

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

This document is excerpted from:  
**The December 2015 Report to Congress on the Prevention and Reduction of Underage Drinking**

The 2006 Sober Truth on Preventing Underage Drinking (STOP) Act records the sense of Congress that “a multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort, and addresses particulars of the federal portion of that effort as well as federal support for state activities.”

## A Coordinated Approach

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

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

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

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

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

## Federal Agencies Involved in Preventing and Reducing Underage Drinking

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

1. **U.S. Department of Health and Human Services (HHS)/Administration for Children and Families (ACF):** ACF is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. Many of these programs strengthen protective factors and reduce risk factors associated with underage drinking. Website: <http://www.acf.hhs.gov>
2. **HHS/Office of the Assistant Secretary for Planning and Evaluation (ASPE):** ASPE is the principal advisor to the HHS Secretary on policy development and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis. The Division of Behavioral Health (DBH) and Intellectual Disabilities Policy focuses on financing, access/delivery, organization, and quality of services and supports for individuals with severe and persistent mental illnesses or severe addictions and individuals with intellectual disabilities. Topics of interest include coverage and payment issues in Medicaid, Medicare, and private insurance; quality and consumer protection issues; programs and policies of the Centers for Medicare & Medicaid Services (CMS), SAMHSA, and the Health Resources and Services Administration (HRSA) as they affect individuals with mental and substance use disorders; and prevention of mental health conditions and substance abuse, including prevention of underage drinking. Website: <http://www.aspe.hhs.gov>
3. **HHS/CDC:** CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. Consistent with that mission, CDC is involved in strengthening the scientific foundation for the prevention of underage and binge drinking. This includes assessing the problem through public health surveillance and epidemiological studies of underage drinking and its consequences. CDC also evaluates the effectiveness of prevention policies and programs and examines underage drinking as a risk factor through programs that address health problems such as injury and violence, sexually transmitted diseases, and fetal alcohol spectrum disorders (FASDs). CDC trains new researchers in alcohol epidemiology and builds state public health system capacity. CDC also conducts systematic reviews of what works to prevent alcohol-related injuries and harms. Website: <http://www.cdc.gov>
4. **HHS/Indian Health Service (IHS):** IHS is responsible for providing federal health services to American Indians and Alaska Natives. IHS is the principal federal health care provider and health advocate for American Indians and Alaska Natives, and its goal is to raise their health status to the highest possible level. IHS provides a comprehensive health service

delivery system for approximately 2 million American Indians and Alaska Natives who belong to 566 federally recognized tribes in 36 states.

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

5. **HHS/NIH/NIAAA:** NIAAA provides leadership in the effort to reduce alcohol-related problems by conducting and supporting alcohol-related research; collaborating with international, national, state, and local institutions, organizations, agencies, and programs; and translating and disseminating research findings to health care providers, researchers, policymakers, and the public.  
Website: <http://www.niaaa.nih.gov>
6. **HHS/NIH/NIDA:** NIDA’s mission is to “lead the Nation in bringing the power of science to bear on drug abuse and addiction.” NIDA supports most of the world’s research on the health aspects of drug abuse and addiction and carries out programs that ensure rapid dissemination of research to inform policy and improve practice.  
Website: <http://www.drugabuse.gov>
7. **HHS/Office of the Assistant Secretary for Health (OASH) - Office of Disease Prevention and Health Promotion (ODPHP), Office of the Surgeon General (OSG) and Office of Adolescent Health (OAH):** Several ODPHP-led initiatives address underage drinking. The Substance Abuse Topic Area of Healthy People 2020 monitors measures for underage alcohol consumption, including binge drinking and riding with drivers who consumed alcohol. Healthfinder.gov offers reliable guidance for consumers on how parents can talk with their kids about the dangers of alcohol. Additionally, the Dietary Guidelines for Americans provide guidance on alcohol consumption, including policies from other agencies on who should not drink.  
Websites: <http://www.healthypeople.gov>, <http://www.health.gov>  
The Surgeon General (SG) is the nation’s chief health educator who provides Americans with the best available scientific information on how to improve their health and reduce the risk of illness and injury. OSG oversees the approximately 6,000-member Commissioned Corps of the U.S. Public Health Service and assists the SG with other duties.  
Website: <http://www.surgeongeneral.gov>  
OAH supports and evaluates evidence-based teen pregnancy prevention programs and implements the Pregnancy Assistance Fund, coordinates HHS efforts related to adolescent health promotion and disease prevention, and communicates adolescent health information to health professionals and groups. OAH is also the convener and catalyst for the development of a national adolescent health agenda.  
Website: <http://www.hhs.gov/ash/oah>
8. **HHS/SAMHSA:** SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities. SAMHSA works toward underage drinking prevention by supporting state and community efforts, promoting the use of evidence-based practices (EBPs), educating the public, and collaborating with other agencies and interested parties.  
Website: <http://www.samhsa.gov>
9. **Department of Defense (DoD):** DoD coordinates and oversees government activities relating directly to national security and military affairs. Its alcohol-specific role involves preventing and reducing alcohol consumption by underage military personnel and improving the health of servicemembers’ families by strengthening protective factors and reducing risks

factors in underage alcohol consumption.

