

**STOP Act Report to Congress
Stakeholder Meeting
August 7, 2024
10:00 a.m.–11:30 a.m. EDT**

Location: Virtual via Zoom

Date: August 7, 2024

Time: 10:00 a.m.–11:30 a.m. EDT

Speakers: **Miriam Delphin-Rittmon**, Ph.D., Assistant Secretary for Mental Health and Substance Use, U.S. Department of Health and Human Services (HHS)/Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA); Chair, Interagency Coordinating Committee on the Prevention of Underage Drinking
CAPT Christopher M. Jones, Pharm.D., D.r.PH., M.P.H., Director, Center for Substance Abuse Prevention (CSAP), SAMHSA
Robert M. Vincent, MS.Ed., Associate Administrator for Alcohol Prevention and Treatment Policy, SAMHSA
Janet de Jesus, M.S., RD, Senior Nutrition Advisor, Office of Disease Prevention and Health Promotion, HHS

Introduction & Welcome

Mr. Vincent opened the meeting and welcomed attendees. Mr. Vincent stated that the meeting was being held pursuant to the consultation requirement of the Sober Truth on Preventing Underage Drinking (STOP) Act.

Note: The act requires that the ICCPUD, in carrying out its responsibilities, “shall actively seek the input of and shall consult with all appropriate and interested parties, including States, public health research and interest groups, foundations, and alcohol beverage industry trade associations and companies” (Public Law 109–422, section 2[c][1][E]).

Mr. Vincent then turned the meeting over to **Dr. Delphin-Rittmon**.

Welcome & Remarks

Miriam Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, SAMHSA, HHS; Chair, ICCPUD



SAMHSA
Substance Abuse and Mental Health
Services Administration

2024 STAKEHOLDER MEETING

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
August 7, 2024

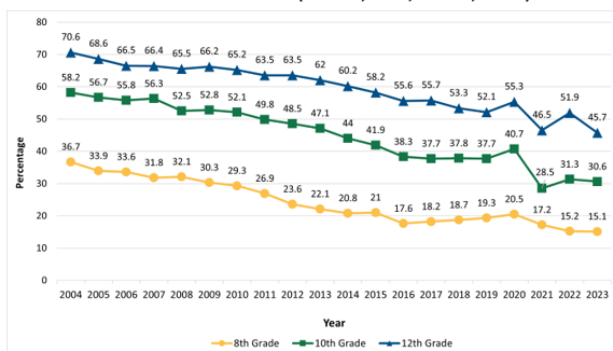
ICCPUD

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

Dr. Delphin-Rittmon welcomed participants.

CONTINUING THE DOWNWARD TREND

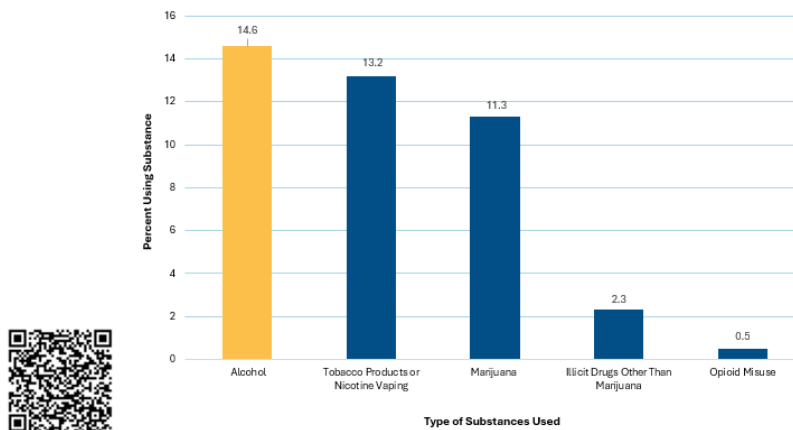
**Historical Trends in Past-Year Alcohol Use for 8th, 10th, and 12th Grade Students:
2004 - 2023 MTF Data (Miech, R. A, et. al., 2024)**



The downward trend in past-year alcohol use for high school students (Monitoring the Future data) continues; for example, there was a 24.9% decrease in prevalence among 12th graders between 2004 and 2023. These data reflect collective efforts at the local, state, and national levels. This is great to see.

SUBSTANCES MOST WIDELY USED BY PEOPLE AGES 12–20 IN THE PAST MONTH

2023 NSDUH Data (CBHSQ, 2024)



However, alcohol remains the most prevalent substance used among young people (with 5.8 million underage drinkers, or about 15% of those ages 12–20). This is from the National Survey on Drug Use and Health (NSDUH) data that were released in July 2024; the QR code will take you to the full report.



Alcohol is the
#1
Most used substance
among youth



15%
of youth started
drinking before the
age of 13

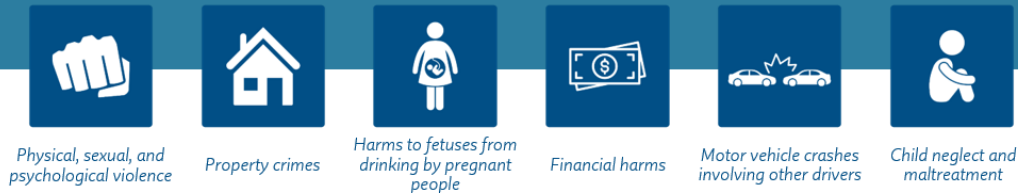


178,000
alcohol-attributable
deaths per year in the
United States



About 15% of youth began drinking before the age of 13, and there have been 178,000 deaths attributable to alcohol in the past year. For many of those people, alcohol use began at a young age, which highlights the importance of prevention and early intervention.

ALCOHOL'S HARMS TO INDIVIDUALS, FAMILIES, AND COMMUNITIES



Harms of alcohol are wide-ranging: physical, sexual, and psychological violence; property crimes; harms to fetuses from drinking by pregnant women; financial harms; motor vehicle crashes; and child neglect and abuse.

