ICCPUD STOP Act Activities
National Stakeholders Meeting
08-01-19

Location: Conference Call and Interactive Discussion, hosted by Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)
Date: 08-01-19
Time: 10 AM
Speakers: **Johnnetta Davis-Joyce**, M.A., SAMHSA, Director of CSAP
Ralph Hingson, Sc.D., M.P.H., National Institute on Alcoholism and Alcohol Abuse (NIAAA), Director, Division of Epidemiology and Prevention Research
Kurt J. Greenlund, Ph.D., Centers for Disease Control and Prevention (CDC), Epidemiology and Surveillance Branch, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion
Robert Vincent, MS.Ed., SAMHSA, ICCPUD Staff Chair

Attendees: See Appendix A

Introduction & Welcome

Robert Vincent opened the meeting, welcomed attendees, and introduced all speakers. Mr. Vincent stated that the meeting is held pursuant to the consultation requirement of the Sober Truth on Preventing Underage Drinking (STOP) Act.

[Note: The Act requires that the Interagency Coordinating Committee on the Prevention of Underage Drinking (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." (P.L. 109-422, sec. 2(c)(E)).]

Mr. Vincent then turned the meeting over to **Johnnetta Davis-Joyce.**

Welcome and Remarks

Johnnetta Davis-Joyce, M.A., SAMHSA, Director of CSAP

Johnnetta Davis-Joyce welcomed and thanked everyone for their attendance on behalf of the ICCPUD and for their continued support of the effort to reduce underage drinking (UAD). This is the sixth formal meeting held to capture stakeholder input on the *Report to Congress* (*RTC*). She is always happy to hear from everyone on this important topic and indicated that everyone's input has been heard. For 2018, the RTC was split into multiple reports, in response to feedback that the single bulky report was too difficult to use.

She then provided background on ICCPUD, including its vision/mission/principles which were adopted at last November's ICCPUD Principals meeting. The STOP Act was passed in 2006 and reauthorized in 2016 as part of the 21st Century Cures Act. It designated federal agencies that were part of ICCPUD.ICCPUD is composed of 16 federal officials and each ICCPUD agency contributes their vision and leadership and is committed to the prevention and reduction of underage drinking (UAD). Each has a specific role in keeping with their mission and mandate.

ICCPUD provides national leadership to federal policy and programming in support of state and national activity to prevent and reduce UAD. ICCPUD's mission is twofold:

1. Facilitate collaboration among the designated federal member agencies, state and local government, private and public national organizations, and agencies with responsibility for the health, safety, and wellbeing of America's children and youth;
2. Provide resources and information on UAD prevention, intervention, treatment, enforcement, and research.

Members of the ICCPUD and other federal partners commit to:

- Speak with a common voice on the prevalence, risks, and consequences of underage drinking;
- Increase public awareness about underage drinking and its consequences;
- Reinforce effective, evidence-based practices as part of a federally coordinated approach to prevent and reduce underage drinking.

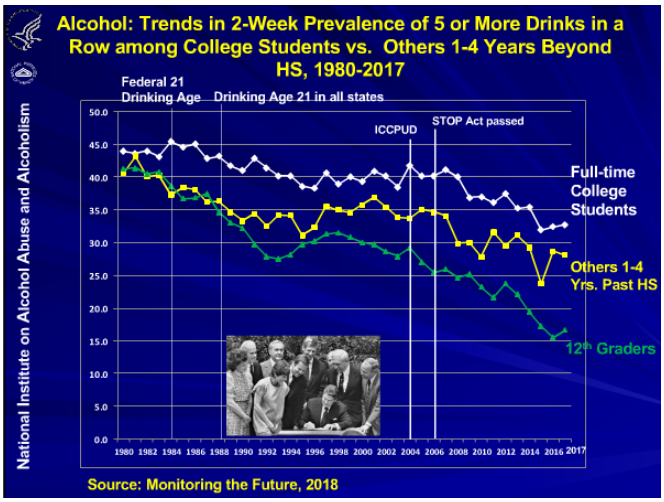
Johnnetta Davis-Joyce then introduced the speakers to follow: Ralph Hingson of NIAAA and Kurt Greenlund of CDC.

Report on the Current Landscape of Underage Drinking

Ralph Hingson, Sc.D., M.P.H., NIAAA, Director, Division of Epidemiology and Prevention Research

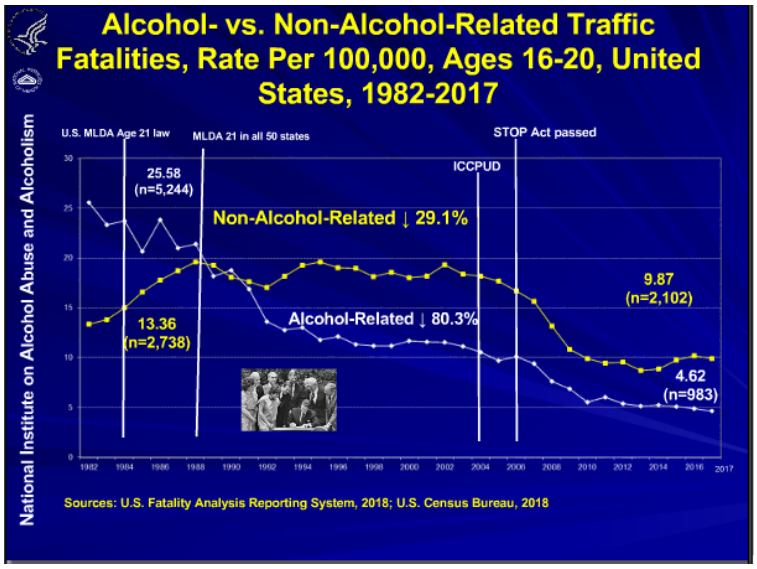
Dr. Hingson began by summarizing the history of federal legislative efforts to reduce and prevent UAD (**Slide 1)**. After President Reagan convened a national commission, Congress passed legislation in 1984 to withhold federal highway construction funds from states that did not raise the minimum legal drinking age (MLDA) to 21 years of age. At that time, only 22 states had passed the age-21 MLDA. By 1988 all states had an MLDA of 21. The green line on the chart represents the percentage of high school seniors who reported binge drinking in the past two weeks. In 1982, 42 percent had binged during the past 2 weeks; after the 50th state adopted the age-21 MLDA, this figure moved to 30 percent. These figures have continued to decrease since the STOP Act was passed in 2006 and ICCPUD was established, resulting in the *RTC*, federally coordinated efforts and strategic plans to reduce UAD, funding for national media campaigns, grants, etc. SAMHSA has conducted close to 10,000 town hall meetings to increase awareness of UAD and related problems. In the years since the STOP Act was enacted and ICCPUD was created and implemented, high school seniors' binge drinking rate has been cut in half (currently around 20 percent)–and there are similar trends among other age groups.

