Report to Congress

on the Prevention and Reduction of Underage Drinking

2018

Chapter 3

Coordinated Federal Approach to Preventing and Reducing Underage Drinking

DEPARTMENT OF HEALTH & HUMAN SERVICES-USA

SAMHSA
Substance Abuse and Mental Health Services Administration

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CHAPTER 3

A Coordinated Federal Approach to Preventing and Reducing 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 must 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 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 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 and misuse across the lifespan and of alcohol-related consequences—including alcohol use disorder; 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, NIAAA, and the National Institute on Drug Abuse (NIDA) 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 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. The 16 federal officials who make up the ICCPUD (see Appendix A) either lead or have designated responsibility to these agencies. Each sponsors programs that address or relate to underage alcohol consumption. 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 and Intellectual Disabilities Policy (BHIDP) 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 and 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 misuse, including prevention of underage drinking. *Website:* http://www.aspe.hhs.gov
3. **HHS/Centers for Disease Control and Prevention (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 (AI/AN). IHS is the principal federal healthcare

provider and health advocate for AI/AN, 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 AI/AN who belong to 566 federally recognized tribes in 36 states. *Website:* http://www.ihs.gov

5. **HHS/National Institutes of Health (NIH)/National Institute on Alcohol Abuse and Alcoholism (NIAAA):** NIAAA's mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan. *Website:* http://www.niaaa.nih.gov
6. **HHS/NIH/National Institute on Drug Abuse (NIDA):** NIDA's mission is to "advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health." 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/NIH/Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD):** NICHD funds research on parenting/risk reduction programs with substance/alcohol abuse as one of the multiple health-related outcomes. In addition, NICHD's intramural division conducts research on the risk-taking behaviors of teenage drivers and potential interventions. *Website:* http://www.nichd.nih.gov
8. **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 the Healthy People 2020 initiative 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, http://health.gov/dietaryguidelines

   The Surgeon General (SG), the nation's chief health educator, provides Americans with the best available scientific information on how to improve their health and reduce the risk of illness and injury. The 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 coordinates HHS efforts related to adolescent health, communicates adolescent health information to health professionals and groups, supports and evaluates the evidence-based Teen Pregnancy Prevention program, and implements the Pregnancy Assistance Fund. OAH is also the convener and catalyst for the development of a national adolescent health agenda. *Website:* http://www.hhs.gov/ash/oah
9. **HHS/Substance Abuse and Mental Health Services Administration (SAMHSA):** SAMHSA's mission is to reduce the impact of substance misuse 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

10. **Department of Defense (DoD):** DoD coordinates and oversees government activities relating directly to national security and military affairs. Its alcohol-specific role involves preventing and reducing alcohol consumption by underage military personnel and improving the health of service members' families by strengthening protective factors and reducing risk factors in underage alcohol consumption. *Website:* http://www.defense.gov
11. **Department of Education (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 for 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
12. **U.S. Department of Justice (DoJ), Office of Juvenile Justice and Delinquency Prevention (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. FY 2014 EUDL funding supported underage drinking prevention activity led by Healing to Wellness Courts in five selected tribes. By FY 2015, all funding to support EUDL efforts was discontinued.
13. **Department of the Treasury/Alcohol and Tobacco Tax and Trade Bureau (TTB):** TTB's mission is to collect the taxes on alcohol, tobacco, firearms, and ammunition; protect the consumer by ensuring the integrity of alcohol products; and prevent unfair and unlawful market activity for alcohol and tobacco products. *Website:* https://www.ttb.gov
14. **Department of Transportation (DOT)/ National Highway Traffic Safety Administration (NHTSA):** NHTSA's mission is to save lives, prevent injuries, and reduce traffic-related healthcare and other economic costs. NHTSA develops, promotes, and implements effective educational, engineering, and enforcement programs to 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
15. **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 more than 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

16. **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 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, ICCPUD-sponsored town hall meetings (now called "Communities Talk: Town Hall Meetings to Prevent Underage Drinking"), have been held every other year since 2006, in every state, the District of Columbia, and most of the territories. 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.

In addition, NIAAA, CDC, SAMHSA, and other federal agencies collaborate with private groups, such as CADCA (Community Anti-Drug Coalitions of America) and Mothers Against Drunk Driving (MADD), in efforts to reduce underage drinking.

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 evidence-based approaches known to the field. Efficacy has been ensured through practices that research has shown 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, or 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 produced 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 (now the Health and Medicine Division of the National Academies), for example, defined 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 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, 2006).

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, OSHS requires that its grantees use EBPs in the programs they fund, and NHTSA has produced a publication titled "Countermeasures That Work" for use by State Highway Safety Offices (SHSOs) and encourages SHSOs to select countermeasure strategies that have either proven effective or shown promise.

Evidence-Based Practices Resource Center

In 2018, SAMHSA launched a new Evidence-Based Practices Resource Center, which aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

The Resource Center is part of SAMHSA's new comprehensive approach to identifying and disseminating clinically sound and scientifically based policies, practices, and programs. This approach enables SAMHSA to more quickly develop and disseminate expert consensus on the latest prevention, treatment, and recovery science; collaborate with experts in the field to rapidly translate science into action; and provide communities and practitioners with tools to facilitate comprehensive needs assessment, match interventions to those needs, support implementation, and evaluate and incorporate continuous quality improvement into their prevention, treatment, and recovery efforts.

The Resource Center website was designed with an easy to use, point-and-click system to enable users to quickly identify the most relevant resources for their particular needs. Users can search by topic area, resource type (e.g., Toolkit, Treatment Improvement Protocol, Guideline), target population (e.g., youth or adult) and target audience (e.g., resource for clinicians, prevention professionals, patients and policymakers).

The Guide to Community Preventive Services (The 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 Guide to Community Preventive Services (The Community Guide) provides the model for CDC's evidence-informed approach (http://www.thecommunityguide.org).

Under the auspices of the independent, nonpartisan, nonfederal Community Preventive Services Task Force (CPSTF), 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 CPSTF 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 CPSTF 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, by means of electronic devices such as computers, telephones, and 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.
- **Publicized sobriety checkpoint programs,** where law enforcement officers stop drivers to assess their level of alcohol impairment. These programs 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,** where communities implement multiple programs and policies in multiple settings to influence community members to reduce alcohol-impaired driving.
- **Ignition interlocks,** or 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

The HHS Healthy People 2020 program 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 misuse, including underage drinking.[33]

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

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

- Increase the proportion 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 proportion 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 visit: http://www.healthypeople.gov/2020/topicsobjectives2020.

Inventory of Federal Programs for Underage Drinking by Agency

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

Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)

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. ICCPUD is made up of 16 federal officials identified in the STOP Act who either lead or have designated responsibility to these agencies: 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 A for a list of ICCPUD members.)

The ICCPUD's mission is twofold:

1. To facilitate collaboration among the 15 federal member agencies, state and local governments, private and public national organizations, and agencies with responsibility for the health, safety, and wellbeing of America's children and youth.
2. To provide resources and information on underage drinking prevention, intervention, treatment, enforcement, and research.

Underage drinking has declined substantially since ICCPUD was created in 2004. Much of this decline is due to efforts at the state and community levels, where enforcement of underage drinking laws and promotion of positive community norms has occurred. There has been

significant support for a number of federal initiatives provided to communities and states to assist and reinforce these efforts.

Federal support has been provided for activities that include identification of evidence-based strategies, grant programs to enhance implementation of such strategies, public awareness campaigns, community meetings to identify needs and build consensus, webinars and other means to share best practices, and monitoring of alcohol advertising.

For example, the national adult-oriented media public service campaign "Talk. They Hear You." has drawn public attention to the importance of preventing and reducing underage drinking.

In communities in every state, the District of Columbia, and most U.S. territories, ICCPUD has supported almost 10,000 Town Hall Meetings to prevent underage drinking since 2006. These events helped to raise awareness of underage drinking as a public health problem, and to support communities in the implementation of evidence-based prevention.

Department of Defense (DoD)

Activities Specific to Underage Drinking

Youth Program: Building health and life skills increases young people's capacity to engage in positive behaviors. Through affiliation with the Boys & Girls Clubs of America, programs such as SMART Moves® (Skills Mastery and Resistance Training) help young people resist alcohol, tobacco, drugs, and premature sexual activity. This year-round program, provided in Military Youth Programs worldwide, encourages collaboration among staff, youth, parents, and representatives from community organizations.

DoD Education Activity (DoDEA):

- *Health Education Curriculum:* This curriculum focuses on developing health literacy, health promotion, and disease prevention concepts, including the impact of underage drinking.
- *Red Ribbon Week:* Sponsored by the National Family Partnership, Red Ribbon Week provides DoDEA schools and families an opportunity to discuss the dangers of drug abuse and the benefits of living a healthful and drug-free lifestyle.
- *Substance Abuse and Violence Prevention:* This program focuses on applying specific skills to increase personal and community health; safety and injury prevention; nutrition and physical activity; mental health; and prevention of alcohol, tobacco, and drug use.

Law Enforcement: DoD ensures enforcement of underage drinking laws on all federal installations.

Activities Related to Underage Drinking

DoD has a series of 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 stigma associated with receiving behavioral health care and provides an opportunity to improve early screening, identification, and intervention of many behavioral health conditions.

