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

The 2006 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, while 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 Preventing 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) 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, 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 Department of Education (ED) conduct programs to reduce underage demand for alcohol, and the 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. Web site: 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. Web site: http://aspe.hhs.gov/
3. **HHS/CDC:** CDC promotes 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. Web site: 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 healthcare 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 1.9 million American Indians and Alaska Natives who belong to 564 federally recognized Tribes in 35 States. Web site: http://www.ihs.gov.
5. **HHS/National Institutes of Health (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. Web site: http://www.niaaa.nih.gov
6. **HHS/NIH National Institute on Drug Abuse (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. Web site: http://www.nida.nih.gov

7. **HHS/Office of the Surgeon General (OSG):** The Surgeon General is America's chief health educator, giving Americans the best available scientific information on how to improve their health and reduce the risk of illness and injury. OSG oversees the 6,500-member Commissioned Corps of the U.S. Public Health Service and assists the Surgeon General with other duties as well. Web site: http://www.surgeongeneral.gov
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, educating the public, and collaborating with other agencies and interested parties. Web site: http://www.samhsa.gov
9. **Department of Defense (DoD):** DoD coordinates and supervises all agencies and functions of the Government relating directly to national security and military affairs. Its alcohol-specific role involves preventing and reducing alcohol consumption by underage military personnel and improving the health of service members' families by strengthening protective factors and reducing risks factors in underage alcohol consumption. Web site: 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. Web site: http://www2.ed.gov/about/offices/list/oese/index.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 the Underage Drinking Laws (EUDL), is a nationwide State- and community-based multidisciplinary effort that seeks 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. Web site: http://ojjdp.ncjrs.gov
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." Web site: http://www.ttb.gov
13. **Department of Transportation/NHTSA:** NHTSA's mission is to save lives, prevent

injuries, and reduce traffic-related healthcare and other economic costs. NHTSA develops, promotes, and implements effective educational, engineering, and enforcement programs to end preventable tragedies and reduce economic costs associated with vehicle use and highway travel, including underage drinking. Web site: http://www.nhtsa.dot.gov

14. **Federal Trade Commission (FTC):** FTC works to ensure that the Nation's markets are vigorous, efficient, and free of restrictions that harm consumers. The Commission has enforcement and administrative responsibilities under 46 laws relating to competition and consumer protection. As the enforcer of Federal truth-in-advertising laws, the agency monitors alcohol advertising for unfair practices and deceptive claims and reports to Congress when appropriate. Web site: 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. Web site: http://www.whitehousedrugpolicy.gov

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 the heading "Inventory of Federal Programs 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 various parts of the country in 2006, 2008, and 2010—with another round now being planned for 2012—have been held in every State, the District of Columbia, and most of the Territories, and are an effective way to raise public awareness of underage drinking as a public health problem and mobilize communities to take action. In past rounds, communities have used NIAAA statistics, videos produced by NHTSA, and training materials developed by OJJDP through the EUDL program, and they have engaged Governors' spouses as part of the Leadership To Keep Children Alcohol Free initiative. For the 2012 round of Town Hall Meetings, local communities are once again encouraged to make use of ICCPUD agency resources to create comprehensive action plans for community change. Communities will conduct similar activities and make use of new and updated print materials and interactive Web-based tools developed by SAMHSA and available free in English and Spanish on http://www.stopalcoholabuse.gov.

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 upon 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, 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 has a significant effect on the outcome(s) to be measured. For example, the Office of Safe and Healthy Students (OSHS) 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

SAMHSA developed the National Registry of Evidence-based Programs and Practices (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/or 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. A number of programs have been more rigorously evaluated through independent research funded by NIH.

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/index.html).

Under the auspices of the independent, non-Federal Community Preventive Services Task Force, Community Guide Reviews 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 Guide 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, enhancing enforcement of minimum legal drinking age 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.

The Community Guide's current listing and review of interventions preventing excessive alcohol consumption includes the following recommended strategies:

- **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 level, 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,** which limits the number of alcohol outlets in a given area;

- **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 are 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 Guide 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. Between States, the illegal BAC level for young drivers ranges from any detectable BAC to 0.02 percent;
- **Maintain current minimum legal drinking age (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;
- **Sobriety checkpoints,** where law enforcement officers stop drivers to assess their level of alcohol impairment;
- **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/or 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 can be found at http://www.communityguide.org/index.html.

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 (FIW), which includes representatives from numerous Federal departments and agencies. SAMHSA and NIH served as coleaders in developing Healthy People 2020 objectives for substance abuse, including underage drinking.[19]

A number of the programs listed below in the 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

[19] For details regarding these objectives, go to: http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=40

- 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."

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 Preventing 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/OASH/OSG, HHS/ACF, HHS/ASPE, HHS/CDC, HHS/IHS, HHS/NIH/NIAAA, HHS/NIH/NIDA, HHS/SAMHSA, DoJ/OJJDP, ONDCP, DoT/NHTSA, and Treasury/TTB. (A list of ICCPUD members is contained in Appendix D.)

Town Hall Meetings: As part of a national effort to prevent and reduce underage alcohol use, ICCPUD and SAMHSA supported national Town Hall Meetings (THMs) in 2006, 2008, and 2010. A fourth round of THMs is under way for 2012. These meetings, which have been held in every State, the District of Columbia, and most of the Territories during each round, are an effective approach for raising public awareness of underage drinking as a public health problem and mobilizing communities to take preventive action. In 2010, community-based organizations held 2,021 events, an 11 percent increase over the number of events held in 2008. This increase follows a nearly 20 percent increase between 2006 and 2008 in the number of events held. Approximately half of the community-based organizations that hosted a 2010 event plan to conduct more THMs. Some States, such as Alaska and Iowa, consider THMs to be an essential part of their overall underage drinking prevention strategy. During FY 2009, two reports were released on the results of the meetings: *2008 Town Hall Meetings: Mobilizing Communities to Prevent and Reduce Underage Alcohol Use*, *an Evaluation Report*; and *2008 Profiles by State/Territory: Underage Drinking Prevention Town Hall Meetings*. A report on the 2010 Town Hall Meetings can be found at https://www.stopalcoholabuse.gov/TownHallMeetings/pdf/2010_THM_Annual_Report.pdf.

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 the Administration is 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.

Web Site: SAMHSA created a Federal Web portal (http://www.stopalcoholabuse.gov) dedicated to the issue of underage drinking. The Web portal links to comprehensive research and resources developed by the 15 Federal Agencies of ICCPUD. Sections on statistics, funding opportunities, training events, evidence-based approaches, resources and materials, Town Hall Meetings, and State prevention videos are presented. Direct links are provided to every federally supported Web site designed to prevent substance abuse, including alcohol. Information is intended to serve all stakeholders (e.g., community-based organizations involved in prevention, policymakers, parents, and youth). SAMHSA, with input from ICCPUD, is currently in the process of restructuring the Web site to better serve the needs of diverse users. As of November 2011, www.stopalcoholabuse.gov averaged 1,159 visits per day.

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 skills develop young people's capacity to engage in positive behaviors that nurture their own well-being, set personal goals, and live 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) helps young people resist alcohol, tobacco, drugs, and premature sexual activity. SMART Moves features engaging, interactive, small-group activities that increase participants' peer support, enhance their life skills, build their resiliency, and strengthen their leadership skills. This year-round program, provided in Military Youth Programs world wide, encourages collaboration among staff, youth, parents, and representatives from other

community organizations. The program's components are grouped to support youth ages 6–9, 10–12, and 13–15.

Department of Defense Education Activity:

1. *Adolescent Substance Abuse Counseling Service (ASACS):* The ASACS program is a comprehensive community-based program that provides prevention and education, identification and referral, and outpatient substance abuse treatment services to U.S. Forces Identification Card holders, including active duty, retired, nonappropriated and appropriated fund civilian government workers, and contractors and their families, throughout Europe and the Pacific Rim. Our scope of care encompasses adolescents (ages 12–18) and their families, who have concerns/problems related to alcohol and other drugs.

   ASACS counselors, in conjunction with other community leaders, develop and implement a community-based adolescent substance abuse prevention and treatment program. They provide screening and assessment; individual, family, and group therapy; and aftercare services. Counselors provide a comprehensive community prevention education program using structured classroom lesson plans and group/individual experiential learning exercises. They facilitate a parent support group that helps parents improve communication skills, limit setting, active listening, and discipline techniques as they relate to adolescents. Upon request, ASACS counselors also provide professional consultation, training, and prevention materials to community officials and organizations that interact with adolescents. By providing these services, ASACS has a positive effect in enhancing military readiness by strengthening family connections.

2. *Health Education Curriculum:* Health education develops essential health literacy skills along with health promotion and disease prevention concepts, to enable all students to obtain, interpret, and understand basic health information and services and to use such information and services in ways that enhance their health and the health of others. The content in the Department of Defense Education Activity (DoDEA) health education standards is organized into seven strands. These standards teach essential and transferable skills that foster health efficacy. The skills also are applicable as learning tools for the other six content strands. The standards in the Health Literacy Skills strand are consistent throughout all grade levels and matched at each grade level with content standards in the other strands as important similarities are identified. The standards in the remaining content strands, Personal and Community Health (HE1); Safety and Injury Prevention (HE2); Nutrition and Physical Activity (HE3); Mental Health (HE4); Alcohol, Tobacco, and Other Drugs (HE5); and Family Life and Human Sexuality (HE6) progressively change through the grade levels. Strand HE5, alcohol use in students, is addressed in grades 5, 6, 7, and 8, and in the high school health course.

3. *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 a healthy and drug-free lifestyle. The Red Ribbon Campaign is now the oldest and largest drug prevention program in the nation, reaching millions of young people each year. Red Ribbon Celebration brings schools, commands, and communities together in DoDEA to raise awareness of the dangers of alcohol, tobacco, and other drugs and encourage prevention, early intervention, and treatment services.

4. *DARE:* This program was designed to provide a sustainable, evidence-based, K–12 substance abuse education program. DARE is implemented by DoDEA-certified health education teachers (elementary classroom, law enforcement or military personnel, and secondary certified health education teachers), who have been trained to faithfully implement the program for diverse learners, assess student achievement of program objectives, and evaluate the program for purposes of continuous improvement. The goal of drug education in DoDEA is to provide all students with the knowledge and skills to resist illicit substance use and to build the capacity of all students to make responsible decisions regarding their use of legal substances.

Law Enforcement: DoD ensures installation-level enforcement of underage drinking laws on all Federal reservations. 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

Active Duty Health-Related Behaviors Survey: DoD triennially conducts the Health-Related Behaviors Survey, which maintains trended data on alcohol use among all Active Duty Service Members age 18 and above. It addresses age of first use, prevalence, binge use, and heavy use. The 2011 Health Related Behavior Survey is under development.

Alcohol Abuse Countermarketing Campaign: TRICARE Management Activity of DoD launched "That Guy" in December 2006 as an integrated marketing campaign targeting military enlisted personnel ages 18 to 24 across all branches of Service. Based on research and social marketing concepts, the campaign uses a multimedia, peer-to-peer social marketing 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 leads to reductions in binge drinking. This campaign includes an award-winning Web site, http://www.thatguy.com, as well as online and offline public service announcements, paid and pro bono billboard and print advertising, centrally funded promotional materials, central support of special events, and a turnkey implementation plan and schedule for installation project officers.

This campaign is funded by Defense Health Plan Program Objective Memorandum (POM) FY10-15, but depends on commanders and local program managers to convey the message to the target audience.

Successfully engaging with the target audience, the "That Guy" campaign is now actively deployed around the world. Achievements from 2010 include:

- An average time of 7 minutes per user on the "That Guy" Web site.
- Nearly 14,000 fans on Facebook.
- Nearly 2 million branded materials being used by all Services.
- More than 3,000 points of contact (POCs) engaged across the globe.
- Forty-two States and 13 different countries with a "That Guy" campaign presence, including: United States, Japan, Germany, Italy, Spain, Turkey, Singapore, Cuba, Guam, South Korea, Saudi Arabia, Honduras, and Iraq.

