Executive Summary

Introduction

Underage drinking and associated problems have profound negative consequences for underage drinkers, their families, their communities, and society as a whole. Underage drinking contributes to a wide range of costly health and social problems, including motor vehicle crashes (the greatest single mortality risk for underage drinkers); suicide; interpersonal violence (e.g., homicides, assaults, rapes); unintentional injuries such as burns, falls, and drowning; brain impairment; alcohol dependence; risky sexual activity; academic problems; and alcohol and drug poisoning. On average, alcohol is a factor in the deaths of approximately 4,700 youths in the United States per year, shortening their lives by an average of 60 years (Centers for Disease Control and Prevention [CDC] Alcohol-Related Disease Impact [ARDI] software, 2011).

Data show meaningful reductions in underage drinking, particularly among younger age groups. From 2004 to 2010, young people ages 12 to 20 showed statistically significant declines in both past-month alcohol use and binge alcohol use. These encouraging results were most significant in the 12- to 17-year-old age group, where past-month alcohol use declined by 22.7 percent and past-month binge drinking declined by 29.7 percent.

But there is still cause for concern. For example, in 2010, 37 percent of 20-year-olds reported binge drinking (drinking at levels substantially increasing the risk of injury or death) in the past 30 days; about 14 percent of 20-year-olds had, in those 30 days, binged five or more times.

Furthermore, although drinking levels are lower at younger ages, patterns of consumption across the age spectrum pose significant threats to health and well-being. Particularly troubling is the erosion of the traditional gap between underage males and females in binge drinking. This gap is disappearing as females' drinking practices converge with those of males. Thus, females are at increasing risk of alcohol-related mortality and morbidity, including sexual violence.

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

Characteristics of Underage Drinking in America

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

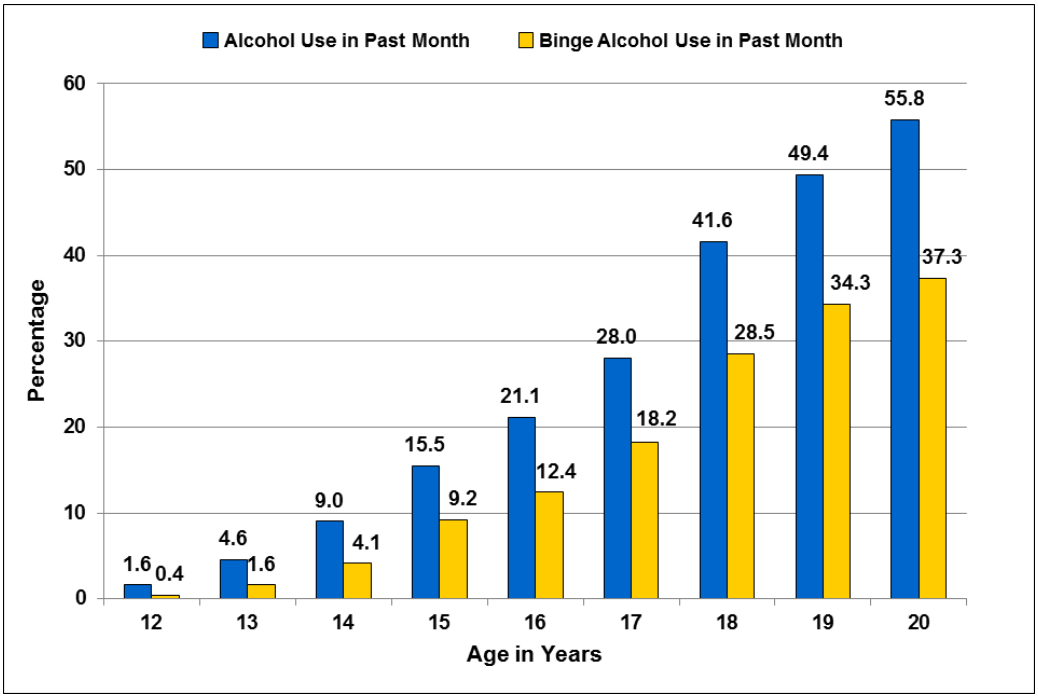
Alcohol continues to be the most widely used substance of abuse among America's youth, a greater proportion of whom use alcohol than use tobacco or other drugs. For example, according to the 2010 Monitoring the Future study, 28.9 percent of 10th graders reported using alcohol in the past 30 days; 17.0 percent reported marijuana use; and 13.6 percent reported cigarette use in the same period (Johnston et al., 2011a).

Binge Drinking[1]

Binge drinking is the most common underage consumption pattern. High blood alcohol concentrations (BACs) and impairment levels associated with binge drinking place binge drinkers and those around them at substantially elevated risk for negative consequences; thus, reducing binge drinking has become a primary public health priority.

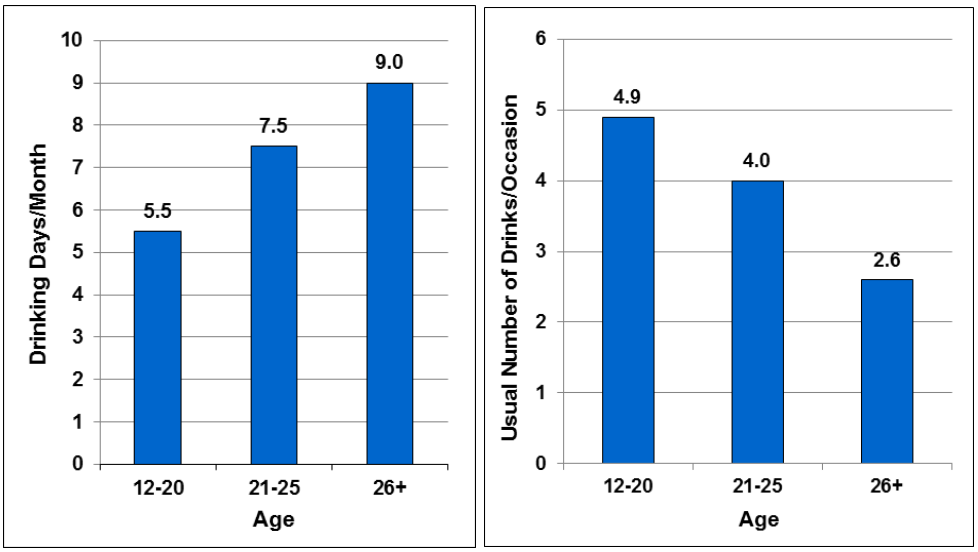
Binge rates increase rapidly with age (Exhibit E.1). In 2010, approximately 6.5 million youth 12 to 20 years old (17.0 percent) reported binge drinking in the past month (SAMHSA, 2011a). Although youth generally consume alcohol less frequently than adults and consume less alcohol overall than adults, when they do drink, they are much more likely to binge drink (Exhibit E.2). Accordingly, most youth alcohol consumption occurs in binge-drinking episodes. For example, 92 percent of the alcohol consumed by 12- to 14-year-olds is through binge drinking (Pacific Institute for Research and Evaluation, 2002). A significant proportion of underage drinkers consume substantially more than the five-drink binge criterion. For example, averaged 2009 and 2010 data show that 11.7 percent of underage drinkers had nine or more drinks during their last