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

10. **ED/Office of Safe and Healthy Students (OSHS):** OSHS administers, coordinates, and recommends policy to improve the effectiveness of programs providing financial assistance for drug and violence prevention activities and activities that promote student health and well-being in elementary and secondary schools and institutions of higher education. Activities may be carried out by state and local educational agencies or other public or private nonprofit organizations. OSHS supports programs that prevent violence in and around schools; prevent illegal use of alcohol, tobacco, and drugs; engage parents and communities; and coordinate with related federal, state, school, and community efforts to foster safe learning environments that support student academic achievement.  
Website: <http://www2.ed.gov/about/offices/list/oese/oshs/aboutus.html>
11. **DoJ/OJJDP:** OJJDP provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization. OJJDP supports states and communities in their efforts to develop and implement effective, coordinated prevention and intervention programs and to improve the juvenile justice system's ability to protect public safety, hold offenders accountable, and provide treatment and rehabilitation services tailored to the needs of juveniles and their families. OJJDP's central underage drinking prevention initiative, Enforcing Underage Drinking Laws (EUDL), was a nationwide state- and community-based multidisciplinary effort that sought to prevent access to and consumption of alcohol by those under age 21, with a special emphasis on enforcement of underage drinking laws and implementation programs that use best and most promising practices. The breadth of focus changed significantly in Fiscal Year (FY) 2014 because of a reduction in funding for the EUDL initiative. FY2014 EUDL funding supported underage drinking activity led by Healing to Wellness Courts in five selected tribes.
12. **Department of the Treasury/Alcohol and Tobacco Tax and Trade Bureau (TTB):** TTB's mission is "to collect taxes owed, and to ensure that alcohol beverages are produced, labeled, advertised, and marketed in accordance with federal law."  
Website: <http://www.ttb.gov>
13. **Department of Transportation (DOT)/NHTSA:** NHTSA's mission is to save lives, prevent injuries, and reduce traffic-related health care and other economic costs. NHTSA develops, promotes, and implements effective educational, engineering, and enforcement programs to reduce traffic crashes and resulting injuries and fatalities and reduce economic costs associated with traffic crashes, including underage drinking and driving crashes.  
Website: <http://www.nhtsa.gov>
14. **Federal Trade Commission (FTC):** FTC is the only federal agency with both consumer protection and competition jurisdiction in broad sectors of the economy; in total, it has enforcement or administrative responsibilities under 70 laws. As the enforcer of federal truth-in-advertising laws, the agency monitors alcohol advertising for deceptive or unfair practices, brings law enforcement actions in appropriate cases, and conducts studies of alcohol industry compliance with self-regulatory commitments.  
Website: <http://www.ftc.gov>
15. **Office of National Drug Control Policy (ONDCP):** The principal purpose of ONDCP is to establish policies, priorities, and objectives for the nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking; drug-related

crime and violence; and drug-related health consequences. Part of ONDCP's efforts relate to underage alcohol use.

Website: <http://www.whitehouse.gov/ondcp>

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

## **How Federal Agencies and Programs Work Together**

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

## **A Commitment to Evidence-Based Practices**

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

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

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

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

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

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

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

### **Guide to Community Preventive Services (Community Guide)**

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

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

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

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

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

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

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

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

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

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

## Underage Drinking–Related Goals

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

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>.

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

## Inventory of Federal Programs for Underage Drinking by Agency

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

### Interagency Coordinating Committee on the Prevention of Underage Driving

#### Activities Specific to Underage Drinking

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

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

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

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

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

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

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

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

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

### Activities Related to Underage Drinking

None

## Department of Defense

### Activities Specific to Underage Drinking

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

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

***DoD Education Activity (DoDEA):***

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

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

**Activities Related to Underage Drinking**

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

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

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

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

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

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

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

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

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

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

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

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

### **Service-Level Prevention Programs**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Department of Education**

### **Activities Specific to Underage Drinking**

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

## Activities Related to Underage Drinking

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

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

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

## Federal Trade Commission

### Activities Specific to Underage Drinking

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

### Activities Related to Underage Drinking

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

## Administration for Children and Families/HHS

### Activities Specific to Underage Drinking

None

### Activities Related to Underage Drinking

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

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

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

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

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

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

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

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

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

## Centers for Disease Control and Prevention/HHS

### Activities Specific to Underage Drinking

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

### Activities Related to Underage Drinking

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Indian Health Service/HHS**

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

### **Activities Specific to Underage Drinking**

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

### **Activities Related to Underage Drinking**

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

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

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

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

The goals of the MSPI are to:

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

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

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

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

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

## National Institute on Alcohol Abuse and Alcoholism/HHS

### Activities Specific to Underage Drinking

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- White, A., & Hingson, R. (2014). The burden of alcohol use: excessive alcohol consumption and related consequences among college students. *Alcohol Research: Current Reviews* 35(2), 201–218.
- Hingson, R., & White, A. M. (2014). New research findings since the 2007 Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking: A review. *Journal of Studies on Alcohol and Drugs* 75(1), 158–169.
- Hingson, R., Zha, W., Iannotti, R. J., & Simons-Morton, B. (2013). Physician advice to adolescents about drinking and other health behaviors. *Pediatrics* 131(2), 249–257.
- Hingson, R., Heeren, T., Edwards, E., & Saitz, R. (2012). Young adults at risk for excess alcohol consumption are often not asked or counseled about drinking alcohol. *Journal of General Internal Medicine*, 27(2), 179–184.
- Hingson, R., & White, A. (2013). Trends in extreme binge drinking among U.S. high school seniors. *JAMA Pediatrics*, 167(11), 996–998.
- White, A. M., MacInnes, E., Hingson, R.W., & Pan, I-Jen. (2013). Hospitalizations for suicide-related drug poisonings and co-occurring alcohol overdoses in adolescents (ages 12–17) and young adults (ages 18–24) in the United States, 1999-2008: Results from the Nationwide Inpatient Sample. *Suicide and Life-Threatening Behavior*, 43(2), 198–212.
- White, R., Hingson, R., Pan, I-J., & Yi, H-Y. (2011). Hospitalizations for alcohol and drug overdoses in young adults aged 18-24 in the United States, 1999-2008: Results from the nationwide inpatient sample. *Journal of Studies on Alcohol and Drugs*, 72(5), 774–786.

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

[http://www.spectrum.niaaa.nih.gov/archives/v4i1Feb2012/media/pdf/NIAAA\\_Spectrum\\_Newsletter\\_Feb2012.pdf](http://www.spectrum.niaaa.nih.gov/archives/v4i1Feb2012/media/pdf/NIAAA_Spectrum_Newsletter_Feb2012.pdf) and

[http://www.spectrum.niaaa.nih.gov/media/pdf/NIAAA\\_Spectrum\\_Newsletter\\_Sept2012.pdf](http://www.spectrum.niaaa.nih.gov/media/pdf/NIAAA_Spectrum_Newsletter_Sept2012.pdf).

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

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

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

### **Activities Related to Underage Drinking**

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

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

## **National Institute on Drug Abuse/HHS**

### **Activities Specific to Underage Drinking**

None

### **Activities Related to Underage Drinking**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, 2nd Edition:** This booklet is based on a literature review of all NIDA prevention research from 1997 through 2002. Before publication, it was reviewed for accuracy of content and interpretation by a scientific advisory committee and reviewed for readability and applicability by a Community Anti-Drug Coalitions of America (CADCA) focus group. The publication presents the principles of prevention; information on identifying and using risk and protective factors in prevention planning; applying principles in family, school, and community settings; and summaries of effective prevention programs. The booklet is available at [http://www.drugabuse.gov/sites/default/files/redbook\\_0.pdf](http://www.drugabuse.gov/sites/default/files/redbook_0.pdf).

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

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

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

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

## Substance Abuse and Mental Health Services Administration/HHS

### Activities Specific to Underage Drinking

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Activities Related to Underage Drinking**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Activities Specific to Underage Drinking

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

### Activities Related to Underage Drinking

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

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

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

## Office of Juvenile Justice and Delinquency Prevention/DoJ

### Activities Specific to Underage Drinking

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

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

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

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

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

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

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

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

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

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

#### ***EUDL Discretionary Program:***

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

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

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

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

## Office of National Drug Control Policy

### Activities Specific to Underage Drinking

None

### Activities Related to Underage Drinking

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

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

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

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

## **National Highway Traffic Safety Administration/DOT**

### **Activities Specific to Underage Drinking**

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

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

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

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

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

### **Activities Related to Underage Drinking**

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

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

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

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

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

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

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

<sup>c</sup> NIAAA FY2010 non-American Recovery and Reinvestment Act (ARRA) funding

<sup>d</sup> NIAAA FY2010 ARRA funding

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

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