Slide 1



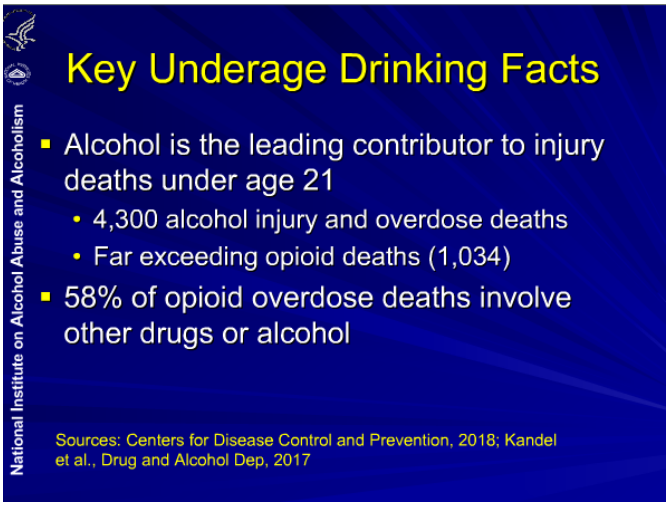
Dr. Hingson said the next slide **(Slide 2)** shows a similar pattern for alcohol-related traffic fatalities. The white line shows alcohol-related traffic deaths in the age 16-20 population. The yellow line shows non-alcohol related traffic deaths in the same age group. There has been a remarkable 80 percent decline in the alcohol related traffic deaths since the early 1980s – from more than 5,000 a year to less than 1,000 in this age group. No other age group has shown such a steep decline.

Slide 2



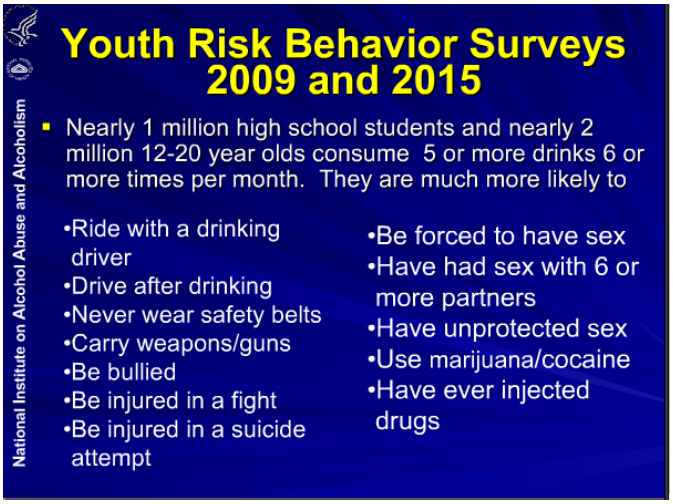
Injuries are the leading cause of death for people under age of 21 and alcohol is the leading contributor to those deaths (**Slide 3**). Last year there were 4,300 alcohol-related injuries and overdose deaths among people under 21. In this age group, there were more than four times as many deaths resulting from injury and overdose on alcohol as opioid deaths. A Columbia University study of medical examiner reports on opioid-overdose death showed that more than 50 percent had some other substance onboard – often alcohol. In 15 to 20 percent of these deaths, alcohol was also present. If people have co-occurring substance use problems, they are more likely to take more of both substances, as their judgement is impaired. People can overdose with a lower blood alcohol content (BAC) if they have opioids onboard, and can overdose on lower levels of opioids if they have alcohol onboard. The two work synergistically. And it is quite clear that alcohol use is a much greater problem than the serious current opioid crisis.

Slide 3



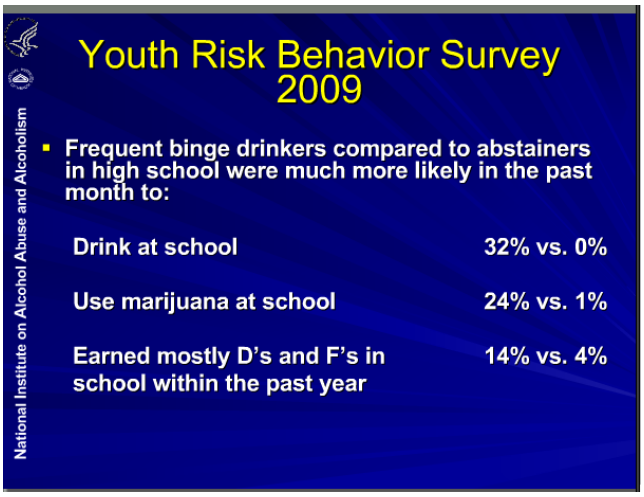
According to the Youth Risk Behavior Survey (YRBS), nearly 1 million high school students drink 5 or more drinks on one occasion 5 to 6 times per month. The National Survey on Drug Use and Health (NSDUH) data indicates that twice that number of 12- to 20-year-olds exhibit that same behavior. People who drink so heavily and drink frequently put their lives, and others' lives at risk. For example, they are more likely to exhibit risky behaviors in a variety of areas (**Slide 4**).

Slide 4



In fact, the YRBS said that one-third of high school seniors drink at school, and use marijuana at school. Frequent binge drinkers in high school are 3 times more likely to get Ds and Fs on their report cards than abstainers **(Slide 5).**

Slide 5

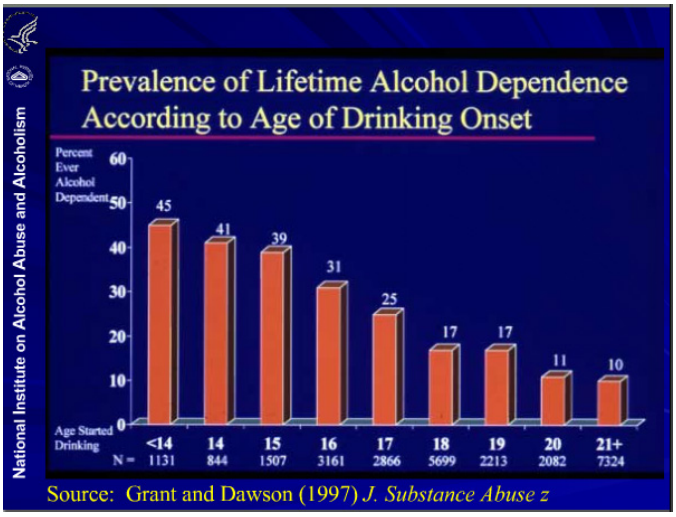


Dr. Hingson noted that the human brain is developing until people are in their mid-20s **(Slide 6)**. Alcohol affects developing brains. A comparison of frequent binge-drinking high school students to those who don't drink shows that they have cognitive deficits in brain function, memory, spatial relationships, judgement, and executive function. Initially, researchers wanted to know if cognitive deficits came first or if heavy drinking came first. Studies show that it is a bit of both. People with cognitive deficits are more likely to drink and heavy drinking contributes to cognitive deficits. Even after a month of supervised abstinence, the students who formerly binge-drank had persistent cognitive deficits. This represents lost opportunities. Even if kids stop drinking entirely, these cognitive deficits mean they may not complete high school, or get into college of their choice, and more. If they don't perform well in high school, they might not even complete high school. This is an important national crisis. We need to make more progress.

