CHAPTER 3

A Coordinated Federal Approach to Preventing and Reducing Underage Drinking

This document is excerpted from:
The 2013 Report to Congress on the Prevention and Reduction of Underage Drinking
submitted to Congress by The U.S. Department of Health and Human Services.

To obtain more information and a copy of the full Report to Congress go to:
https://www.stopalcoholabuse.gov

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. Website: http://www.acf.hhs.gov
2. **HHS/Office of the Assistant Secretary for Planning and Evaluation (ASPE):** ASPE is the principal advisor to the HHS Secretary on policy development and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis. Website: http://www.aspe.hhs.gov
3. **HHS/CDC:** CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. Consistent with that mission, CDC is involved in strengthening the scientific foundation for the prevention of underage and binge drinking. This includes assessing the problem through public health surveillance and epidemiological studies of underage drinking and its consequences. CDC also evaluates the effectiveness of prevention policies and programs, and examines underage drinking as a risk factor through programs that address health problems such as injury and violence, sexually transmitted diseases, and fetal alcohol spectrum disorders (FASDs). CDC trains new researchers in alcohol epidemiology and builds state public health system capacity. CDC also conducts systematic reviews of what works to prevent alcohol-related injuries and harms. Website: http://www.cdc.gov
4. **HHS/Indian Health Service (IHS):** IHS is responsible for providing federal health services to American Indians and Alaska Natives. The IHS is the principal federal health care provider and health advocate for American Indians and Alaska Natives, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 2 million American Indians and Alaska Natives who belong to 566 federally recognized Tribes in 36 states. Website: http://www.ihs.gov
5. **HHS/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. Website: 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. Website: 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. Website: 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. Website: http://www.samhsa.gov
9. **Department of Defense (DoD):** DoD coordinates and oversees government activities relating directly to national security and military affairs. Its alcohol-specific role involves preventing and reducing alcohol consumption by underage military personnel and improving the health of service members' families by strengthening protective factors and reducing risks factors in underage alcohol consumption. Website: http://www.defense.gov
10. **ED/Office of Safe and Healthy Students (OSHS):** OSHS administers, coordinates, and recommends policy to improve the effectiveness of programs providing financial assistance for drug and violence prevention activities and activities that promote student health and well-being in elementary and secondary schools and institutions of higher education. Activities may be carried out by state and local educational agencies or other public or private nonprofit organizations. OSHS supports programs that prevent violence in and around schools; prevent illegal use of alcohol, tobacco, and drugs; engage parents and communities; and coordinate with related federal, state, school, and community efforts to foster safe learning environments that support student academic achievement. Website: http://www2.ed.gov/about/offices/list/oese/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. Website: http://www.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." Website: http://www.ttb.gov

13. **Department of Transportation (DOT)/NHTSA:** NHTSA's mission is to save lives, prevent injuries, and reduce traffic-related health care and other economic costs. NHTSA develops, promotes, and implements effective educational, engineering, and enforcement programs to reduce traffic crashes and resulting injuries and fatalities, and reduce economic costs associated with traffic crashes, including underage drinking and driving crashes. Website: http://www.nhtsa.gov
14. **Federal Trade Commission (FTC):** FTC works to ensure that the nation's markets are vigorous, efficient, and free of restrictions that harm consumers. FTC 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. Website: http://www.ftc.gov
15. **Office of National Drug Control Policy (ONDCP):** The principal purpose of ONDCP is to establish policies, priorities, and objectives for the nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences. Part of ONDCP's efforts relate to underage alcohol use. Website: http://www.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 "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, 2010, and 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. At these meetings, 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 were encouraged to make use of ICCPUD agency resources to create comprehensive action plans for community change.

A Commitment to Evidence-Based Practices

At the heart of any effective national effort to prevent and reduce underage drinking are reliable data on the effectiveness of specific prevention and reduction efforts. With limited resources available and human lives at stake, it is critical that professionals use the most time- and cost-effective approaches known to the field. Traditionally, efficacy has been ensured through practices that research has proven to be effective instead of those based on convention, tradition,

folklore, personal experience, belief, intuition, or anecdotal evidence. The term for practices validated by documented scientific evidence is "evidence-based practices" (EBPs).

Despite broad agreement regarding the need for EBPs, there is currently no consensus on the precise definition of an EBP. Disagreement arises not from the need for evidence, but from the kind and amount of evidence required for validation. The gold standard of scientific evidence is the randomized controlled trial, but it is not always possible to conduct such trials. Many strong, widely used, quasi-experimental designs have and will continue to produce credible, valid, and reliable evidence—these should be relied 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. As of fall 2012, more than 250 programs were evaluated by NREPP and posted on the NREPP website.

Guide to Community Preventive Services (Community Guide)

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

Under the auspices of the independent, nonfederal Community Preventive Services Task Force, the reviews found on the Community Guide website systematically assess all available scientific evidence to determine the effectiveness of population-based public health interventions and the economic benefit of all effective interventions. The Community Preventive Services Task Force reviews the combined evidence, makes recommendations for practice and policy, and identifies gaps in existing research to ensure that practice, policy, and research funding decisions are informed by the highest quality evidence.

CDC's Alcohol Program works with the Community Guide, SAMHSA, NIAAA, and other partner organizations on systematic reviews of population-based interventions to prevent excessive alcohol consumption, including underage and binge drinking and related harms. To date, the Community Preventive Services Task Force has reviewed the effectiveness of various community-based strategies for preventing underage and binge drinking, including limiting alcohol outlet density, increasing alcohol excise taxes, dram shop liability, limiting days and hours of alcohol sales, electronic screening and brief intervention for alcohol misuse, 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.

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

- **Promoting dram shop liability,** which allows the owner or server of a retail alcohol establishment where a customer recently consumed alcoholic beverages to be held legally responsible for the harms inflicted by that customer.
- **Increasing alcohol taxes,** which, by increasing the price of alcohol, is intended to reduce alcohol-related harms, raise revenue, or both. Alcohol taxes are implemented at the state and federal levels, and are beverage-specific (i.e., they differ for beer, wine, and spirits).
- **Maintaining limits on days of sale,** which is intended to prevent excessive alcohol consumption and related harms by regulating access to alcohol. Most policies limiting days of sale target weekend days (usually Sundays).
- **Maintaining limits on hours of sale,** which prevents excessive alcohol consumption and related harms by limiting the hours of the day during which alcohol can legally be sold.
- **Regulating alcohol outlet density** to limit the number of alcohol outlets in a given area.

- **Electronic screening and brief interventions (e-SBI)** to reduce excessive alcohol consumption and related harms, which use electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements, including (1) screening individuals for excessive drinking and (2) delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.
- **Recommending against privatization of retail alcohol sales,** because privatization results in increased per capita alcohol consumption, a well-established proxy for excessive alcohol consumption. Further privatization of alcohol sales in settings with current government control of retail sales 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 Preventive Services Task Force also recommends the following interventions for preventing alcohol-impaired driving:

- **0.08 percent BAC and above laws,** making it illegal for a driver's BAC to equal or exceed 0.08 percent.
- **Lower BAC laws for young or inexperienced drivers,** which apply to all drivers under age 21. 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 for preventing alcohol-impaired driving can be found at http://www.thecommunityguide.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 co-leaders in developing Healthy People 2020 objectives for substance abuse, including underage drinking.[28]

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

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

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

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. (See Appendix D for a list of ICCPUD members.)

Town Hall Meetings: To engage communities nationwide in evidence-based efforts to prevent and reduce underage alcohol use, ICCPUD—with SAMHSA as the lead agency—supported Town Hall Meetings in 2006, 2008, 2010, and 2012. These meetings, which have been held in

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

every state, the District of Columbia, and some 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. For example, a summary report by the Governor's Prevention Advisory Council (GPAC) Underage Drinking Prevention Workgroup on Town Hall Meetings held in California in 2010 found that 20 percent of these events resulted in plans to develop a social host ordinance or other alcohol-related legislation, 5 percent led to development of new prevention coalitions, and 17 percent recruited new members for existing coalitions. Iowa coordinates its Town Hall Meetings statewide to gather community feedback that can be used to assess progress in reducing and preventing underage alcohol use and its consequences. In 2012, 1,398 community-based organizations registered their intent to hold 1,546 events, despite decreasing budgets for many prevention organizations. During fiscal year (FY) 2012, one report was released on the results of the meetings: *2010 Town Hall Meetings: Mobilizing Communities to Prevent and Reduce Underage Alcohol Use, an Evaluation Report*. SAMHSA is developing a summary report on the 2012 Town Hall Meetings.

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.

Webinars: In fall 2012, ICCPUD launched a series of webinars on the prevention of underage drinking. Beginning with an overview from the Surgeon General and the SAMHSA Administrator and ICCPUD Chair Pamela Hyde, these webinars include presentations by CDC, ED, FTC, NHTSA, NIAAA, NIDA, OJJDP, ONDCP, SAMHSA, and TTB.

Web Portal: SAMHSA, on behalf of ICCPUD, maintains a web portal dedicated to the issue of underage drinking (http://www.stopalcoholabuse.gov) that consolidates comprehensive research and resources developed by the 15 federal ICCPUD agencies. The portal includes information on underage drinking statistics (i.e., prevalence, trends, and consequences), training events, evidence-based approaches, and other resources and materials that support prevention efforts. Direct links are provided to federally supported websites designed to prevent substance abuse,

including alcohol. Information is intended to serve all stakeholders (e.g., community-based organizations involved in prevention, policymakers, parents, youth, and educators). The portal also includes a subsite for the Town Hall Meeting initiative and its supporting resources. SAMHSA, with input from ICCPUD, is currently restructuring the website to better serve the needs of diverse users. As of December 2012, the web portal was averaging 623 visits per day and the average time onsite was 10 minutes, 48 seconds.

