or bulk containers containing not more than 31 gallons, and \$0.39 per gallon on barrels or bulk containers of 15.5 gallons or less.

Wine (12 percent alcohol)

- Specific excise tax: \$0.42 per gallon
- Additional taxes: Georgia imposes an additional tax of \$1.10 per gallon on the “importation for use, consumption, or final delivery” into the state of all wines with an alcohol content of 14 percent or less.

Spirits (40 percent alcohol)

- Specific excise tax: \$1.89 per gallon

Note: Georgia imposes an additional tax of \$1.89 per gallon on the “importation for use, consumption, or final delivery” into the state of all distilled spirits.

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Price posting requirements: Post and hold—180 days minimum
- Retailer credit: Not permitted—if retailer owns more than one business and payment is made from a central office, then credit not to exceed 5 days after delivery and invoice.

Wine (12 percent alcohol)

- Retailer credit: Not permitted

Spirits (40 percent alcohol)

- Price posting requirements: Post and hold—14 days minimum
- Retailer credit: Not permitted

Georgia State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Georgia Department of Revenue (DOR) – Alcohol and Tobacco Division	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol–Related Fatality Investigations	No
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol–Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	Yes
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Georgia DOR–Alcohol & Tobacco Div.
Such laws are also enforced by local law enforcement agencies	No
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
	Yes
Number of minors found in possession by state law enforcement agencies	32
Number pertains to the 12 months ending	6/30/2013
Data include arrests/citations issued by local law enforcement agencies	No
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	18,031
Number of licensees checked for compliance by state agencies (including random checks)	3,832
Number of licensees that failed state compliance checks	298
Numbers pertain to the 12 months ending	6/30/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
	Yes
Number of licensees subject to random state compliance checks/decoy operations	3,832
Number of licensees that failed random state compliance checks	298
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	No
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
	Yes
Number of fines imposed by the state ⁴	298
Total amount in fines across all licensees	\$194,000

Smallest fine imposed	\$500
Largest fine imposed	\$1,500
Numbers pertain to the 12 months ending	6/30/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	11
Total days of suspensions across all licensees	55
Shortest period of suspension imposed (in days)	5
Longest period of suspension imposed (in days)	5
Numbers pertain to the 12 months ending	6/30/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	6/30/2013
Additional Clarification	
The Georgia Department of Revenue Alcohol and Tobacco Division does not collect data or track fines on local enforcement. This agency tracks regulatory fines issued to businesses based on enforcement actions initiated by the agency.	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
Alcohol Prevention Project (APP)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: To address the negative impact of alcohol use in Georgia, the state Office of Prevention Services and Programs (OPSP) has developed the Alcohol Prevention Project (APP). This project aims to affect population-level change of behaviors and trends of alcohol use and abuse among youth and young adults ages 9 to 25. APP will use the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention SAMHSA/CSAP Strategic Prevention Framework (SPF) model to develop and implement strategies aimed at population-level change using the public health model approach. The objective of this initiative is to implement statewide primary prevention strategies (programs/practice/policies) that are consistent with needs as identified by epidemiological data with the following goals: (1) Reduce the early onset of alcohol use among 9- to 20-year-olds; (2) reduce access to alcohol and binge drinking among 9- to 20-year-olds; and (3) reduce binge drinking and heavy drinking among 18- to 25-year-olds. Currently, 38 providers with 51 contracts across the state are completing this initiative.	
Additional Underage Drinking Prevention Programs Operated or Funded by the State	
No data	
URL for more program information: No data	
Program description: No data	
Additional Clarification	
No data	

Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i> Description of collaboration: Not applicable	No recognized tribal governments
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i> Description of program: Not applicable	No
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i> Agencies/organizations that established best practices standards: Federal agency(ies): U.S. Department of Health and Human Services Agency(ies) within your state: Department of Behavioral Health and Developmental Disabilities, Georgia State University Nongovernmental agency(ies): Other: Best practice standards description: Through the incorporation of the SPF into the alcohol initiative, the OPSP became strategic about prevention services and programs being provided in Georgia and looks to increase utilization of evidence-based programs, practices, and policies. This will allow OPSP to target our services, show outcomes in our communities, and ensure long-term sustainability of evidence-based substance use/abuse prevention efforts. This model requires target communities to develop and implement strategies aimed at population-level change using the public health model approach. By adopting the SPF process and the public health model, target communities would use a comprehensive approach to develop and implement sustainable outcome-based prevention strategies. OPSP will also be utilizing the <i>Surgeon General's Call To Action To Prevent and Reduce Underage Drinking</i> to assist in continuing to develop best practice standards.	Yes Yes Yes No No
Additional Clarification	
No data	

State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i> Name: Margie Irizarry-DeLaCruz E-mail: 421daho421.irizarry-delacruz@dbhdd.ga.gov Address: 2 Peachtree NW, Atlanta, GA 30303 Phone: No data	
<i>Agencies/organizations represented on the committee:</i> Department of Behavioral Health and Developmental Disabilities Council on Alcohol and Drugs Maternal Substance Abuse and Child Development Project, Emory University Georgia State University Clinic for Education, Treatment, and Prevention of Addiction, Inc. (CEPTA) Georgia Department of Revenue, Alcohol and Tobacco Division Drug Enforcement Administration Carl Vinson Institute of Government, University of Georgia	
<i>A website or other public source exists to describe committee activities</i> URL or other means of access: Not applicable	No

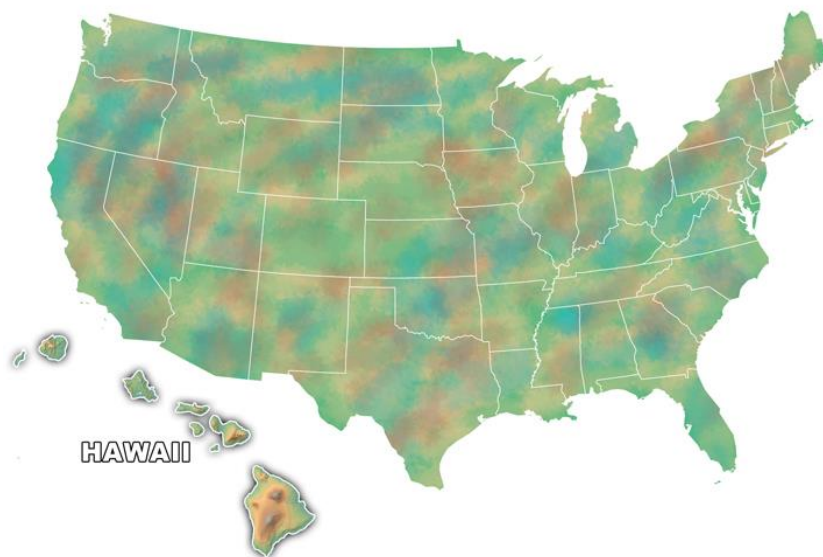
Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i> Prepared by: Department of Behavioral Health and Developmental Disabilities/Office of Prevention Services and Programs Plan can be accessed via: http://www.ga-sps.org	Yes
<i>State has prepared a report on preventing underage drinking in the last 3 years</i> Prepared by: Not applicable	No

Plan can be accessed via: Not applicable
Additional Clarification
No data

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	\$150,000
Estimate based on the 12 months ending	6/30/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	No data
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	9/30/2014
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	9/30/2014
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	9/30/2014
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	9/30/2014
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	9/30/2014
<i>Other programs:</i>	
Programs or strategies included:	No data
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	9/30/2014

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other:	No data
<i>Description of funding streams and how they are used:</i>	
Not applicable	

Additional Clarification
<p>To address the negative impact of alcohol use in Georgia, the OPSP has developed the Alcohol Prevention Project initiative utilizing SAMHSA Substance Abuse Prevention and Treatment (SAPT) Block Grant funding. This initiative aims to impact population-level change of behaviors and trends of alcohol use and abuse among youth and young adults ages 9 to 25. APP will use the SAMHSA/CSAP Strategic Prevention Framework model to develop and implement strategies aimed at population-level change using the public health model approach. The objective of this initiative is to implement statewide primary prevention strategies (programs, practices, and policies) that are consistent with needs as identified by epidemiological data with the following goals:</p> <ol style="list-style-type: none"> 1. Reduce the early onset of alcohol use among 9- to 20-year-olds. 2. Reduce access to alcohol and binge drinking among 9- to 20-year-olds. 3. Reduce binge drinking and heavy drinking among 18- to 25-year-olds.



Hawaii

State Profile and Underage Drinking Facts*

State Population: 1,404,054
Population Ages 12–20: 146,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	23.0	33,000
Past-Month Binge Alcohol Use	14.9	22,000
Ages 12–14		
Past-Month Alcohol Use	7.4	3,000
Past-Month Binge Alcohol Use	5.5	3,000
Ages 15–17		
Past-Month Alcohol Use	21.7	11,000
Past-Month Binge Alcohol Use	12.9	6,000
Ages 18–20		
Past-Month Alcohol Use	38.4	19,000
Past-Month Binge Alcohol Use	25.5	13,000
Alcohol-Attributable Deaths (under 21)		11
Years of Potential Life Lost (under 21)		680
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	60	3

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s): Private location

Underage Consumption of Alcohol

Consumption is prohibited with the following exception(s): Private location

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Note: Although Hawaii does not prohibit internal possession as defined in this report, it has a statutory provision that, “[n]o minor shall consume or purchase liquor and no minor shall consume or have liquor in the minor’s possession or custody in any public place, public gathering, or public amusement, at any public beach or public park, or in any motor vehicle on a public highway” and that “‘consume’ or ‘consumption’ includes the ingestion of liquor.” Laws that prohibit minors from having alcohol in their bodies, but do so without reference to a blood, breath, or urine test, are not considered as prohibiting internal possession for purposes of this report.

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- General affirmative defense—the retailer came to a good faith or reasonable decision that the purchaser was 21 years or older; inspection of an identification card not required.

Note: In Hawaii, the retailer has a defense to a charge of furnishing to a minor if, in making the sale or allowing the consumption of liquor by a minor, the retailer was misled by the appearance of the minor and the attending circumstances into honestly believing that the minor was of legal age, and if the retailer can prove that he or she acted in good faith.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Penalties applicable to minors under age 21

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- Minimum: 180 days
- Maximum: Not specified

Penalties applicable to minors under age 18

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Discretionary

Length of suspension/revocation

- Minimum: 180 days
- Maximum: Not specified

Graduated Driver’s License

Learner stage

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 11 p.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No more than one passenger under 18, except household members, unless accompanied by parent or guardian
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s): Parent/guardian

Compliance Check Protocols

No data

Penalty Guidelines for Sales to Minors

No data

Responsible Beverage Service

No beverage service training requirement

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 18
- Spirits: 18

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Note: Liquor can be sold by persons ages 18 to 20 years old only in licensed establishments where selling or serving the intoxicating liquor is part of the minor's employment, and where there is proper supervision of these minor employees to ensure that the minors shall not consume the intoxicating liquor.

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Note: Liquor can be sold or served by persons 18 to 20 years old only in licensed establishments where selling or serving the intoxicating liquor is part of the minor's employment, and where there is proper supervision of these minor employees to ensure that the minors shall not consume the intoxicating liquor. Persons below age 18 may sell or serve liquor in individually specified licensed establishments found to be otherwise suitable by the liquor commission in which an approved program of job training and employment for dining room waiters and waitresses is being conducted in cooperation with the University of Hawaii, the state community college system, or a federally sponsored personnel development and training program, under arrangements that ensure proper control and supervision of employees.

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: No
 - On-premises outlets: Yes—within 500 feet, if 40 percent of registered voters or property owners within area protest
 - Alcohol products: Beer, wine, spirits

Note: Exceptions include (1) designated resort areas; (2) hotel or condominium hotel liquor licenses.

Dram Shop Liability

- There is no statutory liability.
- The courts recognize common law dram shop liability.

Social Host Liability Laws

Statutory liability exists subject to the following conditions:

- Limitations on who may be sued: Social host must be 21 years old or older.

Host Party Laws

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession
- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Recklessness—the host may not have acted with actual knowledge of the party, but must have acted with intentional disregard for the probable consequences of his or her actions.
- Exception(s): Family

Retailer Interstate Shipments of Alcohol

Prohibition against retailer interstate shipments:

- Beer: Uncertain
- Wine: Uncertain
- Spirits: Uncertain

Note: Any adult may obtain a state permit to receive one shipment of beer, wine, or distilled spirits per year for personal use from outside the state, not to exceed 5 gallons. Only one permit is allowed per household. It is uncertain whether an out-of-state retailer may ship the alcohol directly to the permittee for his or her personal use.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements: None

State approval/permit requirements

- Producer/shipper must obtain state permit

Reporting requirements: None

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Note: Any adult may obtain a state permit to receive one shipment of beer, wine, or distilled spirits per year for personal use from outside the state, not to exceed 5 gallons. Only one permit is allowed per household.

Keg Registration

Registration is not required.

Home Delivery

- Beer: No law
- Wine: No law
- Spirits: No law

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.93 per gallon

Note: \$0.54 per gallon for containers of 7 gallons or more.

Wine (12 percent alcohol)

- Specific excise tax: \$1.38 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$5.98 per gallon

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Restricted—30 days maximum

Wine (12 percent alcohol)

- Retailer credit: Restricted—30 days maximum

Spirits (40 percent alcohol)

- Retailer credit: Restricted—30 days maximum

Hawaii State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i>	
The State of Hawaii, Department of Health, Alcohol and Drug Abuse Division, is primarily responsible for the Enforcing Underage Drinking Laws (EUDL) program. The county police departments and the Department of Liquor Control are responsible for enforcement.	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No data
Shoulder Tap Operations	No data
Party Patrol Operations or Programs	No data
Underage Alcohol-Related Fatality Investigations	No data
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No data
Shoulder Tap Operations	No data
Party Patrol Operations or Programs	No data
Underage Alcohol-Related Fatality Investigations	No data
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	Yes
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Dept. of Liquor Control in each county (Maui, Kauai, Hawaii, Honolulu)
Such laws are also enforced by local law enforcement agencies	Yes
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	Don't know
Number pertains to the 12 months ending	No data
Data include arrests/citations issued by local law enforcement agencies	No data
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	911
Number of licensees checked for compliance by state agencies (including random checks)	579
Number of licensees that failed state compliance checks	100
Numbers pertain to the 12 months ending	4/30/2014
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
	Yes
Number of licensees subject to random state compliance checks/decoy operations	579
Number of licensees that failed random state compliance checks	100
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	266
Number of licensees that failed local compliance checks	55
Numbers pertain to the 12 months ending	3/31/2014

Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	Yes
Number of fines imposed by the state ⁴	24
Total amount in fines across all licensees	\$27,500
Smallest fine imposed	\$1,000
Largest fine imposed	\$3,000
Numbers pertain to the 12 months ending	4/30/2014
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	1
Total days of suspensions across all licensees	5
Shortest period of suspension imposed (in days)	5
Longest period of suspension imposed (in days)	5
Numbers pertain to the 12 months ending	4/30/2014
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	No
Number of license revocations imposed ⁶	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Additional Clarification	
No data	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
Enforcing Underage Drinking Laws (EUDL) Program	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: Provide services to reduce the accessibility and use of alcohol by minors under age 21. The EUDL program assists our statewide council and county coalitions to change community social norms through these strategies (enforcements, environmental, media, and educational). The enforcement strategies assist in conducting an alcohol sales random sample survey to determine the rate of alcohol sales to underage youth in retail outlets and liquor establishments by supporting enforcement operations under Hawaii Revised Statutes, section §712-1250.5, which makes it a misdemeanor offense to promote intoxicating liquor to a person under age 21 in Hawaii.	

Community-Based Strategy To Discourage the Use of Alcohol Products by Minors	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable

URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: This environmental strategy establishes or changes written and unwritten community standards, norms, and attitudes, thereby influencing the incidence and prevalence of substance abuse in the general population.	

Additional Underage Drinking Prevention Programs Operated or Funded by the State	
No data	
URL for more program information: No data	
Program description: No data	
Additional Clarification	
No data	

Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	No recognized tribal governments
Description of collaboration: Not applicable	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Program description: Not applicable	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies): Office of Juvenile Justice and Delinquency Prevention	Yes
Agency(ies) within your state: Department of Health, Alcohol and Drug Abuse Division	Yes
Nongovernmental agency(ies):	No
Other:	No
Best practice standards description: (1) The best practice standard our state uses is off-premise compliance checks, whereby our local law enforcement officers (police departments) along with University of Hawaii and student field researchers visit alcohol retail establishments to determine if these establishments are complying with the state law prohibiting selling to anyone under age 21. In addition, the School of Public Health Studies conducts a random sample survey to determine our noncompliance rate. (2) Media strategies such as Social Norms Marketing and Environmental Strategies. (3) We use the SPF logic model to help communities develop a clear action plan to address substance abuse problems and underage drinking. (4) The Hawaii Partnerships to Prevent Underage Drinking (HPPUD) is a coalition that works collectively to address underage drinking and ensure that our youth have a healthy lifestyle.	
Additional Clarification	
No data	
State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i>	
Name: Valerie Mariano	
E-mail: Valerie.S.Mariano@hawaii.gov	
Address: 235 South Beretania Street, Suite 401, Honolulu, HI 96813	
Phone: 808-586-1444	
<i>Agencies/organizations represented on the committee:</i>	
Parents and Child Together	
Department of the Attorney General	
County Liquor Control Board	
University of Hawaii at Manoa	

Maui Economic Opportunity Coalition for Drug Free Hawaii Department of Health State Department of Transportation Alu Like, Inc. Hina Mauka Institute for Family Enrichment County Police Departments Mayor's Office City and County of Honolulu	
A website or other public source exists to describe committee activities	Yes
URL or other means of access: http://ag.hawaii.gov/432dah0432-partnership-to-prevent-underage-drinking	

Underage Drinking Reports	
State has prepared a plan for preventing underage drinking in the last 3 years	Yes
Prepared by: Department of the Attorney General–Crime Prevention and Justice Assistance Division, National Guard, County of Kauai, Department of Health–Alcohol and Drug Abuse Division, Department of Health–Maternal and Child Health Plan can be accessed via: No data	
State has prepared a report on preventing underage drinking in the last 3 years	Yes
Prepared by: The Alcohol and Drug Abuse Division has prepared report to the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for their semiannual report on the EUDL program. Plan can be accessed via: No data	
Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	\$262,879
Estimate based on the 12 months ending	5/31/2014
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$100,000
Estimate based on the 12 months ending	6/30/2013
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	Data not available
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking

State derives funds dedicated to underage drinking from the following revenue streams:

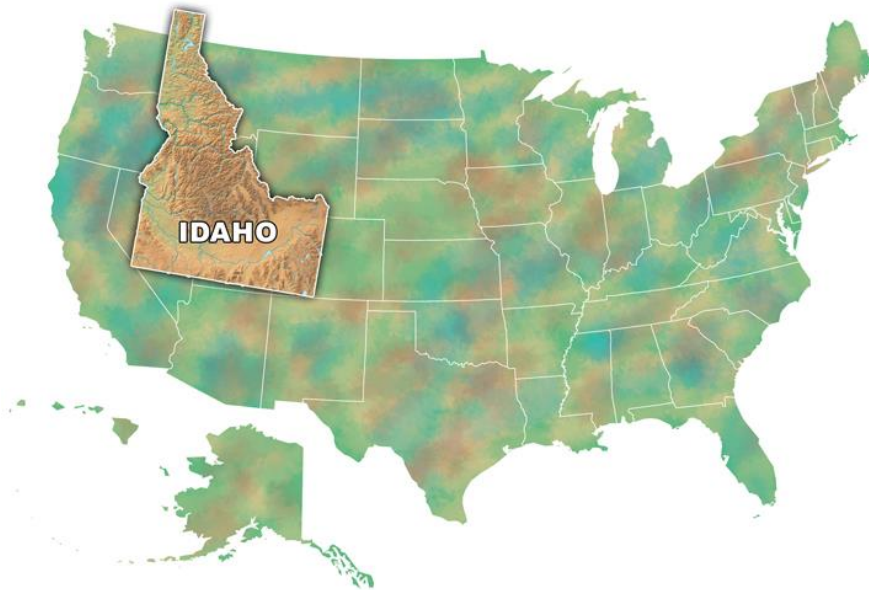
Taxes	No
Fines	No
Fees	No
Other: EUDL block grant fund	Yes

Description of funding streams and how they are used:

Majority of the funds received from the OJJDP-EUDL Block Grant fund the compliance checks, random sample survey, media, and coalitions.

Additional Clarification

No data



Idaho

State Profile and Underage Drinking Facts*

State Population: 1,612,136
 Population Ages 12–20: 204,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	19.8	40,000
Past-Month Binge Alcohol Use	12.8	26,000
Ages 12–14		
Past-Month Alcohol Use	3.5	3,000
Past-Month Binge Alcohol Use	1.5	1,000
Ages 15–17		
Past-Month Alcohol Use	19.6	13,000
Past-Month Binge Alcohol Use	13.1	9,000
Ages 18–20		
Past-Month Alcohol Use	37.7	25,000
Past-Month Binge Alcohol Use	24.8	16,000
Alcohol-Attributable Deaths (under 21)		22
Years of Potential Life Lost (under 21)		1,376
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	28	4

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Private residence AND
- Parent/guardian

Note: Idaho’s exceptions relate specifically to possession of beer or wine.

Underage Consumption of Alcohol

Consumption is prohibited: No explicit exceptions noted in the law.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Note: Although Idaho does not prohibit internal possession as defined in this report, it has a statutory provision that makes it unlawful “[f]or any person under the age of twenty-one (21) years to purchase, attempt to purchase, possess, serve, dispense, or consume beer, wine or other alcoholic liquor” such that “[a] person shall also be deemed to ‘possess’ alcohol that has been consumed by the person, without regard to the place of consumption.” Laws that prohibit minors from having alcohol in their bodies, but do so without reference to a blood, breath, or urine test, are not considered as prohibiting internal possession as defined in this report.

Underage Purchase of Alcohol

Purchase is prohibited, and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.
- It is a criminal offense to manufacture or distribute a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- No statutory affirmative defense—statutes do not provide an affirmative defense related to retailer’s belief that the minor was 21 years old or older.

Note: Retailers are only required to deliver documents to law enforcement that have been lost or voluntarily surrendered; however, when presented with identification documents that appear to be mutilated, altered, or fraudulent, they must contact law enforcement and refuse service.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02

- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- Minimum: Not specified
- Maximum: 365 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 14 years, 6 months—upon completion of driver education, instruction permit signed over to allow driving with adult over 21
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 15
- Unsupervised night driving
 - Night driving is not restricted—no unsupervised driving ½ hour after sunset
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No more than one unrelated passenger under 17
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 16—passenger restrictions expire 6 months after issuance of license; unsupervised night-driving restrictions remain until age 16.

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited—no explicit exceptions noted in the law.

Compliance Check Protocols

Age of decoy

- Minimum: 16
- Maximum: 20.5

Appearance requirements

- Age-appropriate appearance
- Male: Not large in stature; no excessive facial hair
- Female: Minimal makeup and jewelry

ID possession

- Required

Verbal exaggeration of age

- Not specified

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

- Time period/conditions: Not specified
- First offense: 10-day suspension of alcohol license
- Second offense: 30-day suspension of alcohol license
- Third offense: 180-day suspension of alcohol license

Responsible Beverage Service

No beverage service training requirement

Minimum Ages for Off-Premises Sellers

- Beer: 19
- Wine: 19
- Spirits: 19

Minimum Ages for On-Premises Sellers

- Beer: 19 for both servers and bartenders
- Wine: 19 for both servers and bartenders
- Spirits: 19 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools***Colleges and universities***

- Limitations on outlet siting:
 - Off-premises outlets: Yes—on campus grounds. College or university has authority to override state restrictions.
 - On-premises outlets: Yes—on campus grounds. College or university has authority to override state restrictions.
 - Alcohol products: Beer, wine, spirits

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: No
 - On-premises outlets: Yes—within 300 feet. Local government has authority to override state restrictions.
 - Alcohol products: Beer, wine, spirits

Dram Shop Liability

Statutory liability exists.

Social Host Liability Laws

Statutory liability exists.

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Prohibition against retailer interstate shipments:

- Beer: Prohibited
- Wine: Uncertain
- Spirits: Prohibited

Note: A licensee who holds a license for the retail sale of wine for consumption off the licensed premises may ship not more than two cases of wine, containing not more than 9 liters per case, per shipment, for personal use and not for resale, directly to a resident of another state if the state to which the wine is sent allows residents of this state to receive wine sent from that state without payment of additional state tax, fees, or charges. The sale shall be considered to have occurred in this state.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements: None

State approval/permit requirements

- Producer/shipper must obtain state permit.

Reporting requirements

- Common carrier must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

- Keg definition: 5 gallons or more
- Prohibited: Possessing an unregistered, unlabeled keg—maximum fine/jail \$1,000/6 months
- Purchaser information collected: Purchaser's name and address
- Warning information to purchaser: Not required
- Deposit: Not required
- Provisions do not specifically address disposable kegs

Home Delivery

- Beer: No law
- Wine: No law
- Spirits: No law

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.15 per gallon

- Additional taxes: \$0.45 per gallon applies to beer over 5 percent alcohol. Beer with 5 percent or less alcohol is sold by license. Beer greater than 5 percent but less than 7.5 percent alcohol is sold by both license and the state.

Wine (12 percent alcohol)

- Control state

Spirits (40 percent alcohol)

- Control state

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Volume discounts: Banned
- Price posting requirements: Post and hold—6 months minimum
- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Control state

Spirits (40 percent alcohol)

- Control state

Idaho State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Idaho State Police Alcohol Beverage Control	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	Yes
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Idaho State Police Alcohol Beverage Control
Such laws are also enforced by local law enforcement agencies	No
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
	Yes
Number of minors found in possession by state law enforcement agencies	762
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	Yes
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	5,000
Number of licensees checked for compliance by state agencies (including random checks)	1,000
Number of licensees that failed state compliance checks	100–150
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
	Yes
Number of licensees subject to random state compliance checks/decoy operations	All are random
Number of licensees that failed random state compliance checks	10–15 percent
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	No
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
	Yes

Number of fines imposed by the state ⁴	No data
Total amount in fines across all licensees	No data
Smallest fine imposed	\$500
Largest fine imposed	\$3,000
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	No data
Total days of suspensions across all licensees	417
Shortest period of suspension imposed (in days)	2
Longest period of suspension imposed (in days)	90
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	No
Number of license revocations imposed ⁶	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Additional Clarification	
No data	

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Boise State University Regional Alcohol Drug Awareness Resource (RADAR) Center Video and Print Materials Resource Center

Program serves specific or general population	General population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: http://radar.boisestate.edu	
URL for more program information: http://radar.boisestate.edu	

Program Description: The mission of the RADAR Center is to provide free substance abuse prevention and addiction treatment resources to Idahoans. Funding from the Enforcing Underage Drinking Laws (EUDL) program administered by the Idaho Department of Juvenile Corrections is used specifically to support materials related to underage drinking prevention. EUDL funding is used to purchase underage drinking prevention videos and print materials and to support the operation of the Center with an emphasis on the video lending library. Resource materials at RADAR are available to any Idaho resident, but the underage drinking videos are primarily borrowed by middle and high school educators and school counselors and substance use treatment providers. Therefore, the population for underage drinking materials is primarily middle and high school students. The Center keeps track of the number of youth and adults who view these videos. Print materials purchased with EUDL funds are tracked when they are disseminated. The Center also keeps track of the number of youth (18 and under) and adults expected to be exposed to the materials.

Idaho Drug Free Youth (IDFY), i2i Student Assembly and i2i: True Confessions of an Idaho Teen

Program serves specific or general population	General population
Number of youth served	5,000
Number of parents served	600
Number of caregivers served	No data

Program has been evaluated Evaluation report is available URL for evaluation report: URL for more program information: http://www.idahodrugfreeyouth.org	Yes No Not applicable
<p>Program Description: i2i Student Assembly is an interactive and engaging 3-hour or up to 6-hour program, in which IDFY facilitators lead an assembly of students through a variety of activities and discussions designed to draw diverse students together, create conversation, and help students see eye to eye. Once students see eye to eye, they become more compassionate and understanding. I2i culminates in a sense of mutual support, which leads to healthy decisionmaking and positive change. Through i2i, walls between students break down and students become open to succeeding and seeing others succeed. I2i:True Confessions of an Idaho Teen is an interactive evening presentation designed to educate families regarding the impact of alcohol on teenagers. While creating a nonjudgmental and open atmosphere, this presentation is a hard-hitting and informative program that engages the audience and challenges them to reflect on their beliefs about underage drinking, while learning ways to combat the number 1 predictor of underage drinking. This presentation exposes the alcohol industry’s attempt to break down and rebuild the beliefs and attitudes that young people have toward alcohol. Community members, parents, and students alike will gain a new set of skills and insight and be empowered to face and prevent underage drinking.</p>	
<p>Be The Parents</p> Program serves specific or general population Number of youth served Number of parents served Number of caregivers served Program has been evaluated Evaluation report is available URL for evaluation report: URL for more program information: http://www.betheparents.org	General population Not applicable Not applicable Not applicable No Not applicable Not applicable
<p>Program Description: Be The Parents is a campaign focused on educating parents and caregivers about their role in preventing underage drinking. It is funded through block grant funds and EUDL funds.</p>	
<p>Additional Underage Drinking Prevention Programs Operated or Funded by the State</p>	
<p>No data URL for more program information: No data</p>	
<p>Program description: No data</p>	
<p>Additional Clarification</p>	
<p>No data</p>	
<p>Additional Information Related to Underage Drinking Prevention Programs</p>	
<p><i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i></p> Description of collaboration: EUDL funding is sometimes awarded to tribal applicants. Furthermore, the EUDL coordinator is a member of the State Advisory Group for juvenile justice (JJ) and a chair of one of Idaho’s eight local JJ councils. Another of the councils is made up of representatives from Idaho’s tribes. There are quarterly collaborative meetings.	Yes
<p><i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i></p> Description of program: Not applicable	No
<p><i>State has adopted or developed best practice standards for underage drinking prevention programs</i></p> Agencies/organizations that established best practices standards: Federal agency(ies): National Registry of Evidence Based Programs Agency(ies) within your state:	Yes Yes No

Nongovernmental agency(ies):	No
Other:	No
Best practice standards description: All underage drinking prevention programs funded through the State of Idaho with block grant funds must be evidence based. In addition, with the addition of Strategic Prevention Framework State Incentive Grant (SPF SIG) funds to the state, an evidence-based practices workgroup has been formed to begin establishing best practices for the state.	
Additional Clarification	
Although there is no requirement that EUDL programs be certified as “best practice,” recipients of funds are required to identify the research basis of their proposed strategies.	

State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i>	
Name: Elisha Figueroa	
E-mail: 443daho443.figueroa@odp.idaho.gov	
Address: 304 N 8 th Street, Room 455, Boise, ID 83720	
Phone: 208-854-3040	
<i>Agencies/organizations represented on the committee:</i>	
Office of Drug Policy	
Department of Juvenile Corrections	
Department of Health & Welfare	
Department of Education	
Community Coalitions of Idaho	
Alcohol Beverage Control	
Boise Police Department	
Idaho Division of Liquor	
RADAR Center	
Idaho Beer and Wine Distributors Association	
Idaho TSRP	
Bonneville Youth Development Council	
<i>A website or other public source exists to describe committee activities</i>	No
URL or other means of access: Not applicable	

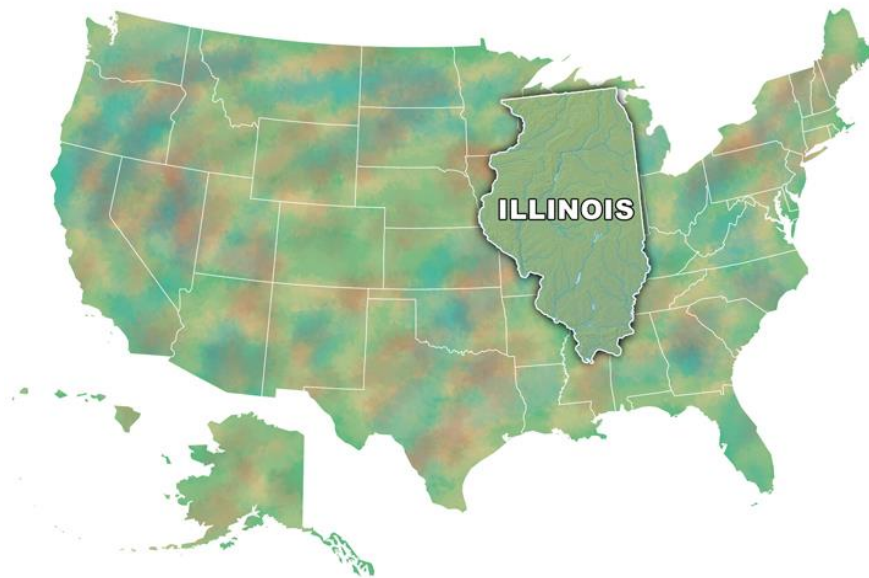
Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Yes
Prepared by: Idaho Office of Drug Policy in coordination with the Underage Drinking Workgroup and State Strategic Prevention Planning Committee	
Plan can be accessed via: Email Office of Drug Policy for logic model and action plan: gayle.hines@odp.idaho.gov	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	Yes
Prepared by: Idaho Department of Juvenile Corrections and Office of Drug Policy	
Plan can be accessed via: EUDL application process and http://www.odp.idaho.gov or http://www.betheparents.org	

Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other:	No
<i>Description of funding streams and how they are used:</i>	
Not applicable	
Additional Clarification	
No data	



Illinois

State Profile and Underage Drinking Facts

State Population: 12,882,135
 Population Ages 12–20: 1,596,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	25.2	402,000
Past-Month Binge Alcohol Use	16.7	266,000
Ages 12–14		
Past-Month Alcohol Use	3.9	20,000
Past-Month Binge Alcohol Use	1.7	9,000
Ages 15–17		
Past-Month Alcohol Use	21.2	113,000
Past-Month Binge Alcohol Use	12.7	68,000
Ages 18–20		
Past-Month Alcohol Use	49.3	269,000
Past-Month Binge Alcohol Use	34.8	190,000
Alcohol-Attributable Deaths (under 21)		192
Years of Potential Life Lost (under 21)		11,614
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	34	19

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s): Parent/guardian

Underage Consumption of Alcohol

Consumption is prohibited with the following exception(s):

- Private residence AND
- Parent/guardian

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver's license suspension through an administrative procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.
- It is a criminal offense to manufacture or distribute a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.00
- Any detectable alcohol in the blood is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver's license suspension, revocation, or denial

- Underage purchase
- Underage possession
- Underage consumption

Authority to impose driver's license sanction

- Mandatory

Length of suspension/revocation

- 180 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15
- Minimum learner stage period: 9 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 10 p.m.–11 p.m. on Friday and Saturday
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No more than one passenger under 20, except for siblings and children
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 18—passenger restrictions expire 12 months after issuance of license; unsupervised night-driving restrictions remain until age 18.