FEEDBACK



SUPPORT



TRANSPARENCY

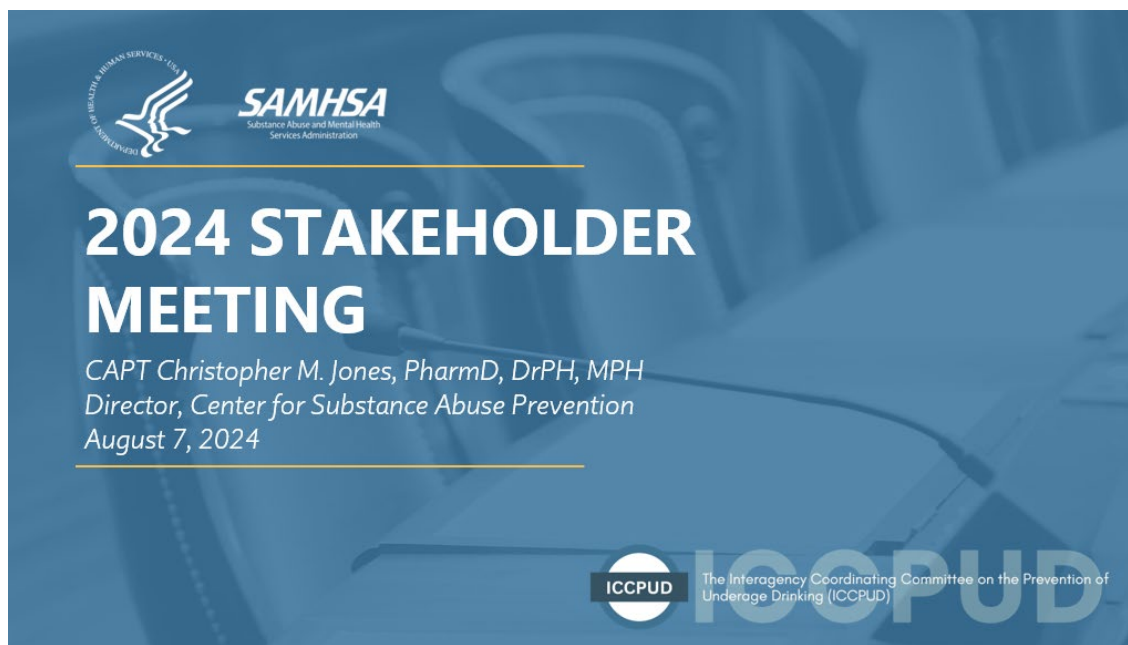


The ICCPUD is grateful for the range of work performed by stakeholders. Committee members know that they can still develop new ways to work together and continue collaboration. The ICCPUD appreciates this opportunity for stakeholder feedback. Support and transparency are also critical, and SAMHSA is committed to them.

Dr. Delphin-Rittmon turned the meeting over to **CAPT Jones**.

Welcome & Remarks

CAPT Christopher M. Jones, Pharm.D., D.r.PH., M.P.H., Director, CSAP



CAPT Jones thanked the attendees. He said there is a great opportunity to capitalize on the progress made to reduce underage drinking, no doubt thanks to the efforts of the various partners engaging in this meeting and the work of so many prevention leaders and communities across the country. There are multiple sources of new data indicating that underage drinking is going in the right direction, but there is more work to do.

Community norms around alcohol continue to evolve. Data and research show that young people who drink are also at increased risk for using other substances and developing substance use disorders. So, the ICCPUD has to make sure that its work isn't happening in a vacuum.

SAMHSA is taking a comprehensive approach to substance use prevention to address the root drivers and key risk factors and protective factors at the individual, family, school, community, and societal levels. But no single agency or sector has all the levers to address this issue, and that's why it's so important that there be stronger collaborations across government agencies and across sectors to fully optimize the impact.

CAPT Jones turned the meeting back over to **Dr. Delphin-Rittmon**.

Dr. Delphin-Rittmon introduced **Mr. Vincent**, who provided an overview of the 2023 STOP Act-mandated reports.

2023 STOP Act Overview

Robert M. Vincent, M.A.Ed., Associate Administrator for Alcohol Prevention and Treatment Policy, SAMHSA



Mr. Vincent thanked his friends and colleagues and the stakeholder groups that have helped strengthen efforts to prevent underage drinking.

A graphic with a background image of a classical building with columns. A dark blue semi-transparent box on the left contains white text. The text is organized into two sections: "ICCPUD VISION" and "ICCPUD MISSION", each followed by a descriptive paragraph.

ICCPUD VISION
*Provide **national leadership** in federal policy and programming to support state and community activities that prevent and reduce underage drinking*

ICCPUD MISSION
*Facilitate **collaboration** among the federal ICCPUD 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*

*Provide **resources and information** on underage drinking prevention, intervention, treatment, enforcement, and research*

Mr. Vincent reviewed the ICCPUD’s vision and mission. The ICCPUD provides the content for the annual STOP Act–mandated reports. Dr. Delphin-Rittmon is the chair of the committee. The goal of the ICCPUD is to provide national leadership in Federal policy and other efforts to support states and local communities in preventing underage drinking. The ICCPUD facilitates Federal collaboration in this area, provides data, oversees the national media campaign, and synthesizes the science.

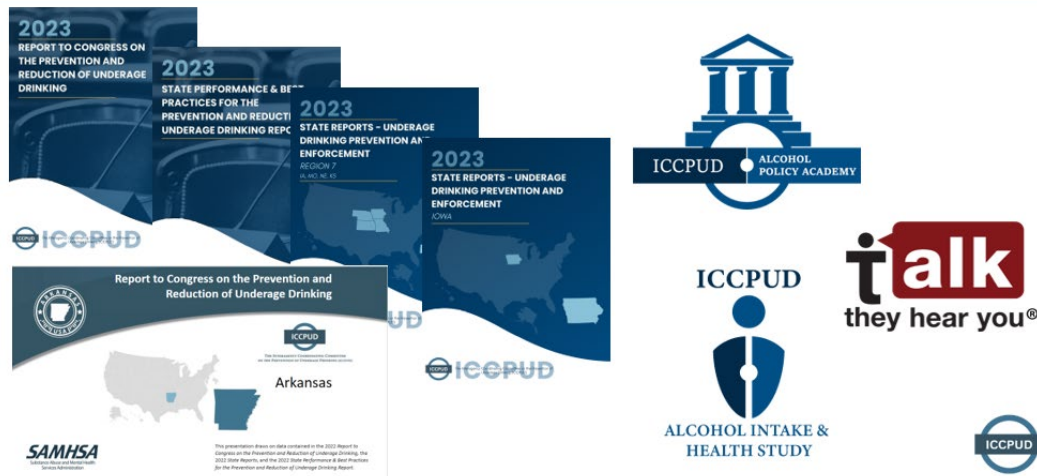


There are 16 Federal officials identified as members of the ICCPUD in the STOP Act, and the group has expanded to 24 agencies and offices. The ICCPUD also works with state and local governments and agencies that hold the responsibility for the health, safety, and well-being of America's children.



There are three pillars of the STOP Act: the ICCPUD and its annual reports; the national media campaign, "Talk. They Hear You."; and community-based coalition enhancement grants, of which there have been 171 to date; these are small grants to support current or former Drug-Free Communities Support Program grantees.

STOP ACT PRODUCTS



This slide reflects the key STOP Act products and ICCPUD activities: (1) a synthesis of the data on all sectors and aspects related to underage drinking (the Report to Congress on the Prevention and Reduction of Underage Drinking); (2) the State Performance & Best Practices for the Prevention and Reduction of Underage Drinking Report; and (3) state and regional reports to help policymakers make informed decisions. This meeting focuses on the data from the 2023 reports, as the 2024 reports are in progress.

The other work of the ICCPUD includes the “Talk. They Hear You.” campaign, the Policy Academy, and the Alcohol Intake and Health study, discussed later in the meeting.

REPORT TO CONGRESS: KEY TAKEAWAYS

- Alcohol use is responsible for over 3,900 deaths annually among youth under age 21 in the United States, shortening their lives by an average of 56.7 years
- Alcohol remains the most widely used substance among youth in the United States
- Alcohol use disorders are a pediatric onset disease; delaying initiation for youth is critical for long-term outcomes



There are five chapters in the report to Congress: (1) Public Health Consequences of Underage Drinking; (2) The Nature and Extent of Underage Drinking in the United States; (3) Factors Affecting Underage Alcohol Use; (4) A Coordinated Federal Approach to Preventing and Reducing Underage Drinking; and (5) Evaluation of the National Media Campaign “Talk. They Hear You.”—with process and outcome metrics.

