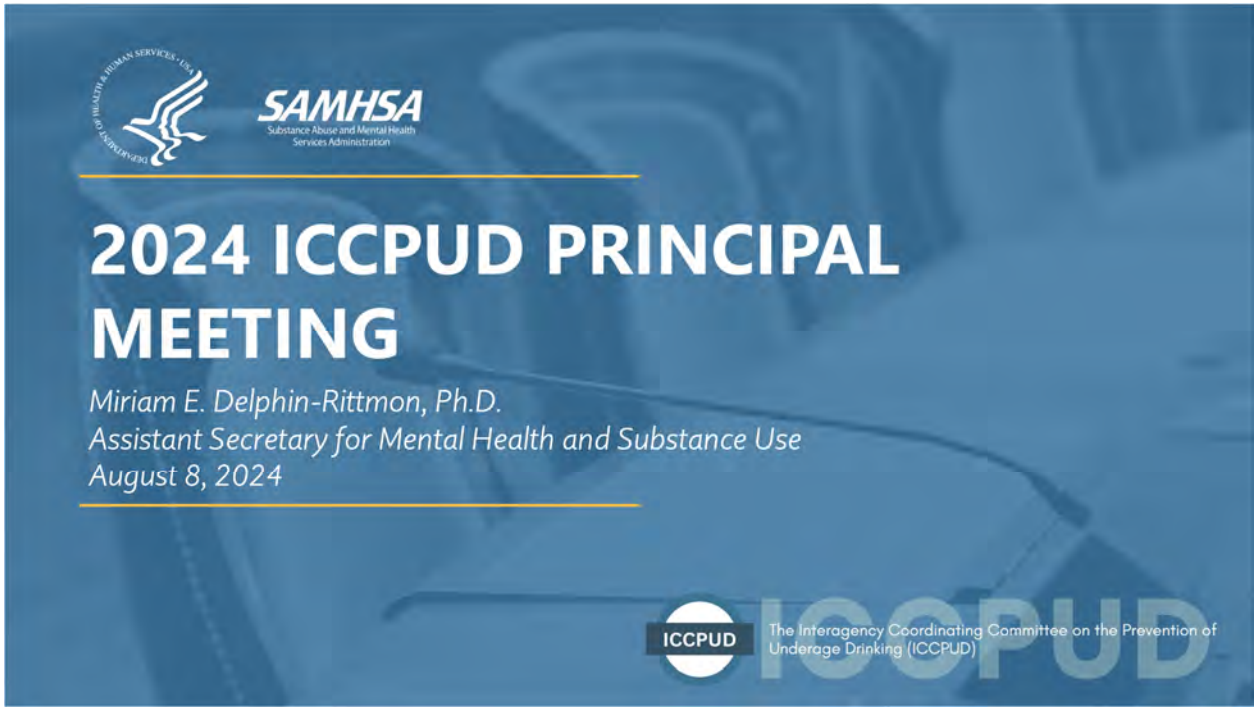
Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)
Principal Meeting
August 8, 2024
9:00 a.m.–11:30 a.m. EDT

Location: Virtual via Zoom
Date: August 8, 2024
Time: 9:00 a.m.–11:30 a.m. EDT

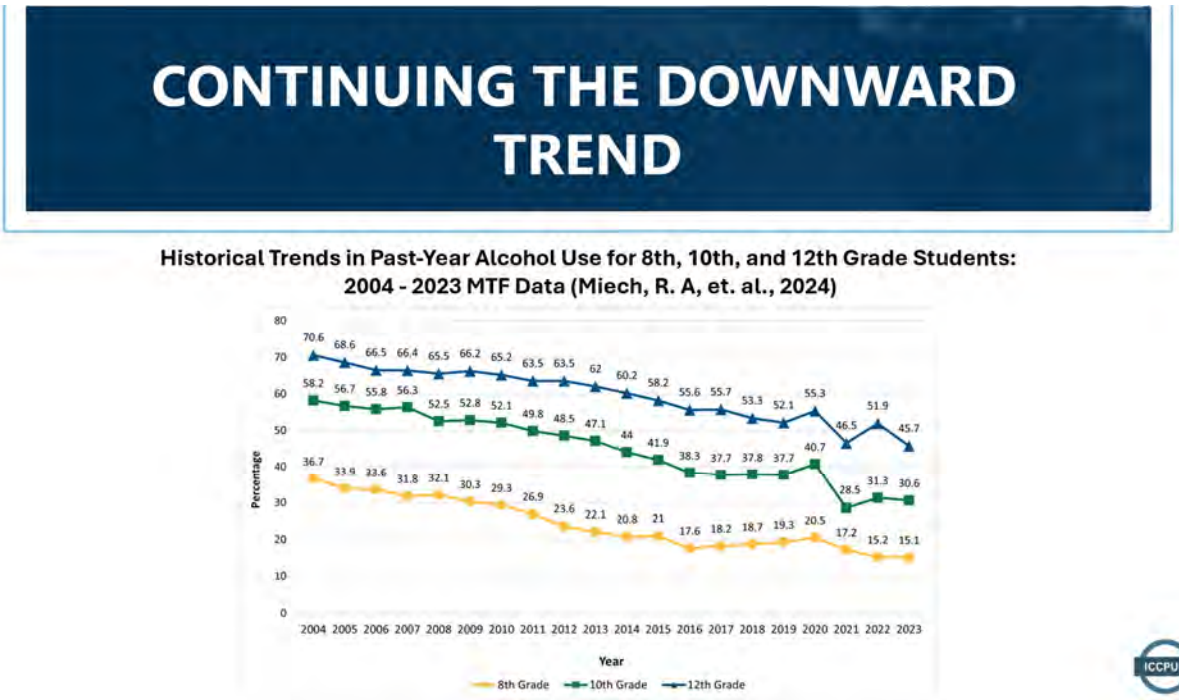
Welcome & Opening Remarks

Miriam Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS); Chair, ICCPUD

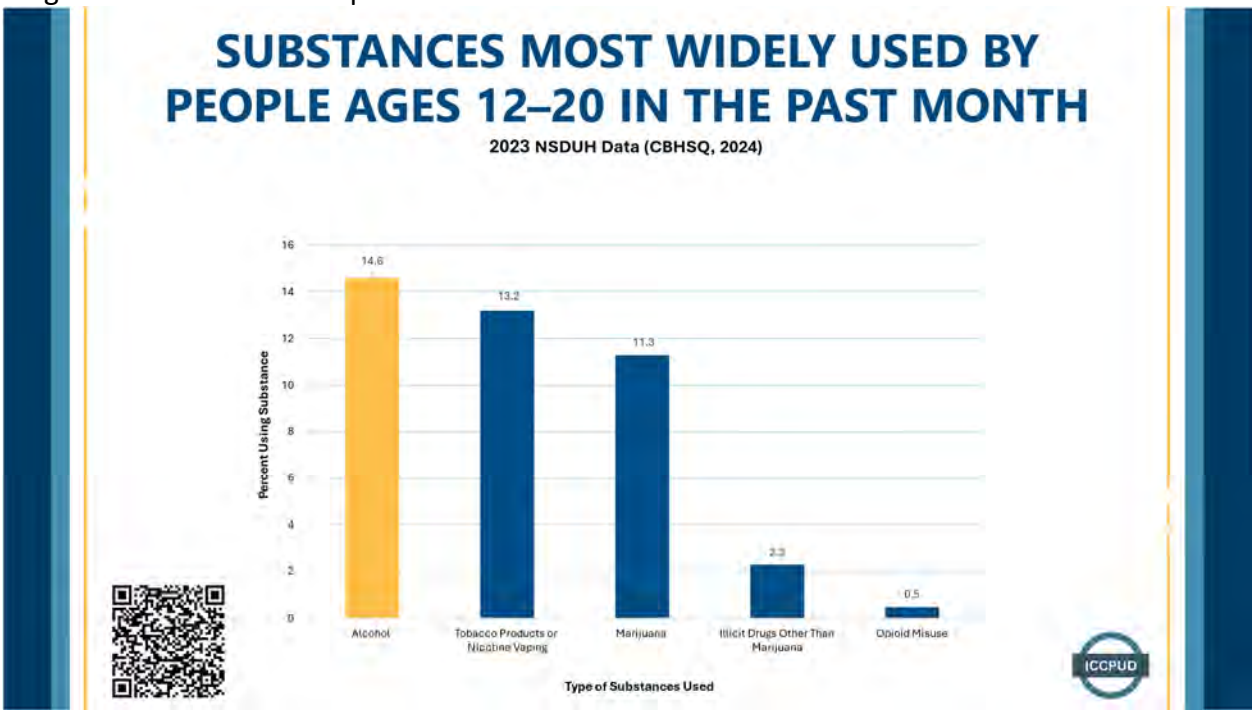


Dr. Delphin-Rittmon thanked everyone for joining. ICCPUD principals and representatives from 24 agencies and operational divisions were participating. She thanked them for their commitment to the ICCPUD and their ongoing work. She expressed her excitement to hear updates.

The meeting's agenda included an overview of underage drinking, recent data, and presentations on the Dietary Guidelines for Americans and the Alcohol Intake and Health study.

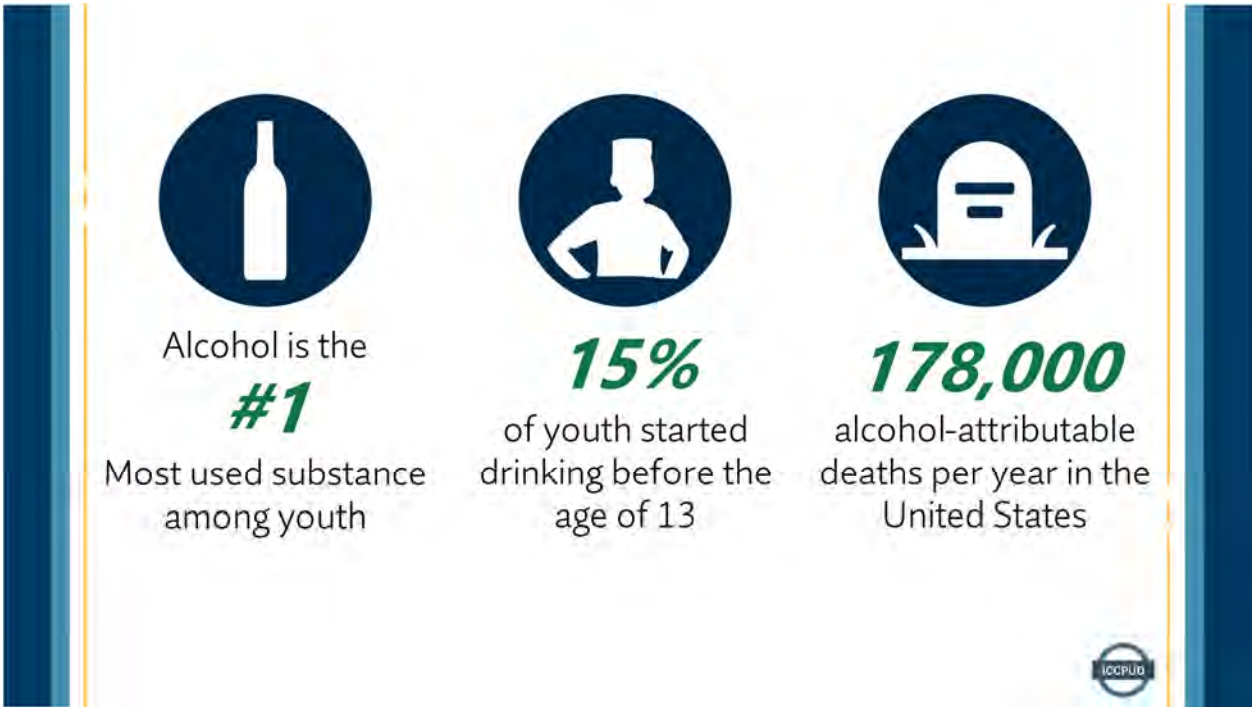


The downward trend in underage drinking continues, and this reflects national, state, and local efforts. From 2004 to 2023, the prevalence of past-year alcohol use decreased among high school students. For example, there was a 25-percentage point decrease among 12th grade students (under half used alcohol in 2023). The progress inspires all involved to continue the long-term commitment to prevention efforts.

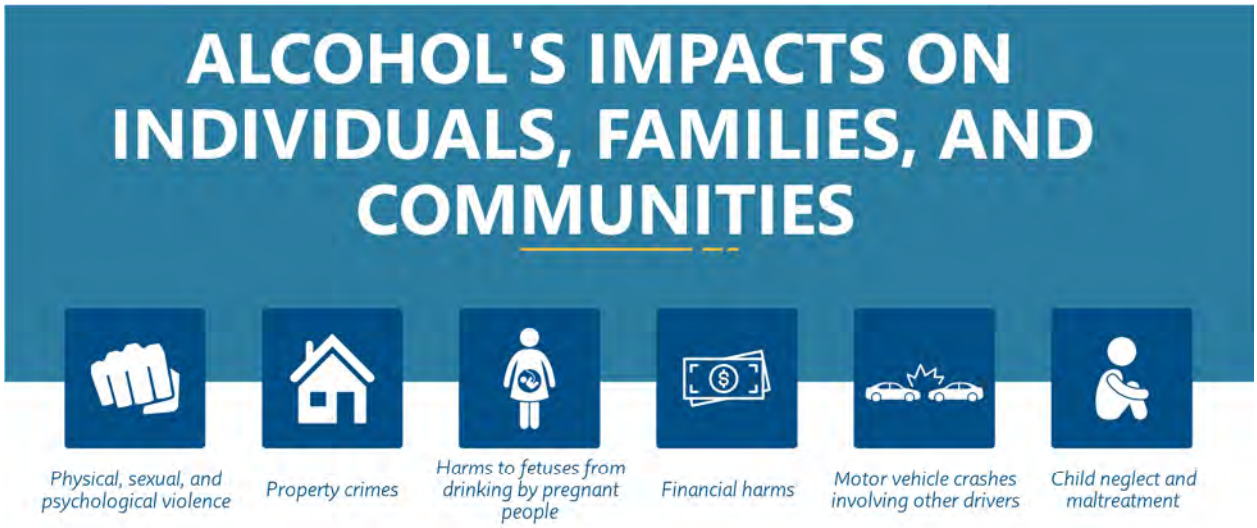


However, alcohol remains the substance most widely used by people ages 12–20. New National Survey on Drug Use and Health (NSDUH) data indicate that about 15% of underage individuals

who are 12 or older have used alcohol in the past month (5.8 million people). Also, 15% of youth started drinking before age 13, according to the Youth Risk Behavior Surveillance System (YRBSS). The younger one starts drinking, the more likely one is to have an alcohol use disorder (AUD) later. Research indicates that 4 in 5 people in treatment started drinking during adolescence.



The Centers for Disease Control and Prevention (CDC) estimates that there are 178,000 alcohol-attributable deaths annually, with about 4,000 of deaths among people under age 21. Compared with opioids, there are more deaths attributable to alcohol.