- Millions reached through video and radio public service announcements (PSAs) broadcast around the world pro bono through Armed Forces Radio and Television Service (AFRTS), Army and Air Force Exchange Service (AAFES), and community stations.
- Visits to more than 35 military installations around the world in 5 countries and 23 States for more than 215 days on the road.
- Exhibited at 34 conferences for a total of 172 days.
- Eighty-two briefings to leadership and at conferences for POCs.
- Forty-three focus groups across all branches of Service, a total of 317 members of the young enlisted target audience.

Awards: During 2010, the "That Guy" campaign won two awards, the Silver Anvil Award of Excellence Public Service, Government category, from the Public Relations Society of America (PRSA), and the Gold Screen Award, eNewsletter category, from the National Association of Government Communicators (NAGC). In addition, the "That Guy" campaign was a Holmes Report SABRE Award finalist.

Impact: According to Fleishman Hillard's analysis of the annual *Status of Forces Survey* performed by the Defense Manpower Data Center (DMDC), there has been a steady increase in campaign awareness within the target audience, rising from a "phantom awareness" of 3 percent in 2006 to 14 percent in 2007, 30 percent in 2008, and 44 percent in 2009. The campaign is active in 550 installations, and http://www.thatguy.com has been viewed by more than 1 million visitors since its launch in December 2006. Analysis of data by Fleishman Hillard also indicates that military personnel who are on installations actively implementing the "That Guy" campaign are less likely than personnel from nonengaged installations to agree that their peers believe it is acceptable to drink to the point of losing control (21 vs. 29 percent). According to the Fleishman Hillard analysis of the *2008 Health Related Behaviors Survey* results, binge drinking among enlisted Service members 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 installations actively implementing "That Guy":

- Army: Thirty-six percent report binge drinking at installations actively implementing "That Guy" versus 56 percent at inactive installations.
- Air Force: Thirty-five percent report binge drinking at installations actively implementing "That Guy" versus 45 percent at inactive installations.
- Navy: Forty-five percent report binge drinking at installations actively implementing "That Guy" versus 49 percent at inactive installations.

Note: Above data are from Fleishman Hillard analysis of the recently released "DMDC Status of Forces" report. The Marine sample size was too small for analysis.

Service-Level Prevention Programs

Marine Corps Substance Abuse Program: The Marine Corps substance abuse program provides plans, policy, and resources to support commanders in preventing problems that detract from unit performance and readiness, including substance abuse. Information about the risks of alcohol misuse, rules and regulations about drinking, and alternatives to drinking are provided. The program also highlights the negative impact of alcohol abuse.

1. *Building Alcohol Skills Intervention Curriculum (B.A.S.I.C):* BASIC is a Train-the-Trainer Program. This program is delivered by small unit leaders (squad/section) in two initial 90-minute sessions. The program is designed to help Marines assess and question their own drinking habits, decisions, and beliefs. Training topics include:
   - Extent and nature of alcohol problems.
   - Leading by example.
   - Alcohol's impact on performance.
   - Up-and-down effects of alcohol.
   - Risk reduction tips.
   - Encouraging alternative activities.
   - Recognizing and referring a problem.
2. *Alcohol Impact Program:* IMPACT is a 16- to 24-hour class offered for individuals who have experienced an isolated alcohol-related incident or are in need of alcohol education. The class educates individuals about the effects of alcohol on the body and brain and teaches responsible drinking.
3. *Alcohol Aware Class (AAC):* This is a 1-day class provided by the Substance Abuse Counseling Center (SACC) that educates attendees on the effects of drugs and alcohol and provides prevention tools for people who have had an alcohol-related incident or are at high risk of having one. To attend class, attendees must complete a drug and alcohol screening.

Navy Alcohol and Drug Abuse Prevention via the "Right Spirit" Campaign: The Right Spirit campaign was started in 1996 to improve the quality of life for Navy members and their families in addition to ensuring a safe and productive work environment. The goal of "Right Spirit" is to deglamorize alcohol and prevent alcohol abuse. The Navy believes that preventing alcohol abuse and alcoholism greatly benefits the Navy by minimizing lost workdays and the need for costly treatment. As a result, Navy Commanders are required to promote an "it's okay *not* to drink" environment. In addition, the campaign includes two education programs, one multimedia campaign, and a comedy show.

1. *Alcohol Aware Program:* This program is a command-level alcohol abuse prevention and deglamorization course designed for all hands. The goals of the Alcohol Aware 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.

   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.
2. *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 reveal the need for a higher level of treatment. This intervention program is normally given during off-duty hours.
3. *Myth vs. Truth:* This program provides information about the range of social and professional problems and economic costs associated with underage drinking. This 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.

4. *Comedy is The Cure:* This 30-minute standup 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.

Army Center for Substance Abuse Programs (ACSAP): The ACSAP Prevention and Training (P&T) Branch develops, establishes, administers, and evaluates all ACSAP substance abuse prevention, education certification, and training programs world wide within the Active Component, National Guard, and Army Reserve. The goal of ACSAP is to provide commanders, Unit Prevention Leaders (UPLs), and Department of Army civilians, contractors, and family members with the education and training necessary to make informed decisions about alcohol and other drugs. The program also provides commanders with the necessary resources and tools to complete their annually required 4 hours of alcohol and other drug awareness training (requirement IAW AR 600-85) and provides them with prevention tools to deter substance abuse. ACSAP 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.

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 persons) as the normative lifestyle choice for young USAF personnel. The program establishes safe normative behaviors that move the 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 July 2005. As a result of this briefing, the USAF Assistant Vice Chief of Staff (CVA) instructed A1 (personnel) and the USAF Surgeon General (SG) to expand the 0-0-1-3 program to include a range of health-related behaviors that could negatively affect productivity, mission accomplishment, and readiness, and implement the program across the USAF. Consequently, working groups were formed and a Concept of Operations (CONOPS) was written in February 2006 to provide the theoretical underpinnings for a new program called the Culture of Responsible Choices (CoRC), which was designed to address a range of health-related behaviors such as underage drinking, alcohol misuse, illegal drug use, tobacco cessation, obesity, fitness levels, safety mishaps, etc. 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 (population screening, anonymous screening at primary care centers, education, short-term counseling with tailored feedback, etc.)
- Base-level interventions (media campaigns, alcohol-free activities, zero-tolerance policies for underage drinking and alcohol misuse, midnight basketball, cyber cafés, etc.)
- Community-level interventions (building coalitions between on-base and off-base groups, increased driving under the influence/driving while intoxicated [DUI/DWI] enforcement on and off base, etc.)

A variety of toolkits were generated, and implementation memoranda were signed by the CVA and A1. In April 2006, CoRC materials including the CoRC CONOPS, toolkits, memoranda, best practices, and other elements were made available via the Web (currently at https://vc.afms.mil/corc). CoRC launched across the USAF in October 2006. Since its inception, the USAF has had a 6 percent reduction in alcohol-related misconduct (ARM) incidents.

In addition to CoRC, the USAF partnered with DoJ and NIAAA to implement the EUDL program at five AFBs. 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 2009, the EUDL program was expanded to two more AFBs. NIAAA is supervising a 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 AFBs.

United States Coast Guard (DHS) Substance Abuse Program: The United States Coast Guard (USCG) Substance Abuse Program provides USCG members substance abuse prevention plans, policy, and resources to support command in providing opportunities to prevent, screen, and diagnose problems that may inhibit unit performance, readiness, and world wide deployment. Prevention training and education about the risks of alcohol and drug misuse, rules and regulations about drinking, and alternatives to drinking are provided. The program also describes the negative impact of alcohol abuse and offers preventive strategies to help counter negative peer influences.

Underage USCG members are mostly found in three major subgroups: USCG Academy, TRACEN Center Cape May (boot camp), and "A" Schools.

1. *USCG Academy:* The My Student Body curriculum used at the USCG Academy is a complete alcohol, drugs, and student wellness program for colleges and universities. It is used by leading public and private universities across the Nation to manage institutional risks and positively impact student retention rates.
2. *TRACEN Center Cape May (boot camp) and "A" Schools:* Located in Petaluma, CA, and Yorktown, VA, all have Substance Abuse Prevention Specialists (SAPS) that hold frequent prevention trainings targeted to address underage drinking and emphasize the high-risk nature of their age group.

Department of Education

Activities Specific to Underage Drinking

Grants To Reduce Alcohol Abuse Among Secondary School Students (GRAA): This program provides assistance to local education agencies (LEAs) to develop and implement innovative, effective alcohol abuse prevention programs for secondary school students. Grantees are required to implement at least one proven strategy for reducing underage alcohol abuse as determined by SAMHSA. Up to 25 percent of funding can be reserved for grants to low-income and rural LEAs. A FY 2010 grant competition was held and eight grants were made.

Models of Exemplary, Effective, and Promising Alcohol or Other Drug Prevention Programs on College Campuses: The goals of this program are to identify and disseminate

information about exemplary and effective alcohol or drug abuse prevention programs implemented on college campuses. As a model program, an institute of higher education (IHE) that receives funding as an exemplary or effective program is required to enhance, further evaluate, and disseminate information about the prevention program being implemented on campus. In FY 2010, a program competition was held and five 2-year awards were made. (There were no new awards in FY 2011 due to lack of funding.)

To encourage broader participation in the program, OSHS redesigned the program in FY 2008, creating three levels of recognition: exemplary, effective, and promising. Under these new guidelines, ED expanded recognition to include colleges and universities whose programs, while not yet exemplary or effective, show evidence of promise. OSHS supports the dissemination of these evidence-based programs through publications, meetings, and trainings.

As part of its dissemination efforts of this program, ED also released a publication, *Field Experiences in Effective Prevention,* that summarizes the key lessons, conclusions, and recommendations of program grantees funded in FY 2005–2007. The publication aims to assist colleges and universities in developing and implementing effective prevention programs on their campuses and in surrounding communities. In addition, the publication reflects ED's perspective on developing, implementing, and sustaining evidence-based prevention strategies to reduce high-risk drinking among college students.

Grants for Coalitions To Prevent and Reduce Alcohol Abuse at Institutes of Higher Education (IHEs): This revamped discretionary grant program was first funded in FY 2009, and six new awards were made in FY 2010. The program funds IHEs, consortia of IHEs, State agencies, and nonprofit entities to provide financial assistance for the development, expansion, or enhancement of a statewide coalition. The focus of the funded coalitions is on preventing and reducing the rate of underage alcohol consumption—including binge drinking—among students at IHEs throughout the State, both on campuses and in surrounding communities.

Grants To Prevent High-Risk Drinking or Violent Behavior Among College Students: This program provides funds to develop, enhance, implement, and evaluate campus-based and/or community-based prevention strategies to reduce high-risk drinking or violent behavior among college students. Prevention initiatives are designed to reduce both individual and environmental risk factors and enhance protective factors in specific populations and settings. In FY 2009, 19 of 23 funded programs addressed prevention of high-risk drinking on college campuses. Only IHEs are eligible for this funding; funds for new awards have not been appropriated since FY 2009.

Higher Education Center for Alcohol, Drug Abuse, and Violence (HEC): HEC provides assistance to college administrators and other prevention professionals at colleges and universities to prevent violence and substance abuse on their campuses and in surrounding communities through a variety of programs and services that support comprehensive prevention strategies. The Center serves a broad spectrum of clients. Primary clients include individuals on public and private college campuses who are designing, developing, and implementing programs and services to prevent and mitigate continued high rates of illegal alcohol and drug use and violent behavior among college students. They include student deans, faculty advisors, student life and residential staff, campus and community law enforcement officers, health and mental

service professionals, ED's higher education grantees, and other ED discretionary grantees and relevant persons working directly with students in IHEs.