Activities Related to Underage Drinking

None

Department of Defense

Activities Specific to Underage Drinking

Youth Program: As one of the core areas for Military Youth Programs, health and life 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 resilience, and strengthen leadership skills. This year-round program, provided in Military Youth Programs worldwide, encourages collaboration among staff, youth, parents, and representatives from community organizations. The program's components are grouped to support youth ages 6–9, 10–12, and 13–15.

Department of Defense Education Activity (DoDEA):

1. *Adolescent Substance Abuse Counseling Service (ASACS):* The ASACS program is a partnership between DoDEA and the military services providing comprehensive community-based 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. Program services target adolescents (ages 12–18) and their families who have concerns/problems related to alcohol and other drugs. These programs are overseen with funding provided by each service depending on the location of the program.

   ASACS counselors, in conjunction with other community leaders, develop and implement community-based adolescent substance abuse prevention and treatment programs. 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 parent support groups intended to improve parental communication skills, limit-setting skills, active listening, and discipline techniques. On request, ASACS counselors may provide professional consultation, training, and prevention materials to community officials and organizations that interact with adolescents. The ASACS program intends to enhance military readiness through increased family cohesiveness and support.

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 DoDEA health education standards is organized into seven strands. These standards teach essential and transferable skills that foster health efficacy. 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, Tobacco and other Drugs, specifically addresses alcohol abuse prevention starting in grade 5 and continues through to the grades 9–12 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. *Substance Abuse and Violence Prevention (SAVP):* The goal of DoDEA's SAVP education is to provide all students with the knowledge and skills to resist illicit substance use and to build their capacity to make responsible decisions regarding use of legal substances. DoDEA is developing a 10-lesson digital SAVP curriculum for pilot testing in grade 5. This program will replace the DARE program, which is being phased out due to manpower constraints.

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 (HRB) Survey: DoD triennially conducts the HRB survey to measure more than 17 health-related behaviors for active-duty military personnel. The survey develops population estimates on health-related behaviors, which include alcohol and prescription drug use. Data are collected on the age of first substance use, prevalence, binge use, and heavy use. The measure chosen to validate "at risk use" is the well-researched Alcohol Use Identification Disorders Test. Results for the 2011 HRB Survey are due in December 2012.

Alcohol Abuse Countermarketing Campaign: DoD's TRICARE Management Activity launched "That Guy" in 2006 as an integrated marketing campaign targeting military enlisted personnel ages 18 to 24 across all branches of service. Based on research and behavior change marketing concepts, the campaign uses a multimedia, peer-to-peer approach to raise awareness of the negative short-term social consequences of excessive drinking. In doing so, "That Guy" promotes peer disapproval of excessive drinking and leads to reductions in binge drinking. This

campaign includes an award-winning desktop and mobile website, http://www.thatguy.com, as well as social media channels including Facebook and YouTube; online and offline public service announcements; paid and pro bono billboard, print, and digital advertising; centrally funded promotional materials; central support of special events; online instructional videos; and a turnkey implementation plan and promotion schedule for installation project officers.

This campaign is funded by Defense Health Plan Program Objective Memorandum (POM) FY10-15, but depends on commanders to support and local program managers to implement the campaign and deliver its messages to the target audience. Successfully engaging with the target audience, "That Guy" is now actively deployed around the world. Cumulative achievements to date include:

- An average time of 11 minutes per user on the "That Guy" website.
- Over 28,500 "Likes" on Facebook.
- Over 3.5 million branded materials disseminated to all services.
- More than 5,650 points of contact (POCs) engaged across the globe.
- Forty-seven states and 23 different countries with a "That Guy" campaign presence, including: United States, Afghanistan, Australia, Belgium, Portugal, Qatar, Africa, Egypt, Bahrain, Greece, Japan, Germany, Italy, Spain, Turkey, Singapore, Cuba, Guam, South Korea, Saudi Arabia, Honduras, United Kingdom, and Iraq.
- Millions reached 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.
- More than 122 site visits to military installations around the world, adding up to more than 376 days on the road.
- Exhibits at 46 conferences for a total of 84 days spent exhibiting.
- A total of 218 briefings to leadership and at conferences for POCs.
- Sixty-five focus groups across all service branches, reaching a total of 465 members of the young enlisted target audience.

Awards: "That Guy" has received 19 awards for excellence in categories that include poster and web design, animation, gaming, marketing, and research. Recent awards include the PR Week Public Sector Campaign of the Year, PR Week Best Use of Research-Measurement, and Blue Pencil and Gold Screen Awards finalist in website category and winner in poster category.

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, 29 percent in 2008, 45 percent in 2009, and 58 percent in 2011 (the most recent figure based on a preliminary analysis of the January 2011 survey data). The campaign is active at more than 800 military locations including installations, aircraft carriers, ships, and submarines, and http://www.thatguy.com has received more than 1,465,291 cumulative visits 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 (only 21 percent) than personnel from nonengaged installations (29 percent) to agree that their peers believe it is acceptable to drink to the point of losing control. According to the Fleishman Hillard analysis of the 2008 HRB survey results (the most recent results currently

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

Note: The above data are from the Fleishman Hillard analysis of the "January 2011 DMDC Status of Forces" and the 2008 HRB survey reports.

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. The behavioral health branch is implementing an integrative universal training that will educate all Marines to the risks of alcohol use and misuse. This training will be offered in phases across a Marine's career designed to build on his or her education.
2. *Building Alcohol Skills Intervention Curriculum (B.A.S.I.C):* B.A.S.I.C. 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.

   The USMC is exploring alternative evidence-based programming that will replace B.A.S.I.C.
3. *Prime for Life* is a 16-hour class utilized throughout the USMC for Marines who have been identified as having issues with the misuse or abuse of alcohol typically identified through an alcohol-related incident or who are in need of alcohol education. Prime for Life is conducted by alcohol abuse prevention specialists and alcohol and drug counselors who have received 24 hours of training to teach Prime for Life by the Prevention Research Institute.
4. *Adolescent Substance Abuse Counseling Service (ASACS (included under DoDEA)):* The ASACS program is a comprehensive community-based program that provides prevention and

education, identification and referral, and outpatient substance abuse treatment services to USMC, including active duty, retired, nonappropriated and appropriated fund civilian government workers, and contractors and their families, in Okinawa, Japan. The scope of care encompasses adolescents (ages 12–18) and their families who have concerns/problems related to alcohol and other drugs.

Navy Alcohol and Drug Abuse Prevention: The Navy's comprehensive substance abuse prevention program is designed to support fleet readiness by fighting alcohol and drug use. Our goal is to promote zero tolerance for drugs and responsible alcohol use, 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 a "responsible use" and "zero tolerance" environment. In addition, our program includes educational programs, multimedia campaigns, and several all-hands events.

1. *Alcohol Aware Program:* This program is a command-level alcohol abuse prevention and deglamorization course designed for all hands. The goals of the program include:
   - Making participants aware of the effects of alcohol.
   - Pointing out the risks involved in using and abusing alcohol.
   - Providing the Navy's expectations, instructions, and core values.
   - Defining the responsible use of alcohol.

   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. Navy has launched several marketing campaign strategies that have been tested through focus groups, and has built a comprehensive communications campaign to reduce the prevalence of substance use among Navy personnel.
   - "Keep What You've Earned": Substance abuse prevention campaign developed using the National Cancer Institute's (NCI) Health Communications Model using media scans, surveys, interview, and focus groups that encourages thoughtful consideration of consequences and provides practical tools
   - "The Domino Strategy - How to Drink Responsibly": Social marketing that teaches sailors to pay attention to size, content, and amount of alcohol they consume
   - "Who Will Stand Your Watch?": Campaign that addresses the negative impact sailors' personal behavior has on their shipmates, families, and career
4. *Shot of Reality:* This 90-minute improvised show focuses on alcohol awareness and pitfalls of alcohol and drug abuse. The program is designed to help sailors make better decisions and take care of shipmates.
5. *Myth vs. Truth:* This program provides information about the range of social and professional problems and economic costs associated with underage drinking. The program

is also used to increase awareness that underage drinking is related to a host of serious problems, with the aim of informing policymakers about the importance of preventing underage drinking.

6. *Comedy is The Cure:* This 30-minute 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 worldwide 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 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 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. 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 2006, CoRC materials including the CoRC CONOPS, toolkits, memoranda, best practices, and other elements were made available via the web (currently at vc.afms.mil/corc) and CoRC was launched across the USAF. Since the program's inception, the USAF has had a 6 percent reduction in alcohol-related misconduct incidents.

In addition to CoRC, the USAF partnered with DoJ and NIAAA to implement the EUDL program at five 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 and in 2013 two more will be added. 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.

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 worldwide 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) who hold frequent prevention trainings targeted to address underage drinking and emphasize the high-risk nature of their age group.

CG medical officers are now mandated to receive specialized training on how to conduct substance abuse screening. With its focus on "age of onset," "amount of times drunk in the past year," and other diagnostic criteria, the CG Medical Officer is uniquely qualified to detect "at-risk" drinking patterns in its members.

Department of Education

Activities Specific to Underage Drinking

Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention (HEC): The HEC provided technical assistance and other resources to assist 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. FY 11 was the last year of funding for the HEC,

with technical assistance activities carried out in FY 12. The HEC publications and technical assistant activities were folded into a new and consolidated K-16 Safe and Supportive Learning TA center (http://safesupportiveschools.ed.gov).

Activities Related to Underage Drinking

Office of Safe and Healthy Students National Conference: In summer 2012, the Department of Education sponsored a national conference and listening session focused on special issues in the school climate at the K–12 level. There were five conference tracks, one of which focused on behavioral health issues in schools.