Exhibit E.1: Current and Binge Alcohol Use Among Persons Ages 12 to 20: 2010 (SAMHSA, 2011a)



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

Exhibit E.2: Drinking Days per Month and Number of Drinks per Occasion for Youth (12–20), Young Adults (21–25) , and Adults (≥26): 2010 (SAMHSA, CBHSQ, NSDUH, 2011a)



drinking occasion (SAMHSA, Center for Behavioral Health Statistics and Quality [CBHSQ][2], NSDUH, 2011a). It is important to note that very young adolescents, because of their smaller size, reach BACs achieved by binge drinking by older adolescents (e.g., age 18 or older) with fewer drinks (three to four drinks for persons ages 12 to 15) (Donovan, 2009).

Female Youth Drinking Rates Are Converging With Male Youth Rates

The convergence of female youth rates of consumption with those of male youth and the implications of this trend are causes for concern. Although older adolescent rates of consumption and binge drinking are higher for males than females, the gap is closing. In 2010, 28.0 percent of male 12th graders reported binge drinking (defined as consumption of five or more drinks in a row) at least once in the prior 2-week period compared with 18.4 percent of female 12th graders (Exhibit E.3) (Johnston et al., 2011a). This difference of just 9.6 percentage points contrasts with the 23 percent difference found in 1975. Younger adolescent females (e.g., 8th graders) now exhibit rates of drinking, binge drinking, and getting drunk similar to rates for adolescent males (Johnston et al., 2011a).

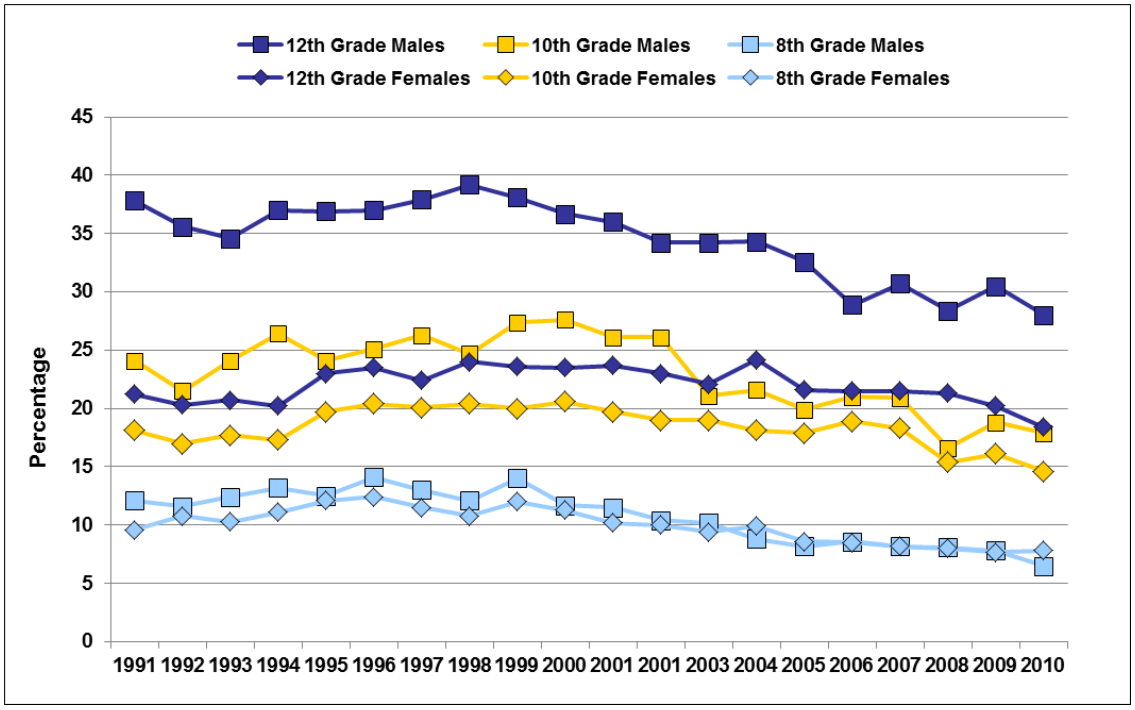
The literature on gender-specific effects of alcohol suggests that the health status of young women may be adversely affected by current trends in their alcohol consumption. Certain consequences of alcohol use (e.g., unintended pregnancy, sexually transmitted diseases, and interpersonal violence) may be expected to increase.

Adolescents' Beverage Preferences Are Shifting From Beer to Distilled Spirits

Different alcohol beverage types may be associated with different patterns of underage consumption. Ease of concealment, palatability, alcohol content, marketing strategies, and economic and physical availability may all contribute to the quantity of and settings for

[2] In August 2010, the SAMHSA Office of Applied Studies (OAS) was renamed the Center for Behavioral Health Statistics and Quality (CBHSQ).

Exhibit E.3: Rates of Binge Drinking in the Past 2 Weeks Among Male and Female 8th, 10th, and 12th Graders, 1991–2010 (Johnston et al., 2011a)



consumption. Similarly, beverage types may affect the policies and enforcement strategies that are most effective in reducing underage drinking (CDC, 2007). Tracking beverage preferences among young people is, therefore, an important aspect of prevention policy.