Slide 6

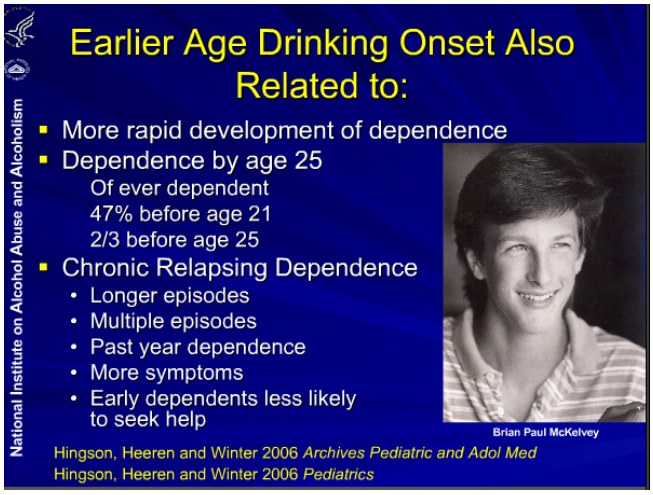
NIAAA national studies show that the earlier people start to drink, the greater the likelihood that they will develop alcohol dependence sometime in their life compared to those who wait until age 21 **(Slide 7)**. Forty percent of those who started drinking at 14 will develop alcohol dependence, compared to 10 percent of those who wait to age 21. Early drinkers are also more likely to develop chronic relapsing dependence and experience longer and more episodes of dependence.

Slide 7



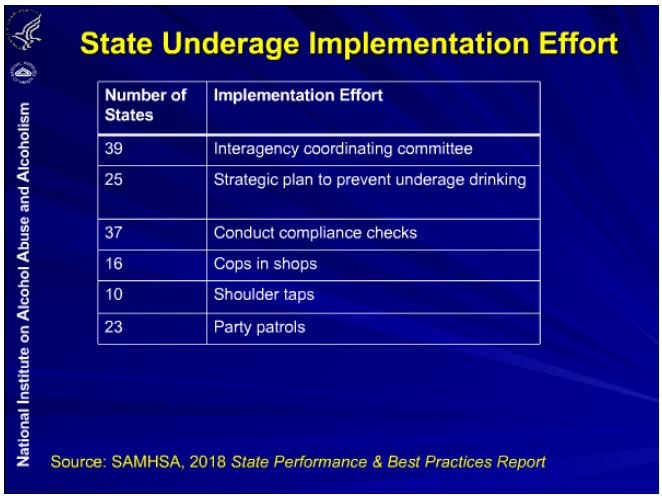
Dr. Hingson dedicated the next slide **(Slide 8)** to Brian Paul McElvey. He met Brian's mother at a CADCA national conference, who told him about her son who developed an alcohol problem by the age of 16. He went to treatment and came out of it well but was struck and killed by a repeat offender drinking driver. This sad story shows that treatment is important, and that we need to get people into treatment. It also tells us not to focus just on individuals with drinking problems. We need to look at the entire environment where drinking takes place.

Slide 8



There is a great deal of activity going on to prevent and reduce UAD at the state level **(Slide 9)**. Thirty-nine states have created ICCPUD-like agencies to address UAD; 25 have created strategic plans to prevent underage drinking; 37 conduct state compliance checks to monitor whether retailers are selling to youth; 16 have state-level Cops in Shops programs; 10 have state-level shoulder tap operations; 23 conduct state party patrol operations. We need to encourage the states to adopt and implement all of these proven programs and activities.

Slide 9

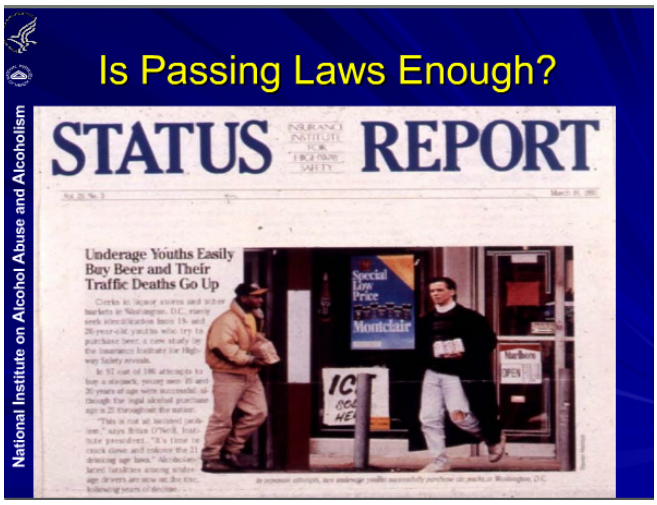


Dr. Hingson noted that numerous UAD-related laws have passed in all or most states, including those on **Slide 10.** An NIAAA researcher (Jim Fell) has examined 20 of the 26 laws in the *2018 State Performance and Best Practices for the Prevention and Reduction of Underage Drinking Report (2018 SPBP)*, and found that these laws collectively prevent more than 1,100 deaths each year. If all states passed all 26 laws, we would save more than 200 lives each year.

Slide 10

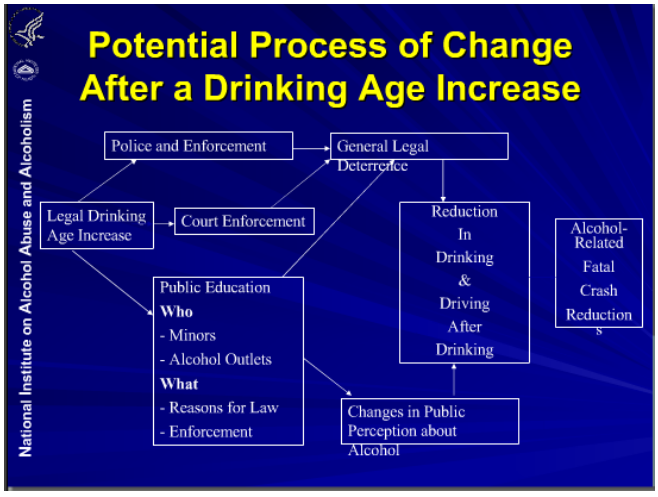
He raised the question of whether passing laws is enough? In a study done 15 years ago **(Slide 11)**, the National Highway Traffic Safety Administration gave 2 youth under 21 money to buy alcohol in Washington, DC. In 98 times out of 100 tries, they were able to buy alcohol. This study tells us that it is not enough just to pass laws, we need education and enforcement to change.