To accomplish its mission, HEC currently offers four types of products and services:

- *Training:* The HEC conducts regional trainings, organizes professional development sessions for prevention specialists and evaluators, and conducts workshops on the reduction of high-risk drinking, drug abuse, and violence prevention at statewide and national conferences.
- *Technical Assistance:* Individuals seeking help with their campus- or community-based prevention program may receive technical assistance from HEC via telephone, fax, e-mail, or the Internet. An initial consultation may result in distribution of materials, referral to other resources, review of publications and other prevention materials, review of implementation and evaluation plans, and possible onsite consultation.
- *Publications:* HEC's publications play a vital role in providing training and technical assistance services. To meet the diverse needs of the postsecondary education community, HEC publishes a wide range of materials, including guides, manuals, bulletins, fliers, and a newsletter (*Catalyst*) that is published several times each year.
- *Evaluation:* HEC currently focuses on making evaluation a routine part of prevention program operations; it provides evaluation-related technical assistance and conducts an ongoing search for promising prevention practices.

Activities Related to Underage Drinking

National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education: In fall 2010, ED sponsored a national meeting attended by higher education grantees and representatives from other campus communities to share and discuss information on effective strategies for drug and alcohol abuse and violence prevention in higher education.

Federal Trade Commission

Activities Specific to Underage Drinking

Consumer Education Program: The "We Don't Serve Teens" program spreads the message that providing alcohol to persons below the legal drinking age of 21 is unsafe, illegal, and irresponsible. Targeted to adults, the program provides information in English and Spanish on stopping teens' easy access to alcohol, the risks of teen drinking, and what to say to friends and neighbors about serving alcohol to teens. The program includes a Web site (http://www.dontserveteens.gov); radio, print, and Internet banner ads; customizable press releases and broadcaster announcements; and point-of-sale signage. Since 2006, numerous program partners, including representatives of Federal and State governments, consumer groups, and the alcohol and advertising industries, have helped distribute these materials nationwide. In 2010, the FTC distributed free signs in English and Spanish that say, "The legal drinking age is 21. Thanks for not providing alcohol to teens." as well as "Please don't provide alcohol to teens. It's unsafe. It's illegal. It's irresponsible." The signs are available for order at http://bulkorder.ftc.gov.

Activities Related to Underage Drinking

Alcohol Advertising Program: Throughout 2010, the FTC continued to urge major alcohol marketers to make improvements in self-regulatory guidelines and practices, including, among other things, urging industry to adopt a 75 percent adult audience composition standard.

Administration for Children and Families/HHS

Activities Specific to Underage Drinking

None

Activities Related to Underage Drinking

Runaway and Homeless Youth Program: The Family and Youth Services Bureau (FYSB) provides funding to local communities to support young people, particularly runaway and homeless youth and their families. Basic Center Program (BCP) grants offer assistance to at-risk youth (up to 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 (SOP), FYSB awards grants to private, nonprofit agencies to conduct outreach that builds relationships between grantee staff and street youth up to age 21 and helps them leave the streets. The Transitional Living Program (TLP) supports projects that provide longer term residential services to homeless youth ages 16 to 21 for up to 18 months. These services help successfully transition young people to independent living. TLPs enhance youths' abilities to make positive life choices through education, awareness programs, and support. They include services such as substance abuse education and counseling. Grantee sites are alcohol free, and it is expected that participation in these programs will prepare youth to make better choices regarding alcohol and drug use and other unhealthy behaviors.

Family Violence Prevention and Services: FYSB provides grants to State agencies, Territories, State Domestic Violence Coalitions, and Indian Tribes for the provision of immediate shelter to victims of family violence, domestic violence, and dating violence and their dependents, and for supportive services, such as counseling, emergency transportation, and child care. In FY 2010, funded programs served more than 1.3 million victims and their children and responded to 3.9 million crisis calls. More than 20,500 youth under age 18 who were identified as victims of intimate partner violence were provided services. Programs provided 83,460 educational presentations reaching 1.9 million youth. Family Violence Prevention and Services provides funds and technical assistance to Federal, State, local, and Tribal agencies for crisis and mental health counseling, legal and service advocacy, and other social services such as substance abuse counseling.

Abstinence Education Programs: FYSB provides support for abstinence education programs through the Community-Based Abstinence Education Program and the Section 510 State Abstinence Education Program. Programs focus on educating young people and creating an environment within communities that supports teen decisions to postpone sexual activity until marriage. Programs also promote abstinence from other risky behaviors such as underage drinking and illegal drug use.

Personal Responsibility Education Programs (PREP): FYSB supports healthy decisionmaking through the PREP. As part of the Patient Protection and Affordable Care Act,

Congress passed and the President signed into law the PREP. PREP funds are to be 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—encompass substance abuse prevention messaging consistent with the Surgeon General's *Call to Action* (2007).

Centers for Disease Control and Prevention/HHS

Activities Specific to Underage Drinking

Monitoring Youth Exposure to Alcohol Marketing: The CDC's Alcohol Program within the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) funds the Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health to conduct ongoing, independent, company- and brand-specific monitoring of youth exposure to alcohol marketing; develop Web-based tools to evaluate the impact of prevention strategies to reduce youth exposure to alcohol marketing; and train students, faculty, and public health professionals in methods for independent monitoring of youth exposure to alcohol marketing and in effective strategies to reduce this exposure. CAMY has extensive experience monitoring youth exposure to alcohol marketing, having previously received funds to do so on a pilot basis from the Robert Wood Johnson Foundation (RWJF) and the Pew Charitable Trust. 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 (http://www.cdc.gov/alcohol) 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 persons 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 or older in all 50 States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. 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. The 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. For more information on BRFSS, 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 biannual, national school-based survey of 9th- through 12th-grade students conducted by CDC, and State surveys of 9th- through 12th-grade students conducted by State education and health agencies. Both surveys include questions about the frequency of alcohol use, frequency of binge drinking, age of first drink of alcohol, alcohol use on school property, and usual source of alcohol. States that conduct their own YRBSS 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, which can be examined in relation to alcohol consumption. Additional information on the YRBSS is available at http://www.cdc.gov/HealthyYouth/yrbs.

School Health Policies and Practices Study (SHPPS): SHPPS is a national survey periodically conducted to assess school health policies and practices at the State, 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. For results from SHPPS 2006, see http://www.cdc.gov/HealthyYouth/SHPPS. The next SHPPS is planned for 2012.

Pregnancy Risk Assessment Monitoring System (PRAMS): PRAMS is a population-based mail and telephone survey of women who have 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 on PRAMS, see http://www.cdc.gov/prams.

National Violent Death Reporting System (NVDRS): NVDRS is a population-based public health surveillance system that collects and links detailed information from multiple sources on all violent deaths (such as homicides and suicides) in 18 funded States to inform violence prevention efforts. The system also collects data on deaths due to undetermined intent and unintentional firearm discharges. Specific data sources include death certificates, coroner and medical examiner records, police reports, and crime lab data. The system also collects information on alcohol consumption, including a decedent's history of alcohol problems and the results of blood alcohol testing. For more information on NVDRS, see http://www.cdc.gov/ViolencePrevention/NVDRS.

Guide to Community Preventive Services: The 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) excessive alcohol use and related harms. In 2012, the Community Guide Branch, in collaboration with the National Center for Injury Prevention and Control (NCIPC), updated the 2001 sobriety checkpoints systematic review. In addition, the Community Guide Branch and the CDC's Alcohol Program, along with SAMHSA, NIAAA, the University of Minnesota Alcohol Epidemiology Program, and other partners, recently completed and presented to the Community Preventive Services Task Force systematic reviews on the effectiveness of the privatization of retail alcohol sales and dram-shop liability on excessive alcohol consumption and related harms. The results of these reviews are summarized on the Community Guide Web site (http://www.thecommunityguide.org), and were published in the *American Journal of Preventive Medicine*.

Recommendations on Screening and Brief Interventions (SBI) for Trauma Patients: The National Center for Injury Prevention and Control (NCIPC) has worked with a number of Federal and professional organizations to promote screening of hospitalized trauma patients for excessive drinking and to provide patients who screen positive for excessive drinking with brief

onsite interventions. The NCIPC played a supportive role in the decision by the American College of Surgeons Committee on Trauma to require Level 1 trauma centers to provide SBI. In 2007, the NCIPC helped NHTSA and SAMHSA design and present 10 regional SBI trainings to trauma staff around the Nation and in 2010 published an implementation guide tailored specifically for trauma centers. The NCIPC is also currently developing a Web site with SBI training for trauma staff in addition to tools for implementing SBI and influencing SBI-related policy. For more information on alcohol screening, see http://www.cdc.gov/injuryresponse/alcohol-screening/index.html.

Preventing Alcohol-Exposed Pregnancies: CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) has a number of activities supporting the prevention of fetal alcohol spectrum disorders among women of childbearing age (18–44 years). Five FASD regional centers provide training to medical and allied health professionals in alcohol use assessment and interventions for women of childbearing age, and a K–12 curriculum has been developed by the National Organization on Fetal Alcohol Syndrome (NOFAS) that describes the consequences of drinking during pregnancy. The FAS Prevention Team has developed an evidence-based intervention (CHOICES) for nonpregnant women to reduce their risk for an alcohol-exposed pregnancy by reducing risky drinking, using effective contraception, or both. They are currently disseminating and evaluating integration of this intervention into selected sexually transmitted disease clinics, family planning clinics, community health centers, and in American Indian communities. Recently, CDC published *CHOICES: A Program for Women about Choosing Healthy Behaviors*, a curriculum designed for use by professionals who will be conducting the CHOICES program and for trainers providing instruction on how to conduct the intervention, available at http://www.cdc.gov/ncbddd/fasd/freematerials.html. SAMHSA uses Project CHOICES 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.

Indian Health Service/HHS

The IHS Division of Behavioral Health (DBH) is responsible for Alcohol and Substance Abuse Programming (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

None

Activities Related to Underage Drinking

Alcohol abuse in Native American communities is a problem that can begin prenatally and continue throughout 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: The IHS currently provides recurring funding to 11 Tribal and federally operated Youth Regional Treatment Centers (YRTCs) to address the ongoing issues of substance abuse and co-occurring disorders among Native American 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; aftercare relapse prevention; and posttreatment followup services.

Methamphetamine and Suicide Prevention Initiative (MSPI): The 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/or 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/or culturally appropriate methamphetamine and suicide prevention and early intervention strategies.
- Increase access to methamphetamine and suicide prevention services.
- Improve services for behavioral health 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 3-year initiative supports 127 individual programs and/or communities in their efforts to develop their own focused programs. The MSPI consists of 112 Tribal and IHS awardees (MSPI-T), 12 urban grantees (MSPI-U), and 3 youth services grantees (MSPI-Y).

Addressing Fetal Alcohol Spectrum Disorder: DBH supports two projects that target FASD through the Northwest Portland Area Indian Health Board. First, the FASD training project with the University of Washington School of Medicine is a research-based project that focuses on FASD interventions within 10 Tribal sites throughout the State of Washington. Second, the Northwest Tribal FASD Project provides education and training on FASD and community

readiness and assists communities in Idaho, Oregon, and Washington State 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 Fetal Alcohol Spectrum Disorders (ICCFASD), an interagency task force led by NIAAA that addresses multidisciplinary issues relevant to FASD.

Also, the IHS Office of Clinical and Preventive Services and the CDC NCBDDD entered into a 3-year interagency agreement to implement and evaluate Project CHOICES within the Oglala Sioux Tribe. Project CHOICES is an evidence-based program for nonpregnant women to reduce their risk for an alcohol-exposed pregnancy by reducing risky drinking, using effective contraception, or both. Finally, IHS has a Government Performance and Results Act (GPRA) performance measure for screening women of childbearing age for alcohol use in order to prevent FASD. The alcohol-screening GPRA results have exceeded the targeted measure of 25 percent since FY 2006. 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 *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking*, continues to inform the work of ICCPUD and the related efforts of its member Federal Agencies and departments, 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 the ages of 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 Youth Risk Behavior Surveillance System (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 will enable 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.