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited—no explicit exceptions noted in the law.

Compliance Check Protocols

Age of decoy

- Minimum: 18
- Maximum: 20

Appearance requirements

- Age-appropriate dress; no clothing with alcohol logos
- Female: No heavy makeup, excessive jewelry, wedding bands, or suggestive clothing

ID possession

- Required

Verbal exaggeration of age

- Prohibited

Decoy training

- Recommended

Penalty Guidelines for Sales to Minors

No written guidelines

Responsible Beverage Service

Voluntary beverage service training

- Applies to both on-sale and off-sale establishments.
- The law does not specify new or existing outlets.

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 18
- Spirits: 18

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 100 feet
 - On-premises outlets: Yes—within 100 feet
 - Alcohol products: Beer, wine, spirits

Note: Exceptions include (1) hotels with restaurant service, regularly organized clubs, certain restaurants; (2) food shops and other places where alcohol sales are not principal business and location is not a municipality of more than 500,000 persons.

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on damages: For causes of action involving persons injured or killed, shall not exceed \$64,057 for each person incurring damages. For causes of action involving persons incurring property damage, shall not exceed \$64,057 for each person incurring damages. For causes of action for either loss of means of support or loss of society, the judgment or recovery shall not exceed \$78,291.89.

Note: Illinois law requires the state comptroller to determine each year the liability limits for cases brought under the statute in accordance with the consumer price index during the preceding 12 months.

Social Host Liability Laws

There is no statutory liability.

Host Party Laws

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession, consumption
- Property type(s) covered by liability law: Residence
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence
- Preventive action by the host negates the violation
- Exception(s): Family, resident

Note: An individual will not be in violation of 235 Ill. Comp. Stat. 5/6-16© if he or she requests assistance from a law enforcement agency to help end the possession or consumption

of alcohol by persons under age 21 in a residence that he or she occupies. This assistance must be requested before any other person makes a formal complaint to a law enforcement agency about the activity.

Law Applicable to Parents/Guardians

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Consumption
- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence
- Exception(s): Family

Note: A person commits a social host offense if one is a parent or guardian and permits one's residence, or any other property under one's control, to be used by an underage invitee of one's child or ward in a manner that violates the statute. An offense is deemed to have occurred if a parent or guardian knowingly authorizes or permits the prohibited use to occur.

Law Applicable to Hotel or Motel Rooms

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Consumption
- Property type(s) covered by liability law: Other
- Standard for hosts' knowledge or action regarding the party: Overt act—host must have actual knowledge and commit an act that contributes to the occurrence

Note: A person commits a social host offense by renting a hotel or motel room for the purpose of or with the knowledge that such room be used for the consumption of alcoholic liquor by underage persons.

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements: None

State approval/permit requirements

- Producer/shipper must obtain state permit.

Reporting requirements

- Producer must record/report purchaser's name.
- Common carrier must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

Registration is not required.

Home Delivery

- Beer: Permitted
- Wine: Permitted
- Spirits: Permitted

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.23 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$1.39 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$8.55 per gallon
- Additional taxes: \$1.39 per gallon for alcohol content of more than 14 percent and less than 20 percent.

Drink Specials

- Free beverages: Prohibited
- Multiple servings at one time: Prohibited
- Multiple servings for same price as single serving: Not prohibited
- Reduced price, specified day or time: Prohibited
- Unlimited beverages: Prohibited
- Increased volume: Prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Retailer credit: Restricted—30 days maximum

Spirits (40 percent alcohol)

- Retailer credit: Restricted—30 days maximum

Illinois State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Illinois Liquor Control Commission (sales to minors only)	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No data
Shoulder Tap Operations	No data
Party Patrol Operations or Programs	No data
Underage Alcohol–Related Fatality Investigations	No data
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No data
Shoulder Tap Operations	No data
Party Patrol Operations or Programs	No data
Underage Alcohol–Related Fatality Investigations	No data
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	No
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	No
Number pertains to the 12 months ending	Not applicable
Data include arrests/citations issued by local law enforcement agencies	Not applicable
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of retail licensees in state ³	Yes
Number of licensees checked for compliance by state agencies	Approx. 22,500
(including random checks)	1,905
Number of licensees that failed state compliance checks	407
Numbers pertain to the 12 months ending	6/30/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	Yes
Number of licensees that failed random state compliance checks	Data not available
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	No
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	Yes
Total amount in fines across all licensees	688
Smallest fine imposed	\$466,125
Largest fine imposed	\$500
Numbers pertain to the 12 months ending	\$15,000
	6/30/2013

<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	49
Total days of suspensions across all licensees	321
Shortest period of suspension imposed (in days)	1
Longest period of suspension imposed (in days)	30
Numbers pertain to the 12 months ending	No data
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	7
Numbers pertain to the 12 months ending	6/30/2013
Additional Clarification	
Illinois State Police also conduct underage compliance operations.	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
<i>Partnerships for Success (PFS)</i>	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: The PFS program is designed to address gaps in prevention services and increase the ability of Illinois to help specific populations or geographic areas with serious, emerging substance abuse problems. The goals of the project are to use a data-driven process to leverage existing prevention dollars and reduce underage drinking at the state level. Illinois is funding 20 subrecipient community-based agencies that partner with coalitions to meet those targets. Subrecipient communities implement at least two evidence-based environmental programs, policies, and practices identified through the Strategic Prevention Framework (SPF). The PFS grant can be applied only to activities that specifically target the high school population. Strategies used by PFS recipients typically include policy and enforcement strategies, as well as communication campaigns that target the community as a whole. Evaluation is a key component of this grant, as states are required to measure any significant changes in underage substance abuse over time to evaluate alcohol consumption as well as changes to contributing factors.	
<i>Substance Abuse Prevention Program (SAPP)–Direct Service Grant</i>	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: The goal of the Direct Service Subgrant is to increase the availability of high-quality prevention services that have the greatest potential to impact factors that contribute to alcohol, tobacco and other drug (ATOD) consumption and consequences for 11- to 18-year-olds. Direct Service	

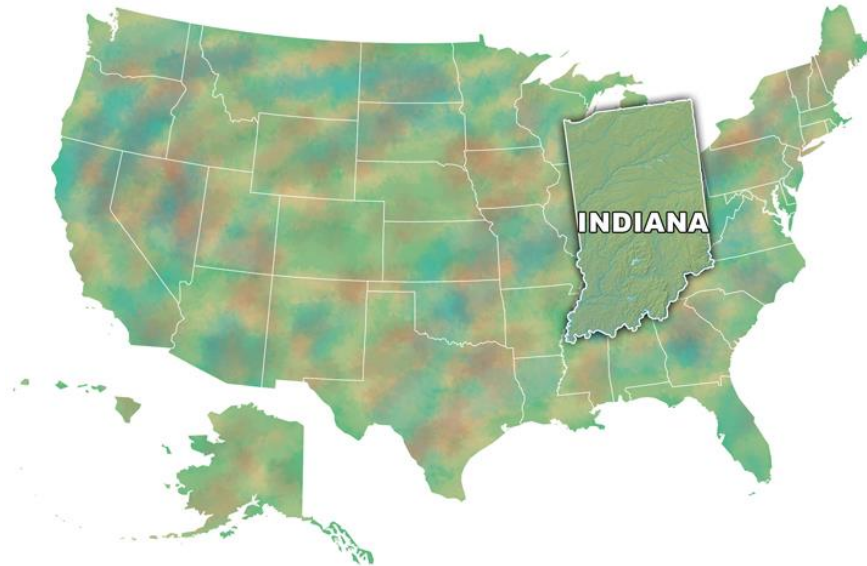
<p>Program providers deliver one or more of the following approaches: Youth/Prevention Education, Parent/Family Education, Mentoring, and Communication Campaign. Providers may elect to conduct mobilization activities to create a new substance abuse prevention coalition or to enhance an existing substance abuse prevention coalition in the community. Grantees approved for creating a new coalition must develop a multisector coalition, and the coalition must agree to meet at least quarterly, develop a mission statement that includes reduction of youth substance use and develop coalition capacity (clear roles and organizational structure, meeting and communication habits, decisionmaking and problem-solving processes, leadership). Providers that have been approved to enhance an existing coalition must develop a subcommittee with multisector representation and/or assess an existing coalition’s representation and identify and recruit missing sectors. The coalition/subcommittee must agree to meet at least quarterly, review and adapt the mission statement to include reduction of youth substance use, assess current coalition capacity (clear roles and organizational structure, meeting and communication habits, decisionmaking and problem-solving processes, leadership), and determine areas that need to be enhanced/strengthened and develop a plan to develop the gaps identified. Providers may also elect to engage in one or more of the following two optional activities: (1) recruitment of schools for participation in the 2014 and 2016 Illinois Youth Survey administration and/or (2) supplemental activities (e.g., summer programming).</p>																	
<p>Substance Abuse Prevention Program (SAPP) – Strategic Prevention Framework (SPF)</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>Specific population</td> </tr> <tr> <td>Number of youth served</td> <td>6,725</td> </tr> <tr> <td>Number of parents served</td> <td>No data</td> </tr> <tr> <td>Number of caregivers served</td> <td>No data</td> </tr> <tr> <td>Program has been evaluated</td> <td>Yes</td> </tr> <tr> <td>Evaluation report is available</td> <td>No</td> </tr> <tr> <td>URL for evaluation report:</td> <td>Not applicable</td> </tr> <tr> <td>URL for more program information:</td> <td>No data</td> </tr> </table>		Program serves specific or general population	Specific population	Number of youth served	6,725	Number of parents served	No data	Number of caregivers served	No data	Program has been evaluated	Yes	Evaluation report is available	No	URL for evaluation report:	Not applicable	URL for more program information:	No data
Program serves specific or general population	Specific population																
Number of youth served	6,725																
Number of parents served	No data																
Number of caregivers served	No data																
Program has been evaluated	Yes																
Evaluation report is available	No																
URL for evaluation report:	Not applicable																
URL for more program information:	No data																
<p>Program Description: The goal of the SPF grant program is to reduce consumption of, consequences from, and contributing factors to alcohol, tobacco, marijuana, and prescription drug misuse/abuse among 11- to 20-year-olds in a targeted geographic community by following the SPF. This grant is designed to support the use of the SPF, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). SPF is a structured planning process that can be applied to prevention systems at both state and local levels. This process is an effective way for coalitions to address substance abuse issues within the community. SPF is intended to provide a structure or mechanism for multisector coalitions and other broadly represented community organizations to identify the most pressing substance abuse problems in their community. SPF uses a data-driven approach to understand what the most pressing problems are, who is affected most by the problems (consumption and consequences), why the problems are happening (contributing factors or intervening variables), and what programs, practices, and policies are most effective in addressing these problems and contributing factors. All of the SAPP–SPF-funded providers are addressing underage drinking.</p>																	
<p>Additional Underage Drinking Prevention Programs Operated or Funded by the State</p>																	
<p>No data URL for more program information: No data</p>																	
<p>Program description: No data</p>																	
<p>Additional Clarification</p>																	
<p>No data</p>																	
<p>Additional Information Related to Underage Drinking Prevention Programs</p>																	
<p>State collaborates with federally recognized tribal governments in the prevention of underage drinking</p>	No																
<p>Description of collaboration: Not applicable</p>																	
<p>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</p>	No																
<p>Program description: Not applicable</p>																	

<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies): Office of Juvenile Justice and Delinquency Prevention, Center for Substance Abuse Prevention (CSAP), and the Substance Abuse and Mental Health Services Administration (SAMHSA)	Yes
Agency(ies) within your state:	No
Nongovernmental agency(ies): Center for Prevention Research and Development, University of Illinois-Champaign/Urbana	Yes
Other:	No
<p>Best practice standards description: The state requires the use of evidence-based programs, practices, and policies. Evidence-based standards are also promoted and required if a provider decides to develop its own programming in the areas listed below. For example, if a community-based provider proposes an underage drinking communication campaign, the provider is expected to address all of the standards for communication campaigns. To review standards for communication campaigns and other evidence-based standards, visit http://www.cprd.illinois.edu/prevresearchbriefs. Evidence-based standard exists for the following approaches: social norms and communication, campaigns, mentoring, parent/family education, and youth prevention education. Evidence-based standards are also being developed for the following environmental strategies:</p> <ul style="list-style-type: none"> • Public policy: keg registration, local social host ordinance, mandatory responsible beverage service, advertising restrictions, alcohol location and density, event restrictions, local Minors In Possession (MIP) ordinance • Enforcement: compliance checks with server merchant education, party prevention and dispersal, sobriety checkpoints, shoulder tap operations • School policy 	
Additional Clarification	
No data	
State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i>	
Name: Kim Fornero	
E-mail: Kim.Fornero@illinois.gov	
Address: 401 South Clinton, 4th Floor, Chicago, IL 60607	
Phone: 312-793-1628	
<i>Agencies/organizations represented on the committee:</i>	
Department of Human Services, Substance Abuse Prevention Program	
Center for Prevention Research and Development	
Operation Snowball	
Prevention First	
Illinois State Police	
Illinois National Guard	
Illinois Department of Public Health	
Illinois State Board of Education	
Chicago Police Department	
Illinois Department of Transportation	
Illinois Liquor Control Commission	
Department of Human Services, Division of Alcoholism and Substance Abuse	
Illinois Alcoholism and Drug Dependence Association	
Cebrin Goodman Teen Institute	
Students Against Destructive Decisions (SADD)	
Youth Network Council	
<i>A website or other public source exists to describe committee activities</i>	No

URL or other means of access: Not applicable	
Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Yes
Prepared by: A 5-year strategic plan was developed for the Strategic Prevention Enhancement grant by the group previously referenced.	
Plan can be accessed via: No data	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	Yes
Prepared by: The Illinois State Epidemiological Outcomes Workgroup (SEOW) is administered by the Center for Prevention Research and Development and funded by the Illinois Department of Human Services.	
Plan can be accessed via: No data	
Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	Yes
Fines	No
Fees	Yes
Other:	No
<i>Description of funding streams and how they are used:</i>	
The Illinois Liquor Control Commission collects alcohol license fees, of which a portion are used to support substance abuse prevention services.	
Taxes: The Substance Abuse Prevention Program is supported by General Revenue Funds.	
Additional Clarification	
No data	



Indiana

State Profile and Underage Drinking Facts*

State Population: 6,570,902
 Population Ages 12–20: 817,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	23.4	192,000
Past-Month Binge Alcohol Use	15.7	128,000
Ages 12–14		
Past-Month Alcohol Use	4.8	13,000
Past-Month Binge Alcohol Use	1.9	5,000
Ages 15–17		
Past-Month Alcohol Use	15.8	43,000
Past-Month Binge Alcohol Use	10	27,000
Ages 18–20		
Past-Month Alcohol Use	48.5	136,000
Past-Month Binge Alcohol Use	34.2	96,000
Alcohol-Attributable Deaths (under 21)		92
Years of Potential Life Lost (under 21)		5,613
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	32	14

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited—no explicit exceptions noted in the law.

Underage Consumption of Alcohol

Consumption is prohibited—no explicit exceptions noted in the law.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

Note: Indiana does not have a statute that specifically prohibits purchase, but it does prohibit purchasing or attempting to purchase alcohol in connection with making a false statement or using false evidence of majority or identity.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- General affirmative defense—the retailer came to a good faith or reasonable decision that the purchaser was 21 years or older; inspection of an identification card not required.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- Minimum: 90 days
- Maximum: 365 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16 years, 6 months—16 years, 9 months without driver education
- Unsupervised night driving
 - Prohibited after: 10 p.m.—first 180 days, 10 p.m.; then, 11 p.m. Sunday through Friday and 1 a.m. on Saturday and Sunday
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No passengers except immediate family, unless accompanied by parent or a licensed driver at least 21 years old
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 18—passenger restrictions expire 180 days after issuance of intermediate license; unsupervised night-driving restrictions remain until age 18.

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited—no explicit exceptions noted in the law.

Compliance Check Protocols

Age of decoy

- Minimum: 18
- Maximum: 20.75

Appearance requirements

- Age-appropriate dress and grooming.

ID possession

- Prohibited

Verbal exaggeration of age

- Prohibited

Decoy training

- Mandated

Penalty Guidelines for Sales to Minors

No data

Responsible Beverage Service

Mandatory beverage service training for licensees, managers, servers

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

Minimum Ages for Off-Premises Sellers

- Beer: 19
- Wine: 19
- Spirits: 19

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Minimum Ages for On-Premises Sellers

- Beer: 19 for servers and 21 for bartenders
- Wine: 19 for servers and 21 for bartenders
- Spirits: 19 for servers and 21 for bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Distance Limitations for New Alcohol Outlets near Universities and Schools***Colleges and universities***

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 200 feet. School has authority to override state prohibition for grocery or drug stores.
 - On-premises outlets: Yes—within 200 feet. School has authority to override state prohibition for grocery or drug stores.
 - Alcohol products: Beer, wine, spirits.

Note: Exceptions include (1) restaurants in historic places or districts; (2) shopping malls and city markets.

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of visible intoxication

Social Host Liability Laws

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of visible intoxication

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions: Consumer must make at least one trip to producer's place of business to verify age before any direct shipments are permitted.

Age verification requirements

- Producer must verify age of purchaser.
- Common carrier must verify age of recipient.

State approval/permit requirements

- Producer/shipper must obtain state permit.
- State must approve common carrier.

Reporting requirements

- Producer must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Note: Brewers who manufacture not more than 30,000 barrels of beer in a single calendar year may ship up to one half barrel of beer directly to Indiana consumers without being subject to the restrictions placed on wine shipments.

Keg Registration

- Keg definition: At least 7¾ gallons
- Prohibited: Possessing an unregistered, unlabeled keg—maximum fine/jail \$1,000
- Purchaser information collected:
 - Purchaser's name and address
 - Verified by a government-issued ID
- Warning information to purchaser: Not required
- Deposit: Not required
- Provisions do not specifically address disposable kegs.

Home Delivery

- Beer: Permitted—6.75 to 15.75 gallons in a single transaction depending on the type of retail license
- Wine: Permitted
- Spirits: Permitted—4 to 12 quarts in a single transaction depending on the type of retail license

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.12 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$0.47 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$2.68 per gallon
- Additional taxes: \$0.47 per gallon applies to an alcoholic beverage that contains 15 percent or less.

Drink Specials

- Free beverages: Not prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Prohibited
- Reduced price, specified day or time: Prohibited
- Unlimited beverages: Not prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Price posting requirements: Post and hold—7 days minimum.
- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Price posting requirements: Post and hold—7 days minimum
- Retailer credit: Restricted—15 days maximum

Spirits (40 percent alcohol)

- Price posting requirements: Post and hold—7 days minimum
- Retailer credit: Restricted—15 days maximum

Indiana State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Indiana Alcohol and Tobacco Commission/Indiana State Excise Police	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol–Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol–Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	Don't know
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Not applicable
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	Yes
Number of minors found in possession by state law enforcement agencies	2,431
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	No
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	13,695
Number of licensees checked for compliance by state agencies (including random checks)	12,487
Number of licensees that failed state compliance checks	655
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	On- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	Yes
Number of licensees subject to random state compliance checks/decoy operations	12,487
Number of licensees that failed random state compliance checks	655
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	No
Data are collected on these activities	Not applicable
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	Yes
Number of fines imposed by the state ⁴	No data
Total amount in fines across all licensees	\$436,855
Smallest fine imposed	No data
Largest fine imposed	No data
Numbers pertain to the 12 months ending	6/30/2013

<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	No data
Total days of suspensions across all licensees	No data
Shortest period of suspension imposed (in days)	No data
Longest period of suspension imposed (in days)	No data
Numbers pertain to the 12 months ending	No data
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	No data
Numbers pertain to the 12 months ending	No data
Additional Clarification	
No data	

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Indiana Coalition to Reduce Underage Drinking (ICRUD)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://www.icrud.org

Program Description: ICRUD is a program of Mental Health America of Indiana. The Coalition’s mission is to create healthier and safer environments by reducing accessibility and availability of alcohol to underage persons. It aims to reduce youth access to alcohol by educating policymakers and the public about underage drinking and advocating for effective alcohol policies and laws. ICRUD believes all young people have the right to live and learn in environments that do not promote, condone, or allow underage drinking. The program provides minigrants to K–12 organizations and universities for on-campus prevention activities. ICRUD also organizes a legislative action group made up of college-level administrators to address issues of high-risk campus drinking as well as providing statewide training and policy academies. The Indiana Collegiate Action Network (ICAN) is a statewide advocacy coalition of colleges and universities working together to address high-risk drinking and other issues that impact the wellness of students and others on campus, as well as individuals in the surrounding communities, through education and evidence-based environmental strategies. ICAN is a program under ICRUD. More information about ICAN is available at <http://www.indianacollegiateactionnetwork.com>.

Indiana Criminal Justice Institute/Governor’s Commission for a Drug Free Indiana/Local Coordinating Councils (LCCs)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://www.in.gov/cji

Program Description: Fines and forfeitures collected for alcohol- or drug-related offenses are given to Local Coordinating Councils (LCCs) in all 92 counties for alcohol and drug prevention efforts. Because each county is given a different allotment based on the amount of fines collected in the county, and each coalition provides grant funding to various agencies and priorities in their county, it is difficult to determine the exact amount being spent solely on underage drinking prevention from these funds. Typically, these funds go to multiple initiatives or programs targeting multiple areas and are billed by cohorts, making it difficult to establish exact amounts.

Additional Underage Drinking Prevention Programs Operated or Funded by the State

No data
 URL for more program information: No data

Program description: No data

Additional Clarification

The Division of Mental Health and Addiction also provides grant funding to agencies for prevention efforts. As these efforts often targeted multiple domains and risk factors, it is difficult to determine an exact amount of funding going solely to underage drinking efforts.

Additional Information Related to Underage Drinking Prevention Programs

State collaborates with federally recognized tribal governments in the prevention of underage drinking No recognized tribal governments

Description of collaboration: Not applicable

State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing No

Description of program: Not applicable

State has adopted or developed best practice standards for underage drinking prevention programs Yes

Agencies/organizations that established best practices standards:

Federal agency(ies): Center for Substance Abuse Prevention Yes

Agency(ies) within your state: No

Nongovernmental agency(ies): No

Other: No

Best practice standards description: Funded communities must have identified underage drinking as an issue in their Needs Assessment, then select an evidence-based program/strategy and implement it with fidelity.

Additional Clarification

The Annual State Epidemiological Profile provides an overview of the state of underage drinking and alcohol use in Indiana:

<http://www.healthpolicy.iupui.edu/PubsPDFs/2012%20State%20Epidemiological%20Profile.pdf>

The state completed a new state strategic plan for prevention detailing the substance abuse prevention targets for the state including alcohol use and underage drinking:

[http://www.in.gov/fssa/dmha/files/InStratPlanFinalFormat\(2\).pdf](http://www.in.gov/fssa/dmha/files/InStratPlanFinalFormat(2).pdf)

State Interagency Collaboration

A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities No

Committee contact information:
 Not applicable

Agencies/organizations represented on the committee:
 Not applicable

A website or other public source exists to describe committee activities Not applicable
 URL or other means of access: Not applicable

Underage Drinking Reports	
State has prepared a plan for preventing underage drinking in the last 3 years Prepared by: Not applicable Plan can be accessed via: Not applicable	No
State has prepared a report on preventing underage drinking in the last 3 years Prepared by: Not applicable Plan can be accessed via: Not applicable	No
Additional Clarification	
The Annual State Epidemiological Profile provides an overview of the state of underage drinking and alcohol use in Indiana: http://www.healthpolicy.iupui.edu/PubsPDFs/2012%20State%20Epidemiological%20Profile.pdf	
The state completed a new state strategic plan for prevention detailing the substance abuse prevention targets for the state including alcohol use and underage drinking: http://www.in.gov/fssa/dmha/files/InStratPlanFinalFormat(2).pdf	

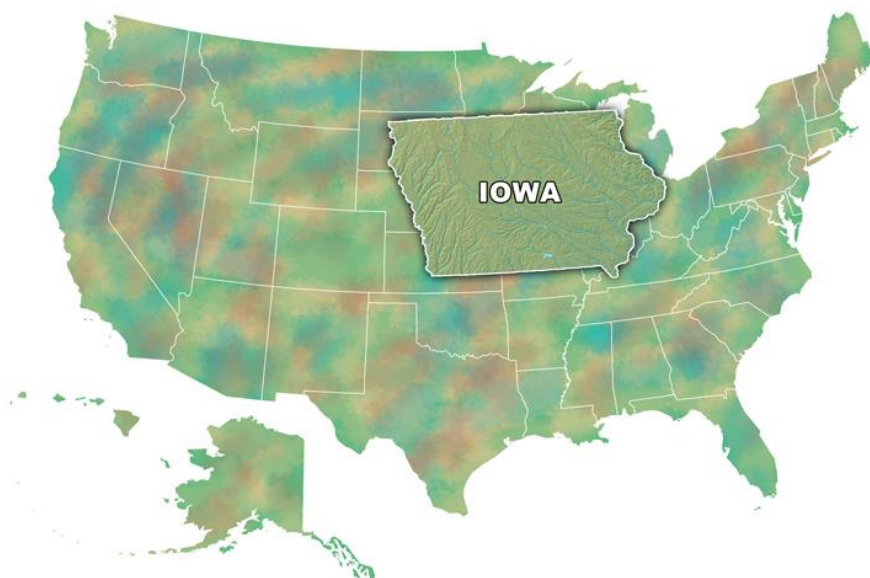
State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No data
Fines	Yes
Fees	No data
Other	No data
<i>Description of funding streams and how they are used:</i>	
Fines and forfeitures collected for alcohol- or drug-related offenses are given to coalitions in all 92 counties for alcohol and drug prevention efforts. As each county is given a different allotment, based on the amount of fines collected in the county, and each coalition provides grant funding to various	

agencies and priorities in their county, it is difficult to determine the exact amount being spent solely on underage drinking prevention from these funds. Typically, these funds go to multiple initiatives or programs targeting multiple areas.

Additional Clarification

Other than the funds the Local Coordinating Councils receive from fines and forfeitures, all other underage drinking prevention initiatives are funded with federal dollars, either from the SAPT Block Grant or from EUDL funds. No other state dollars are dedicated to prevention efforts.



Iowa

State Profile and Underage Drinking Facts*

State Population: 3,090,416
 Population Ages 12–20: 368,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	26.9	99,000
Past-Month Binge Alcohol Use	19.3	71,000
Ages 12–14		
Past-Month Alcohol Use	5.7	7,000
Past-Month Binge Alcohol Use	1.7	2,000
Ages 15–17		
Past-Month Alcohol Use	21.6	27,000
Past-Month Binge Alcohol Use	14.7	18,000
Ages 18–20		
Past-Month Alcohol Use	51	65,000
Past-Month Binge Alcohol Use	39.5	51,000
Alcohol-Attributable Deaths (under 21)		32
Years of Potential Life Lost (under 21)		1,962
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	17	3

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Private residence AND
- Parent/guardian

Underage Consumption of Alcohol

Consumption is not explicitly prohibited.

Note: Iowa law does not specifically prohibit consumption of alcohol by persons under 21. Iowa does, however, have a general statute prohibiting the use or consumption of alcohol by any person in a public place. In addition, Iowa law provides that if a child, defined as a person under 18 years old, is found to have violated the general prohibition against consumption of alcohol in a public place, the child's driver's license or operating privilege may be suspended or revoked for a period of 1 year. For more information, see Loss of Driving Privileges for Alcohol Violations by Minors ("Use/Lose" Laws).

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver's license suspension through a judicial or administrative procedure.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Retailers are permitted to seize apparently false IDs.
- General affirmative defense—the retailer came to a good faith or reasonable decision that the purchaser was 21 years or older; inspection of an identification card not required.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors ("Use/Lose Laws")

Use/lose penalties apply to minors under age 18.

Type(s) of violation leading to driver's license suspension, revocation, or denial

- Underage purchase

- Underage consumption

Authority to impose driver's license sanction

- Discretionary

Length of suspension/revocation

- 365 days

Graduated Driver's License

Learner stage

- Minimum entry age: 14
- Minimum learner stage period: 12 months
- Minimum supervised driving requirement: 20 hours, of which 2 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 12:30 a.m.
 - Primary enforcement of the night-driving rule
 - Passenger restrictions exist: No more than one unrelated minor passenger unless waived by the licensee's parent at time intermediate license is issued
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17

Note: In addition to the supervised driving requirement at the learner's stage, Iowa requires an intermediate license holder to complete 10 hours of supervised driving, with two of these hours at night.

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s):

- Private residence AND
- Parent/guardian

Compliance Check Protocols

No data

Penalty Guidelines for Sales to Minors

- Time period/conditions: Second offense, 2 years; third and subsequent offenses, 3 years
- First offense: \$500 fine
- Second offense: \$1,500 fine
- Third offense: \$1,500 fine
- Fourth offense: License revocation

Note: Affirmative defense possible for licensees when the employee guilty of the violation has successfully completed the Iowa Program for Alcohol Compliance Training prior to the violation occurring. A violation involving a sale to a person under age 18 does not qualify for affirmative defense. A licensee may use affirmative defense only once in a 4-year time period.

Responsible Beverage Service

Voluntary beverage service training

- Applies to both on-sale and off-sale establishments
- The law does not specify new or existing outlets
- Mitigation of fines or other administrative penalties for sales to minors
- Protection against license revocation for sales to minors

Note: Mitigation of penalties incentive does not apply if a sale is made to a minor under age 18.

Minimum Ages for Off-Premises Sellers

- Beer: 16
- Wine: 16
- Spirits: 18

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- No distance limitation

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on who may sue: Retailers that furnish alcohol for off-premises consumption are exempt.
- Limitations on elements/standards of proof: Retailer should have known that minor was intoxicated or was going to become intoxicated.

Social Host Liability Laws

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Social host should have known that minor was intoxicated or was going to become intoxicated.

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Common carrier must verify age of recipient.

State approval/permit requirements

- Producer/shipper must obtain state permit.
- State must approve common carrier.