Slide 11



According to Dr. Hingson, education and enforcement about drinking and driving need to change (**Slide 12**). Half of the traffic deaths of people involving drinking drivers under age 21 are people other than the drinking driver. He noted that in his lifetime, the biggest public health success is in reducing smoking. This came about because they found out that smokers not only harm themselves, they harm other people by smoking. We have evidence now that the effects of drinking on other people is more dramatic and immediate than secondhand smoke. This evidence provides us with the leverage for explaining why we need legislation and programs to reduce UAD.

Slide 12



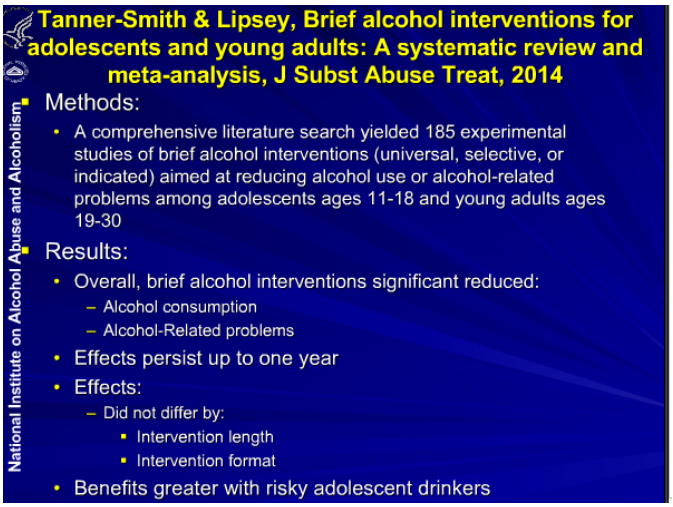
Implementation of these laws is best done at the community level. There are more than a dozen scientific reports of community interventions can prevent and reduce UAD **(Slide 13)**. These programs coordinate multiple departments of city government, have clear, measurable goals and objectives, and use data to plan and evaluate activities, have strategic plans, combine education of law enforcement, include screening and early interventions, and involve private citizens and youth. If implemented at the local level, these programs **(Slide 14)** can further enhance the impact of UAD laws.

Slide 13

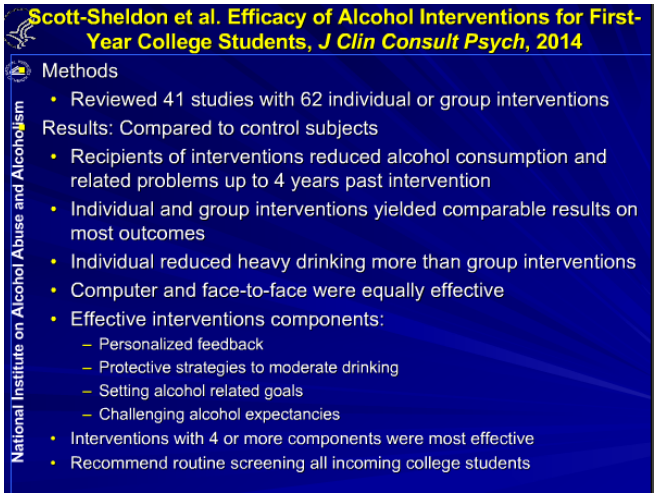
Slide 14

Dr. Hingson noted one area where we need additional improvement. There is growing evidence **(Slide 15)** that brief interventions around alcohol are effective. One hundred and eighty-five (185) studies of adolescents and young adults found that brief interventions significantly reduced alcohol consumption and alcohol-related problems. However, intervention benefits were greater with adolescent risky drinkers. Another researcher found a lot of evidence **(Slide 16)** that interventions were effective and impacts lasted even up to a year after the intervention among college students. The researcher actually recommended routine screening for all incoming college students. Another study **(Slide 17)** involving 20 literature reviews found that brief motivational interventions were effective with adults, college students, and adolescents.