Research Studies: 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.

Research on Effects of Adolescent Alcohol Abuse and Alcoholism 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. Research on rodents, studies of youth who are alcohol dependent, as well as recent longitudinal work beginning with youths before they begin drinking suggest that alcohol use during adolescence, particularly heavy use, can have deleterious short- and long-term effects. To address this central scientific question further, NIAAA released a Funding Opportunity Announcement (FOA) for 2-year pilot studies, titled The Impact of Adolescent Drinking on the Developing Brain, under which five applications were funded at the end of FY 2007. These initial studies will inform future initiatives and FOAs in this area. In 2010, NIAAA issued a funding opportunity titled Neurobiology of Adolescent Drinking in Adulthood. The purpose of this initiative is to support a consortium of researchers across different research institutions to clearly define the persistent effects of adolescent alcohol exposure and to begin to explore the neurobiological mechanisms underlying these effects. This initiative is limited to animal studies.

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. The ultimate goal for NIAAA is to provide science-based information in accessible and practical ways in order to facilitate its use as a foundation for college prevention and intervention activities.

Building Health Care System Responses to Underage Drinking: The overarching goal of this program is to stimulate primary care health delivery systems in rural and small urban areas to

address the critical public health issue of underage drinking. This is a two-phase initiative. In the first phase (now complete) systems were expected to evaluate and upgrade their capacity to become platforms for research that assesses the extent of underage drinking in the areas they serve and to evaluate their ability to reduce it. In the second phase, they will prospectively study the development of youth alcohol use and alcohol-related problems in the areas they serve and implement and evaluate interventions that address underage drinking. Four Phase I awards were made at the end of FY 2006 and two 5-year Phase II awards were made at the end of FY 2007.

Brief Intervention Research: This research provides an evidence base for effective brief interventions targeting youth in emergency rooms following alcohol-related events. Healthcare 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.

Evaluation of EUDL: In 2006, OJJDP issued a solicitation for its EUDL Discretionary Program. Grants under this program sought to reduce the availability of alcoholic beverages to, and the consumption of alcoholic beverages by, persons under age 21 serving in the U.S. Air Force (USAF). The specific goals of the program are to decrease first-time alcohol-related incidents, incidence of unintentional injuries related to alcohol consumption, and alcohol-related traffic injuries or fatalities among underage USAF personnel. OJJDP has awarded grants to four States in response to this solicitation: Arizona, California, Hawaii, and Montana. The AFBs that will participate in this project, forming coalitions with their adjacent communities, are Davis-Monthan and Luke (AZ), Beale (CA), Hickam (HI), and Malmstrom (MT). NIAAA provided evaluation support for the project through a 48-month contract that included an evaluation of all activities developed at each AFB/community site. Results published in the *Journal of Studies on Alcohol and Drugs* showed that the AF-wide percentage of junior enlisted personnel reporting an AUDIT score of 8 or greater (indicating they are at elevated risk for problem drinking) fell from 20.4 percent in 2006 to 13.8 percent in 2008. On four of the five experimental bases, the percentage of junior enlisted airmen with AUDIT scores of 8 or greater fell significantly between baseline and 1 year postintervention. It is important to note, however, that AUDIT scores across the AF declined during the same period of time. Only two bases (Luke, AZ, and Malmstrom, MT) showed a significantly greater decline in the percentage of high AUDIT scores when compared with their matched control bases.

Prevention for Urban Youth: As an outgrowth of Project Northland and Project Northland for Urban Youth, NIAAA continues to investigate how two programs with known efficacy in certain

populations can be effectively implemented with multiethnic urban youth. The proposed project will examine trajectories, consequences, and multiple levels of influences on alcohol use among urban poor adolescents, explicitly comparing patterns of effects across ethnic and gender subgroups. This longitudinal study comparing patterns and trajectories of alcohol use and problems across these important subgroups will directly guide the development of further refined interventions of increased efficacy and effectiveness.

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 utilizes community environmental change and brief intervention and referral approaches that will be evaluated alone and in combination.

Publications: NIAAA disseminates information about the prevention of underage drinking through a variety of publications, including 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); 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); *Parenting to Prevent Childhood Alcohol Use* (2010); a number of seasonal factsheets focusing on underage drinking issues surrounding high school graduation, the first weeks of college, and spring break; and the widely cited report from NIAAA's college drinking task force, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* (2002a). NIAAA also sponsored and edited a special supplement to the journal *Pediatrics* entitled *Underage Drinking: Understanding and Reducing Risk in the Context of Human Development* (2008). Additional publications include a special July 2009 Supplement to the *Journal of Studies on Alcohol and Drugs* on *Rapid Response Initiatives to Reduce College Drinking* and *Update on the Magnitude of the Problem*; 2009 issue of *Alcohol Research and Health*: *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 Web Site: The NIAAA Web site http://www.niaaa.nih.gov provides adults with information about the science and prevention of underage drinking and includes links to NIAAA's college Web site (http://www.collegedrinkingprevention.gov) and its youth-targeted Web site (http://www.thecoolspot.gov).

Coolspot Web Site for Kids: Targeted to youth ages 11 to 13 years old, the NIAAA Web site http://www.thecoolspot.gov 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 and two lesson plans that accompany interactive features of the Web site.

College Drinking Prevention Web Site: NIAAA's Web site 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.

Leadership To Keep Children Alcohol Free: NIAAA was one of the founders of this nationwide organization, launched in March 2000 and spearheaded by spouses of current and former Governors. It is the oldest and largest organization of governors' spouses focused on a single issue. Now a 501c3 nonprofit foundation, it was previously supported by seven public and private funding organizations. The organization's goals are to:

- Make prevention of alcohol use among minors a national health priority.
- Focus State and national policymakers and opinion leaders on the seriousness of early-onset alcohol use.
- Educate the public about the incidence and impact of alcohol use by children 9 to 15 years of age.
- Mobilize the public to address these issues in a sustained manner and work for change within their families, schools, and communities.

In the past, members of Leadership To Keep Children Alcohol Free (Leadership) produced television public service announcements directed at parents and other adults in their respective States and at supported youth-centered events. With support from NIAAA and SAMHSA, Leadership worked closely with the Office of the Surgeon General to ensure that the Surgeon General's *Call to Action* was broadly disseminated. For example, governors' spouses who were members of Leadership worked with the Acting Surgeon General to "roll out" the *Call to Action* in various States. Leadership continues to collaborate with SAMHSA, NIAAA, and OSG in its work as an independent foundation.

Activities Related to Underage Drinking

Alcohol Policy Information System (APIS): APIS is an electronic resource that provides authoritative, detailed information that is 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.

National Institute on Drug Abuse/HHS

Activities Specific to Underage Drinking

None

Activities Related to Underage Drinking

Nurse Family Partnership Program: The Nurse Family Partnership program is a home visiting preventive intervention that was developed for and tested with high-risk, first-time mothers. Participants are identified during pregnancy and receive support for prenatal and infancy services in the form of free transportation for scheduled prenatal care, developmental screening, referral services for their child, and prenatal and infancy home visiting through the first 2 years of a child's life. Multiple studies have been conducted to test the efficacy of the intervention with different populations (rural/semi-urban White families, urban African American families, urban Latino families) with positive results demonstrated for maternal and child outcomes, including reduced risk for maltreatment, reduced juvenile delinquency, and reduced use of Government services (e.g., Medicaid, food stamps).

Cost analysis of the intervention has found that the program produces positive cost savings relative to intervention costs. In 2010, findings were published on the 12-year outcomes of the Nurse Family Partnership with primarily African American families in a southern, urban setting, where the program was delivered through the local maternal and child health system. Findings on the 12-year outcomes showed that children who received nurse visits were significantly less likely to report using tobacco, alcohol, or marijuana (30 days use) and less likely to report internalizing problems than comparison children at age 12. Furthermore, children who received nurse visits had significantly higher reading and math scores at age 12 than comparison children. Also, when compared with control participants, nurse-visited mothers reported significantly less role impairment owing to alcohol and other drug use, longer partner relationships, and a greater sense of mastery. During this 12-year period, mothers who received nurse visits received less per year in Government assistance (food stamps, Medicaid, and Aid to Families with Dependent Children or Temporary Assistance for Needy Families) than control families ($8,772 vs. $9,797, P=0.02); this represents $12,300 in discounted savings compared with a program cost of $11,511 (both expressed in 2006 U.S. dollars).

Currently, NIDA is supporting a 17-year followup of a study of Nurse Home Visiting being conducted with primarily African American families in a southern, urban setting, where the program was delivered through the local maternal and child health service system.

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 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. SAAF is currently being evaluated with adolescents and young adults.

Raising Healthy Children (RHC): RHC is a theory-based randomized prevention trial aimed at reducing risk and enhancing protective factors in children. Delivered in grades 1 through 12, interventions take a sociodevelopmental approach to prevention that focuses on the developmental expression of risk and protective factors in the primary socializing contexts of family, school, and peer groups as well as in the individual. Interventions are consistent with the Social Development Model of positive and problem behavior. Research on RHC indicates moderately to highly significant intervention effects for growth trajectories in the frequency of alcohol and marijuana use in grades 6 through 10. Students in the intervention group reported significantly fewer risky behaviors, including driving under the influence of alcohol and driving with someone who had been drinking. The current study examines effects at ages 20 and 24.

Life Skills Training (LST): 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 either in grades 6, 7, and 8 (for middle school) or in 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 over the past 20 years and found to reduce the prevalence of tobacco, alcohol, and illicit drug use relative to controls by 50 to 87 percent. NIDA currently funds two grants that examine the implementation of LST into school-based contexts. One grant is examining enhancement of implementation fidelity in middle and junior high schools that are randomly assigned either to LST and standard provider training or to LST and provider training plus a newly developed fidelity enhancement intervention designed to be flexible and feasible. An analysis of factors related to implementation fidelity and substance use outcomes indicated that quality of implementation predicted substance use outcomes. Students taught by the most skilled teachers (e.g., those not relying on lecturing alone) reported significantly lower increases in smoking and drinking at followup assessment. Another grant studies a dissemination, adaptation, implementation, and sustainability (DAIS) system for diffusion of evidence-based LST prevention strategies. Collaborative system methodologies underlie the implementation model, and a cooperative extension system is used for the diffusion of LST. This grant will advance understanding of dissemination, adoption, implementation, and sustainability of evidence-based prevention interventions.

Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14): SFP is a seven-session skill-building program for parents, youths, 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, and applying consistent discipline) and on parent–child affective quality. In addition, a recent evaluation found delayed initiation of substance use at the 6-year followup. 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. Currently under way is a long-term followup of a randomized trial that will compare 7th graders participating in a multicomponent SFP 10–14 plus LST with 7th graders participating in LST alone, or a minimal contact control condition. An earlier followup 5.5 years after baseline (end of grade 12) demonstrated that both LST and SFP 10–14 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.

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) followup through age 25, including DNA collection for gene x environment analyses. NIDA is also supporting 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 is supporting a pilot study for formative research on the large-scale implementation of GBG within a school district that will lay the groundwork for a system-level randomized trial on scaling up GBG. The pilot research is 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.

Coping Power: Coping Power is a multicomponent child and parent preventive intervention directed at preadolescent children at high risk for aggressiveness and later drug 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. 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. Another 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 followup assessment.