Federal Trade Commission

Activities Specific to Underage Drinking

Consumer Education: The FTC has continued its "We Don't Serve Teens" (WDST) program, promoting compliance with the legal drinking age of 21. Targeted to parents and other responsible adults, http://www.DontServeTeens.gov provides information about the rates and risks of teen drinking, relevant state laws, and things to say and do to reduce easy teen access to alcohol. In 2011, the FTC distributed thousands of two-sided adhesive WDST decals to state alcohol regulators, prevention organizations, police departments, school districts, and alcohol wholesalers and retailers nationwide. Decal messages included: "The legal drinking age is 21. Thanks for not providing alcohol to teens." and "Please don't provide alcohol to teens. It's unsafe. It's illegal. It's irresponsible." Also in 2011, the FTC worked with private partners to conduct PSA campaigns (including radio, transit ads, and billboards) promoting the WDST message in 11 cities.

Activities Related to Underage Drinking

Alcohol Advertising Program: In 2011, the FTC announced the initiation of a new study of alcohol marketing, publishing two *Federal Register* notices describing and soliciting comment on its proposed information collection orders to alcohol companies. The Office of Management and Budget approved the FTC's issuance of the orders in late 2011. In early 2012, the FTC issued orders requiring 14 alcohol companies to submit data and other information (including 2011 sales and marketing expenditure data, and legal age and underage audience composition data, for each ad placed in the first half of 2011, and information about digital marketing efforts). The FTC estimates that the study will be completed in late spring 2013.

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 (under age 18) in need of immediate temporary shelter. Shelters provide family and youth

counseling and referrals to services such as substance abuse treatment. Through the Street Outreach Program (SOP), FYSB awards grants to public and private, nonprofit agencies to conduct outreach that builds relationships between grantee staff and street youth up to age 21 to help them leave the streets. The Transitional Living Program (TLP) supports projects that use trauma-informed services and the positive youth development (PYD) approach to 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, life skills training, 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 provision of immediate shelter and supportive services to victims of family violence, domestic violence, and dating violence, and their dependents. These grants fund more than 1,600 domestic violence shelters and 1,100 nonresidential service sites, which provide services such as crisis and mental health counseling, legal advocacy, emergency transportation, children's services, and other social services such as substance abuse counseling. In FY 2011, funded programs served more than 1.3 million victims and their children and responded to 2.8 million crisis calls. More than 14,000 youths under age 18 who were identified as victims of intimate partner violence were provided services. Programs provided over 94,000 educational presentations, reaching 2.3 million youths.

Abstinence Education Programs: FYSB provides support for abstinence education programs through the Competitive Abstinence Education Grant Program (CAEGP) and the Section 510 (Title V) 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 are encouraged to use evidence-based, medically accurate interventions to promote abstinence from risky behaviors that lead to poor health outcomes including substance abuse and underage drinking, unplanned pregnancy, and sexually transmitted diseases.

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 the PREP into law. 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) and positive youth development (PYD).

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 illustrate and compare youth and adult exposure to alcohol marketing; prepare translational resources on effective prevention strategies to reduce underage drinking; 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 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 and older in all 50 states, the District of Columbia, Guam, Puerto Rico, the U.S. Virgin Islands, American Samoa, Palau, and the Federated States of Micronesia. It includes questions on current drinking, number of drinking days, average number of drinks per day, frequency of binge drinking (≥4 drinks per occasion for women; ≥5 per occasion for men), and the largest number of drinks consumed on a drinking occasion. 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. CDC has also worked with national and international experts to develop an optional module to assess the delivery of screening and brief intervention for excessive alcohol use in clinical settings for the 2014 BRFSS. In 2011, BRFSS introduced changes to address the growing effects of cellphone-only households, resulting in higher estimates in many states for certain chronic disease indicators and risk behaviors, including binge drinking. For more information 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 biennial, national school-based survey of 9th- through 12-grade students that is conducted by CDC, and state and local surveys of 9th- through 12th-grade students conducted by education and health agencies. These surveys include questions about the frequency of alcohol use, frequency of binge drinking, age of first drink of alcohol, and usual source of alcohol. States and cities that conduct their own survey have the option to include additional alcohol questions, such as type of beverage usually consumed and usual location of alcohol consumption. The YRBSS also assesses other health-risk behaviors, including sexual activity and interpersonal violence, that can be examined in relation to alcohol consumption. Additional information on the YRBSS is available at http://www.cdc.gov/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. Additional information on SHPPS is available at http://www.cdc.gov/SHPPS.

Pregnancy Risk Assessment Monitoring System (PRAMS): PRAMS is a population-based mail and telephone survey of women who have 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 state-based active surveillance system that collects risk-factor data on all violence-related deaths, including homicides, suicides, and legal intervention deaths (i.e., deaths caused by police and other persons with legal authority to use deadly force, excluding legal executions), as well as unintentional firearm deaths and deaths of undetermined intent. For more information on NVDRS, see http://www.cdc.gov/ViolencePrevention/NVDRS.

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

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 (FASD) among women of childbearing age (18–44 years). CDC continues to monitor alcohol consumption (any use and binge drinking) among women of childbearing age (18–44 years) in the United States using the Behavioral Risk Factor Surveillance System (BRFSS). These data are important to help reduce alcohol-exposed pregnancies by identifying groups of women at increased risk and designing prevention programs aimed at reducing risk behaviors and improving pregnancy outcomes. NCBDDD, in collaboration with NCHS, has added four additional alcohol questions to survey years 2011–2013 of the National Survey of Family Growth (NSFG). The NSFG data will provide useful information on alcohol consumption among women of reproductive age and their risk for alcohol-exposed pregnancy.

Five FASD Regional Training Centers provide training to medical and allied health students, residents, and professionals in alcohol use assessment and interventions for women of childbearing age. CDC supported the development of a K–12 curriculum that describes the consequences of drinking during pregnancy. This curriculum continues to be available from the National Organization on Fetal Alcohol Syndrome (NOFAS). 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, and community health centers, and in American Indian communities.

In 2011, 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, which is now available for order at http://www.cdc.gov/ncbddd/fasd/freematerials.html. SAMHSA uses the Project CHOICES model at alcohol and drug treatment centers in various states, and CHOICES has been accepted for review and possible inclusion in SAMHSA's National Registry of Effective Programs and Policies (NREPP). For more information on these and other program activities, see http://www.cdc.gov/ncbddd/fasd/index.html.

Alcohol Screening and Brief Intervention (aSBI) in Primary Care: NCBDDD has developed and is evaluating a guide to help primary care practices adapt and implement aSBI as a routine element of patient care. In addition, three CDC-funded FASD Regional Training Centers will implement and evaluate aSBI in primary care systems. In 2012, NCBDDD held a meeting with employers, insurers, health plans, and nonprofit groups to learn how to increase demand for aSBI from groups that influence primary care practice systems. NCBDDD is also collaborating with the CDC Alcohol Program to develop an optional module for the 2014 BRFSS survey to measure the delivery of aSBI-related services.

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, in 2010, the IHS Office of Clinical and Preventive Services and CDC's NCBDDD entered into a 3-year interagency agreement to implement and evaluate CHOICES within primary care settings serving the Oglala Sioux Tribe. CHOICES is an evidence-based program for nonpregnant women to reduce their risk for alcohol-exposed pregnancy by reducing risky drinking, using effective contraception, or both. This intervention supports IHS's Government Performance and Results Act (GPRA) performance measure for screening women of childbearing age for alcohol use to prevent FASD. The alcohol screening GPRA results have exceeded 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, the work of the Behavioral Health Coordinating Committee, and provides the theoretical framework for NIAAA's underage-drinking programs.

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

The screening guide for children and adolescents, *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*, which became available in fall 2011, was developed by NIAAA in collaboration with a working group of experts. As part of a multiyear process, the working group heard from a number of research scientists, analyzed data from both cross-sectional national surveys and proprietary longitudinal studies, and worked with pediatricians from general

pediatrics as well as pediatric substance abuse specialty practices. The process culminated in the development of an easy-to-use, age-specific, two-question screener for current and future alcohol use. The *Guide* also provides background information on underage drinking, and detailed supporting material on brief intervention, referral to treatment, and patient confidentiality. The screening process 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.

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

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 the 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. A range of studies including research on rodents, studies of youth who are alcohol dependent, and recent longitudinal work beginning with youth before they begin drinking suggest that alcohol use during adolescence, particularly heavy use, can have deleterious short- and long-term effects. In December 2011, NIAAA followed the completion of initial human pilot studies with an FOA titled "Longitudinal Studies on the Impact of Adolescent Drinking on the Adolescent Brain (Phase II)" soliciting applications to more fully address the following issues: (1) what are the long-term and shorter term effects of child and adolescent alcohol exposure on the developing human brain; (2) what is the effect of timing, dose, and duration of alcohol exposure on brain development; (3) to what extent do these effects resolve or persist over time; (4) how do key covariates factor into alcohol's effects on the brain; and (5) the potential identification of early neural, cognitive, and affective markers that may predict alcohol abuse and dependence and onset or worsening of mental illness during adolescence and/or adulthood. A consortium of seven projects was funded in FY 2012. At the same time, ongoing animal studies funded in response to NIAAA's 2010 FOA titled "Neurobiology of Adolescent Drinking in Adulthood" seek to clearly define the persistent effects of adolescent alcohol exposure and begin to explore the neurobiological mechanisms underlying these effects.

College Drinking Prevention Initiative: The work of this initiative, which began more than a decade ago, continues to support and stimulate studies of the epidemiology and natural history of college-student drinking and related problems. Its ultimate goal is to design and test interventions that prevent or reduce alcohol-related problems among college students. NIAAA continues to have a sizable portfolio of projects that target college-age youth. Importantly, NIAAA recently convened a new College Presidents' Working Group to (1) provide input to the Institute on future research directions; (2) advise the Institute about what new NIAAA college materials would be most helpful to college administrators, and in what format; and (3) recommend strategies for communicating with college administrators. In response to the College Presidents' Working Group's request that NIAAA develop a "matrix" to help them and their staff navigate the many available interventions when making decisions about what to implement on their respective campuses, NIAAA commissioned a team of experts to develop such a matrix.