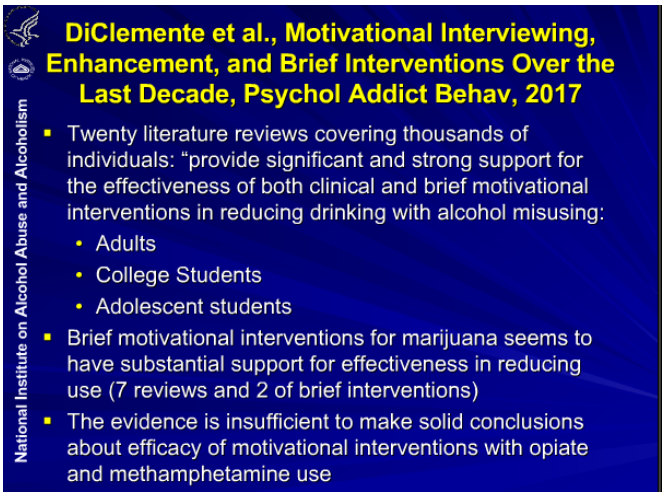
Slide 15



Slide 16

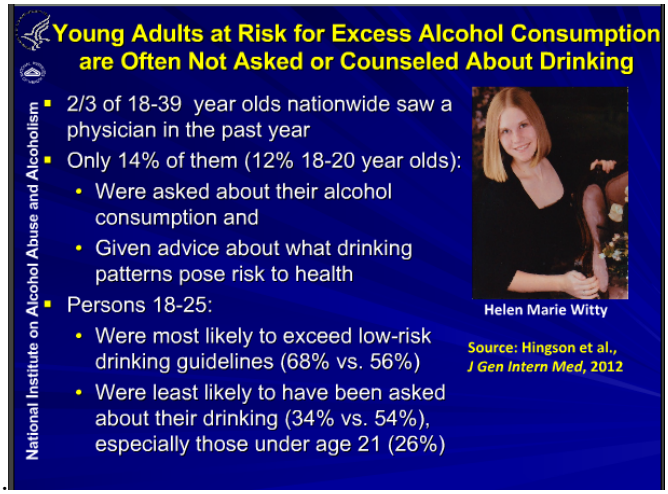


Slide 17



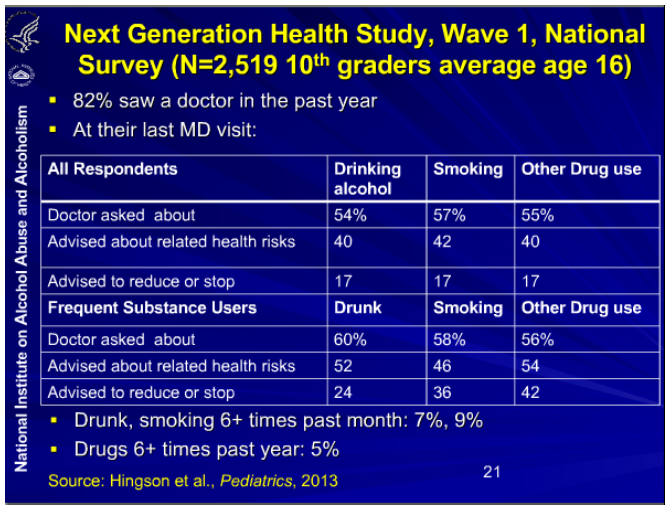
Dr. Hingson said that unfortunately, we have an implementation gap. A study looked at a national sample of 18- to 19-year-olds who saw a physician in the past year. Only 14 percent were asked about drinking and given any advice about drinking. The least likely to be asked about this are people in the 18-25 and 19-20 age group. They are precisely the population that should be asked **(Slide 18)**. Dr. Hingson dedicated this slide to Helen Witty. He met her mother at a MADD event; her daughter was rollerblading on the sidewalk and was hit and killed by a car driven by a drunk teenager who lost control of the car.

Slide 18



This question was also asked in the NEXT Generation Health Study of the *Eunice Kennedy Shriver* National Institute on Child Health and Human Development **(Slide 19)**. Almost half of the 2,500 16-year-olds in the survey were asked about drinking, smoking, and other drug use, but only 17 percent were asked by their doctor to cut down or stop drinking, even though it is against the law. Even people who reported getting drunk six or more times in the past month were only asked to stop or cut down this behavior 24 percent of the time. Dr. Hingson said we need to use these interventions with adolescents and use them on a routine basis. We need to make SBIRT (Screening, Brief Intervention and Referral to Treatment) routine. We need strategic plans, and we need all states to adopt all laws that we have proven to reduce UAD and UAD deaths. We need to adopt all effective drinking and driving laws. We have more work to do.

Slide 19

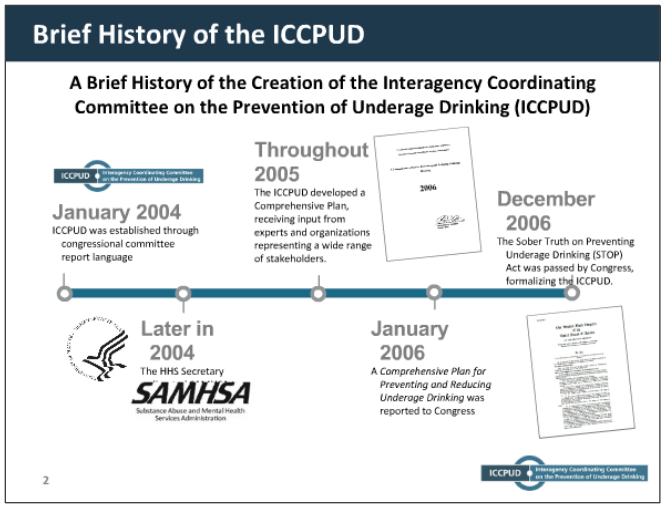

National Institute on Alcohol Abuse and Alcoholism
Next Generation Health Study, Wave 1, National Survey (N=2,519 10th graders average age 16)
82% saw a doctor in the past year
At their last MD visit:
All Respondents | Drinking alcohol | Smoking | Other Drug use
Doctor asked about | 54% | 57% | 55%
Advised about related health risks | 40 | 42 | 40
Advised to reduce or stop | 17 | 17 | 17
Frequent Substance Users | Drunk | Smoking | Other Drug use
Doctor asked about | 60% | 58% | 56%
Advised about related health risks | 52 | 46 | 54
Advised to reduce or stop | 24 | 36 | 42
Drunk, smoking 6+ times past month: 7%, 9%
Drugs 6+ times past year: 5%
Source: Hingson et al., Pediatrics, 2013
21

Presentation of ICCPUD Comprehensive Plan on Preventing and Reducing Underage Drinking

Kurt J. Greenlund, Ph.D., CDC, Epidemiology and Surveillance Branch, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion

Dr. Greenlund gave a brief history of the ICCPUD and STOP Act since 2004 **(Slide 20)**, and discussed the ICCPUD Comprehensive Plan for Preventing and Reducing Underage Drinking **(Slide 21)**, illustrating the difference between the Plan submitted in 2006 and that submitted in 2018.

Slide 20



Slide 21

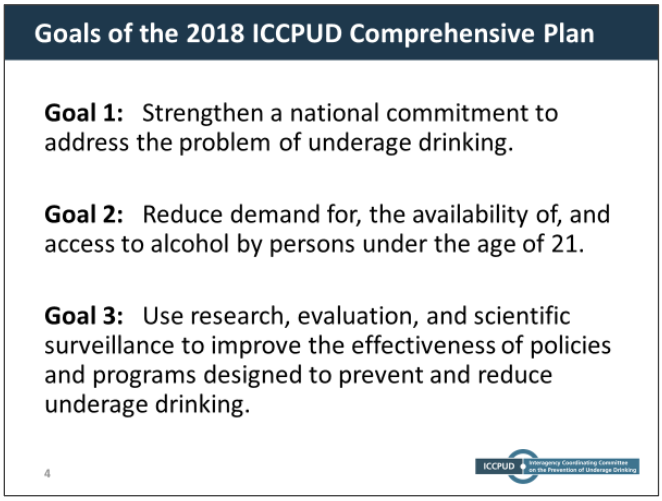
Dr. Greenlund described the ICCPUD's goals **(Slides 22 and 23)**:

Goal 1: Strengthen a national commitment to address the problem of UAD.

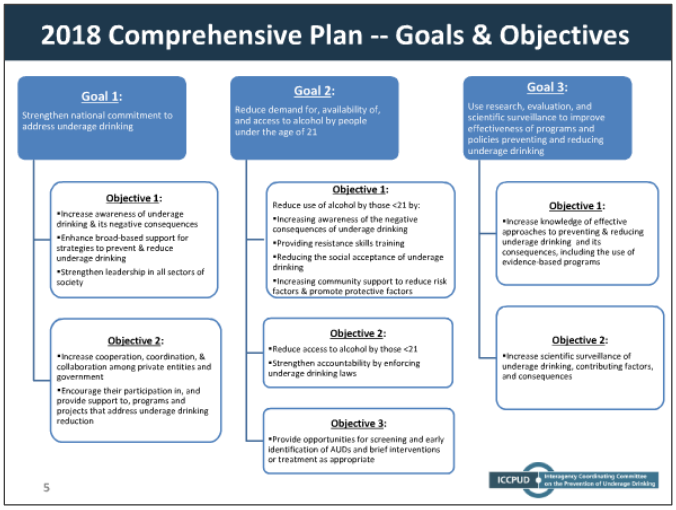
Goal 2: Reduce demand for, the availability of, and access to alcohol by persons under the age of 21.