Project Towards No Drug Abuse (Project TND): This intervention targets youth in alternative or traditional high schools to prevent their transition from drug use to drug abuse. It considers the developmental issues faced by older teens, particularly those at risk for drug abuse. The core of Project TND is 12 in-class sessions that provide motivation and cognitive misperception correction, social and self-control skills, along with decisionmaking materials that target both the use of cigarettes, alcohol, marijuana, and hard drugs as well as participation in violence-related behavior, such as carrying a weapon. The classroom program has been found effective at 1-year followup in three experimental field trials. Although promising classroom program effects have been obtained in previous trials, only main effects on hard drug use and cigarette smoking have been maintained past 1-year followup, but not a main effect for marijuana or alcohol use. A current study of Project TND is examining the role of brief telephone booster sessions to sustain and possibly enhance long-term outcomes. A recently completed randomized controlled trial on the dissemination and implementation of Project TND, in which traditional high schools were randomly assigned to one of three conditions (comprehensive implementation support for teachers, regular workshop training only, or standard care control) found that comprehensive training approaches may improve implementation fidelity, but improvements in fidelity may not result in strong program outcomes of Project TND. Results indicated that, relative to the controls, both intervention conditions produced effects on hypothesized program mediators—such as greater gains in program-related knowledge, greater reductions in substance use intentions (cigarette, marijuana, and hard drugs)—and more positive changes in drug-related beliefs. In addition, there were stronger effects on implementation fidelity in the comprehensive, relative than the regular, training condition. However, despite these effects, 7 of the 10 immediate student outcome measures showed no significant differences between conditions.

Adolescent Transitions Program (ATP): This school-based program 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, the Family Check-Up, offers family assessment and professional support to identify families at risk for problem behavior and substance use. The indicated level, the Parent Focus curriculum, provides direct professional support to parents to make the changes indicated by the Family Check-Up. Services may include behavioral family therapy, parenting groups, or case management services. Findings showed that the multilevel ATP model reduced substance use in high-risk students ages 11 to 14 (grades 6 to 9), with an average of 6 hours of contact time with their parents. Also, ATP reduced deviant peer involvement during middle school. Adolescents whose parents engaged in the Family Check-Up had less growth in alcohol, tobacco, and marijuana use and problem behavior from ages 11 through 17, along with decreased risk for substance use disorder diagnoses and arrests by age 18. A followup study is currently tracking student participants into young adulthood (ages 23 to 24).

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. A current study is testing the intervention with 11- to 13-year-old daughters and their mothers; it is being delivered primarily to minority families within housing authority centers in New York. GSI consists of 10 sessions targeting risk for substance use by improving girls' mother-daughter 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 improves mothers' family rituals, rules against substance use, child management, mother-daughter affective quality, and communication with their daughters. The study recruited mother-daughter pairs who were randomized to intervention or control conditions. 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.

Be Under Your Own Influence: This drug abuse prevention media campaign is targeted to entering middle or junior high school students. The campaign emphasizes positive affect by showing youth engaged in activities that promote the message of being under your own influence (e.g., fun activities, peer support situations) and promoting nonuse of drugs as both a normative behavior and an expression of autonomy. The prevention messages are presented in school and community contexts, and the community media campaign includes assessment of readiness, media training sessions, and media materials and tools. NIDA supported a randomized trial of the campaign in 16 schools. Four waves of followup data collected over 2 years showed that youth in intervention communities (n=4,216) had fewer users of marijuana, alcohol, and cigarettes at the final posttest. Growth trajectory results showed a significant effect for marijuana, a marginal effect for alcohol, and a nonsignificant effect for cigarettes. A currently funded randomized trial is extending the work to a new group of 24 communities. This trial will focus on the effectiveness and cost-effectiveness of the media campaign to determine the incremental contribution of the community-based media campaign, and to examine whether the school-based portion is sufficient to achieve significant reductions in substance initiation.

Media Detective: Media Detective is a media literacy education program for elementary schools to increase children's critical thinking skills about substance use media messages and reduce their intent to use tobacco and alcohol products. The program is a 10-lesson curriculum developed through NIDA's Small Business Innovation Research (SBIR) program. A short-term, randomized controlled trial was conducted to evaluate the effectiveness of Media Detective, through a comparison of outcomes among students (ages 7 to 13) in schools randomly assigned to receive the intervention and schools assigned to a wait-list control condition. A 2010 publication of findings from this trial revealed that students in the Media Detective group who reported using alcohol or tobacco in the past reported significantly less intention to use and more self-efficacy to refuse substances than students in the control condition who reported prior use of alcohol or tobacco. Also, boys in the Media Detective group reported significantly less interest in alcohol-branded merchandise than boys in the control group. This was an evaluation of the short-term effects (pretest/posttest) of a relatively brief intervention designed to improve students' media literacy related to alcohol and tobacco use. These early results suggest that the program is having both universal and targeted effects in terms of influencing school children's intentions to use substances.

Community-Level Studies

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

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 profiles of risk and protective factors. A panel of 4,407 5th graders were 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. Initial results from the longitudinal panel demonstrated that mean levels of risk exposure were significantly lower for youths in the CTC condition than youth in the control condition. Also, significantly fewer youths in the intervention condition than the control condition initiated delinquent behaviors by grade 7 (Hawkins et al., 2008). From grades 5 through 8, youths 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. In grade 8, the prevalence of alcohol and smokeless tobacco use in the last 30 days, binge drinking in the last 2 weeks, and delinquency behaviors in the past year were significantly lower for youths in CTC communities than for youths in control communities (Hawkins et al., 2009). At grade 10, the prevalence of current cigarette use and past-year delinquent and violent behavior were lower in the CTC than in control communities (Hawkins et al., in press). A 2010 publication 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 greater numbers of tested, effective prevention programs (Arthur et al., 2010). In addition, CTC communities had greater sustainability of tested and effective programs and delivered the programs to a greater number of children and parents than control communities (Fagan et al., 2011).

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 PROmoting School/Community-University Partnerships to Enhance Resilience (PROSPER) partnership model links land-grant university researchers, the cooperative extension system, the public school system, and community stakeholders. A randomized trial of PROSPER is being conducted in 28 school districts in rural and semiurban 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. In a 2007 publication, analyses 18 months after baseline revealed significant intervention effects compared with the control condition, 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. In a 2011 publication of 10th-grade findings, 4.5 years past baseline, youth in the PROSPER condition reported significantly lower lifetime/new-user rates of marijuana, cigarettes, inhalants, methamphetamine, ecstasy, alcohol use, and drunkenness compared with the control condition. In addition, among youths at higher risk for substance use at baseline, youths in the intervention condition showed significantly slower growth in substance use between 6th and 10th grades, relative to controls. The long-term effects of PROSPER along with the sustainability of the model by communities are currently being examined.

Adoption of Evidence-Based Interventions in Middle and High Schools: NIDA supported a survey of a nationally representative sample of school districts to examine the diffusion and adoption of efficacious and effective drug abuse prevention interventions. Surveys were given to middle schools in 1,721 school districts and to high schools in 1,392 school districts; results were compared with data collected from a similar survey conducted in 1999. Efficacious and effective drug abuse prevention interventions were determined based on registries of evidence-based interventions as well as publications considered acceptable to national programs that require use of evidence-based programs (e.g., Safe and Drug-Free Schools [SDFS]). Surveys completed by a prevention staff person in each district asked which drug use prevention curricula the schools used and which program they used most frequently if more than one was used. For middle schools, results showed that 42.6 percent used an evidence-based prevention intervention, an 8 percent increase from the 1999 estimate. The most-used programs, at 19 percent each, were LST and Project ALERT, yet only 8 percent of LST users and 9 percent of Project ALERT users reported using these programs the most. Of the districts using more than one program, only 23 percent reported use of an evidence-based prevention intervention the most. In high schools, 10.3 percent of districts reported administering one of six prevention programs listed by SAMHSA's NREPP or Blueprints for Violence Prevention, and, if more than one program was in use, only 5.7 percent reported using an evidence-based intervention the most (Ringwalt et al., 2008). Overall, only 56.5 percent of high school districts administered substance use prevention programs in at least one high school.

Building Infrastructure and Capacity to Support Sustained, Quality Implementation of Evidence-Based Interventions: In 2009, NIDA began supporting a large-scale infrastructure grant, through American Recovery and Reinvestment Act (ARRA) funding, to address the lack of well-integrated infrastructure across public education systems to support quality delivery of evidence-based interventions. The project is based on the PROSPER model—a partnership model for implementation of evidence-based prevention interventions targeting alcohol, tobacco, and drug use and abuse and related problems. Activities include in-depth capacity and resource assessments at State (Cooperative Extension Service; Departments of Education, Health, and Juvenile Justice) and community levels, and capacity building, including awareness building, organizational and leadership networking, resource generation, and introductory training on the PROSPER model. Another feature includes developing a Web-based process and outcome evaluation system. A goal of this grant is to develop research-based approaches to build the Nation's capacity to reduce youth substance use and create rapid advances in the prevention science field from research to practice.

Creating the Scientific Infrastructure for the Promise Neighborhood Initiative: In 2009, NIDA began supporting a large-scale infrastructure grant, through ARRA funding, focused on the implementation of comprehensive preventive interventions in the Nation's highest poverty

neighborhoods. This project coordinates with the Promise Neighborhood initiative that is being led by the U.S. Department of Education. The grant will create the Promise Neighborhood Consortium, which will develop an infrastructure through which the scientific community can assist America's high-poverty neighborhoods in translating existing knowledge into widespread improvements in well-being, including the prevention of substance abuse, antisocial behavior, risky sexual behavior, depression, and academic failure, and the promotion of diverse forms of pro-social behavior and academic achievement. The goals of the grant are to (1) establish the infrastructure for the Promise Neighborhood Consortium (PNC); (2) create a state-of-the-art Web site system to enable the research and neighborhood members of the Consortium to communicate and collaborate; (3) specify measures of neighborhood well-being and the risk and protective factors that influence multiple problems; (4) define a menu of evidence-based policies, programs, and practices for use across a neighborhood or community to reduce the prevalence of drug abuse and related social, emotional, behavioral, and health problems; and (5) create at least eight intervention research teams to design intervention research in high-poverty neighborhoods. The prevention plan will focus on the promotion of nurturing environments and emphasize impact on children, youth, and families.

***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.

***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 the family, school and community settings; and summaries of effective prevention programs.

National Drug Facts Week (NDFW): NIDA held its first NDFW from November 8 to November 14, 2010. NDFW was a health observance week for teens that aimed to provide accurate information about alcohol, tobacco, and drug use and abuse. Chat Day was held during this week. On Chat Day, NIDA scientific staff and colleagues from NIMH and NIAAA responded to e-mailed questions and concerns from students on substance use and mental health topics. In addition, a new NIDA publication was released for NDFW, titled *Drug Facts: Shatter the Myths*. This publication answers teens' most frequently asked questions about alcohol,

tobacco, and drug use. Information on the 2011 NDFW can be found at: http://drugfactsweek.drugabuse.gov/index.php. The NIDA Drug Facts Chat Day was held on November 1, 2011, during NDFW.

Monitoring the Future: MTF is an ongoing study of the behaviors, attitudes, and values 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, between 46,000 to 48,000 students have participated in the survey each year. Followup questionnaires are mailed to a subsample of each graduating class every 2 years until age 35 and then every 5 years thereafter.

Substance Abuse and Mental Health Services Administration/HHS

Activities Specific to Underage Drinking

Development of an Underage Drinking Prevention National Media Campaign: SAMHSA's Center for Substance Abuse Prevention (CSAP) is creating a new, research-based national media campaign that will motivate parents of children ages 9 to 15 to take action to prevent underage drinking. CSAP conducted a literature review, convened an expert panel, held stakeholder interviews, and conducted a series of focus groups with parents and interviews with children in the target age range. CSAP engaged five pilot sites across the United States to test campaign materials before the national launch of the campaign in fall 2012. Campaign messages will be developed for TV, radio, print, and social media.