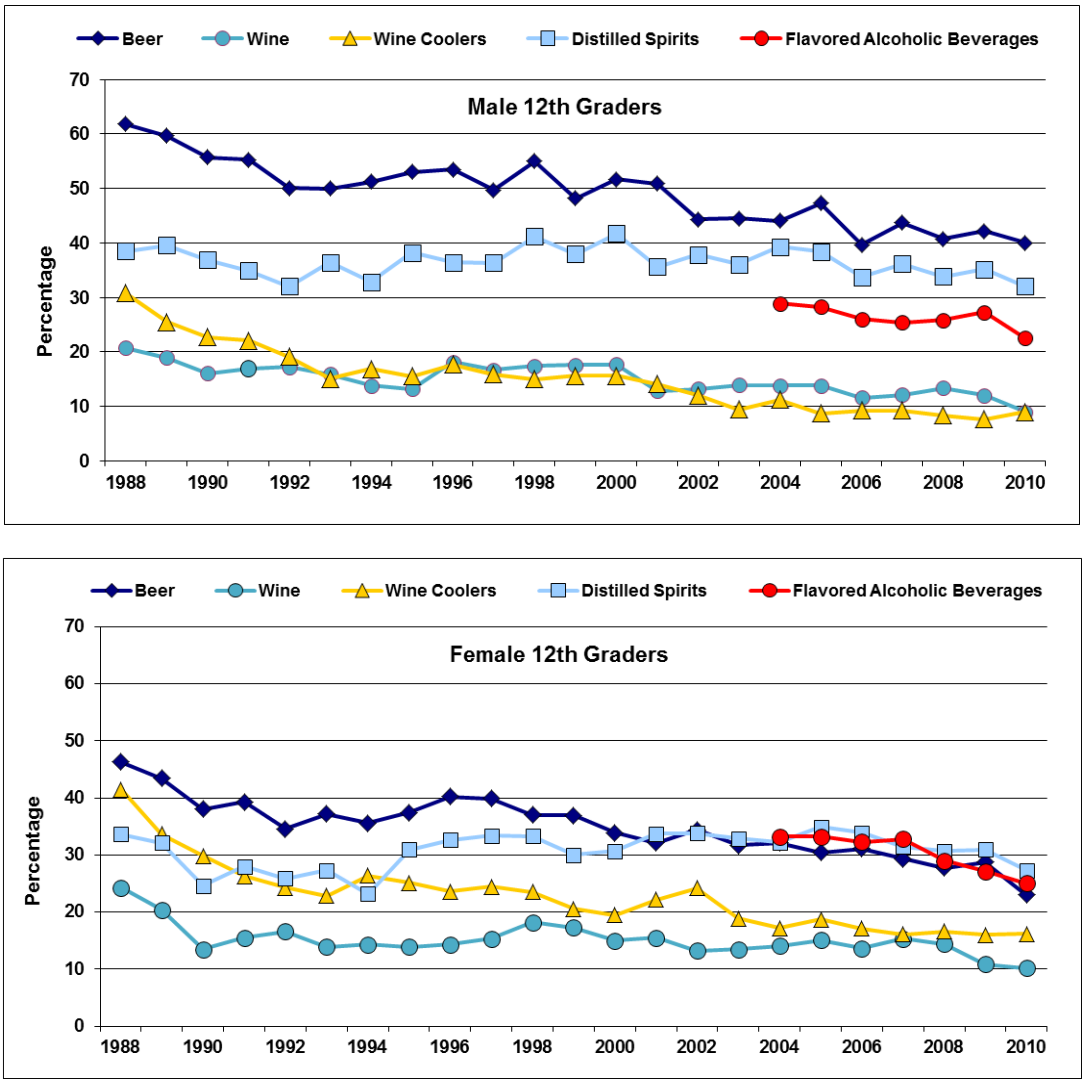
Distilled spirits are becoming more popular among adolescents, and are challenging beer as the beverage most likely to be consumed by underage drinkers, especially among youth who report binge drinking. Flavored alcoholic beverages are also popular with adolescents. Females, in particular, have shifted their beverage preference from beer to these other alternatives (Exhibit E.4). However, wine remains a relatively unpopular beverage among younger drinkers.

Data from four States indicated that, among students in 9th through 12th grades who reported binge drinking, liquor was the most prevalent beverage type (CDC, 2007).

Youth Start Drinking at an Early Age

As discussed below, early initiation to alcohol use increases the risk of a variety of developmental problems during adolescence and problems later in life. Accordingly, delaying the onset of alcohol initiation may significantly improve later health. Although the peak years of initiation to alcohol are 7th to 11th grade, 10 percent of 9- to 10-year-olds have already started drinking (Donovan et al., 2004), and more than one fifth of underage drinkers begin before they are 13 years old (Eaton et al., 2008). In fact, an estimated 2,490 young people who are 12 to 14 years old initiated alcohol use per day in 2010 (SAMHSA, CBHSQ, NSDUH, special data analysis, 2011a). This means that slightly fewer than 1 million (910,000) youth younger than 15 initiate alcohol use each year.

Exhibit E.4: Drinking Trends in the Percentage of Male and Female 12th Graders Using Alcoholic Beverages by Beverage Type, 1988–2010 (Johnston et al., 2011a)