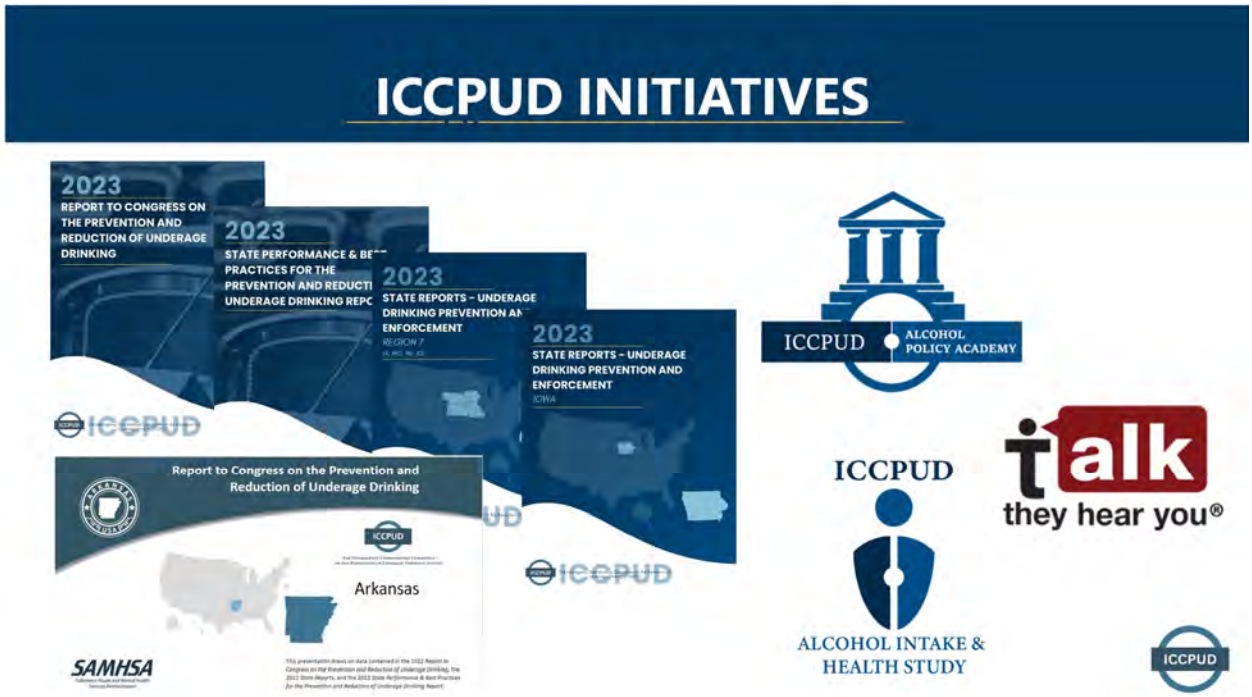


Alcohol has a significant impact on families and communities, including physical, social, and psychological violence; property crimes; fetal exposure; financial costs; motor vehicle crashes/deaths; and neglect and abuse of children. Additionally, we know that alcohol use affects school performance.

Where do we go from here?

https://www.stopalcoholabuse.gov/

We know that to be effective in this work, it is critical to work collaboratively. The ICCPUD has broad representation across Federal agencies, as could be seen in this meeting. Collaboration is truly essential and makes a difference.



The ICCPUD's ongoing work includes the annual Report to Congress on the Prevention and Reduction of Underage Drinking, the State Performance & Best Practices for the Prevention and Reduction of Underage Drinking Report, individual state reports, and "Talk. They Hear You."—a national adult-oriented media campaign. "Talk. They Hear You." has shown strong uptake in

https://www.stopalcoholabuse.gov/

social media efforts and other product dissemination. Additionally, “Talk. They Hear You.” now runs Screen4Success.

The ICCPUD’s activities also include the Alcohol Intake and Health study and the Policy Academy, which helps build capacity in 28 communities and facilitates states learning from one another.

Remarks by Rahul Gupta, M.D., M.P.H., M.B.A., FACP

Director, Office of National Drug Control Policy (ONDCP), Executive Office of the President of the United States

Dr. Gupta thanked the ICCPUD for the invitation and said he was grateful to be at the meeting. He said the opioid crisis receives a great deal of attention, as it should. However, it is part of a larger substance use crisis. Prevention is our best chance to prevent deaths, and preventing youth substance use is a key focus area under President Joe Biden. The *National Drug Control Strategy* (released in May 2024) presents youth prevention as the first chapter. Prevention involves broader efforts, such as addressing social determinants of health (e.g., access to food, health care, education, and social supports) among youth. It is key to reducing risk factors and increasing protective factors within families, schools, and communities (e.g., mental health investments). Much of this work happens across HHS and with other partners, such as the U.S. Department of Education.

In all these efforts, it is critical to follow the science and change when the science changes. This is the situation with alcohol use. Recent data show that older studies, which suggested moderate drinking is safe, were statistically and methodologically flawed. There is no safe level of alcohol use, as consumption increases all-cause mortality increases. For example, in 2022, about one-third of traffic fatalities involved alcohol impairment. We have to update policies as the science develops and present consistent communications across the government. People here are working on those efforts.

CDC supports the Drug-Free Communities Support Program, which funds community coalitions to prevent youth substance use, including alcohol use. In the communities served, there have been significant declines in drug use compared with other communities. For example, alcohol use is down 23%. This is important progress, but only 1 in 5 Americans live in these communities. Therefore, we have to increase the reach of evidence-based programs to prevent youth substance use.

Alcohol use prevention is critical. As a physician, Dr. Gupta said he has seen the health effects of alcohol firsthand. As a hospitalist, he has never had a day when someone with AUD was not on his patient list. Alcohol-related acute and chronic morbidity and associated health care costs are high. Most of the people affected by chronic conditions related to alcohol problems probably started drinking during adolescence.

Dr. Gupta thanked the participating agencies for their continued work in this space and said he hopes to continue with what is working (e.g., tools and support for youth to make good choices). These efforts save lives. An American dies every 39 minutes from a crash involving alcohol, so there is no time to wait.

Facilitated Discussion

Facilitator: Dr. Delphin-Rittmon

Latest Epidemiological Data

David Berrigan, Ph.D., M.P.H. (National Cancer Institute [NCI])

Dr. Berrigan said it was great to be able to share NCI's growing efforts related to alcohol and cancer prevention and good to learn about and be part of the ICCPUD's efforts.

Modifiable risk factors are an important focus of cancer prevention (i.e., a key cross-cutting area). Alcohol is a modifiable risk factor for cancer.

Alcohol is a modifiable risk factor for cancer

- International Agency for Research on Cancer (IARC) has determined that there is '**sufficient evidence of causality**' for the seven sites illustrated
- American Institute for Cancer Research (AICR)/World Cancer Research Fund (WCRF) indicate 'probable increases risk' for stomach cancer
- Dose response relationships appear linear for some sites (e.g., breast, colorectal), in others, risk increases starting at 2-3 drinks per day (e.g. liver, stomach)
- 'Suggestive' evidence for lung, pancreas, and skin
- Protective effects for kidney cancer

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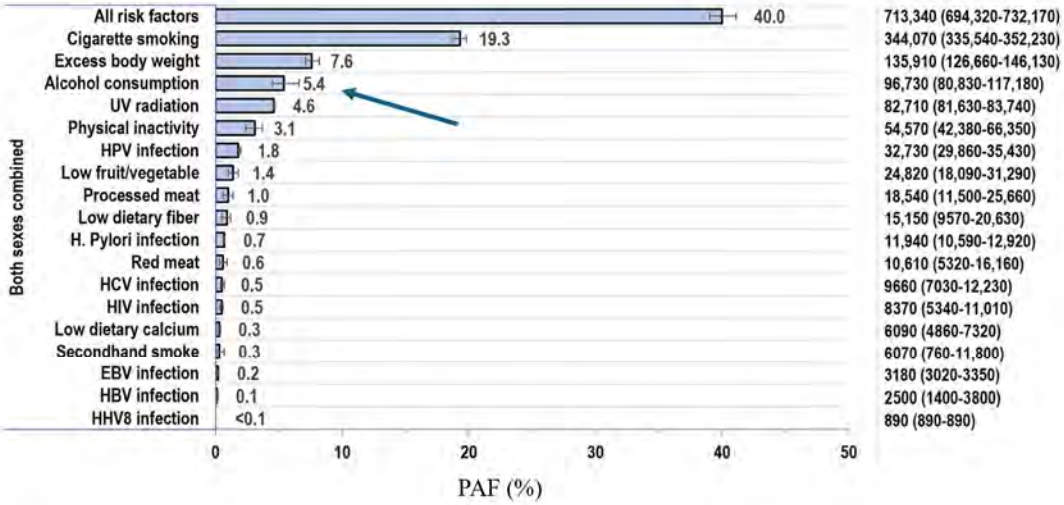
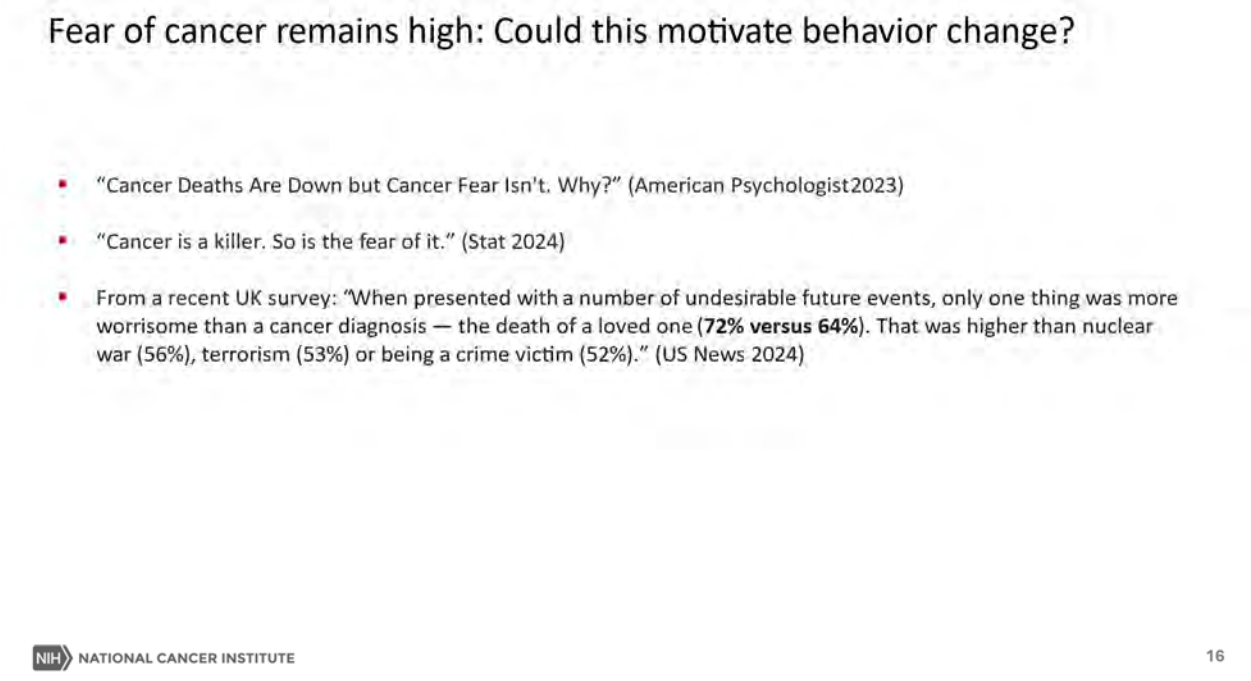
Alcohol is the third most influential modifiable risk factor for cancer



NIH NATIONAL CANCER INSTITUTE Islami et al. 2024 CA: A Cancer Journal for Clinicians

The International Agency for Research on Cancer says there is sufficient evidence to support a relationship between alcohol and cancer at seven sites in the body. Alcohol probably increases the risk for stomach cancer. There is a linear dose–response relationship for some sites but not others. For some sites, higher risk starts at three or four drinks a day. Some sites only have suggestive evidence. Observational studies suggest alcohol has potential protective effects for kidney cancer.

An American Cancer Society article reports that alcohol is the third-most influential modifiable risk factor for cancer (after smoking and excess body weight). Reduction of alcohol consumption reduces cancer risk, according to a 2023 *New England Journal of Medicine* article. There is good evidence that alcohol use increases risk for oral and esophageal cancers, but there are major research gaps (i.e., not many well-powered studies). The problem is a lack of evidence, not contrary evidence.



https://www.stopalcoholabuse.gov/

Awareness of link between alcohol and cancer is low

Cancer Epidemiol Biomarkers Prev. 2023 Jan 9;32(1):46-53. doi:10.1158/1055-9965.EPI-22-0420.

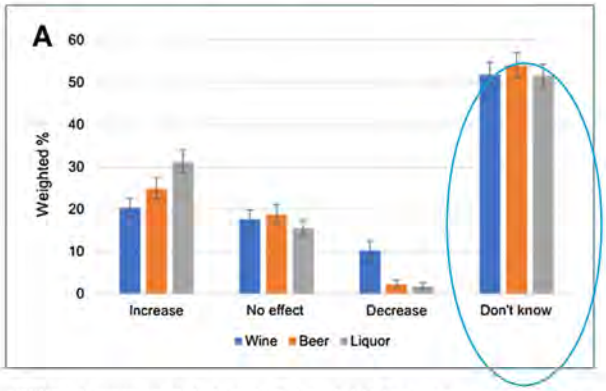
Do Beliefs about Alcohol and Cancer Risk Vary by Alcoholic Beverage Type and Heart Disease Risk Beliefs?

Andrew B Seidenberg [1], Kara P Wiseman [2], William M P Klein [3]

Affiliations + expand

PMID: 36453075 PMCID: PMC9839574 (available on 2023-07-09)
DOI: 10.1158/1055-9965.EPI-22-0420

"In your opinion, how much does drinking the following types of alcohol affect the risk of getting cancer?"



Weighted proportion of US American adults' beliefs about how wine, beer, and liquor consumption affect cancer risk (error bars ¼ 95% CI)

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Estimates of awareness may also be sensitive to wording and response options

- August 2023 results on alcohol and cancer risk awareness
- How do you think drinking alcoholic beverages affects the risk of getting cancer? (Decreases risk, no effect, increases risk)

Adults who think drinking alcohol increases cancer risk

	Total	Men	Women
	Percent (95% confidence interval)		
Total	53.7 (52.2–55.1)	51.1 (49.1–53.2)	56.1 (54.1–58.1)
Hispanic	58.0 (54.3–61.7)	52.3 (46.6–58.0)	63.6 (58.5–68.5)
Asian only, non–Hispanic	71.5 (65.0–77.5)	68.0 (58.0–77.0)	74.9 (66.1–82.5)
Black or African American only, non–Hispanic	50.3 (46.0–54.5)	47.1 (40.5–53.6)	52.7 (46.8–58.5)
White only, non–Hispanic	51.2 (49.5–52.9)	49.7 (47.2–52.1)	52.8 (50.4–55.1)
Other single or multiple races, non–Hispanic	57.9 (49.5–66.1)	56.9 (44.0–69.1)	58.9 (47.1–70.1)

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Fear of cancer remains high, and this could be leveraged in messaging/communications to motivate behavior change. Although cancer deaths are down, people are still afraid of being diagnosed. Awareness of the link between alcohol and cancer is low (according to survey data from NCI), in contrast with awareness of the link between tobacco and cancer (about 90% of people are aware of that association), though estimates of awareness may be sensitive to wording and response options.

Warning label research at NCI DCCPS BRP

- Inspired in part by history of support for tobacco labeling research and 2020 petition to update US alcohol warning labels
- Prolific Panel online experiments with message conditions and probes concerning responses including thoughts and intentions
- Team: Klein, Han, Berrigan, Rohde, Garrido, Payne…
- Topics include:
  - **Message certainty** – 'causes cancer' vs 'may cause cancer'
  - **Message direction** – 'no safe level,' 'the more you drink, the higher the risk,' 'the less you drink, the lower the risk'
  - **Warning source** – 'government' vs 'Surgeon General'

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Warning label research at NCI is important because this is a key method for raising awareness of the association between alcohol and cancer. A number of nongovernmental organizations have submitted a petition to the Alcohol and Tobacco Tax and Trade Bureau to update alcohol warning labels with the latest evidence.

Workshop and expert panel on research needs for alcohol and cancer

NIH NATIONAL CANCER INSTITUTE https://cancercontrol.cancer.gov/brp/hbrb/alcohol-and-cancer 20

NCI supported a workshop and expert panel in 2020 on research gaps related to alcohol and cancer. A paper was published from this workshop, as shown here.

https://www.stopalcoholabuse.gov/

Relevant funding opportunities

Title	Announcement #	Expiration Date
Notice of Special Interest: Public Policy Effects on Alcohol-, Cannabis-, Tobacco-, and Other Drug-Related Behaviors and Outcomes	NOT-AA-21-028	September 08, 2024
Population Approaches to Reducing Alcohol-related Cancer Risk More Information	PAR-23-244	January 08, 2027
Notice of Special Interest (NOSI): Epidemiology and Prevention in Alcohol Research	NOT-AA-23-018	September 06, 2026
Innovative Approaches to Studying Cancer Communication in the New Information Ecosystem Ethical Considerations for Social Media Research (PDF)	PAR-22-164 (R01 Clinical Trial Optional) PAR-22-165 (R21 Clinical Trial Optional)	September 08, 2025
Exploratory Grants in Cancer Control More Information	PAR-21-341	November 09, 2024

Stay tuned for more!