Goal 3: Use research, evaluation, and scientific surveillance to improve the effectiveness of policies and programs designed to present and reduce UAD.

Slide 22



Slide 23

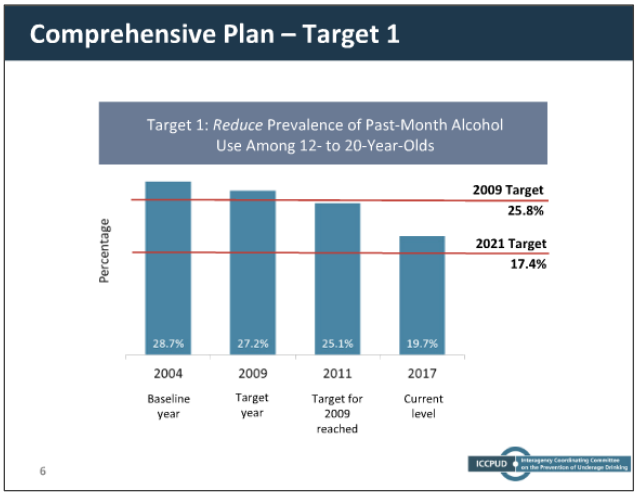


The updated plan contains three targets that are being tracked to ensure that the downward trend of past-month alcohol use continues. **Target 1:** Reduce prevalence of past-month use among 12 to 20-year-olds. Current target has been updated to reduce prevalence of use to 17.4% by 2021. Current level of prevalence of past-month alcohol use among 12-20-year-olds, based on NSDUH, is 19.7% (**Slide 24).**

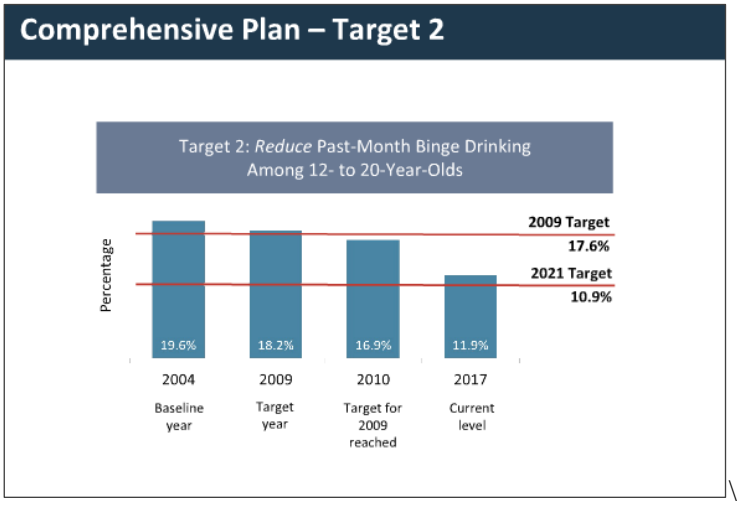
Target 2: Reduce past-month binge drinking among 12- to 20-year-olds. Target is to reduce to 10.9 percent from the current level of 11.9 percent as shown in current NSDUH data. Dr. Greenlund noted that the definition of binge drinking has changed. It used to be 5 drinks for both males and females. It has been revised to 5 or more drinks for males / 4 or more drinks for females **(Slide 25).**

Target 3: Increase the average age of first use of alcohol among 12- to 20-year-olds who begin drinking before the age of 21 **(Slide 24**). In 2009, the target age was 16.5 years. This target has not been met. The target age continues to be 16.5years, a 2 percent increase. We are trying to make progress towards increasing this age **(Slide 26).**

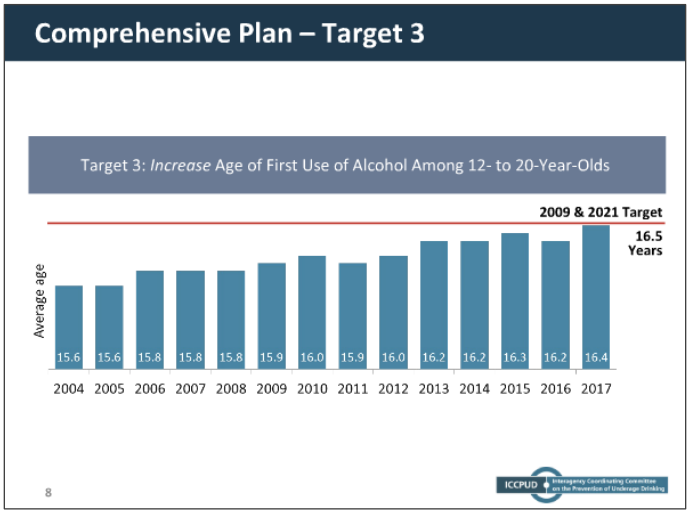
Slide 24



Slide 25



Slide 26



Update on 2018 Stop Act Activities

Robert Vincent, SAMHSA, CSAP, Public Health Analyst

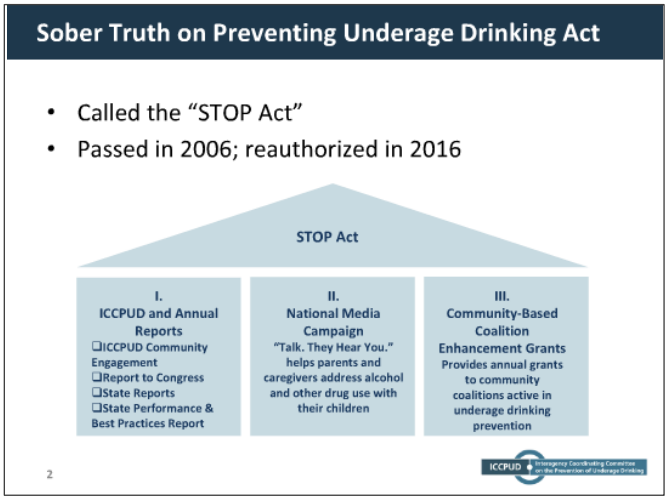
Rob Vincent thanked all the agencies and hundreds of individuals who have contributed to this report. He noted that it is truly a report that has a lot of input from stakeholders, community members, and members of the federal government.