Addictive Substances Misuse Advisory Committee (ASMAC): Established by the Under Secretary of Defense for Personnel and Readiness under the provisions of DoD Instruction 5105.18, ASMAC serves as a central point for information analysis and integration, program coordination, identification of policy needs, and problem-solving challenges with regard to legal and illegal addictive substance use and substance use disorders in those served by the Military Health System. ASMAC provides expert advice on the promotion of healthy behaviors—including alcohol use—and the identification, prevention, and treatment of other substance use disorders.

Active Duty and Reserve Component Health-Related Behaviors (HRB) Survey: DoD conducts the HRB survey every 1 to 3 years to measure over 17 health-related behaviors for Active Duty and Reserve Component Service members. Examples of data collected are the age of first substance use, binge drinking, and the prevalence and frequency of substance use.

Alcohol Abuse Countermarketing Campaign: DoD's Defense Health Agency launched "That Guy" in 2006 as an integrated marketing campaign targeting enlisted Service members ages 18 to 24 across all Service Branches. Based on research and behavior change marketing best practices, the campaign uses a multimedia, peer-to-peer approach to raise awareness of the negative short-term social consequences of excessive drinking. "That Guy" is credited with contributing to reductions in binge drinking and is now actively deployed around the world. Select achievements to date include the following:

- As of August 2017, an average visit length per user on the "That Guy" website was 9:43 minutes
- As of November 2017, more than 74,000 fans on Facebook
- As of November 2017, more than 29,500 downloads of the "That Guy" Buzzed mobile game
- As of August 2017, more than 5.6 million branded materials disseminated to all services
- More than 7,400 points of contact (POCs) engaged across the globe
- 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

Furthermore, "That Guy" (www.that guy.com) has received 39 awards for excellence in categories that include poster and web design, animation, gaming, marketing, and research. The 2016 Status of Forces Survey (SOFS; the most recent survey release that measured awareness of the campaign) reveals the "That Guy" campaign has achieved a 60 percent awareness rate among DoD Active Duty members E1-E4.

Service-Level Prevention Programs

Marine Corps Substance Abuse Program (SAP): The U.S. Marine Corps (USMC) SAP provides plans, policies, and resources to prevent consequences of substance misuse. Specific program efforts are based on the Health and Medicine Division of the National Academy of Sciences prevention continuum and focus on the common risk and protective factors framework. The USMC SAP's efforts include:

- *Establishment of a Coordinated Continuum of Care:* The Navy Bureau of Medicine and Surgery and the USMC Marine and Family Programs have a Memorandum of Understanding (MOU) establishing a formal continuum of coordinated mental illness and substance abuse prevention and care services.
- *Universal Training:* Unit Marine Awareness and Prevention Integrated Training (UMAPIT) educates all Marines about behavioral health risk factors and warning signs, including alcohol use and misuse. UMAPIT incorporates protective factors and skill-building techniques to ensure that Marines understand their responsibility to intervene when a fellow Marine shows signs/symptoms of alcohol misuse and other behavioral health concerns.
- *Selected Training:* USMC adopted the evidence-based motivational intervention called "PRIME for Life" (PFL) as their educational program for substance misuse education, which teaches Marines to self-assess high-risk behaviors and influence changes in attitudes, beliefs, and behaviors around alcohol consumption. It is designed to target populations at high-risk for substance misuse (e.g., 17- to 25-year old Marines).
- *Indicated Training:* PFL 16 hours (PFL 16.0) is an evidence-based, indicated prevention intervention course designed to teach Marines who have been involved in an alcohol-related incident about the dangers and risks involved with alcohol misuse. PFL is facilitated by Substance Abuse Counseling Center (SACC) certified prevention specialists who provide Marines with increased substance use awareness and with new skills for making lower-risk decisions.
- *Deterrence:* The Alcohol Screening Program (ASP), initiated in 2013, supports the 21st Century Marine and Sailor Initiative and seeks to identify alcohol misuse and direct appropriate intervention before a career- or life-altering incident occurs. The ASP uses random Breathalyzer testing of Marines and Sailors to screen for underage drinking and alcohol use while in a duty status.
- *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, employs warm hand-offs for referrals, and emphasizes ease of access.
- *Substance Abuse Counseling Centers (SACCs):* USMC SACCs are fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and provide multiple levels of evidence-based services including education, care coordination, group therapy, and individual and family support.
- *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 using social media messaging and awareness campaigns to increase knowledge about the risks associated with alcohol misuse and sexual assault.

- *Collaboration with Suicide Prevention*: SAP collaborates with Suicide Prevention to create effective prevention messaging in response to the correlation between alcohol and suicide. SAP and Suicide Prevention join efforts leveraging social media messaging and awareness campaigns to educate Marines and their family members on the risks associated with alcohol misuse, suicide, and suicide prevention.
- *Installation-Specific Prevention Planning:* SAP collects an installation Prevention Plan by January 1 of every calendar year in support of SAP efforts throughout USMC. To facilitate professional development and increase prevention efforts, SAP provides training throughout the year to SACC staff via an online webinar approved by the United States Navy Certification Board (USNCB) with a continuing education hour in alcohol, tobacco and other drugs (ATOD). SAP utilizes the Strategic Prevention Framework (SPF) developed by SAMHSA to support the development of annual installation integrated prevention plans and training.
- *Protect What You've Earned (PWYE) Initiative*: Developed and implemented to start the "health, safety and well-being" conversation among Marines in choosing low-risk life decisions in keeping with Marine Corps standards. Though PWYE initially focused on alcohol misuse, it expanded to emphasize good decision-making in all aspects of a Marine's life. PWYE reinforces a Marine's inherent desire to safeguard their most-valued and hard-earned achievements by promoting individual accountability.
- *Marine Expeditionary Force (MEF) Prevention Capability:* The Embedded Behavioral Health Prevention Capability (EBHPC) staff support the Marine Expeditionary Force (MEF) Prevention Capability. Civilian behavioral health personnel are placed in Active Duty Operating Forces to assist the Commander in executing behavioral health prevention program requirements. The goal of the MEF Prevention Capability is to execute and evaluate MEF-based strategic prevention plans and coordinate efforts with installation behavioral health personnel
- *Review and Revise Alcohol Polices:* SAP staff provides subject matter expert reviews to ensure policies and plans improve safety and reduce the risks associated with alcohol.
- *Research/Development and Data Collection in Measuring Program Effectiveness*: SAP staff reviews installation-provided data in collaboration with Research/Development and Data Surveillance to measure program effectiveness.

Navy Alcohol and Drug Abuse Prevention (NADAP): The Navy's comprehensive substance abuse prevention program supports fleet readiness by combating alcohol and drug abuse. NADAP's efforts include marketing responsible use, education and training, early intervention, substance abuse rehabilitation, and accountability.

- *Keep What You've Earned:* A campaign that encourages 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.
- *Shot of Reality:* This 90-minute improvised show focuses on alcohol awareness and the pitfalls of alcohol and drug abuse to help sailors make better decisions and take care of shipmates.
- *Street Smart:* This 90-minute interactive presentation by firefighters and paramedics reminds sailors of the dangers of drinking, drunk driving, illegal drug use, and not wearing seat belts.

- *Comedy Is the Cure:* This 60-minute stand-up comedy show highlights the dangers and risks of alcohol and drug abuse and sexual assault and harassment.
- *Alcohol Aware Program:* This program is a command-level alcohol abuse prevention and responsible use course designed for all hands. Each participant is asked to anonymously evaluate his or her own pattern of drinking to determine whether it is appropriate and, where necessary, make adjustments.
- *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 challenges with alcohol. The course is primarily an educational tool; however, objectives within the course could identify the need for a higher level of treatment.
- *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 complete ADAMS for Leaders.
- *Alcohol Server Training for Morale, Welfare, and Recreation Personnel:* Personnel employed in Navy recreation facilities who are responsible for selling or serving alcoholic beverages complete appropriate training 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.
- *Personal Readiness (PR) Summits:* PR Summits are conducted throughout the year in fleet-concentrated areas. A PR Summit may also offer some or all of the following topics often associated with alcohol abuse: sexual assault prevention and response (SAPR), domestic violence prevention, equal opportunity, substance abuse prevention, preventing domestic violence, nutrition and physical readiness, suicide prevention, and behavioral health.
- *Alcohol Detection Devices (ADD):* ADD is an education and awareness tool to assist a command in promoting responsible use of alcohol. This tool helps identify members who may not be fit and ready for duty as a result of their alcohol use decisions, and may be useful in referral decisions regarding a substance abuse rehabilitation program.

Army Substance Abuse Programs (ASAP): ASAP establishes, administers, and evaluates substance abuse prevention training 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 following programs are currently provided by ASAP to meet the needs of soldiers seen by the Army:

- *Alcohol and Drug Abuse Prevention Training (ADAPT):* ADAPT is an educational/ motivational intervention that focuses on the adverse effects and consequences of alcohol and other drug abuse. Its curriculum consists of a minimum of 12 hours of course material. For the ADAPT curriculum, the Army utilizes Prime for Life (PFL), a motivational intervention used in group settings to provide early intervention and prevent alcohol and drug problems. PFL is an evidence-based program that provides measurable outcomes and effectiveness. It provides soldiers with the ability to self-assess their own high-risk behaviors and influence change in attitude, belief, and behavior.
- *Adolescent Support and Counseling Services (ASACS):* ASACS is a school-based program that provides alcohol/drug abuse counseling services and alcohol/drug abuse and deployment support prevention services to eligible adolescent family members at 17 locations outside the

contiguous United States. ASACS employs evidence-based feedback informed therapy (FIT) to keep adolescents engaged in treatment. The ASACS-Army provided an estimated 18,591 counseling hours and over 6,533 prevention contact hours in FY 2017 for military families outside of the continental U.S. (OCONUS) with 21 counselors on hand, reducing the early return of families from overseas for these issues.