Leadership To Keep Children Alcohol Free: Leadership To Keep Children Alcohol Free (Leadership) is a nationwide organization of current and former governors' spouses who focus on preventing alcohol use by youth ages 9 to 15 (also see entry under NIAAA). SAMHSA works with Leadership to link the agency's Substance Abuse Prevention and Treatment (SAPT) Block Grant prevention programs, other SAMHSA-supported programs such as Town Hall Meetings, and the Agency's public service announcements with Leadership's initiatives. In addition, SAMHSA supported Leadership in its efforts to disseminate the Surgeon General's *Call to Action*. Leadership is also represented on the expert panel advising the SAMHSA underage drinking prevention national media campaign.

Underage Drinking Prevention Education Initiative: This SAMHSA/CSAP effort provides resources, message development, and public education for preventing underage alcohol use among youths up to age 21. The initiative provides ongoing support for Too Smart To Start, Building Blocks for a Healthy Future, Town Hall Meetings, the State/Territory Video project (all detailed below), the ICCPUD Web portal (http://www.stopalcoholabuse.gov), and other national and community-based prevention initiatives conducted by SAMHSA and CSAP.

- *Too Smart To Start (TSTS):* TSTS is a national community education program targeting youth and teens as well as their parents, other caregivers, and educators. TSTS provides professionals, volunteers, and parents with tools and materials that help shape healthy behaviors and prevent alcohol use for a lifetime. TSTS includes an interactive Web site (http://www.toosmarttostart.samhsa.gov), technical assistance, and a community action kit. The program actively involves entire communities in sending clear, consistent messages about why children should reject underage drinking, and includes materials and strategies

that are flexible enough to be used in communities of all sizes. The redesign of the TSTS Web site was launched in September 2011.

- *Building Blocks for a Healthy Future:* Building Blocks is an early childhood substance abuse prevention program that educates parents and caregivers of children 3 to 6 years old about basic risk and protective factors, ways to reduce risk factors, skills to better nurture and protect their children, and ways to promote healthy lifestyles. Building Blocks helps parents and caregivers open lines of communication with young children and keep those lines open as they grow older. SAMHSA holds training workshops on the use of Building Blocks materials at semiannual meetings held by the National Head Start Association. In addition, there is a Building Blocks Web site (http://www.bblocks.samhsa.gov). Building Blocks collaborates with the National Head Start Association, the National Association for Elementary School Principals, the National League of Cities, and the American Medical Association Alliance to facilitate training and dissemination efforts for materials and products. During FY 2009, Building Blocks established a relationship with Military OneSource (http://MilitaryOneSource.com) and explored partnerships with regional Head Start programs and Federal agencies.
- *Town Hall Meetings (THMs):* As part of a national effort to prevent and reduce underage alcohol use, ICCPUD and SAMHSA supported national THMs in 2006, 2008, and 2010. A fourth round of THMs is under way for 2012. These meetings, which have been held in every State, the District of Columbia, and most of the Territories during each round, are an effective approach for raising public awareness of underage drinking as a public health problem and mobilizing communities to take preventive action. In 2010, community-based organizations held 2,021 events, an 11 percent increase over the number of events held in 2008. This increase follows a nearly 20 percent increase between 2006 and 2008 in the number of events held. Approximately half of the community-based organizations that hosted a 2010 event plan to conduct more THMs. Some States, such as Alaska and Iowa, consider THMs to be an essential part of their overall underage drinking prevention strategy. In FY 2009, two reports were released on the results of the meetings: *2008 Town Hall Meetings: Mobilizing Communities to Prevent and Reduce Underage Alcohol Use*, *an Evaluation Report*; and *2008 Profiles by State/Territory: Underage Drinking Prevention Town Hall Meetings*. A redesign of the TSTS Web site was launched in September 2011.
- *State/Territory Video Initiative:* 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 THMs and implementation of evidence-based approaches).

Following a positive response to videos developed in direct collaboration with and pilot-tested by four States (AR, LA, MS, and TX), SAMHSA expanded the video initiative to all States and Territories. Between 2006 and 2011, SAMHSA provided support for the development of 28 videos. Production is under way or completed for an additional eight videos in FY 2012. SAMHSA aims to produce videos for all 50 States, 8 Territories, and the District of Columbia

before 2014. Completed videos can be viewed on the SAMHSA YouTube page at http://www.youtube.com/user/SAMHSA#g/c/6F25AC126268A2B3. This initiative incorporates continuous evaluation of both the process and the outcomes of the videos. A full report is expected in 2014.

- *Regional Meetings with States/Territories/Tribes/Communities:* SAMHSA conducted a series of five HHS regional meetings during summer 2011 with the goals of producing (1) a summary of regional underage drinking prevention efforts and (2) recommendations for inclusion in a National Underage Drinking Prevention Strategy. SAMHSA held these meetings with State prevention stakeholders recommended by National Prevention Network representatives and the National Association of State Alcohol and Drug Abuse Directors. In addition, SAMHSA is soliciting input from key national groups, including those targeted to youth and at the college level such as Students Against Destructive Decisions, the National 4H Alcohol Prevention Council, and the Network Addressing Collegiate Alcohol and Other Drug Issues. SAMHSA will present a summary report of its findings on successful prevention efforts, barriers to implementing strategic plans, policy concerns, and recommendations to its Federal ICCPUD partners, which are working collaboratively on developing a unified national strategy.

Strategic Prevention Framework State Incentive Grant (SPF SIG) Program: SPF SIG is one of CSAP's infrastructure grant programs. SPF SIGs provide funding for up to 5 years to States, Territories, and Tribes that wish to implement the SPF to prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; reduce problems related to substance abuse in communities; and build prevention capacity and infrastructure at the State/Tribal/Territory and community levels.

The SPF itself is a five-step planning process that uses a public health approach to guide State/Tribal and community prevention activities. SPF SIGs require grantees to assess their prevention needs based on epidemiological data; build their prevention capacity; develop a strategic plan; implement effective evidence-based community prevention programs, policies, and practices; and evaluate outcomes.

Each SPF SIG is guided by a Governor or Tribal Advisory Committee that includes State/Tribe/Territory, community, and private-sector representation. Grantees are required to develop epidemiological workgroups at the State/Tribal/Territory level to identify State-level priority substance abuse problems. Grantees must then allocate a minimum of 85 percent of the total grant award directly to communities to address those problems.

CSAP has awarded SPF SIGs to 49 States, the District of Columbia, 8 U.S. Territories, and 19 Tribes. Cohort I grants were awarded in FY 2004; Cohort II in FY 2005; Cohort III in FY 2006; Cohort IV in FY 2009; and Cohort V in FY 2010. 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 2010, 64 of the 78 grantees funded in Cohorts I through V had approved SPF SIG plans and had disseminated funds to communities to address identified priority substance abuse problems. By the end of FY 2009, more than 70 percent of SPF SIG States had reduced past-30-day underage drinking. In 2004, 33 percent of SPF SIG States

reported improvement in perceived risk of alcohol use among youth ages 12 to 20. By 2008, that number had increased to more than 59 percent. Additionally, 48 percent of communities targeting underage binge drinking showed improvement and 62 percent of communities targeting underage 30-day use also showed improvement. An interim report on State and community outcomes data was published in September 2011.

Treatment of Adolescent Alcohol Abuse and Alcoholism/Replication of Effective Alcohol Treatment Interventions for Youth: The Assertive Adolescent and Family Treatment Program, which builds on effective interventions for youths with alcohol or other drug problems, is a program of SAMHSA's Center for Substance Abuse Treatment (CSAT). Participating sites receive funds to provide training and certification on using the Adolescent Community Reinforcement Approach and Assertive Continuing Care, both of which are proven youth interventions. This program increases the availability and effectiveness of treatment for youths with alcohol and drug problems and targets youths ages 12 to 20.

Young Adults in the Workplace (YIW) Service to Science Cooperative Agreement and the YIW Cross-Site Evaluation Contract: This cooperative agreement and contract was a major effort to reduce substance abuse in workplace settings young adults ages 16 to 25 (including underage drinkers). The initiative sought to establish workplace-based programs to successfully prevent use and abuse of alcohol and illicit substances by young adult employees; study how best to address the needs of young adults and change programs in the NREPP to meet these needs; and support successful programs in gaining NREPP status. Approaches combined health and wellness, brief screening and intervention, and drug-free workplace policies and practices. Successful interventions included team building and awareness, peer-to-peer support, and life skills training. Major outcomes of the cross-site analysis included: (1) intervention group respondents significantly reduced the number of drinks they consumed per drinking day at 12 months as compared to the control group; and (2) moderator analysis detected statistically significant differences in key outcomes by gender and age groups. Among the implementation lessons learned, it was observed that there is an unmet need for work–life balance; managers and young adult workers need to be engaged together in the process of tailoring interventions; ongoing feedback is critical to the success of programs; there is a high level of social connectedness and peer influence among younger workers; and there is a young-adult emphasis on the relevance of and engagement in social networking, prevention messaging, and methods. While the program itself ended in 2010, cross-site evaluation was completed in September 2011.

Sober Truth on Preventing Underage Drinking (STOP) 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 evidence-based practices 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 Strategic Prevention Framework (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 Government Performance and Results Act (GPRA) measures: age of onset, frequency of use (past 30 days), perception of risk or harm, and perception of parental disapproval across at least three grades from grades 6 through 12.

SAMHSA's CSAP currently funds 99 community coalitions in 34 States across the United States. CSAP awarded 77 STOP grants in Cohort I (which extends from FY 2008 to FY 2012) and 22 grants in Cohort II (which extends from FY 2009 to FY 2013).

Activities Related to Underage Drinking

Substance Abuse Prevention and Treatment (SAPT) Block Grant: The SAPT Block Grant is a major funding source for substance abuse prevention and treatment in the United States. States can and do use it to prevent and treat alcohol use disorders among adolescents. The SAPT Block Grant contains a primary substance abuse prevention setaside that reserves a minimum of 20 percent of each State's Block Grant allocation for primary prevention activities. Although most primary prevention programs supported by these funds address substance abuse in general, many have an impact on underage drinking. The Block Grant application encourages States to report voluntarily on underage drinking strategies, such as implementation of public education and/or media campaigns; environmental strategies that focus on social marketing; laws against alcohol consumption on college campuses; policies or enforcement of laws that reduce access to alcohol by those under age 21, including event restrictions, product price increases, and penalties for sales to the underage population; data for estimated age of drinking onset; and statutes restricting alcohol promotion to underage audiences.

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.

Targeted Capacity Expansion (TCE) Program: TCE in the Center for Substance Abuse Treatment addresses emerging substance abuse trends and the disparity between demand for and availability of appropriate treatment in some areas. The program supports rapid, strategic responses to unmet demand for alcohol and drug treatment services in communities with serious, emerging substance abuse problems and in communities with innovative solutions to these unmet needs. Adolescents are one of the target populations served by TCE grants.

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 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.sbirt.samhsa.gov.

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/or 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. 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 26: Substance Abuse Among Older Adults*; *TIP 31: Screening and Assessing Adolescents for Substance Use Disorders*; *TIP 32: Treatment of Adolescents with Substance Use Disorders*; and *TIP 34: Brief Interventions and Brief Therapies for Substance Abuse*.

Fetal Alcohol Spectrum Disorders: The FASD Center for Excellence, SAMHSA's largest alcohol prevention initiative, addresses innovative techniques and effective strategies for preventing alcohol use among women of childbearing age and providing assistance to persons and families affected by FASD. Communities, States, and juvenile justice systems 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 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 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 Center Web site, http://www.fasdcenter.samhsa.gov, reported a total of 138,141 visitors as of FY 2009. SAMHSA is a member of the Interagency Coordinating Committee on FASDs.

Access to Recovery (ATR): SAMHSA/CSAT ATR grants allow State and Tribal organizations the flexibility of designing and implementing a voucher program that meets the treatment and recovery support needs of consumers in their community. In doing so, ATR provides consumers 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 increases substance abuse treatment capacity. Grantees are encouraged to support any mix of traditional clinical treatment and recovery support services that is expected to yield successful outcomes for the most people at the lowest possible cost. 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. More information on ATR, including related publications, can be accessed at http://www.atr.samhsa.gov.