Reporting requirements

- Common carrier must record/report purchaser’s name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

- Keg definition: 5 or more gallons
- Prohibited: Destroying the label on a keg—maximum fine/jail \$625/30 days
- Purchaser information collected:
 - Purchaser’s name and address
 - Verified by a government-issued ID
- Warning information to purchaser: passive—no purchaser action required
- Deposit required
- Provisions specifically address disposable kegs

Home Delivery

- Beer: Permitted
- Wine: Permitted
- Spirits: Permitted

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.19 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$1.75 per gallon

Spirits (40 percent alcohol)

- Control state

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Price posting requirements: Post and hold—1 month minimum
- Retailer credit: Restricted—30 days maximum

Spirits (40 percent alcohol)

- Control state

Iowa State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i>	
<p>The Iowa State Patrol within the Iowa Department of Public Safety is the agency primarily responsible for statewide enforcing of underage drinking laws. The Iowa State Patrol works closely with local law enforcement agencies to conduct projects involving underage drinking. Strong working relationships have enabled the program to succeed and prosper into something that is making a difference in communities across Iowa. The Division of Criminal and Juvenile Justice Planning in the Iowa Department of Human Rights receives Enforcing Underage Drinking Laws (EUDL) grant funds, and part of those funds are used by the State Patrol and other local law enforcement agencies to conduct compliance checks and other underage drinking education efforts. Some community coalitions also fund compliance checks. The Alcoholic Beverages Division (ABD) of the Iowa Department of Commerce also partners with local law enforcement when following up on a complaint or an investigation.</p>	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	Yes
<p>ABD is the agency responsible for investigating direct sales/shipments of alcohol to minors, but the agency does not have law enforcement powers over any person or entity shipping alcoholic beverages into Iowa. This activity within ABD does not have a specific program name. ABD compliance investigators contact entities shipping wine into the state and follow up with them to ensure they either cease the illegal activity or obtain a proper license to do so. When these instances occur, ABD reviews shipping logs provided from FedEx and UPS to determine who is in violation of direct shipping without a license.</p>	
Such laws are also enforced by local law enforcement agencies	Don't know
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	Yes
Number of minors found in possession by state law enforcement agencies	2,523
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	No
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	9,788
Number of licensees checked for compliance by state agencies (including random checks)	868
Number of licensees that failed state compliance checks	112
Numbers pertain to the 12 months ending	12/31/2013

Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	Yes
Number of licensees subject to random state compliance checks/decoy operations	868
Number of licensees that failed random state compliance checks	112
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	Yes
Data are collected on these activities	No
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	Yes
Number of fines imposed by the state ⁴	256
Total amount in fines across all licensees	No data
Smallest fine imposed	\$500
Largest fine imposed	\$1,500
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	124
Total days of suspensions across all licensees	No data
Shortest period of suspension imposed (in days)	30
Longest period of suspension imposed (in days)	60
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	12/31/2013
Additional Clarification	
Alcohol compliance check data are based on the EUDL-funded checks through the Department of Human Rights, Division of Criminal and Juvenile Justice Planning, which provides funding to the Iowa State Patrol within the Iowa Department of Public Safety. Some of the EUDL funding is provided to the Juvenile Anti-Alcohol Group Task Force that encompasses 14 counties and conducts local compliance checks. ABD conducts compliance checks but does not have law enforcement authority. These checks are for more issues than underage drinking so the data were not included in the total. Through community coalitions and community-based agencies, more compliance checks are occurring, but Iowa does not have a centralized reporting system.	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
<i>Enforcing Underage Drinking Laws (EUDL) through the Office of Juvenile Justice and Delinquency Prevention</i>	
Program serves specific or general population	General population
Number of youth served	Not applicable

Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://www.ojdp-dctat.org and http://www.ialert.iowa.gov
<p>Program Description: The Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning, awarded the EUDL funding to these entities:</p> <ul style="list-style-type: none"> • Iowa State Patrol: Efforts include compliance checks, saturation and party patrols, and education. • Dallas County Sheriff Juvenile Anti-Alcohol Group (JAAG) task force: JAAG consists of 14 law enforcement agencies, juvenile court, and prevention specialists. The focus is retailer checks, saturation and party patrols, safety check points, and festival/special events. • Helping Services for Northeast Iowa, Inc.: The purpose is to develop community support for prevention of underage drinking to change community norms. • I-Alert website: Assists retail licensees in developing a guide for their business to stay compliant with Iowa liquor laws. 	
<p>Iowa Program for Alcohol Compliance Training (I-PACT)</p>	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report:	No data
URL for more program information:	http://www.I-PACT.com
<p>Program Description: I-PACT has been available online from ABD for the last 2 years starting in 2012. Within the first 2 years of implementation, 25,659 users logged on and took the training to receive their certification. The overall goal of I-PACT is increased voluntary compliance with the state's alcohol laws through education prior to penalty. The core objective is to prevent illegal alcohol sales by educating sellers and servers on current state liquor law as outlined in Iowa Code 123. I-PACT asks that a PACT is made by Iowa youth not to consume alcohol, Iowa retailers not to sell alcohol to underage, Iowa licensees not to serve alcohol to patrons under 21, and Iowa's law enforcement to enforce liquor laws.</p>	
<p>D.A.R.E. Iowa</p>	
Program serves specific or general population	General population
Number of youth served	27,696
Number of parents served	1043
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report:	http://www.dareiowa.org
URL for more program information:	http://www.dareiowa.org
<p>Program Description: The mission of D.A.R.E. Iowa is to improve the quality of life for the youth of the state by helping them to avoid harmful choices through developing and coordinating the resources and training necessary to permit local D.A.R.E. officers, schools, and communities to effectively provide D.A.R.E. instruction to the young people of Iowa. The program has been in Iowa since 1988 and currently has about 82 agencies and about 118 instructors serving 150 school districts and 277 schools.</p>	
<p>Iowa Department of Education: Prime for Life Operating While Intoxicated (OWI) Program</p>	
Program serves specific or general population	Specific population
Number of youth served	1,087
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes

Evaluation report is available	Yes
URL for evaluation report:	No data
URL for more program information: http://www.educateiowa.gov/adult-career-community-college/owi-education	
<p>Program Description: PRIME for Life is an alcohol and drug program designed to challenge common beliefs and attitudes that directly contribute to high-risk use of alcohol and other drugs. This state-mandated program is required for all people (regardless of age) convicted of OWI in Iowa. Program goals are to reduce the risk for health problems and impairment problems. PRIME for Life’s intervention component focuses on self-assessment to help people understand and accept the need for change. PRIME for Life is recognized as an evidence-based program on the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Registry of Evidence-Based Programs and Practices (NREPP). During FY2013, 13,715 offenders took PRIME for Life courses from one of 51 agencies statewide. About 1,087 recipients were age 20 years or younger. The program is for offenders only; parents and caregivers are not included.</p>	
<p>Iowa Department of Public Health (IDPH): Youth Diversion Programs</p>	
Program serves specific or general population	Specific population
Number of youth served	1,182
Number of parents served	252
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: Available from Iowa Dept. of Public Health	
URL for more program information: No data	
<p>Program Description: IDPH funds 18 community-based agencies for 23 service areas, which collectively cover all 99 Iowa counties. These comprehensive substance abuse prevention contracts are funded by the prevention portion of the Substance Abuse Prevention and Treatment (SAPT) Block Grant and some state appropriations. Among the services provided are diversion programs in many of the 23 service areas. A diversion program is for youth who have received a minor-in-possession charge or other alcohol offense (except OWI). If the youth successfully completes the program, then he or she may be diverted from the court system. The programs have different names, such as “Rethinking Drinking” or “Juvenile Education Group (JEG),” and vary as to the number of sessions and whether a parent or guardian is required to attend. Not all the programs require a parent or guardian to attend.</p>	
<p>Iowa Department of Public Health (IDPH): Alcohol, Tobacco, and Other Drug Education Programs included in the Comprehensive Substance Abuse Prevention contracts</p>	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	Yes
<p>http://iconsortium.subst-abuse.uiowa.edu/downloads/IDPH/Comprehensive%20Prevention%20Project%20Evaluation%20Annual%20Report%202013.pdf</p>	
<p>URL for more program information: http://www.idph.ia.us/bh/sa_comprehensive_prevention.asp</p>	
<p>Program Description: Through the SAPT Block Grant, IDPH funds Comprehensive Substance Abuse Prevention contracts, which collectively cover all 99 Iowa counties. In FY2012 some state funds and some other funds from fees were included in the contracts. A main service provided is alcohol, tobacco, and other drug education programs in school and community settings. Many are small-group, recurring-service (multiple sessions), evidence-based programs. The evidence-based programs include LifeSkills Training Program, Project ALERT, Project Towards No Tobacco Use, Project Towards No Drug Abuse, All Stars, and Too Good For Drugs. Other prevention strategies are included under this funding as well.</p>	

Since the funding covers alcohol and other drugs, data on youth served specific to underage drinking are not available. For all the funding combined, 93,729 youths were served.

Iowa Department of Public Health: Youth Mentoring and Prevention Through Mentoring Programs

Program serves specific or general population	Specific population
Number of youth served	1,287
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://www.idph.state.ia.us/bh/sa_youth_development.asp

Program Description: IDPH receives state appropriations to fund the Prevention Through Mentoring contracts, which create new and support existing community youth mentoring programs. The program supports the state's goals of primary prevention of the use or abuse of alcohol, tobacco, and other drugs. Other funding from fees from Sunday liquor permits is used by IDPH for the Youth Mentoring contracts. These also establish or sustain mentoring programs that promote relationship building and social skills development, use elements of effective practice as established by the National Mentoring Partnership, and promote a positive perception of caring adults in the community.

Iowa Department of Public Health: Youth Development Program

Program serves specific or general population	General population
Number of youth served	5,186
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report:	Report available from IDPH
URL for more program information:	http://www.idph.state.ia.us/bh/sa_youth_development.asp

Program Description: The program provides evidence-based substance abuse prevention programming for youth (ages 5 to 18) that includes out-of-school time activities and opportunities for character development, youth development, leadership, and community service. The youth development approach is a way of working with youth to provide developmental experiences shown to promote healthy transition toward adulthood. Objectives are to provide (1) evidence-based youth development programming effective in reducing substance abuse in children and (2) specific out-of-school youth development and service opportunities in the community. Funding is from state appropriations.

Iowa Department of Public Health: Strategic Prevention Framework State Incentive Grant (SPF SIG)

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://www.iowaspfsig.org

Program Description: In 2009, IDPH received the SAMHSA SPF SIG, a 5-year grant to prevent the onset and reduce the progression of substance abuse including childhood and underage drinking, reduce substance abuse-related problems in communities, and build prevention capacity and infrastructure at the state, tribal, and community levels. SPF is a five-step process that assists states in developing a comprehensive plan and supports selected communities in implementing effective programs, policies, and practices. One of the two data-driven priorities for Iowa is underage drinking. Environmental strategies have been implemented in 23 Iowa counties selected based on needs data. No local service data are available at this time, and data on youth, parents, and caregivers served are not collected.

Iowa Department of Public Health: Community Coalition Grant Program	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://www.idph.state.ia.us/bh/sa_community_coalition.asp
<p>Program Description: The program funds community coalitions to provide environmental substance abuse prevention strategies to reduce underage alcohol use in communities. Coalitions receive up to \$3,000 from state appropriations for 1 year. Coalitions currently receiving funding from any state or federal agency in a cumulative amount of greater than \$10,000 are not eligible. In state FY2013, IDPH funded four coalitions. No numbers of youth or adults served were required in the year-end report. Additionally, 13 Iowa communities receive Drug-Free Communities (DFC) Support Program Grants or DFC Mentoring Grants from the Office of National Drug Control Policy (ONDCP) and SAMHSA. Much of their work is to prevent and reduce underage drinking, and it affects overall underage drinking efforts in Iowa. Several Substance Abuse Prevention and Treatment (SAPT) Block Grant-funded agencies work very closely with them. Also, Iowa has an Alliance of Coalitions for Change (AC4C), a network of substance abuse prevention coalitions that have quarterly retreats and share strategies to reduce underage drinking. Information about DFCs is available from SAMHSA and ONDCP.</p>	

Additional Underage Drinking Prevention Programs Operated or Funded by the State
No data
URL for more program information: No data
Program description: No data
Additional Clarification
No data

Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	No
Description of collaboration: Not applicable	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Program description: Not applicable	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies): SAMHSA Center for Substance Abuse Prevention	Yes
Agency(ies) within your state: Iowa Department of Public Health (IDPH) SPF SIG Advisory Council members, see list under 2.C.1.b	Yes
Nongovernmental agency(ies): SPF SIG Advisory Council members, see list under 2.C.1.b	Yes
Other:	No
Best practice standards description: The best practice standards relate specifically to selecting and implementing evidence-based interventions following the Strategic Prevention Framework. SPF definitions of “evidence-based” include interventions in one or more of the following three categories: (a) Included in federal registries, (b) reported (with positive effects on the primary targeted outcome) in peer-reviewed journals, or (c) documented effectiveness supported by other sources of information and the consensus judgment of informed experts as specified in the guidance document U.S. Department of Health and Human Services, Identifying and Selecting Evidence-Based Interventions.	

Additional Clarification

Additional information about best practice standards: The IDPH-sponsored Evidence-Based Practice Workgroup, a subcommittee for the SPF SIG Advisory Council, made the recommendation to the Council to adopt the SAMHSA CSAP Guidance document (cited above) to define Evidence-Based Interventions. The Council supported the recommendation. The guidance is used for SPF SIG contracts and also for other state and federal funding administered by IDPH. Not all other agencies may specify using evidence-based programs and practices when funding contracts for prevention, but because underage drinking is a priority for the SPF SIG counties and for other funding, the guidance serves the majority of prevention contracts.

State Interagency Collaboration

A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities Yes

Committee contact information:

Name: Kathy Stone, Chair
 E-mail: Kathy.stone@idph.iowa.gov
 Address: IDPH, 321 East 12th Street, Des Moines, IA 50319
 Phone: 515-281-4417

Agencies/organizations represented on the committee:

Iowa Department of Public Health, Division of Behavioral Health
 Iowa Department of Commerce, Alcoholic Beverages Division
 Iowa Department of Education
 Iowa Department of Human Services
 Iowa Department of Human Rights, Division of Criminal Juvenile Justice Planning
 Iowa Department of Public Safety, Governor's Traffic Safety Bureau
 Iowa National Guard
 Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa
 Alliance of Coalitions for Change (AC4C)
 Iowa Behavioral Health Association
 CSAP State Project Officer
 Iowa Board of Certification
 Partnerships in Prevention Science Institute (PROSPER) at Iowa State University
 A parent
 Community-based agencies
 Community college
 Law enforcement agency
 Faith community
 Youth are involved through the State of Iowa Youth Action Committee (SIYAC)
 Others involved on subcommittees

A website or other public source exists to describe committee activities Yes
 URL or other means of access: <http://idph.state.ia.us/spfsig>

Underage Drinking Reports

State has prepared a plan for preventing underage drinking in the last 3 years Yes
 Prepared by: SPF SIG Advisory Council with staff support from the Iowa Department of Public Health
 Plan can be accessed via: <http://www.idph.state.ia.us/spfsig/counties>

State has prepared a report on preventing underage drinking in the last 3 years Yes
 Prepared by: State Epidemiological Workgroup
 Plan can be accessed via: http://www.idph.state.ia.us/bh/sa_epi_workgroup.asp and www.iowa.gov/odcp/docs/2014StrategyFinal.pdf

Additional Clarification

The previous state-level Underage Drinking Task Force voted to combine with the SPF SIG Advisory Council at least for the remainder of the SPF SIG Project period, which was extended until January 31,

2015. Representation on the two groups had started to overlap. The Iowa Governor’s Office of Drug Control Policy produces the Iowa Drug Control Strategy as a required annual report to the legislature and the general public. The strategy describes substance abuse and related issues and includes underage alcohol use but does not report separately about underage drinking services. The State Epidemiological Workgroup produces an Epidemiological Profile every 2 years that includes data about underage alcohol use, but does not include services data.

State Expenditures for the Prevention of Underage Drinking

<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	12/31/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	12/31/2013
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$420,851
Estimate based on the 12 months ending	6/30/2013
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	6/30/2013
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	\$16,070
Estimate based on the 12 months ending	6/30/2013
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	12/31/2013
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>Other programs:</i>	
Programs or strategies included: Fees generated from Sunday beer and liquor permits fund the Iowa Department of Public Health Community Coalitions contracts, 4 percent of the Comprehensive Substance Abuse Prevention contracts (predominately funded by the SAPT Block Grant), and a portion of the Youth Mentoring Program contracts	
Estimate of state funds expended	\$277,018
Estimate based on the 12 months ending	6/30/2013

Funds Dedicated to Underage Drinking

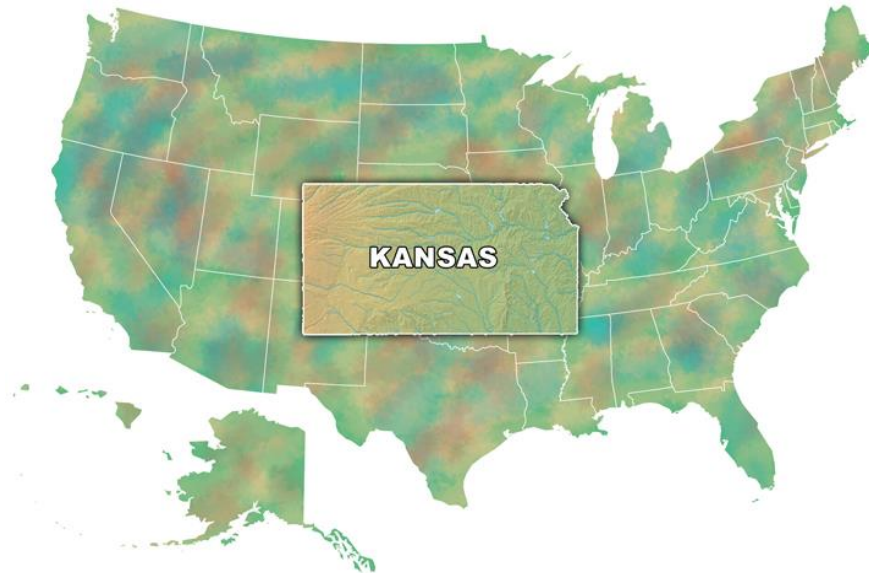
State derives funds dedicated to underage drinking from the following revenue streams:

Taxes	No
Fines	No
Fees	Yes
Other:	No

Description of funding streams and how they are used:
 Some Iowa Department of Public Health prevention contracts are funded by fees generated from Sunday beer and liquor permits.

Additional Clarification

The Governor’s Office of Drug Control Policy produces the Iowa Drug Control Strategy as a required annual report to the legislature and the general public. The Strategy describes funding, but allocations are not broken out specifically for underage drinking services. The Strategy is available at http://www.iowa.gov/odcp/drug_control_strategy/strategy.pdf. The amount of funding provided for higher education was only from one state university. With more specific substance abuse prevention services added to the Mentoring and Youth Development programs, a portion of the funding for these programs was included in the State Expenditures Section this year. The additional funding is not new funding.



Kansas

State Profile and Underage Drinking Facts*

State Population: 2,893,957
 Population Ages 12–20: 358,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	23.4	84,000
Past-Month Binge Alcohol Use	15.8	57,000
Ages 12–14		
Past-Month Alcohol Use	4.2	5,000
Past-Month Binge Alcohol Use	1.8	2,000
Ages 15–17		
Past-Month Alcohol Use	19.3	23,000
Past-Month Binge Alcohol Use	12.6	15,000
Ages 18–20		
Past-Month Alcohol Use	44.7	56,000
Past-Month Binge Alcohol Use	31.7	40,000
Alcohol-Attributable Deaths (under 21)		41
Years of Potential Life Lost (under 21)		2,459
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	37	8

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited—no explicit exceptions noted in the law.

Note: Kansas has an exception permitting persons under 21 years old to possess alcohol, but the exception applies only to cereal malt beverages (defined as any fermented but undistilled liquor brewed or made from malt or from a mixture of malt or malt substitute, but not including any such liquor that is more than 3.2 percent alcohol by weight [ABW]).

Underage Consumption of Alcohol

Consumption is prohibited—no explicit exceptions noted in the law.

Note: Kansas has an exception permitting persons under 21 years old to consume alcohol, but the exception applies only to cereal malt beverages (defined as any fermented but undistilled liquor brewed or made from malt or from a mixture of malt or malt substitute, but not including any such liquor that is more than 3.2 percent ABW).

Internal Possession by Minors

Internal possession is prohibited—no explicit exceptions noted in the law.

Note: Kansas has an exception permitting persons under 21 years old to possess or consume alcohol but the exception applies only to cereal malt beverages (defined as any fermented but undistilled liquor brewed or made from malt or from a mixture of malt or malt substitute, but not including any such liquor that is more than 3.2 percent ABW).

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- No driver's license suspension procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- 30 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 14
- Minimum learner stage period: 12 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 9 p.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No more than one passenger under 18 who is not an immediate family member
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 16 years, 6 months

Note: Kansas has a “restricted license” that allows unsupervised 15-year-olds to drive to and from school or work using the most direct route possible. They must have completed driver’s education, held an instruction permit for 12 months, completed 25 hours of supervised driving with an additional 25 hours of driving prior to age 16, and obtained parental consent. They must not operate the vehicle with nonsibling minor passengers.

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited—no explicit exceptions noted in the law.

Note: Kansas has an exception permitting the furnishing by a parent or legal guardian to a child or ward, but the exception applies only to cereal malt beverages (defined as any fermented but undistilled liquor brewed or made from malt or from a mixture of malt or malt substitute, but not including any liquor that is more than 3.2 percent ABW).

Compliance Check Protocols

No data

Penalty Guidelines for Sales to Minors

No data

Responsible Beverage Service

No beverage service training requirement

Minimum Ages for Off-Premises Sellers

- Beer: 21
- Wine: 21
- Spirits: 21

Note: Although employees must be at least 21 years old to sell alcoholic liquors at off-sale establishments, employees who are at least 18 years old may sell cereal malt beverages (defined as containing not more than 3.2 percent alcohol by weight) if the licensee's place of business is licensed only to sell cereal malt beverages at retail in original and unopened containers and not for consumption on the premises.

Minimum Ages for On-Premises Sellers

- Beer: 18 for servers and 21 for bartenders
- Wine: 18 for servers and 21 for bartenders
- Spirits: 18 for servers and 21 for bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- Limitations on outlet siting:
 - Off-premises outlets: Yes—within 200 feet
 - On-premises outlets: No
 - Alcohol products: Beer, wine, spirits

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 200 feet
 - On-premises outlets: No
 - Alcohol products: Beer, wine, spirits

Dram Shop Liability

There is no statutory liability.

Social Host Liability Laws

There is no statutory liability.

Host Party Laws

Social host law is specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession, consumption
- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Recklessness
- Exception(s): Family, resident

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Producer must verify age of purchaser.

State approval/permit requirements

- Producer/shipper must obtain state permit.
- State must approve common carrier.

Reporting requirements

- Producer must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol

Keg Registration

- Keg definition: 4 or more gallons
- Prohibited:
 - Possessing an unregistered, unlabeled keg—maximum fine/jail \$1,000/6 months
 - Destroying the label on a keg—maximum fine/jail \$1,000/6 months
- Purchaser information collected:
 - Purchaser's name and address
 - Verified by a government-issued ID
- Warning information to purchaser: Not required
- Deposit: Not required
- Provisions specifically address disposable kegs

Home Delivery

- Beer: No law
- Wine: No law
- Spirits: No law

Alcohol Pricing Policies**Alcohol Tax*****Beer (5 percent alcohol)***

- Specific excise tax: \$0.18 per gallon
- Ad valorem excise tax (on-premises retail): 10 percent
 - Sales tax does not apply
 - Sales tax: 6.15 percent
 - Sales tax adjusted retail ad valorem rate: 3.85 percent
- Ad valorem excise tax (off-premises retail): 8 percent
 - Sales tax does not apply
 - Sales tax: 6.15 percent

- Sales tax adjusted retail ad valorem rate: 1.85 percent
- Ad valorem excise tax (on-premises wholesale): 8 percent

Note: Sales of beer containing not more than 4 percent alcohol by retailers holding only a cereal malt beverage (CMB) license are subject only to the applicable state and local sales tax. The 10 percent liquor drink tax is not due on beer containing not more than 4 percent alcohol sold by those holding only a CMB license; however, holders of alcoholic liquor licenses must collect and remit the 10 percent liquor drink tax on sales of beer containing not more than 4 percent alcohol but are not required to collect sales tax.

Wine (12 percent alcohol)

- Specific excise tax: \$0.30 per gallon
- Ad valorem excise tax (on-premises retail): 10 percent
 - Sales tax does not apply
 - Sales tax: 6.15 percent
 - Sales tax adjusted retail ad valorem rate: 3.85 percent
- Ad valorem excise tax (off-premises retail): 8 percent
 - Sales tax does not apply
 - Sales tax: 6.15 percent
 - Sales tax adjusted retail ad valorem rate: 1.85 percent
- Ad valorem excise tax (on-premises wholesale): 8 percent

Spirits (40 percent alcohol)

- Specific excise tax: \$2.50 per gallon
- Ad valorem excise tax (on-premises retail): 10 percent
 - Sales tax does not apply
 - Sales tax: 6.15 percent
 - Sales tax adjusted retail ad valorem rate: 3.85 percent
- Ad valorem excise tax (off-premises retail): 8 percent
 - Sales tax does not apply
 - Sales tax: 6.15 percent
 - Sales tax adjusted retail ad valorem rate: 1.85 percent
- Ad valorem excise tax (on-premises wholesale): 8 percent

Drink Specials

- Free beverages: Prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Not prohibited
- Reduced price, specified day or time: Not prohibited
- Unlimited beverages: Prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Volume discounts: Banned
- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Volume discounts: Banned
- Price posting requirements: Post
- Retailer credit: Not permitted

Spirits (40 percent alcohol)

- Volume discounts: Banned
- Price posting requirements: Post
- Retailer credit: Not permitted

Kansas State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Kansas Department of Revenue, Alcoholic Beverage Control Division	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	No
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	No
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	Don't know
Number pertains to the 12 months ending	Not applicable
Data include arrests/citations issued by local law enforcement agencies	Not applicable
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of retail licensees in state ³	3,294
Number of licensees checked for compliance by state agencies (including random checks)	536
Number of licensees that failed state compliance checks	93
Numbers pertain to the 12 months ending	6/30/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	No
Number of licensees that failed random state compliance checks	Not applicable
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	No
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	Yes
Total amount in fines across all licensees	224
Smallest fine imposed	\$118,550
Largest fine imposed	\$500
Numbers pertain to the 12 months ending	\$3,000
	6/30/2013

<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	15
Total days of suspensions across all licensees	77
Shortest period of suspension imposed (in days)	1
Longest period of suspension imposed (in days)	14
Numbers pertain to the 12 months ending	6/30/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	6/30/2013
Additional Clarification	
No data	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Regional Media Campaigns

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data

Program Description: Regional media-related strategies were implemented to address substance abuse prevalence. These regional campaigns used the state’s “Teen Thinking” materials so that statewide the campaigns had the same look, feel, and message.

Project Sticker Shock

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data

Program Description: Project Sticker Shock seeks to educate persons age 21 or older who might illegally purchase alcohol and provide it to minors. Stickers displaying a warning message about the penalties for furnishing alcohol to minors are placed on all multipacks of beer, wine coolers, and other alcohol products that might appeal to underage drinkers. The impact of the sticker is increased by media coverage of the event(s) and by permanent signs to be displayed by participating licensees.

Project ALERT

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes

Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers.	
MADD Power of Parents	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: Through the Power of Parents program, parents and caregivers can attend free, 35-minute parent workshops and receive a parent handbook that provides them with the communication tools to talk with their teens about alcohol.	
AlcoholEdu	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: AlcoholEdu for High School is an online, interactive, alcohol education and prevention course designed to increase alcohol-related knowledge, discourage acceptance of underage drinking, and prevent or decrease alcohol use and its related negative consequences. Although high schools typically administer the course to their entire freshman class each year, the course can be used with other high school populations as well. By implementing the program at the population level, schools expose students to a consistent message, ultimately creating a common body of knowledge and a shared experience that helps establish a social safety net among students. The program includes a precourse assessment measuring knowledge, attitudes, and behaviors, followed by three 30-minute lessons, a postcourse assessment, and a 30-day (or more) follow-up review of key course concepts and follow-up assessment. The three lessons address alcohol’s effects on the body and impairments produced at various blood alcohol concentrations; alcohol’s effects on the mind, including brain development, blackouts, hangovers, and risk taking; and factors that influence decisions about drinking and strategies for making healthy choices. Brief lecture formats present current research, and interactive exercises personalize and reinforce the information. The course, which requires minimal teacher involvement, may be assigned as an outside project or completed in a school’s computer lab. Students can progress through the program at their own pace. Although students have unlimited access to the course materials throughout the academic year, schools are encouraged to tie the course to something that is meaningful to the students, such as a test or project grade, access to a school event, or participation in extracurricular activities. The three lessons are typically completed within 1 to 3 weeks. Students may use their accounts throughout the academic year to access alcohol-related web links or revisit any of the different interactive exercises.	
Retailer Compliance Check	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable

Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: Random, unannounced retailer compliance checks and controlled buy operations were conducted at retail establishments in defined geographic areas to ensure compliance with state alcohol sales laws prohibiting sale of alcohol to minors, and to ensure positive age verification policies and practices by merchants.	
Strengthening Families Program: For Parents and Youth 10–14 (SFP 10-14)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: The Strengthening Families Program: For Parents and Youth 10–14 is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds. It is theoretically based on several etiological and intervention models including the biopsychosocial vulnerability, resiliency, and family process models. The program includes seven 2-hour sessions and four optional booster sessions in which parents and youth meet separately for instruction during the first hour and together for family activities during the second hour. The sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences to use substances. Sessions, which are typically held once a week, can be taught effectively by a wide variety of staff.	
Positive Action	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: Positive Action is an integrated and comprehensive program designed to improve academic achievement, school attendance, and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict. Positive Action has materials for schools, homes, and community agencies. All materials are based on the same unifying broad concept (one feels good about oneself when taking positive actions) with explanatory subconcepts (positive actions for the physical, intellectual, social, and emotional areas) that elaborate on the overall theme. The program components include grade-specific curriculum kits for kindergarten through 12th grade, drug education kits, a conflict resolution kit, sitewide climate development kits for elementary and secondary school levels, a counselor’s kit, a family kit, and a community kit. All the components and their parts can be used separately or in any combination and are designed to reinforce and support one another.	
Party Prevention and Controlled Party Dispersal	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable

Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: This 6-hour training discusses the role of enforcement and community agencies in preventing underage drinking parties and safely dispersing them when they do occur. It describes the problem of underage drinking in general and youth drinking parties in particular. The course recognizes that to be successful, any underage drinking strategy must be supported by law enforcement, the judiciary, and the community. Consequently, the course examines not only the mechanics of successful controlled party dispersal operations but also how controlled party dispersal is part of a larger effort to focus investigations, change community perceptions, and promote joint law enforcement and community efforts. The course includes information on conducting controlled party dispersal operations, legal strategies, marketing and media, and police–community roles and relationships.	
Saturation Patrols	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: These patrols are designed to saturate an area with officers in order to send a message to the community. This high-visibility effect is a good method when coupled with a strong media campaign.	

Additional Underage Drinking Prevention Programs Operated or Funded by the State	
No data	
URL for more program information: No data	
Program description: No data	
Additional Clarification	
No data	

Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	Yes
Description of collaboration: The Prairie Band Potawatomi Nation was awarded SPF-PFS II subrecipient funding to address underage drinking.	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Description of program: Not applicable	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies): CSAP	Yes
Agency(ies) within your state: Kansas Department for Aging and Disability Services – Behavioral Health Services	Yes
Nongovernmental agency(ies):	No
Other:	No
Best practice standards description: Kansas Criteria for Evidence-Based Prevention Strategy Selection—Included in a federal list or registry of evidence-based intervention strategies, or reported in a peer-reviewed journal to have produced positive results, or documented as effective based on all three of the following guidelines: (1) The intervention is based on a solid theory or theoretical	

perspective that has validated research, (2) the intervention is supported by a documented body of knowledge—a converging of empirical evidence of effectiveness—generated from similar or related interventions that indicate effectiveness, and (3) the intervention is judged effective by a consensus of informed experts based on their combined knowledge of theory and their research and practice experience. “Informed experts” may include key community leaders and elders or other respected leaders within indigenous cultures.