Army Campaigns: The Army campaign division of ASAP recognizes and endorses campaigns that go beyond alcohol or other drug abuse problems. Installations are required to conduct two campaigns a year. Headquarters, Installation Management Command collects after-action reports and shares best practices regarding the campaigns across the enterprise.

- *Red Ribbon Campaign:* Red Ribbon Week is the oldest and largest drug prevention campaign in the country. The mission of the Red Ribbon Campaign is to present a unified and visible commitment to the creation of a drug-free America.
- *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.
- *National Drunk and Drugged Driving (3D) Prevention Month/Campaign:* December is annually designated as 3D Prevention Month to recognize the risks and reduce the prevalence of driving under the influence of alcohol and other drugs.
- *Drive Sober or Get Pulled Over* is a nationwide impaired-driving prevention campaign.

United States Air Force (USAF) Substance Use Disorder Prevention Program: The USAF Alcohol and Drug Abuse Prevention and Treatment Program (ADAPT) encourages healthy and safe alcohol use (and nonuse for underage people) as the normative lifestyle choice for young USAF personnel. The USAF takes a collaborative approach, working with other prevention and resiliency programs, in coordination with the violence prevention integrators (VPIs), to address underage drinking, alcohol misuse, occurrence of alcohol related misconduct, and illicit drug use. The USAF utilizes a comprehensive community-based approach with four levels: strong leadership support, individual-level interventions, base-level interventions, and community-level interventions. The USAF's Alcohol Brief Counseling (ABC) Program is a targeted prevention effort that follows a brief counseling, education, and intervention format, using evidence-based motivational interviewing techniques, paired with patient and provider manuals to allow for individualization of the program. The goal of the ABC Program is to go beyond educating individuals about alcohol-related facts, to increase their ability and desire to think critically in examining their drinking patterns to ultimately implement harm reduction skills.

Department of Homeland Security/U.S. 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, in international waters, or in any maritime region as required—supporting national security (http://www.uscg.mil).

In 2014, 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, the USCG established age 21 as the minimum drinking age, regardless of the Service member's duty location. The USCG is 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. The

USCG's Health Promotion policy was officially promulgated on July 9, 2015 and updated on June 12, 2017. The USCG implemented an Addiction Orientation for Healthcare Providers course, a 1-week course that trains all Medical Officers on how to conduct, screen, and refer patients with substance abuse disorders to the appropriate level of treatment. Substance abuse assessment and screening training compliance for Medical Officers has approached and is stable at 90 percent (with rotations, retirements, and relocations, this standard should be considered met).

Department of Education (ED)

Activities Specific to Underage Drinking

National Center on Safe Supportive Learning Environments (NCSSLE): NCSSLE 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, NCSSLE 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, available at https://safesupportivelearning.ed.gov/events/webinar/community-coalitions-working-collaboratively-across-secondary-and-postsecondary. 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 an in the surrounding communities.

Activities Related to Underage Drinking

ED's School Climate Transformation Grant–Local Educational Agency Grants Program: In FY 2014, ED awarded the first round of grants under the School Climate Transformation Grant—Local Education Agency Grants program. These FY 2014 grant awards provided more than $35.8 million to 71 school districts in 23 states, Washington, D.C., and the U.S. Virgin Islands. 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 email 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 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 (FTC)

Activities Specific to Underage Drinking

Consumer Education: In 2017, FTC continued its "We Don't Serve Teens" (WDST) program, promoting compliance with the legal drinking age of 21 (see www.DontServeTeens.gov). Recognizing that most youth ages 12 to 20 who drink obtain access to alcohol for free (from family or friends, or by taking it without permission from their home or someone else's), this program urges parents and other adults to stop teens' easy access to alcohol and lets them know why this is an important goal. Available in English and Spanish, the program provides information about the risks of underage drinking, tips for fighting easy teen access to alcohol, and talking points to rebut common myths about the legal drinking age. The site includes free downloadable radio PSAs, radio announcer text, and artwork for posters, billboards, and transit ads. FTC has leveraged this program by working with private partners that use these materials to promote the WDST message around the country at no cost to the government.

Activities Related to Underage Drinking

Alcohol Advertising Program: In 2014, FTC published its fourth major report on alcohol advertising and youth, including industry compliance with self-regulatory commitments to reduce youth exposure to marketing (FTC, 2014). The report provided data on youth drinking rates and risks; alcohol marketing expenditures in 22 categories; industry compliance with the then-current commitment to ensure that at least 70 percent of the audience for each ad consists of adults 21+; and product placement in entertainment media. The report also provided recommendations for improvement. In 2014, 2015, and 2016, FTC staff made presentations to industry members, regulators, and others about the report, its recommendations for improvement, and the importance of continued progress in self-regulatory efforts. In 2017, FTC staff continued to promote compliance with, and improvements to, alcohol industry self-regulatory practices.

Administration for Children and Families (ACF)/HHS

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 and homeless youth and their families. Basic Center Program grants offer assistance to at-risk and runaway youth (under age 18) in need of crisis intervention and immediate, emergency shelter. BCP shelters provide family and youth counseling, referrals to services such as substance use disorder treatment, and family reunification, when appropriate. 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 (TLP) Program/Maternity Group Home (MGH) Program supports projects that use trauma-informed services and a positive youth development framework to provide longer term shelter and supportive services to homeless youth ages 16 to under 22 for up to 18 months who cannot live safely with their families. These services help to successfully transition young people to independent living. TLPs/MGHs enhance youths' abilities to make positive life choices through education, awareness programs, and support. They include evidence-driven services such as substance use education, life skills training, recovery, and counseling. The MGHs provide shelter and services to meet the needs of pregnant and

parenting homeless youth to promote long-term economic independence in order to ensure the well-being of the youth and their children. Grantee sites are all expected to be 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 expected to provide or to refer youth to substance use education or treatment services, as needed. 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 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. 36 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 2015, the appropriation level was $135,000,000. The FVPSA program also administers the National Domestic Violence Hotline.

FVPSA formula grants are awarded to every state and territory and more than 270 tribes. These funds reach 1,250 domestic violence shelters and 257 nonresidential programs, providing both a safe haven and an array of supportive services to intervene in and prevent abuse. Each year, FVPSA-funded programs serve 1.2 million survivors and their children and respond to 2.6 million crisis calls. FVPSA-funded programs do not just serve survivors but also reach their communities; in 2014, programs provided more than 180,000 presentations reaching 4.7 million people, of which almost half were youth. For more information, visit http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services.

Sexual Risk Avoidance Education Programs: FYSB provides support for sexual risk avoidance education programs through discretionary grants from the General Department Sexual Risk Avoidance Education Grant Program, Competitive Sexual Risk Avoidance Education Grant Program and formula grants to states under Section 510 Title V State Sexual Risk Avoidance Education Program. These programs focus on educating young people and creating an environment within communities that supports teen decisions to refrain from non-marital sexual activity. Programs are encouraged to be welcoming and inclusive of all sexual minority youths. They use evidence-based, medically accurate interventions to promote risk avoidance behaviors that lead to poor health outcomes, including substance misuse and underage drinking, unplanned pregnancy, and sexually transmitted infections. Grant programs must use a trauma-informed approach and positive youth development framework when serving youth. For more information, visit http://www.acf.hhs.gov/programs/fysb.

Personal Responsibility Education Programs (PREP): FYSB supports healthy decision-making through projects funded to states, tribes, and community organizations to implement pregnancy prevention programs. PREP funds formula and discretionary grants to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections and the implementation of at least three of six congressionally mandated "adulthood preparation subjects" (APS). The six APS include: adolescent development, healthy life skills, healthy relationships, financial literacy, parent-child communication, and education and career success. Several APS topics—adolescent development, healthy life skills, and healthy relationships—address healthy decision-making 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.

Evaluation and Data Collection: Since 2011, FYSB has engaged in a 7-year, multisite evaluation effort of PREP programs. FYSB is currently concluding a federal-led evaluation of four sites, which include adolescent males, 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 (CDC)/HHS

Activities Specific to Underage Drinking

Reducing Youth Exposure to Alcohol Marketing: The CDC 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 among people under age 21 attributed to excessive alcohol use.