STOP Act has 3 main components **(Slide 27):**
1. ICCPUD and Annual Reports
2. National Media Campaign
3. Community-Based Coalitions

This year, there have been many changes to the *RTC* **(Slide 28).** In the past, this report was routinely as long as 1,185 pages, produced as a single document. In the last year, a new format has been implemented that makes information more accessible and useful to individuals and communities. The *RTC* now consists of national data on the patterns and prevalence of underage drinking, the federally coordinated approach on underage drinking prevention with a description of programs and policy, and a report on the adult-oriented national media campaign, "Talk. They Hear You."

The report is available at stopalcoholabuse.gov and you can find the reports and PowerPoint Slides, and more (including town hall meetings information) at that same site.

Slide 27



Slide 28

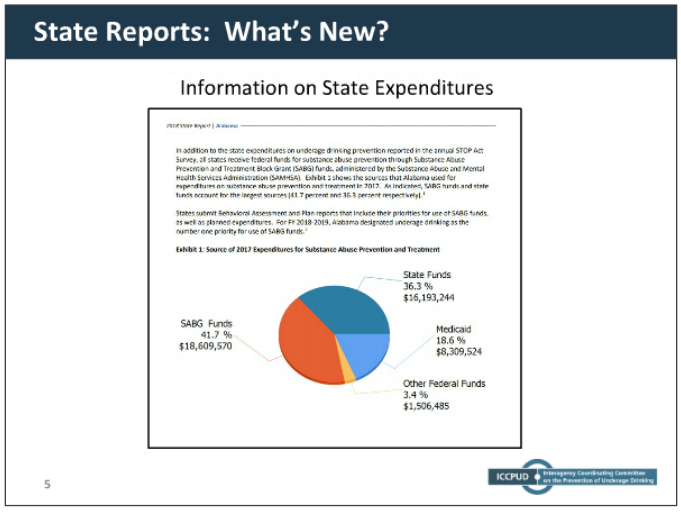
State Reports—The Stop Act requires individual reports for the 50 states and DC **(see Slide 29).** In 2018, these reports were published as 51 separate reports. Each report contains state-specific data on underage drinking, legal policies, and state enforcement and prevention activities as well as programs collected by the annual STOP Act Survey or what we refer to as the "Governors' Survey."

Slide 29

What's New in the *State Reports*?

For the first time, the 2018 *State Reports* (**Slide 30**) contain information on state expenditures on substance abuse and prevention treatment, including how each state prioritizes the use of state prevention and treatment block grant funds and the source of each state's expenditures on substance abuse prevention and treatment activities.

Slide 30



The *State Performance and Best Practices Report* (*SPBP*) —In 2018, the *SPBP* was published separately from the *RTC* **(see Slide 31)**. It contains 26 evidence-based legal policies and the importance of law enforcement, the analysis of state data from the Governors' Survey and prevention and enforcement activity as well as expenditures, and the state's performance in six UAD prevention and treatment measures. The focus of this report has been expanded to include treatment and recovery as well as prevention, and this focus will increase in coming years.

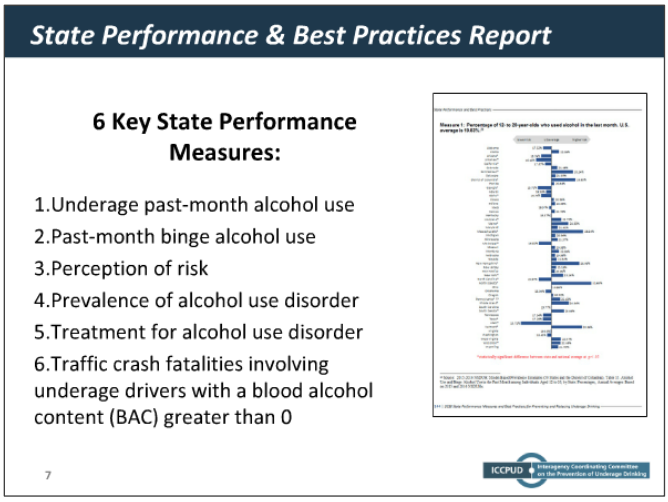
Slide 31

Six Key State Performance Measures—The *SPBP* provides measures of:

- Underage past-month alcohol use
- Past-month binge alcohol use
- Perception of risk
- Prevalence of AUD
- Treatment for AUD
- Traffic crash fatalities involving underage drivers with a BAC greater than 0.0% (**Slide 32**)

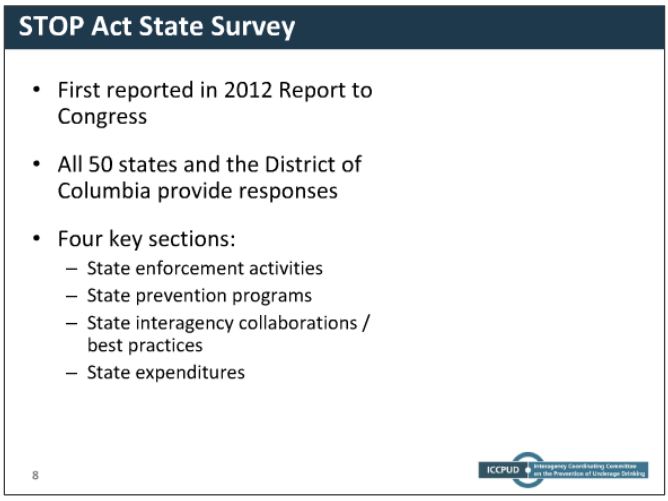
These performance measures are derived from NSDUH and National Highway Traffic Safety Administration data, and will be expanded and refined in the future.

Slide 32



STOP Act State Survey (Governors' Survey)—The survey is in its ninth year of collecting underage prevention and enforcement data from all 50 states and the District of Columbia (**Slide 33**).

Slide 33



We have been collecting data with the survey since 2011 and are now in the 2019 cycle. For every year of the survey, there has been 100 % participation from all 50 states and the District of Columbia.

What's new in the STOP Act State Survey?

- Changes to the survey include adding a set of questions that refer to social marketing efforts intended to reduce UAD and increase parent/child communications about alcohol consumption.
- The question about whether a program is aimed at a general or specific population has been eliminated.
- Questions about the number of populations served have been collapsed into one question.