Additional Clarification

No data

State Interagency Collaboration

A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities Yes

Committee contact information:

Name: Sarah Fischer
 E-mail: sarah.fischer@kdads.ks.gov
 Address: 503 South Kansas Avenue, Topeka, KS 66603
 Phone: 785-291-3359

Agencies/organizations represented on the committee:

Kansas Department for Aging and Disability Services
 Kansas Department for Children and Families
 Kansas Department of Transportation
 Kansas Department of Education
 Kansas Department of Health and Environment
 Kansas Department of Revenue
 University of Kansas

A website or other public source exists to describe committee activities Yes

URL or other means of access:
[http://www.kansasbehavioralhealthservices.org/Bhs1.0/Providers/Advisory Councils And Task Forces/Governors Behavioral Health Advisory Council.aspx](http://www.kansasbehavioralhealthservices.org/Bhs1.0/Providers/Advisory_Councils_And_Task_Forces/Governors_Behavioral_Health_Advisory_Council.aspx)

Underage Drinking Reports

State has prepared a plan for preventing underage drinking in the last 3 years Yes

Prepared by: Kansas Department for Aging and Disability Services
 Plan can be accessed via: No data

State has prepared a report on preventing underage drinking in the last 3 years Yes

Prepared by: Kansas EPI Core Team and Kansas Department for Aging and Disability Services
 Plan can be accessed via: No data

Additional Clarification

No data

State Expenditures for the Prevention of Underage Drinking*Compliance checks in retail outlets:*

Estimate of state funds expended Data not available
 Estimate based on the 12 months ending Data not available

Checkpoints and saturation patrols:

Estimate of state funds expended Data not available
 Estimate based on the 12 months ending Data not available

Community-based programs to prevent underage drinking:

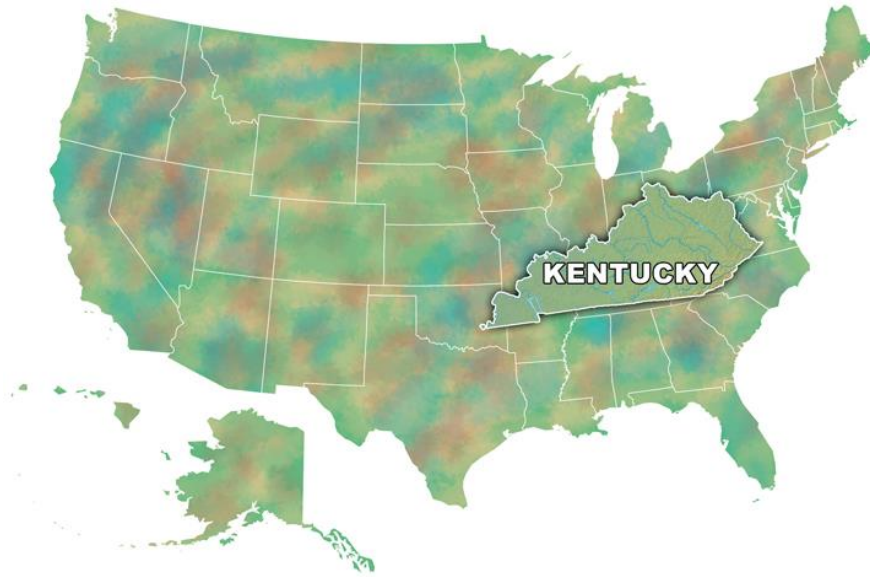
Estimate of state funds expended \$320,000
 Estimate based on the 12 months ending 6/30/2013

K-12 school-based programs to prevent underage drinking:

Estimate of state funds expended Data not available
 Estimate based on the 12 months ending Data not available

<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other: Federal SAPT Block Grant Funds	Yes
<i>Description of funding streams and how they are used:</i>	
No data	
Additional Clarification	
No data	



Kentucky

State Profile and Underage Drinking Facts*

State Population: 4,395,295
 Population Ages 12–20: 507,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	21.5	109,000
Past-Month Binge Alcohol Use	15.0	76,000
Ages 12–14		
Past-Month Alcohol Use	3.8	7,000
Past-Month Binge Alcohol Use	1.8	3,000
Ages 15–17		
Past-Month Alcohol Use	17.4	29,000
Past-Month Binge Alcohol Use	11.8	19,000
Ages 18–20		
Past-Month Alcohol Use	43.8	74,000
Past-Month Binge Alcohol Use	31.7	54,000
Alcohol-Attributable Deaths (under 21)		65
Years of Potential Life Lost (under 21)		3,921
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	25	8

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited—no explicit exceptions noted in the law.

Underage Consumption of Alcohol

Consumption is not explicitly prohibited.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

No use/lose law

Graduated Driver’s License

Learner stage

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 60 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16 years, 6 months
- Unsupervised night driving
 - Prohibited after: 12 a.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No more than one unrelated passenger under 20, unless accompanied by instructor
 - No primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17

Laws Targeting Alcohol Suppliers**Furnishing of Alcohol to Minors**

Furnishing is prohibited with the following exception(s): Parent/guardian

Compliance Check Protocols**Age of decoy**

- Minimum: 18
- Maximum: 20

Appearance requirements

- Age-appropriate appearance and character

ID possession

- Not specified

Verbal exaggeration of age

- Not specified

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

- Time period/conditions: Not specified
- First offense: \$1,750 fine and/or 35-day suspension
- Second offense: \$3,500 fine and/or 70-day license suspension

Responsible Beverage Service

No beverage service training requirement

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 20
- Spirits: 20

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Note: Although 20 is the minimum age requirement to sell alcoholic beverages at both off-sale and on-sale establishments, 18-year-olds may stock, arrange displays, accept payment for, and sack malt beverages by the package, under the supervision of a person 20 years old or older.

Minimum Ages for On-Premises Sellers

- Beer: 20 for both servers and bartenders
- Wine: 20 for both servers and bartenders
- Spirits: 20 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- No distance limitation

Dram Shop Liability

Statutory liability exists.

Social Host Liability Laws

There is no statutory liability.

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements: None

State approval/permit requirements

- Producer/shipper must obtain state permit.
- State must approve common carrier.

Reporting requirements: None

Shipping label statement requirements: None

Note: Kentucky's laws permitted direct wine shipments provided the customer purchased the wine at the producer's place of business. This provision was ruled unconstitutional as violating the U.S. Constitution's interstate commerce clause. The remainder of the statutory scheme was upheld.

Keg Registration

Registration is not required.

Home Delivery

- Beer: No law
- Wine: Prohibited
- Spirits: Prohibited

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.08 per gallon

- Ad valorem excise tax (on-premises wholesale): 11 percent
- Ad valorem excise tax (off-premises wholesale): 11 percent

Wine (12 percent alcohol)

- Specific excise tax: \$0.50 per gallon
- Ad valorem excise tax (on-premises wholesale): 11 percent
- Ad valorem excise tax (off-premises wholesale): 11 percent

Spirits (40 percent alcohol)

- Specific excise tax: \$1.92 per gallon
- Ad valorem excise tax (on-premises wholesale): 11 percent
- Ad valorem excise tax (off-premises wholesale): 11 percent

Drink Specials

- Free beverages: Prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Not prohibited
- Reduced price, specified day or time: Not prohibited
- Unlimited beverages: Not prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Retailer credit: Restricted—30 days maximum

Spirits (40 percent alcohol)

- Retailer credit: Restricted—30 days maximum

Kentucky State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Kentucky Department of Alcoholic Beverage Control (ABC)	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	No
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Yes Kentucky ABC Enforcement Div.
Such laws are also enforced by local law enforcement agencies	Don't know
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	Yes 497
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	No
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of retail licensees in state ³	12,626
Number of licensees checked for compliance by state agencies (including random checks)	1,897
Number of licensees that failed state compliance checks	134
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	Yes Data not available
Number of licensees that failed random state compliance checks	Data not available
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Don't know/ No answer
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	Yes Data not available
Total amount in fines across all licensees	Data not available
Smallest fine imposed	Data not available
Largest fine imposed	Data not available
Numbers pertain to the 12 months ending	12/31/2013

<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	Data not available
Total days of suspensions across all licensees	Data not available
Shortest period of suspension imposed (in days)	Data not available
Longest period of suspension imposed (in days)	Data not available
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	11
Numbers pertain to the 12 months ending	12/31/2013
Additional Clarification	
No data	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
3-D (Drunk and Drugged Driving) Simulator	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://transportation.ky.gov/Highway-Safety/Pages/Impaired-Driving.aspx	
Program Description: The 3-D (Drunk and Drugged Driving) Simulator is a battery-powered car that is driven through a winding course set up with traffic cones, by an operator wearing Fatal Vision goggles. This simulates operating a vehicle while under the influence of drugs or alcohol. This program is typically presented at high schools. To participate in the program, students must have a valid driver's license and a signed permission form from a parent or guardian if under age 18.	

Additional Underage Drinking Prevention Programs Operated or Funded by the State	
No data	
URL for more program information: No data	
Program description: No data	
Additional Clarification	
No data	

Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	No recognized tribal governments
Description of collaboration: Not applicable	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Description of program: Not applicable	

<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies): Center for Substance Abuse Prevention	Yes
Agency(ies) within your state:	No
Nongovernmental agency(ies):	No
Other: Kentucky's 14 regional prevention centers provide training and technical assistance to prevention coalitions throughout the state on effective underage drinking strategies.	Yes
Best practice standards description: Our state standard is the SAMHSA document, <i>Identifying and Selecting Evidence-Based Interventions</i> . Although not formally adopted, the document was disseminated to all Regional Prevention Centers with the expectation that they would use it to guide community selection of prevention strategies. In addition, the Alcohol Prevention Enhancement Site (PES) and Fetal Alcohol Spectrum Disorder Prevention Enhancement Site (FASD PES) conduct research regularly on best practices for alcohol prevention. This information is disseminated to our network of Regional Prevention Centers, which use it to inform community planning on underage drinking prevention.	
Additional Clarification	
No data	

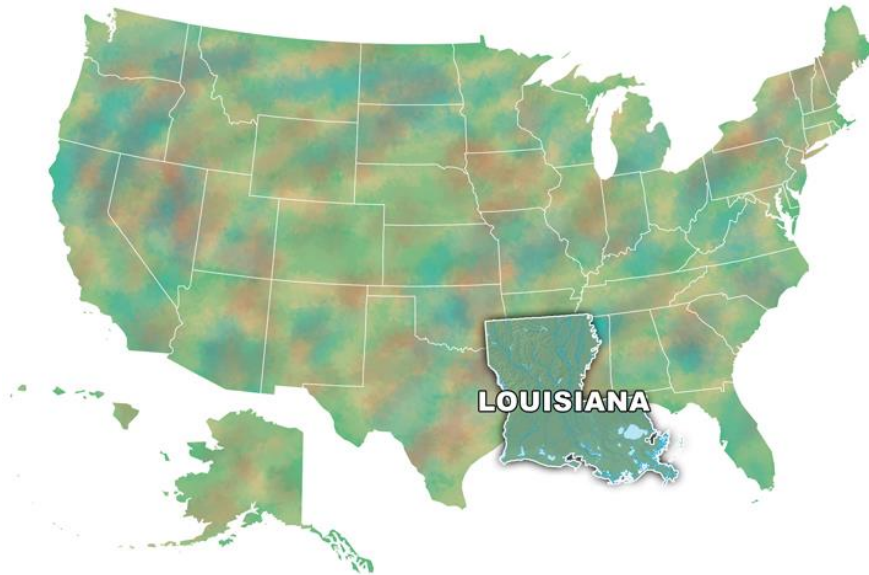
State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	No
<i>Committee contact information:</i> Not applicable	
<i>Agencies/organizations represented on the committee:</i> Not applicable	
<i>A website or other public source exists to describe committee activities</i>	Not applicable
URL or other means of access: Not applicable	

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Yes
Prepared by: Division of Behavioral Health, Substance Abuse Prevention Branch Plan can be accessed via: The plan is not posted on the website. A copy can be obtained by contacting Steve Cambron at Steve.cambron@ky.gov .	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	No
Prepared by: Not applicable Plan can be accessed via: Not applicable	
Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	\$160,000
Estimate based on the 12 months ending	12/31/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	\$160,000
Estimate based on the 12 months ending	12/31/2013
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>K-12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other:	No
<i>Description of funding streams and how they are used:</i>	
Not applicable	
Additional Clarification	
No data	



Louisiana

State Profile and Underage Drinking Facts*

State Population: 4,625,470
 Population Ages 12–20: 567,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	24.6	139,000
Past-Month Binge Alcohol Use	15.3	87,000
Ages 12–14		
Past-Month Alcohol Use	6.5	12,000
Past-Month Binge Alcohol Use	2.3	4,000
Ages 15–17		
Past-Month Alcohol Use	23	44,000
Past-Month Binge Alcohol Use	13.7	26,000
Ages 18–20		
Past-Month Alcohol Use	42.1	84,000
Past-Month Binge Alcohol Use	28.3	57,000
Alcohol-Attributable Deaths (under 21)		113
Years of Potential Life Lost (under 21)		6,832
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	24	9

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Private residence OR
- Parent/guardian OR
- Spouse

Underage Consumption of Alcohol

Consumption is prohibited with the following exception(s):

- Private residence OR
- Parent/guardian OR
- Spouse

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver's license suspension through a judicial procedure.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Note: In Louisiana, beginning January 1, 2000, and thereafter, special identification cards issued to applicants less than 21 years old shall contain a highly visible distinctive color to clearly indicate that the card has been issued to an applicant less than 21 years old. The special identification card is to be accepted as valid identification of the person to whom it is issued but does not enable the person to whom it is issued to operate a motor vehicle.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- Minimum: 90 days
- Maximum: 365 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours, of which 15 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 11 p.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No more than one passenger under 21 who is not an immediate family member between the hours of 6 p.m. and 5 a.m., unless accompanied by a licensed driver at least 21 years old
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s): EITHER

- Parent/guardian OR
- Spouse

Compliance Check Protocols

No data

Penalty Guidelines for Sales to Minors

- Time period/conditions: 3 years
- First offense: \$50–\$500 fine
- Second offense: \$250–\$1,000 fine
- Third offense: \$500–\$2,500 fine

Responsible Beverage Service

Mandatory beverage service training for managers, servers

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

Minimum Ages for Off-Premises Sellers

- Beer: Not specified
- Wine: Not specified
- Spirits: Not specified

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- No distance limitation

Dram Shop Liability

- There is no statutory liability.
- The courts recognize common law dram shop liability.

Social Host Liability Laws

- There is no statutory liability.
- The courts recognize common law social host liability.

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Prohibition against retailer interstate shipments:

- Beer: Prohibited
- Wine: Permitted
- Spirits: Prohibited

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements: None

State approval/permit requirements

- Producer/shipper must obtain state permit.

Reporting requirements

- Common carrier must record/report purchaser’s name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

- Keg definition: 4 or more gallons
- Purchaser information collected:
 - Purchaser’s name and address
 - Verified by a government-issued ID
- Warning information to purchaser: Active—purchaser action required (e.g., signature)
- Deposit: Not required
- Provisions do not specifically address disposable kegs

Home Delivery

- Beer: No law
- Wine: Permitted—no more than 144 (750 ml) bottles per year per person per household.
- Spirits: No law

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.32 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$0.11 per gallon
- Additional taxes: \$0.32 per gallon for alcohol content of 6 percent or less

Spirits (40 percent alcohol)

- Specific excise tax: \$2.50 per gallon

Drink Specials

- Free beverages: Not prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Not prohibited
- Reduced price, specified day or time: Not prohibited
- Unlimited beverages: Prohibited—not permitted after 10 p.m.
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Volume discounts: Banned
- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Volume discounts: Banned
- Retailer credit: Restricted—15 days maximum

Spirits (40 percent alcohol)

- Volume discounts: Banned
- Retailer credit: Restricted—15 days maximum

Louisiana State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i>	
Louisiana Office of Alcohol and Tobacco Control	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	Yes
Primary state agency responsible for enforcing laws addressing direct sales/shippments of alcohol to minors	Office of Alcohol and Tobacco Control
Such laws are also enforced by local law enforcement agencies	Don't know
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
	Yes
Number of minors found in possession by state law enforcement agencies	108
Number pertains to the 12 months ending	6/30/2013
Data include arrests/citations issued by local law enforcement agencies	No
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	15,114
Number of licensees checked for compliance by state agencies (including random checks)	5,785
Number of licensees that failed state compliance checks	173
Numbers pertain to the 12 months ending	6/30/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	On- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
	No
Number of licensees subject to random state compliance checks/decoy operations	Not applicable
Number of licensees that failed random state compliance checks	Not applicable
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	No data
Data are collected on these activities	No data
Number of licensees checked for compliance by local agencies	No data
Number of licensees that failed local compliance checks	No data
Numbers pertain to the 12 months ending	No data
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
	No data
Number of fines imposed by the state ⁴	No data
Total amount in fines across all licensees	No data
Smallest fine imposed	No data
Largest fine imposed	No data
Numbers pertain to the 12 months ending	No data

<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	9
Total days of suspensions across all licensees	No data
Shortest period of suspension imposed (in days)	No data
Longest period of suspension imposed (in days)	No data
Numbers pertain to the 12 months ending	6/30/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	1
Numbers pertain to the 12 months ending	6/30/2013
Additional Clarification	
No data	

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Project Northland	
Program serves specific or general population	General population
Number of youth served	8,241
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report:	No data
URL for more program information:	
http://www.hazelden.org/web/go/projectnorthland	
Program Description: Project Northland is a multilevel intervention involving students, peers, parents, and communities in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers. Administered weekly to adolescents in grades 6 to 8, the program has a specific theme within each grade level that is incorporated into the parent, peer, and community components. The 6th-grade home-based program targets communication about adolescent alcohol use through student-parent homework assignments, in-class group discussions, and a communitywide task force. The 7th-grade peer- and teacher-led curriculum focuses on resistance skills and normative expectations regarding teen alcohol use and is implemented through discussions, games, problem-solving tasks, and role plays. During the first half of the 8th-grade Powerlines peer-led program, students learn about community dynamics related to alcohol use prevention through small-group and classroom interactive activities. During the second half, they work on community-based projects and hold a mock town meeting to make community policy recommendations to prevent teen alcohol use.	
Protecting You/Protecting Me (PY/PM)	
Program serves specific or general population	General population
Number of youth served	1,137
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report:	No data
URL for more program information:	http://www.hazelden.org/web/go/pypm

Program Description: PY/PM is a 5-year classroom-based alcohol use prevention and vehicle safety program for elementary school students in grades 1–5 (ages 6–11) and high school students in grades 11 and 12. The program aims to reduce alcohol-related injuries and death among children and youth due to underage alcohol use and riding in vehicles with drivers who are not alcohol free. PY/PM consists of a series of 40 science- and health-based lessons, with eight lessons per year for grades 1 to 5. All lessons are correlated with educational achievement objectives. PY/PM lessons and activities focus on teaching children about:

1. The brain—how it continues to develop throughout childhood and adolescence, what alcohol does to the developing brain, and why it is important for children to protect their brains.
2. Vehicle safety, particularly what children can do to protect themselves if they have to ride with someone who is not alcohol free.
3. Life skills, including decisionmaking, stress management, media awareness, resistance strategies, and communication.

Lessons are taught weekly and last 20–25 minutes or 45–50 minutes, depending on the grade level. A variety of ownership activities promote students’ ownership of the information and reinforce the skills taught during each lesson. Parent take-home activities are offered for all 40 lessons. PY/PM’s interactive and affective teaching processes include role playing, small group and classroom discussions, reading, writing, storytelling, art, and music. The curriculum can be taught by school staff or prevention specialists. PY/PM’s high school component is a youth-led implementation model involving delivery of the PY/PM curriculum to elementary students by trained high school students who are enrolled in a peer mentoring, family and consumer science, or leadership course for credit. The program’s benefits to high school students are derived from learning about the brain and how alcohol use can affect adolescents, serving as role models to the elementary school participants, and taking coursework in preparation for delivering the curriculum.

Additional Underage Drinking Prevention Programs Operated or Funded by the State

No data
 URL for more program information: No data

Program description: No data

Additional Clarification

The state funds only two programs (Project Northland and Protecting You/Protecting Me) that specifically target underage drinking. The state funds additional prevention programs that are broader in scope as they address alcohol, tobacco, and other drugs. From July 1, 2012, to June 30, 2013, these additional programs served 78,652 youth across the state and are listed below:

Life Skills Training, Kids Don’t Gamble...Wanna Bet?, Second Step, Coping Skills, Too Good for Drugs, Al’s Pal, Positive Action, Guided Imagery Program, Project Alert, Project Toward No Tobacco Use, All Stars, Keep A Clear Mind, Strengthening Families, Insight Class Program

Additional Information Related to Underage Drinking Prevention Programs

<i>State collaborates with federally recognized Tribal governments in the prevention of underage drinking</i>	No
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Description of collaboration: Not applicable

<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
--	----

Description of program: Not applicable

<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
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Agencies/organizations that established best practices standards:

Federal agency(ies): Substance Abuse and Mental Health Services Administration (SAMHSA)	Yes
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Agency(ies) within your state: Office of Behavioral Health – SAPT Block Grant	Yes
---	-----

Nongovernmental agency(ies):	No
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Other:	No
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Best practice standards description: No data	
Additional Clarification	
The state looks to SAMHSA for guidance on best practices.	

State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i> Name: Dawn Diez E-mail: Dawn.Diez@la.gov Address: 628 N. 4th Street, Baton Rouge, LA 70802 Phone: 225-342-7722	
<i>Agencies/organizations represented on the committee:</i> Office of the Governor - Drug Policy Board Department of Health and Hospitals (DHH)/Office of Behavioral Health Louisiana Highway Safety Commission Department of Education Louisiana State Police Attorney General's Office Louisiana Army National Guard Louisiana Commission on Law Enforcement Office of Juvenile Justice Louisiana Sheriff's Association Hispanic Community Representative Office of the Governor Elderly Affairs Historically Black Colleges & Universities Louisiana Commission on Addictive Disorders Private Organization Involved in Substance Abuse Prevention Louisiana Center Addressing Substance use in Collegiate Communities Louisiana State University School of Public Health DHH/Office of Public Health Chronic Disease Prevention and Control Unit Department of Public Safety and Corrections Louisiana Addictive Disorders Regulatory Authority MADD (Mothers Against Drunk Driving) District Attorney's Association Louisiana Department of Veteran Affairs Children's Cabinet Office of the Governor - Disability Affairs Supreme Court Drug Court Program State Epidemiology Workgroup	

<i>A website or other public source exists to describe committee activities</i>	Yes
URL or other means of access: http://www.gov.state.la.us/index.cfm?md=pagebuilder&tmp=home&navID=252&parentNavID=93&catID=124&catID=0	

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Yes
Prepared by: Prevention Systems Committee - a standing subcommittee of the Louisiana Drug Policy board Plan can be accessed via: http://www.gov.state.la.us/index.cfm?md=pagebuilder&tmp=home&navID=252&parentNavID=93&catID=124&catID=0	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	Yes

Prepared by: State Epidemiology Workgroup
 Plan can be accessed via: <http://www.bach-harrison.com/lasocialindicators>

Additional Clarification

No data

State Expenditures for the Prevention of Underage Drinking

<i>Compliance checks in retail outlets:</i>		
Estimate of state funds expended		Data not available
Estimate based on the 12 months ending		Data not available
<i>Checkpoints and saturation patrols:</i>		
Estimate of state funds expended		Data not available
Estimate based on the 12 months ending		Data not available
<i>Community-based programs to prevent underage drinking:</i>		
Estimate of state funds expended		Data not available
Estimate based on the 12 months ending		Data not available
<i>K–12 school-based programs to prevent underage drinking:</i>		
Estimate of state funds expended		\$550,262
Estimate based on the 12 months ending		6/30/2013
<i>Programs targeted to institutes of higher learning:</i>		
Estimate of state funds expended		Data not available
Estimate based on the 12 months ending		Data not available
<i>Programs that target youth in the juvenile justice system:</i>		
Estimate of state funds expended		Data not available
Estimate based on the 12 months ending		Data not available
<i>Programs that target youth in the child welfare system:</i>		
Estimate of state funds expended		Data not available
Estimate based on the 12 months ending		Data not available
<i>Other programs:</i>		
Programs or strategies included: No state general funds are utilized to address underage drinking programs.		
Estimate of state funds expended		\$0
Estimate based on the 12 months ending		No data

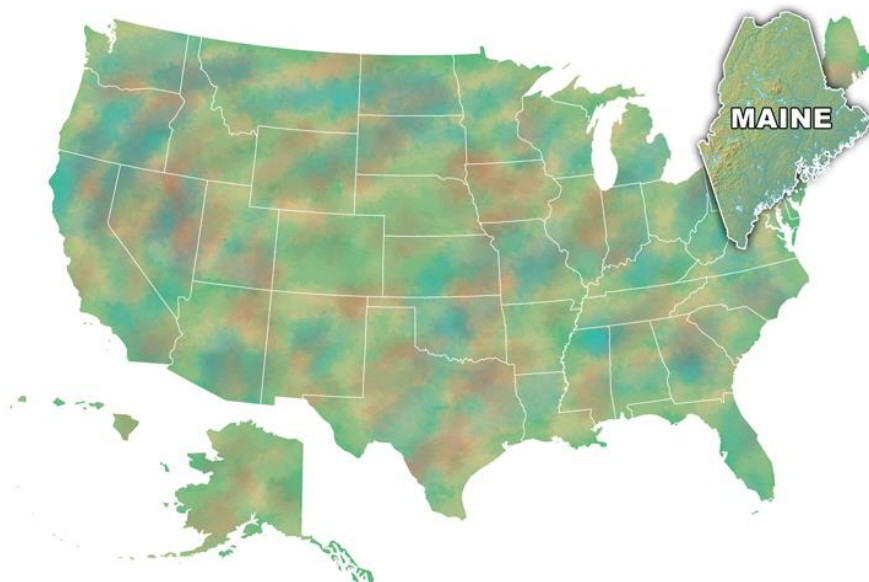
Funds Dedicated to Underage Drinking

<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>		
Taxes		No
Fines		No
Fees		No
Other		No data

Description of funding streams and how they are used:
 Expenditures included in K–12 school-based programs to prevent underage drinking are funds from the 20 percent prevention set-aside from the Substance Abuse Treatment and Prevention Block Grant. Funding expenditures included costs associated with Project Northland and Protecting You/Protecting Me.

Additional Clarification

No data



Maine

State Profile and Underage Drinking Facts*

State Population: 1,328,302
 Population Ages 12–20: 150,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	24.7	37,000
Past-Month Binge Alcohol Use	15.4	23,000
Ages 12–14		
Past-Month Alcohol Use	2.5	1,000
Past-Month Binge Alcohol Use	0.8	0
Ages 15–17		
Past-Month Alcohol Use	20.0	9,000
Past-Month Binge Alcohol Use	11.6	5,000
Ages 18–20		
Past-Month Alcohol Use	48.5	26,000
Past-Month Binge Alcohol Use	31.8	17,000
Alcohol-Attributable Deaths (under 21)		13
Years of Potential Life Lost (under 21)		808
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	33	4

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Private residence AND
- Parent/guardian

Underage Consumption of Alcohol

Consumption is prohibited with the following exception(s):

- Private residence AND
- Parent/guardian

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Retailers are permitted to seize apparently false IDs.
- No statutory affirmative defense—statutes do not provide an affirmative defense related to retailer’s belief that the minor was 21 years old or older.

Note: In Maine, the Provisions Targeting Suppliers apply to acts prohibited for minors. The more general laws that address adults are not collected here as they are not, for purposes of this report, specific to the lending, transfer, sale, or production of false identification for a minor’s obtaining alcoholic beverages.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.00
- Any detectable alcohol in the blood is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

No use/lose law

Graduated Driver’s License***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 35 hours, of which 5 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 12 a.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: Immediate family members only, unless accompanied by licensed driver who is at least 20 years old
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 16 years, 9 months

Laws Targeting Alcohol Suppliers**Furnishing of Alcohol to Minors**

Furnishing is prohibited with the following exception(s):

- Private residence AND
- Parent/guardian

Compliance Check Protocols***Age of decoy***

- Minimum: 18
- Maximum: 20

Appearance requirements

- Dressed in a manner consistent with age; no sunglasses or baseball caps
- Male: No facial hair
- Female: Little or no makeup

ID possession

- Prohibited

Verbal exaggeration of age

- Prohibited

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

- Time period/conditions: Not specified
- First offense: Age 16, \$1,500 fine and/or 14-day suspension; age 17, \$1,200 fine and/or 7-day suspension; age 18, \$750 fine; age 19, \$600 fine; age 20, \$450 fine.

Responsible Beverage Service

Voluntary beverage service training

- The law does not specify on- or off-sale establishments.
- The law does not specify new or existing outlets.

Incentive for training

- Defense in dram shop liability lawsuits

Minimum Ages for Off-Premises Sellers

- Beer: 17
- Wine: 17
- Spirits: 17

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Minimum Ages for On-Premises Sellers

- Beer: 17 for both servers and bartenders
- Wine: 17 for both servers and bartenders
- Spirits: 17 for both servers and bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: No
 - On-premises outlets: Yes—within 300 feet
 - Alcohol products: Beer, wine, spirits

Note: Exception is downtown location.

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$350,000 limit for all claims per occurrence. Medical care and treatment costs excluded from limit.

Note: Maine law includes a responsible beverage service defense.

Social Host Liability Laws

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$350,000 limit for all claims per occurrence. Medical care and treatment costs excluded from limit.

Host Party Laws

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession, consumption

- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence
- Exception(s): Family

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Common carrier must verify age of recipient.

State approval/permit requirements

- Producer/shipper must obtain state permit.
- State must approve common carrier.
- Producer must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

- Keg definition: At least 7.75 gallons
- Prohibited:
 - Possessing an unregistered, unlabeled keg—maximum fine/jail \$500
 - Destroying the label on a keg—maximum fine/jail \$1,000/6 months
- Purchaser information collected: Purchaser's name and address
- Warning information to purchaser: Passive—no purchaser action required
- Deposit required
- Provisions do not specifically address disposable kegs

Home Delivery

- Beer: No law
- Wine: No law
- Spirits: No law

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.35 per gallon
- Ad valorem excise tax (on-premises retail): 8 percent
 - Sales tax does not apply
 - Sales tax: 5.5 percent
- Sales tax adjusted retail ad valorem rate: 2.5 percent

Wine (12 percent alcohol)

- Control state

Spirits (40 percent alcohol)

- Control state

Drink Specials

- Free beverages: Prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Not prohibited
- Reduced price, specified day or time: Not prohibited
- Unlimited beverages: Prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Volume discounts: Banned
- Price posting requirements: Post and hold—1 month minimum
- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Control state

Spirits (40 percent alcohol)

- Control state

Maine State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i>	
No one state agency has primary responsibility. The Maine Department of Public Safety's State Police, as well as county and local law enforcement agencies, are responsible for civil and criminal law violations (i.e., illegal possession, illegal transportation, social host, furnishing). The Bureau of Alcoholic Beverages and Lottery Operations' Liquor Licensing Division enforces administrative violations at liquor licensees (sales/service).	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	No
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Not applicable
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
	Yes
Number of minors found in possession by state law enforcement agencies	Not readily available
Number pertains to the 12 months ending	No data
Data include arrests/citations issued by local law enforcement agencies	Yes
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of retail licensees in state ³	4,000
Number of licensees checked for compliance by state agencies (including random checks)	No data
Number of licensees that failed state compliance checks	No data
Numbers pertain to the 12 months ending	6/30/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
	Yes
Number of licensees subject to random state compliance checks/decoy operations	1,586
Number of licensees that failed random state compliance checks	167
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	145
Number of licensees that failed local compliance checks	16
Numbers pertain to the 12 months ending	6/30/2013

Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	Yes
Number of fines imposed by the state ⁴	Not readily available
Total amount in fines across all licensees	Not readily available
Smallest fine imposed	Not readily available
Largest fine imposed	Not readily available
Numbers pertain to the 12 months ending	No data
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	Not readily available
Total days of suspensions across all licensees	Not readily available
Shortest period of suspension imposed (in days)	Not readily available
Longest period of suspension imposed (in days)	Not readily available
Numbers pertain to the 12 months ending	No data
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Don't know
Number of license revocations imposed ⁶	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Additional Clarification	
No data	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
Enforcing the Underage Drinking Laws (EUDL) Program	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information: http://www.maine.gov/dhhs/samhs/osa/prevention/lawenforcement/EUDL%20Grantees%20Web/SUDS.htm	
Program Description: This program supports the active enforcement of underage drinking laws in communities through training, technical assistance (TA), resource development, and minigrants. Specific types of enforcement activity include:	
<ul style="list-style-type: none"> • Callout team (unscheduled response to incident using officers not already on duty) • Planned/scheduled overtime detail to enforce underage drinking laws • Party patrol (scheduled detail scanning for underage parties) • Deterrence detail to increase public perception of underage drinking law enforcement • Third-party surveillance (i.e., parking lot surveillance, shoulder taps looking for furnishing) • Illegal alcohol source investigation (i.e., furnishing) • Proactive response/education regarding alcohol laws • Compliance checks 	

<p>Maine’s Enforcing the Underage Drinking Laws Prosecutorial District Multijurisdictional Enforcement Taskforce</p>	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	
<p>http://www.maine.gov/dhhs/samhs/osa/prevention/lawenforcement/EUDL%20Grantees%20Web/ASPII%20Grant.htm</p>	
<p>Program Description: The purpose of the project is to reduce underage drinking and alcohol-related unintentional injuries and car crashes in Maine among persons under 21 years old. The program aims to do this by:</p> <ul style="list-style-type: none"> • Improving Maine’s system for analyzing underage drinking data to guide strategic planning • Strengthening a statewide Underage Drinking Enforcement Task Force • Systematically increasing the effective and visible enforcement of underage drinking laws through enhanced research-based prevention and intervention programming <p>By implementing these efforts statewide and within Maine’s eight Public Health Districts, this project impacts youths’, adults’, communities’, and public systems’ knowledge, attitudes, behaviors, and perceptions around underage drinking and related laws.</p> <p>The project also improves Maine’s EUDL program by improving its capacity and readiness for:</p> <ul style="list-style-type: none"> • Conducting assessments of both state and local underage drinking needs • Developing a long-range strategic plan based on a recommendation from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) • Improving access to training for law enforcement • Increasing compliance checks and utilization of immediate, effective, and/or consistent consequences for underage drinking violations 	
<p>Maine’s College Drinking Prevention Statewide Initiative: The Higher Education Alcohol Prevention Partnership (HEAPP)</p>	
Program serves specific or general population	No data
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	
<p>http://www.maine.gov/dhhs/samhs/osa/prevention/schoolcollege/heapp/index.htm</p>	
<p>Program Description: Begun in 2003, HEAPP is a program collaboratively developed between the Maine Office of Substance Abuse and Mental Health Services and many of Maine’s colleges and universities to bring about long-term, systemic change in how high-risk drinking and other substance abuse issues among Maine college/university students are addressed at both state and local levels. To address these multiple levels of the environment, HEAPP’s program plan includes strategies and tactics that occur at both the local and the state level. Strategies and activities of the statewide initiative aim to engage all colleges and universities in Maine that are interested in addressing high-risk student drinking so that non-campus-specific environmental factors and capacity for evidence-based prevention may be improved. The Partnership’s part-time staff person coordinates statewide trainings, provides technical assistance, and disseminates information and materials for college students, parents, faculty/staff, and local law enforcement statewide. Some Maine colleges and universities self-select to participate in HEAPP’s minigrant program and use the funding to implement evidence-based strategies such as:</p> <ul style="list-style-type: none"> • Developing/enhancing a campus-community coalition focused on high-risk drinking 	

- Identifying and addressing aspects of the campus and community environment that encourage high-risk drinking such as alcohol availability and advertising
- Implementing social norms marketing campaign to correct exaggerated misperceptions of student drinking patterns
- Visibly enforcing campus policies and state laws related to underage drinking and furnishing of alcohol to underage students
- Addressing problematic student drinking using online screening and intervention tools

Healthy Maine Partnerships' Underage Drinking Prevention Strategies	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	
http://www.healthymainepartnerships.org/Local_Partnerships.aspx	

Program Description: A total of 27 Healthy Maine Partnerships cover the state and utilize state funding and supporting TA and resources to implement strategies to prevent underage drinking through education, community awareness and norm changing, environmental management strategies, and enforcement. Strategies are implemented at all levels of the socioecological framework.