Simultaneously NIAAA is developing a computerized searchable tool and accompanying materials based on the matrix. The matrix will provide information about individual- and environmental-level strategies that have been or might be used to address alcohol use among college students. For each strategy, information is provided about the amount and quality of available research, estimated effectiveness, estimated cost and barriers related to implementation, and time to implement, factors that may be relevant to campus and community leaders as they evaluate their current approaches, and as they consider and select additional strategies to address college-student drinking using a comprehensive approach. 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 drinking 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 assessing 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. Health care providers capitalize on a "teachable moment" to deliver a brief intervention meant to reduce problem drinking and associated difficulties. This approach complements school-based primary prevention programs, which do not address cessation/reduction issues for adolescents who are already drinking, rarely address motivational issues related to use and abuse, and cannot target school dropouts.

Adolescent Treatment Research Program: NIAAA initiated an adolescent treatment research program in 1998. Since then, dozens of clinical projects have been funded, the majority of which are clinical trials. These include behavioral intervention trials, pharmacotherapy trials, and health services studies. The program's objective is to design and test innovative, developmentally tailored interventions that use evidence-based knowledge to improve alcohol

treatment outcomes in adolescents. Results of many of these projects will yield a broad perspective on the potential efficacy of family-based, cognitive-behavioral, brief motivational, and guided self-change interventions in a range of settings.

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. 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 awarded grants to four states in response to this solicitation: Arizona, California, Hawaii, and Montana. The AFBs that participated 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 USAF-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 higher fell significantly between baseline and 1 year after the intervention. It is important to note, however, that AUDIT scores across the USAF 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 compared with their matched control bases.

Prevention for Multiethnic 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 influence 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 issued a screening guide for children and adolescents for use by health care practitioners titled, *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide.* NIAAA also disseminates information about the prevention of underage drinking through a variety of publications, including two new fact sheets, one on underage drinking (pubs.niaaa.nih.gov/publications/UnderageDrinking/Underage_Fact.pdf) and one on college

drinking (pubs.niaaa.nih.gov/publications/CollegeFactSheet/CollegeFactSheet.pdf), 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 fact sheets focusing on underage drinking issues surrounding high school graduation, the first weeks of college, and spring break; the widely cited report from NIAAA's college drinking task force, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* (2002a), and a brief update on college drinking, titled *What Colleges Need to Know Now: An Update on College Drinking Research* (2007).

NIAAA also sponsored and edited a special 2008 supplement to the journal *Pediatrics* titled *Underage Drinking: Understanding and Reducing Risk in the Context of Human Development.* Additional publications include a special July 2009 supplement to the *Journal of Studies on Alcohol and Drugs* on NIAAA's rapid response initiative to reduce college drinking and *Update on the Magnitude of the Problem*; a 2009 article in the journal *Alcohol Research and Health* titled "A Developmental Perspective on Underage Alcohol Use"; and the lead article in the December 2010 issue of the *American Journal of Preventive Medicine*, "Alcohol risk management in college settings: The Safer California Universities Randomized Trial."

In addition, recent issues of NIAAA's webzine, the *NIAAA Spectrum*, have highlighted underage and college drinking:
http://www.spectrum.niaaa.nih.gov/archives/v4i1Feb2012/media/pdf/NIAAA_Spectrum_Newsletter_F eb2012.pdf and
http://www.spectrum.niaaa.nih.gov/media/pdf/NIAAA_Spectrum_Newsletter_Sept2012.pdf.

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

- *College Drinking Prevention Website:* NIAAA's website addressing alcohol use among college students (http://www.collegedrinkingprevention.gov) was recently redesigned and updated to permit easier navigation by topic or by audience. Updated features include new statistics, recent research papers, and presentations from task force participants along with a new section on choosing the right college.
    - *Coolspot Website for Kids:* Targeted to youth ages 11 to 13 years old, 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 the site's interactive features.

Leadership to Keep Children Alcohol Free: NIAAA was one of the founders of this nationwide organization, launched in 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 ages 9 to 15.
- 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 PSAs 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 to Prevent and Reduce Underage Drinking* 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 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 the National Epidemiologic Survey on Alcohol and Related Conditions: A number of longitudinal studies following subjects first identified as adolescents (along with genetic epidemiology studies) are particularly pertinent to underage drinking, as is NESARC, which includes people ages 18 to 21. Such studies could potentially enhance understanding of the etiology, extent, and consequences of underage alcohol consumption. Analysis of NESARC data indicates that 18- to 24-year-olds have the highest prevalence of alcohol dependence of any age group in the general population, underscoring the need for enhanced early prevention efforts. In 2012, NIAAA launched the new nationally representative National Health and Alcohol Survey, which captures information on alcohol dependence and other related mental health conditions from over 46,000 individuals. DNA samples will also be collected. The NHAS will provide important prevalence data about alcohol use disorders, related disorders and problems, and overall health that can be used to inform advances in the prevention and treatment of alcohol use disorders, which affect millions of Americans of all ages every year.

National Institute on Drug Abuse/HHS

Activities Specific to Underage Drinking

None

Activities Related to Underage Drinking

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

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

Strong African-American Families (SAAF) Program: SAAF is a family-centered risk behavior prevention program that enhances protective caregiving practices and youth self-regulatory competence. SAAF consists of separate parent and youth skill-building curricula and a family curriculum. Evaluations have confirmed SAAF's efficacy for 11-year-olds in preventing, across several years, the initiation of risk behaviors, including alcohol use; enhancing protective parenting practices; and increasing youth self-regulatory capabilities. The program was effective when primary caregivers had clinical-level depressive symptoms and when families reported economic hardship; it can also ameliorate genetic risk for involvement in health-compromising risk behaviors across preadolescence. A recently completed randomized controlled trial of SAAF targeted African American adolescents in high school (*N*=505). This study found that 22 months after baseline the intervention had a significant impact on substance use and substance use problems (including alcohol), conduct problems, and depression symptoms for youth in the intervention condition compared with youth in the control condition (Brody et al., 2012).

After Deployment: Adaptive Parenting Tools (ADAPT): Adapted from an evidence-based Parent Management Training-Oregon (PMTO) model intervention, Parenting through Change, the ADAPT program is designed for military families with a parent reintegrating from the conflicts in Afghanistan and Iraq (OEF/OIF). ADAPT is a modified version of PMTO that is enhanced with web-based supports, and is specific to military families and culture. ADAPT utilizes small-group parenting sessions that provide support and skills for positive parent–child interactions, emotion regulation, and effective parenting practices. Previous research on PMTO interventions for families from universal and high-risk populations (e.g., divorcing families, low-income families, and youth with early-onset conduct problems) have demonstrated that the program is effective in reducing coercive parenting and increasing positive parenting. Longitudinal followup studies have shown positive effects of PMTO on a broad array of outcomes, including child and parent adjustment, youth substance use and related behavior problems, as well as other areas of family functioning. Currently, a study of the ADAPT model is being conducted with 400 reintegrating Army National Guard families with 6- to 12-year-old children to test the effectiveness of the intervention for improving parenting and reducing child risk for substance use and related behavior problems, and satisfaction with the program. A recent article describes the need for programs such as ADAPT, the PMTO evidence base supporting the program, and recommendations for providers, for supporting parenting among military families as a way to reduce youth risk factors and promote well-being (Gewirtz, Erbes, Polusny, Forgatch, & Degarmo, 2011).

Coping Power: Coping Power is a multicomponent child and parent preventive intervention directed at preadolescent children at high risk for aggressiveness and later substance abuse and delinquency. The child component is derived from an anger coping program primarily tested with highly aggressive boys and shown to reduce substance use. The Coping Power Child Component is a 16-month program for children in the 5th and 6th grades. Group sessions usually occur before or after school or during nonacademic periods. Training focuses on teaching children how to identify and cope with anxiety and anger; control impulsiveness; and develop social, academic, and problem-solving skills at school and home. Parents are also trained throughout the program. Efficacy and effectiveness studies show Coping Power to have preventive effects on youths' aggression, delinquency, and substance use (including alcohol use). In a study of the intensity of training provided to practitioners, greater reductions in children's externalizing behaviors and improvements in children's social behaviors and academic skills occurred for those whose counselors received more intensive Coping Power training than for those in the basic Coping Power training or control conditions. A currently funded study of Coping Power is comparing the child component delivered in the usual small-group format with a newly developed individual format to determine whether the latter will produce greater reductions in substance use, children's externalizing behavior problems, and delinquency at a 1-year followup assessment.

EcoFIT (previously, Adolescent Transitions Program): This tiered intervention, targeted to children, adolescents, and their parents, recognizes the multiple environments of youth (e.g, family, caregivers, peers, school, and neighborhood). EcoFIT in schools uses a tiered approach to provide prevention services to students in middle and junior high school and their parents. The universal intervention level, directed to parents of all students in a school, establishes a Family Resource Room to engage parents, establish parenting practice norms, and disseminate information about risks for problem behavior and substance use. The selective intervention level

uses the Family Check-Up, which offers family assessment and professional support to identify families at risk for problem behavior and development of youth substance use and mental health problems. The indicated level, the Parent Focused curriculum, provides direct professional support to parents to make the changes indicated by the Family Check-Up. Services may include behavioral family therapy, parenting groups, or case management services. Findings showed that the EcoFIT model reduced substance use in high-risk students 11 to 14 years old (grades 6–9), with an average of 6 hours of contact time with the parents. Adolescents whose parents engaged in the 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. The National Institute on Child Health and Human Development funded a study in 2012, with co-funding from NIDA, which will examine the role of parent–youth relationships in late adolescence on substance use and abuse during the transition to adulthood. This study will also evaluate the preliminary efficacy of a late adolescence version of the Family Check-up for preventing escalation of substance use during this developmental period, and promoting positive behavioral health outcomes in early adulthood.

Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14): SFP is a seven-session skill-building program for parents, youth, and families to strengthen parenting and family functioning and to reduce risk for substance abuse and related problem behaviors among youth. Program implementation and evaluation have been conducted through partnerships that include state university researchers, cooperative extension system staff, local schools, and community implementers. Longitudinal comparisons with control group families showed positive effects on parents' child management practices (e.g., setting standards, monitoring children, and applying consistent discipline) and on parent–child affective quality. In addition, an evaluation of this program found delayed initiation of substance use at the 6-year 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. A longitudinal study of SFP 10-14 and Life Skills Training (LST) together and LST alone found that 5.5 years after baseline (end of grade 12) both interventions together and LST alone reduced growth in substance initiation. Both interventions also prevented more serious substance use outcomes among youth at high risk (use of at least two substances) at baseline. A currently funded study is supporting a long-term followup of a randomized trial of the multicomponent SFP 10–14 plus LST compared with LST alone, or a minimal contact control condition, following youth during late adolescence emerging adulthood to understand the long-term public health impact of universal prevention.

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

dependence disorders, regular smoking, and antisocial personality disorder. Currently, NIDA is supporting a long-term second-generation (1986–1987) followup through age 25, including DNA collection for gene x environment analyses. NIDA supported a trial of GBG delivery in a whole-school-day context that emphasizes reading achievement, along with pilot research on models for implementing GBG in entire school districts. In addition, NIDA supported a pilot study for formative research on the large-scale implementation of GBG within a school district that could inform a system-level randomized trial on scaling up GBG. The pilot research focused on developing district partnerships, determining community-level factors that influence program implementation, and ensuring the acceptance, applicability, and relevance of measures and intervention design requirements for a large-scale trial. The conceptual framework guiding the development of the partnership and lessons learned are described in an article (Poduska, Gomez, Capo, & Holmes, 2012) that also addresses the implications for implementing evidence-based universal prevention programs such as GBG through research and practice partnerships.

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 in grades 6, 7, and 8 (for middle school) or grades 7, 8, and 9 (for junior high schools). LST covers three major content areas: drug resistance skills and information, self-management skills, and general social skills. The program has been extensively tested and found to reduce the prevalence of tobacco, alcohol, and illicit drug use relative to controls by 50 to 87 percent. NIDA currently funds a study examining the dissemination, adoption, implementation, and sustainability of LST.

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 that was 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 7–13) in schools randomly assigned to receive the intervention and schools assigned to a wait-list control condition. 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 (Kupersmidt, Scull, & Austin, 2010). 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 influence on school children's intentions to use substances. Currently, a similar methodology is being used to develop a media literacy prevention intervention for high school teachers and students. The intervention uses active learning methods and is designed to be implemented in public, private, and home school settings as well as community-based settings.

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 and social and self-control skills, along with decisionmaking materials that target 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 recently completed randomized controlled trial on the dissemination and implementation of Project TND in traditional high schools, in which 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 (Rohrbach, Gunning, Sun, & Sussman, 2010). 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 training condition, than in the regular training condition. However, despite these effects, 7 of the 10 immediate student outcome measures showed no significant differences between conditions. A current study of Project TND is examining the role of brief telephone booster sessions based on motivational interviewing and delivered over multiple years—from late adolescence into emerging adulthood—to sustain and possibly enhance long-term outcomes (Barnett et al., 2012).

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

- *Communities That Care (CTC):* An operating system for quality implementation of evidence-based preventive interventions targeted to specific risk and protective factors within the community, CTC provides a framework for assessing and monitoring community-level risk and protective factors, training, technical assistance, and planning and action tools for implementing science-based prevention interventions through community service settings and systems. The Community Youth Development Study (CYDS) is testing CTC in 7 states with 12 matched pairs of communities randomized to receive the CTC system or serve as controls. CYDS targets youth in grades 6 through 12. Participating communities selected and implemented evidence-based prevention interventions based on their community profile of risk and protective factors. A panel of 4,407 5th graders 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 youth in the CTC condition than youth in the control condition (Hawkins et al., 2008). From grades 5 through 8, youth in the intervention condition had lower incidences of alcohol, cigarette, and smokeless tobacco initiation, and significantly lower delinquent behavior than those in the control condition.

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 youth in CTC communities than for youth 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 CTC communities than in control communities (Hawkins et al., 2012). Also, the odds of initiating alcohol use by grade 10 were significantly lower (38 percent lower) in CTC communities than in the control communities. Arthur and colleagues (2010) examined the implementation of core intervention elements by coalitions in CYDS and found that, compared with control coalitions, CYDS coalitions implemented significantly more of the CTC core elements (e.g., using community-level data on risk and protective factors to guide selection of effective prevention programs) and also implemented significantly higher numbers of tested, effective prevention programs. In addition, CTC communities had greater sustainability of tested and effective programs and delivered the programs to more children and parents than control communities (Fagan, Arthur, Hanson, Briney & Hawkins, 2011). A recent economic analysis of CTC found a benefit–cost ratio of $5.30 per $1 invested (Kuklinski, Briney, Hawkins, & Catalano, 2012).

- *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 was 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. 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 (Spoth et al., 2007).

  In a study 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 (Spoth et al., 2011). Among youth at higher risk for substance use at baseline, those in the intervention condition showed significantly slower growth in substance use between 6th grade and 10th grade relative to controls. Sustainability of implementation quality was examined 6 years after initiating the PROSPER model (Spoth, Guyll, Redmond, Greenberg, & Feinberg, 2011). Adherence to the school-based and family-based intervention models was high, averaging near 90 percent across multiple implementation cohorts (five school-based cohorts; six family-based cohorts). A continuation study was funded in 2012 to understand effects of PROSPER in emerging adulthood, for participants who received evidence-based interventions in middle school. Reductions in substance abuse, antisocial

behaviors, sexual risk behaviors, and improvements in healthy adult functioning will be examined.

- *Building Infrastructure and Capacity to Support Sustained, Quality Implementation of Evidence-Based Interventions:* NIDA supported a large-scale grant to address the lack of well-integrated infrastructure across public education systems to support quality delivery of evidence-based interventions. The project was based on the PROSPER model—a partnership model for implementation of evidence-based prevention interventions targeting alcohol, tobacco, and other drug use and abuse and related problems. Activities included 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 included developing a web-based process and outcome evaluation system. A goal of this grant was to develop research-based approaches to build the nation's capacity to reduce youth substance use, including alcohol use and abuse, and create rapid advances in the prevention science field from research to practice.
- *Creating the Scientific Infrastructure for the Promise Neighborhood Initiative:* NIDA supported a large-scale infrastructure grant focused on the implementation of comprehensive preventive interventions in the nation's highest poverty neighborhoods. This project coordinated with the Promise Neighborhood initiative that is being led by the U.S. Department of Education. The grant supported the Promise Neighborhood Consortium (PNC), which provided an infrastructure through which the scientific community could 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 prosocial behavior and academic achievement. The goals of the grant were to (1) establish the infrastructure for the PNC; (2) create a state-of-the-art website system to enable the research and neighborhood members of the PNC 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 substance 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 focused on the promotion of nurturing environments and emphasizes impact on children, youth, and families. One of the products from the consortium was a framework for the promotion of child health and development in high-poverty neighborhoods, including risk and protective factors that could be impacted by evidence-based interventions (Komro, Flay, Biglan, & PNC, 2011).
- *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 family, school, and community settings; and summaries of effective prevention programs.

National Drug Facts Week (NDFW): NDFW is a health observance week for teens that aims to provide accurate information about alcohol, tobacco, and other drug abuse. During this week, NIDA also holds a Drug Facts Chat Day, where NIDA scientific staff and colleagues from NIMH and NIAAA respond to questions and concerns from students on substance abuse and mental health topics. A companion NIDA publication, titled *Drug Facts: Shatter the Myths* is also a resource for NDFW. This publication answers teens' most frequently asked questions about alcohol, tobacco, and other drug use. Information on NDFW can be found at: http://drugfactsweek.drugabuse.gov/index.php. The most recent NDFW was scheduled for January 28–February 3, 2013, and the Drug Facts Chat Day was scheduled for January 31, 2013.

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

Substance Abuse and Mental Health Services Administration/HHS

Activities Specific to Underage Drinking

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 February 2013. Campaign messages have been developed and tested in the pilot sites for television, radio, and print.

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 NIAAA entry on this organization). SAMHSA works with Leadership to link the agency's Substance Abuse Prevention and Treatment 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 Initiatives: This SAMHSA/CSAP effort provides resources, message development, public outreach and education, and partnership development for preventing underage alcohol use among youth up to age 21. The initiative provides ongoing support for the ICCPUD web portal and town hall meetings, Too Smart To Start, Building Blocks for a Healthy Future (Building Blocks), the state/Territory Video Initiative (all detailed below), and other national and community-based prevention initiatives conducted by SAMHSA and CSAP.