Key takeaways: There are about 3,900 underage deaths annually from alcohol, shortening life by about 57 years; alcohol remains the most widely used substance among youth; and alcohol use disorder is a pediatric-onset condition.

REPORT TO CONGRESS: KEY TAKEAWAYS

- Females aged 12-20 are reporting higher rates of binge drinking than males
- Adverse consequences of underage alcohol consumption include death, injury, and alterations in brain development
- Stronger state alcohol policies directed to the general population (e.g., alcohol taxes and regulations on alcohol outlet density) are associated with less youth drinking



Additional key takeaways: Females ages 12–20 have higher rates of binge drinking (a change from the historical pattern); underage alcohol use is associated with adverse consequences that influence long-term development; and we know what works: Stronger state alcohol policies directed toward the general population reduce underage drinking.

STATE PERFORMANCE AND BEST PRACTICES: KEY COMPONENTS



Policies, Programs, and
Practices for Underage
Drinking Prevention



STOP Act Survey
Results



The State Performance & Best Practices for the Prevention and Reduction of Underage Drinking Report includes state policies, programs, and practices aimed at preventing underage drinking.

STATE PERFORMANCE AND BEST PRACTICES: KEY COMPONENTS



Policies, Programs, and Practices for Underage Drinking Prevention

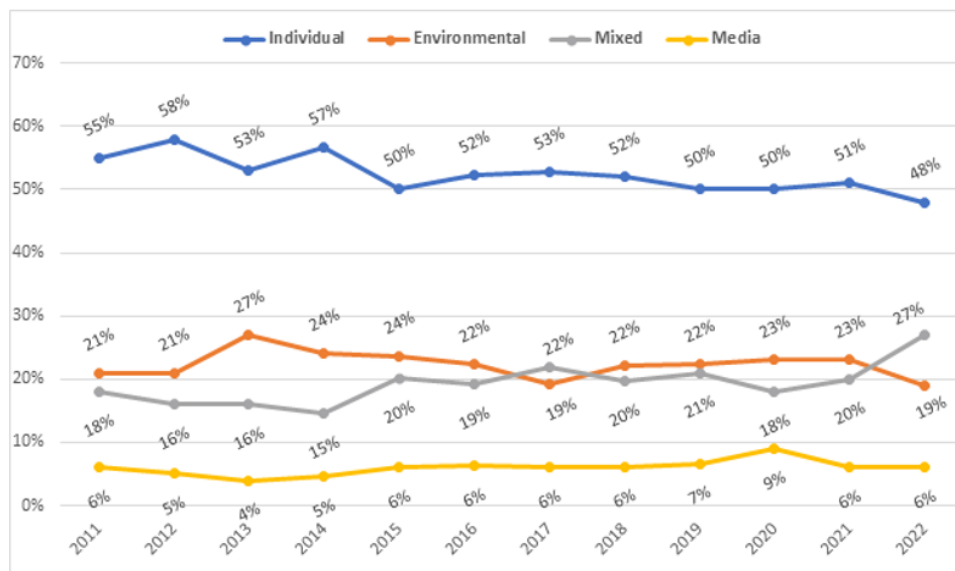


STOP Act Survey Results

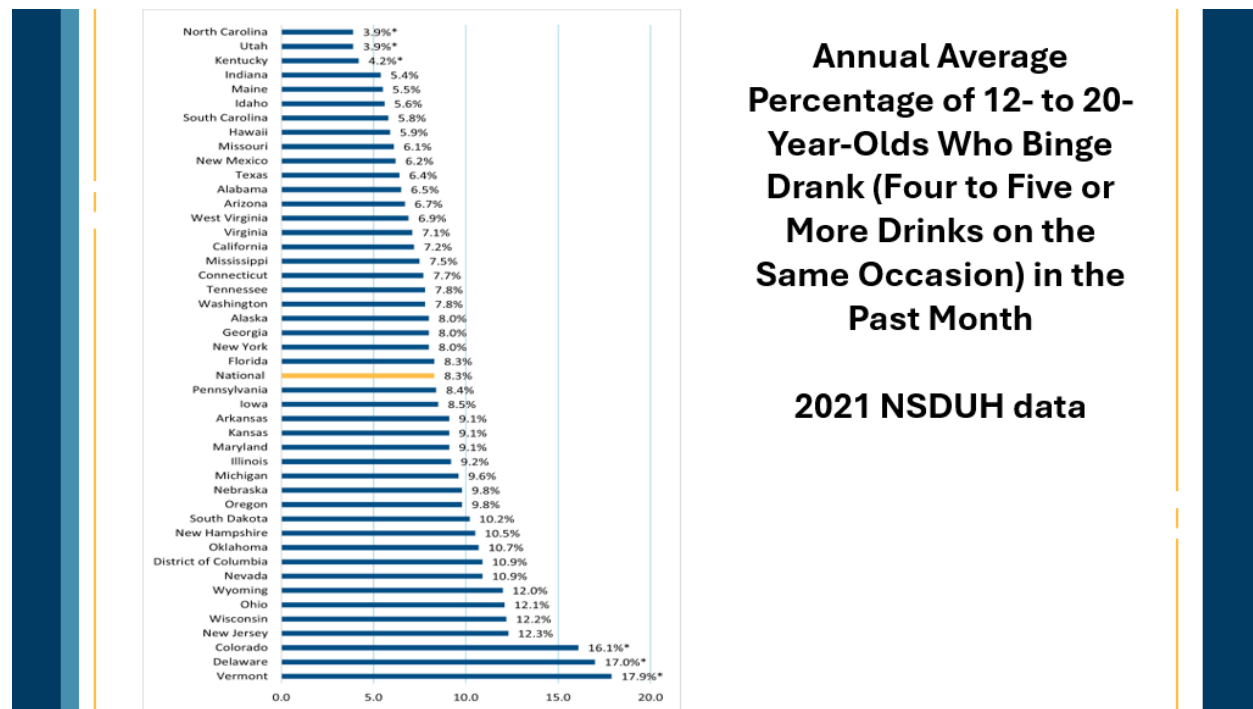


The report includes details on 27 policies that are associated with effective prevention outcomes for underage drinking. Additionally, the report has results from a state survey on underage drinking efforts. This is the 20th year of the survey, and the ICCPUD has always had a 100% response rate. Research consistently shows that the most effective prevention initiatives are multilevel and multifaceted; states are loosening alcohol restrictions, largely as a result of making permanent the policy changes made during COVID-19 pandemic.

Percentages of Program Types Implemented by States From 2011–2022



Since 2011, the ICCPUD has assessed the types of programs that states have been implementing. About half of states focus on the individual level. About 22% of states focus on environmental strategies. The number of states with mixed strategies increased in 2022. Approximately 6% of states implement media campaigns.