Maine Youth Action Network (MYAN)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	
http://www.myan.org	

Program Description: MYAN is a statewide program of the Opportunity Alliance that engages youth in efforts to create change, which makes their communities healthier and safer, including efforts to reduce underage drinking. In 2011, PROP (People's Regional Opportunity Program) and Youth Alternatives Ingraham joined to form the Opportunity Alliance. This new organization serves children, youth, adults, and seniors, individuals, families, and communities throughout Maine. The Opportunity Alliance works with people to build better lives and stronger communities. It provides advocacy, leadership, and support to identify the goals and address the needs of individuals, families, and communities.

- Mission: MYAN partners with youth to create change in their communities. This is accomplished through trainings, networking, and leadership development for youth and adults.
- Vision: MYAN's vision is that youth feel valued, empowered, and prepared to engage in and improve their communities.
- Values: MYAN strongly believes in the power of youth and adult partnerships and the capacity we all have to change the world we live in.
- Approach: MYAN's work is grounded in the models and philosophies of positive youth development. It aims to recognize each individual's strengths, help people branch out from these strengths to build new confidence and competences, and then support them as they create positive new connections and contribute to their communities.

Additional Underage Drinking Prevention Programs Operated or Funded by the State

No data
 URL for more program information: No data
 Program description: No data

Additional Clarification

No data

Additional Information Related to Underage Drinking Prevention Programs

<i>State collaborates with federally recognized Tribal governments in the prevention of underage drinking</i>	Yes
Description of collaboration: State EUDL and Substance Abuse Prevention management and staff have provided information, collaboration, training, and TA around evidence-based underage drinking prevention and enforcement strategies. These efforts have resulted in establishment of a Tribal Multijurisdictional Underage Drinking Enforcement Taskforce and inclusion of underage drinking prevention and enforcement strategies into Tribal public health planning and practices.	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Program description: Not applicable	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies): OJJDP, Substance Abuse and Mental Health Services Administration (SAMHSA), Surgeon General, Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), collegedrinkingprevention.gov, U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Prevention (prior to its elimination)	Yes
Agency(ies) within your state: Maine State Underage Drinking Enforcement Taskforce, Attorney General's Office, State Office of Substance Abuse and Mental Health Services	Yes
Nongovernmental agency(ies): Institute of Medicine report on underage drinking, National Liquor Law Enforcement Association (NLLEA)	Yes
Other:	No
Best practice standards description:	
<ul style="list-style-type: none"> • SAMHSA's Strategic Prevention Framework State Incentive Grant (SPF SIG) model; NREPP programs and/or standards for evidence-based practice • OJJDP's Underage Drinking Enforcement Center's evidence-based underage drinking prevention and enforcement practices and procedures for planning, implementation, and evaluation • Nationally recognized and/or promoted Reports and Calls-to-Action that summarize the research and literature around best practices for underage and college drinking prevention • Training and Technical Assistance from well-regarded national sources on best practices, including: data-driven decisions, strategically planned efforts, implementation using a comprehensive web of evidence-based strategies, ongoing evaluation to continually improve efforts, and a conscious attention to sustainability and cultural competence. 	

Additional Clarification

No data

State Interagency Collaboration

<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
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Committee contact information:

Name: Rebecca Ireland
E-mail: Rebecca.Ireland@maine.gov
Address: 41 Anthony Avenue, SHS #11, Augusta, ME 04333
Phone: 207-287-6479

Agencies/organizations represented on the committee:

Office of Substance Abuse and Mental Health Services
Bureau of Highway Safety
Maine Sheriffs Association
Maine Chiefs of Police Association

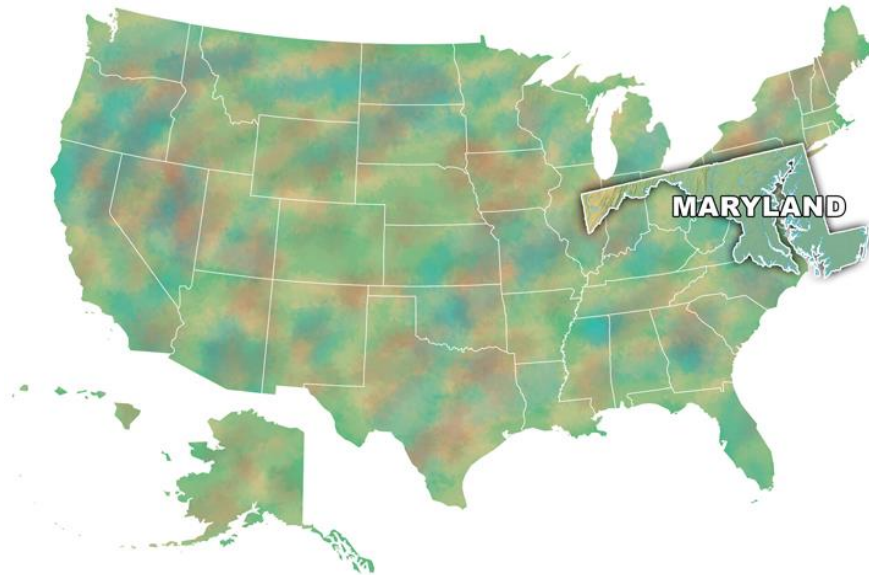
Liquor Licensing and Compliance Division Department of Education Bureau of Motor Vehicles Juvenile Justice Advisory Group (JJAG) Department of Corrections Office of Minority Health Maine Criminal Justice Academy Hancock County Sheriff's Office Sagadahoc County Sheriff's Office B.C. Consultants Catholic Charities of Maine Healthy Communities of the Capital Area Westbrook Police Department Brunswick Police Department Maine Grocers Association Maine Beer and Wine Distributors Association Maine Restaurant Association Maine Alliance to Prevent Substance Abuse AdCare Educational Girl Scouts of Maine Maine Beverage Company Youth Empowerment and Policy Project Hart Public Policy Rite Aid of Maine Pine State Trading Company Higher Education Alcohol Prevention Partnership	
<i>A website or other public source exists to describe committee activities</i>	Yes
URL or other means of access: http://www.maine.gov/dhhs/samhs/osa/prevention/lawenforcement/EUDL%20Grantees%20Web/UADETF.htm	

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Yes
Prepared by: Maine State Underage Drinking Enforcement Taskforce with input from over 50 state and local partners and based on the recommendations of OJJDP's Enforcing the Underage Drinking Laws Assessment, Strategic Planning, and Implementation Initiative's appointed Assessment Team of national EUDL experts Plan can be accessed via: http://www.maine.gov/dhhs/samhs/osa/prevention/lawenforcement/EUDL%20Grantees%20Web/ASPII%20Grant.htm	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	Yes
Prepared by: Maine State Underage Drinking Enforcement Taskforce with input from over 50 state and local partners and based on the recommendations of OJJDP's Enforcing the Underage Drinking Laws Assessment, Strategic Planning, and Implementation Initiative's appointed Assessment Team of national EUDL experts Plan can be accessed via: http://www.maine.gov/dhhs/samhs/osa/prevention/lawenforcement/EUDL%20Grantees%20Web/ASPII%20Grant.htm	

Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	\$60,000
Estimate based on the 12 months ending	6/30/2013
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No data
Fines	No data
Fees	No data
Other: Fund for Healthy Maine	Yes
<i>Description of funding streams and how they are used:</i>	
The Fund for Healthy Maine is a tobacco-settlement–funded source that supports programs that aim to protect the health of Maine citizens.	
Additional Clarification	
No data	



Maryland

State Profile and Underage Drinking Facts*

State Population: 5,928,814
 Population Ages 12–20: 660,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	23.9	158,000
Past-Month Binge Alcohol Use	13.4	89,000
Ages 12–14		
Past-Month Alcohol Use	2.4	5,000
Past-Month Binge Alcohol Use	1	2,000
Ages 15–17		
Past-Month Alcohol Use	23	55,000
Past-Month Binge Alcohol Use	11.3	27,000
Ages 18–20		
Past-Month Alcohol Use	47.7	97,000
Past-Month Binge Alcohol Use	29.1	59,000
Alcohol-Attributable Deaths (under 21)		86
Years of Potential Life Lost (under 21)		5,174
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	26	5

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

Note: Maryland’s exception includes members of an individual’s “immediate family” when the alcoholic beverage is furnished and possessed “in a private residence or within the curtilage of the residence.” For purposes of this report, the phrase “immediate family” is interpreted as including a spouse.

Underage Consumption of Alcohol

Consumption is prohibited with the following exception(s):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

Note: Maryland’s exception includes members of an individual’s “immediate family” when the alcoholic beverage is furnished and consumed “in a private residence or within the curtilage of the residence.” For purposes of this report, the phrase “immediate family” is interpreted as including a spouse.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.00
- Any detectable alcohol in the blood is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 18.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Discretionary

Length of suspension/revocation

- Minimum: 30 days
- Maximum: 90 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15 years, 9 months
- Minimum learner stage period: 9 months
- Minimum supervised driving requirement: 60 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16 years, 6 months
- Unsupervised night driving
 - Prohibited after: 12 a.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: No passengers under 18 who are not immediate family members, or relatives living with driver, unless accompanied by licensed driver over 21
 - No primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 18 years—passenger restrictions expire 151 days after issuance of intermediate license.

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

Note: Maryland’s exception allows furnishing of alcohol to minors by members of their “immediate family” when the alcoholic beverage is furnished and consumed “in a private residence or within the curtilage of the residence.” For purposes of this report, the phrase “immediate family” is interpreted as including a spouse.

Compliance Check Protocols

No data

Penalty Guidelines for Sales to Minors

No data

Responsible Beverage Service***Mandatory beverage service training for licensees, managers***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 18
- Spirits: 21

Note: Maryland statutes allow for exceptions by specific localities within Maryland that may have more or less restrictive laws on the age to sell or serve alcoholic beverages. Such “local options” are not addressed by this report.

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Note: Maryland statutes allow for exceptions by specific localities within Maryland that may have more or less restrictive laws on the age to sell or serve alcoholic beverages. Such “local options” are not addressed by this report.

Distance Limitations for New Alcohol Outlets near Universities and Schools***Colleges and universities***

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—distance restrictions vary by county and municipality.
 - On-premises outlets: Yes—distance restrictions vary by county and municipality.
 - Alcohol products: Beer, wine, spirits—product restrictions vary by county and municipality.

Note: Exceptions vary by county and municipality.

Dram Shop Liability

There is no statutory liability.

Social Host Liability Laws

There is no statutory liability.

Host Party Laws

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession, consumption
- Property type(s) covered by liability law: Residence, outdoor, other

- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence
- Exception(s): Family

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Common carrier must verify age of recipient.

State approval/permit requirements

- Producer/shipper must obtain state permit.
- State must approve common carrier.

Reporting requirements

- Producer must record/report purchaser's name.
- Common carrier must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

- Keg definition: At least 4 gallons
- Prohibited:
 - Possessing an unregistered, unlabeled keg—maximum fine/jail \$500 (or \$1,000 if repeat violation)
 - Destroying the label on a keg—maximum fine/jail \$500 (or \$1,000 if repeat violation)
- Purchaser information collected:
 - Purchaser's name and address
 - Verified by a government-issued ID
- Warning information to purchaser: Not required
- Deposit: Not required
- Provisions specifically address disposable kegs

Home Delivery

- Beer: Permitted—written approval from the county or city is required.
- Wine: Permitted—written approval from the county or city is required.
- Spirits: Permitted—written approval from the county or city is required.

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.09 per gallon
- Ad valorem excise tax (on-premises retail): 9 percent

- Sales tax does not apply
- Sales tax: 6 percent
- Sales tax adjusted retail ad valorem rate: 3 percent
- Ad valorem excise tax (off-premises retail): 9 percent
 - Sales tax does not apply
 - Sales tax: 6 percent

Sales tax adjusted retail ad valorem rate: 3 percent

Wine (12 percent alcohol)

- Specific excise tax: \$0.40 per gallon
- Ad valorem excise tax (on-premises retail): 9 percent
 - Sales tax does not apply
 - Sales tax: 6 percent
 - Sales tax adjusted retail ad valorem rate: 3 percent
- Ad valorem excise tax (off-premises retail): 9 percent
 - Sales tax does not apply
 - Sales tax: 6 percent
 - Sales tax adjusted retail ad valorem rate: 3 percent

Spirits (40 percent alcohol)

- Specific excise tax: \$1.50 per gallon
- Ad valorem excise tax (on-premises retail): 9 percent
 - Sales tax does not apply
 - Sales tax: 6 percent
 - Sales tax adjusted retail ad valorem rate: 3 percent
- Ad valorem excise tax (off-premises retail): 9 percent
 - Sales tax does not apply
 - Sales tax: 6 percent
 - Sales tax adjusted retail ad valorem rate: 3 percent

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Not permitted—all counties require payment on delivery except Worcester County, where 10 days of credit may be extended.

Wine (12 percent alcohol)

- Volume discounts: Uncertain due to case law
- Price posting requirements: Uncertain due to case law
- Retailer credit: Unrestricted—Alcohol and Tobacco Tax (MATT) Regulatory Division posts a list of purchase periods and due dates that is accessible only to Maryland wholesalers and retail licensees.

Spirits (40 percent alcohol)

- Volume discounts: Uncertain due to case law
- Price posting requirements: Uncertain due to case law
- Retailer credit: Unrestricted—Alcohol and Tobacco Tax (MATT) Regulatory Division posts a list of purchase periods and due dates that is accessible only to Maryland wholesalers and retail licensees.

Note: The Federal Court of Appeals (4th Circuit) held that Maryland’s wholesaler volume discounting and post-and-hold provisions, considered together, violate the Sherman Act’s ban on price fixing and are not protected by the 21st Amendment. The court did not determine whether either of the provisions, if enacted separately, violated federal law.

Maryland State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i>	
None	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	No
<i>Local law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Don't know
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	Yes
Number pertains to the 12 months ending	1,303
Data include arrests/citations issued by local law enforcement agencies	12/31/2010
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Yes	
Data are collected on these activities	No
Number of retail licensees in state ³	No data
Number of licensees checked for compliance by state agencies (including random checks)	Not applicable
Number of licensees that failed state compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Not applicable
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	No data
Number of licensees that failed random state compliance checks	No data
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Yes	
Data are collected on these activities	No
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Yes	
Number of fines imposed by the state ⁴	No data
Total amount in fines across all licensees	No data
Smallest fine imposed	No data

Largest fine imposed	No data
Numbers pertain to the 12 months ending	No data
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	No data
Total days of suspensions across all licensees	No data
Shortest period of suspension imposed (in days)	No data
Longest period of suspension imposed (in days)	No data
Numbers pertain to the 12 months ending	No data
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	No data
Numbers pertain to the 12 months ending	No data
Additional Clarification	
No data	

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
Maryland Strategic Prevention Framework (MSPF) Initiative	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: fpradel@rx.umaryland.edu	
URL for more program information: http://dhmh.maryland.gov/adaa/mspf	
<p>Program Description: MSPF has provided funding to Maryland’s 24 local jurisdictions to implement evidence-based programs and strategies that will assist in reducing the misuse of alcohol by youth and young adults as measured by the following indicators: (1) reduced number of youth ages 12–20 reporting past-month alcohol use; (2) reduced number of young persons ages 18–25 reporting past-month binge drinking; and (3) reduced number of alcohol-related crashes involving youth ages 16–25. To receive MSPF funding, Maryland’s jurisdictions were required to implement the five-step SPF process (assessment; capacity building; planning; implementation of evidence-based programs; evaluation of effectiveness). In FY2014, 19 Maryland jurisdictions have formed their SPF coalitions, completed their MSPF Strategic Plans, and are implementing evidence-based youth alcohol prevention strategies in their MSPF communities. Two jurisdictions’ local coalitions are in the final stages of their strategic planning and three jurisdictions are still in the needs assessment process at the end of FY2014.</p> <p>Intensive training has been provided throughout the initial 5 years of the initiative to approximately 500 local community coalition members to assist them in this process. The initiative serves a general population of youth, young adults, and parents. The initiative primarily provides environmental prevention strategies to address retail availability, social availability, enforcement of underage and high-risk drinking laws, perception of harm and risk of drinking, and community and social norms regarding youth drinking. It is impossible to accurately determine the number of youth reached through these environmental approaches across so many jurisdictions.</p> <p>Process evaluation activities began in FY2012, and an FY2013 MSPF Evaluation Report was completed by our evaluator, the University of Maryland School of Pharmacy, in August 2013. It is available by</p>	

contacting Dr. Françoise Pradel, Lead Evaluator, at fpradel@rx.umaryland.edu. The FY2014 Evaluation Report is currently being completed and is available as of September 2014. Dr. Pradel can also be contacted for that report.

Maryland Alcohol and Drug Abuse Administration (ADAA) – Maryland Prevention Block Grant Program

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://dhmh.maryland.gov/adaa

Program Description: The Maryland ADAA provides grant funding to Maryland's 24 local jurisdictions for a comprehensive range of AOD prevention services for youth. These prevention activities primarily target alcohol, marijuana, and prescription drugs, but include approaches that address risk and resiliency factors associated with misuse of all substances. All jurisdictions provide alcohol prevention activities, the state prevention priority as established through its most recent statewide needs assessment. Activities funded through this grant program fall under each of the six CSAP Prevention Strategies: Information Dissemination, Prevention Education, Alternative Activities, Community-Based Processes, Environmental Approaches, and Problem Identification and Referral. The grant program guidance prioritized provision of environmental and community-based processes in FY2014, two approaches that seem best suited for reducing youth alcohol use and consequences at the population level, but for which it is difficult to count specific numbers served.

Maryland ADAA – College ATOD Prevention Centers

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data

Program Description: ADAA provides funding to four Maryland universities to develop and maintain programs/activities that prevent and reduce substance use and risk-taking behaviors associated with use of alcohol, tobacco, and drugs. Alcohol, Tobacco, and Drug Prevention Centers have been established at Frostburg State University, Towson University, Bowie State University, and the University of Maryland Eastern Shore. The centers promote and assist in design and implementation of campus policies, evidence-based practices, and prevention/wellness education programs for their institutions. They also collaborate with agencies and organizations in communities surrounding the campuses. Center directors have working relationships with local health department prevention coordinators, local drug and alcohol councils, and other colleges/universities in the region.

Maryland Collaborative to Reduce College Drinking and Related Problems

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://marylandcollaborative.org

Program Description: ADAA provides funding to the University of Maryland College Park and Johns Hopkins University to bring together state colleges and universities to (1) reduce the current level of excessive alcohol use and related harm on college campuses in Maryland and (2) mobilize and sustain the commitment of campus and community leaders to reducing excessive alcohol use and related harm on the state’s campuses. These goals will be attained through an initial assessment of current challenges to campuses and surrounding communities with respect to college drinking problems; forming a collaboration of committed colleges and universities; instituting a common data collection system; and providing training and technical assistance to the participants in understanding and implementing evidence-based best practices. Several documents have been produced by the Collaborative, including the *Report on College Drinking in Maryland*, *Guide to Best Practices to Reduce Underage Drinking*, and *Results of 1st Annual Maryland College Alcohol Survey*.

Additional Underage Drinking Prevention Programs Operated or Funded by the State

No data
 URL for more program information: No data

Program description: No data

Additional Clarification

No data

Additional Information Related to Underage Drinking Prevention Programs

<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	No recognized tribal governments
Description of collaboration: Not applicable	

<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Description of program: Not applicable	

<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies):	No
Agency(ies) within your state: Maryland Alcohol and Drug Abuse Administration	Yes
Nongovernmental agency(ies):	No
Other:	No
Best practice standards description: Recipients of ADAA’s MSPF grants must follow the structured Maryland Strategic Prevention Framework process as described in our written guidance documents in order to receive funding. This includes the requirement that all programs implemented to reduce underage and problem youth drinking be evidence based. A set of approved evidence-based strategies and best practices is included in our written guidance documents and on our website.	
Recipients of our SAPT Block Grant funds that implement direct services programs are required to implement at least one evidence-based (NREPP) program. Recipients that implement environmental strategies must implement strategies from the list of evidence-based strategies included in our written guidance documents and on our website. We are incrementally requiring SAPT Block grantees to infuse the five-step SPF process in their program planning and implementation.	

Additional Clarification

No data

State Interagency Collaboration

<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
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Committee contact information:
 Name: Larry Dawson
 E-mail: larry.dawson@maryland.gov
 Address: 55 Wade Avenue, Catonsville, MD 21228

Phone: 410-402-8622	
<i>Agencies/organizations represented on the committee:</i> University of Maryland School of Pharmacy MD Alcohol and Drug Abuse Administration Governor's Office of Crime Control & Prevention Maryland State Department of Education MD Department of Juvenile Services College of Southern Maryland MD State Highway Administration Montgomery County Dept. of Liquor Control MD Dept. of Public Safety & Corrections MD State's Attorney's Office Talbot Partnership Wicomico County Health Dept. Dorchester County Health Dept. Substance Abuse Prevention offices in Charles County, Allegany County, Wicomico County, Cecil County, Queen Anne's County, Caroline County, Dorchester County, Carroll County, Garrett County, St. Mary's County, Kent County, Prince George's County, Frederick County, and Harford County	
<i>A website or other public source exists to describe committee activities</i>	No
URL or other means of access: Not applicable	

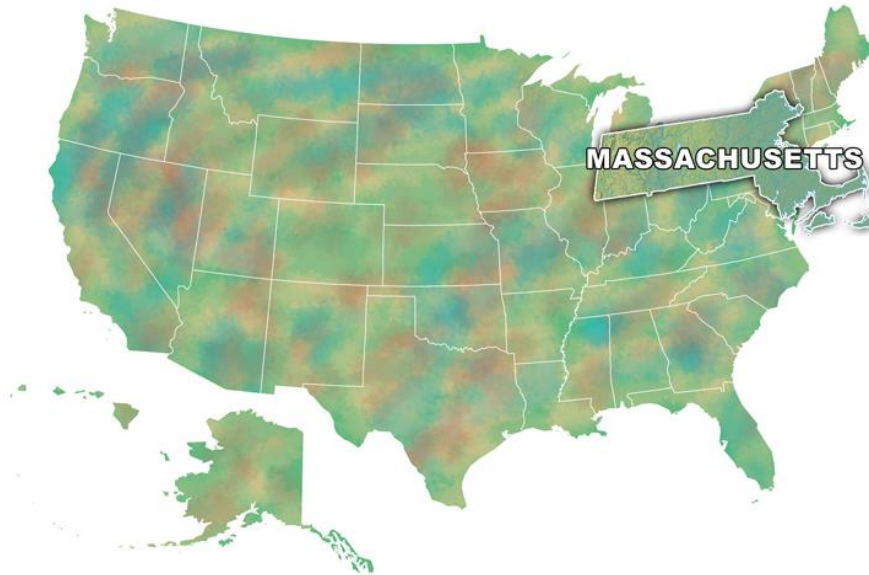
Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	No
Prepared by: Not applicable	
Plan can be accessed via: Not applicable	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	No
Prepared by: Not applicable	
Plan can be accessed via: Not applicable	
Additional Clarification	
The state underage drinking plan was developed 5 years ago for Maryland's Strategic Prevention Framework application. The plan has been implemented since then through the ADAA-funded Maryland Strategic Prevention Framework (MSPF) grant program and the ADAA-funded SAPT Block Grant program. An updated statewide needs assessment and plan will be developed in FY2014.	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>K-12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included: Law Enforcement Overtime Personnel, National Alcohol Enforcement Training Center (NAETC), Officer Training Compliance Checks, Public Service Announcements (PSAs), Advertising and Media Campaigns, Training for Intervention Procedures (TIPS), Conference Breathalyzer Equipment	
Estimate of state funds expended	\$180,000
Estimate based on the 12 months ending	6/30/2012

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other:	No
<i>Description of funding streams and how they are used:</i>	
Not applicable	

Additional Clarification
No data



Massachusetts

State Profile and Underage Drinking Facts*

State Population: 6,692,824
 Population Ages 12–20: 760,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	30.0	228,000
Past-Month Binge Alcohol Use	19.0	144,000
Ages 12–14		
Past-Month Alcohol Use	4.8	12,000
Past-Month Binge Alcohol Use	1.6	4,000
Ages 15–17		
Past-Month Alcohol Use	25.9	65,000
Past-Month Binge Alcohol Use	16.9	42,000
Ages 18–20		
Past-Month Alcohol Use	56.6	152,000
Past-Month Binge Alcohol Use	36.7	98,000
Alcohol-Attributable Deaths (under 21)		54
Years of Potential Life Lost (under 21)		3,244
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	32	4

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s): Parent/guardian

Underage Consumption of Alcohol

Consumption is not explicitly prohibited.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver's license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.
- It is a criminal offense to manufacture or distribute a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver's license suspension, revocation, or denial

- Underage possession

Authority to impose driver's license sanction

- Mandatory

Length of suspension/revocation

- 90 days

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- 180 days

Graduated Driver’s License***Learner stage***

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 40 hours, or 30 hours of supervised driving if applicant completes driver skills program

Intermediate stage

- Minimum age: 16 years, 6 months
- Unsupervised night driving
 - Prohibited after: 12:30 a.m.
 - Primary enforcement of the night-driving rule, except secondary enforcement between 12:30 a.m. and 1 a.m. and between 4 a.m. and 5 a.m.
- Passenger restrictions exist: No passengers under 18 who are not immediate family members, unless accompanied by licensed driver over 21
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 18—passenger restrictions expire 6 months after issuance of intermediate license; unsupervised night-driving restrictions remain until full licensure is obtained.

Laws Targeting Alcohol Suppliers**Furnishing of Alcohol to Minors**

Furnishing is prohibited with the following exception(s): EITHER

- Parent/guardian OR
- Spouse

Compliance Check Protocols***Age of decoy***

- Minimum: Not specified
- Maximum: Not specified

Appearance requirements

- Age-appropriate appearance

ID possession

- Prohibited

Verbal exaggeration of age

- Prohibited

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

No written guidelines

Responsible Beverage Service

No beverage service training requirement

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 18
- Spirits: 18

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 500 feet. Local government has authority to override state restrictions.
 - On-premises outlets: Yes—within 500 feet. Local government has authority to override state restrictions.
 - Alcohol products: Beer, wine, spirits

Note: Exceptions include (1) premises of an innholder and parts of buildings located 10 or more floors above street level; (2) extensions of licensed premises that do not exceed 50 feet.

Dram Shop Liability

- There is no statutory liability.
- The courts recognize common law dram shop liability.

Social Host Liability Laws

- There is no statutory liability.
- The courts recognize common law social host liability.

Host Party Laws

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession
- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence
- Exception(s): Family

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Common carrier must verify age of recipient.

State approval/permit requirements

- Producer/shipper must obtain state permit.
- State must approve common carrier.

Reporting requirements

- Producer must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Note: Current law provides that a winery producing 30,000 gallons of wine or more may obtain a direct shipment only if the winery has not contracted with or has not been represented by a Massachusetts wholesaler licensed for the preceding 6 months. There is no such requirement on wineries producing fewer than 30,000 gallons, which includes all wineries in Massachusetts. This provision was ruled unconstitutional in a Federal District Court on November 19, 2008, and upheld on appeal in the 1st Circuit U.S. Court of Appeals on January 14, 2010.

Keg Registration

- Keg definition: More than 2 gallons
- Purchaser information collected: Purchaser's name and address
- Warning information to purchaser: Active—purchaser action required (e.g., signature)
- Deposit required: \$5
- Provisions do not specifically address disposable kegs

Note: Deposit provisions in Massachusetts require that a purchaser pay the following: (a) a container fee of not less than \$10 for each keg having a capacity of 6 or more gallons and of not less than \$1 for each container having a capacity of fewer than 6 gallons; and (b) a registration fee of \$10 for each keg having a capacity of 6 or more gallons and of \$4 for each keg having a capacity of fewer than 6 gallons.

Home Delivery

- Beer: Permitted—each vehicle used for transportation and delivery must be covered by a permit issued by the commission.
- Wine: Permitted—each vehicle used for transportation and delivery must be covered by a permit issued by the commission.
- Spirits: Permitted—each vehicle used for transportation and delivery must be covered by a permit issued by the commission.

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.11 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$0.55 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$4.05 per gallon

Drink Specials

- Free beverages: Prohibited
- Multiple servings at one time: Not prohibited
- Multiple servings for same price as single serving: Not prohibited
- Reduced price, specified day or time: Prohibited
- Unlimited beverages: Prohibited
- Increased volume: Prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Price posting requirements: Post and hold—1 month minimum
- Retailer credit: Restricted—60 days maximum

Wine (12 percent alcohol)

- Price posting requirements: Post and hold—1 month minimum
- Retailer credit: Restricted—60 days maximum

Spirits (40 percent alcohol)

- Price posting requirements: Post and hold—1 month minimum
- Retailer credit: Restricted—60 days maximum

Massachusetts State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Massachusetts Alcoholic Beverages Control Commission (ABCC)	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Massachusetts ABCC
Such laws are also enforced by local law enforcement agencies	No
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	856
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	No
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of retail licensees in state ³	11,300
Number of licensees checked for compliance by state agencies (including random checks)	2,686
Number of licensees that failed state compliance checks	72
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	2,686
Number of licensees that failed random state compliance checks	72
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	No
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	12/31/2013
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	123
Total amount in fines across all licensees	\$229,110
Smallest fine imposed	\$320
Largest fine imposed	\$39,030
Numbers pertain to the 12 months ending	12/31/2013

<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	123
Total days of suspensions across all licensees	Data not available
Shortest period of suspension imposed (in days)	Data not available
Longest period of suspension imposed (in days)	Data not available
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	12/31/2013
Additional Clarification	
<p>In 2013, the agency conducted compliance checks in 251 municipalities across the commonwealth. There were 2,686 licensed establishments checked, of which 72 failed (3 percent). Of these licensees, 1,098 off-premise licensees were checked, of which 45 failed (4 percent); and 1,598 on-premise licensees were checked, of which 37 failed (2 percent). Licensees found in violation of selling or furnishing alcohol to underage individuals are brought before an adjudicatory hearing before the Alcoholic Beverages Control Commission. If found guilty, they are issued a penalty that can range from a warning to a license suspension. Most are allowed to pay a fine in lieu of suspension, which is statutorily based on their alcohol sales.</p> <p>In 2013, the Division conducted enforcement operations at the Comcast Center in Mansfield. At the beginning of the concert season, communication was established relative to upcoming events whereby Mansfield Police would request ABCC enforcement support. Concert dates were selected based on historical problems at the venue when a particular act is featured. ABCC enforcement includes area liquor stores prior to the parking lot's opening, parking lot enforcement up until the beginning of the concert, and then enforcement within the licensed premises. This enforcement operation resulted in 129 minors in possession of alcohol, 29 furnishing alcohol to minors, 15 intoxicated or incapacitated assists, and seizure of 32 bottles of alcohol and 110 cases of beer, resulting in the prevention of delivery to approximately 1,270 underage individuals.</p> <p>In 2013, the Division conducted alcohol enforcement operations at the Country Music Festival at Gillette Stadium. The results of this enforcement operation included, 50 minors in possession of alcohol, numerous arrests, five medical assists, five intoxicated or incapacitated assists, and seizure of six bottles of alcohol and 12 cases of beer, resulting in the prevention of delivery to approximately 108 underage individuals. The enhanced enforcement of all agencies resulted in a marked improvement over the 2012 event.</p> <p>Enhanced Liquor Enforcement Programs</p> <p>Massachusetts has one of the lowest ratios of enforcement agents to licensees in the country. Enhanced Liquor Enforcement Programs have been crucial to public safety of the commonwealth, in preventing illegal purchase of alcoholic beverages by or for underage individuals. This program is funded (\$150,000) by the Legislature with specific conditions that the funding be utilized for these programs.</p> <ul style="list-style-type: none"> • Operation Safe Campus: The objective of this operation is to prevent the procurement of alcoholic beverages by and for underage individuals in and around college communities throughout the commonwealth. The Enforcement Division conducts enhanced enforcement operations at bars and liquor stores in college communities over a 6-week period at the beginning of each school year. • Operation Safe Prom and Graduation: The objective of this operation is to prevent the procurement of alcoholic beverages by and for underage individuals during the high school and college prom and graduation seasons. The Enforcement Division conducts enhanced enforcement at liquor stores in communities across the commonwealth over an 8-week period during May and June. • Operation Safe Summer: The objective of this operation is to prevent procurement of alcoholic beverages by and for underage individuals as well as the sale of alcohol to obviously intoxicated individuals in summer communities throughout the commonwealth. The Enforcement Division conducts enhanced enforcement operations at bars and liquor stores in summer communities over a 6-week period during July and August. 	