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Exemplary active NCI grants addressing alcohol and cancer

- Diverse Cohort studies
- A small number of specific projects
  - **A lifecourse approach to evaluating the effect of structural stigma on cancer risk factors among sexual minorities**; F31, University of California, San Francisco, PI: Guan, A
  - **Linking lifestyles with tumor immune profiles to identify strategies for improving breast cancer outcomes**; R03, Roswell Park, PI: Cannioto, R
  - **Communicating Cancer Risk of Alcohol: Impact of Narrative Pictorial Warning Labels**; R03, University of Connecticut, PI: Ma, Z
  - **Communicating Cancer Risk of Alcohol: Impact of Narrative Pictorial Warning Labels**; R21, University of Kentucky, PI: Lauckner, J
  - **#4Corners4Health: A Social Media Cancer Prevention Program for Rural Emerging Adults** R01, Klein Bundel, PI: Bullard, DB
  - **Multi-level Evaluation of Racial/ethnic Disparities in Liver Disease Outcomes** R01, Baylor University, PI: Kanwal, F

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This workshop led to relevant funding opportunities from NCI—many co-funded with the National Institute on Alcohol Abuse and Alcoholism (NIAAA)—including innovative approaches to cancer-related communication in the current ecosystem. NCI grants addressing alcohol and cancer include diverse cohort studies and small, specific projects.

Webinar archive

- July 16, 2024: Epidemiology of Tobacco, Alcohol, and Cancer
- July 18, 2023: Policy Approaches to Alcohol and Cancer Prevention: Resources, Results, and Gaps
- October 20, 2022: Exploring the Intersection of Tobacco and Alcohol in Cancer Control, Part 2
- October 13, 2022: Exploring the Intersection of Tobacco and Alcohol in Cancer Control, Part 1
- Find more webinars at: https://cancercontrol.cancer.gov/brp/events/alcohol-and-cancer

Data resources

- Health Information National Trends Survey (HINTS) - https://hints.cancer.gov/
  - Consumption
  - Awareness
  - Attitudes
  - Information
  - Demographics
- NCHS Rapid Surveys System - https://www.cdc.gov/nchs/rss/round1/cancerrisks.html
  - Awareness
  - Demographics

NCI also has a webinar archive for this topic and has invested in data resources, such as the Health Information National Trends Survey (HINTS) and the National Center for Health Statistics (NCHS) Rapid Surveys System.

Summary: Where are we now?

- Several relevant funding opportunities, with NIAAA and other ICs
- A (very) modest portfolio of grants
- An expert assessment of research gaps
- A growing library of Alcohol and Cancer themed webinars
- Some data resources from the HINTS survey
- An active Alcohol and Cancer work group
- Staff and Fellows research on warning labels and other research topics
- Ongoing efforts to grow this research area

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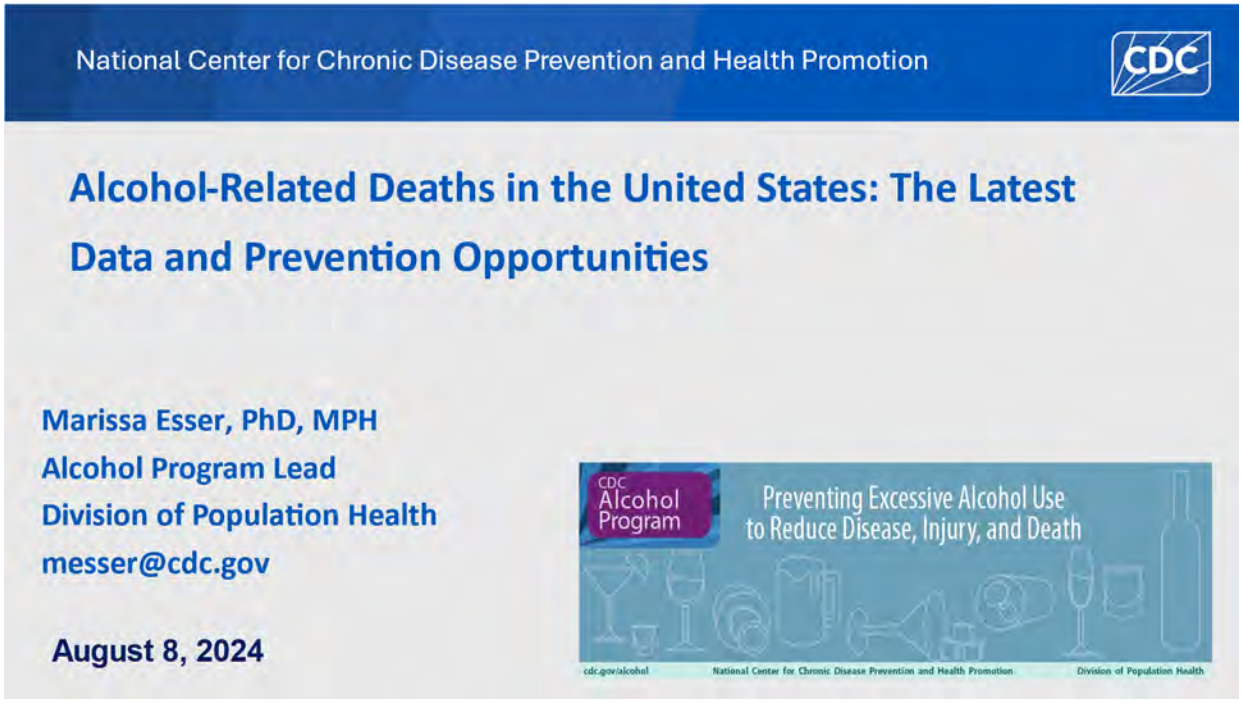
Marissa Esser, Ph.D., M.P.H. (CDC)



https://www.stopalcoholabuse.gov/

Overview

- Alcohol-attributable cancer deaths
- U.S. deaths from excessive alcohol use
- Preventing excessive alcohol use, including underage drinking

Alcohol Related Disease Impact (ARDI) Application

- Free online tool (www.cdc.gov/ardi)
- Assesses contribution of alcohol consumption to deaths from 58 alcohol-related chronic and acute conditions
- Provides data on annual averages during 2020 –2021
  - Number of deaths and years of potential life lost
  - By sex and age groups
  - National and state estimates
- Death data from the National Vital Statistics System

CDC's resources for data on alcohol-related deaths include the Alcohol-Related Disease Impact (ARDI) application, a free online tool to help assess the contribution of alcohol consumption to deaths from 58 alcohol-related chronic and acute conditions. Current data are from 2020–2021.

Types of Causes of Death in ARDI

Examples of Conditions *Fully* Due to Alcohol Use:

- Alcohol use disorder
- Alcoholic liver disease
- Alcohol-induced acute or chronic pancreatitis
- Alcohol poisoning
- Fetal alcohol syndrome

Only conditions where alcohol is explicitly named.

Examples of Conditions *Partially** Due to Alcohol Use:

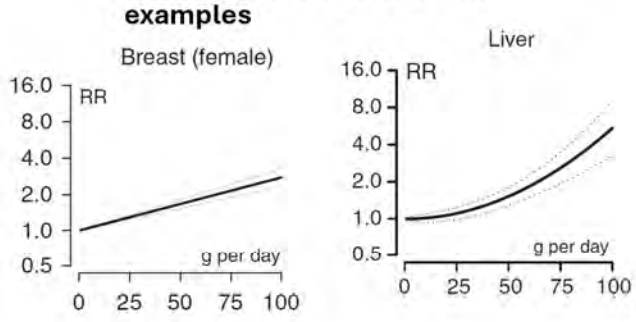
- Chronic conditions
  - Several types of cancer
  - High blood pressure
  - Heart disease and stroke
  - Liver disease
- Injuries and violence
  - Motor vehicle crashes
  - Falls
  - Drownings
  - Suicide
  - Homicide

*Only including the portion of the deaths from alcohol

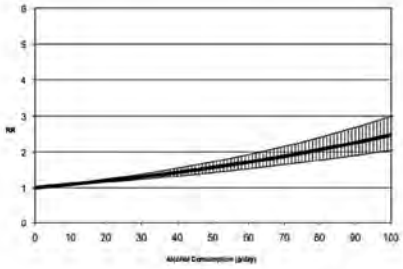
ARDI includes conditions fully attributable to alcohol use (e.g., AUD and alcohol poisoning) and conditions partially attributable to alcohol use (e.g., cancer, hypertension, injuries, and violence).

Cause-Specific Relative Risks of Death

Alcohol use and cancer risk examples



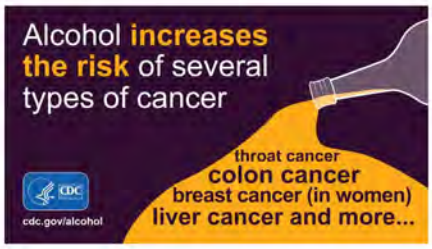
Alcohol use and hypertension



Bagnardi et al. (2015); Taylor et al. (2009)

Cause-specific relative risk curves show increasing risk of morbidity and mortality as average daily alcohol consumption increases.

More Than 20,000 Cancer Deaths Per Year from Alcohol Use



- 72% of the deaths were males
- Males: ~14,560 deaths per year
  - Largest number from liver cancer among males – accounted for 33% (4,740 deaths)
  - Of all male liver cancer deaths, 25% from alcohol use
- Females: ~5,650 deaths per year
  - Largest number from breast cancer among females – accounted for 60% (3,410 deaths)
  - Of all female breast cancer deaths, 8% from alcohol use
- 3.4% of all cancer deaths from alcohol use

Esser et al (2024) AJPM

Using that information, a 2024 study found that more than 20,000 cancer deaths annually are attributable to alcohol use, of which 72% are male deaths and most are from liver cancer. About 25% of liver cancer deaths are attributable to alcohol. For females, there are approximately 5,650 cancer deaths per year attributable to alcohol. The largest number are from breast cancer. Of breast cancer deaths, 8% are from alcohol use.

Far Fewer Alcohol-Attributable Cancer Deaths Per Year If Adults Hypothetically Reduced Alcohol Use

- Scenario 1: 16,800 fewer estimated cancer deaths per year if drinking reduced to within Dietary Guidelines limits:
  - ~20,200 to ~3,400 alcohol -attributable cancer deaths (83% reduction)
  - Might have prevented 2.8% of U.S. cancer deaths
- Scenario 2: Another 650 additional cancer deaths could have been prevented each year if men consumed 1 drink or less per day
  - Still more than 2,700 alcohol -attributable cancer deaths per year if all adults who drink had 1 drink or less per day

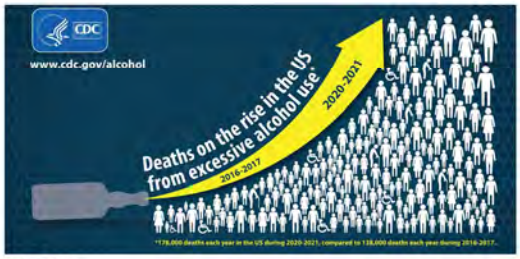
Esser et al (2024) AJPM

There would be far fewer alcohol-attributable cancer deaths per year if adults reduced alcohol use. CDC found that there would be 16,800 fewer cancer deaths annually if all adults of legal age drank within current dietary guidelines; this would be an 83% reduction over time.

Following the current guidelines would prevent 2.8% of U.S. cancer deaths. If adults of legal age drank one drink a day or less, another 650 cancer deaths would be prevented annually. At one drink per day, there would still be 2,700 alcohol-attributable cancer deaths per year.

Approximately 29% Increase in Deaths From Excessive Alcohol Use from 2016–2017 to 2020–2021

- Average annual deaths from excessive alcohol use:
  - Increased 5% from about 138,000 deaths per year during 2016 – 2017 to 145,000 during 2018 –2019.
  - Increased 23% more to 178,000 deaths per year during 2020 –2021.



Esser et al. (2024) MMWR

Annual deaths from excessive alcohol use increased by about 29% from 2016–2017 to 2020–2021. There were 178,000 deaths from excessive alcohol use during 2020–2021; that is 488 deaths every day caused by excessive alcohol use.

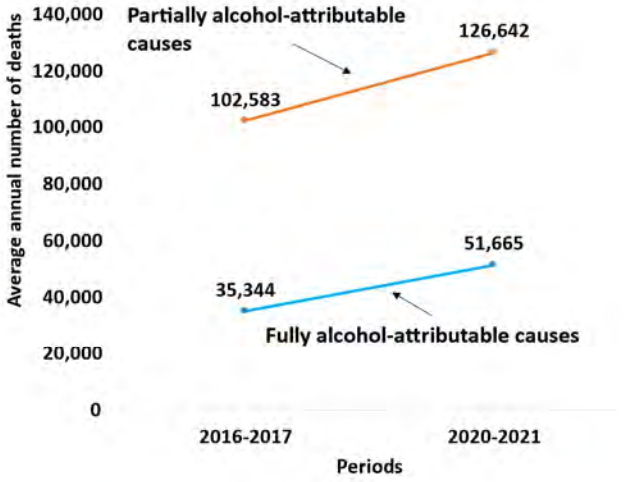
What is excessive alcohol use?

" Excessive alcohol use" is defined by CDC as binge drinking, heavy drinking, or any use by pregnant or underage individuals.

Increases in Deaths from Fully and Partially* Alcohol - Attributable Causes

- Of the average deaths per year from excessive alcohol use during 2020 – 2021
  - 71% were from partially alcohol-attributable conditions
  - 29% were from fully alcohol-attributable conditions

*only including the portion of the deaths from alcohol, such as alcohol -attributable heart disease, stroke, cancer, and injury deaths.



Esser et al. (2024) MMWR

About 71% of deaths are partially attributable to alcohol, and 29% of the average deaths per year from excessive alcohol use are from conditions that are fully attributable to alcohol. However, this is most likely an underestimate of the total number of alcohol-related deaths.

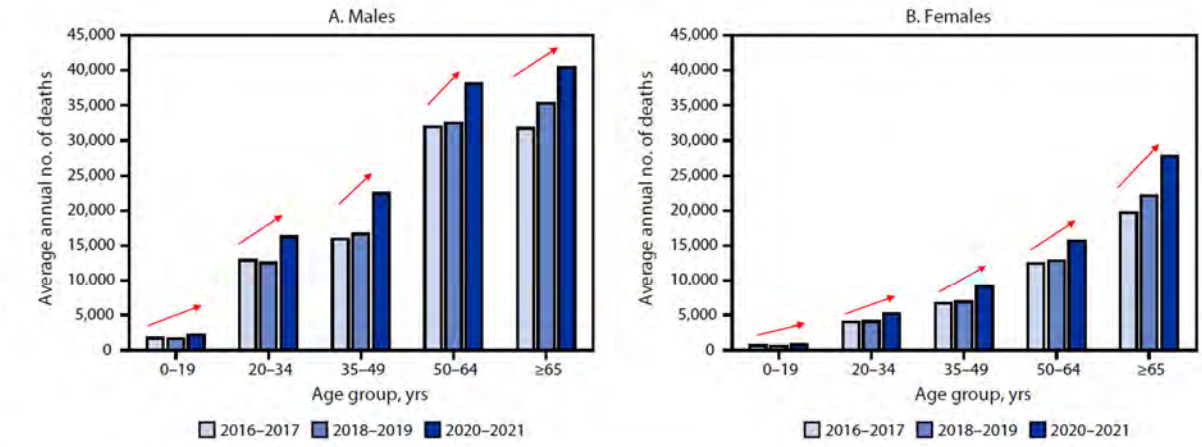
Increases among Males and Females

- From 2016–2017 to 2020–2021, the average annual number of deaths from excessive alcohol use increased by:
  - 25,000 deaths among males
  - 15,000 deaths among females
- Greater percentage increase in the number of deaths during this time among women
  - 27% increase among males
  - 35% increase among females

Esser et al. (2024) MMWR

Increases in annual deaths from excessive alcohol use have occurred among both males and females, though there has been a greater percentage increase in the number of deaths among women.

Increases Among Males and Females in Deaths from Excessive Alcohol Use Among All Age Groups



Esser et al. (2024) MMWR

Increases in these deaths are age-related; as people get older, you see the effects of chronic alcohol consumption increasing.

Deaths Among People Younger than 21

- More than 4,000 people younger than 21 die from excessive alcohol use each year,* including from:
  - Underage drinking
  - Drinking by adults of legal drinking age (e.g., passenger in an alcohol -involved motor vehicle crash)
- Leading causes of these alcohol -attributable deaths among young people:
  - Motor vehicle traffic crashes
  - Homicide
  - Suicide
  - Other poisonings involving alcohol (e.g., drug overdoses)

*During 2020–2021

www.cdc.gov/ardi

There are more than 4,000 alcohol-related deaths annually among people younger than 21. The leading causes among young people are motor crashes, homicides, suicides, and alcohol involvement in other drug poisonings.

