

CHAPTER 4
Report on State Programs
and Policies Addressing
Underage Drinking

CHAPTER 4.1
Introduction

Introduction

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

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

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

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

3. Information on 23 underage drinking prevention policies focused on reducing youth access to alcohol and youth involvement in drinking and driving. Consistent with the STOP Act requirement to report on "evidence-based best practices to prevent and reduce underage drinking and provide treatment services to those youth who need them," most policies have been identified as best practices by a variety of relevant Federal Agencies (see below).
4. Data from a survey addressing underage-drinking-enforcement programs; programs targeted to youth, parents, and caregivers; collaborations, planning, and reports; and State expenditures on the prevention of underage drinking.

Underage Drinking Prevention Policies

This section presents summaries of the 23 policies that describe each policy's key components, the status of the policy across States, and trends over time. Summaries are followed by a State-by-State analysis of each policy. The policy variables for each State are linked electronically to both the relevant policy summaries and the variables definitions.

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

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

Laws Addressing Minors in Possession of Alcohol

- Underage possession

- Underage consumption
- Internal possession by minors
- Underage purchase and attempted purchase
- False identification

Laws Targeting Underage Drinking and Driving

- Youth blood alcohol concentration limits
- Loss of driving privileges for alcohol violations by minors
- Graduated driver’s licenses

Laws Targeting Alcohol Suppliers

- Furnishing of alcohol to minors
- Compliance-check protocols
- Commercial furnishing penalty protocols
- Responsible beverage service
- Minimum ages for on-premises servers and bartenders
- Minimum ages for off-premises sellers
- Dram shop liability
- Social host liability
- Hosting underage drinking parties
- Direct sales/shipments
- Keg registration
- Home delivery

Laws Affecting Alcohol Pricing

- Alcohol taxes
- Drink specials
- Wholesaler pricing

State Survey

This section provides both the complete responses of the States to the Survey (included in the State-by-State analysis described above), and a Cross-State Report. The Cross-State Report summarizes the findings across States, and presents data on variables amenable to quantitative analysis.

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

5. Enforcement programs
6. Programs targeted to youth, parents, and caregivers
7. Collaborations, planning, and reports
8. State expenditures on prevention of underage drinking

Best Practices

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

- *Guide to Community Preventive Services. Preventing excessive alcohol consumption.* www.thecommunityguide.org/alcohol/index.html. Community Preventive Services Task Force (Last updated: 05/16/2011);
- The Surgeon General (*The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking*, 2007);
- Institute of Medicine (IOM) (*Reducing Underage Drinking: A Collective Responsibility*, 2004)
- National Institute on Alcohol Abuse and Alcoholism (*A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, 2002).

Exhibit 4.1 lists the 23 policies analyzed in Chapter 4. In the columns is information from the four Federal sources. An X indicates that a given policy is endorsed as a best practice.

Exhibit 4.1: Underage Drinking Prevention Policies – Best Practices

Underage Drinking Prevention Policies	Recommended by the Community Preventive Services Task Force	Addressed in the Surgeon General's Call to Action	IOM Report, Reducing Underage Drinking: A Collective Responsibility	A Call to Action: Changing the Culture of Drinking at U.S. Colleges (NIAAA)
Policies Included in Original STOP Act Legislation or Added in 2009-2010 Appropriations				
Purchase or attempt to purchase alcohol by minor		x	x	
Consumption by minor		x	x	
Possession by minor		x	x	
False identification/ Incentives for retailers to use ID scanners or other technology		x	x	
Penalty guidelines for violations of furnishing laws by retailers				x
Furnishing or sale to a minor		x	x	
Hosting underage drinking parties		x	x	
Dram-shop liability	x		x	
Social-host liability			x	
Compliance checks	x	x	x	
Mandatory-voluntary server-seller training (Responsible Beverage Service programs)		x	x	x
Direct sales (Internet/mail order)				
Home delivery			x	
Graduated drivers' licenses		x	x	x
Increasing alcohol tax rates	x		x	x
Restrictions on drink specials		x	x	x
Wholesaler pricing provisions				

Underage Drinking Prevention Policies	Recommended by the Community Preventive Services Task Force	Addressed in the Surgeon General's Call to Action	IOM Report, Reducing Underage Drinking: A Collective Responsibility	A Call to Action: Changing the Culture of Drinking at U.S. Colleges (NIAAA)
Policies Added at the Request of SAMHSA				
Keg registration		x	x	
Minimum age for on-sale server				
Minimum age for off-sale server				
Internal possession				
Youth BAC limits (“Zero Tolerance Law”)		x	x	x
Loss of Privileges for Alcohol Violations by Minors (Use/Lose Law)				x

As can be seen in Exhibit 4.1, 19 of the policies are endorsed as best practices by at least one source document, and more than half are endorsed as best practices by two or more source documents. Four policies (Direct Sales, Minimum Age for On-Premises Servers, Minimum Age for Off-Premises Servers, and Internal Possession) were not endorsed as best practices by any of the sources examined, although all are included on NIAAA’s APIS Web site. As relatively recent concerns, it is likely that these policies had not been thoroughly studied at the time the Federal source documents were prepared.

It is important to note that, although all 19 of the policies can be described as evidence based, the data that support each of them are different. Some policies find greater or lesser support in the research literature.