- *ICCPUD Web Portal:* SAMHSA, on behalf of ICCPUD, maintains a web portal (http://www.stopalcoholabuse.gov) dedicated to the issue of underage drinking and consolidates comprehensive research and resources developed by the 15 federal agencies of ICCPUD. The portal includes information on underage drinking statistics (i.e., prevalence, trends, and consequences), training events, evidence-based approaches, and other resources and materials that support prevention efforts. Direct links are provided to federally supported websites designed to prevent substance abuse, including alcohol. Information is intended to serve all stakeholders (e.g., community-based organizations involved in prevention, policymakers, parents, youth, and educators). The portal also includes a subsite for the town hall meeting initiative and its supporting resources. SAMHSA, with input from ICCPUD, is currently restructuring the website to better serve the needs of diverse users. As of December 2012, the web portal was averaging 623 visits per day and the average time onsite at 10 minutes, 48 seconds.
- *Town Hall Meetings:* To engage communities nationwide in evidence-based efforts to prevent and reduce underage alcohol use, ICCPUD—with SAMHSA as the lead agency—has supported town hall meetings in 2006, 2008, 2010, and 2012. These meetings, held in every state, the District of Columbia, and some 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. For example, a summary report by the Governor's Prevention Advisory Council (GPAC) Underage Drinking Prevention Workgroup on town hall meetings held in California in 2010 found that 20 percent of these events resulted in plans to develop a social host ordinance or other alcohol-related legislation, 5 percent led to development of new prevention coalitions, and 17 percent recruited new members for existing coalitions. Iowa coordinates its town hall meetings statewide to gather community feedback that can be used to assess progress in reducing and preventing underage alcohol use and its consequences. In 2012, nearly 1,400 community-based organizations registered their intent to hold more than 1,500 events, despite decreasing budgets for many prevention organizations. During FY 2012, one report was released on the results of the meetings: *2010 Town Hall Meetings: Mobilizing Communities to Prevent and*

Reduce Underage Alcohol Use, an Evaluation Report. SAMHSA is developing a summary report on the 2012 town hall meetings.

- *Webcasts:* SAMHSA hosted two live national webcasts in support of the 2012 Town Hall Meeting initiative: Making the Grade on College Drinking Prevention (February 6, 2012) and Getting to Outcomes Through Town Hall Meetings (May 21, 2012). Both webcasts featured national experts and prevention specialists who were achieving notable progress in reducing underage drinking prevention in their communities. Both webcasts attracted a broad audience: 542 individuals attended the first webcast in person or online; 350 attended the second webcast online. These national webcasts are achieved and available for viewing at: http://www.stopalcoholabuse.gov/TownHallMeetings/resources/training.aspx. In addition, page views of the ICCPUD website at http://www.stopalcoholabuse.gov soared during the 2 months in which the webcasts were broadcast: 1,849,224 during February and 1,044,193 during May. The average number of page views for all other months from September 2011 to August 2012 was 288,158/month. These events were promoted through social media, stakeholder e-mail lists, and national and community partner organizations.
- *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 website (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.
- *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 ways to reduce basic risk factors and enhance protective factors related to the behavioral health of their children. This evidence-based program is based on six protective steps identified by NIDA and SAMHSA that adults can take to help children avoid later drug use, such as establish and maintain good communication with their children and make clear rules and enforce them consistently. Building Blocks materials are available in both English and Spanish. SAMHSA holds training workshops on the use of Building Blocks materials at semiannual meetings held by the National Head Start Association and the conferences of other child-serving organizations. The website (http://www.bblocks.samhsa.gov) offers several lessons plans each year for early childhood educators, and pairs them with materials for parents so they can reinforce classroom activities at home. During FY 2012, SAMHSA established a relationship with regional Head Start programs as the groundwork for an evaluation of program outcomes.
- *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 town hall meetings and implementation of evidence-based approaches).

  Following a positive response to videos developed in direct collaboration with and pilot-tested by four states (Arizona, Louisiana, Mississippi, and Texas), SAMHSA expanded the video initiative to include all states and territories. SAMHSA aims to produce videos for all 50 states, 8 territories, and the District of Columbia before 2014. During FY 2012, SAMHSA provided video production support to 17 states (Alabama, Arizona, Idaho, Illinois, Indiana, Kansas, Maine, Maryland, Massachusetts, Michigan, New Hampshire, North Carolina, New Jersey, Ohio, South Carolina, Tennessee, and Wisconsin), the District of Columbia, and Puerto Rico. The number of videos produced to date is 37 (some states and territories produced more than one). Completed videos can be viewed on the SAMHSA YouTube page at http:// www.youtube.com/user/SAMHSA#g/c/6F25AC126268A2B3, where they have been viewed more than 27,000 times to date. This initiative incorporates continuous evaluation of the process and the outcomes of the videos. A full report is expected in 2014.

- *American Indian Underage Drinking Prevention Video*: In late 2010, SAMHSA began collaborating with its Native American Center for Excellence and its Expert Panel to plan a video supporting efforts by American Indian communities to keep their youth alcohol free. Interviews with 21 youth and 3 elders, based on the concept that "culture is prevention," were recorded in June 2012 during a national meeting of Native American youth. A first cut of this video is being produced.
- *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 effective regional underage drinking prevention efforts and (2) recommendations for stronger prevention approaches and resources needed by community-level prevention organizations to support their implementation. 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 has solicited input from key national groups, including those targeted to youth and those at the college level such as Students Against Destructive Decisions and the Network Addressing Collegiate Alcohol and Other Drug Issues. SAMHSA presented a summary report of its findings on successful prevention efforts, barriers to implementing strategic plans, policy concerns, and recommendations to its federal ICCPUD partners, who 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.

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 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 103 community coalitions in 34 states across the United States. CSAP awarded 22 grants in Cohort II (which extends from FY 2009 to FY 2013) and 81 grants in Cohort III (which extends from FY 2012 to FY 2016).

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 set-aside 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.

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

Strategic Prevention Framework, Partnership for Success (SPF-PFS II): Over a 3-year period, the SPF-PFS II is designed to address two of the nation's top substance abuse prevention priorities: (1) underage drinking among persons ages 12 to 20 and (2) prescription drug misuse and abuse among persons ages 12 to 25. PFS II grantees are permitted to choose a subset of these respective age ranges for the two prevention priorities based on their data findings. The SPF-PFS II is also intended to bring SAMHSA's Strategic Prevention Framework to a national scale. These awards provide an opportunity for recipients of the Substance Abuse Block Grant (SABG) that have completed an SPF SIG and are not currently funded through SAMHSA's Partnership for Success grants to acquire additional resources to implement the SPF process at the state and community levels. Equally important, the SPF-PFS II program promotes alignment and leveraging of prevention resources and priorities at the federal, state, and community levels. SPF-PFS II grantees are expected to meet several key requirements: (1) States must use a data-driven approach to identify which of the substance abuse prevention priorities they propose to address using the SPF-PFS II funds. States must use SPF-PFS II funds to address one or both of these priorities. At their discretion, states may also use SPF-PFS II funds to target an additional,

data-driven prevention priority in their state. (2) States must develop an approach to funding communities of high need (i.e., subrecipients) that ensures that all funded communities receive ongoing guidance and support from the state, including technical assistance and training. Of the 15 states awarded funding, 11 have chosen to target underage drinking. Three of the 11 have chosen underage drinking as their sole priority.

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 SAMHSA's CSAT 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: SAMHSA's FASD Center for Excellence (CFE) is SAMHSA's largest alcohol prevention initiative, addressing innovative techniques and effective strategies for preventing alcohol use among women of childbearing age and providing assistance to persons and families affected by FASD. States, communities, juvenile justice systems, and academic institutions are in the process of improving their service delivery systems and policies and procedures to screen at intake for FASD among children, youth, and adults and refer individuals for interventions or for diagnosis, if necessary. These systems also participate in surveillance to create sustainable evidence-based responses to FASD. This initiative does not specifically target underage drinkers, but it is expected that through the current FASD CFE's collaboration with SAMHSA/CSAP underage drinking programs, more children, youth, and adults will be reached, educated, and trained on co-occurring issues (substance use/abuse) across the lifespans of individuals with FASD. The FASD CFE website, http://www.fasdcenter.samhsa.gov, reported 187,467 unique visitors and 493,276 total visits from January to December 2011, and 160,364 unique visitors and 429,991 total visits from January to September 2012. SAMHSA is also a member of the Interagency Coordinating Committee on FASD (ICCFASD), comprising federal partners such as NIAAA, the National Center for Birth Defects and Disabilities (NCBDD) of the Centers for Disease Control and Prevention, the Health Resources Services Administration (HRSA), and the Indian Health Service.

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 was established by SAMHSA in 2007 as a national training and technical assistance resource on issues related to American Indian and Alaska Native (AI/AN) substance abuse prevention and behavioral health. NACE serves tribal health systems, community-based organizations, regional health boards, and others. NACE supports community-driven initiatives and solutions and brings cultural attention and sensitivity to all of its interactions and relationships with AI/AN communities. A 15-member panel of experts guides NACE services on a wide range of topics including AI/AN behavioral health assessment, capacity building, program planning, evidence-based practice implementation, evaluation, youth issues, and traditional healing. Culturally competent expert consultants and trainers representing a broad range of disciplines and approaches to wellness add to the rich pool of service providers that NACE offers. NACE also builds and supports strong collaborative initiatives as well as learning communities: virtual meetings of interested stakeholders on special topics where participants can talk, teach, share materials, and inspire each other. NACE contributes to AI/AN engagement and youth prevention throughout Indian Country in supporting the development of multimedia projects prevention video and culturally appropriate youth healing modalities.

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

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

Community Resilience and Recovery Initiative (CRRI): CRRI is a place-based initiative to improve behavioral health outcomes through enhanced coordination and evidence-based health promotion, illness prevention, treatment, and recovery support services in communities affected by the economic downturn. CRRI grants direct resources toward preventing or intervening early in behavioral health problems. They also aim to prevent a downward cycle that leads to chronic declines in community resilience and long-term behavioral health issues and unemployment among their residents. Through coordinated services, the CRRI grants work in funded communities to: reduce excessive drinking (and other substance use if the community chooses); reduce child maltreatment and family violence; enable communities to better identify and respond to suicide risk; build a sense of cohesiveness and connectedness; enable coordination across service systems and community organizations; and improve community resilience and reduce the impact of the economic downturn on behavioral health problems. CRRI grants are positively affecting client outcomes in their programs. These outcomes chart the progress of clients for whom both intake and 6-month followup data were available. These outcomes include increases in abstinence from alcohol/drugs, employment and education, stability in housing, and social connectedness and decreases in arrests and the negative social consequences of alcohol and drug use.