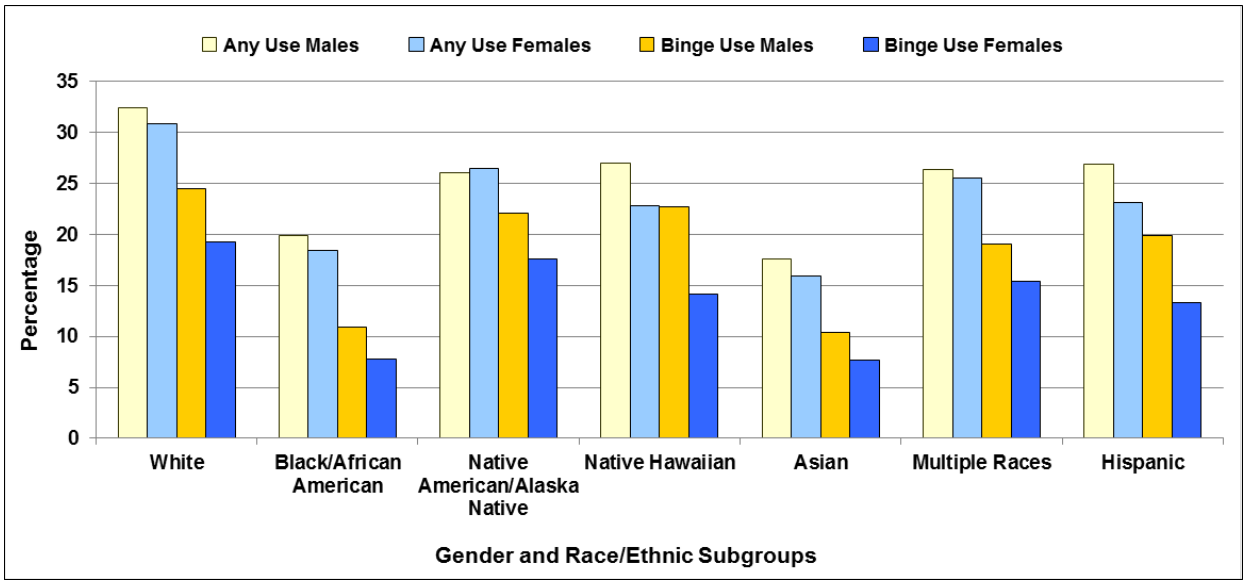


Drinking Rates Vary Significantly by Racial and Ethnic Group

White youth who are 12 to 20 years old are more likely to report current alcohol use and binge drinking than any other racial or ethnic group. Asian and Black youth had the lowest rates (Exhibit E.5) (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010); however, data indicate that prevalence of drinking before age 13 is higher among Black and Hispanic youth than among White youth (Eaton et al., 2010).

These ethnic and racial differences must be viewed with caution. As Caetano, Clark, and Tam (1998) note, there are important differences in alcohol use and related problems among ethnic and racial subgroups of Whites, Blacks, Hispanics, Asians, and Native Americans/Alaska Natives. Moreover, the authors stress that the patterns of consumption for any group or subgroup represent a complex interaction of psychological, historical, cultural, and social factors that are

Exhibit E.5: Alcohol Use and Binge Drinking in the Past Month Among 12- to 20-year-olds by Race/Ethnicity and Gender: Annual Averages Based on 2002–2010 Data (SAMHSA, CBHSQ, NSDUH, special data analysis, 2011a)



not adequately captured by a limited set of labels. With these cautions in mind, however, the data in Exhibit E.5 highlight the importance of considering race and ethnicity in planning underage drinking countermeasures in specific communities.

Underage Drinking, Particularly Heavy Drinking, Is More Likely To Occur in Private Residences Where Three or More People Are Present

The social and physical settings for underage drinking affect patterns of alcohol consumption. For a young person, the usual number of drinks consumed is substantially higher when two or more other people are present than when drinking with one person or alone (Exhibit E.6). Drinking in the presence of others is by far the most common setting for young drinkers. More than 80 percent of youth who had consumed alcohol in the past month reported doing so when at least two others were present (SAMHSA, 2011a). Thus, most young people are drinking in social contexts that appear to promote heavy consumption, and where people other than the drinker may be harmed by the drinker's behavior.

As shown in Exhibit E.7, private residences are the most common setting for youth alcohol consumption, although age differences are reported. Most underage drinkers reported drinking in either someone else's home or their own. The next most popular drinking locations are at a restaurant, bar, or club; at a park, on a beach, or in a parking lot; or in a car or other vehicle (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010). Youths 18 to 20 years old are more likely than their younger peers to report drinking in restaurants, bars, or clubs, although the absolute rates of such drinking are low when compared with drinking in private residences.

These data suggest that underage drinking primarily occurs in social settings (three or more drinkers) at a private residence. This conclusion is consistent with research findings that

Exhibit E.6: Drinks Consumed on Last Occasion of Alcohol Use in the Past Month Among Past-Month Alcohol Users 12–20, by Social Context and Age Group: 2009–2010 (SAMHSA, CBHSQ, NSDUH, special data analysis, 2011a)

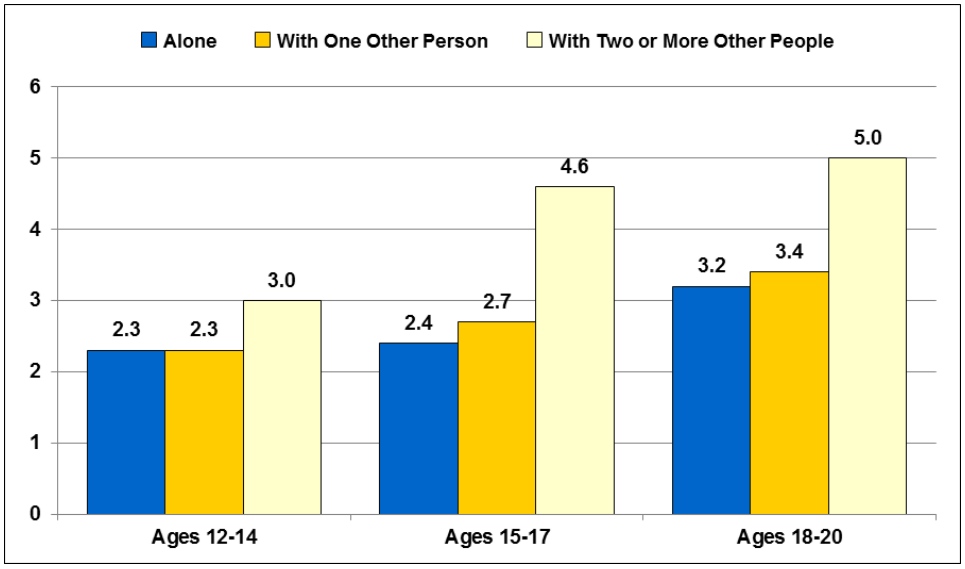
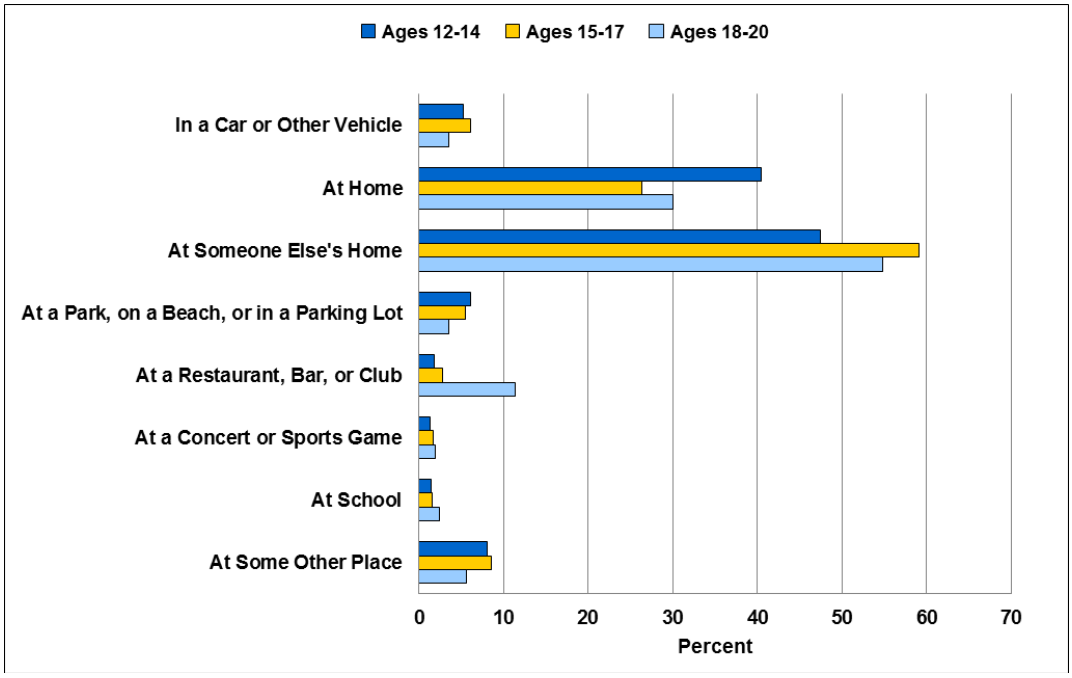