Factors Potentially Contributing to Increases in Alcohol -Attributable Deaths

- Alcohol environment
  - Alcohol is easy to access and widely available
  - Home delivery and carryout policies
  - Stores to buy alcohol generally remained open as essential businesses throughout the pandemic
- Overall delays in seeking medical attention, including avoiding emergency departments for alcohol -related conditions
- Some people drink more when experiencing stress, loneliness, social isolation, or certain mental health conditions

Factors potentially contributing to the increase in alcohol-attributable deaths include the rapid change in the alcohol environment during the COVID-19 pandemic; alcohol is easier to access because of new home delivery and carryout policies. Stores where alcohol can be purchased generally remained open as essential businesses throughout lockdown. Also, people delayed seeking medical attention, including avoiding emergency departments, for alcohol-related conditions during the pandemic. Finally, some people drink more when experiencing stress, loneliness, and social isolation. Certain mental health conditions may also contribute to increases in alcohol consumption.

Some Risk Factors of Underage Drinking

https://www.cdc.gov/alcohol/underage-drinking/index.html;
https://www.cdc.gov/alcohol/underage-drinking/community-strategies.html

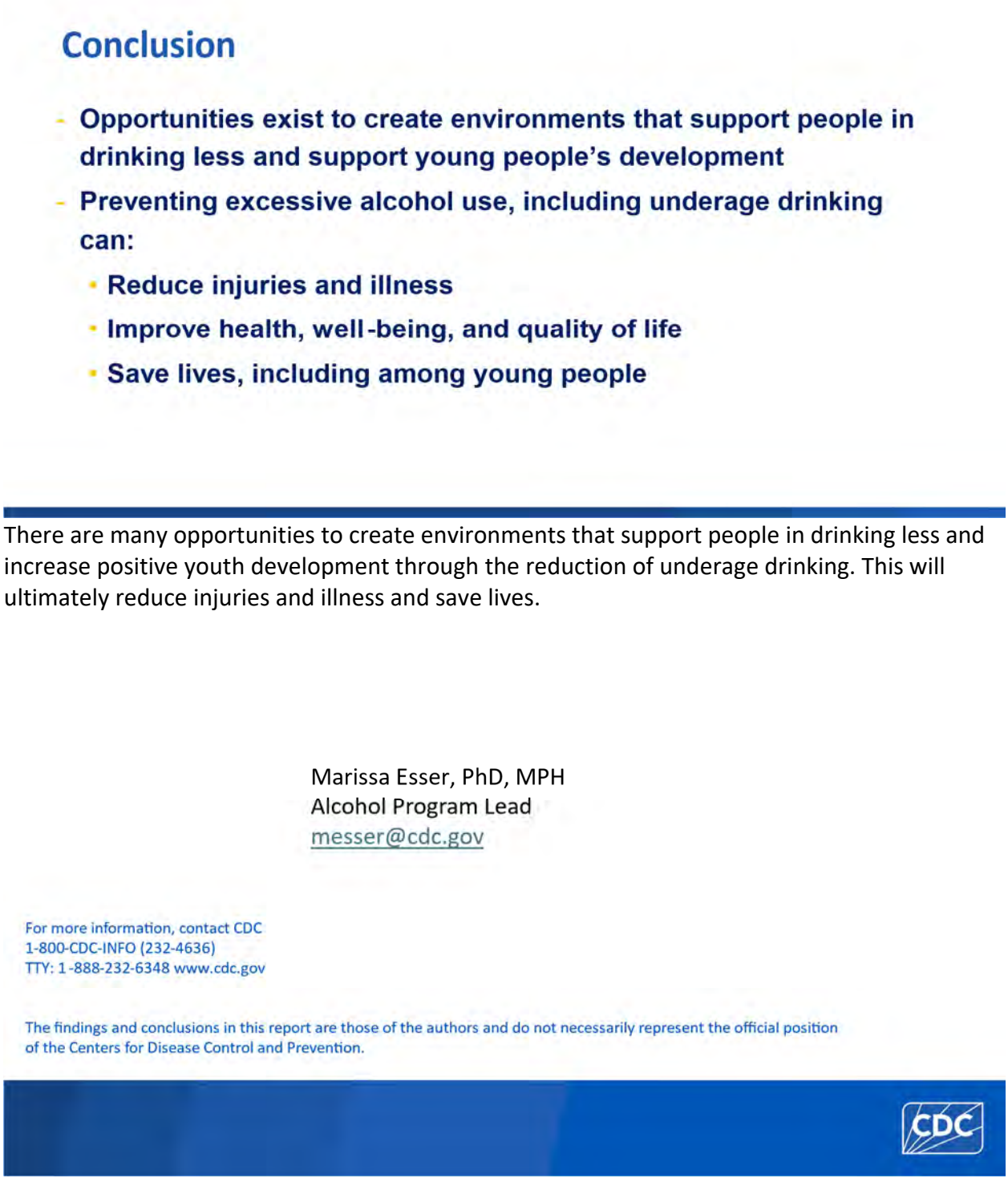
https://www.stopalcoholabuse.gov/

Some of these risk factors for the general population are also risk factors for underage drinking. Adolescent alcohol use is influenced by adult drinking (families and communities). This is an important message: Youth are aware of the broader environment and are influenced by parents, as well as peers. Reducing alcohol use among adults helps reduce alcohol use among youth.

Alcohol marketing exposure influences underage drinking; this is true for both initiation and increasing levels of consumption among youth who already drink. This effect differs by race and ethnicity. There is also a concern that youth exposure to alcohol marketing is expanding because of increased online advertising.

The price of alcohol affects adults who drink excessively and youth. A study found that increasing the minimum price per unit of alcohol reduced alcohol consumption and related deaths. Other effective strategies that can reduce drinking include increasing taxes, reducing the concentration of places that sell alcohol, and expanding the reach of screening and brief interventions.

https://www.stopalcoholabuse.gov/



There are many opportunities to create environments that support people in drinking less and increase positive youth development through the reduction of underage drinking. This will ultimately reduce injuries and illness and save lives.

Vision for Prevention

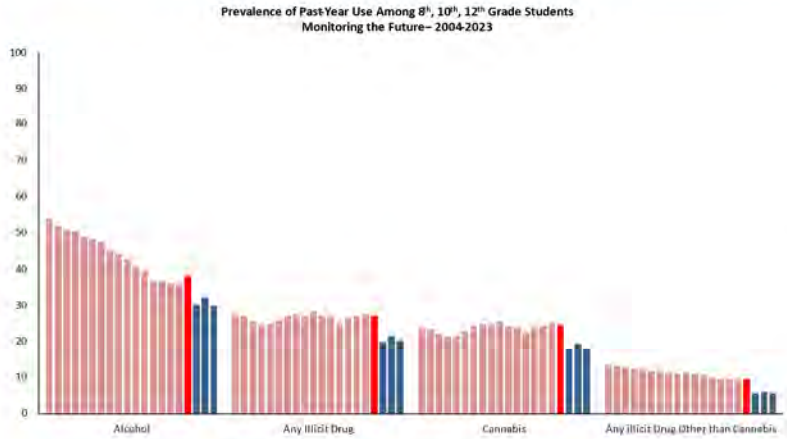
CAPT Christopher M. Jones, Pharm.D., Dr.P.H., M.P.H. (Center for Substance Abuse Prevention [CSAP], SAMHSA)

Preventing Underage Alcohol Use and Harms As Part of A Comprehensive Prevention Approach

Christopher M. Jones, PharmD, DrPH, MPH
CAPT, US Public Health Service
Director, Center for Substance Abuse Preventio
Substance Abuse and Mental Health Services Administratio
U.S. Department of Health and Human Service

SAMHSA
Substance Abuse and Mental Health Services Administration

Substance Use Among Youth – Setting the Stage



- Youth substance use rates heading in right direction but harms like overdose remain elevated
- Disparities in patterns of use and harms depending on socio-demographics
- Across all data sets, alcohol most common substance among youth

Alcohol – down 44% since 2004; down 16% since 2019

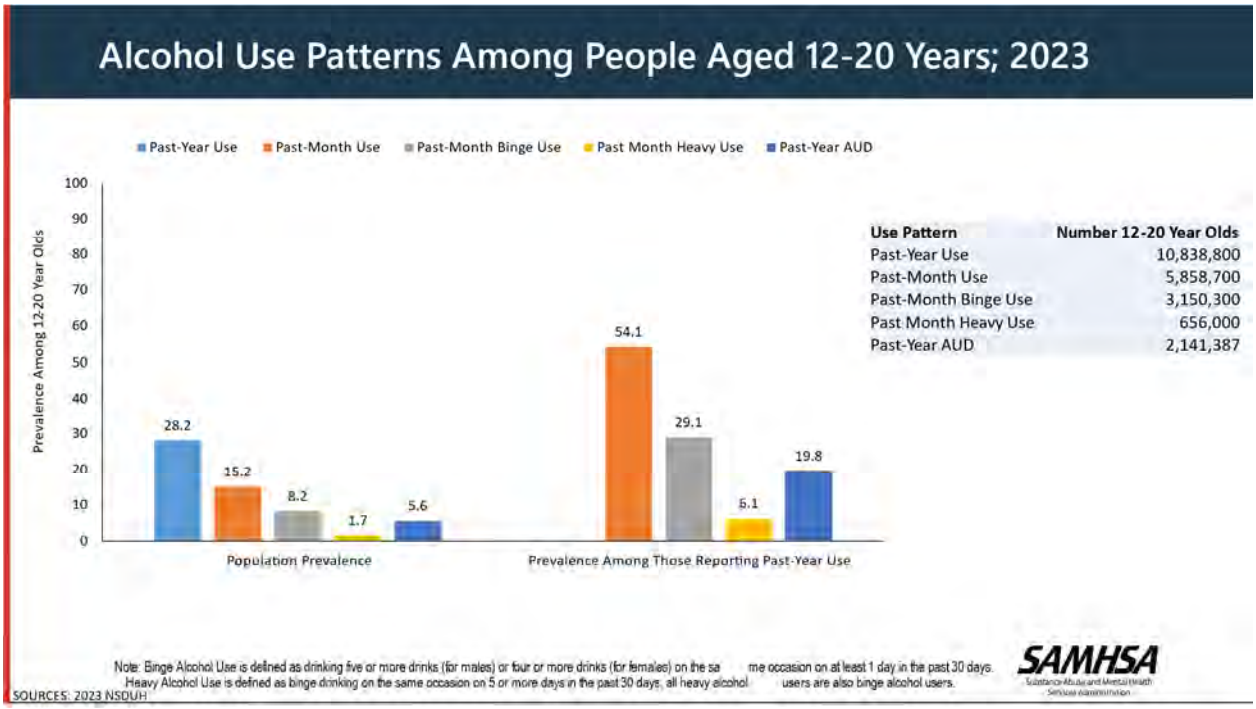
Any illicit drug – down 26% since 2004; down 27% since 2019

Cannabis – down 24% since 2004; down 29% since 2019

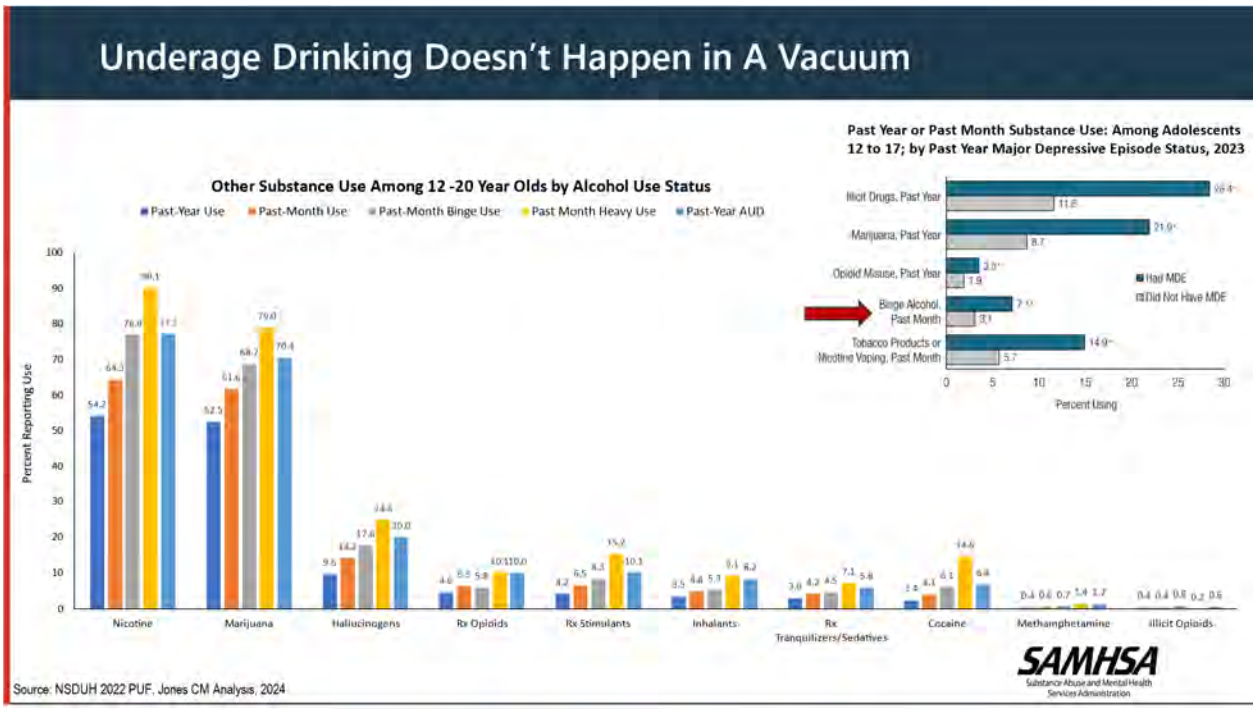
Any illicit drug other than cannabis – down 59% since 2004; down 38% since 2019

SAMHSA

CAPT Jones reiterated the reductions in substance use among youth based on recently released YRBSS data. There have been stable or downward trends in substance use among youth. But there are notable disparities and alcohol-related harms depending on geographic location and other demographic characteristics. We need to understand these patterns to address acute and long-term challenges.

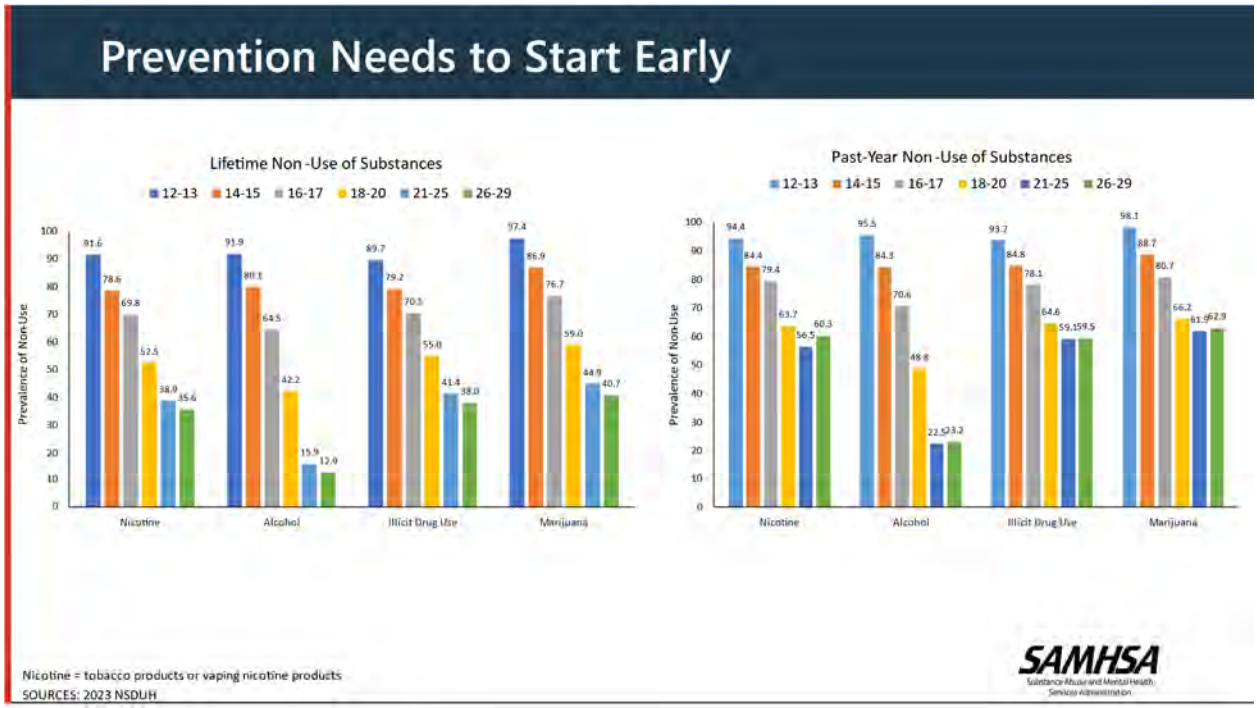


Among underage people who drink, one-third binge drink. Additionally, there are more than 2 million underage people with AUD.