Behavioral Risk Factor Surveillance System (BRFSS): BRFSS is an annual random-digit-dial telephone survey of U.S. adults ages 18 years and older in all 50 states, the District of Columbia, Guam, Puerto Rico, the U.S. Virgin Islands, American Samoa, Palau, and the Federated States of Micronesia. It includes questions on current drinking, number of drinking days, average number of drinks per day, frequency of binge drinking (≥4 drinks per occasion for women; ≥5 per occasion for men), and the largest number of drinks consumed on a drinking occasion. 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 17 states and DC for the 2014 BRFSS and in 13 states and DC for the 2017 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 number of drinking days, current drinking, frequency of binge drinking (≥4 drinks per occasion for female students; ≥5 per occasion for male students), the largest number of drinks consumed on a drinking occasion, age of first drink of alcohol, and usual source of alcohol. States and local agencies have the option to include additional alcohol questions on their questionnaires, such as type of beverage usually consumed and usual location of alcohol consumption. The YRBSS also assesses driving after drinking alcohol and other health risk behaviors (including sexual activity and interpersonal violence) that can be examined in relation to alcohol consumption. Additional information on the YRBSS is available at http://www.cdc.gov/yrbs.

School Health Policies and Practices Study (SHPPS): SHPPS is a national survey periodically conducted to assess school health policies and practices at the 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 in 40 states, the District of Columbia, and Puerto Rico 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) alcohol crisis (whether the victim had a crisis related to their alcohol problem within 2 weeks of the incident or an impending crisis within 2

weeks of the incident); (4) tested for alcohol (i.e., whether the victim's blood was tested for the presence of alcohol); (5) alcohol test results (recorded as present, not present, not applicable [i.e., not tested], or unknown); and (6) BAC measured in mg/dL. For more information, see http://www.cdc.gov/ViolencePrevention/NVDRS.

Preventing Alcohol-Exposed Pregnancies: CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) has a number of activities supporting the prevention of fetal alcohol spectrum disorders (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. Recent BRFSS data reveal that 1 in 10 pregnant women ages 18 to 44 report drinking any alcohol and 1 in 33 report binge drinking (defined as consuming 4 or more drinks on an occasion) in the past 30 days. NCBDDD, in collaboration with the National Center for Health Statistics (NCHS), added four additional alcohol questions to the National Survey of Family Growth (NSFG). The NSFG data provide population-based estimates on alcohol consumption among women of reproductive age and their risk for alcohol-exposed pregnancy. A recent CDC Vital Signs Report on Alcohol and Pregnancy states that three in four women who want to get pregnant as soon as possible report drinking alcohol.

NCBDDD funds six FASD Practice and Implementation Centers and five national partner groups to prevent FASDs and risky drinking. Through strategic collaborations with national organizations, medical societies, academic centers, and a variety of practitioners from six health disciplines (family medicine, medical assistance, nursing, obstetrics and gynecology, pediatrics, and social work), partners work to impact healthcare practice at the systems level and enhance FASD prevention opportunities nationally for women of reproductive age and their support networks.

CHOICES, an evidence-based intervention for nonpregnant women of reproductive age, aims to reduce the risk for an alcohol-exposed pregnancy by reducing risky drinking, using effective contraception, or changing both behaviors. CHOICES training materials are available at https://www.cdc.gov/ncbddd/fasd/guidelines-training.html. Two training and technical assistance centers have worked to increase capacity to implement alcohol screening and brief intervention and CHOICES in primary care settings serving AI/AN populations. A tailored version of CDC's *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use* specifically for tribal communities is in development.

CDC and ACF are working together to improve the health and developmental outcomes for children with prenatal exposure(s) to alcohol and other drugs within the child welfare system. This project seeks practice change and improvement to facilitate appropriate identification, referral, interventions, and family education that can reduce the risk of poor developmental outcomes and potential cycles of abuse/neglect.

Alcohol Screening and Brief Intervention (SBI) in Primary Care: A recent CDC study indicates two-thirds of adults report being asked about their alcohol use. However, most adults who drink at risky levels and were asked about their alcohol use during a checkup did not receive advice to drink less from their providers. NCBDDD continues to promote use of alcohol SBI in primary care settings. NCBDDD worked with the American Academy of Pediatrics to assess pediatricians' use of alcohol SBI with adolescent patients, which informed the development of an

implementation guide on substance use screening and brief intervention for use in pediatric settings. The guide is available at https://www.aap.org/en-us/Documents/Substance_Use_Screening_Implementation_Final.pdf. In addition, questions about provision of alcohol SBI are included in the National Ambulatory Medical Healthcare Survey, providing population-based data on physician practices regarding alcohol SBI. Data will be analyzed in 2018. CDC and SAMHSA are collaborating on a 2-year quality improvement learning collaborative project to advance implementation of a new Healthcare Effectiveness Data and Information Set (HEDIS) measure, *Unhealthy Alcohol Use Screening and Follow-up,* in select health plans, and are planning to promote the release of this measure to healthcare providers, health systems, and insurers.

Indian Health Service (IHS)/HHS

The IHS Division of Behavioral Health (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 the Indian Self-Determination and Education Assistance Act (ISDEAA), 25 U.S.C. §§ 5301 *et seq.* Nearly 85 percent of the ASAP budget is administered under ISDEAA contracts or compacts made directly with tribally administered programs, which aim to provide community-based, holistic, and culturally appropriate alcohol and substance use prevention and treatment services. 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 AI/AN communities. The aim of 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 Related to Underage Drinking

Alcohol abuse in AI/AN communities is recognized as a high-risk public health behavior. Alcohol effects can begin in 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 (YRTCs): IHS currently provides recurring funding to 11 tribally and federally operated YRTCs to address the ongoing issues of substance misuse and co-occurring disorders among AI/AN youth. Through education and culture-based prevention initiatives, evidence- and practice-based models of treatment, family strengthening, and recreational activities, youths can overcome challenges and recover their lives to become healthy, strong, and resilient leaders in their communities.

YRTCs provide a range of clinical services rooted in a culturally relevant holistic model of care. Services include clinical evaluation; substance misuse 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.

A new YRTC serving the Southern California area opened on March 1, 2017. Two additional YRTCs will open soon—the Portland YRTC is slated to open in late 2018 and the Northern California YRTC is in the permitting process.

Methamphetamine and Suicide Prevention Initiative (MSPI): The IHS MSPI is a nationally coordinated program focusing on providing much-needed methamphetamine and suicide prevention and intervention resources for AI/AN communities. This initiative promotes the use and development of evidence- and practice-based models that represent culturally appropriate prevention and treatment approaches to methamphetamine abuse and suicide prevention from a community-driven context. Goals of the MSPI are to:

- Increase tribal, Urban Indian Health Program (UIHP), and federal capacity to operate successful methamphetamine prevention, treatment, and aftercare, as well as suicide prevention, intervention, and postintervention services, through the implementation of community and organizational needs assessment and strategic plans.
- Develop and foster data-sharing systems among tribal, UIHP, and federal behavioral health service providers to demonstrate efficacy and impact.
- Identify and address suicide ideations, attempts, and contagions among AI/AN populations through the development and implementation of culturally appropriate and community relevant prevention, intervention, and postintervention strategies.
- Identify and address methamphetamine use among AI/AN populations through the development and implementation of culturally appropriate and community-relevant prevention, treatment, and aftercare strategies.
- Increase provider and community education on suicide and methamphetamine use by offering appropriate trainings.
- Promote positive AI/AN youth development and family engagement through the implementation of early intervention strategies to reduce risk factors for suicidal behavior and substance misuse.

This initiative supports 159 MSPI projects across Indian Country, consisting of 124 tribal awardees, 18 urban grantees, and 17 federal awards benefiting direct service tribes. A total of 91 MSPI projects are focused on AI/AN youth to prevent suicide and substance use.

Addressing Fetal Alcohol Spectrum Disorder: IHS supports the Northwest Portland Area Indian Health Board FASD training project with the University of Washington Fetal Alcohol Drug Unit, 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 to set up an all-systems-based response to FASD.

Indian Children's Program: IHS also funds the Indian Children's Program (ICP), which provides services to meet the needs of AI/AN children 0–18 years old with special needs, including FASD, residing or attending school in the southwest region of the United States. The TeleBehavioral Health Center of Excellence (TBHCE) has begun revamping ICP into a

nationwide resource center. This revised ICP will focus on training clinicians on developmental and neurobiological issues that can affect AI/AN children, and providing expert consultation to help clinicians successfully diagnose, manage, and treat these conditions. The TBHCE ICP provided 152 hours of training on autism spectrum disorders. Regarding FASD, several trainings were provided, for a total of 369 hours of training via six webinars. A formal FASD training series will start in FY 2017 in addition to the expert consultation clinic. 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.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)/HHS

Activities Specific to Underage Drinking

Underage Drinking Research Initiative: The Underage Drinking Research Initiative (UDRI) is a key program of NIAAA. The goal of this initiative is to better understand the factors that compel youth to begin, continue, and escalate drinking, and for some, progress to alcohol use disorder. This initiative seeks to understand and address underage drinking within the context of overall development, and considers the biological, psychological, and social processes occurring during adolescence. This paradigm shift, along with advances in epidemiology, developmental psychopathology, and the understanding of human brain development and behavioral genetics, provided the scientific foundation for the *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking* (OSG, 2007). 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 Council, 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 B) indicate that people between ages 18 and 24 have the highest prevalence of alcohol use disorder in the U.S. population—meaning that, for most, drinking started in adolescence. These data, together with those from other national surveys (SAMHSA's National Survey on Drug Use and Health [NSDUH], Monitoring the Future [MTF], and CDC's YRBSS [see Appendix B]) 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 disorder.

The screening guide for children and adolescents, *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*, which became available in 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 misuse 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 interventions, 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 2017, about 220,000 copies of the *Guide* have been distributed.