- **Operation Safe Holidays:** This program consists of two separate operations. The “Last Call” operation targets specific bars that have been identified, pursuant to MGL Chapter 90 § 24J, as the last establishment to serve alcoholic beverages to a convicted impaired driver. This operation focuses on preventing intoxicated individuals from getting on the road as well as deterring bar owners from serving the potential impaired drivers. The “Cops in Shops” operation is to prevent procurement of alcoholic beverages by and for underage individuals during the holiday season. The Enforcement Division conducts this enforcement at bars and liquor stores in communities across the Commonwealth from Thanksgiving through December 31 each year.
- **Parent Notification Program:** The Enforcement Division implemented its successful parent notification program in 2005. Investigators call parents from liquor store parking lots or bars and inform them of a situation in which their child is involved. Investigators have found this type of intervention is a powerful tool for family involvement in addressing underage drinking.

In 2013, the Enforcement Division conducted these programs with the following results: 733 minors in possession or transporting alcoholic beverages; 262 adults procuring alcohol for minors; 78 individuals in possession of false identification; and 403 cases of beer and 399 bottles of alcohol confiscated by Investigators. Based on the standard for determining “binge drinking,” this prevented delivery to approximately 5,602 underage individuals.

Since 2005, these programs have resulted in the following cumulative results: 4,983 minors in possession or transporting alcoholic beverages; 2,381 adults procuring alcohol for minors; 569 individuals in possession of false identification; and 2,751 cases of beer and 1,963 bottles of alcohol confiscated by Investigators, preventing delivery to approximately 35,286 underage individuals.

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
Bureau of Substance Abuse Services (BSAS) Underage Drinking Prevention Programs; Statewide Technical Assistance Center	
Program serves specific or general population	Specific population
Number of youth served	1,395,098
Number of parents served	725,270
Number of caregivers served	1,805
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://www.mass.gov/dph/bsas	
Program Description: This project involves 31 underage drinking prevention programs in collaboration with six regional centers in communities across the commonwealth. The programs are coalition/ community focused; require city/town participation; use the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF); and are required to use evidence-based environmental strategies that relate directly to assessment-identified problems.	
District Attorneys Underage Drinking Prevention Program	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No data
Evaluation report is available	No data
URL for evaluation report:	No data
URL for more program information:	No data

Program Description: Several County District Attorneys Offices sponsored Underage Drinking Prevention Conferences.
Additional Underage Drinking Prevention Programs Operated or Funded by the State
No data URL for more program information: No data
Program description: No data
Additional Clarification
Regarding the BSAS Underage Drinking Prevention Programs and the Statewide Technical Assistance Center, these estimates are based on the total number of contacts, which may include multiple contacts with the same individuals. BSAS has been implementing a new data collection system to facilitate more accurate data.

Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	Yes
Description of collaboration: The Department of Public Health has continued to collaborate with Native American key partners to provide culturally appropriate services to Native Americans in Massachusetts. A booklet was produced for parents.	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	Yes
Program description: Community level: restrictions on advertising; counter-alcohol advertising on billboards and public transportation. State level: Counter-alcohol advertising via magazine, videos, posters, social media, and transit ads. The Massachusetts Bay Transit Authority, the state's largest transit system, agreed to suspend alcohol advertising on 7/1/2012.	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies):	No
Agency(ies) within your state: Department of Public Health, Bureau of Substance Abuse Services	Yes
Nongovernmental agency(ies):	No
Other:	No
Best practice standards description: BSAS implements best practices through (1) a competitive request-for-response (RFR) process, (2) strategy meetings, and (3) regular site visits. The RFR requires the selection of an evidence-based model. Regular meetings provide technical assistance to ensure implementation of the SPF sustainability as well as cultural competence. The community's logic model, action plan, accomplishments, and challenges are reviewed throughout the year.	
Additional Clarification	
No data	

State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i>	
Name: William D. Luzier; Executive Director, Interagency Council on Substance Abuse & Prevention	
E-mail: william.luzier@state.ma.us	
Address: 250 Washington Street, Floor 3, Boston, MA 02134	
Phone: 617-624-5121	
<i>Agencies/organizations represented on the committee:</i>	
Executive Office of Health and Human Services	
Executive Office of Public Safety and Security	
Executive Office of Elder Affairs	
Executive Office of Veterans Affairs	

Department of Elementary and Secondary Education Department of Corrections Parole Board Department of Probation Department of Public Health Department of Youth Services Department of Mental Health Department of Developmental Services Massachusetts Rehabilitation Commission Department of Transitional Assistance Department of Children and Families Center for Health Information and Analysis Department of the Deaf and Hard of Hearing Department of Early Education and Care Bureau of Substance Abuse Services MassHealth (Medicaid) Superior Court District Court Juvenile Court Governor's Office Senate House Private citizen recovering from substance abuse problems	
A website or other public source exists to describe committee activities URL or other means of access: http://www.mass.gov/governor/administration/councilscabinetsandcommissions/subabuseprevent	Yes

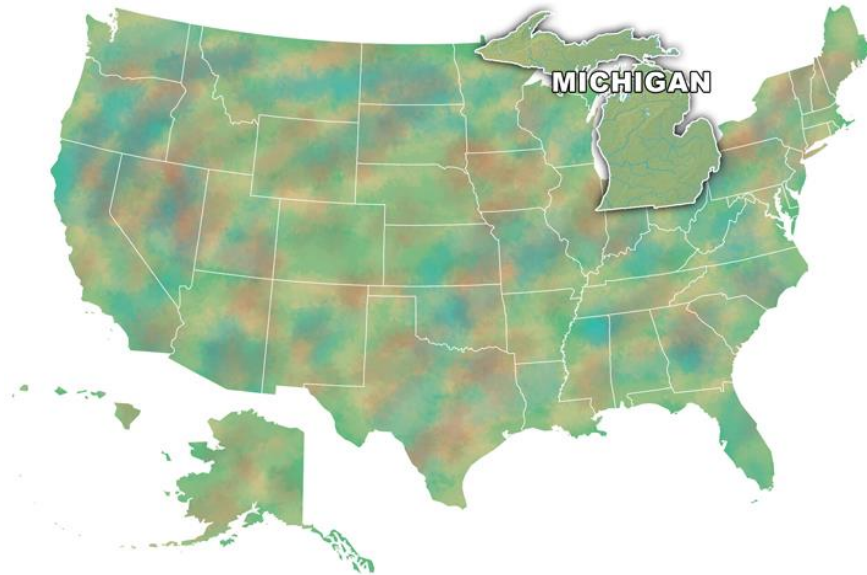
Underage Drinking Reports	
State has prepared a plan for preventing underage drinking in the last 3 years Prepared by: Interagency Council on Substance Abuse & Prevention Plan can be accessed via: http://www.mass.gov/governor/docs/strategic-plan-update-july-2010.pdf	Yes
State has prepared a report on preventing underage drinking in the last 3 years Prepared by: Department of Elementary and Secondary Education and Department of Public Health Plan can be accessed via: http://www.doe.mass.edu/cnp/hprograms/yrebs/2011Report.pdf	Yes

Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	\$32,534 (in-kind contribution)
Estimate based on the 12 months ending	12/31/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	12/31/2013
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>K-12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available

Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other:	No
<i>Description of funding streams and how they are used:</i>	
Not applicable	
Additional Clarification	
See Additional Clarification section in Part 1.	



Michigan

State Profile and Underage Drinking Facts*

State Population: 9,895,622
 Population Ages 12–20: 1,263,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	25.6	323,000
Past-Month Binge Alcohol Use	16.5	208,000
Ages 12–14		
Past-Month Alcohol Use	3.8	15,000
Past-Month Binge Alcohol Use	1.6	6,000
Ages 15–17		
Past-Month Alcohol Use	20.6	88,000
Past-Month Binge Alcohol Use	11.7	50,000
Ages 18–20		
Past-Month Alcohol Use	48.8	220,000
Past-Month Binge Alcohol Use	33.7	152,000
Alcohol-Attributable Deaths (under 21)		144
Years of Potential Life Lost (under 21)		8,752
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	31	17

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited—no explicit exceptions noted in the law.

Underage Consumption of Alcohol

Consumption is prohibited—no explicit exceptions noted in the law.

Internal Possession by Minors

Internal possession is prohibited—no explicit exceptions noted in the law.

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver's license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.00
- Any detectable alcohol in the blood is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

No use/lose law

Graduated Driver's License

Learner stage

- Minimum entry age: 14 years, 9 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 10 p.m.
 - Primary enforcement of the night-driving rule

- Passenger restrictions exist: No more than one passenger under age 21 who is not an immediate family member unless accompanied by driver’s parent or designated adult 21 or older.
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

- Furnishing is prohibited—no explicit exceptions noted in the law.
- There is an affirmative defense if the minor is not charged.

Compliance Check Protocols

Age of decoy

- Minimum: 18
- Maximum: 19

Appearance requirements

- Not specified

ID possession

- Not specified

Verbal exaggeration of age

- Not specified

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

- Time period: 2 years
- First offense: \$1,000 maximum fine
- Second offense: \$1,000 maximum fine
- Third offense: \$1,000 maximum fine and license suspension or revocation

Responsible Beverage Service

Mandatory beverage service training for managers, servers

- Applies only to on-sale establishments
- Applies only to new outlets

Responsible Beverage Service

Voluntary beverage service training

- Applies only to on-sale establishments
- Applies only to existing outlets
- Defense in dram shop liability lawsuits
- Discounts in dram shop liability insurance

Note: Michigan provides for a liability insurance discount as an incentive for retailers to implement beverage service training.

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 18
- Spirits: 18

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- No distance limitation

Dram Shop Liability

Statutory liability exists.

Note: Michigan law includes a responsible beverage service defense.

Social Host Liability Laws

- There is no statutory liability.
- The courts recognize common law social host liability.

Host Party Laws

Social host law is specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession, consumption
- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence
- Preventive action by the host negates the violation
- Exception(s): Family, resident

Note: Michigan's social host statute does not apply if all individuals attending the social gathering are members of the same household or immediate family, or if a minor's use, consumption, or possession of an alcoholic beverage is for religious purposes. The "preventive action" provision in Michigan allows the prosecution to establish guilt by proving that the host failed to take preventive action.

Retailer Interstate Shipments of Alcohol

Prohibition against retailer interstate shipments:

- Beer: Permitted
- Wine: Permitted
- Spirits: Prohibited

Note: The beer or wine must be delivered by the retailer's employee and not by an agent or by a third-party delivery service. A retailer that holds a specially designated merchant license or an out-of-state retailer that holds its state's substantial equivalent license may utilize a third party

that provides delivery service to municipalities in this state that are surrounded by water and inaccessible by motor vehicle.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Producer must verify age of purchaser.
- Common carrier must verify age of recipient.

State approval/permit requirements

- Producer/shipper must obtain state permit.

Reporting requirements

- Producer must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

- Keg definition: 5 gallons or more
- Prohibited: Destroying the label on a keg—maximum fine/jail \$500/93 days
- Purchaser information collected:
 - Purchaser's name and address
 - Verified by a government-issued ID
- Warning information to purchaser: Active—purchaser action required (e.g., signature)
- Deposit required: \$30
- Provisions do not specifically address disposable kegs

Home Delivery

- Beer: Permitted
- Wine: Permitted
- Spirits: Prohibited

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.20 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$0.51 per gallon

Spirits (40 percent alcohol)

- Control state

Drink Specials

- Free beverages: Prohibited
- Multiple servings at one time: Not prohibited

- Multiple servings for same price as single serving: Prohibited
- Reduced price, specified day or time: Not prohibited
- Unlimited beverages: Prohibited
- Increased volume: Not prohibited

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Volume discounts: Banned
- Price posting requirements: Post and hold—180-day minimum. Prices may be decreased during the 180-day period to meet a competing wholesaler's price. The price reduction must not exceed the competition's price and must continue for the balance of the 180 days filed by the competition.
- Retailer credit: Restricted—30 days maximum for on-sale retailers. No credit extended to off-sale retailers.

Wine (12 percent alcohol)

- Volume discounts: Banned
- Price posting requirements: Post and hold—3-month minimum. By written order the commission may approve a price change for a period of no fewer than 14 days.
- Retailer credit: Restricted—30 days for on-sale retailers. No credit extended to off-sale retailers.

Spirits (40 percent alcohol)

- Control state

Michigan State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Michigan Liquor Control Commission (MLCC)	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Yes MI Liquor Control Commission
Such laws are also enforced by local law enforcement agencies	Don't know
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	No Not applicable
Number pertains to the 12 months ending	Not applicable
Data include arrests/citations issued by local law enforcement agencies	Not applicable
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of retail licensees in state ³	Yes 17,163, which hold approx. 27,000 licenses total
Number of licensees checked for compliance by state agencies (including random checks)	2,275
Number of licensees that failed state compliance checks	285
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	Yes Data not available; not maintained separately
Number of licensees that failed random state compliance checks	Data not available; not maintained separately
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	Yes Data submitted to MLCC voluntarily only; full data not available
Number of licensees that failed local compliance checks	288
Numbers pertain to the 12 months ending	12/31/2013
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	Yes 573

Total amount in fines across all licensees	\$ 334,463
Smallest fine imposed	\$200
Largest fine imposed	\$1,000 per charge, limited by statute
Numbers pertain to the 12 months ending	12/31/2013
State collects data on license suspensions imposed on retail establishments specifically for furnishing minors	
Number of suspensions imposed by the state ⁵	6
Total days of suspensions across all licensees	18
Shortest period of suspension imposed (in days)	0; suspension waived
Longest period of suspension imposed (in days)	5
Numbers pertain to the 12 months ending	12/31/2013
State collects data on license revocations imposed on retail establishments specifically for furnishing minors	
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	12/31/2013
Additional Clarification	
No data	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Michigan Coalition to Reduce Underage Drinking (MCRUD)

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://www.mcrud.org

Program Description: MCRUD provides training, technical assistance, and networking opportunities for local volunteer and professional groups working to address specific issues related to reducing underage drinking at the local level. Constituents include other statewide organizations (e.g., Mothers Against Drunk Driving), local professional prevention agencies, local public health departments, hospital staff, local teen centers, and volunteer groups (e.g., high school leadership groups, parent groups, and community coalitions).

Substate Regional Coordinating Agencies (CAs)

Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	http://www.michigan.gov/bhrecovery

Program Description: The Michigan Department of Community Health (MDCH), Office of Recovery Oriented Systems of Care (OROSC), currently allocates Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG) funding and other state general fund dollars to 16 substate regional

coordinating agencies (CAs). The CAs are responsible for planning, administering, funding, and maintaining the provision of substance abuse treatment and prevention services for 83 counties in Michigan in accordance with OROSC priorities. One of OROSC’s current priorities is reducing underage drinking, and each CA employs a Prevention Coordinator. Programs are based on regional need and are a mix of targeted programs aimed at specific populations as well as the general population.

Prevention Network (PN) and Parenting Awareness Michigan (PAM)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information: http://www.preventionnetwork.org	

Program Description: PN is a private, nonprofit partner funded in part by OROSC and involved in the established statewide infrastructure that works to coordinate and allocate funding to high-need communities. PN provides support, training, and technical assistance to grassroots community groups to offer a full continuum of substance abuse prevention services. As part of PN, the PAM assists local communities across the state specifically with initiatives surrounding parenting.

Additional Underage Drinking Prevention Programs Operated or Funded by the State

No data
 URL for more program information: No data

Program description: No data

Additional Clarification

No data

Additional Information Related to Underage Drinking Prevention Programs

State collaborates with federally recognized tribal governments in the prevention of underage drinking Yes

Description of collaboration: There are 12 federally recognized tribes in Michigan. At the state level, OROSC collaborates with both the Grand Traverse Band of Ottawa and Chippewa Indians (GTB) and the Little Traverse Bay Bands of Odawa Indians by offering technical assistance as appropriate or requested. GTB is also a subgrantee with a categorical grant program addressing, in part, underage drinking as a priority. Both tribes also have member representation with the State Epidemiology Outcomes Workgroup (SEOW). In addition, there is partnership with the Michigan Inter-Tribal Council. Also, substate regional coordinating agencies may partner with these same or other tribes in their geographic area. This year, seven tribes are subgrantees of regional CAs to specifically address prevention efforts.

State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing No
 Program description: Not applicable

State has adopted or developed best practice standards for underage drinking prevention programs Yes

Agencies/organizations that established best practices standards:
 Federal agency(ies): SAMHSA NREPP Yes
 Agency(ies) within your state: MDCH OROSC Yes
 Nongovernmental agency(ies): No
 Other: No

Best practice standards description: MDCH/OROSC has adopted overarching principles of effective prevention based on the SAMHSA NREPP as well as the Surgeon General’s *Call to Action to Prevent and Reduce Underage Drinking* (2007). MDCH/OROSC requires that at least 90 percent of prevention programming within a substate coordinating agency region be evidence based. Also,

specific guidelines for safe prom and graduation initiatives have been adopted and promoted through PN, MCRUD, and other avenues at the local level.

Additional Clarification

No data

State Interagency Collaboration

A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities Yes

Committee contact information:

Name: Mike Tobias
 E-mail: mike@preventionnetwork.org
 Address: PO Box 4458, East Lansing, MI 48826-4458
 Phone: 517-393-6890

Agencies/organizations represented on the committee:

Genesee Health Systems
 Shiawassee Task Force on Prevention (S.T.O.P.)
 Little Traverse Bay Bands of Odawa Indians
 Oakland County Health Division
 CARE of Southeast Michigan
 Woodlands Behavioral Health
 Michigan State Police/ Office of Highway Safety Planning
 St. Joseph County Substance Abuse Task Force
 Bay County Sacred Heart
 Marquette County Substance Abuse and Violence Prevention Coalition

A website or other public source exists to describe committee activities Yes
 URL or other means of access: <http://www.mcrud.org>

Underage Drinking Reports

State has prepared a plan for preventing underage drinking in the last 3 years Yes
 Prepared by: MDCH/OROSC Transformation Steering Committee- Prevention Workgroup
 Plan can be accessed via: <http://www.michigan.gov/bhrecovery>

State has prepared a report on preventing underage drinking in the last 3 years Yes
 Prepared by: MDCH/OROSC Transformation Steering Committee-Prevention Workgroup
 Plan can be accessed via: <http://www.michigan.gov/bhrecovery>

Additional Clarification

No data

State Expenditures for the Prevention of Underage Drinking

Compliance checks in retail outlets:

Estimate of state funds expended Approx. \$130,000
 Estimate based on the 12 months ending 12/31/2013

Checkpoints and saturation patrols:

Estimate of state funds expended \$0; not conducted in Michigan
 Estimate based on the 12 months ending 12/31/2013

Community-based programs to prevent underage drinking:

Estimate of state funds expended \$71,880
 Estimate based on the 12 months ending No data

K–12 school-based programs to prevent underage drinking:

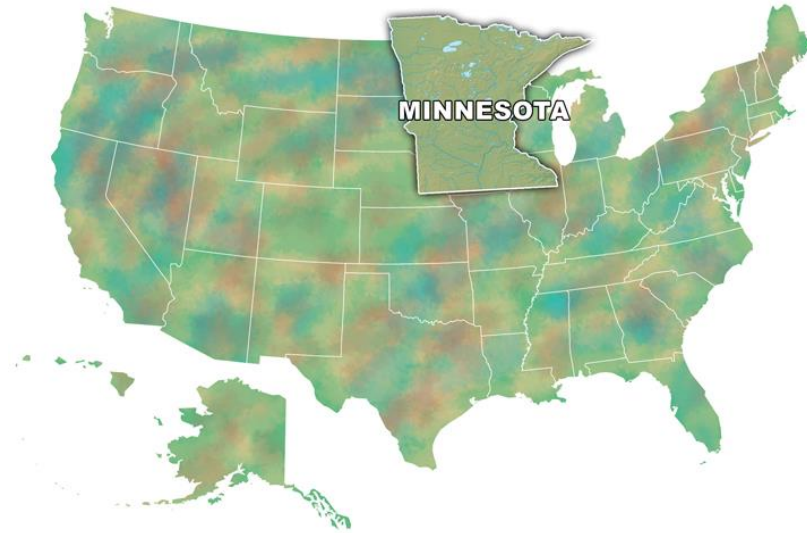
Estimate of state funds expended Data not available
 Estimate based on the 12 months ending Data not available

Programs targeted to institutes of higher learning:

Estimate of state funds expended Data not available
 Estimate based on the 12 months ending Data not available

<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included:	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	Yes
Fines	Yes
Fees	Yes
Other:	No data
<i>Description of funding streams and how they are used:</i>	
Taxes on alcohol; fines for violations; license and renewal fees. These sources are used to fund controlled buy operations through the Michigan Liquor Control Commission.	
Additional Clarification	
No data	



Minnesota

State Profile and Underage Drinking Facts*

State Population: 5,420,380
 Population Ages 12–20: 628,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	23.6	149,000
Past-Month Binge Alcohol Use	15.6	98,000
Ages 12–14		
Past-Month Alcohol Use	2.9	6,000
Past-Month Binge Alcohol Use	0.8	2,000
Ages 15–17		
Past-Month Alcohol Use	18.7	41,000
Past-Month Binge Alcohol Use	11.4	25,000
Ages 18–20		
Past-Month Alcohol Use	48.9	101,000
Past-Month Binge Alcohol Use	34.2	71,000
Alcohol-Attributable Deaths (under 21)		50
Years of Potential Life Lost (under 21)		3,037
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	16	3

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s): Parent/guardian’s home

Underage Consumption of Alcohol

Consumption is prohibited with the following exception(s):

- Parent/guardian’s home AND
- Parent/guardian

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Note: Although Minnesota does not prohibit internal possession, it has a statutory provision that makes it unlawful “[f]or any person under the age of 21 years to consume any alcoholic beverages” and further defines “consume” to “ [include] the ingestion of an alcoholic beverage and the physical condition of having ingested an alcoholic beverage.” Laws that prohibit minors from having alcohol in their bodies, but do so without reference to a blood, breath, or urine test, are not considered as prohibiting internal possession for purposes of this report.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Retailers are permitted to seize apparently false IDs.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.00
- Any detectable alcohol in the blood is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

No use/lose law

Graduated Driver’s License

Learner stage

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 30 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 12 a.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: For first 6 months, no more than one passenger under 20 who is not an immediate family member, unless accompanied by driver’s parent or guardian. For second 6 months, no more than three passengers under 20, unless accompanied by driver’s parent or guardian.
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17—passenger restrictions expire 12 months after obtaining intermediate license; unsupervised night-driving restrictions expire 6 months after issuance of intermediate license.

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s):

- Parent/guardian’s home AND
- Parent/guardian

Compliance Check Protocols

No data

Penalty Guidelines for Sales to Minors

No written guidelines

Responsible Beverage Service

Incentive for training

- Discounts in dram shop liability insurance

Note: Minnesota provides for a reduced license fee as an incentive for retailers to implement beverage service training, among other programs.

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 18
- Spirits: 18

Note: In Minnesota, the minimum permitted age to sell 3.2 percent malt liquors for off-premises consumption is not specified.

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Note: Minors who have reached age 16 may be employed to provide waiter or waitress service in rooms or areas where the presence of 3.2 percent “malt liquor” is incidental to food service or preparation.

Distance Limitations for New Alcohol Outlets near Universities and Schools***Colleges and universities***

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 1,500 feet if not within a city
 - On-premises outlets: Yes—within 1,500 feet if not within a city
 - Alcohol products: Beer, wine, spirits—excludes beverages with 3.2 percent alcohol by weight or less

Dram Shop Liability

Statutory liability exists.

Note: Minnesota law states that nothing in Minnesota’s alcohol beverage control law “precludes common law tort claims against any person 21 years old or older who knowingly provides or furnishes alcoholic beverages to a person under the age of 21 years.” The age limitation applied to the furnisher and the “knowingly” evidentiary requirement results in a “no” coding for dram shop common law liability.

Social Host Liability Laws

Statutory liability exists subject to the following conditions:

- Limitations on who may be sued: Social host must be 21 years old or older.
- Limitations on elements/standards of proof: Knowingly or recklessly furnishing alcohol to a minor or permitting consumption by a minor.

Note: Minnesota law states that nothing in Minnesota’s alcohol beverage control law “precludes common law tort claims against any person 21 years old or older who knowingly provides or furnishes alcoholic beverages to a person under the age of 21 years.” The age limitation applied to the furnisher and the “knowingly” evidentiary requirement results in a “no” coding for social host common law liability.

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements: None

State approval/permit requirements: None

Reporting requirements: None

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

- Keg definition: Not less than 7 gallons
- Prohibited: Destroying the label on a keg—maximum fine/jail \$1,000/90 days
- Purchaser information collected: Verified by a government-issued ID
- Warning information to purchaser: Passive—no purchaser action required
- Deposit: Not required
- Provisions do not specifically address disposable kegs

Home Delivery

- Beer: Permitted
- Wine: Permitted
- Spirits: Permitted

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.15 per gallon
- Ad valorem excise tax (on-premises retail): 2.5 percent
- Ad valorem excise tax (off-premises retail): 2.5 percent
- Additional taxes: \$0.08 per gallon for beverages containing an alcohol content of 4 percent or less

Note: With respect to malt liquor containing 4 percent alcohol or less, the 2.5 percent retail tax is applied only when sold at an on-sale or off-sale municipal liquor store or other establishment licensed to sell any type of intoxicating liquor.

Wine (12 percent alcohol)

- Specific excise tax: \$0.30 per gallon
- Ad valorem excise tax (on-premises retail): 2.5 percent
- Ad valorem excise tax (off-premises retail): 2.5 percent

Spirits (40 percent alcohol)

- Specific excise tax: \$5.03 per gallon
- Ad valorem excise tax (on-premises retail): 2.5 percent
- Ad valorem excise tax (off-premises retail): 2.5 percent

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Volume discounts: Restricted—a variable volume price may not be for a quantity of more than 25 cases
- Retailer credit: Restricted—30 days maximum

Spirits (40 percent alcohol)

- Volume discounts: Restricted—a variable volume price may not be for a quantity of more than 25 cases
- Retailer credit: Restricted—30 days maximum

Minnesota State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Minnesota Department of Public Safety	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Don't know
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
Number of minors found in possession by state law enforcement agencies	No
Number pertains to the 12 months ending	Not applicable
Data include arrests/citations issued by local law enforcement agencies	Not applicable
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	No
Number of retail licensees in state ³	No data
Number of licensees checked for compliance by state agencies (including random checks)	Not applicable
Number of licensees that failed state compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Not applicable
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	No
Number of licensees that failed random state compliance checks	Not applicable
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	No
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
Number of fines imposed by the state ⁴	No
Total amount in fines across all licensees	Not applicable
Smallest fine imposed	Not applicable
Largest fine imposed	Not applicable
Numbers pertain to the 12 months ending	Not applicable
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	
Number of suspensions imposed by the state ⁵	No
	Not applicable

Total days of suspensions across all licensees	Not applicable
Shortest period of suspension imposed (in days)	Not applicable
Longest period of suspension imposed (in days)	Not applicable
Numbers pertain to the 12 months ending	Not applicable
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	No
Number of license revocations imposed ⁶	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Additional Clarification	
No data	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State	
Enforcing Underage Drinking Laws – Department of Public Safety (DPS)	
Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: http://www.ojjdp-dctat.org	
URL for more program information:	No data
Program Description: This DPS program funds activities that support enhanced enforcement of underage drinking laws and prevention programs. Funds and programs are scheduled to end 6/30/14.	
Planning and Implementation Programs (P&I) (Minnesota Department of Human Services)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: These programs are funded using Substance Abuse Prevention and Treatment (SAPT) Block Grant prevention set-aside dollars. Each P&I program contains the following set of strategies, programs, and services:	
<ol style="list-style-type: none"> 1. Community coalitions with a primary focus on reducing youth alcohol use. Each coalition meets monthly and has a vision and mission statement and written bylaws. Each has representation from the following 14 community sectors: (a) youth (18 or younger), (b) parents, (c) high-risk subpopulations, (d) business, (e) media, (f) school, (g) youth-serving organization, (h) law enforcement, (i) justice/corrections, (j) religious or fraternal organization; (k) civic/volunteer group (i.e., local organization committed to volunteering and not a coalition member designated as “volunteer”), (l) health care professional, (m) state/local/tribal government agency with expertise in substance abuse, and (n) other organization involved in reducing substance abuse. 2. Alcohol compliance checks at every establishment that sells alcoholic beverages within each community’s geographic area at least twice annually. 3. Responsible beverage server training in each community at least twice a year. 	

<ol style="list-style-type: none"> 4. Provision of Project Northland to all 6th-, 7th-, and 8th-grade students in funded communities. 5. Provision of class action in all high schools in the geographic area of the funded communities. 6. Provision of capacity building in the form of specific training and technical assistance around effective coalitions, data collection, use of data, development of strategic plans, evaluation, cultural competency, sustainability, and other prevention topics identified as a need by the community. 7. Implementation of environmental strategies within each funded community, such as passing social host ordinances, having alcohol compliance checks routinely conducted by law enforcement, and banning advertisements for alcohol at local community events. 8. Implementation of a Positive Community Norms campaign to provide information and education around the true community norms of alcohol use and related behaviors and beliefs of underage youth, of the adult community population, and of the parent population. 																			
<p>Regional Prevention Coordinators (RPCs)</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>General population</td> </tr> <tr> <td>Number of youth served</td> <td>Not applicable</td> </tr> <tr> <td>Number of parents served</td> <td>Not applicable</td> </tr> <tr> <td>Number of caregivers served</td> <td>Not applicable</td> </tr> <tr> <td>Program has been evaluated</td> <td>Yes</td> </tr> <tr> <td>Evaluation report is available</td> <td>Yes</td> </tr> <tr> <td>URL for evaluation report: http://www.evaluatod.org/r_atodtools.php</td> <td></td> </tr> <tr> <td>URL for more program information:</td> <td>No data</td> </tr> </table>		Program serves specific or general population	General population	Number of youth served	Not applicable	Number of parents served	Not applicable	Number of caregivers served	Not applicable	Program has been evaluated	Yes	Evaluation report is available	Yes	URL for evaluation report: http://www.evaluatod.org/r_atodtools.php		URL for more program information:	No data		
Program serves specific or general population	General population																		
Number of youth served	Not applicable																		
Number of parents served	Not applicable																		
Number of caregivers served	Not applicable																		
Program has been evaluated	Yes																		
Evaluation report is available	Yes																		
URL for evaluation report: http://www.evaluatod.org/r_atodtools.php																			
URL for more program information:	No data																		
<p>Program Description: Minnesota is divided into seven prevention regions. Each RPC is responsible for providing technical assistance for those who request help in initiating, implementing, and sustaining ATOD prevention efforts in their region. The RPCs are trained in many aspects of community coalition work, evidence-based programming, community assessment, strategic planning, evaluation, and so on. Each also provides at least one regional training on a topic determined by an annual training assessment survey. RPC programs are funded using SAPT Block Grant prevention funds (the 20 percent setaside). In the evaluation report (http://www.evaluatod.org/r_atodtools.php), results are included under Regional Prevention Coordinators, Community Impact Tool results.</p>																			
<p>Strategic Prevention Framework State Incentive Grant (SPF SIG)</p> <table border="0"> <tr> <td>Program serves specific or general population</td> <td>General population</td> </tr> <tr> <td>Number of youth served</td> <td>Not applicable</td> </tr> <tr> <td>Number of parents served</td> <td>Not applicable</td> </tr> <tr> <td>Number of caregivers served</td> <td>Not applicable</td> </tr> <tr> <td>Program has been evaluated</td> <td>Yes</td> </tr> <tr> <td>Evaluation report is available</td> <td>No</td> </tr> <tr> <td>URL for evaluation report:</td> <td>Not applicable</td> </tr> <tr> <td>URL for more program information:</td> <td></td> </tr> <tr> <td>http://www.evaluatod.org/r_spf-sig-project-tools.php</td> <td></td> </tr> </table>		Program serves specific or general population	General population	Number of youth served	Not applicable	Number of parents served	Not applicable	Number of caregivers served	Not applicable	Program has been evaluated	Yes	Evaluation report is available	No	URL for evaluation report:	Not applicable	URL for more program information:		http://www.evaluatod.org/r_spf-sig-project-tools.php	
Program serves specific or general population	General population																		
Number of youth served	Not applicable																		
Number of parents served	Not applicable																		
Number of caregivers served	Not applicable																		
Program has been evaluated	Yes																		
Evaluation report is available	No																		
URL for evaluation report:	Not applicable																		
URL for more program information:																			
http://www.evaluatod.org/r_spf-sig-project-tools.php																			
<p>Program Description: Overview of the SPF SIG program:</p> <ul style="list-style-type: none"> • Funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) • Approx. \$2.1 million/year for 5 years (July 2009 through June 2014) <ul style="list-style-type: none"> – 85 percent must go to communities – Year 5 begins on July 1, 2013 – MN received a no-cost extension to provide funding through June 30, 2015 • Minnesota is part of Cohort IV nationally • SPF SIG is a Cooperative Agreement at both the state and community levels <p>National SPF SIG Program Goals:</p> <ul style="list-style-type: none"> • Prevent onset and reduce progression of substance abuse, including childhood and underage drinking • Reduce substance abuse-related problems in communities • Build prevention capacity and infrastructure at the state- and community- levels <p>“SAMHSA envisions the SPF SIGs being implemented through working partnerships between States and communities.”</p>																			

Minnesota SPF SIG Priorities: In May 2010, the SPF SIG Advisory Council used state-level data (provided by the State Epidemiological Outcomes Workgroup) to vote on following priorities for the project:

- Past 30-day alcohol use among youth (will be measured by the MN Student Survey [MSS])
- Binge drinking among youth (will be measured by the MSS)
- Binge drinking among 18- to 25-year-olds (will be measured by the Young Adult Alcohol Survey [YAAS])

Community SPF SIG Grant Program:

- July 2011 RFP identified eight community-level grantees, two-phase funding model, with Phase One starting January 2012
- Phase One: first three steps of the SPF, 18 months long
- Extensive training and technical assistance in addition to templates, tools, and resources provided (the SPF SIG has produced four guidance documents for communities so far)
- Phase One concluded with submission and approval of a community strategic plan; seven grantees received approval and began moving into Phase Two on July 1, 2013
- Contract Amendment for Phase Two: implementation of the strategic plan and related process and outcome evaluation

Summary of Phase One Grantee Work:

- Establish or strengthen a broad-based community coalition
- Conduct a thorough assessment by gathering existing local data (from law enforcement, schools, hospitals, etc.) and conduct the following additional required data collection activities:
 - Young adult alcohol survey
 - Facilitated discussion on local prevention infrastructure
 - Key informant interviews with community leaders
 - Fiscal host questionnaire
 - Coalition functioning survey
 - One-on-one interviews with community members and facilitated discussion
- Develop a local epidemiological profile
- Conduct a prioritization process to identify key intervening variables and local conditions (local root causes of the three MN SPF SIG priority areas)
- Engage the coalition in the process of selecting Phase Two strategies to address priority local conditions
- Develop a thorough Community Strategic Plan

Summary of Phase Two Work:

- Implementing selected strategies
- Strengthening local capacity and prevention infrastructure
- Laying the groundwork for future prevention efforts
- Planning to better serve high-risk sub-populations and groups that require culturally specific programming
- Evaluating process and outcome
- Ongoing sustainability planning
- Re-administering baseline data collection activities

Additional Underage Drinking Prevention Programs Operated or Funded by the State

No data

URL for more program information: No data

Program description: No data

Additional Clarification

No data

Additional Information Related to Underage Drinking Prevention Programs

<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	Yes
Description of collaboration: The Minnesota Department of Human Services, Alcohol and Drug Abuse Division, uses SAPT Block Grant funds to fund prevention programming on the Red Lake Reservation. In addition, the Division uses state-appropriated dollars to fund some prevention programming in urban American Indian communities. Funding is funneled through the American Indian Program Section, a subunit within the Alcohol and Drug Abuse Division within MN Department of Human Services. This unit functions as the conduit to the Indian tribes in Minnesota and local American Indian communities, providing training and technical assistance as requested by the tribes and American Indian Urban Prevention Programs. In addition, the Division's legislation requires it to create and maintain an American Indian Advisory Council consisting of representatives from the 11 federally recognized tribes in Minnesota as well as Urban Prevention Programs located in Minneapolis, St. Paul, and International Falls. This advisory council advises the Division in matters related to substance abuse and addiction, treatment, and recovery services in the American Indian communities within tribal reservations as well as local communities.	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Description of program: Not applicable	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies): Office of Juvenile Justice and Delinquency Prevention (OJJDP)	Yes
Agency(ies) within your state:	No
Nongovernmental agency(ies): Pacific Institute on Research and Evaluation (PIRE)	Yes
Other:	No
Best practice standards description: No data	
Additional Clarification	
For the purpose of this survey, two primary state agencies provided feedback. The first is the Minnesota Department of Human Services, Alcohol and Drug Abuse Division, which also functions as the Single State Agency for the federal Substance Abuse Prevention and Treatment Block Grant Award. The second is the Department of Public Safety, which receives Enforcement of Underage Drinking Laws (EUDL) funding from OJJDP. The agency reports using best practices developed by OJJDP and PIRE standards.	