The report also includes the annual average percentage of people ages 12–20 who binge drank in each state. The national average is 8.3%, and though the ICCPUD cannot make state-to-state comparisons because policy and regulation environments are different, it is useful to understand what the policies and regulations are in order to put underage drinking rates into context.

STATE REPORT: KEY COMPONENTS



Population &
Underage
Consumption
Data



Behavioral
Health and
Substance Use
Services



Alcohol Laws &
Policies



STOP Act
Survey Data



The state reports have four key components: (1) population and underage consumption data (looking at data among those under the age of 21, as well as the full population, by state); (2) the behavioral health and substance use services environment (the priorities of each state and where each state allocates resources); (3) alcohol-related laws and policies; and (4) STOP Act survey data.

STATE REPORTS: KEY TAKEAWAYS

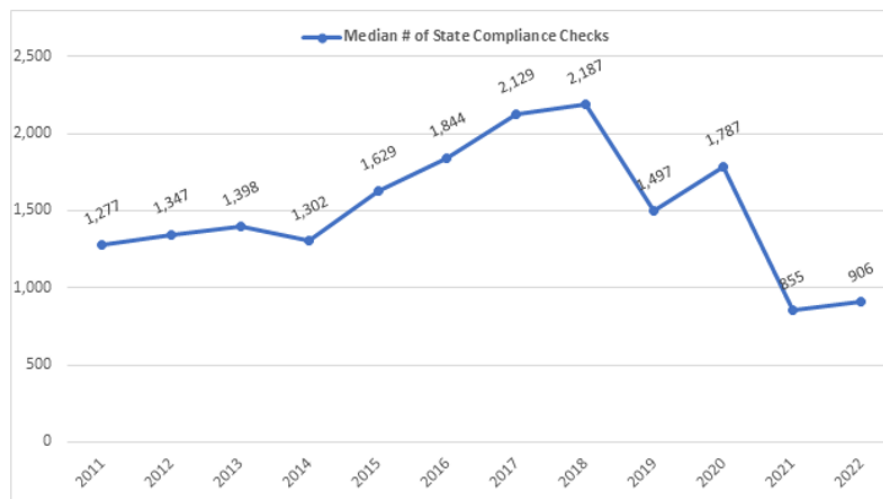
100% response rate

- Though states have very different behavioral health systems, they all are committing resources to preventing underage drinking
- 24 states collaborate with federally recognized tribes (16 did not, and 11 states do not have tribes)
- Data collection on enforcement efforts are limited across states, and sometimes do not exist at all
 - This is largely due to decreases in enforcement funding and competing priorities
 - Less than one-third of the states collect data on local enforcement efforts



Here are some key takeaways from across the state reports: There are numerous behavioral health systems operating across states, but all states are committed to preventing underage drinking and put resources behind it. Twenty-four states collaborate with federally recognized tribes; this is something the ICCPUD tries to encourage whenever possible and appropriate. Additionally, data collection on enforcement efforts is limited across states; sometimes data do not exist at all (because of a decrease in enforcement and funding priorities). However, enforcement is a critical component of policy effectiveness and is tracked in the state reports and the State Performance & Best Practices for the Prevention and Reduction of Underage Drinking Report.

Median Number of State Compliance Checks 2011–2022



Here you can see the median number of state compliance checks done from 2011 to 2022. 2018 was the peak of compliance check activity, but the ICCPUD saw a substantial drop in 2020, with a plateauing since then.

moment to talk about alcohol.

TTHY: CAMPAIGN OVERVIEW

— and when — to begin the conversation, visit:

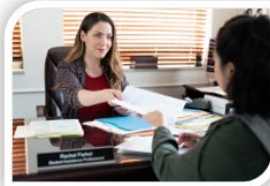


National Adult Oriented Campaign

GET INFORMED. BE PREPARED. TAKE ACTION.



Parents & Caregivers



Schools & Educators




Community Members



Another key pillar of the STOP Act is the “Talk. They Hear You.” campaign, which focuses on helping parents and caregivers, educators, and community members get informed about the prevalence and risk of underage drinking and equipping them with the knowledge, skills, and confidence they need to have meaningful conversations with youth about drinking and other substance use.


TTHY PRODUCTS




Mobile App




Student Assistance Guide and Webinar Series




Brochures



Podcast



TV PSAs



Screen4Success



Parents' Night Out

Federal and state colleagues have been instrumental in developing this campaign, and every product in the campaign has originated from community requests. This slide shows some examples of the products that are available to the public, as well as the campaign’s mobile app, which is the campaign in your pocket.

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There is a student assistance guide for school administrators. This is focused primarily on substance use prevention—in particular, drinking prevention—but it is a systems approach in terms of providing resources for educators, and in all 50 states, there are materials for student assistance programs.

The campaign also has a podcast, “What Are Parents Saying,” which features authentic conversations with parents and caregivers—along with guest experts, including CAPT Jones.

The campaign also provides resources for Parents’ Night Out, public service announcements, discussion starters, and more materials to help parents and caregivers develop the skills they need to have conversations to prevent underage drinking.

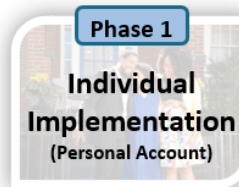
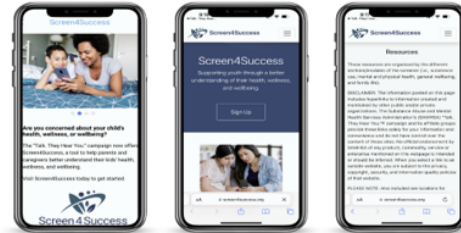


The campaign has had quite a bit of success, and it just celebrated its 10th anniversary. To date, it has gotten 25.3 billion impressions, amounting to \$295 million worth of airtime and ad space. This is an earned media campaign; the ICCPUD does not pay for ad placement. The work is done by local communities, community coalitions, and states across the top 25 media markets. There have been approximately 18,000 downloads of the app (about 300 users a day). Additionally, “Talk. They Hear You.” has created four soundtracks, which have reached listeners across all 50 states and Washington, D.C., as well as in 203 countries and territories around the world.

SCREEN4SUCESS: MULTI-DIMENSIONAL SCREENER

Screen4Success is intended to assess for elevated risk in the areas of health, wellness, and well-being.

It is a companion tool that will be used to compliment public health messaging and interventions.



<https://www.samhsa.gov/talk-they-hear-you/screen4success>



<https://screen4success.org>



Screen4Success is a multidimensional screener and is intended to screen for elevated risk in the areas of health, wellness, and well-being. The individual component helps parents and caregivers or concerned adults in a child's life have a resource to do self-screening and referral management. It is not sufficient to just identify risks; the next question is, "What do we do about it?" Screen4Success geocodes available resources in each community. These resources are organized into categories: "health," meaning physical; "wellness," meaning mental health, substance use, family functioning, or family services; and "well-being," including social determinants of health, community supports, and ongoing recovery services.

There is also an organizational version of Screen4Success that is currently being piloted. This is for individual organizations, behavioral health clinics, student assistance programs, school-based health centers, school-based mental health centers, and statewide implementation as an organized approach to screening. There are eight states testing the resource in the pilot phase. It enables administrators to add local resources for referral.