Native American Center for Excellence (NACE): NACE is a national training and technical assistance resource center for up-to-date information on Native American substance abuse prevention programs, practices, and policies, including those pertaining to underage drinking. NACE provides resources for schools, youth development programs, Tribal prevention agencies, and grassroots organizations to help build capacity for effective and culturally appropriate prevention efforts for youth. The NACE Youth Expert Panel members guide NACE on how best to develop, plan, communicate, and disseminate information to youth on substance abuse prevention and related issues.

Drug and Alcohol Services Information System (DASIS): DASIS, conducted by SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ), is the primary source of national data on substance abuse treatment services. Although not specific to youth, DASIS offers information on treatment facilities with special programs for adolescents as well as demographic and substance abuse characteristics of adolescent treatment admissions. It has three 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 (N-SSATS)* is an annual survey of all substance abuse treatment facilities in the I-BHS. It collects data on location, characteristics, services offered, and utilization, and is used to update the National Directory of Drug and Alcohol Abuse Treatment Programs and the online Substance Abuse Treatment Facility Locator.
- *National Mental Health Services Survey (N-MHSS)* is an annual survey of all mental health treatment facilities in the I-BHS. It collects data on location, characteristics, services offered, and utilization and is used to update the Mental Health Treatment Facility Locator.
- *Treatment Episode Data Set (TEDS)* 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.

National Survey on Drug Use and Health (NSDUH): Also conducted by SAMHSA, this survey (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 (age 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.

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/or 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 Web site 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/or implementing an intervention. 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 substance abuse prevention training and technical assistance center dedicated to building the Nation's behavioral health system and preparing its workforce to prevent substance abuse and promote behavioral health. Specifically, the CAPT provides services that are designed to help SAMHSA-funded grantees, including States, Tribes, and Jurisdictions, use data to plan, implement, and evaluate evidence-based interventions to address underage drinking and other behavioral health-related problems. Examples of training and technical assistance include webinars on social host ordinances and social host liability, workshops on selecting and implementing environmental strategies in specific settings, and trainings on reducing community alcohol problems associated with retail alcohol availability. In addition, CAPT provides training and technical assistance to strengthen the evaluation capacity of innovative programs participating in SAMHSA's Service to Science Initiative. CAPT has also provided these services to local education agencies receiving grants from the ED's Grants to Reduce Alcohol Abuse (GRAA) program to develop and implement innovative, effective alcohol abuse prevention programs for secondary school students.

Service to Science Initiative: Administered through CAPT (see previous paragraph), CSAP funds evaluation technical assistance to support its Service to Science initiative, the goals of which are to increase the pool of evidence-based and culturally diverse and appropriate interventions available for addressing community problems and to enhance the capacity of community-based and local programs for strategically planning and evaluating prevention interventions. These modest capacity-enhancement subcontracts assist locally developed

innovative programs that demonstrate readiness and show promise for achieving recognition through Federal Registries, peer-reviewed journals, exemplary awards, or other forms of recognition. Since 2008, Service to Science has extended its outreach activities to promote participation by programs developed or implemented by people from the Pacific Jurisdictions (e.g., Guam and Palau), as well as American Indians and Alaska Natives.

Through this initiative, CSAP has directed fixed-price minisubcontracts to a small number of selected programs for enhancing capacity through rigorous evaluation design, implementation and outcomes measurement, and data collection and analysis. To date, the Service to Science initiative has served approximately 450 programs. During FY2010 and FY2011, Service to Science served 113 programs and awarded 24 minisubcontracts to build evaluation capacity. Of the 24 programs funded to strengthen evaluation, 14 address youth alcohol prevention and 3 address youth alcohol prevention exclusively.

Office of the Surgeon General/HHS

Activities Specific to Underage Drinking

***Call to Action*:** In March 2007, OSG released the *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking*. Later, OSG released *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking—What it Means to You* guides for family, community, and educators, which summarize the major findings of the *Call to Action* and list action steps for the audiences targeted by the individual guides.

Dissemination of the *Call to Action* and the Guides: OSG, SAMHSA, NIAAA, and other ICCPUD agencies have collaborated to disseminate and promote the *Call to Action* and the Guides using a variety of means. Regional Health Administrators, ICCPUD, Leadership To Keep Children Alcohol Free, and various HHS agencies conducted a coordinated media release for the Guides. ICCPUD members have also promoted the *Call to Action* with their counterparts in the States. The resulting press brought attention to the *Call to Action* and to the national health problem of underage drinking. Many States have been promoting the *Call to Action*, which is available at http://www.surgeongeneral.gov and http://www.stopalcoholabuse.gov.

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.

Office of Juvenile Justice and Delinquency Prevention

Activities Specific to Underage Drinking

EUDL: The EUDL program provides national leadership in ensuring that States, Territories, and communities have the information, training, and resources they need to enforce underage drinking laws. Through EUDL, OJJDP supports block and discretionary grants, evaluation and training, and technical assistance to support and enhance enforcement efforts to prohibit the sale of alcoholic beverages to minors and the purchase and consumption of alcoholic beverages by minors. A governor-designated agency and agency coordinator in each State and the District of Columbia implement the EUDL initiative. Agency contacts are listed on the Underage Drinking Enforcement Training Center (UDETC) Web site (http://www.udetc.org). State agencies that implement OJJDP-supported EUDL programs include justice agencies, highway safety offices, health and human services agencies, and offices of the Governor.

As part of EUDL, OJJDP has developed task forces of State and local law enforcement and prosecutorial agencies, encouraged innovative programming, and conducted public advertising programs that inform alcohol retailers about underage drinking and its consequences. The EUDL program encourages partnerships between law enforcement and underage drinking prevention advocates. EUDL requires that all discretionary programs include multidisciplinary coalitions that use an environmental, enforcement-oriented local approach. EUDL grantees routinely partner with a number of other private and public organizations. For example, 49 States work closely with State/Territory alcohol beverage control agencies or other State/Territory-level enforcement agencies that specialize in alcohol enforcement; 28 States have incorporated college communities into EUDL funding priorities; 37 States/Territories engage members of Leadership To Keep Children Alcohol Free in their State EUDL programs; and 11 States have linked with U.S. military bases to address underage and hazardous drinking behavior by troops.

Standard local EUDL discretionary programming can also include the development and use of youth leadership to plan and implement community programs. Designated youths assist law enforcement with compliance checks, use the media to promote underage drinking prevention, hold alcohol-free events, and participate in training to learn about underage drinking issues.

A major component of the EUDL program is the training and technical assistance provided to adults and youths by the UDETC, which identifies science-based strategies, publishes supporting documents, delivers training, and provides technical assistance to support the enforcement of underage drinking laws.

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.

- *Strategies for Reducing Third-Party Transactions of Alcohol to Underage Youth* dissuades adults from providing alcohol to underage persons. 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.

UDETC also publishes the following documents about the costs of underage alcohol use and effective policies and procedures for reducing underage alcohol use:

- *Strategies to Reduce Underage Alcohol Use: Typology and Brief Overview* is available in both English and Spanish; it summarizes common strategies to reduce underage drinking and their effectiveness based on research and evaluation.
- *Cost sheets* for each of the 50 States highlight the costs incurred to each of the 50 States and the District of Columbia. Using the most current data available, these sheets give State-specific costs for a host of serious problems, including alcohol poisoning and treatment for alcohol abuse and dependence.

UDETC maintains a small library of radio and TV public service announcements (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 State coordinators and others seeking guidance or assistance with their own PSAs. UDETC instructs recipients to contact the producer of a PSA if they would like to use or edit it.

Also through UDETC, OJJDP conducts an annual National Leadership Conference that provides training opportunities and promotes cooperation, coordination, and collaboration among such partners as highway safety offices, health agencies, justice agencies, law enforcement, schools, youth advocacy groups, healthcare professionals, and alcohol prevention service providers. In August 2010, more than 1,700 partners attended the conference. Monthly Web-enhanced audio conferences tackle a wide range of underage drinking issues and science-based approaches that address such issues. In December 2010, UDETC began offering distance-learning opportunities featuring Internet-based courses that present best practices and strategies for enforcement of underage drinking laws. UDETC also began a weekly Internet radio program titled "A National Conversation on Protecting Our Youth—Enforcing Underage Drinking Laws."

NIAAA Studies, Through the Prevention Research Center, of EUDL Discretionary Programming in Rural Sites: In FYs 2004 and 2005, the EUDL discretionary program partnered with NIAAA to address underage drinking in rural communities. In 2009, OJJDP-supported program activity had been completed in all seven of the States attempting to conduct best and most promising EUDL activities in up to five rural sites in their jurisdiction. Currently, NIAAA is funding and managing site evaluation by the Prevention Research Center. The effort established community coalitions to reduce/prevent underage drinking in rural areas.

OJJDP EUDL Partnership With the U.S. Air Force (USAF) and NIAAA: In 2006, OJJDP issued a solicitation for the EUDL Discretionary Program that sought to reduce the availability of alcoholic beverages to—and the consumption of alcoholic beverages by—persons serving in the USAF who are under age 21. The specific goals of the program are to reduce the number of first-time alcohol-related incidents, incidence of unintentional injuries related to alcohol consumption,

and number of alcohol-related traffic injuries or fatalities among underage USAF personnel. OJJDP has awarded grants to four States that have identified AFBs to participate and form coalitions with adjacent communities. The participating AFBs are Davis-Monthan and Luke (AZ), Beale (CA), Hickam (HI), and Malmstrom (MT). NIAAA will provide evaluation support for the project through a 48-month contract that includes evaluation of all activities developed at each AFB/community site.

In FY 2009, OJJDP issued another solicitation, "OJJDP FY 09 Enforcing the Underage Drinking Laws Discretionary Program: Initiative to Reduce Underage Drinking." The purpose of this discretionary EUDL work was to build on the EUDL/USAF partnerships by providing grant funding to two additional States (Missouri and Wyoming). The decision was made to expand the EUDL/USAF program when preliminary evaluation findings suggested the program produced positive outcomes worth replicating. Programs are being implemented, in concert with adjacent communities, on Whiteman AFB in Missouri and F.E. Warren AFB in Wyoming. The expanded OJJDP-supported evaluation includes these States and bases.

NIAAA Studies, Through ICF International, of EUDL Discretionary Programming in Selected Communities and AFBs: As mentioned above, in FY 2006, the EUDL discretionary program partnered with NIAAA to address underage drinking among underage USAF personnel. OJJDP-supported program activity, in partnership with USAF, is being implemented in select communities and five AFBs in four States. NIAAA is funding and managing ICF International's evaluation of the EUDL/USAF partnerships and their design and implementation of a set of interventions to reduce underage drinking among airmen at grantee sites. In FY 2009, the evaluation was expanded to two added AFBs in two new States. OJJDP is funding and managing ICF International's evaluation of these sites as well.

OJJDP FY 2008 EUDL Discretionary Program To Address Underage Drinking on College/University Campuses: In FY 2008, OJJDP focused its EUDL discretionary funding on addressing underage drinking by university/college students. The program is being implemented in Illinois, Nevada, and South Carolina. Participating college/university sites are Eastern Illinois University; University of Nevada; and in South Carolina, Furman University, University of South Carolina, Clemson University, and College of Charleston. This effort is committed to establishing university- and college-based programs in partnership with adjacent communities to implement research-based and promising practices that will reduce underage drinking among university/college students younger than 21, with a special emphasis on environmental strategies. Six core areas of implementation revolve around these best and most promising practices: develop and strengthen coalitions that include campus and community leaders, enhance policies and procedures related to underage drinking, conduct compliance checks on and off college campuses, conduct DWI enforcement operations focused on underage persons, conduct enforcement operations aimed at reducing social availability of alcohol to underage youth, and implement other environmental strategies for reducing underage alcohol consumption.