Exhibit E.7: Drinking Locations by Age Group, 12–20: 2009–2010 (SAMHSA, CBHSQ, NSDUH, special data analysis, 2011a)



underage drinking parties, where large groups of underage people gather at private residences, are high-risk settings for binge drinking and associated alcohol problems (Mayer, Forster, Murray, & Wagenaar, 1998). Similar findings exist for college students' binge drinking (Clapp, Shillington, & Segars, 2000).

Young People Perceive Alcohol To Be Readily Available

Since 1993, youth have reported declines in alcohol availability. However, the number of young people who report that alcohol is fairly easy or very easy to obtain remains high (Johnston et al., 2011a). Very young drinkers are most likely to obtain alcohol at home from parents, siblings, or storage. It is important to note that some of the methods young people use to obtain alcohol do not violate underage drinking laws in some States (see Chapter 4).

Drinking Continues To Be Prevalent in Campus Culture at Many Universities

Eighty-two percent of college students drink; 37 percent report drinking five or more drinks on an occasion in the past 2 weeks (Johnston et al., 2011b). Research indicates that some college students' drinking far exceeds the minimum binge criterion of five drinks per occasion (Wechsler et al., 1999). Although colleges and universities vary widely in student binge-drinking rates, overall rates of college student drinking and binge drinking exceed those of non-college-age peers (Johnston et al., 2011b).Unlike high school students and non-college-age peers, rates of binge drinking among college students have shown little decline since 1993 (Johnston et al., 2011b). These differences are not easily attributable to differences between college- and non-college-bound students. Although college-bound 12th graders are consistently less likely than their non-college-bound counterparts to report occasions of heavy drinking, college students report higher rates of binge drinking than college-age youth not attending college (Johnston et al., 2011b) (Exhibit E.8). This suggests that the college environment influences drinking practices (Hingson, Heeren, Levenson, Jamanka, & Voas, 2002; Kuo, Wechsler, Greenberg, & Lee, 2003).

Youth Drinking Is Correlated With Adult Drinking Practices

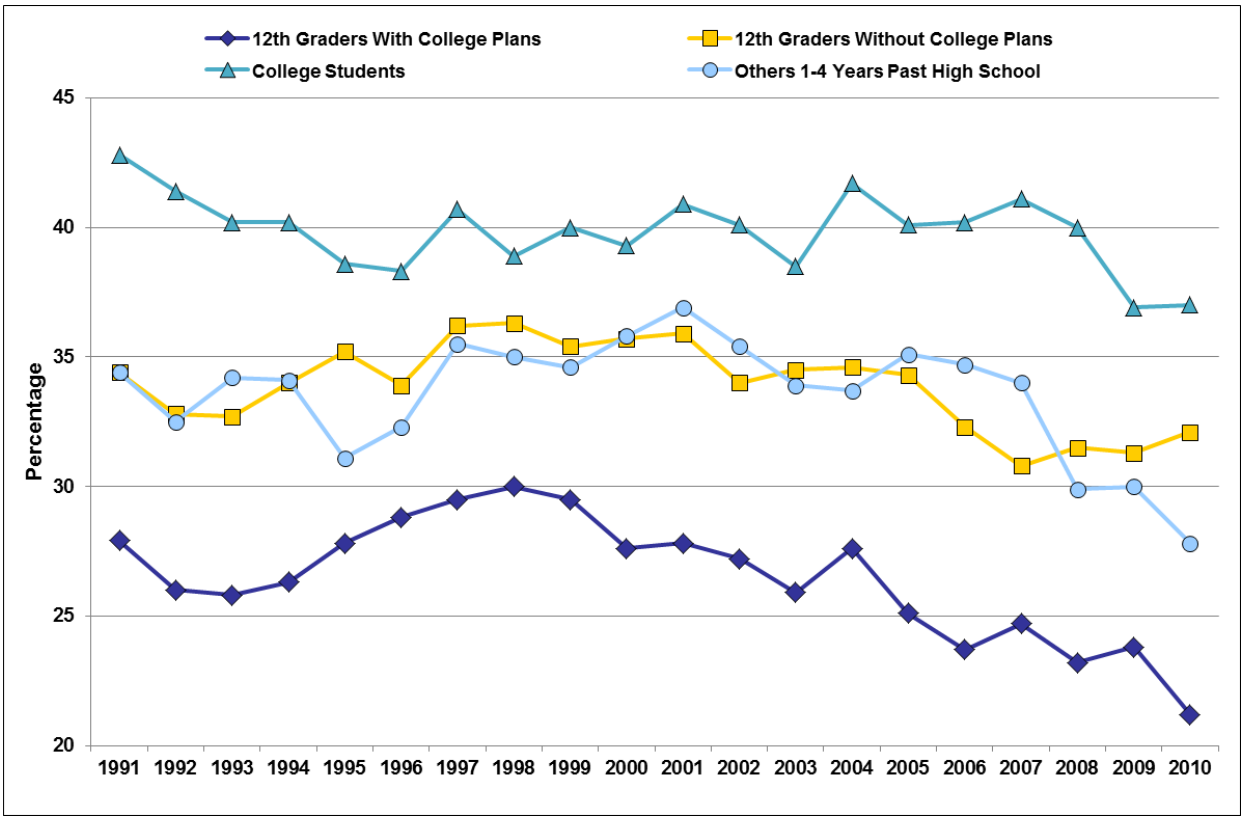
Generational transmission has been widely hypothesized as one factor shaping the alcohol consumption patterns of young people. For example, children of parents who binge are twice as likely to binge themselves and to meet alcohol-dependence criteria. Whether through genetics, social learning, or cultural values and community norms, researchers have repeatedly found a correlation between youth drinking and the drinking practices of parents (Pemberton, Colliver, Robbins, & Gfroerer, 2008). Nelson, Naimi, Brewer, and Nelson (2009) demonstrated this relationship at the population (State) level. State estimates of youth and adult current and binge drinking from 1993 through 2005 were significantly correlated when pooled across years. The results suggest that some policies primarily affecting adult drinkers (e.g., pricing and taxation, hours of sale, on-premises drink promotions) may also affect underage drinking.