Screen4Success is intended to complement public health messaging and interventions.

Mr. Vincent turned the meeting over to **Ms. de Jesus**.

Updates to Dietary Guidelines for Americans

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

Dietary Guidelines for Americans Updates

Janet de Jesus, MS, RD

Senior Nutrition Advisor
Office of Disease Prevention and Health Promotion
Office of the Assistant Secretary for Health
Department of Health and Human Services

August 2024



National Nutrition Monitoring and Related Research Act (1990)

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Mandates that the *Dietary Guidelines for Americans* shall:

- Contain nutritional and dietary information and guidelines for the general public
- Published jointly by the Secretaries of HHS and USDA at least every five years;
- Based on the preponderance of the scientific and medical knowledge which is current at the time it is prepared; and
- Promoted by each federal agency in carrying out any federal food, nutrition, or health program.



Reference: <https://www.dietaryguidelines.gov/about-dietary-guidelines/process/monitoring-act>



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.

Dietary Guidelines for Americans, 2020-2025



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.

Alcoholic Beverages

- The *Dietary Guidelines* does not recommend that individuals who do not drink alcohol start drinking for any reason.
- There are also some people who should not drink at all.
- If adults age 21 years and older choose to drink alcoholic beverages, drinking less is better for health than drinking more.
- The amount of alcohol and calories in beverages varies and should be accounted for within the limits of healthy dietary patterns, so that calorie limits are not exceeded.



U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition.



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.

Alcoholic Beverages (continued)

- Adults of legal drinking age can choose not to drink or to drink in moderation by limiting intakes to 2 drinks or less in a day for men and 1 drink or less in a day for women, when alcohol is consumed.
 - In the absence of binge drinking, intakes at these levels is lower risk for most adults; however, caution is recommended.
 - Emerging evidence suggests that even drinking within these guidelines may increase the overall risk of death from various causes, such as from several types of cancer and some forms of cardiovascular disease.



U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition.



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.

Developing the *Dietary Guidelines for Americans*

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- This rigorous process ensures the Dietary Guidelines are based on the preponderance of scientific evidence
- Aligned with best practices for reviewing scientific evidence and developing guidance in the nutrition and public health fields and evolves as they evolve



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.

Scientific Question Identification

- HHS and USDA conducted a yearlong process to gather information, receive input from federal experts, and review relevant documents to develop scientific questions



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.

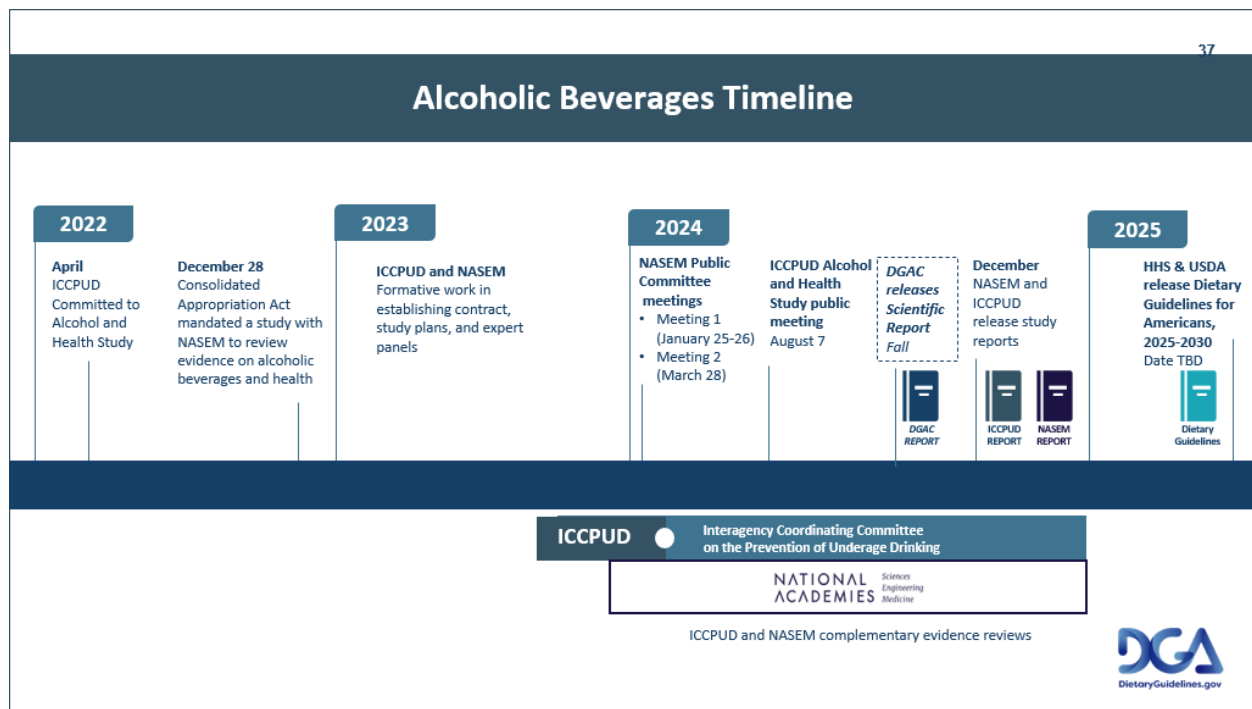
Existing Evidence-Based Federal Guidance

Federal guidance topics that can inform the Dietary Guidelines. These include but are not limited to:

- Healthy Food Environments
- Oral Health
- Food safety
- Specific Nutrient Recommendations
- Human milk, infant formula, and health outcomes
- Seafood
- Eating Disorders
- Physical Activity



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.



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 Health¹
- 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 available²
- 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>



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!



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Ms. de Jesus turned the meeting back over to Mr. Vincent.

Update on the Alcohol Intake and Health Study

Robert M. Vincent, M.S.Ed., Associate Administrator for Alcohol Prevention and Treatment Policy, SAMHSA

2023 - 2025

ALCOHOL INTAKE & HEALTH OVERVIEW

Robert M. Vincent, MS.Ed, SAMHSA



ALCOHOL INTAKE & HEALTH

OBJECTIVE: *Estimate the lifetime risk of alcohol-related mortality and morbidity among different races and sexes in the United States based on a given average alcohol consumption in grams per day.*

- Lifetime risk modelling to estimate the lifetime risk of death and disability for different levels of average alcohol consumption,
- Model cause-specific absolute risk curves based on disease-, injury-, and condition-specific relative risk curves, and
- Cohort studies from conditions that are thought to be causally related to alcohol use (e.g., liver cirrhosis and cancer).



The Alcohol Intake and Health study will estimate the lifetime risk of alcohol-related mortality and morbidity 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).

The study will generate evidence to support risk thresholds, including minimum levels of consumption that show some health risk, as well as modeling cause-specific risks related to alcohol consumption. This approach aligns with the current practice of the Centers for Disease Control and Prevention, the World Health Organization, and the Institute for Health Metrics and Evaluation.