OJJDP FY 2010 EUDL Assessment, Strategic Planning, and Implementation Initiative: In FY 2010, OJJDP focused its EUDL discretionary funding on reducing the availability of alcoholic beverages to and the consumption of alcoholic beverages by persons younger than 21 through assessment, strategic planning, and program implementation. Selected States and communities are conducting 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 remainder of the grant period. The unique feature of the FY 2010 discretionary program is the independent assessment process, which culminates in a report to the State that provides recommended action steps for reducing underage access to and consumption of alcohol. The program is being implemented in Maine, Nevada, and Washington.

Activities Related to Underage Drinking

None

Office of National Drug Control Policy

Activities Specific to Underage Drinking

None

Activities Related to Underage Drinking

The National Youth Anti-Drug Media Campaign: This campaign addresses underage drinking in the context of teen drug use. The widely recognized teen brand, Above the Influence (ATI), challenges teens to ascribe to the philosophy that "anything that makes me less than me is not for me, especially drugs and alcohol." The ATI campaign was redesigned in 2010 to broaden its focus to those substances most abused by teens, including alcohol and marijuana. Campaign messaging reflected this focus by depicting the pressures of drinking and taking drugs, as well as the benefits of remaining "above the influence." The campaign has placed increased emphasis on social media through its ATI Facebook page, which has nearly 600,000 fans (as of January 2012). Teens on the page are often engaged in discussion about risks related to alcohol and partying. The Campaign's youth Web site, http://www.abovetheinfluence.com, includes detailed information on these risks. The campaign's adult influencer Web site, http://www.theantidrug.com, includes information on underage drinking information and links to the NIAAA site. Furthermore, since 2010, the campaign has increased support for local community organizations by providing specialized ATI tools and resources (e.g., the Above the Influence Activity Toolkit) to allow teens to participate in the ATI brand and thus help keep teens alcohol and drug-free. For more information, see http://www.abovetheinfluence.com, http://www.theantidrug.com, and http://www.facebook.com/abovetheinfluence.

Drug-Free Communities (DFC) Grant Program: Originally funded by Congress in 1997 with the understanding that local problems need local solutions, the DFC program has supported more than 1,750 drug-free community-based coalitions across the United States. As a cornerstone of ONDCP's National Drug Control Strategy, DFC provides funding for communities to identify and respond to local youth substance use problems. Through the DFC program, ONDCP, along with its Federal partners, has built a national network of community coalitions that are working to strengthen communities and reduce youth alcohol, tobacco, and drug use. This ONDCP program is administered in partnership with SAMHSA and requires the use of environmental prevention strategies proven effective in addressing youth substance use. Grantees consistently report that alcohol is the most significant youth substance abuse problem in their communities,

with 92 percent rating it as the drug of greatest concern for middle school youth, and 95 percent for high school youth. For further information on DFC, visit http://www.ondcp.gov/dfc.

Demand Reduction Interagency Working Group (IWG): In April 2009, ONDCP reinstituted the IWG, which consists of 35 Federal agencies whose missions involve some connection to substance abuse. Agency leaders identified six major cross-cutting issues: (1) prevention and education, (2) emerging threats, (3) healthcare delivery, (4) justice systems, (5) military, veterans, and families, and (6) performance accountability and effectiveness. These committees have helped shape the 2010, 2011, and 2012 National Drug Control Strategies. Underage alcohol use is an issue receiving great attention in several of these IWG committees. For example, an ad hoc interagency subcommittee of the Prevention and Education IWG convened in 2011 to develop an online drug prevention resource highlighting federally funded prevention strategies, programs, tools, and resources useful to law enforcement professionals in their efforts to support, initiate, facilitate, and lead community-based substance abuse prevention efforts, including underage drinking. Also in 2011, an IWG on College and University Drinking and Substance Use was established to prevent, address, and manage drinking and substance use on college and university campuses.

National Highway Traffic Safety Administration

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 make it unlawful for a person under age 21 to drive with any detectable amount of alcohol in their system. Minimum drinking age laws make it unlawful for a person under age 21 to purchase or publicly 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.

Youth Traffic Safety Media Campaign Development: NHTSA has initiated a three-prong strategy to address youth traffic safety concerns. This strategy is the basis of a developing national media campaign with an overarching focus primarily on adults/parents of youth, which incorporates all three NHTSA youth traffic safety priority areas: teen belt use, graduated driver licensing (GDL), and youth access to alcohol. To emphasize this, NHTSA has created the Teen Driver and Teens & Parents Web pages to highlight the importance of parents talking to their teens (http://www.nhtsa.gov/Teen-Drivers). The Traffic Safety Marketing Web site provides template materials, such as talking points, earned media tools, collateral materials, and other marketing materials designed to help maximize local outreach efforts to various key audiences (http://www.trafficsafetymarketing.gov). The program strategy that supports the media includes:

- Reducing youth access to alcohol through high-visibility enforcement of underage purchase, possession, and provision laws to create a significant deterrent for violation of youth access laws, reduce underage drinking, and decrease alcohol-related crashes. Parental responsibility is key to educating and protecting teens, so a key program component reminds parents to obey the law and help keep their teens safe.

- Increasing safety belt use among teens through primary seat belt laws, high-visibility enforcement of seat belt laws, and education to complement the laws and enforcement.

- Enforcing GDL laws, including enacting three-stage GDL legislation, high-visibility enforcement of GDL laws, and increased parental responsibility for monitoring compliance. This effort targets youth ages 15 to 18, parents, and other adults.

High-Visibility Enforcement of Underage Drinking Laws/Youth Access to Alcohol and Social Marketing Campaign to Parents: High-visibility enforcement of traffic laws has been proven effective in reducing impaired driving, increasing seat belt use, and otherwise improving traffic safety. NHTSA is conducting a demonstration project to apply this principle to reduce underage access to alcohol and underage drinking and driving in four locations. This project will demonstrate, in particular, the use of high-visibility enforcement—coupled with communication strategies that publicize the enforcement—and source investigations, which seek to identify the persons from whom the underage drinkers obtained alcoholic beverages and hold those persons accountable. Enforcement strategies are expected to include traffic enforcement, party patrols, compliance checks, and source investigations. Communications strategies are expected to include paid, earned, and social media. Strategies vary depending on the characteristics of participating communities. This effort is building on a previous effort conducted in Chapel Hill, NC, and Omaha, NE.

SMASHED: Toxic Tales of Teens and Alcohol: NHTSA, SAMHSA, and ED/OSHS collaborated with Recording Artists, Actors and Athletes Against Drunk Driving (RADD) and their partner, HBO Family, to develop and disseminate *SMASHED*, an educational package including a documentary on underage drinking and alcohol-related driving, to thousands of schools and communities across the country. HBO licensed RADD and Federal partners to use *SMASHED*. In Phase II, NHTSA is funding an independent evaluator to determine how tools like *SMASHED* can be used most effectively to stimulate community action and promote or initiate evidence-based programs and practices to address issues like underage drinking. Targets for this effort are youths, their families, and community/school leaders.

Project YOUTH-Turn: Under a cooperative agreement with NHTSA, the National Organizations for Youth Safety (NOYS) has developed the first component of an online program, "Project YOUTH-Turn," which enhances protective factors that help change attitudes toward underage drinking and driving. NOYS also trains national youth leaders to teach their peers strategies for preventing underage drinking and driving. They also offer leadership materials on their Web site http://www.novs.org. Current funding supports the marketing of the tools on this Web site to youth organizations. This effort targets youths ages 8 to 24.

Alcohol Prevention Guidebook for Colleges and Universities: NHTSA and ED's Office of Safe and Drug-Free Schools, through its Higher Education Center for Alcohol and Other Drug Prevention, released an Alcohol Prevention Handbook for Colleges and Universities: *Safe Lanes on Campus: A Guide for Preventing Impaired Driving and Underage Drinking*. Grounded in research literature, the 60-page guidebook describes strategies for combating underage drinking and impaired driving. This effort targets college-age youth.

Activities Related to Underage Drinking

State Highway Safety Funding: NHTSA provides Federal funding to States and local communities through State Highway Safety Offices. Funds may be used for activities related to underage drinking and driving under the following programs: 402 (State and community programs); 410 (impaired driving incentive grants); 154 (open container transfers); 157 (occupant protection incentive grants); and 164 (repeat offender transfer).

Under YOUR Influence: NHTSA has worked with NOYS to create a new Web site (http://www.underYOURinfluence.org) focused on helping parents teach their teens how to drive safely. The site helps parents set house rules so that teens learn to "Drive by the Rules, Keep the Privilege," a messaging campaign created by NHTSA that includes a PSA and posters empowering parents in their role as the primary educators of their teens. The Web site includes a youth/community toolkit; a message board; links to Internet resources for parents; talking tips for parents; information about State laws regarding underage drinking, seat belt use and GDL; creative ideas for talking to teens about the importance of safe driving; and more. Parents can subscribe to an online monthly newsletter covering the three NHTSA priority youth traffic safety issues of underage drinking, teen belt use, and GDL.

National Roadside Survey of Impaired Driving: In 2007, NHTSA's Office of Behavioral Safety Research conducted this survey, which produced groundbreaking research data on the incidence of alcohol- and drug-positive drivers on weekend nights (including much-needed data on over-the-counter, prescription, and illegal drug use). Previous roadside surveys, which were conducted in 1973, 1986, and 1996, and obtained blood alcohol concentrations, provide an opportunity for comparison over four decades. This study also obtained oral fluid and blood samples from many drivers to determine incidence of drug use by drivers on the road. The survey was conducted at 60 sites across the country, and involved approximately 7,500 drivers. The next *National Roadside Survey of Impaired Driving* will be conducted in 2013.

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

ICCPUD Agency	Underage Drinking Amount			
	FY 2008 Actual	FY 2009 Actual	FY 2010 Actual	FY 2011 Actual
Department of Education	$38,580,371	$42,519,506	$40,621,000	$8,788,000[20]
National Institute on Alcohol Abuse and Alcoholism	$50,376,890	$46,418,745[21] $6,671,773[22]	$56,000,000[23] $2,000,000[24]	$57,000,000[25]
Substance Abuse and Mental Health Services Administration[26]	$47,387,000	$51,858,000	$52,767,390	$52,844,461[27]
Office of Juvenile Justice and Delinquency Prevention	$23,552,049	$24,809,483	$25,000,000	$20,708,500[28]
National Highway Traffic Safety Administration	$950,000	$900,000	$625,000	$600,000
TOTAL	$160,846,310	$173,177,507	$177,013,390	$139,940,961

[20] ED's Office of Safe and Drug Free Schools received significant reductions in appropriations in FY 2011, and this figure represents continuation costs ($6,907,000) for the Grants to Reduce Alcohol Abuse (GRAA) program, which was no longer funded in FY 2012. ED also provided support ($1,874,450) for the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, which focuses in part on underage drinking on college campuses. Not included, as in prior years, are estimates of Safe Schools/Healthy Students grant program that focuses only in part on alcohol abuse prevention.
[21] NIAAA FY 2009 non-ARRA funded expenditures
[22] NIAAA FY 2009 ARRA funded expenditures
[23] NIAAA FY 2010 estimated non-ARRA funding
[24] NIAAA FY 2010 estimated ARRA funding
[25] NIAAA FY 2011 figure represents preliminary actual FY 2011 levels
[26] FY 2008-2011 figures include SPF SIG, UAD, Adult Media Campaign, STOP Act grants, and ICCPUD. FY 2009 figure also includes Leadership for UAD.
[27] SAMHSA FY 2011 figure represents actual funding levels
[28] OJJDP's Enforcing the Underage Drinking Laws (EUDL) program received significant budget cuts in FY 2012. Support for EUDL programming was $25,000,000 annually from FY 1998 until FY 2011, when there was a reduction. In 2012 there was a reduction to $5 million, which resulted in the elimination of the EUDL block grant program for all States and Territories.