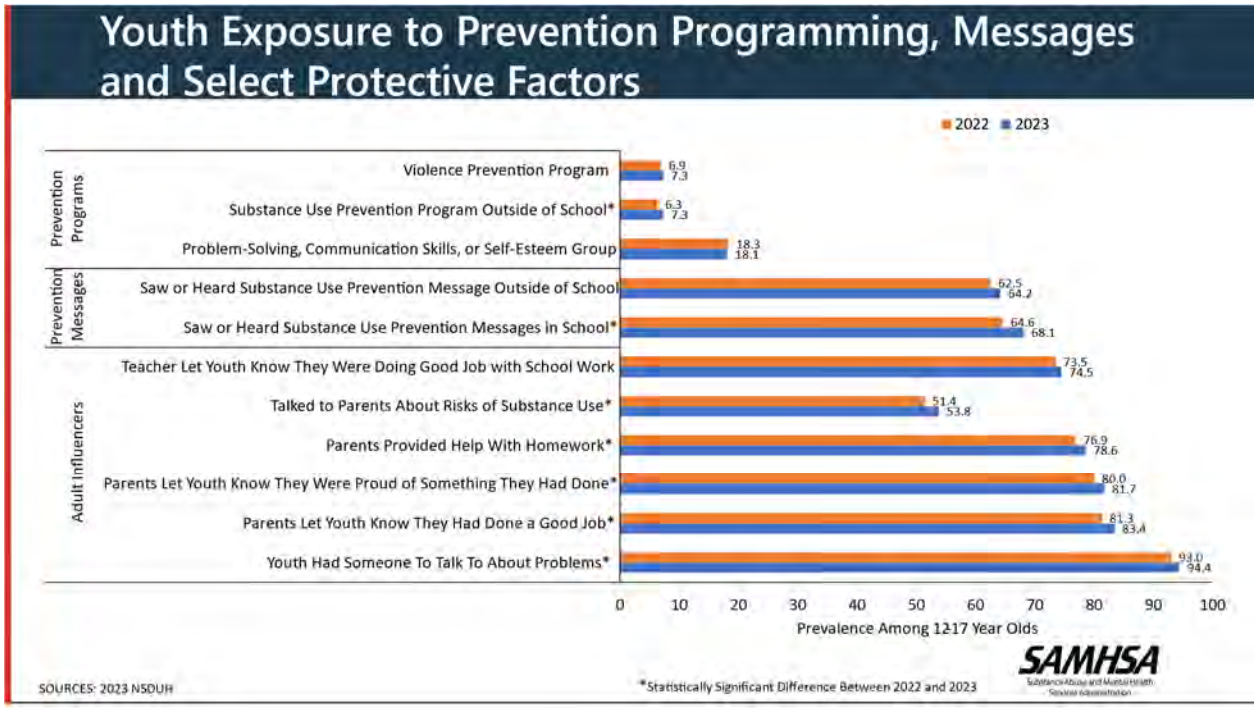


Underage drinking doesn't happen in a vacuum. Those who drink are more likely to report other substance use or have a substance use disorder (SUD). Nicotine and marijuana are the most common substances that are co-used with alcohol, but underage people also use

hallucinogens, prescription opioids, and stimulants. Risk of substance use is higher among young people with past-year major depressive episodes.



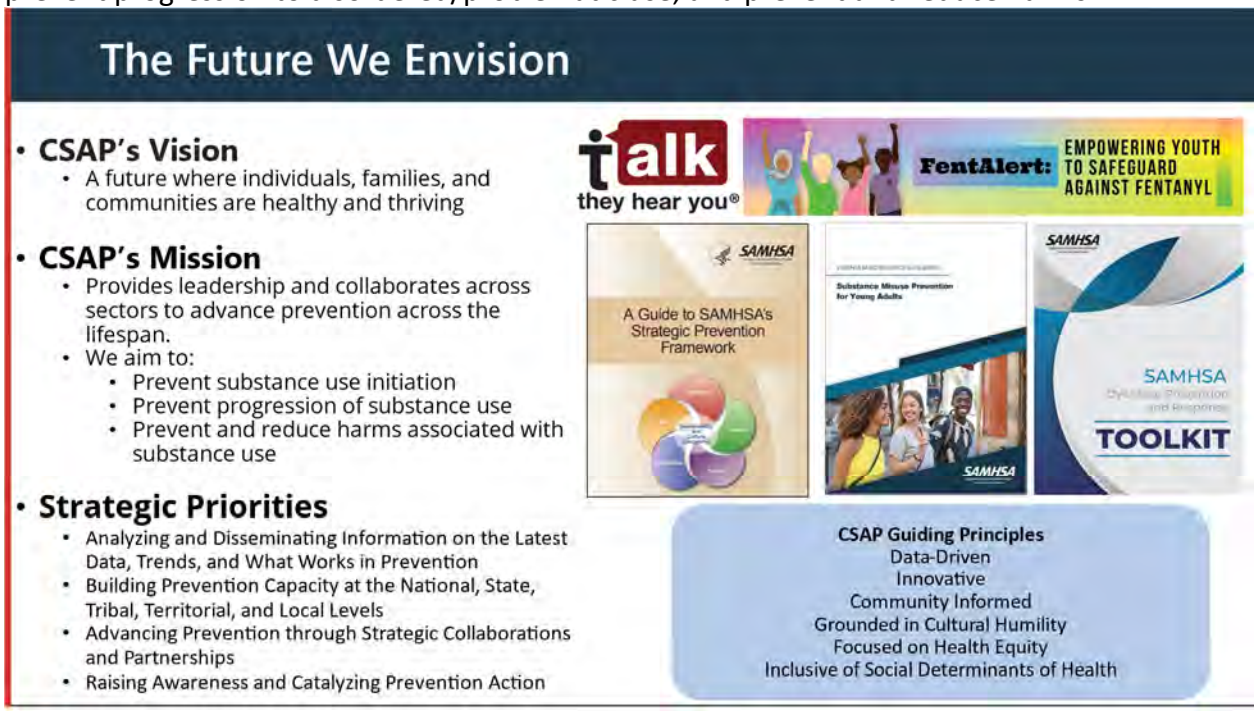
This larger context underscores the need to start prevention early. As youth approach legal age, more and more drink alcohol and use other drugs.



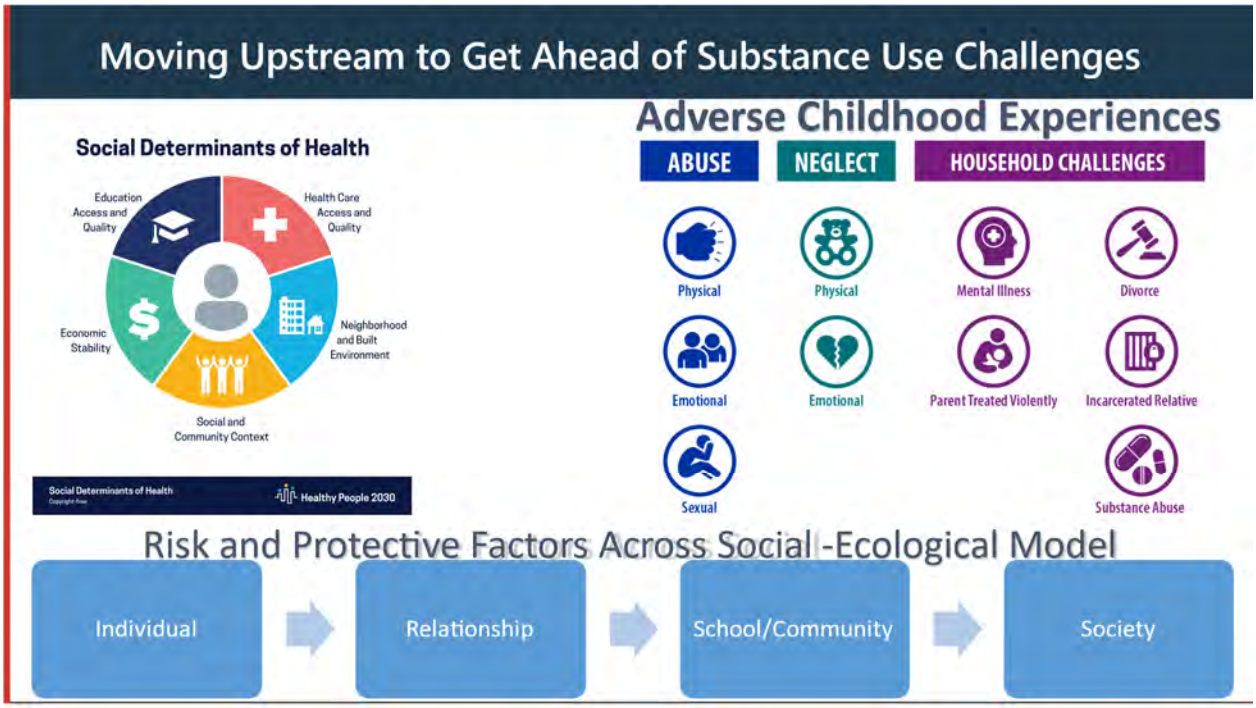
The latest NSDUH data on youth exposure to prevention programming and messages indicate

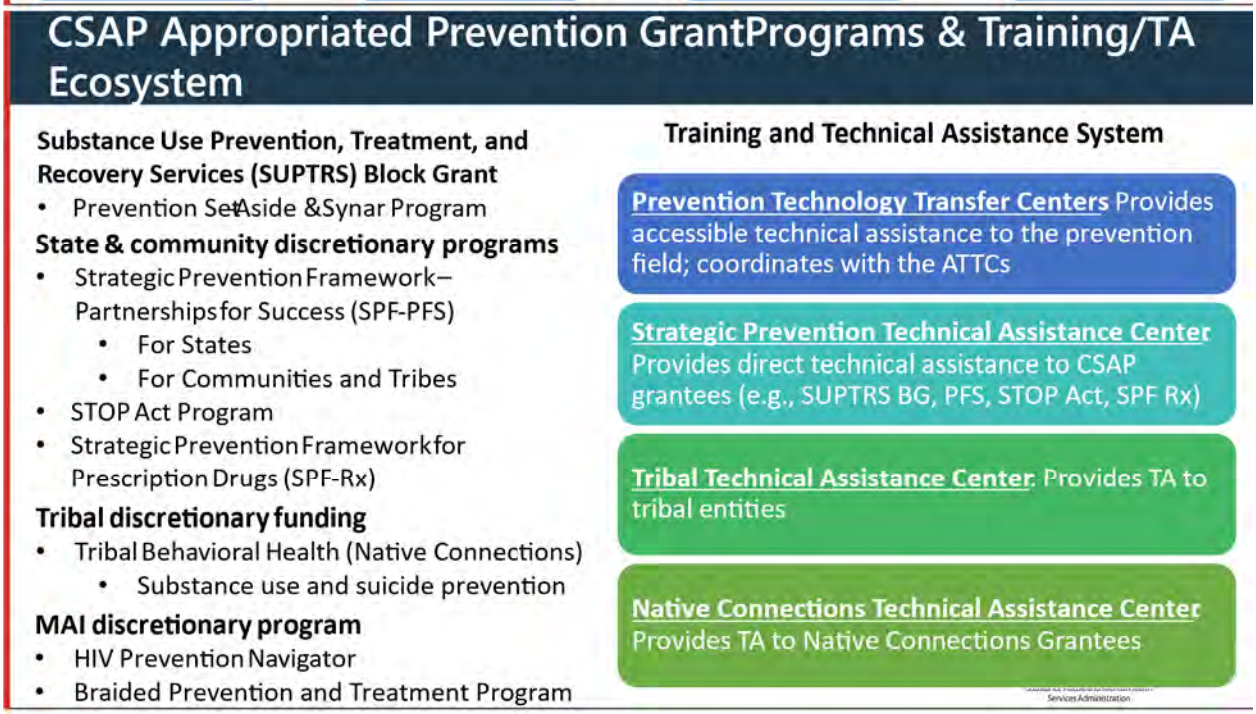
that one-third of youth had not heard about substance use risk outside of school. More than half said their parents had talked to them about substance use.

The comprehensive approach to prevention at CSAP aims to prevent initiation of substance use, prevent progression to disordered/problematic use, and prevent and reduce harms.



https://www.stopalcoholabuse.gov/





An important area of focus is the prevention of the harmful use of alcohol among those who do not have AUD. It is critical to move upstream and get ahead of substance use challenges by addressing social determinants of health, adverse childhood experiences, and trauma, which are strongly linked to AUD and other SUDs. It is crucial to influence risk factors and protective factors in the socio-ecological model. CAPT Jones reviewed CSAP's program investments, collaborations, and training and technical assistance efforts.

Youth Empowerment and Engagement Collaborations and Resources

talk they hear you®

10th ANNIVERSARY
A Decade of Youth Substance Use Prevention

communities talk to prevent alcohol and other drug misuse

#MyPreventionStory

Screen 4 Success
Substance Use Prevention

Voices of Youth: FY2024 Strategic Partnerships

- Communities Talk to Prevent Alcohol and Other Drug Use
- Community Anti-Drug Coalitions of America (CADCA)
- HOSA – Future Health Professionals
- 4-H – Positive Youth Development, Mentorship, and Education
- FentAlert Challenge
- SAMHSA's Youth Summit, Fall 2024

https://www.samhsa.gov/prevention-week/voices-of-youth

SAMHSA

CAPT Jones highlighted the need to invest in opportunities to engage and empower young people in prevention efforts through strategic partnerships. SAMHSA has found that peer-to-peer substance use prevention messaging is preferred by youth, and we must have feedback from youth during the design of prevention and messaging efforts. The synthesis of the science on alcohol is foundational to this work. People need accurate information to understand risks and policies based on good science. SAMHSA appreciates the ICCPUD's engagement in ensuring the best alcohol-related science possible.

Thank You!