There is scientific evidence to support the idea that adult behavior influences youth drinking behavior; thus, the work of the Alcohol Intake and Health study contributes to the federally coordinated approach to preventing underage drinking. The findings from this study will be used to inform policies, programs, and practices and will be published in the 2025 Report to Congress on the Prevention and Reduction of Underage Drinking.

There are a few key distinctions between the ICCPUD study and the NASEM study. The Alcohol Intake and Health study will determine studies for inclusion through the use of a nominal group process. It is important to note that this study is not led by a blue-ribbon panel; instead, a Delphi panel will seek to obtain scientific consensus among experts in alcohol and the conditions shown to be causally related to consumption. NASEM is conducting a systematic review of existing studies, and those protocols are publicly available. These two studies are complementary, reviewing different health outcomes and utilizing different methods.



This work is guided by a subcommittee of the ICCPUD; there are several subcommittees that are part of the ICCPUD. The Technical Review Subcommittee comprises Federal representatives who will be responsible for reviewing the work of a scientific review panel that's conducting independent studies.

The Technical Review Subcommittee will create a report that will be sent to HHS and USDA for consideration as they develop the new Dietary Guidelines for Americans.

ICCPUD WILL ISSUE TWO REQUESTS FOR INFORMATION/PUBLIC COMMENT



CLOSED Aug 2: Gather public feedback from interested parties on the **methodology** proposed for the Alcohol Intake and Health study.

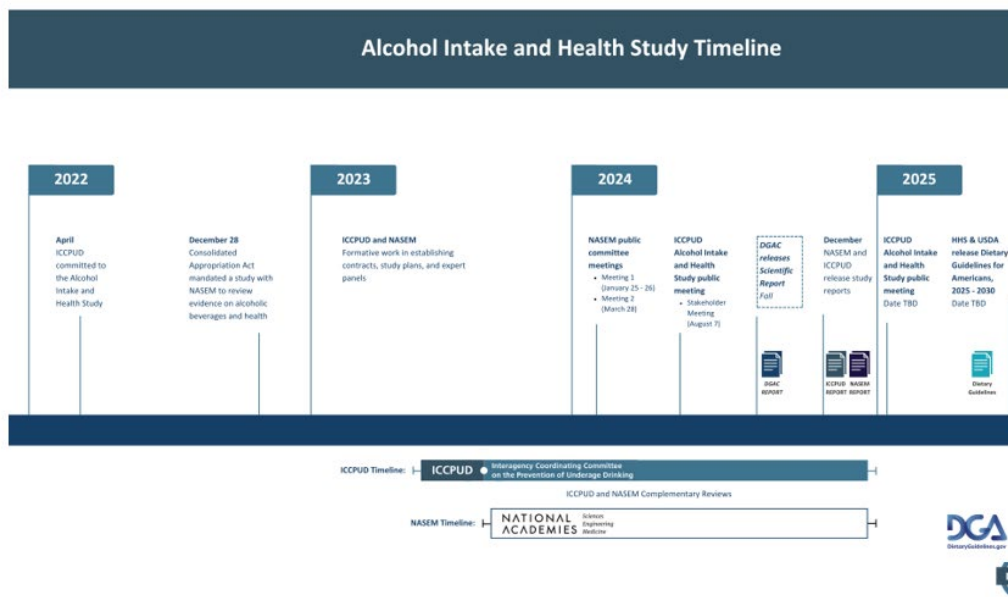


Late 2024: To gather public feedback from interested parties on the **draft results** of the Alcohol Intake and Health study.



The ICCPUD issued a request for information (RFI) to obtain public input. It closed on August 2 and was focused on feedback on the proposed protocol for conducting the Alcohol Intake and Health study. In late 2024, another RFI will be released to gather feedback from interested parties on the draft results of the Alcohol Intake and Health study. The Government will take all of the comments under consideration and then proceed.

ALCOHOL INTAKE & HEALTH STUDY TIMELINE



It is important to note that the ICCPUD Data Committee, a subcommittee of the ICCPUD, met in 2021 and began the conversation about the influence of adult drinking on underage drinking. That conversation began a series of discussions on this topic and ultimately led to the work being described here today.

Mr. Vincent turned the meeting over to **Dr. Delphin-Rittmon**, who turned it over to **CAPT Jones** to facilitate public comments.

Public Comment

CAPT Christopher M. Jones, Pharm.D., Dr.P.H., M.P.H., Director, CSAP

PUBLIC COMMENT

Please email any additional comments to: UnderageDrinking@SAMHSA.HHS.gov



ORDER OF SPEAKERS

No.	Name	Organization
1	Tiffany Hall	U.S. Alcohol Policy Alliance
2	Amanda Berger	Distilled Spirits Council of the United States
3	Cindy Grant	Hillsborough County Anti-Drug Alliance
4	Mary Jane Saunders	Beer Institute
5	Sean Haley	City University of New York's Graduate School of Public Health and Health Policy
6	Tiffany Garriga	CGAC
7	William Jones	Michigan Council on Alcohol Problems
8	Richard Collins	Hawai'i Alcohol Policy Alliance
9	Jon Taets	NACS
10	Jonny Fernandez-Trujillo	Neighborhood House



As part of ensuring transparency and scientific rigor in the ICCPUD's approach to assessing the impacts of alcohol on various health outcomes, participants had the opportunity to register to make comments.

Tiffany Hall, U.S. Alcohol Policy Alliance: Good morning, Assistant Secretary Delphin-Rittmon and Associate Administrator Vincent. Thank you so much for this opportunity to offer comments. My name is Tiffany Hall. I'm the incoming chair of the United States Alcohol Policy Alliance. We're a nonprofit, nonpartisan organization established in 2014 to translate alcohol policy research into public health

practice. We are intimately familiar with the history and accomplishments of the ICCPUD and are here today to commend your efforts. The ICCPUD and other STOP Act programs have been working since its passage. We've witnessed a 12.7% decrease in alcohol use among 12-to-20-year-olds; however, alcohol continues to be the most widely used substance among youth, so this work is important. We are aware of pushback on the Alcohol Intake and Health study. We are not shocked by the alcohol industry's loud frustration on having conflict-free world-renowned experts analyzing the scientific evidence on the health risks of alcohol consumption. Big alcohol pushes a highly addictive toxic carcinogen as harmless and normal for everyone to drink in excess, and real science does not bode well for them. We strongly support ICCPUD's scientific review panel leading this analysis. Underage drinking is closely correlated with adult consumption and understanding. The impact of alcohol on health over the life course is critical information for people to have and trust. ICCPUD is the only government entity tasked specifically with guiding policy and program development across the Federal Government with respect to underage drinking. Local- and state-level practitioners rely on this data and guidance. There is no one better equipped to lead this study and produce comprehensive and reputable findings. Additionally, we applaud the comprehensive plan goals and objectives and encourage ICCPUD to incorporate these new activities: (1) Please improve the ICCPUD website, making it a little bit easier to access; (2) address the potential impacts from recent changes in alcohol retail regulations; (3) develop a new messaging strategy, framing reduction of alcohol use as a way to promote health and wellness; and (4) update the state survey to address key gaps in state data. Thank you so much for convening this stakeholder meeting. We congratulate the ICCPUD on its work and strongly uphold continuing funding to support it.