Consequences and Risks of Underage Drinking

Alcohol-Related Motor Vehicle Crashes

The greatest single mortality risk for underage drinkers is motor vehicle crashes (Exhibit E.9). Mile for mile, teenagers are involved in three times as many fatal crashes as all other drivers (National Center for Statistics and Analysis [NCSA], 2009). Compared with adults, young people who drink and drive have an increased risk of alcohol-related crashes because of their relative inexperience behind the wheel and their increased impairment from similar amounts of alcohol. One study found that at 0.08 BAC, adult drivers in all age and gender groups—

Exhibit E.8: Prevalence of Binge Drinking in the Past 2 Weeks by 12th Graders With and Without College Plans, College Students, and Others 1 to 4 Years Past High School: 1991–2010 (Johnston et al., 2010a,b; Johnston et al., 2011a,b)

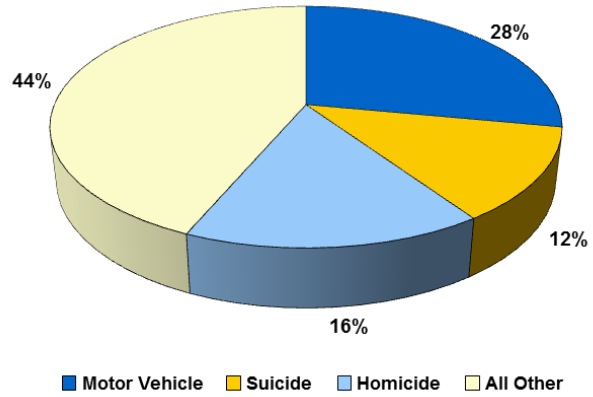


compared with sober drivers—were 11 times more likely to die in a single-vehicle crash. Among those 16 to 20 years old at 0.08 percent BAC, male drivers were 52 times more likely than sober male drivers the same age to die in a single-vehicle fatal crash (Zador, 1991). In 2008, of the 2,739 young drivers ages 15 to 20 killed in motor vehicle crashes, 694 (25 percent) had a BAC of .08 g/dL or higher (NCSA, 2009). According to 2010 survey data, about 4.1 percent of 16-year-olds, 7.6 percent of 17-year-olds, 11.9 percent of 18-year-olds, 15.0 percent of 19-year-olds, and 18.5 percent of 20-year-olds reported driving under the influence of alcohol in the past year (SAMHSA, 2011b, detailed tables). The Community Preventive Services Task Force recommends maintaining current minimum legal drinking-age laws based on strong evidence of their effectiveness in reducing alcohol-related crashes and associated injuries among 18- to 20-year-old drivers.

Unintentional and Intentional Injuries and Other Trauma

As shown in Exhibit E.9, homicide and suicide follow motor vehicle crashes as the second and third leading causes of death among teenagers. In 2008, 2,930 young people who were 12 to 20 years old died from homicide; 2,286 died from suicide (CDC, 2011). In addition, 2,759 people who were 16 to 20 years old died from unintentional injuries other than motor vehicle crashes, such as poisoning, drowning, falls, and burns (CDC, 2011).

Exhibit E.9: Leading Causes of Death for Youth Ages 12–20: 2008 (CDC WISQARS 2011)[3]



At present, it is unclear how many of these deaths are alcohol related. One study (Smith, Branas, & Miller, 1999) estimated that for all ages combined, nearly one third (31.5 percent) of homicides and almost one quarter (22.7 percent) of suicides were alcohol attributable, occurring when the decedent had a BAC of 0.10 g/dL or greater. Another study of deaths among those younger than 21 reported that 12 percent of male suicides and 8 percent of female suicides were alcohol related (Levy, Miller, & Cox, 1999).

Individuals younger than 21 commit 45 percent of rapes, 44 percent of robberies, and 37 percent of other assaults (Levy et al., 1999); for the population as a whole, an estimated 50 percent of violent crime is related to alcohol use by the perpetrator (Harwood, Fountain, & Livermore, 1998). The degree to which violent crimes committed by those younger than 21 are alcohol related is yet unknown.

Underage Drinking Increases the Likelihood of Risky Sexual Activity

According to the Surgeon General (U.S. Department of Health and Human Services [HHS], 2007), underage drinking plays a significant role in risky sexual behavior, including unwanted, unintended, and unprotected sexual activity, and sex with multiple partners. Such behavior increases the risk of unplanned pregnancy and sexually transmitted diseases (STDs), including infection with HIV, the virus that causes AIDS (Cooper & Orcutt, 1997). When pregnancies occur, underage drinking may result in fetal alcohol spectrum disorders, including fetal alcohol syndrome, a leading cause of mental retardation (Warren & Bast, 1988; Stratton, Howe, & Battaglia, 1996). Underage drinking by both victim and assailant also increases the risk of physical and sexual assault (Hingson, Heeren, Winter, & Wechsler, 2005; Nolen-Hoeksema, 2004). These risks are of particular concern, given the increasing rates of heavy drinking among underage females discussed earlier.