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

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

- *Inventory of Behavioral Health Services (I-BHS)* is a list of all known public and private substance abuse and mental health treatment facilities in the United States and its territories.
- *National Survey of Substance Abuse Treatment Services (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.

Drug Abuse Warning Network (DAWN): Conducted by SAMHSA, DAWN was a nationally representative public health surveillance system that continuously monitored drug-related visits to hospital emergency departments (EDs). Using a stratified two-stage cluster sampling design, SAMHSA collected data from a sample of approximately 250 nonfederal, short-stay, general hospitals with 24-hour EDs in the first stage, and a large fraction of the ED visits within those hospitals at the second stage. For each sampled ED visit caused by or related to drugs, DAWN collected up to 22 drugs involved in the visit, along with demographic information including patient's age and gender. In 2012, SAMHSA and the National Center for Health Statistics (NCHS), CDC, began work to incorporate DAWN's ED survey into the redesigned ED component of the new National Hospital Care Survey conducted by NCHS. DAWN data showed that in 2011, patients aged 20 or younger made nearly 440,000 drug-abuse-related ED visits, almost half of which (188,706 visits, or 43.2 percent) involved alcohol.

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 website that describes the intervention and its targeted outcomes and provides expert ratings of the quality of the research and its readiness for dissemination. This information helps individuals and organizations determine whether a particular intervention may meet their needs. SAMHSA advises having direct conversations with intervention developers and other contacts listed in the summary before selecting and/or implementing an intervention. As of fall 2012, more than 250 programs were evaluated by NREPP and posted on the NREPP website. For more information on NREPP, visit http://www.nrepp.samhsa.gov.

Center for the Application of Prevention Technologies (CAPT): SAMHSA's CAPT is a national training and technical assistance (T/TA) system committed to strengthening substance abuse prevention efforts at the regional, state, and local levels and building the nation's prevention workforce. SAMHSA's CAPT provides face-to-face and electronic T/TA services to 75 entities (52 states, 14 Tribes, and 9 jurisdictions) receiving funding through any of the following SAMHSA grant programs: Strategic Prevention Framework State Incentive Grants (SPF SIGs), Partnerships for Success I and II, the Substance Abuse Block Grant, and the State Epidemiological Outcomes Workgroups.

The CAPT provides a range of services focusing on underage drinking prevention. For example, from April to June 2012, the CAPT's West Resource Team facilitated a series of four webinars to introduce local prevention workers to specific underage drinking evaluation strategies, such as social host ordinances, responsible beverage service training, taxation and licensing, and social norms. The CAPT's Central Resource Team conducted a literature review on the risk factors for underage binge drinking and corresponding evidence-based prevention strategies—states in the CAPT's Central service area then used this information to inform community-level prevention planning processes. In January the CAPT provided assistance to Vermont on revising a draft set of performance and outcome measures for school-based prevention activities. In addition, in FY2012 the CAPT delivered more than 30 trainings to states, Tribes, and jurisdictions on using

the SPF to prevent underage drinking. In June, for example, CAPT T/TA providers conducted a 2-day onsite training for community-level prevention providers in the Federated States of Micronesia on underage drinking risk and protective factors and developing logic models.

Service to Science Initiative: Administered through CAPT (see above), SAMHSA/CSAP's Service to Science initiative helps innovative programs addressing critical substance abuse prevention to enhance their evaluation capacity. Since the initiative's inception in 2004, over 500 programs serving diverse populations in various settings have received direct TA. After their year of participation, programs are eligible to apply for 1-year subcontract awards to further enhance their evaluation capacity. In FY2012, 52 programs participated in the initiative. On behalf of SAMHSA, the CAPT also awarded subcontracts in FY2012 to 22 programs that had participated in FY2011. Of these funded programs, 10 addressed prevention or deterrence of underage drinking and 3 of these 10 addressed underage drinking prevention exclusively.

Office of the Surgeon General/HHS

Activities Specific to Underage Drinking

Dissemination of the* Call to Action *and the* Guides*: The ICCPUD agencies continue to promote the 2007 *Call to Action* and the accompanying *Guides to Action* as a key source of information on addressing the national health problem of underage drinking. The *Call to Action* and the *Guides* are 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/DoJ

Activities Specific to Underage Drinking

Enforcing Underage Drinking Laws (EUDL): The EUDL program provides national leadership in ensuring that states, territories, and communities have the information, training, and resources needed to enforce underage drinking laws. Through EUDL, the OJJDP supports and enhances efforts by states and local jurisdictions to prohibit the sale of alcoholic beverages to minors and the purchase and consumption of alcoholic beverages by minors. (Minors are defined as individuals under 21 years old.) A governor-designated agency, through its EUDL coordinator, implements the EUDL initiative. State and territory agencies that implement OJJDP-supported EUDL programs include justice agencies, highway safety offices, alcohol beverage control agencies, health and human services agencies, youth services agencies, and

offices of the governor. Agency contacts are listed on the Underage Drinking Enforcement Training Center (UDETC) website (http://www.udetc.org).

The EUDL block grant program supports task forces of state, territory, and local law enforcement, and judicial and prosecutorial agencies; encourages innovative programming; and conducts public advertising programs that inform and educate alcohol retailers about underage drinking and its consequences. The EUDL program encourages and supports partnerships between law enforcement and underage drinking prevention advocates. EUDL requires that all discretionary programs include multidisciplinary coalitions that use environmental, enforcement-oriented local approaches. EUDL grantees routinely partner with a number of other private and public organizations. For example, 54 states/territories and the District of Columbia have worked and continue to work closely with state/territory alcohol beverage control agencies or other state/territory-level enforcement agencies that specialize in alcohol enforcement. A total of 49 states/territories and the District of Columbia have incorporated and continue to incorporate college communities into EUDL funding priorities; 37 states/territories have engaged and many continue to engage members of the Leadership to Keep Children Alcohol Free initiative in their state and territory EUDL programs; and 15 states/territories have linked and many continue to link with U.S. military bases to address underage and hazardous drinking behavior by troops. During the 2012 EUDL Coordinator Symposium, OJJDP highlighted, through a panel discussion, effective EUDL/federal partnerships established during the program. In 2012, EUDL experienced a significant funding reduction (from $25 million to $5 million). Therefore, the EUDL block grant was not supported that year.

Standard local EUDL discretionary programming can also include the development and use of youth leadership to plan and implement community programs. Designated youth 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.

Underage Drinking Enforcement Training Center (UDETC): A major component of the EUDL program, UDETC provides training and technical assistance to adults and youth. UDETC identifies science-based strategies, publishes supporting documents, delivers training, and provides technical assistance to support the enforcement of underage drinking laws. Since 1999, UDETC has been working with EUDL Coordinators in all 50 states, the District of Columbia, and 5 territories to coordinate training and technical assistance for prevention and reduction of underage drinking. UDETC accomplishes its mission by providing onsite trainings, expert technical assistance by UDETC staff, monthly audio teleconferences, publications, a toll-free technical assistance hotline, a website, distance-learning opportunities, and an annual national conference and/or symposium on underage drinking prevention and enforcement. As a national program, UDETC has responded to more than 11,000 technical assistance requests each year, completed 126 national audio calls/webinars reaching more than 19,000 individuals, conducted 595 onsite trainings reaching 32,193 participants, developed more than 270 documents (guides, toolkits, case studies, and resource reports), and has had more than 24 million website hits.

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

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

Additional publications to support enforcement and prevention work, including over 140 success stories that feature measurable outcomes, are available from the UDETC website (http://www.udetc.org).

UDETC maintains a small library of radio and TV public service announcements 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.

National Leadership Conferences: Through UDETC, OJJDP has conducted 12 annual National Leadership Conferences, which provide training opportunities and promote cooperation, coordination, and collaboration among such partners as highway safety offices, health agencies, justice agencies, law enforcement, schools, youth advocacy groups, health care professionals, and alcohol prevention service providers. In August 2011, more than 1,400 partners attended the conference. In August 2012, OJJDP conducted an invitation-only EUDL Coordinators Symposium designed to engage state EUDL coordinators and selected invitees in strategizing ways to enhance EUDL outcomes in states and local communities. More than 130 attendees participated in focused discussions, workshops, and collaborative meetings.

In December 2010, with an interest in making their resources accessible, UDETC developed distance-learning curriculums. UDETC's distance-learning opportunities featured courses that presented best practices and strategies for enforcement of underage drinking laws and efforts to reduce underage drinking. The web-based, online courses are free to participants and designed to provide basic information as a foundation for onsite followup training provided by the UDETC. Participants can receive a certificate after completion of each course. Currently, more than 1,000 individuals have completed the two online courses (Conducting Compliance Check Operations and Environmental Strategies). Future courses include Party Prevention and Controlled Party Dispersal and Techniques for Managing Special Events. UDETC also began a weekly internet radio program titled "A National Conversation on Protecting Our Youth—Enforcing Underage Drinking Laws" developed to serve less mobile audiences. The weekly programs are also available after show times by request through the UDETC website.

Judicial Project: EUDL's UDETC tackled the Judicial Project, an innovative initiative offering resources to the judiciary and probation fields on the broad and encompassing problems related to underage alcohol use. With judges assuming a leadership role within a community and having the ability to influence community norms around underage drinking, the objective of the project is to collect the most up-to-date science, research, and court practices on the myriad of health-related issues that impact youth who appear before the courts on alcohol-related offenses. The project delivers information in a variety of ways to judges, court professionals, and community members who are concerned about the societal impact of underage drinking. The project does not attempt to influence the impartiality of judges but serves to provide information and resources to judges who request information on relevant topics and learn how other courts are responding to these types of cases.