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Grant Opportunities
www.samhsa.gov/grants
www.grants.gov/web/grants

988 Suicide and Crisis Lifeline Toolkit
www.samhsa.gov/find -help/988/partner -toolkit

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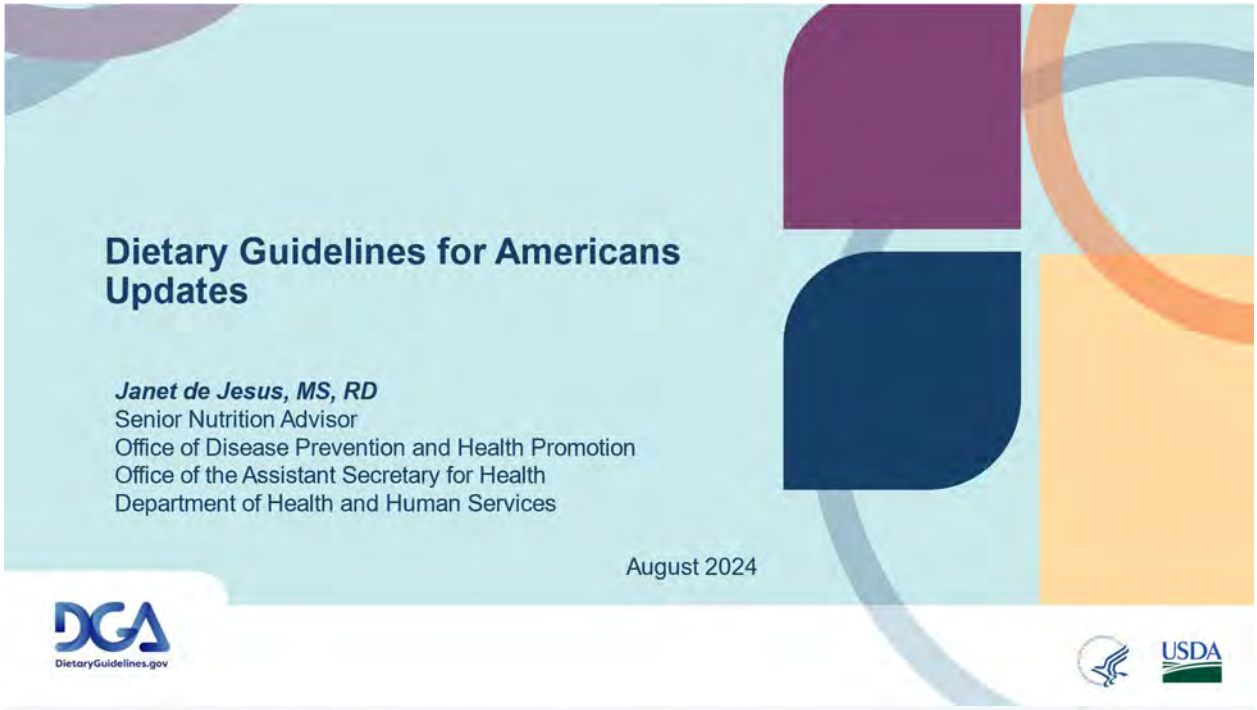
Overview of Dietary Guidelines

Janet de Jesus, M.S., RD, Office of Disease Prevention and Health Promotion, HHS



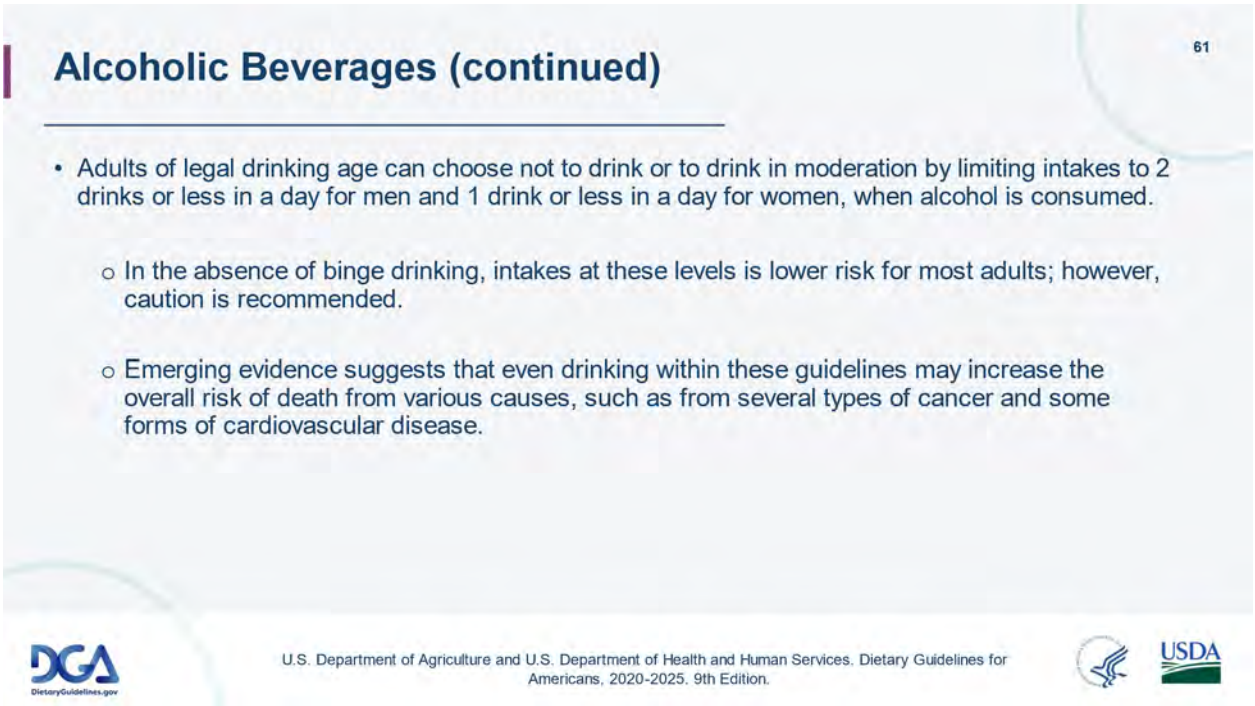
The National Nutrition Monitoring and Related Research Act of 1990 mandated the creation of the Dietary Guidelines for Americans and dictates what the guidelines should contain and how often they should be updated (every 5 years). HHS and the U.S. Department of Agriculture (USDA) partner to create the Dietary Guidelines for Americans. The guidelines must be based on a preponderance of scientific and medical knowledge. The guidelines should be promoted by any Federal agency carrying out a nutrition or health program.

There are four main guidelines in the current edition:

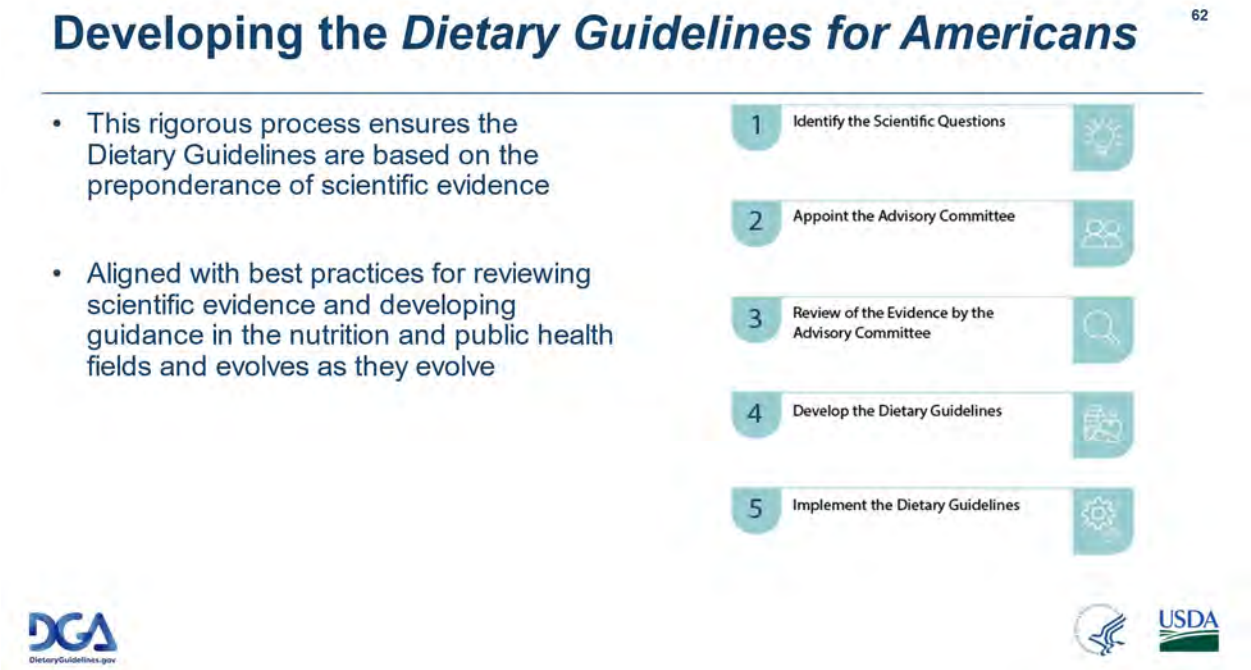
1. Follow a healthy dietary pattern at every life stage.
2. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.
3. Focus on meeting food group needs with nutrient-dense foods and beverages and stay within calorie limits.
4. Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.

The current recommendations regarding alcohol are:

- If you do not drink, don't start for any reason.
- Some people should not drink at all (e.g., underage youth and pregnant people).
- Drinking less is better for one's health than drinking more.
- The amounts of alcohol and calories in beverages vary and should be accounted for within the limits of healthy dietary patterns so that calorie limits are not exceeded.

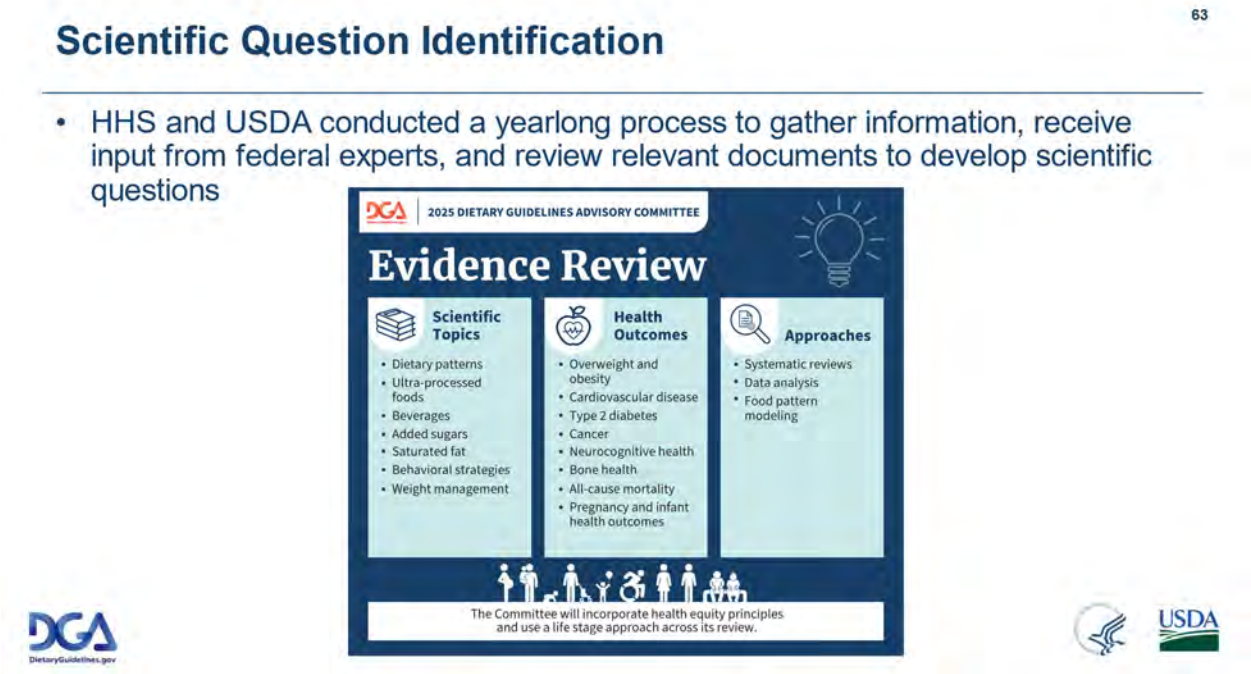


The current guidance says adults of legal age choosing to drink in moderation should limit their intake to one or two drinks a day for men and one drink a day for women when alcohol is consumed. In the absence of binge drinking, consumption at these levels is lower-risk for most adults. However, caution is recommended. There is emerging evidence suggesting that even drinking within the current guidelines might increase overall risk of death from various causes, such as several types of cancer and some forms of cardiovascular disease.



In developing the new guidelines, HHS and USDA are using a rigorous process based on a preponderance of evidence. The process is aligned with best practices in reviewing scientific evidence and developing guidance in the nutrition and public health fields.

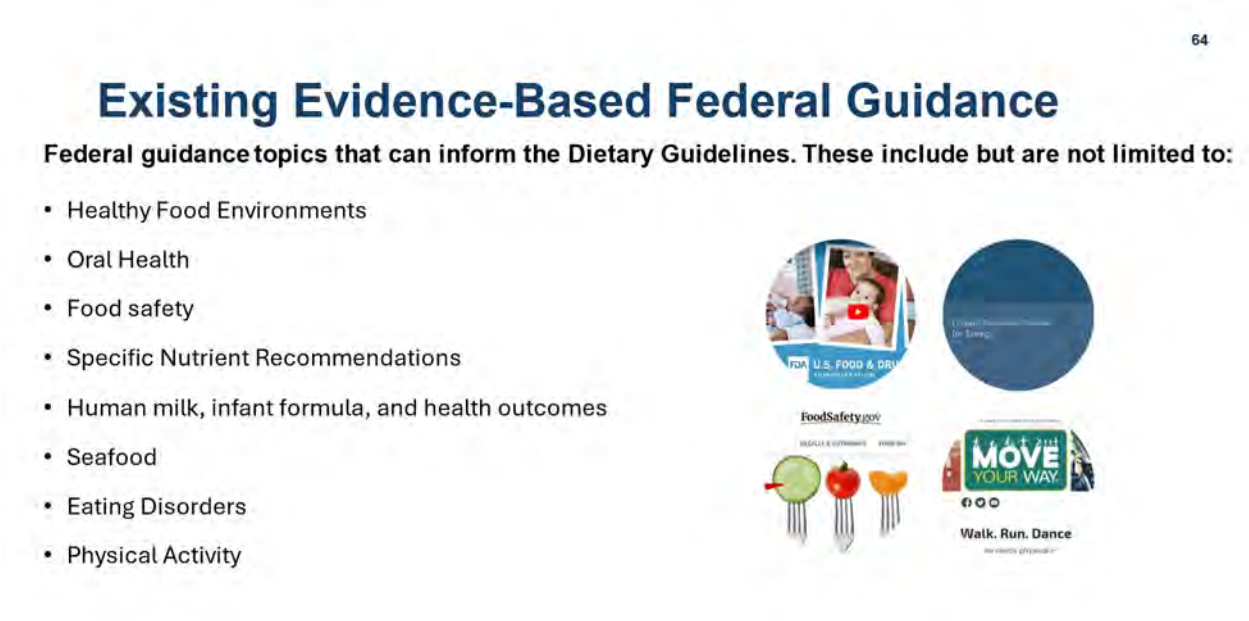
There is a five-step process, which includes identifying the scientific questions, appointing the Dietary Guidelines Advisory Committee to review a certain scope of evidence, supporting the advisory committee, developing the guidance, and implementing the guidance.



In advance of bringing on the advisory committee, HHS and USDA conducted a yearlong process to

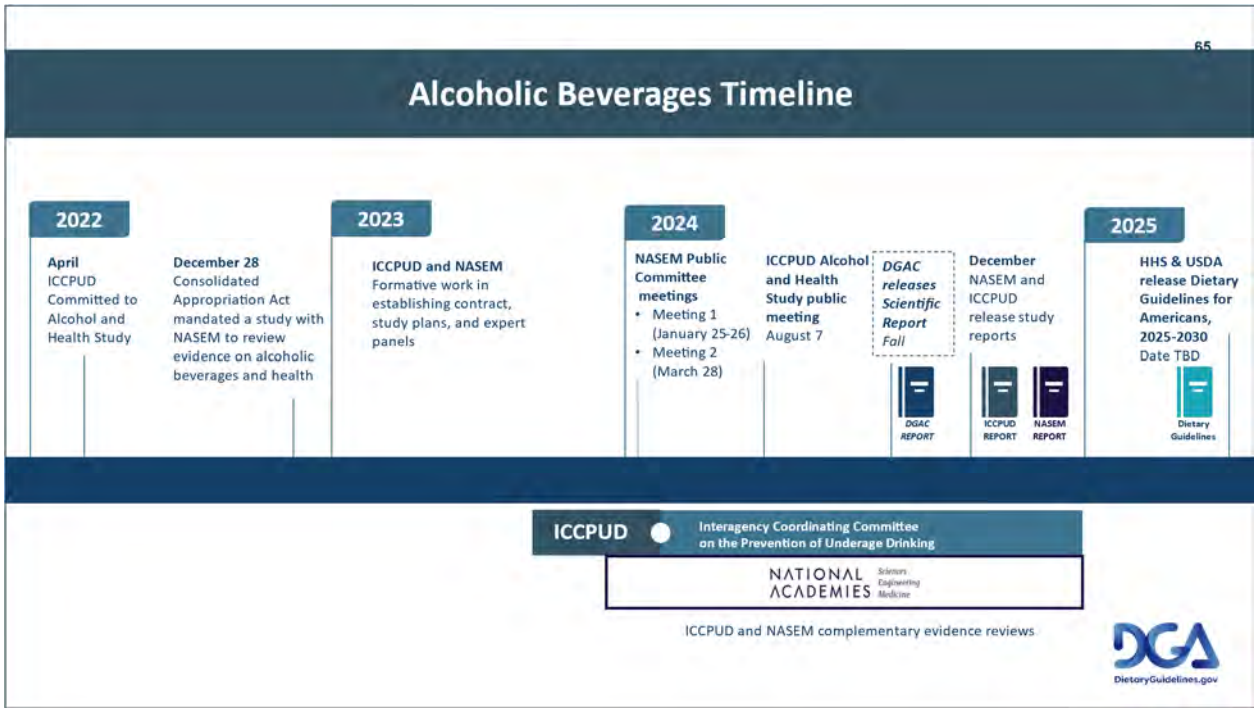
gather information, receive input from Federal colleagues, and review public comments to develop the scientific questions that would be reviewed by the advisory committee.