In 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, were based on a vast amount of data from national surveys as well as numerous prospective studies, and had 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: (1) as a predictor of alcohol risk, alcohol use, and alcohol problems including alcohol use disorder and (2) as an initial screen for other behavioral health problems (e.g., other drug use, smoking, conduct disorder). Six 5-year projects were funded to evaluate the guide in a variety of settings, including primary care, a network of pediatric emergency rooms, juvenile justice, and the school system, and with youth who have a chronic health condition. Published results from these and other studies that have evaluated the screening guide support the utility of the NIAAA two-question screening tool for identifying youth at risk, youth who have an alcohol use disorder, or both.

In 2013, NIAAA issued an online training course based on its very popular Youth Alcohol screening guide. The course helps train healthcare 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. More than 37,700 healthcare providers received continuing medical education credit for completing the course. The course is no longer available for credit from Medscape; however, the content is available at http://www.medscape.org/viewarticle/806556.

Research on Underage Drinking: NIAAA supports a broad range of underage drinking research, including studies on the epidemiology and etiology of underage drinking, the neurobiology of underage drinking, the prevention of underage drinking, and the treatment of alcohol use disorder 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.

NIAAA staff have collaborated with the National Institute on Child Health and Human Development's NEXT Generation Health Study, a 7-year longitudinal assessment of a representative sample of U.S. adolescent and young adults starting at grade 10. Several papers on underage drinking have been published from the study's data (Li, Simons-Morton, & Hingson, 2013; Li, Simons-Morton, Brooks-Russell, Ehsani, & Hingson, 2014; Li, Simons-Morton, Gee, & Hingson, 2016; Li, Simons-Morton, Vaca, & Hingson, 2014; Hingson, Zha, White, & Simons-Morton, 2015; Simons-Morton, Haynie, Liu, Chaurasia, Li, & Hingson, 2016).

Research on the Impact of Adolescent Drinking on the Developing Brain: The powerful developmental forces of adolescence cause widespread, significant changes to the brain and nervous system, including increased myelination of neural cells (presumably reflecting enhanced brain connectivity) and normal "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 with alcohol use disorder, and recent longitudinal work beginning with youth before they begin drinking, suggest that alcohol use during adolescence, particularly heavy (frequent binging) use, can have deleterious short- and long-term effects.

NIAAA supports the Neurobiology of Adolescent Drinking in Adulthood (NADIA) Consortium to elucidate the persistent brain and behavioral changes that follow adolescent alcohol exposure and identify the neurobiological mechanisms underlying these effects. The consortium consists of collaborative research projects that use animal models to understand the long-term neurobehavioral consequences of alcohol exposure during adolescence.

In 2011, NIAAA followed the completion of a series of initial human pilot studies with an FOA titled "Longitudinal Studies on the Impact of Adolescent Drinking on the Adolescent Brain" 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 use disorder and onset or worsening of mental illness during adolescence and adulthood. Seven projects were funded in FY 2012 under this FOA, collectively the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA). NCANDA successfully enrolled more than 800 participants during the first funding period and NIAAA recently renewed the consortium for a second period of funding.

Building on NCANDA results, NIAAA, NIDA, and other NIH Institutes launched the Adolescent Brain Cognitive Development (ABCD) study. This large, multisite, longitudinal study will follow a nationally representative sample of 10,000 children ages 9 and 10 into early adulthood, and will use noninvasive neuroimaging and cognitive, academic, social, emotional, and biological assessments to determine how childhood experiences interact with children's changing biology to affect brain development and other outcomes. On September 25, 2015, 13 awards were made, including for a coordinating center, a data analysis and informatics center, and 11 research project sites across the country. Recruitment of subjects for ABCD is ahead of schedule, with 5,830 subjects recruited as of early November 2017.

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 convened a new College Presidents' Working Group in 2010 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 college administrators and staff navigate the many interventions available for addressing alcohol misuse on college campuses, NIAAA commissioned a team of experts to develop such a

decision tool. The tool, launched in September 2015, provides 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. An interactive web presence for the College Alcohol Intervention Matrix (CollegeAIM) was launched at the same time as the print version. Since its launch in FY 2016, the CollegeAIM website has received almost 50,000 visitors, nearly 15,000 print copies of the CollegeAIM booklet have been distributed, and the booklet has been downloaded more than 8,600 times. CollegeAIM is the result of a multiyear collaboration and an extensive review of decades of research, much of it funded by NIAAA. NIAAA's goal is to provide science-based information in an accessible and practical way to facilitate its use as a foundation for college drinking prevention and intervention activities. CollegeAIM will be updated periodically to keep current with new research findings.

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 (both phases now complete). In the first phase, systems strengthened their capacity to become research platforms for evaluating the extent of underage drinking in the areas they serve and increased their ability to reduce it. In the second phase, the systems prospectively studied the development of youth alcohol use and alcohol-related problems in their service areas, and implemented interventions and evaluated their effectiveness in reducing underage drinking. Four Phase I awards were made, and subsequently two 5-year Phase II awards were made. The findings of one of the two Phase II projects led to a new NIAAA-supported 5-year study focused on preventing alcohol, tobacco, and other drug misuse, as well as driving under the influence, in an American Indian rural community. Initial findings from this study indicate that intervening against underage drinking with these youths can result in reduced drinking, prevention of initiation of drinking, and other positive behavioral outcomes.

Brief Intervention Research: Brief interventions are short, therapeutic encounters intended to reduce underage and harmful drinking and the progression to alcohol use disorder. Brief interventions are usually combined with screening and referral to treatment (referred to as SBIRT). Brief interventions have been well studied in college populations, where the prevalence of underage and harmful drinking and their consequences is high but amenable to change. One example of such an approach is Brief Alcohol Screening and Intervention for College Students (BASICS). Other evidence-based brief interventions for delivery in college settings exist (see NIAAA's College Alcohol Intervention Matrix [CollegeAIM]).

Recent literature reviews indicate brief screening and counseling interventions can reduce alcohol use and related problems among underage and college age individuals (Tanner-Smith & Risser [2016], which looked at 190 studies, and Scott-Sheldon et al. [2014], which looked at 41 studies). Another study indicated that brief interventions are not widely implemented among persons under age 21, particularly college students (Hingson et al., 2015). For example, according to this study, 14–15 percent of underage college students were advised to reduce or stop drinking compared with 26–30 percent not in college, and 30 percent of college students

who reported being drunk at least six times in the past month received this advice compared with 43 percent not in college.

Adolescent Treatment Research Program: Since its inception in 1998, NIAAA's adolescent treatment research program has funded more than 40 NIH grants across several important areas of inquiry, most of which have been randomized, controlled clinical trials. These include behavioral intervention trials, pharmacotherapy trials, implementation and health services studies, and investigations into the recovery and relapse risk process. The main objective of the program 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 an integrated perspective on the efficacy and mechanisms of action of family systems-based, cognitive-behavioral, brief motivational, recovery-based, and guided self-change interventions across diverse subpopulations of adolescents within a range of treatment settings. Furthermore, these projects will provide a greater understanding of the recovery and relapse risk process as well as inform treatment providers about options available for adolescents with alcohol problems.

Multicomponent Community Interventions for Youth: In 2011, NIAAA funded a project titled "Cherokee Nation Prevention Trial: Interactive Effects of Environment & SBIRT," which is creating, implementing, and evaluating an integrated community-level intervention to prevent underage drinking and the associated negative consequences among American Indian and White youth in rural high-risk communities in northeastern Oklahoma. Recent findings from the study showed that high school students exposed to either a school-based universal alcohol screening and brief intervention or a community-organized policy approach to underage drinking prevention reported reduced alcohol consumption compared with controls.

Publications: NIAAA issued a screening guide for children and adolescents for use by healthcare practitioners titled *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide* in 2011, which the Institute continues to distribute broadly. NIAAA also disseminates information about prevention of underage drinking for a range of audiences through a variety of other publications, including factsheets (e.g., on underage drinking [http://pubs.niaaa.nih.gov/publications/UnderageDrinking/Underage_Fact.pdf], on college drinking, and on *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 & 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); and a number of seasonal factsheets focusing on underage drinking issues surrounding high school graduation, and the first weeks of college.

With respect to drinking by students in U.S. colleges and universities, key resources include 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, 2002); a brief update on college drinking titled *What Colleges Need to Know Now: An Update on College Drinking Research* (2007); and the CollegeAIM guide and website launched in 2015 (http://www.collegedrinkingprevention.gov/collegeaim).

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

In addition, 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 and
http://www.spectrum.niaaa.nih.gov/archives/v4i3Sept2012/default.html.

NIAAA Website: The NIAAA website (http://www.niaaa.nih.gov), provides information and resources on the science and prevention of underage drinking, including links to NIAAA's college website (which includes CollegeAIM) and its youth-targeted website:

- *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.
- *CollegeAIM:* Located on the College Drinking Prevention website, NIAAA's CollegeAIM is available in an interactive format with (1) matrices that allow users to compare intervention options and create custom printouts of selected strategies and related references and potential resources; (2) a form-fillable PDF of the strategy planning worksheet for ready comparison of ratings of current and possible new strategies; and (3) detailed, practical answers to many frequently asked questions.
- *Cool Spot Website for Kids:* This website (http://www.thecoolspot.gov), targeted to youth ages 11 to 13, 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 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 impact 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). Recognizing the changing legal environment, NIAAA has expanded APIS to include policies related to recreational use of marijuana. APIS continues to be used by researchers. For example,

a recent study by Fell et al. (2016) used it to examine the impact of MLDA laws on the ratio of fatal traffic crashes involving drivers under age 21 that involved alcohol compared to fatal crashes not involving alcohol.