State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Don't know/ No answer
<i>Committee contact information:</i> Not applicable	

<i>Agencies/organizations represented on the committee:</i> Not applicable	
<i>A website or other public source exists to describe committee activities</i>	Not applicable
URL or other means of access: Not applicable	

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Not sure
Prepared by: No data	
Plan can be accessed via: Not applicable	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	Not sure
Prepared by: No data	
Plan can be accessed via: Not applicable	
Additional Clarification	

No data	
State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	No funding allocated
Estimate based on the 12 months ending	Not applicable
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Other programs:</i>	
Programs or strategies included: N/A	
Estimate of state funds expended	No data
Estimate based on the 12 months ending	No data

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No data
Fines	No data
Fees	No data
Other: (1) SAPT Block Grant and (2) SPF SIG	Yes
<i>Description of funding streams and how they are used:</i>	
No data	
Additional Clarification	
<p>The Alcohol and Gambling Enforcement Division had a federal grant to administer funds for compliance checks and to maintain records of the outcome of the checks. However, the funding for the program was directed elsewhere, so the information contained in prior reports is not currently maintained by the Division. Recent bills in the Minnesota Legislature specifically targeting funding for underage enforcement left out the Alcohol and Gambling Enforcement Division; thus it received no state funding specific to enforcement/compliance issues related to underage access to alcohol.</p> <p>In addition to the expenditures identified above, approximately \$1,334,734 was expended in prevention efforts in the American Indian community. However, it is unknown how much of this is for community-based versus K–12 school-based prevention. Of the community-based funding, \$1,071,295 relates to the program funded by the SPF SIG.</p>	



Mississippi

State Profile and Underage Drinking Facts*

State Population: 2,991,207
 Population Ages 12–20: 375,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	23.3	87,000
Past-Month Binge Alcohol Use	13.9	52,000
Ages 12–14		
Past-Month Alcohol Use	3.4	4,000
Past-Month Binge Alcohol Use	1.1	1,000
Ages 15–17		
Past-Month Alcohol Use	19.4	26,000
Past-Month Binge Alcohol Use	11.7	16,000
Ages 18–20		
Past-Month Alcohol Use	45.3	58,000
Past-Month Binge Alcohol Use	27.8	35,000
Alcohol-Attributable Deaths (under 21)		65
Years of Potential Life Lost (under 21)		3,926
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	46	18

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s):

- Private location OR
- Parent/guardian

Note: Mississippi’s parent/guardian exception applies to those persons at least 18 years old and only for possession of light wine or beer. The location exception is not limited to persons between 18 and 21 and applies only to alcoholic beverages, not including light wine or beer.

Underage Consumption of Alcohol

Consumption is not explicitly prohibited.

Note: Mississippi’s parent/guardian exception applies to those persons at least 18 years old and only for consumption of light wine or beer.

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage purchase
- Underage possession

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- Minimum: Not specified
- Maximum: 90 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 15
- Minimum learner stage period: 12 months
- No minimum supervised driving requirement

Intermediate stage

- Minimum age: 16 years
- Unsupervised night driving
 - Prohibited after: 10 p.m. Sunday through Thursday; 11:30 p.m. Friday and Saturday
 - Primary enforcement of the night-driving rule
- No passenger restrictions

License stage

- Minimum age to lift restrictions: 16 years, 6 months

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s): either

- Parent/guardian OR
- Spouse

Note: Mississippi’s parent/guardian and spouse exception applies to those persons at least 18 years old and only for furnishing light wine or beer.

Compliance Check Protocols

Age of decoy

- Minimum: 16
- Maximum: 19

Appearance requirements

- Male: No facial hair and youthful looking

ID possession

- Not specified

Verbal exaggeration of age

- Prohibited

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

- Time period/conditions: Not specified
- First offense: \$500 to \$1,000 fine
- Second offense: \$1,000 to \$2,000 fine plus license revocation

Responsible Beverage Service

No beverage service training requirement

Minimum Ages for Off-Premises Sellers

- Beer: 21
- Wine: 21
- Spirits: 21

Minimum Ages for On-Premises Sellers

- Beer: 18 for servers and 21 for bartenders
- Wine: 18 for servers and 21 for bartenders
- Spirits: 18 for servers and 21 for bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools***Colleges and universities***

- Limitations on outlet siting:
 - Off-premises outlets: Yes—no permits on campus
 - On-premises outlets: Yes—no permits on campus
 - Alcohol products: Wine, spirits—except for wine containing 6.25 percent alcohol by volume (ABV) or less

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 400 feet; within 100 feet in areas zoned commercial or industrial.
 - On-premises outlets: Yes—within 400 feet; within 100 feet in areas zoned commercial or industrial.
 - Alcohol products: Wine, spirits—except for wine containing 6.25 percent ABV or less.

Note: Exceptions include (1) bed and breakfast inn or historic district listed in the National Register of Historic Places; (2) qualified resort area located in a municipality having a population greater than 100,000.

Dram Shop Liability

- There is no statutory liability.
- The courts recognize common law dram shop liability.

Social Host Liability Laws

There is no statutory liability.

Host Party Laws

Social host law is specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession, consumption
- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence
- Exception(s): Family

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are not permitted.

Keg Registration

Registration is not required.

Home Delivery

- Beer: No law
- Wine: No law
- Spirits: No law

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.43 per gallon

Wine (12 percent alcohol)

- Control state

Spirits (40 percent alcohol)

- Control state

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Not permitted

Wine (12 percent alcohol)

- Control state

Spirits (40 percent alcohol)

- Control state

Mississippi State Survey Responses

State Agency Information	
Agency with primary responsibility for enforcing underage drinking laws: Mississippi Alcoholic Beverage Control (ABC)	
Enforcement Strategies	
State law enforcement agencies use:	
Cops in Shops	Yes
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
Local law enforcement agencies use:	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	No
State has a program to investigate and enforce direct sales/shipment laws	
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	ABC
Such laws are also enforced by local law enforcement agencies	No
Enforcement Statistics	
State collects data on the number of minors found in possession	
Number of minors found in possession by state law enforcement agencies	591
Number pertains to the 12 months ending	6/30/2013
Data include arrests/citations issued by local law enforcement agencies	No
State conducts underage compliance checks/decoy operations ² to determine if alcohol retailers are complying with laws prohibiting sales to minors	
Data are collected on these activities	Yes
Number of retail licensees in state ³	2,000 ABC, 5,000 beer for total of approx. 7,000
Number of licensees checked for compliance by state agencies (including random checks)	72
Number of licensees that failed state compliance checks	45
Numbers pertain to the 12 months ending	6/30/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Both on- and off-sale establishments
State conducts random underage compliance checks/decoy operations	
Number of licensees subject to random state compliance checks/decoy operations	Not applicable
Number of licensees that failed random state compliance checks	Not applicable
Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors	
Data are collected on these activities	No
Number of licensees checked for compliance by local agencies	Not applicable
Number of licensees that failed local compliance checks	Not applicable
Numbers pertain to the 12 months ending	6/30/2013
Sanctions	
State collects data on fines imposed on retail establishments that furnish minors	
Number of fines imposed by the state ⁴	No
Total amount in fines across all licensees	Suspensions only on sales to minors
Smallest fine imposed	Not applicable

Largest fine imposed Numbers pertain to the 12 months ending	Not applicable 6/30/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	45
Total days of suspensions across all licensees	315
Shortest period of suspension imposed (in days)	7
Longest period of suspension imposed (in days)	7
Numbers pertain to the 12 months ending	6/30/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	6/30/2013
Additional Clarification	
No data	

¹Or having consumed or purchased per state statutes.

²Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴Does not include fines imposed by local agencies.

⁵Does not include suspensions imposed by local agencies.

⁶Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Region 1 Community Mental Health Center (CMHC)

Program serves specific or general population	Specific population
Number of youth served	850
Number of parents served	200
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	None available

Program Description: Region 1 CMHC utilizes Project Alert and Project Towards No Drug Abuse. Both of these evidence-based prevention programs focus on motivating nonuse of drugs and other substances, and teach resistance skills.

Region 2 Community Mental Health Center

Program serves specific or general population	Specific population
Number of youth served	341
Number of parents served	47
Number of caregivers served	11
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://www.communicarems.org/preventionhome.html

Program Description: Region 2 CMHC utilizes Class Action, Life Skills, and Too Good for Drugs evidence-based programs. They all are designed to delay onset of alcohol use, reduce use among youth who have already tried alcohol, and limit the number of alcohol-related problems. They also target major social and psychological factors that promote initiation of substance use and other risky behaviors.

Region 3 Community Mental Health Center

Program serves specific or general population	Specific population
Number of youth served	875
Number of parents served	Not applicable

Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://www.lifeskillstraining.com	
Program Description Region 3 CMHC utilizes the LifeSkills Training program. This is a school-based prevention program for youth in grades 7 through 12 and ages 13–18. This program helps students gain the skills and confidence to make healthy decisions, strengthen relationships with family members and peers, and resist the pressure to use drugs, tobacco, and alcohol.	
Region 4 Community Mental Health Center	
Program serves specific or general population	Specific population
Number of youth served	335
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: Region 4 CMHC utilizes LifeSkills Training. This is a school-based prevention program for youth in grades 7–8, ages 12–14. It is a Universal Curriculum that works on many social skills as well as drug education to help delay the onset of drug, tobacco, and alcohol usage.	
Region 5 Community Mental Health Center	
Program serves specific or general population	Specific population
Number of youth served	123
Number of parents served	42
Number of caregivers served	11
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information: http://www.ncbi.nlm.nih.gov/pubmed10627101	
Program Description: Region 5 utilizes Communities Mobilizing for Change on Alcohol (CMCA), which assists in the reduction of alcohol use by teens and young adults ages 13–20. The CMCA program works to limit youth's access to alcohol by communicating a clear message to the community that underage drinking is inappropriate and unacceptable. The program uses community members to assist in presenting information and seeks to facilitate environmental changes in advertisement and sale of beverages containing alcohol.	
Region 6 Community Mental Health Center	
Program serves specific or general population	Specific population
Number of youth served	3,600
Number of parents served	200
Number of caregivers served	60
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: Region 6 utilizes the Creating Lasting Family Connections program, a school-based prevention program for youth in grades 5–11 and ages 6–18. It is a family-focused program that aims to build resiliency and reduce the frequency of youth's alcohol and other drug use.	
Region 7 Community Mental Health Center	
Program serves specific or general population	Specific population
Number of youth served	900
Number of parents served	400

Number of caregivers served Program has been evaluated Evaluation report is available URL for evaluation report: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=62 URL for more program information: http://www.projectalert.com	Not applicable Yes Yes
<p>Program Description: Region 7 utilizes Project Alert, a substance abuse prevention program for middle school students. It address the pro-drug mindset of today’s teens and effectively increases the likelihood that students will remain drug free.</p>	
<p>Region 12 Pine Belt Mental Healthcare Resources</p>	
Program serves specific or general population Number of youth served Number of parents served Number of caregivers served Program has been evaluated Evaluation report is available URL for evaluation report: URL for more program information:	Specific population 3,000 1,050 1,050 Yes No Not applicable No data
<p>Program Description: Pine Belt Mental Healthcare Resources Prevention Services utilizes Project Alert and Project Northland for prevention programming. These are school-based prevention programs designed to delay the age at which adolescents begin drinking and reduce alcohol use among those already drinking. They both target middle school youth (grades 6–8).</p>	
<p>Region 14 Singing River Services</p>	
Program serves specific or general population Number of youth served Number of parents served Number of caregivers served Program has been evaluated Evaluation report is available URL for evaluation report: URL for more program information:	General population 5,500 600 350 No Not applicable Not applicable No data
<p>Program Description: Region 14 utilizes Project Northland by Hazelden Publishing, a nationally recognized alcohol use prevention program. The curriculum invites participation and experiential learning at home, in the classroom, and in the local community. Parents and caregivers are enlisted to support no-use, alcohol-free messages.</p>	
<p>Region 15 Warren Yazoo</p>	
Program serves specific or general population Number of youth served Number of parents served Number of caregivers served Program has been evaluated Evaluation report is available URL for evaluation report: URL for more program information:	Specific population Not applicable Not applicable Not applicable No Not applicable Not applicable No data
<p>Program Description: Region 15 utilizes the Too Good for Drugs/Violence series. Too Good for Drugs is a school-based prevention program for kindergarten to 12th grade that builds on students’ resiliency by teaching them how to be socially competent and autonomous problem solvers. Too Good for Violence is a school-based violence prevention and character education program for students in kindergarten through 12th grade. It is designed to enhance pro-social behaviors and skills and improve protective factors related to conflict and violence.</p>	

Gateway Map Coalition	
Program serves specific or general population	Specific population
Number of youth served	2,500
Number of parents served	500
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: The Gateway Map Coalition STOP Act Program serves primarily 5th and 6th graders, at-risk youth, peers who influence their peers' behaviors, and parents and adults who provide alcohol to minors. The coalition is implementing strategies in all areas of the social systems that distribute, promote, and consume alcohol. The environmental approaches being implemented include community mobilization, improved enforcement of the minimum drinking age, increased enforcement, and ordinances and laws to reduce underage drinking.	
Mississippi Band of Choctaw Indians, Choctaw Health Department	
Program serves specific or general population	Specific population
Number of youth served	5,400
Number of parents served	0
Number of caregivers served	0
Program has been evaluated	Yes
Evaluation report is available	No
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: The Mississippi Band of Choctaw Indians utilizes the Reconnecting Youth Prevention Program (RY). This is a school-based prevention program for youth ages 14–18 in grades 9–12 who are at risk for school dropout and who may exhibit multiple behavior problems such as substance abuse, aggression, depression, or a higher suicide risk potential.	
Mallory Community Health Center (TOP-Teens/Tots Program)	
Program serves specific or general population	Specific population
Number of youth served	100
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: The TOP-Teens/TOP-Tots (Taking Opportunity in Prevention–Teens/Tots) Program is a substance abuse prevention program that targets youth ages 5 to 18. This program uses evidence-based strategies to impact positive changes in targeted youth and their families. The program promotes constructive lifestyles and norms that discourage alcohol, tobacco, and other drug use.	

Additional Underage Drinking Prevention Programs Operated or Funded by the State

MS Department of Mental Health

URL for more program information: No data

Program description: The MS Department of Mental Health is part of a statewide entity that seeks to advise youth across Mississippi against destructive decisions.

Mississippians Advocating Against Unhealthy Decisions (MAAUD)

URL for more program information: No data

Program description: MAAUD is a task force designed to improve the health and well-being of youth in Mississippi by preventing and reducing unhealthy and risky behaviors.

Additional Clarification	
<p>MAAUD is represented by several agencies/organizations: Department of Mental Health Department of Public Safety Department of Education DREAM of Hattiesburg DREAM Inc. of Jackson Mississippi National Guard Mississippi Band of Choctaw Indians National Council on Alcoholism and Drug Dependence</p>	

Additional Information Related to Underage Drinking Prevention Programs	
<p><i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i></p> <p>Description of collaboration: The Mississippi Department of Mental Health certifies and funds the Mississippi Band of Choctaw Indians to provide prevention services within their community.</p>	Yes
<p><i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i></p> <p>Program description: Mississippians Advocating Against Unhealthy Decisions (MAAUD) is a task force designed to improve the health and well-being of youth in Mississippi by preventing and reducing unhealthy and risky behaviors. Members include representatives from state agencies, with strong participation from local coalitions and organizations across the state. We help guide local coalitions in environmental approaches to underage drinking prevention that involve law enforcement, parents, youth, and local organizations.</p> <p>MAAUD is striving to reduce unhealthy decisions in Mississippi through community action, public policy, education, and advocacy. The goals include the following:</p> <ul style="list-style-type: none"> • Engage youth in local prevention awareness actions • Work in partnership with businesses in the community • Cooperate with state government and law enforcement • Put youth-friendly programs into the community where prevention awareness counts most 	Yes
<p><i>State has adopted or developed best practice standards for underage drinking prevention programs</i></p> <p>Agencies/organizations that established best practices standards:</p> <p>Federal agency(ies): Substance Abuse and Mental Health Services Administration SAMHSA (Center for Substance Abuse Prevention [CSAP]-Kevin Chapman)</p> <p>Agency(ies) within your state: MS Department of Mental Health</p> <p>Nongovernmental agency(ies):</p> <p>Other: MAAUD, free-standing prevention programs, and 15 Community Mental Centers across Mississippi</p> <p>Best practice standards description: Mississippi works closely with SAMHSA-CSAP, a massively funded federal agency that promotes the reduction-of-consumption approach to reduce alcohol problems: “Less alcohol is always still too much alcohol.”</p> <p>The MS Department of Mental Health administers the public system of alcohol and drug abuse prevention and treatment services in Mississippi through the Bureau of Alcohol and Drug Services. These services are provided through a statewide network, which includes state-operated facilities, regional community mental health centers, and other nonprofit community-based programs.</p>	Yes
Additional Clarification	
All necessary information has been reported.	
State Interagency Collaboration	
<p><i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i></p>	Yes

Committee contact information:	
Name: Daisy Carter	
E-mail: daisy@ncaddms.org	
Address: 875 Northpark Drive, Building 2, Suite 600, Ridgeland, MS 39157	
Phone: 601-899-5880	
Agencies/organizations represented on the committee:	
<ul style="list-style-type: none"> • Community Striving to Prevent Underage Drinking • Gateway MAP Coalition • Gulf Coast Substance Abuse Task Force • Mississippi Underage Drinking Prevention Coalition of Hinds County • Make A Promise Coalition for a Drug-Free Warren County • Mississippi Underage Drinking Prevention Coalition of Madison & Rankin Counties • Mississippi Southern Coalition • Warren County Underage Drinking Coalition • Dream Community Planning Coalition • Vicksburg Family Development • Choctaw Behavioral Health • Community Counseling Services • DREAM, Inc. • Dream of Hattiesburg, Inc. • East Mississippi State Hospital • Gulf Coast Mental Health • Gulf Coast Substance Abuse Task Force • Jackson County Children’s Service Coalition • Jackson State University-MS Urban Research Center • Mississippi State Legislature • MADD • Metro Jackson CPC • Mississippi Army National Guard • National Council on Alcoholism and Drug Dependence 	
<i>A website or other public source exists to describe committee activities</i>	Yes
URL or other means of access: http://www.maud.org	

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Yes
Prepared by: MS Department of Mental Health	
Plan can be accessed via: http://www.dmh.ms.gov under the resource library section	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	No
Prepared by: Not applicable	
Plan can be accessed via: Not applicable	
Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	0; MS does not get any prevention funding from the state.
Estimate based on the 12 months ending	6/30/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	0
Estimate based on the 12 months ending	6/30/2013
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	0
Estimate based on the 12 months ending	

<i>K–12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	0
Estimate based on the 12 months ending	
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	0
Estimate based on the 12 months ending	
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	0
Estimate based on the 12 months ending	
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	0
Estimate based on the 12 months ending	
<i>Other programs:</i>	
Programs or strategies included:	
Estimate of state funds expended	0
Estimate based on the 12 months ending	

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other:	No data
<i>Description of funding streams and how they are used:</i>	
Not applicable	
Additional Clarification	
No data	



Missouri

State Profile and Underage Drinking Facts*

State Population: 6,044,171
 Population Ages 12–20: 718,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	23.5	169,000
Past-Month Binge Alcohol Use	14.9	107,000
Ages 12–14		
Past-Month Alcohol Use	5.3	12,000
Past-Month Binge Alcohol Use	2.8	6,000
Ages 15–17		
Past-Month Alcohol Use	22.5	56,000
Past-Month Binge Alcohol Use	14.5	36,000
Ages 18–20		
Past-Month Alcohol Use	41.1	100,000
Past-Month Binge Alcohol Use	26.4	64,000
Alcohol-Attributable Deaths (under 21)		116
Years of Potential Life Lost (under 21)		7,008
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	34	19

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited—no explicit exceptions noted in the law.

Underage Consumption of Alcohol

Consumption is not explicitly prohibited.

Internal Possession by Minors

Internal possession is prohibited—no explicit exceptions noted in the law.

Underage Purchase of Alcohol

Purchase is prohibited, but youth may purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver's license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.
- It is a criminal offense to manufacture or distribute a false ID.

Provision(s) targeting retailers

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.
- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver's license suspension, revocation, or denial

- Underage purchase
- Underage possession

Authority to impose driver's license sanction

- Mandatory

Length of suspension/revocation

- 30 days

Note: Although Missouri does not authorize a use/lose penalty for all underage consumption, a law that became effective on August 28, 2005, imposes the mandatory license sanction on an

underage person who “has a detectable blood alcohol content of more than two-hundredths of one percent or more by weight of alcohol in such person’s blood.”

Graduated Driver’s License

Learner stage

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 40 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 16
- Unsupervised night driving
 - Prohibited after: 1 a.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: First 6 months, no more than one passenger under 19 who is not an immediate family member. After 6 months, no more than three passengers under 19 who are not immediate family members.
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 17 years, 11 months

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s): Parent/guardian

Compliance Check Protocols

No data

Penalty Guidelines for Sales to Minors

No data

Responsible Beverage Service

No beverage service training requirement

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 18
- Spirits: 18

Condition(s) that must be met in order for an underage person to sell alcoholic beverages

- Manager/supervisor is present.

Minimum Ages for On-Premises Sellers

- Beer: 18 for servers and 21 for bartenders
- Wine: 18 for servers and 21 for bartenders
- Spirits: 18 for servers and 21 for bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools

Colleges and universities

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: Yes—within 100 feet. Local government has authority to override state restrictions.
 - On-premises outlets: Yes—within 100 feet. Local government has authority to override state restrictions.
 - Alcohol products: Beer, wine, spirits

Note: Exception is a school that has obtained an exemption from the payment of federal taxes.

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on who may sue: Retailers that furnish alcohol for off-premises consumption exempt.
- Limitations on elements/standards of proof: Clear and convincing evidence required to show that retailer knew or should have known underage status.

Social Host Liability Laws

There is no statutory liability.

Host Party Laws

Social host law is not specifically limited to underage drinking parties.

- Action by underage guest that triggers violation: Possession, consumption
- Property type(s) covered by liability law: Residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: Knowledge—host must have actual knowledge of the occurrence
- Preventive action by the host negates the violation
- Exception(s): Family

Retailer Interstate Shipments of Alcohol

Prohibition against retailer interstate shipments:

- Beer: Prohibited
- Wine: Uncertain
- Spirits: Prohibited

Note: A holder of a retailer alcoholic beverage license in a state that affords Missouri licensees an equal reciprocal shipping privilege may ship, for personal use and not for resale, no more than two cases of wine (no more than 9 liters each case) per year to any adult resident of the state. Delivery of a shipment pursuant to this section shall not be deemed to constitute a sale in this state.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements

- Common carrier must verify age of recipient.

State approval/permit requirements

- Producer/shipper must obtain state permit.
- State must approve common carrier.

Reporting requirements

- Common carrier must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Keg Registration

- Keg definition: 4 gallons or more
- Purchaser information collected:
 - Purchaser's name and address
 - Verified by a government-issued ID
- Warning information to purchaser: Active—purchaser action required (e.g., signature)
- Deposit required: \$50
- Provisions specifically address disposable kegs

Note: Although Missouri does not require a retailer to record the number of a keg purchaser's ID, it does require the retailer to record the form of identification presented by the purchaser, as well as the purchaser's name, address, and date of birth.

Home Delivery

- Beer: No law
- Wine: No law
- Spirits: No law

Alcohol Pricing Policies**Alcohol Tax*****Beer (5 percent alcohol)***

- Specific excise tax: \$0.06 per gallon

Wine (12 percent alcohol)

- Specific excise tax: \$0.42 per gallon

Spirits (40 percent alcohol)

- Specific excise tax: \$2.00 per gallon

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Minimum markup/maximum discount: Yes—no sales below cost
- Retailer credit: Restricted—30 days maximum

Wine (12 percent alcohol)

- Volume discounts: Restricted—a quantity discount may be granted only for quantities of two or more. Such discounts may be graduated but may not exceed 1 percent.
- Minimum markup/maximum discount: Yes—1 percent discount for time of payment; no sales below cost.
- Price posting requirements: Post and hold—1 month minimum
- Retailer credit: Restricted—30 days maximum

Spirits (40 percent alcohol)

- Volume discounts: Restricted—a quantity discount may be granted only for quantities of two or more. Such discounts may be graduated but may not exceed 1 percent.
- Minimum markup/maximum discount: Yes—1 percent discount for time of payment; no sales below cost.
- Price posting requirements: Post and hold—1 month minimum
- Retailer credit: Restricted—30 days maximum

Missouri State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i> Department of Public Safety, Division of Alcohol and Tobacco Control	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	Yes
<i>Local law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	Yes
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	Yes
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Dept. of Public Safety, Div. of Alcohol and Tobacco Control
Such laws are also enforced by local law enforcement agencies	No
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
	Yes
Number of minors found in possession by state law enforcement agencies	8,385
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	Yes
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	No
Data are collected on these activities	No
Number of retail licensees in state ³	No data
Number of licensees checked for compliance by state agencies (including random checks)	Not applicable
Number of licensees that failed state compliance checks	Not applicable
Numbers pertain to the 12 months ending	Not applicable
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Not applicable
<i>State conducts random underage compliance checks/decoy operations</i>	
Number of licensees subject to random state compliance checks/decoy operations	Not applicable
Number of licensees that failed random state compliance checks	Not applicable
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	1,252
Number of licensees that failed local compliance checks	119
Numbers pertain to the 12 months ending	12/31/2013
Sanctions	
<i>State collects data on fines imposed on retail establishments that furnish minors</i>	
	Yes
Number of fines imposed by the state ⁴	127

Total amount in fines across all licensees	\$31,700
Smallest fine imposed	\$200
Largest fine imposed	\$1,200
Numbers pertain to the 12 months ending	6/30/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	7
Total days of suspensions across all licensees	17
Shortest period of suspension imposed (in days)	1
Longest period of suspension imposed (in days)	5
Numbers pertain to the 12 months ending	6/30/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	0
Numbers pertain to the 12 months ending	6/30/2013

Additional Clarification

Part 1, Section A; Underage Persons in Possession: The data reported in this section are taken from the Missouri Uniform Crime Reporting Program (MULES).

Part 1, Section B; Compliance Checks, Local Level: The Enforcing Underage Drinking Laws (EUDL) grant in Missouri funds a State Alcohol and Tobacco Control Special Agent position. The person who holds this position is responsible for training EUDL subgrantees, which are local law enforcement agencies. The EUDL Special Agent provides training at the EUDL Compliance Seminar for the local law enforcement agencies. The EUDL Special Agent also collects and reviews compliance check reports from the subgrantees and refers violations to the Supervisor of Alcohol and Tobacco Control for administrative action if warranted. (The data presented in questions 1.B.2.a-c are taken from the activity that was reported to the EUDL from the local law enforcement subgrantees.) In addition, this position provides training to retail merchants on the proper service of alcoholic beverages and participates in local and statewide initiatives.

Part 1, Section C; Sanctions: The data reported in this section are taken from administrative actions imposed by the Supervisor of Alcohol and Tobacco Control on violations referred from the EUDL Special Agent, who reviews compliance check reports from the local law enforcement agencies.

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Partners in Prevention (PIP)

Program serves specific or general population	Specific population
Number of youth served	122,000
Number of parents served	30,000
Number of caregivers served	400
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report:	Upon request
URL for more program information:	http://pip.missouri.edu

Program Description: Missouri PIP is an established statewide substance abuse prevention coalition of Missouri universities implementing evidence-based strategies to reduce binge and underage drinking among students at participating institutions. PIP is a consortium of 21 public and private colleges and universities. Since 2001, PIP has effectively reduced binge drinking and underage drinking behavior on campuses throughout the state and has been nationally recognized for its efforts.