The committee uses three approaches for reviewing the evidence: systematic reviews, data analysis, and food pattern modeling.



The development of guidelines on alcohol requires specific expertise. HHS and USDA utilize existing evidence from Federal colleagues because the scope of the committee is quite large and there is a lot of guidance that has been produced by fellow Federal agencies. It is important to note that there's precedent for utilizing evidence produced by other Federal agencies.

https://www.stopalcoholabuse.gov/



When discussing the topic of alcoholic beverages and health, it was clear that it is so important that it requires specific expertise. As a result, the following activities have been undertaken:

April 2022: The ICCPUD committed to the Alcohol Intake and Health study.

December 2022: The Consolidated Appropriations Act, 2023 mandated a study by the National Academies of Sciences, Engineering, and Medicine (NASEM) to review evidence on alcoholic beverages and health. This study is being overseen by USDA.

2023: Both the ICCPUD and NASEM did formative work, including establishing contracts, study plans, and expert panels.

2024: To date, NASEM has held two public meetings, and the ICCPUD is holding this meeting. Both the ICCPUD report and the NASEM report should be submitted by the end of this year. Additionally, the Dietary Guidelines Advisory Committee will be submitting its report in the fall of 2024.

2025: HHS and USDA will publish the updated version of the Dietary Guidelines for Americans.

Both studies include opportunities for public participation and peer review of methods and findings. Importantly, the ICCPUD and NASEM reports will not include recommendations; recommendations will be the responsibility of HHS and USDA as part of the updating process.

NASEM Study

- Study website: Review of Evidence on Alcohol and Health [1]
- 15 member committee finalized in April 2024
- 25 meetings to date
  - Two have included open (public) meetings: January 25 -26, 2024 and March 28, 2024
- Protocols for their systematic reviews available [2]
- NASEM pre-publication report expected in December 2024

NATIONAL ACADEMIES Sciences Engineering Medicine

[1]https://www.nationalacademies.org/our-work/review-of-evidence-on-alcohol-and-health
[2]https://www.nationalacademies.org/documents/embed/link/LF2255DA3DD1C41C0A42D3BEF0989ACAECE3053A6A9B/file/D3E768C037EB43377A51CBF0B6B047E7E0362C76FECF?noSaveAs=1

DGA DietaryGuidelines.gov USDA

As mentioned, NASEM has been funded to conduct a review of the evidence on alcohol's effect on health. NASEM finalized its committee in April 2024 and has had 25 meetings to date, including the two public meetings. Its protocols are available online, and its prepublication report is expected later in 2024.

Thank you!

DGA DietaryGuidelines.gov USDA

https://www.stopalcoholabuse.gov/

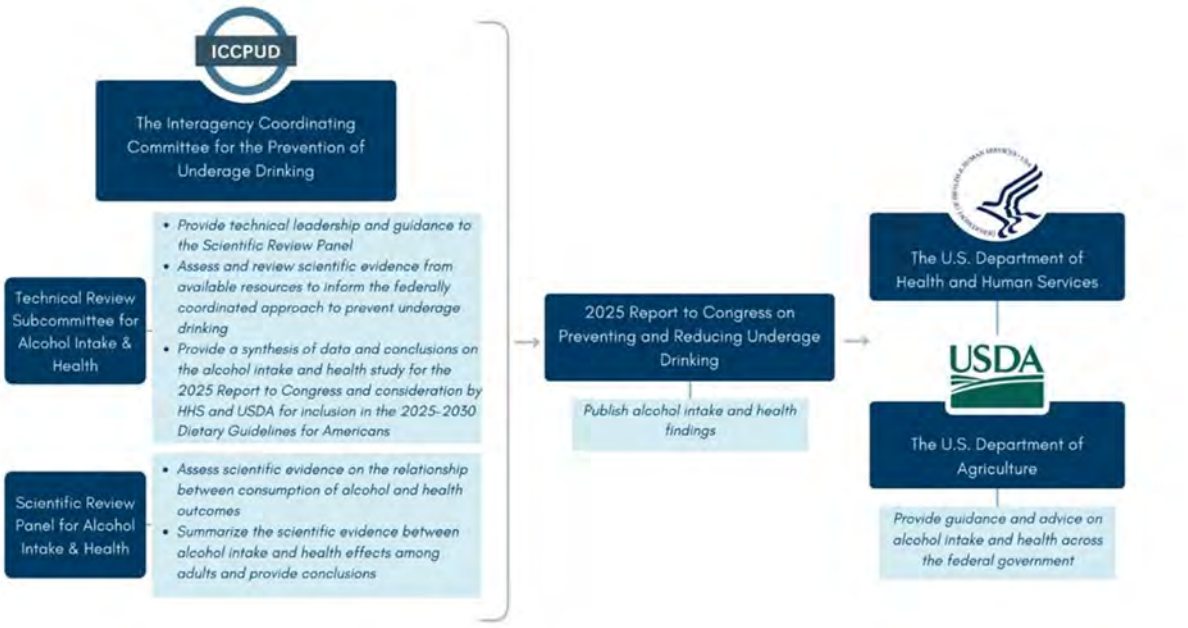
Alcohol Intake and Health Study

Robert M. Vincent, MS.Ed. (CSAP)

Overview and Updates: Purpose and Process

The objective of this study is to assess alcohol-related morbidity and mortality among different races and sexes in the U.S. based on a given average of alcohol consumption in grams per day. The study uses risk modeling to estimate the lifetime risk of death and disability in different ways. The study is cause-

specific, looking at absolute risk curves based on disease, as well as specific relative risk curves of conditions shown to be causally related to alcohol use (e.g., cirrhosis and cancer).

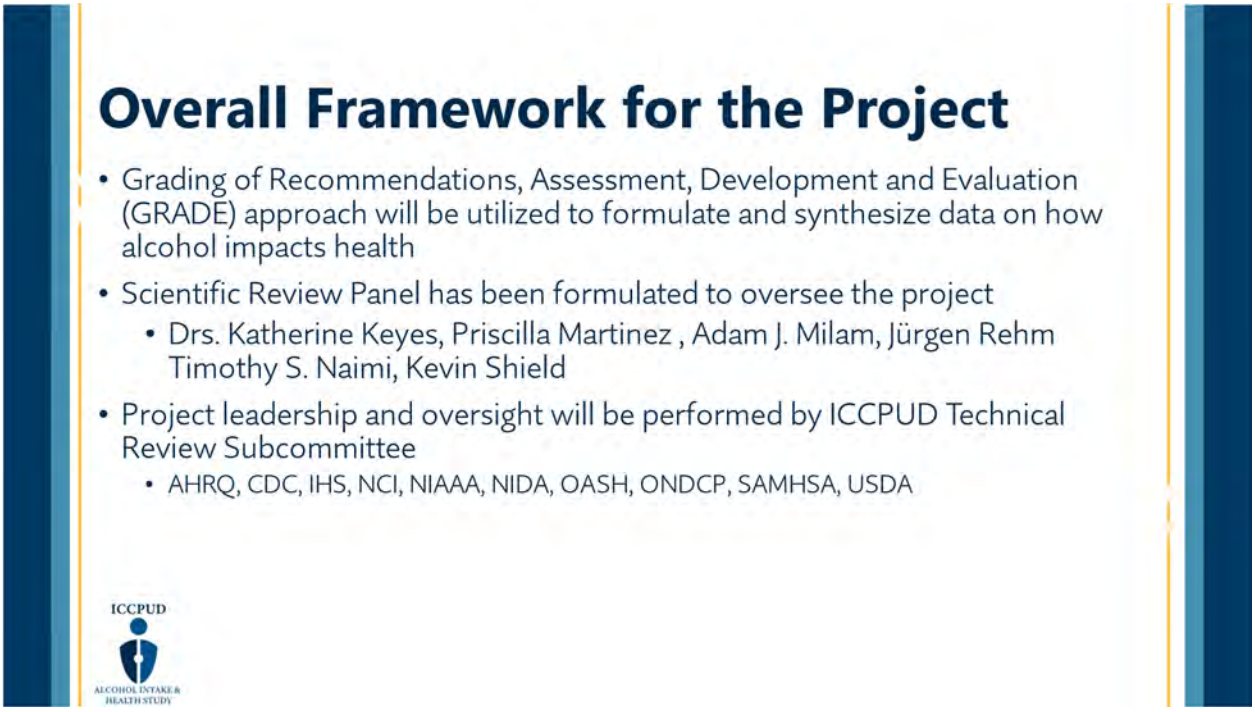


A public stakeholder meeting and opportunity for public comment was convened on August 7, 2024, and was attended by approximately 145 people. The big picture is that the Alcohol Intake and Health study is important to promoting overall health and preventing and reducing harms from alcohol. Mr. Vincent thanked the scientific review panel and the Federal representatives involved, who will bring the information to their agencies for consideration. The first round of public comments closed August 2, but there will be another opportunity for input once the findings are in. The findings will be sent to HHS and USDA for consideration; USDA and HHS, in conjunction with the to-be-determined Dietary Guidelines Advisory Committee, will then draft the actual Dietary Guidelines for Americans.

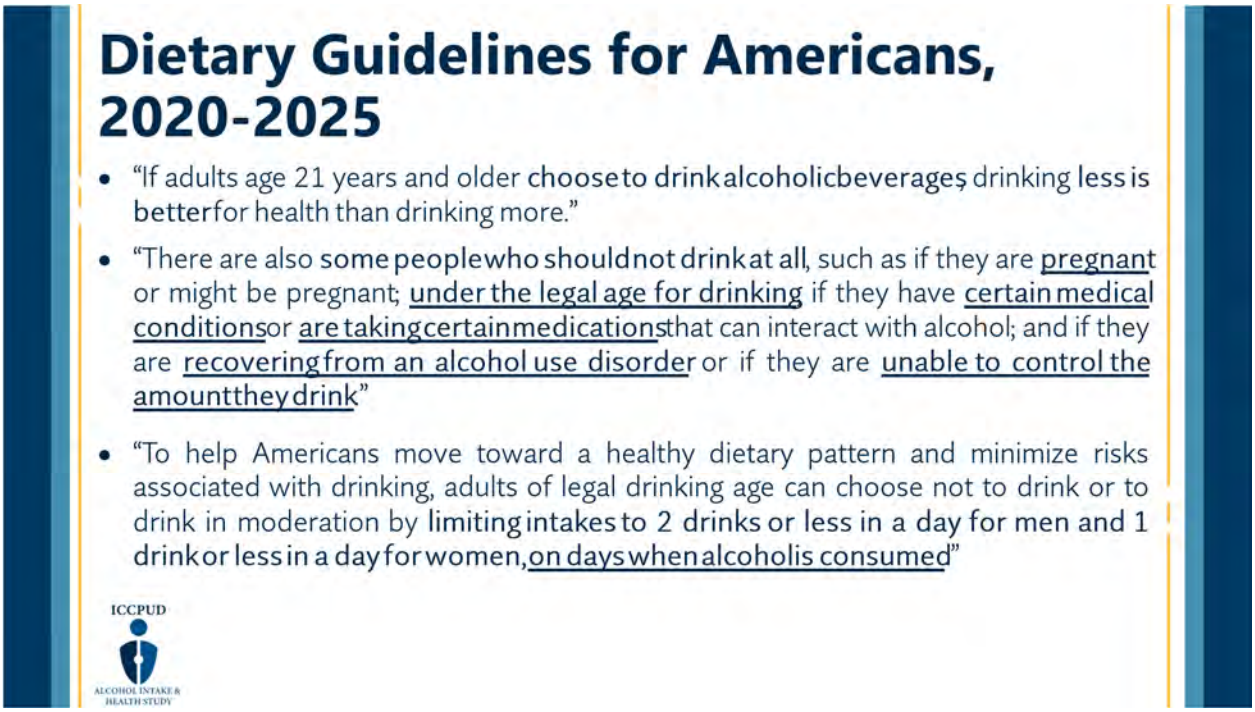
Presentation by the Scientific Review Panel

Kevin Shield, Ph.D. (Institute for Mental Health Policy Research)

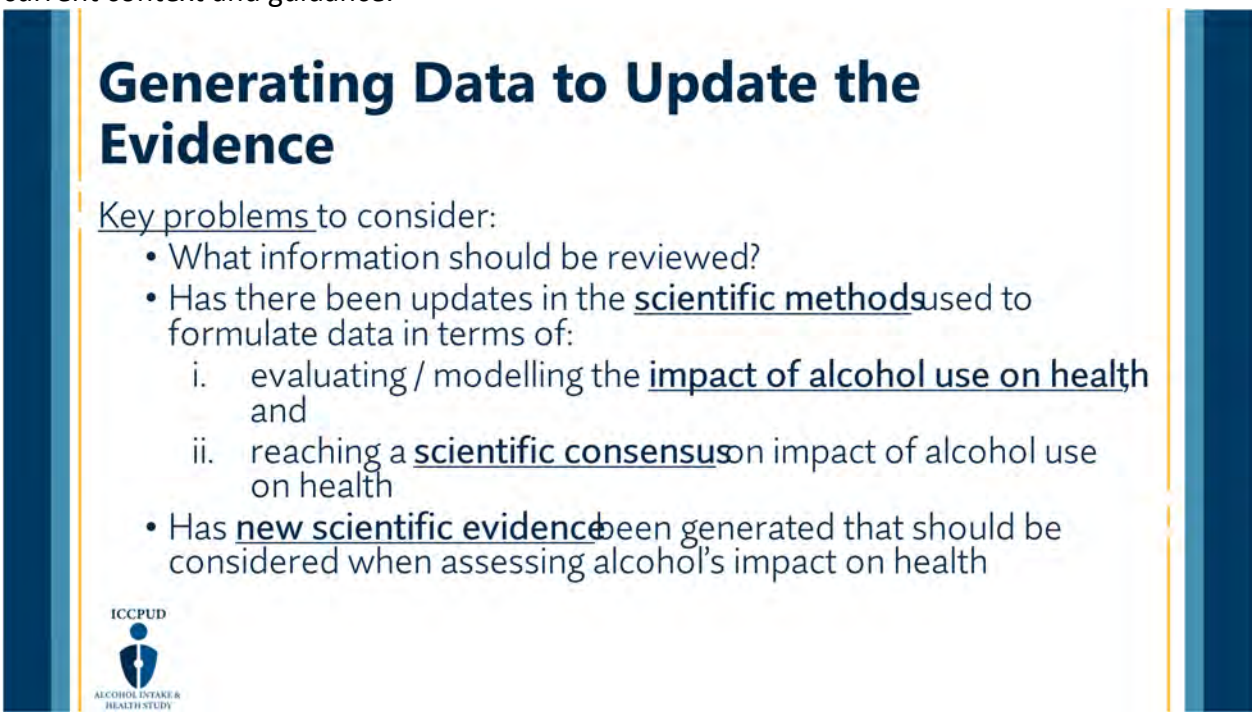
The aim is to review the evidence on alcohol's impact on health so the ICCPUD can use the most current and strongest available evidence on alcohol consumption for use in its materials and to submit the findings to HHS for consideration in the development of the Dietary Guidelines for Americans.



Dr. Shield reviewed the overall framework for the project, which will involve the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) approach, a robust expert panel, and oversight by multiple Federal agencies.