The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC): In 2012, NIAAA conducted NESARC III, the third NESARC survey, which captured information on alcohol use disorder and other related mental health conditions from a large, nationally representative sample of the U.S. population. DNA samples were also collected and are being stored for future analyses. Data analyses based on NESARC, which includes people ages 18 to 21, could potentially enhance understanding of the etiology, extent, and consequences of underage alcohol consumption, in particular the role of comorbid conditions in this behavior.

National Institute on Drug Abuse (NIDA)/HHS

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 randomized controlled trial of SAAF that targeted African American adolescents in high school (*N*=502) 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). 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.

A study of the ADAPT model was recently conducted with 400 reintegrating Army National Guard (ARNG) 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). Early findings from the study testing ADAPT with integrating ARNG 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). Early findings based on the team's examination of characteristics of parents who may be most likely to use online components or attend face-to-face meetings revealed that use of different delivery options varied by participant characteristics (e.g., received incentives, level of education, number of months of deployment, deployed mother vs. deployed father). The findings imply that parents may be drawn to delivery options of a parenting program (online vs. face-to-face sessions) depending on education level, incentives to engage, and military experience (Doty, Rudi, Pinna, Hanson, & Gewirtz, 2016).

Family-Based Substance Use Prevention Program: This is a family-based, Internet-delivered substance use prevention program for early adolescent Asian American 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). In a follow-up study, the effect of the intervention on adolescent girls' substance use outcomes through family relationships and adolescent self-efficacy over 2 years was examined using path models. Findings showed that receiving the intervention produced a positive effect on girls' family relationships at 1-year follow-up. This improvement was associated with girls' increased self-efficacy, which in turn led to decreased alcohol use, marijuana use, and future intention to use substances among girls at the 2-year follow-up (Fang & Schinke, 2014).

Coping Power: Coping Power is a multicomponent child and parent preventive intervention directed at preadolescent children at high risk for aggressiveness and later substance misuse and delinquency. The Coping Power Child Component is derived from an anger coping program primarily tested with highly aggressive boys and shown to reduce substance use. It 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).

NIDA funded a study of Coping Power 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. This study included 365 4th-grade children randomly assigned by their school to group coping power (GCP) or individual coping power (ICP). Analyses of longitudinal assessments of teacher and parent reports of behavior collected from baseline through 1-year follow-up revealed that children in both conditions reduced teacher- and parent-reported externalizing behavior problems and internalizing problems by the end of the 1-year follow-up. However, the findings revealed that improvement in teacher-reported outcomes were significantly greater for children receiving the individual version of the program. In addition, the findings showed children with low initial levels of inhibitory control to respond poorly in teacher-rated outcomes to group intervention compared with those who received the individually delivered intervention (Lochman et al., 2015). 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 compared with 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 more 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 *Eunice Kennedy Shriver* National Institute on Child Health and Human Development funded a study in 2012, with cofunding from NIDA, to examine the role of parent–youth relationships in late adolescence on substance use and abuse during the transition to adulthood. This study also evaluates 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 misuse 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). In addition, a study that used data from three randomized trials of SFP, delivered in middle school, 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 long-term follow-up was conducted 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. Findings from a replication randomized controlled trial to extend the earlier study to examine outcomes into young adulthood showed reduced substance misuse in young adulthood through delayed substance use initiation in adolescence and revealed greater intervention benefits for those at higher risk for substance misuse (Spoth, Trudeau, Redmond, & Shin, 2014, 2016).

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 misuse 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 men 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 addresses the implications for implementing evidence-based universal prevention programs such as GBG through research and practice partnerships.

LifeSkills Training (LST): LST addresses a wide range of risk and protective factors by teaching general personal and social skills, along with drug resistance skills and normative education. This universal program consists of a 3-year prevention curriculum for students in middle or junior high school, with 15 sessions during the first year, 10 booster sessions during the second year, and 5 sessions during the third year. The program can be taught in grades 6, 7, and 8 (for middle school) or grades 7, 8, and 9 (for junior high school). 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.

Impact of the Minimum Legal Drinking Age on Alcohol-Related Chronic Disease Mortality: The MLDA of 21 has been associated with a number of benefits compared with lower MLDAs, including long-term effects, such as reduced risk for alcoholism in adulthood. No studies have examined whether MLDA during young adulthood is associated with mortality later in life. Plunk and colleagues (2016) analyzed data from the 1990 through 2010 U.S. Multiple Cause-of-Death files combined with data on the living population. The authors conducted conditional analyses based on ever having attended college because prior work suggest that MLDA affects college students differently. Records on death from several alcohol-related chronic diseases were examined, employing a quasi-experimental approach to control for unobserved state characteristics and stable time trends. Individuals who reported any college attendance did not exhibit significant associations between MLDA and mortality for the causes of death examined. However, permissive MLDA for those who never attended college was associated with 6 percent higher odds for death from alcoholic liver disease, 8 percent higher odds for other liver disease, and 7 percent higher odds for lip/oral/pharynx cancers. The 21 MLDA likely protects against risk of death from alcohol-related chronic disease across the lifespan, at least for those who did not attend college. The finding is consistent with other work that shows that the long-term association between MLDA and alcohol-related outcomes is specific to those who did not attend college.

Community-Level Studies: Community-level studies address questions related to the dissemination and implementation of evidence-based substance use 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 6–12. 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 5–8, 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, 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 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 CTC communities versus in the control communities. The findings at 12th grade suggest that the CTC system continued to prevent 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, Hawkins, Brown, Briney, and Oesterle (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 at no cost 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 semiurban communities in Iowa and Pennsylvania, blocked on size, and randomly assigned to the PROSPER partnership model or to a usual programming control condition. Approximately 10,000 6th graders recruited across two cohorts were enrolled in the study along with approximately 1,200 students and their parents. In the PROSPER condition, communities received training and support to implement evidence-based prevention through the partnership and selected interventions from a menu of efficacious and effective universal prevention programs.

  Analyses 18 months after baseline revealed significant 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 misuse, antisocial behaviors, sexual risk behaviors, and improvements in healthy adult functioning are being examined. Effects of PROSPER through 6.5 years past baseline include reductions in conduct problem behaviors. Significant effects were found for students during 9th–12th grades. Somewhat stronger effects were found for the higher risk subsample who had initiated substance misuse prior to the intervention (Spoth et al., 2015).

- *PROSPER Effects on Adolescents' Alcohol Misuse Vary by GABRA2 Genotype and Age:* There is accumulating evidence that intervention effects on adolescent substance use may differ based on gene-by-intervention interactions. Russell and colleagues (2018) used a novel statistical method—time-varying effect modeling (TVEM)—to test an age-varying interaction between a single nucleotide polymorphism in the GABRA2 gene (rs279845) and PROSPER in predicting alcohol misuse in a longitudinal study of adolescents ages 11 to 20. The authors found a significant age-varying GABRA2 x intervention interaction from ages 12 to 18, with the peak effect size seen around age 13 (IRR = 0.50). The intervention significantly reduced alcohol misuse for adolescents with the GABRA2 TT genotype from ages 12.5 to 17 but did not reduce alcohol use for adolescents with the GABRA2 A allele at any age. Differences in intervention effects by GABRA2 genotype were most pronounced from ages 13 to 16—a period when drinking is associated with increased risk for alcohol use disorder. The findings provide additional evidence that suggest intervention effects on adolescent alcohol misuse may differ by genotype, and provide novel evidence that the interaction between GABRA2 and intervention effects on alcohol use may vary with age.
- *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 https://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 https://www.drugabuse.gov/sites/default/files/redbook_0.pdf.

National Drug and Alcohol Facts Week (NDAFW): NDAFW is a health observance week for teens that aims to provide accurate information about alcohol, tobacco, and drug abuse. During this week, NIDA and NIAAA hold a Drug and Alcohol Facts Chat Day, where scientific staff from NIDA, NIAAA, and NIMH respond to questions and concerns from students on substance use and mental health topics. A companion NIDA publication, titled *Drug Facts: Shatter the Myths*, is also a resource for NDAFW. This publication answers teens' most frequently asked questions about alcohol, tobacco, and drug use. The 2017 NDAFW was held in January 2017. Information on NDFW can be found at https://teens.drugabuse.gov/national-drug-facts-week.

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 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: https://www.drugabuse.gov/family-checkup.

Monitoring the Future (MTF): MTF is an ongoing study of substance misuse (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. Results from the survey are released each fall. Information on current findings from MTF can be found on the NIDA website at https://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future.

Substance Abuse and Mental Health Services Administration (SAMHSA)/HHS

Activities Specific to Underage Drinking

Summit on Behavioral Health Issues Among College Students: On March 16–17, 2015, SAMHSA convened this summit to bring together SAMHSA staff and prevention practitioners from the field to discuss SAMHSA's Strategic Initiative on Prevention of Substance Abuse and Mental Illness and its implications for colleges and universities, as well as to inform future

potential products (e.g., funding, materials, training and technical assistance). Approximately 50 individuals representing institutions of higher education, states, national organizations, and federal agencies met to discuss current and emerging prevention issues related to underage drinking, prescription drug misuse, suicide, and mental health promotion related to college students.