Early Initiation of Alcohol Use Increases the Risk of Alcohol Dependence and Other Negative Consequences Later in Life

It is increasingly clear that early initiation to alcohol use is associated with a variety of developmental problems during adolescence in later life. Grant and Dawson (1997) found that

[3] CDC's Web-based Injury Statistics Query and Reporting System (WISQARS) is an interactive database system that provides customized reports of injury-related data.

more than 40 percent of people who initiated drinking before age 13 were classified with alcohol dependence at some time in their lives. By contrast, rates of alcohol dependence among those who started drinking at age 17 or 18 were 24.5 percent and 16.6 percent, respectively (Exhibit E.10). Only 10 to 11 percent who started at age 21 or older met the criteria. Early initiation is also associated with intentional and unintentional injury to self and others after drinking (Hingson & Zha, 2009; Hingson, Heeren, Jamanka, & Howland, 2000); violent behavior, including predatory violence and date violence (Blitstein, Murray, Lytle, Birnbaum, & Perry, 2005; Ellickson, Tucker, & Klein, 2003; Ramisetty-Mikler, Goebert, Nishimura, & Caetano, 2006); criminal behavior (Eaton, Davis, Barrios, Brener, & Noonan, 2007); prescription drug misuse (Hermos et al., 2008); unplanned and unprotected sex (Hingson, Heeren, Winter, & Wechsler, 2003); motor vehicle crashes (Hingson et al., 2002); and physical fights (Hingson, Heeren, & Zakocs, 2001).

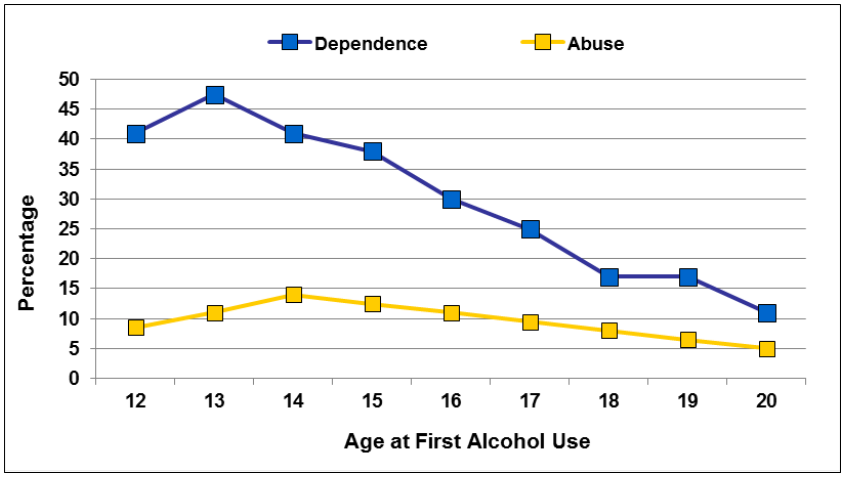
Adverse Effects on Normal Brain Development Are a Potential Long-Term Risk of Underage Alcohol Consumption

Research suggests that early, heavy alcohol use may affect the physical development and functioning of the brain. Some cross-sectional neurological studies suggest decreased ability among heavy alcohol users in planning, executive function, memory, spatial operation, and attention. These deficits, in turn, may put alcohol-dependent adolescents at risk for falling farther behind in school, putting them at an even greater disadvantage relative to nonusers (Brown, Tapert, Granholm, & Dellis, 2000). Some of these cross-sectional findings have been supported by longitudinal analyses (Squeglia, Jacobus, & Tapert, 2009).

Underage Drinking Affects Academic Performance

It has been known for decades that underage drinking affects academic performance. According to the 2009 Youth Risk Behavior Surveillance System, of the 1 million high school students who binged at least five times per month, one third did so on school property. Binge drinkers were also three times more likely to report earning mostly Ds and Fs on their report cards compared with non-binge drinkers (Eaton et al., 2010).

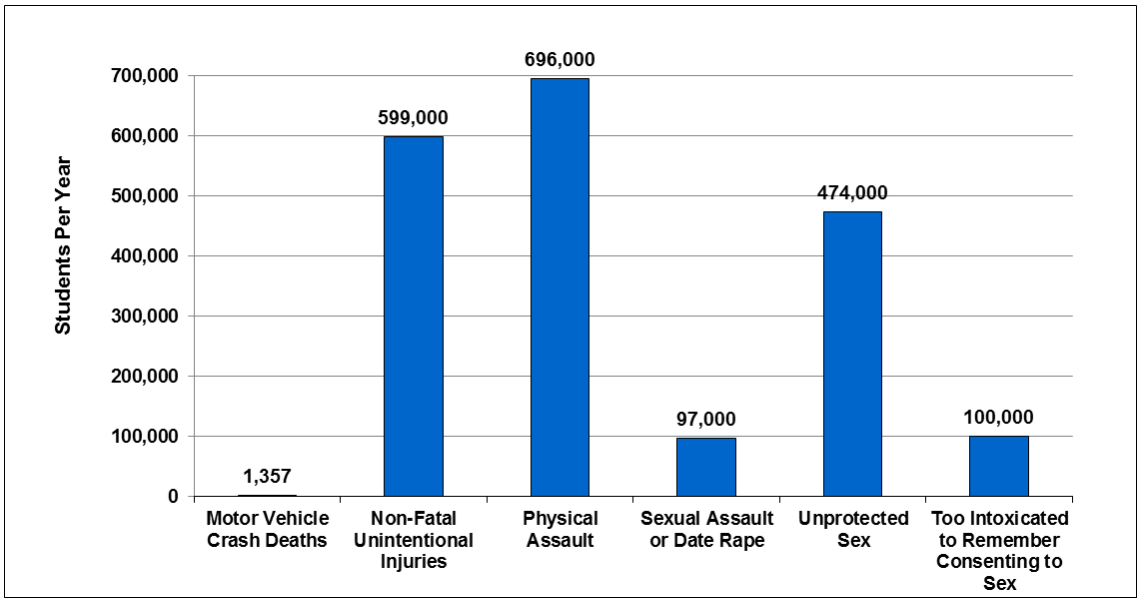
Exhibit E.10: Ages of Initiation and Levels of DSM Diagnoses for Alcohol Abuse and Dependence (Grant & Dawson, 1997)



College Drinking Has Numerous Adverse Consequences

As noted in Exhibit E.8, overall rates of college students' drinking and binge drinking exceed those of their age peers who do not attend college. These alcohol consumption rates on college campuses constitute a significant public health problem, as shown in Exhibit E.11. An estimated 90 percent of college rapes involve use of alcohol by the assailant, the victim, or both (Commission on Substance Abuse at Colleges and Universities, 1994). About 97,000 college students are victims of sexual assault or date rape related to alcohol use each year (Hingson et al., 2009). Alcohol use is involved in 95 percent of all violent crime on college campuses (Commission on Substance Abuse at Colleges and Universities, 1994). Approximately 25 percent of college students report academic consequences of their drinking, including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall.