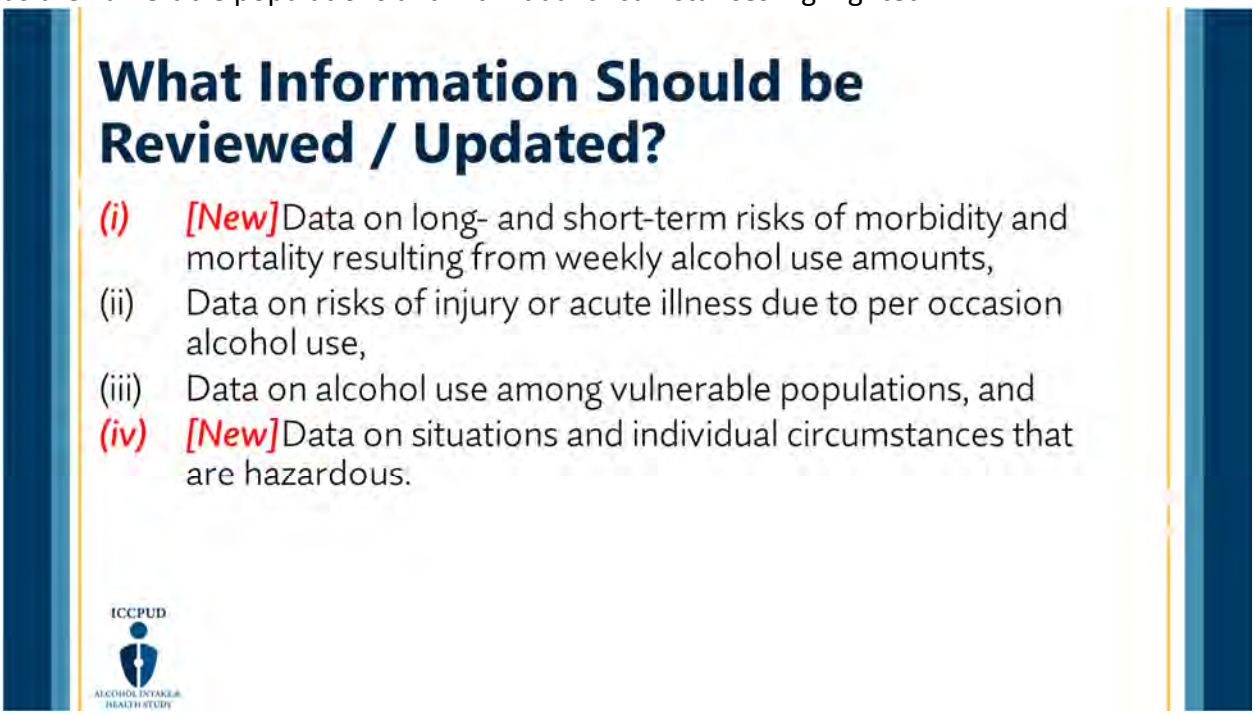
There is a vast amount of information on this topic, so the scientific review panel is starting with the current Dietary Guidelines for Americans (2020–2025) to be sure it understands the current context and guidance.



To generate data to update the evidence, the scientific review panel will review the epidemiology and any updates to scientific methods used to formulate data. Importantly, the process will not involve a blue-ribbon panel. Rather, the experts will represent the broader

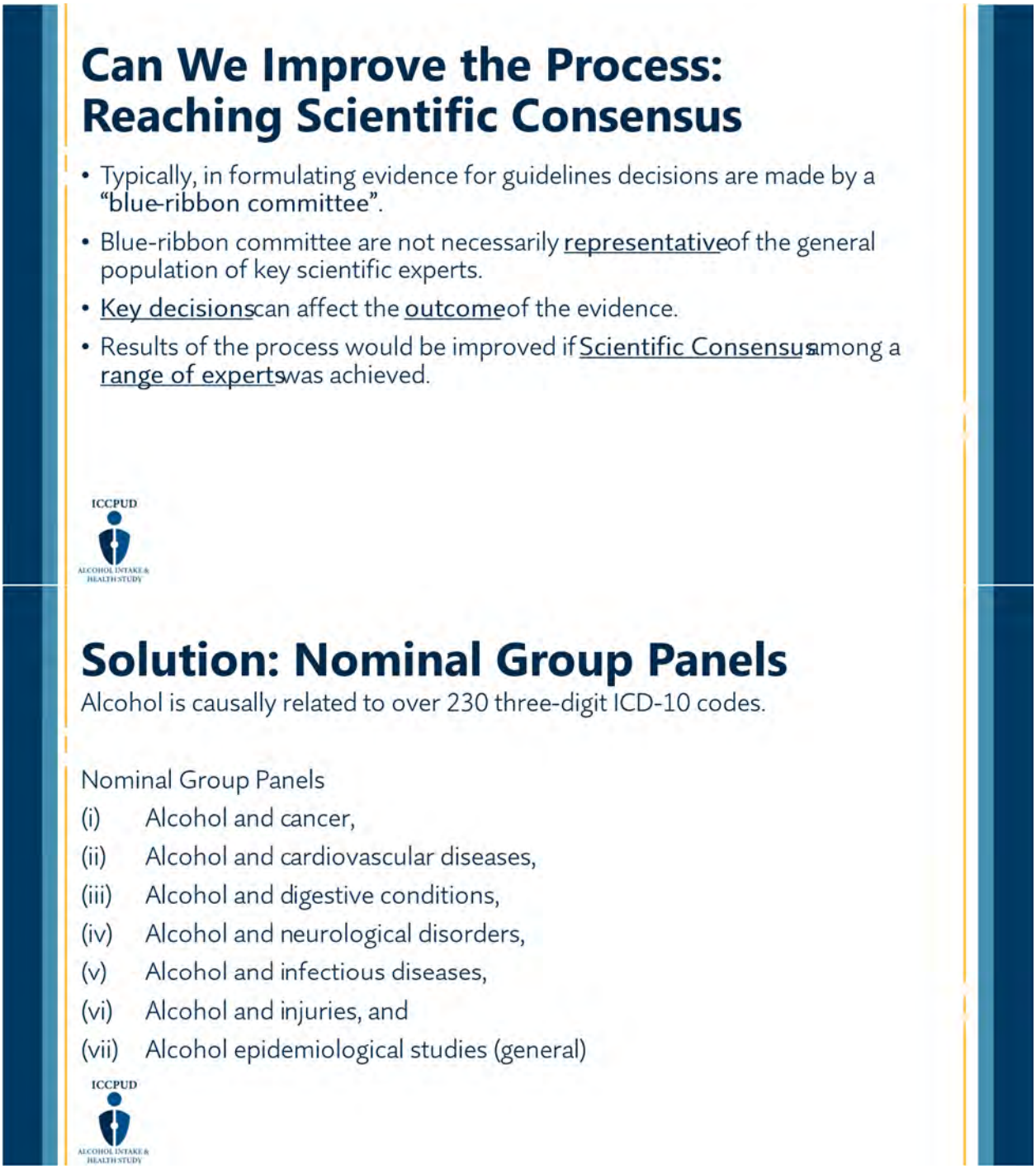
scientific community and reach a scientific consensus. A broader universe of experts will decide on the best studies and what the information is telling us.

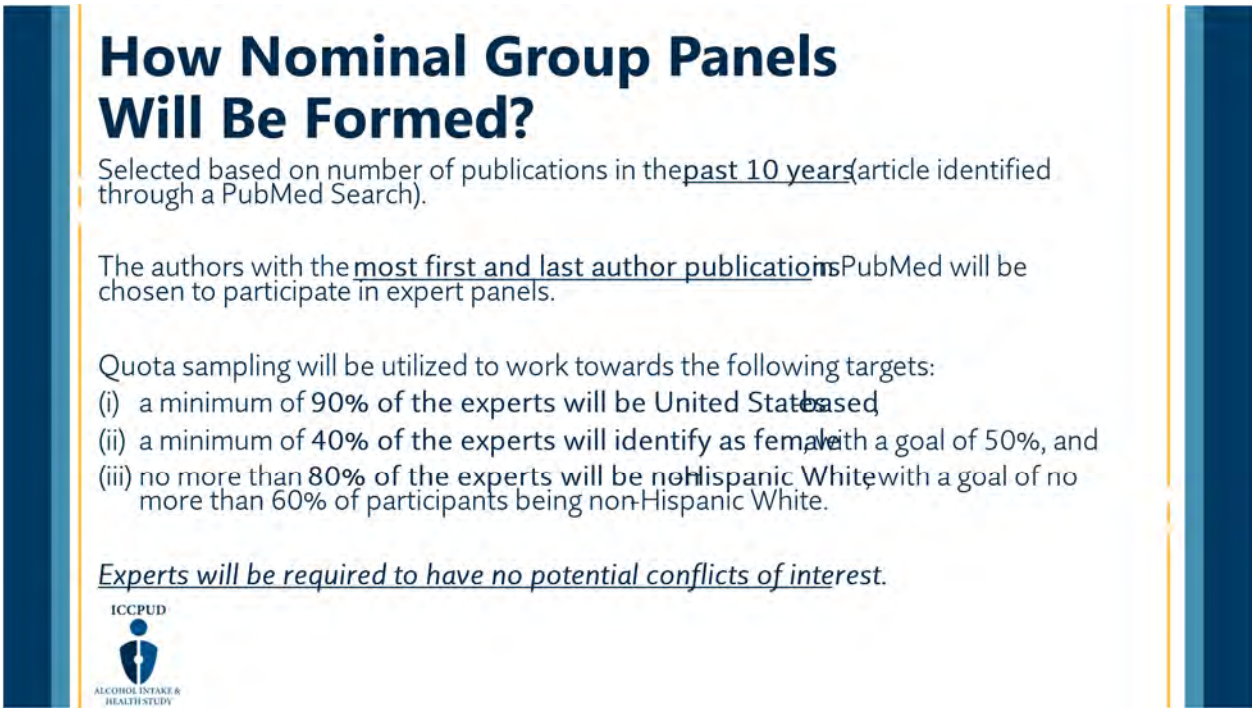
The study design will involve a systematic literature review of country-level guidance on alcohol and health. Importantly, experts will consider the methodological rigor of the guidance, as well as the vulnerable populations and individual circumstances highlighted.



A new area that will be considered is evidence on the long- and short-term risks of morbidity and mortality resulting from weekly alcohol use amounts. The study will also assess the per-

occasion risks that alcohol use has on injury and acute illness; alcohol use among vulnerable populations; and the risks of alcohol use during particular situations (e.g., boating and driving).





Experts will form nominal group panels to study specific categories of conditions (e.g., cardiovascular disease and cancer). The people listed most as first authors and last authors in publications in PubMed during the past 10 years on alcohol's effects on health will be chosen to participate in expert panels, and at least 90% of them will be U.S.-based. Among the most qualified experts, the groups should represent different types of Americans. Experts will be chosen only if they do not have potential conflicts of interest, so the nominal group panels will generate objective information.

Preliminary Methods by Objective [1]

- Data on alcohol use among vulnerable populations
  - Systematic review of previously published guidelines
  - Recommendations of the nominal groups
- Data on situations and individual circumstances that are hazardous
  - Systematic review of previously published guidelines
  - Recommendations of the nominal groups

ICCPUD ALCOHOL INTAKE & HEALTH STUDY

Dr. Shield reviewed the preliminary methods by objective. A systematic review of previously published guidelines will map the landscape of what we know about alcohol's effects on health. That information will be used to generate a relative risk function that reflects risks of Americans (rather than global risks). The importance of relative risk functions will be weighed across conditions to look at the impact of alcohol use on health in the broader population, as well as deaths attributable to alcohol. The reference group will be lifetime abstainers, who will be compared with people in different categories in terms of alcohol consumption.

How can we improve the protocol?

- Stakeholder and public consultations are currently taking place.
- In parallel the protocol has been submitted for scientific peer-review to BMC Public Health.

ICCPUD ALCOHOL INTAKE & HEALTH STUDY

There are multiple opportunities to strengthen the protocol, including the recent public comments and submission of the protocol for scientific peer review. This will ensure that there are multiple opportunities for review and feedback.

Principals' Discussion

Facilitator: Dr. Delphin-Rittmon

Dr. Robert Valdez (Agency for Healthcare Research and Quality): Great presentations and congratulations to Rob Vincent. Can someone explain the somewhat contradictory data on underage drinking dropping during the pandemic when alcohol was more readily available? This information is needed to guide health care and services for underage people.

Dr. Delphin-Rittmon: Data snapshots were taken at different points in time, but even so, we see a steady downward trend in underage drinking. The NSDUH data presented are among young people who said they had used alcohol in the previous year but do not include those who do not drink. Alcohol is the most common substance used by underage people, and that represents a steady trend. I agree it is important to know the specific data to determine appropriate supports. Methodological differences among the various studies may influence the data. It is important to note that NSDUH data are for 2023.

CAPT Jones: Monitoring the Future, YRBSS, and NSDUH are all slightly different in terms of methods, samples, and data. However, the trends are consistent even if the point estimates vary. A significant concern is that alcohol-related harms are increasing among people who use alcohol, even though the percentage of youth use is down. This is the kind of nuance in the data that needs to be addressed in prevention efforts and policy.

Mr. Vincent: We need data harmonization across the system, which would be challenging but worth considering.

Dr. Esser: For college students, the reduction in drinking during COVID might be explained by changes to their environment. They were away from college campuses and around parents more, so the reduction may have happened because of decreases in alcohol availability. The data indicate that among those college students who do drink, binge drinking rates have been stable. Those who drink do so at high and dangerous levels, underscoring many opportunities for prevention.

Agency Updates

Dr. Deb Houry (CDC): CDC supports 11 states and organizations through a cooperative agreement on underage drinking. The Drug-Free Communities coalitions mostly focus on alcohol. A study was just published on youth alcohol marketing exposure, with almost half being exposed to ads via television, streaming videos, and movies.

- U.S. Adolescents' Exposure to Alcohol Marketing: Self-Reported Exposure on the Internet and Traditional Media

Dr. George Koob (NIAAA): Male–female differences in underage drinking are closing. The significant decline in drinking is bigger among males than females. Among college students, a greater percent of females than males are drinking and binge drinking. A sharper focus is needed on prevention of drinking among young women in efforts to improve women's health. Overall, women are more vulnerable to the negative effects of alcohol. In addition, alcohol use during adolescence affects brain development, as shown by the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA) study. NCANDA has demonstrated that underage drinking negatively affects neural connections in the frontal cortex of the brain which is responsible for self-regulation and is not fully developed during adolescence. These data are available in published literature. The NCANDA longitudinal study follows adolescents into adulthood. It will continue to explore whether neural pathways that are impacted by adolescent alcohol exposure can be strengthened. NIAAA continues to promote the adoption of alcohol use as a vital sign in primary care and the integration of alcohol screening and brief intervention in all healthcare settings. NIAAA has developed a detailed description on how to conduct alcohol screening and brief intervention and is working with hepatologists to integrate this practice into that professional community.

- NCANDA-A — the National Consortium on Alcohol and Neurodevelopment in Adolescence–Adulthood
- Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide
- Healthcare Professional's Core Resource on Alcohol

Dr. Cecelia Spitznas (ONDCP): We have been discussing the general and physical harms from alcohol. A specific one is Korsakoff syndrome, which reflects the long-term effects of chronic alcohol use (dementia and other problems). Prevention messaging might address these harms to the brain, as well as alcohol's nutritional impact.

Dr. Koob: We have been picking up similar concerns in the community. It may be the case that Korsakoff syndrome is underdiagnosed because it is considered some other type of dementia.

Dr. Delphin-Rittmon: This highlights the broader need to raise awareness of the health impacts on the developing brain and across the lifespan.

Dr. Jürgen Rehm (Institute for Mental Health Policy Research): A decline in overall drinking prevalence with an increase in alcohol-related harms is explained by polarization; that is, the top 10% of drinkers are consuming more alcohol and thus experiencing increased harms. Systematic reviews support this explanation. This was seen during the pandemic.

Elyse Robertson (U.S. Department of Education): The National Center on Safe Supportive Learning Environments is hosting a webinar Wednesday, August 14, on youth leadership in substance use prevention—mirroring the power of peer-to-peer support. The webinar will be youth-led and feature college and high school leaders. They will moderate a discussion on work in schools and communities that supports peers in reducing substance use.

- Lessons from the Field Webinar — Youth Leadership in Substance Use Prevention

Action Items

Principals

Dr. Ralph Hingson (NIAAA): The value of the ICCPUD is in bringing together Federal agencies and similar committees at the state level. Perhaps an interagency coordinating committee could be formed to address underage drinking differences among women and concerns about the effects of alcohol use on older people (with reports to Congress).

Dr. Delphin-Rittmon: These are important points (lifespan and gender) to consider internally and more broadly through the HHS Behavioral Health Coordinating Committee.

CAPT Jones: A meeting with HHS Deputy Secretary Andrea Palm mentioned a cross-HHS committee to discuss alcohol across the lifespan. That group would be the best vehicle, and there would be a great deal of interest.

Mr. Vincent: ICCPUD principals should consider action items for staff representatives and areas for collaboration coming out of this. Please send your ideas.

Wrap-Up and Adjournment

Dr. Delphin-Rittmon

Dr. Delphin-Rittmon thanked everyone for a rich discussion.