Amanda Berger, Distilled Spirits Council of the United States: Good morning. I am Dr. Amanda Berger, Senior Vice President of Science and Research at the Distilled Spirits Council of the United States. The Distilled Spirits Council encourages responsible consumption in line with the Dietary Guidelines for Americans' recommendations for individuals of legal drinking age who choose to consume alcohol. We recognize there are some people who should not drink at all and encourage people to talk to their health providers to determine what is best for them based on individual factors and family history. The Dietary Guidelines for Americans are a key resource for adults and health professionals in making informed decisions when it comes to alcohol, such as understanding whether and, if so, how alcohol can fit into their dietary patterns. Since the first edition in 1980, the guidelines have advised adults who choose to consume alcohol to do so in moderation and have had guidance for those who should not drink at all. The Federal Government has stated that the topic of alcohol and health remains a high-priority topic for the Dietary Guidelines for Americans, and as required by law, any change to the guidelines would require a preponderance of evidence. This is with good reason. Americans deserve guidance based on sound science, not ideology, as with all topics. In the guidelines, alcohol guidance should be developed through an unbiased, transparent, and scientifically rigorous process that allows for meaningful stakeholder input and public comment.

In 2022, HHS and USDA broke with the 40-year practice of including the topic of alcohol in the regular review conducted by the Dietary Guidelines Advisory Committee, announcing that the 2025–2030 review process would be conducted separately. In 2023, they announced the topic would be examined by two concurrent reviews conducted by NASEM and ICCPUD. Without the discipline and rigor of a fair and transparent process that prioritizes sound science, we are concerned that the ICCPUD Alcohol Intake and Health study and any resulting recommendations will fall short of the standard required for inclusion in the guidelines. The ICCPUD study deviates significantly from the long-standing Dietary Guidelines for Americans process, which is marked by a transparent, scientifically rigorous review of the best and most current existing evidence conducted by experts with diverse perspectives, and with

stakeholder input. In response to the *Federal Register* notice to comment on the study, the Distilled Spirits Council detailed these and other concerns. We anticipate and hope that all comments will be considered, and changes will be made to the study. Accordingly, in the immediate term, there are several steps ICCPUD could take to improve transparency and alignment with the Dietary Guidelines for Americans process. First, we ask that all comments submitted to the *Federal Register* notice be made public. Second, we ask that an ongoing feedback option be made available, similar to what is offered for the Dietary Guidelines Advisory Committee and NASEM. Third, we ask that study meetings in the future be made open or partially open to the public. Policymakers and the public have a right to know who is making decisions and on what basis. In sum, the process for developing the Dietary Guidelines for Americans must be fair and transparent, and alcohol guidance must be based on the best and most current existing evidence, as required by law.

Mary Jane Saunders, Beer Institute: Thank you very much. In my limited time. I'm going to give four reasons we believe any research or work produced by ICCPUD for the Dietary Guidelines for Americans will be open to questions of legitimacy and legality.

First, ICCPUD plays a vital role in preventing and reducing illegal underage drinking. However, the STOP Act, the statute creating ICCPUD, does not give the interagency committee authority to conduct research on broader alcohol topics or accept a delegation of authority for the dietary guidelines addressing alcohol consumption by legal-drinking-age adults.

Second, the research study ICCPUD proposes does duplicate work Congress delegated to NASEM. Duplicative work, especially by a committee with limited statutory authority, raises questions about the proper use of Government resources.

Third, the process for establishing the ICCPUD study and choosing the scientific review panel and the Technical Review Subcommittee lacks true transparency.

Fourth, the proposed ICCPUD protocol employs a flawed methodology that does not match the statutory requirements for the Dietary Guidelines for Americans.

The timeline identified also lends itself to a rushed effort without the necessary scientific rigor typically employed for the Dietary Guidelines for Americans. We want HHS and USDA to rescind their delegation of authority to ICCPUD, disband the secretly selected scientific review panel, and return to an open, transparent process for the Dietary Guidelines for Americans. The National Academies' report on alcohol science, other published data from U.S. agencies, and the considerable body of published and sound scientific literature on alcohol can inform the agency's work. Thank you very much for listening.

Sean Haley, CUNY Graduate School of Public Health & Health Policy: Good morning, everyone. My name is Dr. Sean Haley. I'm at the CUNY Graduate School of Public Health & Health Policy. CAPT Jones, Mr. Vincent, Dr. Delphin-Rittmon, thank you very much for your time this morning. We know that alcohol was the third-leading cause of preventable death in the United States. With the demise of funding in 2009 for the Safe and Drug-Free Schools and Communities Act and the end of the Enforcing Underage Drinking Laws program in 2014, the STOP Act remains one of the last remaining pieces of Federal legislation to prevent underage alcohol use, in recognition that adult consumption is one of the greatest predictors of youth alcohol consumption. The STOP Act study on alcohol intake and health will provide a critical and indeed rigorous review of the scientific literature by independent experts who understand the complex nexus between alcohol availability, the alcohol policy environment, alcohol use, and associated harms. In light of the varied alcohol policy changes, as Rob Vincent has suggested, undertaken in the wake of the pandemic, this contemporary review is needed to inform the best alcohol policy practices for the U.S. public and Congress.

I must take exception to Dr. Berger's and Ms. Saunders' suggestion that the committee that has been assembled is anything but fair. The committee that has been assembled has not been called out by *The New York Times* as other committees have.

Decades of research has established that alcohol availability is a strong predictor of alcohol use, and more recent research is suggesting that past research reports were misspecified or just flawed. The STOP Act focus on Federal and state policies to reduce alcohol access to persons under the legal drinking age of 21 is the most effective strategy to reducing child and adolescent alcohol-related harms, as well as for mitigating the generational effects—such as alcohol use disorder, cancer, etc.—that are associated with early alcohol initiation.

The STOP Act provides critical Federal resources to coordinate national efforts and to document states' prevention and regulatory policies to protect young people using the best available science. The STOP Act provides one of the few buffers against well-funded campaigns to expand alcohol access by increasing points of sale, hours of sale, delivery mechanisms, and product proliferation. The STOP Act's annual reports provide state leaders with a critical data source to reduce alcohol-related child morbidity and mortality. Indeed, STOP Act reporting requirements contribute to the maintenance of a strong policy environment to limit underage access, and it saves lives. Thank you very much.

Tiffany Garriga, Columbia-Greene Addiction Coalition: *[The speaker was difficult to understand because of audio issues.]* Alcohol and substance use affects many people, not just in the families but in the communities. ICCPUD does important work to address these problems.

William Jones, Michigan Council on Alcohol Problems: My name is Dr. William Jones. I'm the President of MICAP, which is the Michigan Council on Alcohol Problems. I wanted to thank Assistant Secretary Delphin-Rittmon and Associate Administrator Vincent for convening this group. We just want to say on our part we have several members as part of the Policy Academy. That has been incredibly helpful to us to learn how to be helpful to the state of Michigan, particularly dealing with issues of alcohol problems. And so, we are very, very grateful for the work that they do. And we are learning a lot from what they're providing for us. We believe that they're the goals of strengthening the national commitment to addressing alcohol issues, particularly for underage drinking and reducing demand for availability of alcohol access to those who are younger than 21. We just believe those goals are incredibly important, because we see the great damage that the industry has done to young people, particularly in our state. The academy that we're part of has just been very, very helpful in turn, teaching us how to help hold back the surge and the powerful money issues of alcohol. So, we're very grateful for your convening this. And we just want to say we're very supportive of it and of the STOP Act, and we hope that it would continue, and we're grateful to give us a chance to speak. Thank you.