"Talk. They Hear You." (TTHY) National Media Campaign: SAMHSA's Center for Substance Abuse Prevention (CSAP) continues with the national rollout of "Talk. They Hear You." (TTHY), a national media campaign to prevent underage drinking among youth under age 21 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 that 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. TTHY continues to expand its reach, and to date has distributed the PSAs to 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 TTHY's inception, PSAs have been distributed to all 50 states and more than 300 cities including the greater Washington, DC, area. TTHY has the support of more than 200 national groups, including CADCA and the National Parent Teacher Association, which are assisting SAMHSA in disseminating the campaign. TTHY is discussed in more detail in Chapter 4.

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 Communities Talk: Town Hall Meetings to Prevent Underage Drinking initiative, Too Smart To Start (TSTS), 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. It 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 ICCPUD agencies about evidence-based prevention of underage drinking. Direct links are provided to federally supported websites designed to prevent substance misuse, including alcohol. Information is intended to serve all stakeholders (e.g., community-based organizations involved in prevention, policymakers, parents, youth, educators). During 2017, SAMHSA added a variety of news and research summaries to the ICCPUD web portal, reflecting the broad range of programs, products, services, initiatives, and research introduced or advanced by ICCPUD agencies throughout the year. SAMHSA continued to enhance the Communities Talk section of the ICCPUD web portal to improve the relevancy and accessibility of resources, and enhanced the layout to increase visual interest.
- *Town Hall Meetings:* In 2016, SAMHSA, as the lead agency for ICCPUD, supported a sixth round of Town Hall Meetings and renamed the initiative Communities Talk: Town Hall

Meetings to Prevent Underage Drinking. This placed a renewed emphasis on the initiative's focus, raising awareness of underage drinking as a public health problem and mobilizing communities around its evidence-based prevention. SAMHSA launched the newly named initiative with an event that was webcast nationally. The event attracted a broad audience, with 904 in-person and online attendees. Due to the successful launch, as well as expanded outreach and partnership development by SAMHSA, more than 1,500 Communities Talk events were held nationwide in 2016, with more than 1,420 communities registering to hold one or more events. As a result of expanded outreach to institutes of higher education (IHEs), more than 200 IHEs registered to hold Communities Talk events, doubling the number of IHE events from 2014 to 2016.

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. Most of the 2016 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 Communities Talk meetings, most of the event organizers reported collaborating with other organizations, and more than two-thirds plan to collaborate with other agencies and programs in follow-up efforts to prevent and reduce underage drinking. SAMHSA developed a summary report on the 2016 Communities Talk events. The next round of Communities Talk events will occur in 2018.

Strategic Prevention Framework Network State Incentive Grant (SPF SIG) Program: This program is both an infrastructure and a service delivery grant program. SPF SIG supports an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance misuse prevention services and reducing substance misuse problems. Following the SPF's 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 misuse and its related problems. Eighty-five percent of the SPF SIG grant award must be allocated to communities to address identified priority substance misuse 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 FY 2004, Cohort II in FY 2005, Cohort III in FY 2006, Cohort IV in FY 2009, Cohort V in FY 2010, 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 FY 2013, 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 FY 2012. Likewise, 42.0 percent demonstrated a decrease for individuals age 21 or older, down from 56 percent in FY 2012.

Strategic Prevention Framework Partnerships for Success (SPF PFS) Program: The SPF PFS program was initiated in FY 2009 with the goals of reducing substance use–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 misuse prevention. Beginning in FY 2012, the PFS program concentrated on addressing two of the nation's top substance use prevention priorities: underage drinking among youth and young adults ages 12 to 20 and prescription drug misuse among individuals ages 12 to 25. SAMHSA awarded 15 grants in 2012. In FY 2013, 16 grants were awarded, and in FY 2014, 21 PFS grants were awarded.

SPF PFS grantees are expected to meet several key requirements. First, states must use a data-driven approach to identify which of the substance use 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. Second, 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 FY 2014 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.

Strategic Prevention Framework Partnerships for Success (SPF PFS) Program II: Over a 3-year period, the SPF PFS II is designed to address two of the nation's top substance use prevention priorities: (1) underage drinking among people ages 12 to 20 and (2) prescription drug misuse 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. First, states must use a data-driven approach to identify which of the substance use 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. Second, 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 required 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 implementation of evidence-based practices that are effective in preventing underage drinking. It was created to strengthen collaboration among communities, the federal government, and state, local, and tribal governments; enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth; and serve as a catalyst for increased citizen participation and greater collaboration among all sectors and organizations of a community that have demonstrated a long-term commitment to reducing alcohol use among youth.

STOP Act grant recipients are required to develop strategic plans using SAMHSA's Strategic Prevention Framework process, which includes a community needs assessment, an implementation plan, a method to collect data, and the evaluation, monitoring, and improvement of strategies being implemented to create measurable outcomes. Grantees are required to report every 2 years on four core Government Performance and Results Act (GPRA) measures: frequency of use (past 30 days), perception of risk or harm, perception of parental disapproval, and attitude toward peer use across at least three grades from grades 6 through 12. SAMHSA's CSAP currently funds 97 community coalitions in 29 states across the United States. CSAP awarded 80 grants in Cohort III (which extends from FY 2012 to FY 2016) and 17 grants in Cohort IV (which extends from FY 2013 to FY 2017).

An evaluation of STOP grants from 2009 through 2013 showed that 1) underage drinking outcomes improved with the implementation of both DFC and STOP Act grants, showing the importance of funding such community grant programs; and 2) the largest impact on underage drinking outcomes was achieved when funds were used for both new individual and enhanced environmental strategies.

Activities Related to Underage Drinking

Substance Abuse Prevention and Treatment Block Grant (SABG): The SABG is a major funding source for substance use prevention and treatment in the United States, including 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 use disorder 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.

Partnership for Success (PFS): State and Community Prevention Performance Grant: PFS is designed to provide states with up to 5 years of funding to achieve quantifiable decline in statewide substance misuse 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 misuse problems and achieve specific program outcomes. The overall goals of the PFS are to reduce substance misuse–related problems; prevent the onset and reduce the progression of substance misuse, 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 was 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 (12–18 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 treatment and recovery support system for adolescent substance use and co-occurring substance use and mental disorders.

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 targeted is 12–24 years old.

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 SAMHSA's CSAT. Several SBIRT grantees have developed programs that are available to individuals under age 21, and/or serve Native Americans and rural populations. In FY 2017, CSAT awarded 8 new state demonstration grants to states that had never been awarded a grant, and 13 new SBIRT Student Training grants situated across the country. In FY 2018, SAMHSA is proposing to fund up to seven new grants of up to $950,000 per year for 5 years. This grant will expand the eligibility criteria to include nonprofit HMOs and PPOs as well as Federally Qualified Health Care systems and hospital systems. The grant will also encourage the provision of services to adolescents and emerging youth. 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 use disorder 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 use disorder treatment, assessment, case management, and program coordination for those in need of drug court treatment 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, AI/AN 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.

Tribal Training and Technical Assistance (TTA) Center: The Tribal TTA Center provides TTA on mental and substance use disorders, suicide prevention, and promotion of mental health to federally recognized tribes, other AI/AN 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 use 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.

National Survey on Drug Use and Health (NSDUH): Conducted annually by SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ), the NSDUH is a survey of the civilian, noninstitutionalized population of the United States age 12 or older. It is the primary national source of both national and state information on use of illicit drugs, alcohol, and tobacco. Estimates also include substance use disorders, substance use disorder treatment, mental health measures, mental health service use, and co-occurring substance use disorders. Approximately 68,000 persons are confidentially interviewed in NSDUH each year through in-person residential visits.

Behavioral Health Services Information System (BHSIS): BHSIS, conducted by SAMHSA's CBHSQ, is the primary source of national data on substance use disorder treatment services. BHSIS offers information on treatment facilities with special programs for adolescents as well as demographic and substance use characteristics of adolescent treatment admissions. BHSIS comprises the following components:

- *Inventory of Behavioral Health Services (I-BHS)* is a list of all known public and private substance use and mental health treatment facilities in the United States and its territories.
- *National Survey of Substance Abuse Treatment Services (N-SSATS)* is an annual survey of all substance use disorder treatment facilities in the I-BHS. It collects data on location, characteristics, services offered, and usage. It 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 (N-MHSS)* is an annual survey of all mental health treatment facilities. It collects data on location, characteristics, services offered, and usage. It is used to update the Behavioral Health Treatment Facility Locator.
- *Treatment Episode Data Set (TEDS)* is a compilation of data on the demographic and substance use characteristics of admissions to and discharges from substance use disorder 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. DAWN ceased data collection at the end of 2011. Between 2012 and 2017, SAMHSA continued to analyze and report existing DAWN data.

In 2012, SAMHSA began a partnership with the National Center for Health Statistics (NCHS) to incorporate DAWN into the National Hospital Care Survey (NHCS). The NHCS 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 improved response rate with a large, nationally representative sample of hospital emergency departments, reduced cost, and expanded information collected (e.g., health insurance coverage information, diagnoses, treatment, ability to track emergency department patients admitted into the hospital through the emergency department). In addition, the NHCS will collect 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 (SEDSS). SAMHSA continues to work with NCHS to implement content and develop the survey methodology and statistical design. Currently, NCHS is working to recruit hospitals with publishable data.