EUDL Discretionary Program:

- *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 (CA, IL, NV, NM, OR, PA, WA) attempting to conduct best and most promising EUDL activities in up to five rural sites in their jurisdictions. 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 United States 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 21. Specific goals were 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 awarded grants to four states that identified AFBs to participate and form coalitions with adjacent communities. The participating AFBs were 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 evaluation of all activities developed at each AFB/community site. In 2011, OJJDP

produced a bulletin to highlight the evaluation findings (see http://www.udetc.org, within the Research/Evaluation/Military Discretionary Program Evaluation tab).

In FY 2009, OJJDP issued another solicitation for discretionary EUDL work that sought to build on the EUDL/USAF partnerships by providing grant funding to two additional states (MO and WY). 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.

In FY 2012, OJJDP issued a third solicitation for discretionary EUDL work, to build on the EUDL/USAF partnerships to include the U.S. Marine Corps by providing grant funding to two additional states. Programs will be implemented, in concert with adjacent communities.

- *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 implemented in select communities and five AFBs in four states (AZ, CA, HI, MT). NIAAA funded and managed 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 (MO, WY). In FY 2012, the evaluation will be expanded once again to include two added AFBs in two new states. OJJDP is funding and managing ICF International's evaluation of the sites funded in FY 2009 and FY 2012 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 Illinois at Champaign/Urbana; University of Nevada Reno; 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 emphasis on environmental strategies.

  Six core areas of implementation revolve around these best and most promising practices: (1) develop and strengthen coalitions that include campus and community leaders, (2) enhance policies and procedures related to underage drinking, (3) conduct compliance checks on and off college campuses, (4) conduct DWI enforcement operations focused on underage persons, (5) conduct enforcement operations aimed at reducing social availability of alcohol to underage youth, and (6) implement other environmental strategies for reducing underage alcohol consumption. Illinois has completed its implementation of the program, South Carolina is about to conclude its program efforts, and Nevada will finish its program implementation by June 2013.
- *OJJDP FY 2010 EUDL Assessment, Strategic Planning, and Implementation Initiative (SASPII):* 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. Maine, Nevada, and Washington were grant recipients of the 2010 EUDL SASPII discretionary demonstration project awards. The selected states and communities conducted an independent assessment of both state and local underage drinking in the first year of the program, developing a long-range strategic plan based on the independent assessment as part of first-year program activities, and implementing selected elements of the strategic plan during the rest of the grant period. The unique feature of the FY 2010 discretionary program is the independent assessment process that culminates in a report to the state that provides recommended action steps for reducing underage access to and consumption of alcohol.

Office of National Drug Control Policy

Activities Specific to Underage Drinking

None

Activities Related to Underage Drinking

National Youth Anti-Drug Media Campaign: Through its teen brand "Above the Influence" (ATI), the National Youth Anti-Drug Media Campaign provides ongoing messaging and tools to support underage drinking prevention. In FY 2012, new ATI advertising featured teens sharing their stories of rising above drugs and drinking, broadcast nationally on television and in digital media. As a call-to-action, teens were encouraged to tell their own stories and post them on the ATI Facebook page. Among the thousands of responses were many video submissions focused on challenges related to underage drinking and growing up with alcoholic parents. The ATI Facebook page has surpassed 1.8 million "likes." ONDCP regularly provides posts related to underage drinking to stimulate discussion on the page. The ongoing editorial calendar ensures this issue remains prominent throughout the year.

Teens regularly turn to the internet to access credible information related to alcohol and underage drinking. The ATI website's (http://www.abovetheinfluence.com) most frequented section is Drug Facts, which includes a downloadable Alcohol Facts page. To ensure that teens seeking this information click to the ATI page, ONDCP engaged heavily in "Paid Search," purchasing keywords from search engine companies. The Campaign had more than 1,000 keywords directly related to alcohol abuse.

An important element of the Media Campaign is grassroots outreach for ATI, as part of ONDCP's primary objective to localize ATI – making it more relevant, usable, and customizable to teens and youth-serving organizations in local communities. Thus the Campaign has partnered with 100 youth-serving organizations in over 62 communities across the country and provided technical assistance and training on the ATI Activity Toolkit to more than 8,000 community organizations through conference workshops and webinars since 2010. Specifically, the Campaign has worked closely with youth-serving partner organizations, including Students Against Destructive Decisions chapters, Boys and Girls Clubs of America, Y's (formerly the YMCA), ONDCP's Drug Free Communities grantees, and others.

Drug-Free Communities (DFC) Support Program: The DFC program, created by the Drug-Free Communities Act of 1997, is the nation's leading effort to mobilize communities to prevent

youth substance use. Directed by ONDCP in partnership with SAMHSA, the DFC Program provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use. Recognizing the fundamental concept that local problems need local solutions, the program requires funded coalitions to implement environmental strategies—broad initiatives aimed at addressing the entire community through the adaptation of policies and practices related to youth substance use. Currently, the program has funded more than 2,000 community coalitions and mobilized nearly 9,000 community coalition members throughout the United States, Puerto Rico, American Samoa, Palau, and Micronesia. DFC grantees collect data every 2 years on four substances—alcohol, tobacco, marijuana, and prescription drugs—for at least three grade levels between 6th and 12th grades. Grantees collect data on the following four measures: past 30-day use, perception of risk or harm of use, perception of parental disapproval of use, and perception of peer disapproval of use. Grantees consistently report that alcohol is the most significant youth substance use 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. In the past 8 years of program evaluation, DFC-funded communities have achieved significant reductions in youth substance use. For additional information, visit the DFC website at http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program.

Demand Reduction Interagency Working Group (IWG): In 2009, ONDCP reinstituted the IWG, comprising 35 federal agencies whose missions involve some connection to substance abuse. Agency leaders identified four major cross-cutting issues: prevention and education, prescription drugs, electronic health records, and data. These committees have helped shape the 2010, 2011, 2012, and 2013 National Drug Control Strategies. Underage drinking is an issue receiving great attention in several of these IWG committees. In 2012, ONDCP along with its federal partners participated in several events with associations and institutions of higher education on underage drinking to encourage implementation of evidence-based practices that are motivational and empowering along with the development of strategies that foster ongoing collaboration and communication on policy, curriculum development, programs, and resources on college and university campuses

National Highway Traffic Safety Administration/DOT

Activities Specific to Underage Drinking

Programs Encouraging States To Enact Minimum Drinking Age and Zero Tolerance Laws: NHTSA implemented congressionally mandated programs to encourage states to enact minimum drinking age and zero tolerance laws. Zero tolerance laws make it unlawful for persons under age 21 to drive with any detectable amount of alcohol in their systems. Minimum drinking age laws make it unlawful for persons 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 website 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 youth alcohol-related crashes. Parental responsibility is crucial 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.
- Enforcement of GDL laws, including enactment of 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 to be 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 include traffic enforcement, party patrols, compliance checks, as well as source investigations. Communications include paid, earned, and social media. Strategies vary depending on the characteristics of the participating communities.

SMASHED: Toxic Tales of Teens and Alcohol: NHTSA, SAMHSA, and ED's Office of Safe and Healthy Students (OSHS) collaborated with Recording Artists, Actors and Athletes Against Drunk Driving (RADD) and its 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 youth, 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 titled "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 website (http://www.noys.org). Current funding supports the marketing of the tools on this website to youth organizations. This effort targets youth ages 8 to 24.

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 website (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 website 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: 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). The survey was conducted at 60 sites across the country, and involved approximately 7,500 drivers. This study also obtained oral fluid and blood samples from many drivers to determine incidence of drug use by drivers on the road. Previous roadside surveys conducted in 1973, 1986, and 1996 that obtained blood alcohol concentrations, provided an opportunity for comparison over four decades. 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 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual
Department of Education[1]	$42,519,506	$40,580,995	$8,782,000	
Centers for Disease Control and Prevention	$800,000	$1,200,000	$1,041,730	$1,081,200
National Institute on Alcohol Abuse and Alcoholism	$46,418,745[2] $6,671,773[3]	$56,000,000[4] $2,000,000[5]	$57,000,000[6]	$62,000,000
Substance Abuse and Mental Health Services Administration[7]	$51,858,000	$62,542,390	$63,779,872	$67,953,616
Office of Juvenile Justice and Delinquency Prevention[8]	$24,809,483	$25,000,000	$20,708,500	$4,862,895
National Highway Traffic Safety Administration	$900,000	$625,000	$600,000	$645,000
TOTAL	$173,977,507	$187,948,385	$151,912,102	$136,542,711

[1] ED received significant reductions in appropriations for its substance abuse prevention programs in FYs 2011 and 2012; therefore the FY 2011 figure of $8,782,000 includes $6,907,000 of continuation costs for the Grants to Reduce Alcohol Abuse (GRAA) program, which was no longer funded in FY 2012, as well as 1,875,000 for the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, which focused in part on underage drinking on college campuses. In FY 2012 ED consolidated the functions of that Center into a new technical assistance center, the National Center on Safe Supportive Learning Environments. However, the exact amount of funding of that Center specific to underage drinking cannot be determined. Similarly, while underage drinking prevention was one activity among many in certain grant projects funded by ED in FYs 2011 and 2012, the exact amount of funding specific to underage drinking cannot be determined.

[2] NIAAA FY 2009 non-ARRA funded expenditures

[3] NIAAA FY 2009 ARRA funded expenditures

[4] NIAAA FY 2010 non-ARRA funding

[5] NIAAA FY 2010 ARRA funding

[6] NIAAA FY 2011 actual levels

[7] FY 2009-2012 figures include SPF/SIG, UAD, Adult Media Campaign, STOP Act grants, and ICCPUD. FY 2009 figure also includes Leadership for UAD. FY 2010 – 2012 also includes PFS, which is a subset of SPF/SIG.

[8] 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 to $5 million, which resulted in the elimination of the EUDL block grant program for all State and territories.