Exhibit E.11: Prevalence of Alcohol-Related Morbidity and Mortality Among College Students Ages 18–24 (Hingson et al., 2002, 2005, 2009)



The National Effort to Reduce Underage Drinking

Best Practices for Prevention of Underage College Drinking

To change the college drinking culture, the NIAAA-supported Task Force on College Drinking, composed of researchers, administrators, and students (NIAAA, 2002a), recommends that schools intervene with best practices at three levels: the individual student, including at-risk or alcohol-dependent drinkers; the entire student body; and at the college and surrounding community. After 3 years of intensive study and a review and revision in 2007, the Task Force developed a "3-in-1" framework of college drinking prevention best practices. This framework is described in Chapter 1.

In 2011, the National College Health Improvement Project (NCHIP) launched the Learning Collaborative on High-Risk Drinking, to develop strategies for reducing alcohol problems on college campuses. For a description of the Collaborative, see Chapter 1.

Research on college drinking prevention is ongoing, as is innovation on campuses across the country. Evidence for college-specific best practices is growing, and practices known to be effective with the general youth population are being tested in college settings. The Learning Collaborative on High-Risk Drinking may represent an important step forward in the commitment of colleges and universities to address underage drinking on campus. It also suggests a new effort to develop effective collaborations among college campuses, Federal agencies, and researchers.

Federal and State Efforts Regarding Caffeinated Alcoholic Beverages

Caffeinated alcoholic beverages (CABs) are premixed beverages that combine alcohol, caffeine, and other stimulants. Research suggests that CABs pose public health and safety risks because the caffeine can mask the depressant effects of alcohol without changing alcohol's intoxicating properties. This can encourage binge drinking, particularly among young drinkers.

These health and safety risks prompted members of the National Association of Attorneys General Youth Access to Alcohol Committee to initiate investigations and negotiations with the Anheuser-Busch and MillerCoors Brewing companies. The negotiations led to voluntary agreements with the two companies to remove caffeine and other stimulants from their products.

The Federal Drug Administration (FDA) initiated an investigation in December 2009 and sent a letter to four malt-based CAB producers warning them that their products could be considered adulterated under the law. The Federal Trade Commission (FTC) and the U.S. Alcohol and Tobacco Trade and Tax Bureau (TTB) also sent letters to the producers alerting them to possible additional statutory and regulatory violations. In response, the four companies ceased using added caffeine in their products, and by summer 2011, it appeared that, with few if any exceptions, malt-based CABs with added caffeine were no longer available in the United States.

The events leading to the discontinuance in the marketplace of CABs with added caffeine demonstrate the effectiveness of coordinating action between Federal and State officials and among Federal agencies. These potentially dangerous products, which posed risks to youth and young adults because of their link to binge drinking, are no longer available as a result of this collaboration.

Report on State Programs and Policies Addressing Underage Drinking

Recognizing the importance of State programs and policies in preventing underage drinking, the STOP Act directs HHS and the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) to provide an Annual Report on State underage drinking prevention activities. It defines specific categories of prevention programs, policies, enforcement activities related to those policies, and State expenditures to guide the Report's development.

The Annual State Report (Chapter 4) provides the following information for the 50 States and the District of Columbia (henceforth referred to as "States"):

1. Information on 23 underage drinking prevention policies focused on reducing youth access to alcohol and youth involvement in drinking and driving
2. Data from a survey addressing underage drinking enforcement programs; programs targeted to youth, parents, and caregivers; collaborations, planning, and reports; and State expenditures on the prevention of underage drinking

Underage Drinking Prevention Policies

The 23 policies included in Chapter 4 can be grouped under four general headings:
1. Laws Addressing Minors in Possession of Alcohol
2. Laws Targeting Underage Drinking and Driving
3. Laws Targeting Alcohol Suppliers
4. Alcohol Pricing Policies

Laws Addressing Minors in Possession of Alcohol

- Underage possession of alcohol
- Underage consumption of alcohol
- Internal possession by minors
- Underage purchase of alcohol
- False identification for obtaining alcohol

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

Laws Targeting Underage Drinking and Driving

- Youth blood alcohol concentration limits (underage operators of noncommercial motor vehicles)
- Loss of driving privileges for alcohol violations by minors ("use/lose" laws)
- Graduated driver's licenses

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

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
- Prohibitions against hosting underage drinking parties
- Direct shipments/sales
- Keg registration
- Home delivery

These laws serve to reduce alcohol availability to minors, and hence reduce underage drinking. Some of the laws increase the costs to adults and thus deter furnishing alcohol to minors (e.g., compliance checks, social host, and dram shop liability). Other laws directly impede furnishing (e.g., responsible beverage service, minimum age for servers and sellers, direct shipment, and home delivery).

Alcohol Pricing Policies

- Alcohol taxes
- Drink specials
- Wholesaler pricing

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

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

State Survey

This section of Chapter 4 provides both the complete responses of the States to the Survey (State Summaries), and the Cross-State Report.

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

1. Enforcement programs
2. Programs targeted to youth, parents, and caregivers
3. Collaborations, planning, and reports
4. State expenditures on the prevention of underage drinking

The Cross-State Report presents data about variables amenable to quantitative analysis. Overall, the data reveal a wide range of activity in the areas studied, although these vary in scope and intensity from State to State. All States have areas of strength and all have areas where improvements could be realized. The inadequacy of some State data systems to respond to the data requested in the Survey is a recurrent theme. This is especially the case in local law enforcement and expenditures. Accurate and complete data are essential both for describing current activities to prevent underage drinking and to monitor progress in future State surveys.

Conclusion

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

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