Drug Free Communities Support Program (DFC): 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. DFC is a program of the Office of National Drug Control Policy administered by SAMHSA under an interagency agreement. 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 adaptation of policies and practices related to youth substance use. Since 1997, the program has funded more than 2,000 community coalitions and mobilized community coalition members throughout the United States, the District of Columbia, Puerto Rico, American Samoa, and the Federated States of Micronesia (Palau).

To support the DFC goal of increased community collaboration regarding prevention of youth substance use, DFC grantees are required to engage community members from 12 sectors in order to conduct their work. Based on the median number of staff and active sector members from each community coalition, the FY 2013 DFC grantees mobilized approximately 25,000 individuals to engage in youth substance use prevention work. DFC grantees report core measures data every 2 years on four substances—alcohol, tobacco, marijuana, and illicit use of 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 (92.7 percent of grantees) and at the middle school level (79.9 percent of grantees). In the past 10 years of program evaluation, DFC-funded communities have achieved significant reductions in youth substance use. The 2014 DFC National Evaluation Report found significant decreases in youth substance use across alcohol, marijuana, tobacco, and illicit use of prescription drugs, and generally found increases in youth perception of risk.

Prevention Technology Transfer Centers: SAMHSA is using cooperative agreements to establish a network of Prevention Technology Transfer Centers (PTTC) to provide training and

technical assistance services to the substance abuse prevention field including professionals/pre-professionals, organizations, and others in the prevention community. The PTTCs will work directly with SAMHSA and across the PTTC Network on activities aimed at improving implementation and delivery of effective substance abuse prevention interventions. PTTCs will provide prevention skills training and technical assistance services that are: tailored to meet the needs of recipients and the prevention field; based in prevention science and use evidence-based and promising practices; and leverage the expertise and resources available through the alliances formed within and across the HHS regions and the PTTC network.

Office of the Assistant Secretary for Health (OASH), Office of the Surgeon General (OSG), and Office of Adolescent Health (OAH)/HHS

Activities Specific to Underage Drinking

"Facing Addiction in America," the Surgeon General's Report on Alcohol, Drugs, and Health, and the Surgeon General's 2007 Call to Action and Guides: In 2016, the first-ever *Surgeon General's Report on Alcohol, Drugs, and Health* was released. This report reviews what is known about substance misuse, including underage alcohol use, and how that knowledge can be used to address substance misuse and related consequences. It is available at https://addiction.surgeongeneral.gov. In addition, the ICCPUD agencies continue to promote the 2007 *Surgeon General's Call to Action* and the accompanying *Guides to Action* as key sources of information on addressing the national health problem of underage drinking. Both publications 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: In June 2011, the National Prevention, Health Promotion, and Public Health Council announced the release of the National Prevention Strategy, a comprehensive plan to help increase the number of Americans who are healthy at every stage of life. The plan includes a section titled "Preventing Drug Abuse and Excessive Alcohol Use" that specifically addresses the need to prevent excessive alcohol use and underage drinking. Recommendations in this section include (1) more stringent alcohol control policies, (2) the creation of environments that empower young people not to drink, and (3) 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 at https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html.

Office of Adolescent Health Website: The OAH website provides resources for parents and adolescents who are struggling with alcohol use (https://www.hhs.gov/ash/oah/adolescent-development/substance-use/alcohol/index.html and https://www.hhs.gov/ash/oah/resources-and-training/for-families/alcohol/index.html). To obtain state-level data on adolescent alcohol use, visit: https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescents-and-substance-abuse/index.html.

Adolescent Health: Think, Act, Grow® (TAG): OAH launched TAG in November 2014. OAH worked with 80 youth-related organizations to develop this national call to action to raise awareness about and promote adolescent health. The OAH website includes free TAG resources for youth-serving professionals, family members, and teens, including Five Essentials for

Healthy Adolescents, "TAG in Action" successful program strategies, TAG Playbook (with action steps and resources linked to the Five Essentials), a social media toolkit, a "TAG Talk" video series featuring adolescent health experts, webinars, and a series of one-page handouts. For more information about TAG, visit: http://www.hhs.gov/ash/oah/tag.

Office of Juvenile Justice and Delinquency Prevention (OJJDP), Department of Justice (DoJ)

Activities Specific to Underage Drinking

Enforcing the Underage Drinking Laws (EUDL): The EUDL block grant program 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. In FY 2014, OJJDP directed all available EUDL funding to support a new initiative, Tribal Healing to Wellness Court, that addressed underage alcohol access and consumption by Native American youth minors in five competitively selected tribes.

Office of National Drug Control Policy (ONDCP)

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.

Drug-Free Communities (DFC) Support Program: The DFC Program, created by the Drug-Free Communities Act of 1997, is the nation's leading effort to mobilize communities to prevent youth substance use and is directed by ONDCP in partnership with SAMHSA. The DFC Program is described in more detail under SAMHSA's section above.

Demand Reduction Interagency Working Group (IWG): In 2009, ONDCP reinstituted the IWG, comprising 35 federal agencies whose missions involve some connection to substance abuse. Agency leaders identified four major cross-cutting issues: prevention and education, prescription drugs, electronic health records, and data. These committees helped shape the 2010, 2011, 2012, and 2013 National Drug Control Strategies. The issue of underage drinking received significant attention in several of these IWG committees.

National Highway Traffic Safety Administration (NHTSA)/Department of Transportation (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 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.

Activities Related to Underage Drinking

NHTSA supports the work of national organizations to address underage drinking and driving prevention. Several examples follow:

National Organizations for Youth Safety (NOYS): Since 1994, NHTSA has supported a variety of NOYS-led efforts to build partnerships that save lives, prevent injuries, and promote safe and healthy lifestyles among all youth while encouraging youth empowerment and leadership. Specifically, NHTSA supports NOYS's annual Teen Driver Safety Summit, which convenes, educates, and engages youth leaders, and a Youth Correspondents Advisory Board that leads the development and delivery of peer-to-peer messages about traffic safety, including the prevention of underage drinking and driving.

Students Against Destructive Decisions (SADD): Under a cooperative agreement, the SADD National Student of the Year is eligible for a summer leadership opportunity at NHTSA. Additionally, NHTSA assisted SADD in developing and implementing education and enforcement activities to promote young driver safety and specifically to reduce underage drinking and driving.

State Highway Safety Funding: NHTSA provides federal funding to states and local communities through State Highway Safety Offices (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 transfers).

Youth Traffic Safety Media: NHTSA maintains Parents Central, which provides overviews, recommendations, and facts about teen driver safety, and is available at: http://www.safercar.gov/parents/TeenDriving/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 the Traffic Safety Marketing website: http://www.trafficsafetymarketing.gov.

To address the issue of underage drinking and driving, NHTSA joined with the Ad Council to launch a PSA campaign that targets new drivers 16 and 17 years old and is built around the idea of "Underage Drinking and Driving: The Ultimate Party Foul." The campaign includes a TV ad, a Tumblr site, web banners, outdoor advertising, and a branded emoji keyboard that is available on both the iOS and Android platforms.

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

ICCPUD Agency	FY 2010 actual	FY 2011 actual	FY 2012 actual	FY 2013 actual	FY 2014 actual	FY 2015 actual	FY 2016 actual	FY 2017 actual
CDC	$1,200,000	$1,041,730	$1,081,200	$986,587	$949,894	$1,100,000	$900,000	$900,000
ED	$40,580,995	$8,782,000[a]	—[b]	—[b]	—[b]	0	0	0
NIAAA	$56,000,000[c] $2,000,000[d]	$57,000,000	$62,000,000	$62,000,000	$59,350,175	$52,190,438	$55,177,270	$51,000,000
SAMHSA[e]	$62,542,390	$63,779,872	$67,953,616	$84,555,315	$89,422,285	$103,104,523	$104,332,643	$104,497,445
OJJDP[f]	$25,000,000	$20,708,500	$4,862,895	$5,000,000	$2,500,000	0	0	0
NHTSA	$625,000	$600,000	$645,000	$600,000	$600,000	$600,000	$600,000	$600,000
TOTAL	$187,948,385	$151,912,102	$136,542,711	$153,141,902	$152,822,354	$156,944,961	$161,009,913	$156,997,445

[a] ED's Office of Safe and Drug Free Schools received significant budget cuts in FY 2011, and this figure represents continuation costs for the Grants to Reduce Alcohol Abuse program, which was eliminated in FY 2012. In FY 2011, 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.
[b] 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, and 2013, 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.
[c] NIAAA FY 2010 non-American Recovery and Reinvestment Act (ARRA) funding
[d] NIAAA FY 2010 ARRA funding
[e] FY 2010–2013 figures include SPF SIG, UAD, Adult Media Campaign, STOP Act grants, and ICCPUD. FY 2010–2013 figures also include PFS, which is a subset of SPF SIG.
[f] OJJDP's EUDL program received significant budget cuts in FY 2012. Support for EUDL programming was $25 million annually from FY 1998 until FY 2011, when there was a reduction to $5 million, which resulted in the elimination of the EUDL block grant program for all states and territories.