Richard Collins, Hawaii Alcohol Policy Alliance: Good morning. Thank you again to Assistant Secretary Delphin-Rittmon and Associate Administrator Vincent for providing this hearing and this meeting and for offering transparency on the process. My name is Rick Collins, and I'm calling in from the island of Maui in the state of Hawaii. I'm the director of three community coalitions out here in our state whose missions are to reduce the harmful impacts of underage drinking and excessive alcohol consumption through the implementation of evidence-based and public health-focused and –informed alcohol policies. One of those coalitions is the Hawaii Alcohol Policy Alliance. That's a statewide alliance that has most recently been trying to reduce the blood alcohol concentration threshold from 0.08 to 0.05 to reduce alcohol-impaired crashes and fatalities on our roadways.

We commend the STOP Act and ICCPUD for their competent leadership in guiding and informing underage drinking policy and programs throughout our country over the last nearly 20 years. We approve of your entire 2023 Comprehensive Plan. We hope that it's implemented as fully as possible.

While there is much attention and funding on other substance prevention efforts at this time across our nation, such as opioid use, we must not take our focus off alcohol consumption, which, as I know that you know, is the third-leading preventable cause of death.

In our country, we understand that you are under immense pressure from the alcohol industry for fear that it will impact their profit-driven motives. But it's clear that ICCPUD has a successful track record of informing our country on ways to prevent alcohol harms across our country, and hundreds of organizations working on preventing such harms, such as our own coalitions, rely so much on the recommendations from ICCPUD to continue our work in a way that ensures our efforts are grounded in the science and that we have the greatest impact possible in improving the health in our communities.

We fully support the ICCPUD study on alcohol intake and health to provide greater input on those dietary guidelines. It's clear this process is incredibly transparent. It is also free from conflicts of interest, which, unfortunately, is why the alcohol industry is against this and pushing back so hard. Again, I just want to say thank you for convening this, and on behalf of all of our members throughout the three coalitions in the communities that I work with, thank you. Our organization meets with members of Congress regularly, and we will continue to advocate for ICCPUD and STOP Act funding with our members of Congress. Thank you for the opportunity to provide comments.

Jon Taets, NACS: Thank you for the opportunity to join this discussion and speak with you today. My name is Jon Taets, and I work for the National Association of Convenience Stores. Our industry consists of around 153,000 stores across the country. Of those, about 60% are single-store operators. With roughly 88% of stores selling beer, liquor, or wine, the industry takes responsible retailing very seriously. In fact, our industry checks more IDs every day than the TSA. Frontline workers in the industry undergo extensive training in proper age verification, including virtual trainings and real-world experience training before they are put behind the counter at one of our industry's stores.

What I want to talk to you about today is a venture NACS has undertaken, alongside a number of industry partners, in an effort to make age verification at the point of sale nearly bulletproof. We have helped develop a state-of-the-art digital age verification system that is unmatched in its efficacy. Even better, it is designed to be free for retailers to use.

The TruAge system accepts a physical driver's license, the TruAge app mobile driver's license, or manual entry and can be integrated into a loyalty app to make age verification that much easier. In addition to being free for retailers to integrate into their systems, making it ideal to help small businesses improve their age verification, it also helps protect consumers from unnecessarily sharing personal information. The TruAge system only shares four pieces of an individual's data necessary to verify their age: the driver's license number, issuing state, expiration date, and date of birth. I urge you to visit mytruage.org to learn more about the service.

The program isn't restricted to convenience stores. Any retail outlet can use TruAge to improve its age verification system. Importantly, it can also be used by online retailers and delivery companies to ensure that the person making the purchase and the person actually receiving the products are of legal age.

It can also be used by states as more and more move toward mobile driver's licenses. In fact, just recently, the state of California integrated TruAge into its mobile driver's license as an option for the

purpose of making age-verified purchases. This followed a successful pilot program of the technology in California.

Advanced technologies are ubiquitous in our world today. TruAge helps retailers keep up with the continuing technological advancement of those who are seeking to create fake IDs. We'd welcome an opportunity to speak with you in more detail about the program and the benefits it can bring to the age verification ecosystem.

Thank you again for your time this morning.

Jonny Fernandez-Trujillo, Neighborhood House: Hello, everybody. My name is Jonny Fernandez-Trujillo, she/ella pronouns. I am the youth drug use prevention coordinator for our Latinx coalition at Neighborhood House. Thank you so much for the opportunity, and I want to congratulate you all for your 10 years of excellent commitment to preventing underage drinking, including on "Talk. They Hear You."

Part of our commitment in my work is to deliver with fidelity, and we are guiding good choices through evidence-based workshops in eight different languages to parents or caregivers who have kids 7–14 years old. So, while we are delivering the workshop, we always make time to share resources that will help their kids, to continue their work and preventing their kids from using substances. So, we talk about how they hear you. In my experience, I've noticed immediately a sparkle light in their eyes when we encourage our kids. So, our parents feel stronger to continue the work because we know that alcohol is a very true weapon everywhere, in our community, in our Latinx community.

Some parents tend to drink in front of their kids. If there is any celebration, the first thing would be alcohol. Same if there is any fundraising. Unfortunately, I've been attending some fundraisings in school and the main thing they will be selling is wine. And I feel that we continue the war because there are many people out there, adults, who have no idea how much they impact our kids, our students. I just want to say thank you so much for continuing the work, and my hope is to go and reach the people who are very close to our kids. Thank you so much.

Cindy Grant, Hillsborough County Anti-Drug Alliance: *[Signed up to comment but was absent from meeting.]*

CAPT Jones: I will close out the public comment period and appreciate the varying perspectives that were shared during public comments. Just as with our public comment period on the scientific methodology, we appreciate the feedback that we've received from across sectors, from researchers, from industry, from other public health entities. We take this very seriously and are using that information to inform a robust and rigorous methodology to understand the impacts of alcohol on health, so we appreciate the continued engagement on this topic. We will put out a draft document with results or findings from the Alcohol Intake and Health study for further public comment, and then ultimately the final results will be included in the report to Congress next year.

CAPT Jones turned the meeting back to **Dr. Delphin-Rittmon**.

Conclusion

Miriam Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, HHS/Administrator, SAMHSA; Chair, ICCPUD

Thank you, everyone, for joining us. I really appreciate your interest in this important work. As we said at the top, this work takes all of us remaining sort of steadfast and focused on this important area

together. So, I just want to acknowledge and thank you for the work that you all do in this area, as well, and I see us as partners in this. And again, thanks for joining us. We will continue to disseminate our reports and information to keep folks updated. And I appreciate everyone joining us today. So, thank you. Take care, everyone.