Missouri Youth Adult Alliance (MYAA)	
Program serves specific or general population	Specific population
Number of youth served	760
Number of parents served	857
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report:	Upon request
URL for more program information:	http://www.actmissouri.org
Program Description: Missouri's MYAA is a statewide coalition that assists local community efforts in addressing underage drinking. Its mission is to encourage advocates to reduce youth access to alcohol by implementing environmental and social change in their communities. Membership in MYAA consists of other agencies as well as other adults and youth interested in reducing underage drinking.	
Missouri School-Based Substance Abuse Prevention Intervention and Resources Initiative (SPIRIT)	
Program serves specific or general population	Specific population
Number of youth served	9,497
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report:	http://dmh.mo.gov/ada/progs/SPIRITReorts.htm
URL for more program information:	http://dmh.mo.gov/ada/progs/SPIRIT.htm
Program Description: In 2002, the Missouri Department of Mental Health (DMH), Division of Alcohol and Drug Abuse (ADA), launched SPIRIT. The program proposes to delay onset and decrease use of substances, improve overall school performance, and reduce incidents of violence. To achieve these goals, prevention agencies are paired with participating school districts to provide technical assistance in implementing evidence-based substance abuse prevention programming and referral and assessment services as needed. The project offers a variety of evidence-based prevention programs selected by the districts.	
Regional Support Center (RSC) Network and Community Coalitions	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://dmh.mo.gov
Program Description: RSCs are the primary sources of technical assistance support for community coalitions. The RSC goal is to facilitate development of teams capable of making changes in substance use patterns in their communities. Each RSC has a prevention specialist who works directly with the teams in his/her area and assists with developing teams and task forces in communities that want them. The coalitions make up a network of volunteer community teams that focus solely on alcohol, tobacco, and drug issues as part of a broad mission and array of services. The coalitions were organized and developed in 1987 and are composed of community volunteers from the area served. Each coalition receives technical assistance and training from the RSC on a variety of topics related to organization, development, and implementation of prevention strategies. The RSC and community coalitions implement various evidence-based strategies and programs.	
Direct Prevention Services for High-Risk Youth	
Program serves specific or general population	Specific population

Number of youth served	115,699
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: Direct programs and services for high-risk youth are prevention education and early intervention activities provided to designated children, youth, and families. These services involve structured programming or a curriculum, have multiple sessions, include pre- and posttesting, and address identified risk and protective factors. Direct programs and services may also involve a variety of activities, including informational sessions and training and technical assistance activities with groups.	
St. Louis Arc Fetal Alcohol Syndrome Prevention Project	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://www.slarc.org
Program Description: The St. Louis Arc is a nonprofit, United Way agency that provides support and services to more than 3,000 adults and children with intellectual and developmental disabilities, and their families, throughout the St. Louis metropolitan area.	
Drug Abuse Resistance Education (DARE) Officer Training	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: No data	
State of Missouri Alcohol Responsibility Training (SMART) Program	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://wellness.missouri.edu/SMART
Program Description: The SMART program is an interactive, web-based course available free of charge to those who own or work for any Missouri establishment licensed to sell alcohol.	
CHEERS to the Designated Driver Program	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable

URL for more program information: http://wellness.missouri.edu/CHEERS	
Program Description: CHEERS was designed to increase the number of designated drivers throughout Missouri. Bars, restaurants, and nightclubs participating in CHEERS provide free nonalcoholic beverages to the acknowledged designated driver in a group of two or more. It's a way of saying thanks for caring about the safety of your friends and community! Establishment owners across the state have been invited to join CHEERS and play an active role in ensuring the health and safety of their patrons.	
Statewide Training and Resource Center (STRC)	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	No data
Program Description: The STRC contract, currently held by ACT Missouri, conducts a variety of activities and programs on behalf of the Missouri Division of Behavioral Health and the overall state prevention system. The STRC provides resources, training, and technical assistance for the RSC and direct prevention providers. The STRC presents a number of statewide workshops throughout the year and also holds a statewide prevention conference. The STRC also operates a consultant resource bank with resources available to the prevention community and administers the Mini-Grant Program for community coalitions.	
Team Spirit Program	
Program serves specific or general population	General population
Number of youth served	Not applicable
Number of parents served	Not applicable
Number of caregivers served	Not applicable
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information: http://www.saveMOlives.com	
Program Description: This is a Highway Safety program.	

Additional Underage Drinking Prevention Programs Operated or Funded by the State	
No data	
URL for more program information: No data	
Program description: No data	
Additional Clarification	
No data	

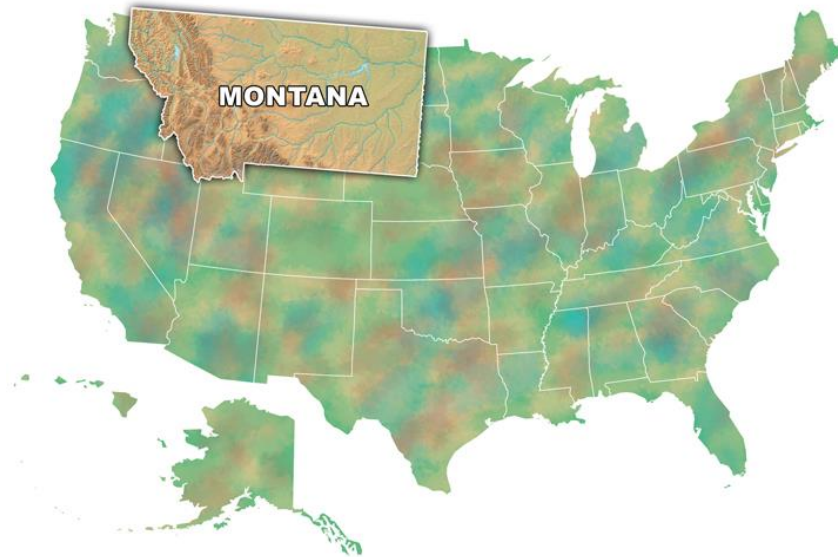
Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	No recognized tribal governments
Description of collaboration: Not applicable	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	Yes
Program description: Missouri has many coalitions around the state that provide training and activities addressing youth exposure to alcohol advertising and marketing.	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes

Agencies/organizations that established best practices standards:	
Federal agency(ies): Substance Abuse and Mental Health Services Administration (SAMHSA)	Yes
Agency(ies) within your state: Missouri Division of Behavioral Health	Yes
Nongovernmental agency(ies):	No
Other:	No
Best practice standards description: The Division requires providers to use evidence-based programs and environmental strategies. SAMHSA's publication, <i>Identifying and Selecting Evidence-Based Interventions for Substance Abuse Prevention</i> , serves as a guide, which provides the following definition for evidence-based programs:	
<ul style="list-style-type: none"> • Inclusion in a federal list or registry of evidence-based interventions • Being reported (with positive effects) in a peer-reviewed journal • Documentation of effectiveness based on the following guidelines: <ol style="list-style-type: none"> 1. The intervention is based on a theory of change that is documented in a clear logic or conceptual model. 2. The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature. 3. The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects. 4. The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures). 	
Missouri uses the Strategic Prevention Framework model to implement the four guidelines. The process includes:	
Assessment of the community's needs and readiness.	
<ul style="list-style-type: none"> • Capacity building to mobilize and address the needs of the community. • Development of a prevention plan to identify the activities, programs, and strategies necessary to address the needs. • Implementation of the prevention plan. • Evaluation of the results to achieve sustainability and cultural competence. 	
Missouri identifies appropriate strategies based on validated research, empirical evidence of effectiveness, and the use of local, state, and federal key community prevention leaders such as National Prevention Network, Southwest Regional Expert Team, and SAMHSA's Center for Substance Abuse Prevention.	
Additional Clarification	
No data	
State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i>	
Name: Chelsea Billeck, MYAA Project Director	
E-mail: cbilleck@actmissouri.org	
Address: 428 E. Capitol, 2nd Floor, Jefferson City, MO 65101	
Phone: 573-635-6669	
<i>Agencies/organizations represented on the committee:</i>	
Division of Behavioral Health	
Division of Alcohol and Tobacco Control	
ACT Missouri	
Department of Health and Senior Services	
Division of Highway Safety	
Prevention Regional Support Centers across the state	

MO National Guard Local coalition leaders	
A website or other public source exists to describe committee activities URL or other means of access: http://www.actmissouri.org	Yes
Underage Drinking Reports	
State has prepared a plan for preventing underage drinking in the last 3 years Prepared by: Missouri Division of Behavioral Health Plan can be accessed via: http://dmh.mo.gov/docs/ada/Progs/Prevention/StrategicPlanforPrevention2010.pdf	Yes
State has prepared a report on preventing underage drinking in the last 3 years Prepared by: Missouri Institute of Mental Health Plan can be accessed via: No data	Yes
Additional Clarification	
No data	

State Expenditures for the Prevention of Underage Drinking	
<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data not available
Estimate based on the 12 months ending	Data not available
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$591,342
Estimate based on the 12 months ending	6/30/2013
<i>K-12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	6/30/2013
<i>Other programs:</i>	
Programs or strategies included: No data	
Estimate of state funds expended	Not applicable
Estimate based on the 12 months ending	Not applicable

Funds Dedicated to Underage Drinking	
<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other:	No
<i>Description of funding streams and how they are used:</i>	
Not applicable	
Additional Clarification	
No data	



Montana

State Profile and Underage Drinking Facts*

State Population: 1,015,165
 Population Ages 12–20: 119,000

	Percentage	Number
Ages 12–20		
Past-Month Alcohol Use	30.3	36,000
Past-Month Binge Alcohol Use	20.2	24,000
Ages 12–14		
Past-Month Alcohol Use	5.9	2,000
Past-Month Binge Alcohol Use	2.7	1,000
Ages 15–17		
Past-Month Alcohol Use	26.2	10,000
Past-Month Binge Alcohol Use	17	6,000
Ages 18–20		
Past-Month Alcohol Use	53.4	24,000
Past-Month Binge Alcohol Use	37.1	17,000
Alcohol-Attributable Deaths (under 21)		17
Years of Potential Life Lost (under 21)		1,050
	Percentage of All Traffic Fatalities	Number
Traffic Fatalities, 15- to 20-Year-Old Drivers with BAC > 0.01	30	2

* See Appendix C for data sources.

Laws Addressing Minors in Possession of Alcohol

Underage Possession of Alcohol

Possession is prohibited with the following exception(s): Parent/guardian

Note: The parental exception to Montana’s possession and consumption statute applies only to alcohol supplied and consumed in a “nonintoxicating quantity.” In Montana, “intoxicating quantity” is defined as a quantity “sufficient to produce . . . a blood, breath, or urine alcohol concentration in excess of 0.05 . . . or substantial or visible mental or physical impairment.”

Underage Consumption of Alcohol

Consumption is prohibited with the following exception(s): Parent/guardian

Note: The parental exception to Montana’s possession and consumption statute applies only to alcohol supplied and consumed in a “nonintoxicating quantity.” In Montana, “intoxicating quantity” is defined as a quantity “sufficient to produce . . . a blood, breath, or urine alcohol concentration in excess of 0.05 . . . or substantial or visible mental or physical impairment.”

Internal Possession by Minors

Internal possession is not explicitly prohibited.

Underage Purchase of Alcohol

Purchase is prohibited and there is no allowance for youth purchase for law enforcement purposes.

False Identification for Obtaining Alcohol

Provision(s) targeting minors

- Use of a false ID to obtain alcohol is a criminal offense.
- Penalty may include driver’s license suspension through a judicial procedure.

Provision(s) targeting suppliers

- It is a criminal offense to lend, transfer, or sell a false ID.
- It is a criminal offense to manufacture or distribute a false ID.

Provision(s) targeting retailers

- Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid.

Laws Targeting Underage Drinking and Driving

BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.02
- BAC level at or above the limit is per se (conclusive) evidence of a violation
- Applies to drivers under age 21

Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

Use/lose penalties apply to minors under age 18.

Type(s) of violation leading to driver’s license suspension, revocation, or denial

- Underage possession
- Underage consumption

Authority to impose driver’s license sanction

- Mandatory

Length of suspension/revocation

- 30 days

Graduated Driver’s License

Learner stage

- Minimum entry age: 14 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours, of which 10 must be at night

Intermediate stage

- Minimum age: 15
- Unsupervised night driving
 - Prohibited after: 11 p.m.
 - Primary enforcement of the night-driving rule
- Passenger restrictions exist: For first 6 months, no more than one nonfamily passenger under 18 unless accompanied by a driver at least 18 years old. For second 6 months, no more than three nonfamily passengers under 18 unless accompanied by a driver at least 18 years old.
 - Primary enforcement of the passenger-restriction rule

License stage

- Minimum age to lift restrictions: 16

Laws Targeting Alcohol Suppliers

Furnishing of Alcohol to Minors

Furnishing is prohibited with the following exception(s): Parent/guardian

Note: The parental exception applies to the provision of alcohol in a “nonintoxicating quantity.” In Montana, “intoxicating quantity” is defined as a quantity “sufficient to produce . . . a blood, breath, or urine alcohol concentration in excess of 0.05 . . . or substantial or visible mental or physical impairment.”

Compliance Check Protocols

Age of decoy

- Minimum: 17
- Maximum: 20

Appearance requirements

- All youth, either male or female, should have casual-type clothing that is age appropriate.
 - Females: No makeup or anything else that would make them appear older
 - Males: No facial hair

ID possession

- Not specified

Verbal exaggeration of age

- Prohibited

Decoy training

- Not specified

Penalty Guidelines for Sales to Minors

- Time period/conditions: 3 years
- First offense: \$250 fine
- Second offense: \$1,000 fine
- Third offense: \$1,500 fine and/or 20-day license suspension
- Fourth offense: License revocation

Note: List of aggravating and mitigating factors is provided.

Responsible Beverage Service***Mandatory beverage service training for managers, servers***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

Note: In addition to applying to managers and servers/sellers, Montana’s “responsible alcohol sales and service act” applies to licensees or owners who personally engage in the role of selling or serving alcoholic beverages.

Minimum Ages for Off-Premises Sellers

- Beer: 18
- Wine: 18
- Spirits: 18

Minimum Ages for On-Premises Sellers

- Beer: 18 for both servers and bartenders
- Wine: 18 for both servers and bartenders
- Spirits: 18 for both servers and bartenders

Distance Limitations for New Alcohol Outlets near Universities and Schools***Colleges and universities***

- No distance limitation

Primary and secondary schools

- Prohibitions against outlet siting:
 - Off-premises outlets: No
 - On-premises outlets: Yes—within 600 feet
 - Alcohol products: Beer, wine, spirits

Note: Exceptions are commercially operated schools.

Dram Shop Liability

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$250,000 noneconomic damages per person and \$250,000 punitive damages per person

Social Host Liability Laws

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$250,000 noneconomic damages per person and \$250,000 punitive damages per person

Host Party Laws

No state-imposed liability for hosting underage drinking parties

Retailer Interstate Shipments of Alcohol

Retailer interstate shipments are prohibited for all types of beverages.

Direct Sales/Shipments of Alcohol by Producers

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

Age verification requirements: None

State approval/permit requirements

- Producer/shipper must obtain state permit.

Reporting requirements

- Producer must record/report purchaser's name.
- Common carrier must record/report purchaser's name.

Shipping label statement requirements

- Contains alcohol
- Recipient must be 21

Note: An out-of-state brewer desiring to ship beer to an individual in Montana shall register with the Montana Department of Revenue. An individual seeking to receive such a shipment for personal consumption must obtain a Connoisseur's License. The licensee must forward to the out-of-state brewer a distinctive address label, provided by the department, clearly identifying any package that is shipped as a legal direct-shipment package to the holder of a Connoisseur's License.

Keg Registration

- Keg definition: Not less than 7 gallons
- Prohibited: Destroying the label on a keg—maximum fine/jail \$500/6 months
- Purchaser information collected:
 - Purchaser's name and address
 - Verified by a government-issued ID
- Warning information to purchaser: Passive—no purchaser action required
- Deposit: Not required
- Provisions do not specifically address disposable kegs.

Home Delivery

- Beer: No law
- Wine: No law
- Spirits: No law

Alcohol Pricing Policies

Alcohol Tax

Beer (5 percent alcohol)

- Specific excise tax: \$0.14 per gallon

Note: Reported tax rate is the rate for brewers who produce more than 20,000 barrels of beer per year.

Wine (12 percent alcohol)

- Control state

Spirits (40 percent alcohol)

- Control state

Drink Specials

No law

Wholesale Pricing

Pricing restrictions exist.

Beer (5 percent alcohol)

- Retailer credit: Restricted—7 days maximum

Wine (12 percent alcohol)

- Retailer credit: Restricted—7 days maximum

Spirits (40 percent alcohol)

- Control state

Montana State Survey Responses

State Agency Information	
<i>Agency with primary responsibility for enforcing underage drinking laws:</i>	
Responsibilities are at the local level with municipalities and counties. At the state level, funding is through the Montana Board of Crime Control and the Department of Public Health and Human Services, Addictive and Mental Disorders Division/Chemical Dependency Bureau.	
Enforcement Strategies	
<i>State law enforcement agencies use:</i>	
Cops in Shops	No
Shoulder Tap Operations	No
Party Patrol Operations or Programs	No
Underage Alcohol-Related Fatality Investigations	No
<i>Local law enforcement agencies use:</i>	
Cops in Shops	Yes
Shoulder Tap Operations	Yes
Party Patrol Operations or Programs	Yes
Underage Alcohol-Related Fatality Investigations	No
<i>State has a program to investigate and enforce direct sales/shipment laws</i>	
	No
Primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors	Not applicable
Such laws are also enforced by local law enforcement agencies	Not applicable
Enforcement Statistics	
<i>State collects data on the number of minors found in possession</i>	
	Yes
Number of minors found in possession by state law enforcement agencies	1,975
Number pertains to the 12 months ending	12/31/2013
Data include arrests/citations issued by local law enforcement agencies	Yes
<i>State conducts underage compliance checks/decoy operations² to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	No
Data are collected on these activities	No
Number of retail licensees in state ³	4,700
Number of licensees checked for compliance by state agencies (including random checks)	Not applicable
Number of licensees that failed state compliance checks	Not applicable
Numbers pertain to the 12 months ending	12/31/2013
Compliance checks/decoy operations conducted at on-sale, off-sale, or both retail establishments	Not applicable
<i>State conducts random underage compliance checks/decoy operations</i>	
	No
Number of licensees subject to random state compliance checks/decoy operations	Not applicable
Number of licensees that failed random state compliance checks	Not applicable
<i>Local agencies conduct underage compliance checks/decoy operations to determine if alcohol retailers are complying with laws prohibiting sales to minors</i>	
	Yes
Data are collected on these activities	Yes
Number of licensees checked for compliance by local agencies	160
Number of licensees that failed local compliance checks	22
Numbers pertain to the 12 months ending	12/31/2013
Sanctions	

<i>State collects data on fines imposed on retail establishments that furnish minors</i>	Yes
Number of fines imposed by the state ⁴	No data
Total amount in fines across all licensees	\$16,500
Smallest fine imposed	\$250
Largest fine imposed	\$1,500
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license suspensions imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of suspensions imposed by the state ⁵	Data unavailable
Total days of suspensions across all licensees	Data unavailable
Shortest period of suspension imposed (in days)	Data unavailable
Longest period of suspension imposed (in days)	Data unavailable
Numbers pertain to the 12 months ending	12/31/2013
<i>State collects data on license revocations imposed on retail establishments specifically for furnishing minors</i>	Yes
Number of license revocations imposed ⁶	2
Numbers pertain to the 12 months ending	12/31/2013
Additional Clarification	
No data	

¹ Or having consumed or purchased per state statutes.

² Underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors.

³ Excluding special licenses such as temporary, seasonal, and common carrier licenses.

⁴ Does not include fines imposed by local agencies.

⁵ Does not include suspensions imposed by local agencies.

⁶ Does not include revocations imposed by local agencies.

Underage Drinking Prevention Programs Operated or Funded by the State

Office of Public Instruction (OPI) Traffic Education Curriculum – Revision

Program serves specific or general population	Specific population
Number of youth served	8,300
Number of parents served	8,000
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report:	Not applicable
URL for more program information:	http://opi.mt.gov/Programs/DriverEd/Index.html

Program Description: Young driver crashes have decreased in recent years, but Montana is still one of the states with the highest rates of teen crashes. Vehicle crashes continue to be the primary cause of death and injury for 15- to 24-year-olds. Speed, distractions, impaired driving, and lack of seatbelt use are major contributing factors along with inexperience. Training novice drivers and reducing young driver crashes are primary goals of Montana’s Traffic Education Program. OPI began planning an update of the Traffic Education curriculum in December 2011, with the first phase completed in January–June 2012, and continued work on the update through 2013 with MDT grant support. The new curriculum incorporates the emerging new research on brain development, scanning for hazards, attention maintenance, risk assessment, and decisionmaking, and provides teachers the tools they need to meet these challenges. The “alcohol and other drugs” module includes updated research and resources on the effects of alcohol and drugs on the brain, body, and the driving task; alcohol-involved crashes; refusal skills; and Montana’s Minor in Possession laws. DUI consequences related to alcohol, prescription drugs, and marijuana use were included along with the 2013 statute § 61-8-411, MCA, which sets the 5ng/ml standard for delta-9-tetrahydrocannabinol.

The redesigned Montana traffic education curriculum update met the following goals:

- 2006 modules were redesigned to move from text-heavy PowerPoint presentations to more engaging learner-centered activities with real world driving scenarios and driver decision points. The revision will help students develop the knowledge, skills, and attitudes necessary to safely operate a motor vehicle.
- Statistics and other factual data were updated and presented in engaging formats.
- The curriculum was based on evidence-based strategies and current best practices as described in the *National Standards for Driver Education*, *Parent and Teen KEYS Homework*, and the National Highway Traffic Safety Administration's *A Fresh Look at Driver Education in America*. The curriculum was adapted to fit Montana's specific laws, standards, and program requirements while maintaining the integrity of the content and methods of the curriculum.

The updated Montana Traffic Education Curriculum was to be distributed to 200 teachers attending the April 2014 Montana Traffic Education Association Conference. In January 2012, OPI adopted revised Administrative Rules of Montana (ARM) 10.13 with the addition of Traffic Education Content, Benchmarks, and Performance Standards and made parent meetings a requirement (rather than an option) of the Traffic Education Program. A new module is included for mandatory parent meetings, to inform both young novice drivers and their parents/guardians of graduated drivers licensing (GDL) guidelines and best practices which require use of safety belts, limits passengers, restricts night driving, and addresses distracted driving. Parents or guardians must sign an affidavit confirming 50 hours of supervised driving practice and 6 months with no alcohol, drug, or traffic offenses before teens can receive a GDL-restricted license for independent driving.

Youth Risk Behavior Survey – Montana Office of Public Instruction

Program serves specific or general population	Specific population
Number of youth served	4,889
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	Yes
Evaluation report is available	Yes
URL for evaluation report: http://www.opi.mt.gov/pdf/YRBS/13/13FinalRpt.pdf	
URL for more program information: http://opi.mt.gov/Reports&Data/YRBS.html	

Program Description: This survey is conducted in February of odd-numbered years for students in grades 7–12 in Montana through funding from the Centers for Disease Control and Prevention. The data collected from this survey are used to guide programming across the state in a variety of areas including underage alcohol use.

Positive Community Norms/Media Literacy Toolkit

Program serves specific or general population	Specific population
Number of youth served	No data
Number of parents served	No data
Number of caregivers served	No data
Program has been evaluated	No
Evaluation report is available	Not applicable
URL for evaluation report: Not applicable	
URL for more program information: http://opi.mt.gov/Programs/HealthTopics/index.html#gpm1_12	

Program Description: This program is designed to identify and correct youth misperceptions about peer alcohol, tobacco, and other drug use. Research indicates people tend to behave in the way they believe is most typical and accepted by their peers. Studies also show that youth tend to overestimate the number of peers who engage in risky behaviors. Bridging the gap between perception and reality is intended to increase protective factors and reduce numbers of youth participating in risky behavior. Students are surveyed utilizing Classroom Performance System (CPS) clickers, which provide immediate classroom perception feedback. Student perception data are then compared with actual data collected from the most recent Youth Risk Behavior Survey, and misperceptions are identified. This leads to a healthy discussion about why misperceptions exist, and how we are influenced by media.

Substance Abuse and Prevention Treatment Block Grant

Program serves specific or general population Number of youth served Number of parents served Number of caregivers served Program has been evaluated Evaluation report is available URL for evaluation report: URL for more program information: http://www.dphhs.mt.gov/amdd/chemicaldependencyservices/index.shtml	General population Not applicable Not applicable Not applicable No Not applicable Not applicable
<p>Program Description: The Chemical Dependency Bureau of the Addictive and Mental Disorders Division of the Department of Public Health and Human Services administers this grant. It supports the implementation of evidenced-based environmental prevention efforts to provide culturally appropriate community-based environmental prevention strategies to reduce underage drinking to include binge drinking with an emphasis on youth and young adults up to age 21.</p>	
<p>Partnership for Success Grant III</p>	
Program serves specific or general population Number of youth served Number of parents served Number of caregivers served Program has been evaluated Evaluation report is available URL for evaluation report: URL for more program information: http://www.dphhs.mt.gov/amdd/chemicaldependencyservices/index.shtml	Specific population No data No data No data No data No data No data
<p>Program Description: The Chemical Dependency Bureau of the Addictive and Mental Disorders Division of the Department of Public Health and Human Services administers this grant. It supports the implementation of environmental prevention activities to address underage drinking (ages 12–20) and misuse/abuse of prescription drugs (ages 12–25) in 23 identified counties and reservations. It also supports the implementation of alcohol compliance checks, an “alcohol reward and reminder” survey program, and a statewide social media parent/youth forum.</p>	
<p>Montana’s Comprehensive Highway Safety Plan</p>	
Program serves specific or general population Number of youth served Number of parents served Number of caregivers served Program has been evaluated Evaluation report is available URL for evaluation report: URL for more program information: http://www.mdt.mt.gov/safety/alive25.shtml	Specific population No data No data No data Yes No Not applicable
<p>Program Description: Montana’s Comprehensive Highway Safety Plan includes affordable, accessible driver education as a strategy to reduce young driver crashes (http://www.mdt.mt.gov/safety/safety-initiatives/young.shtml). Parents’ meetings and alcohol and drug prevention education are required in Montana driver education programs, which serve 8,440 teens annually through public high school. GDL requires Parent/Legal Guardian certification that the teen driver has no convictions or pending citations for traffic, alcohol, or drug violations. The Alive at 25 Program is offered for youth drivers through the Montana Highway Patrol (http://www.mdt.mt.gov/safety/alive25.shtml).</p>	
<p>DUI Task Forces</p>	
Program serves specific or general population Number of youth served Number of parents served Number of caregivers served Program has been evaluated Evaluation report is available	General population Not applicable Not applicable Not applicable No Not applicable

URL for evaluation report: Not applicable URL for more program information: http://www.mdt.mt.gov/safety/dui_taskforces.shtml																
<p>Program Description: Montana Department of Transportation: DUI task forces are multifaceted coalitions that invite participation from a cross-section of community representatives to maximize their reach and effectiveness. The task forces operate at the county level to reduce and prevent impaired driving. They may engage the community in a variety of activities such as Responsible Alcohol Sales and Service Training, retail compliance checks, party and keg patrols, overtime traffic patrols, education and media advocacy, public service announcements, victim impact panels, support for prosecution and adjudication of DUI cases, and designated-driver and safe ride home programs. It is difficult to estimate the number of youth served or participating in the DUI Task Forces across the state.</p>																
<p>Let's Control It</p> <table> <tr> <td>Program serves specific or general population</td> <td>General population</td> </tr> <tr> <td>Number of youth served</td> <td>Not applicable</td> </tr> <tr> <td>Number of parents served</td> <td>Not applicable</td> </tr> <tr> <td>Number of caregivers served</td> <td>Not applicable</td> </tr> <tr> <td>Program has been evaluated</td> <td>Yes</td> </tr> <tr> <td>Evaluation report is available</td> <td>No</td> </tr> <tr> <td>URL for evaluation report:</td> <td>Not applicable</td> </tr> <tr> <td>URL for more program information: http://revenue.mt.gov/home/liquor/liquor_education</td> <td></td> </tr> </table>	Program serves specific or general population	General population	Number of youth served	Not applicable	Number of parents served	Not applicable	Number of caregivers served	Not applicable	Program has been evaluated	Yes	Evaluation report is available	No	URL for evaluation report:	Not applicable	URL for more program information: http://revenue.mt.gov/home/liquor/liquor_education	
Program serves specific or general population	General population															
Number of youth served	Not applicable															
Number of parents served	Not applicable															
Number of caregivers served	Not applicable															
Program has been evaluated	Yes															
Evaluation report is available	No															
URL for evaluation report:	Not applicable															
URL for more program information: http://revenue.mt.gov/home/liquor/liquor_education																
<p>Program Description: This alcohol sales and service training program trains those who sell/serve alcoholic beverages on how to keep from overserving obviously intoxicated patrons, how to identify underage patrons, and so on.</p>																
<p>Prevention Resource Center – Montana Department of Public Health and Human Services</p> <table> <tr> <td>Program serves specific or general population</td> <td>General population</td> </tr> <tr> <td>Number of youth served</td> <td>Not applicable</td> </tr> <tr> <td>Number of parents served</td> <td>Not applicable</td> </tr> <tr> <td>Number of caregivers served</td> <td>Not applicable</td> </tr> <tr> <td>Program has been evaluated</td> <td>No</td> </tr> <tr> <td>Evaluation report is available</td> <td>Not applicable</td> </tr> <tr> <td>URL for evaluation report:</td> <td>Not applicable</td> </tr> <tr> <td>URL for more program information: http://www.prevention.mt.gov and http://www.parentpower.mt.gov</td> <td></td> </tr> </table>	Program serves specific or general population	General population	Number of youth served	Not applicable	Number of parents served	Not applicable	Number of caregivers served	Not applicable	Program has been evaluated	No	Evaluation report is available	Not applicable	URL for evaluation report:	Not applicable	URL for more program information: http://www.prevention.mt.gov and http://www.parentpower.mt.gov	
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Evaluation report is available	Not applicable															
URL for evaluation report:	Not applicable															
URL for more program information: http://www.prevention.mt.gov and http://www.parentpower.mt.gov																
<p>Program Description: The Prevention Resource Center connects AmeriCorps VISTA (Volunteer in Service to America) volunteers to Montana communities in addressing poverty issues and consequences such as underage drinking. Additionally, the Prevention Resource Center maintains two websites and is a clearinghouse for information about programs, services, data, best practices, training, and educational opportunities on substance abuse prevention. Two websites are maintained: http://www.prevention.mt.gov and http://www.parentpower.mt.gov</p>																

Additional Underage Drinking Prevention Programs Operated or Funded by the State
<p>No data</p> URL for more program information: No data
Program description: No data
Additional Clarification
No data

Additional Information Related to Underage Drinking Prevention Programs	
<i>State collaborates with federally recognized tribal governments in the prevention of underage drinking</i>	Yes
Description of collaboration: We have trained tribal members to become state-certified trainers to teach the Let's Control It responsible alcohol sales and service training program. On occasion we have trained some tribal law enforcement personnel through our 3-hour POST (Peace Officers Standards and Training) certified liquor law class.	
<i>State has programs to measure and/or reduce youth exposure to alcohol advertising and marketing</i>	No
Description of program: Not applicable	
<i>State has adopted or developed best practice standards for underage drinking prevention programs</i>	Yes
Agencies/organizations that established best practices standards:	
Federal agency(ies): National Registry of Evidence –based Programs and Practices (NREPP)	Yes
Agency(ies) within your state:	No
Nongovernmental agency(ies):	No
Other:	No
Best practice standards description: No data	
Additional Clarification	
No data	

State Interagency Collaboration	
<i>A state-level interagency governmental body/committee exists to coordinate or address underage drinking prevention activities</i>	Yes
<i>Committee contact information:</i>	
Name: Vicki Turner	
E-mail: vturner@mt.gov	
Address: PO Box 4210, Helena, MT 59604-4210	
Phone: 406-444-3484	
<i>Agencies/organizations represented on the committee:</i>	
Department of Public Health and Human Services	
Department of Corrections	
Department of Labor and Industry	
Department of Transportation	
Department of Revenue	
Montana Board of Crime Control	
Montana Children's Trust Fund	
Montana Office of Public Instruction	
Governor's Office of Indian Affairs	
Two Governor-appointed community members	
Montana Department of Military Affairs	
Montana Office of the Commissioner of Higher Education	
<i>A website or other public source exists to describe committee activities</i>	Yes
URL or other means of access: http://prevention.mt.gov/icc/index.shtml	

Underage Drinking Reports	
<i>State has prepared a plan for preventing underage drinking in the last 3 years</i>	Yes
Prepared by: The Prevention Resource Center	
Plan can be accessed via: http://prevention.mt.gov/icc/meetings/oct032013/Handoutpg1.pdf and http://prevention.mt.gov/icc/meetings/oct032013/Handoutpg2.pdf	
<i>State has prepared a report on preventing underage drinking in the last 3 years</i>	Yes
Prepared by: The Prevention Resource Center	

Plan can be accessed via:
<http://prevention.mt.gov/icc/meetings/oct032013/GoalsAndBenchmarks.pdf>

Additional Clarification

ICC Goals and Benchmarks were being finalized for final review and approval by the full ICC in late 2014.

State Expenditures for the Prevention of Underage Drinking

<i>Compliance checks in retail outlets:</i>	
Estimate of state funds expended	Data unavailable
Estimate based on the 12 months ending	Data unavailable
<i>Checkpoints and saturation patrols:</i>	
Estimate of state funds expended	Data unavailable
Estimate based on the 12 months ending	Data unavailable
<i>Community-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	5/5/2014
<i>K-12 school-based programs to prevent underage drinking:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	5/5/2014
<i>Programs targeted to institutes of higher learning:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	5/5/2014
<i>Programs that target youth in the juvenile justice system:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	5/5/2014
<i>Programs that target youth in the child welfare system:</i>	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	5/5/2014
<i>Other programs:</i>	
Programs or strategies included: No state funded programs or strategies supported.	
Estimate of state funds expended	\$0
Estimate based on the 12 months ending	5/5/2014

Funds Dedicated to Underage Drinking

<i>State derives funds dedicated to underage drinking from the following revenue streams:</i>	
Taxes	No
Fines	No
Fees	No
Other:	No
<i>Description of funding streams and how they are used:</i>	
Not applicable	

Additional Clarification

EUDL funds have been cut drastically.