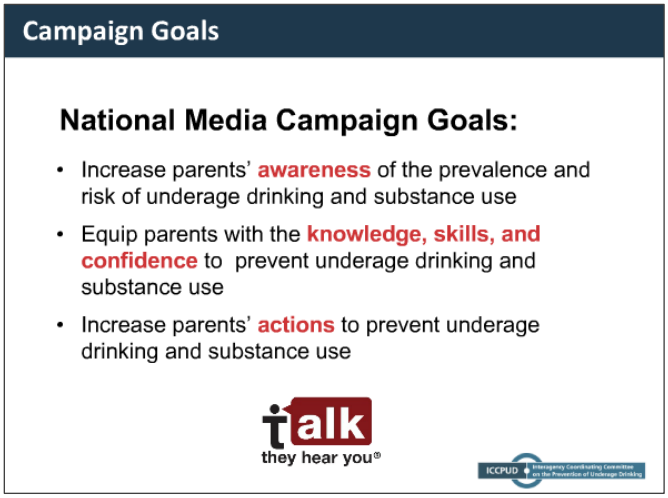
Talk. They Hear You.® (TTHY)—(Slide 34). This is a national public media campaign**.**

Slide 34

The goals of the campaign are to **(Slide 35)**:

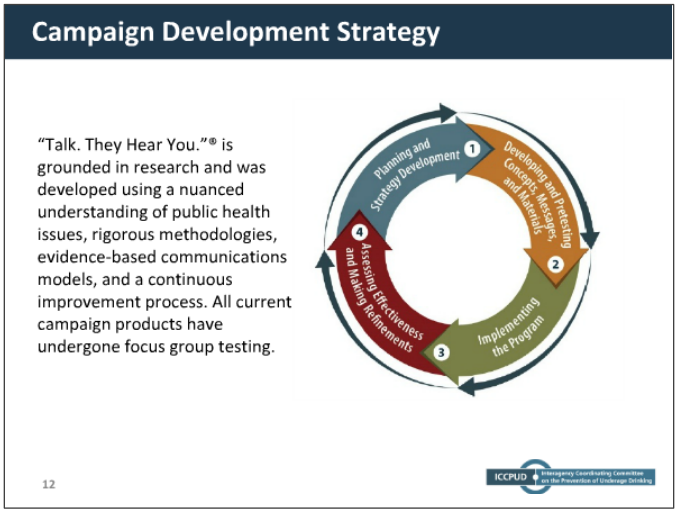
- Increase parents' awareness of the prevalence and risk of UAD and substance use
- Equip parents with the knowledge, skills, and confidence to prevent UAD and substance use
- Increase parents' actions to prevent UAD and substance use

Slide 35



The campaign is grounded in research and developed using a nuanced understanding of public health issues, rigorous methodologies, evidence-based communication models, and a continuous improvement process **(Slide 36)**. All current campaign products have undergone focus group testing, and the campaign is now in the second year of the evaluation phase.

Slide 36



Every year since its 2013 launch, a new suite of products, including new public service announcements featuring diverse families, have been developed **(Slide 37)**. The original messaging was on underage drinking. Now— using funds outside of the STOP Act—SAMHSA's CSAP has expanded the prevention messaging to include other drugs, including prescription drugs, vaping, and marijuana. TTHY is now a trademark brand of the Department of Health and Human Services (HHS) and this trademark helps maintain consistency and trust among our target audiences and elevates and strengthens our collective prevention efforts. We distribute licenses to use the campaign which allows us to track how the campaign is being used and to better assist local groups with the implementation. Mr. Vincent is often asked by partners if they can use the campaign because it is trademarked. The answer is unequivocally yes. Partners can use the campaign as it is—campaign in a box—or with assistance from SAMSHA, which provides using our customized materials, photos, logos, and co-branding, etc.

Examples of Print PSAs and other Campaign Materials

Campaign materials **(Slides 38 through 40)** include PSAs, infographics, a mobile application, and factsheets. All are available at Underagedrinking@samhsa.gov.

They have produced more than 28 new videos and are awaiting five new PSAs and one Discussion Starter video for schools. Messages emphasize talking to your children about underage drinking before they reach an age range where alcohol use typically begins --- about age 15 **(Slide 41)**. SAMHSA wants to offer parents assistance on preparing children to deal with issues like peer pressure, and want to highlight statistics likely to catch parents' attention.

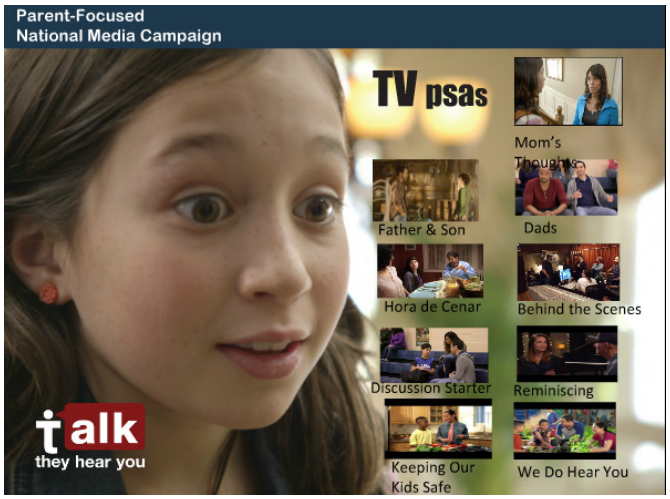
Slide 37

Slide 38

Slide 39

Slide 40

Slide 41



TTHY Stakeholder Engagement Webinars – SAMHSA conducts four per year. All previous stakeholder engagement webinars and meetings are on underagedrinking.samhsa.gov. **(Slide 42)**. These provide the opportunity to share implementation strategies through peer-to-peer learning.

Slide 42

TTHY national campaign materials for our partners are on underagedrinking.gov.
SAMHSA is currently working to update the website (**Slide 43**) with the new PSAs and other materials.

Slide 43

STOP Act Community-based Coalition Enhancement Grants
Under the STOP Act, SAMHSA awards "enhancement grants of $50,000 per year for four years to current or previously funded Drug-Free Communities Program (DFC) grant recipients.

- Grants are to "design, test, evaluate, and disseminate effective strategies to maximize the effectiveness of community-wide approaches to preventing and reducing underage drinking"
- 98 community coalitions in 31 states and DC currently receive grants.

ICCPUD Community Engagement
The STOP Act requires the ICCPUD to consult with stakeholders at the national, state, and community levels.

- ICCPUD will be holding quarterly webinars aimed at various audiences to provide data and resources, seek input, and exchange ideas.

- To learn about upcoming webinars, go to: https://www.stopalcoholabuse.gov/engagement/default.aspx
- This site provides relevant information about your state, upcoming events, webinars, and helpful information on accessing state and national resources.

Question and Answer Session
Led by Johnnetta Davis-Joyce, M.A., SAMHSA, CSAP Director

Q1*: Lisa Anglin**—Will these slides be available?***
***Response* (Rob Vincent)**--Yes – and so will the recording. See stopalcoholabuse.gov

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Q2*: Dr. David Jernigan—*My concern is that UAD is getting lost in the opioid crisis. What more are you planning to do to highlight things like what Dr. Hingson pointed out about the role of alcohol in the opioid crisis?

***Response* (Rob Vincent)**: There are a number of things with the TTHY campaign already underway, that are efforts around communication with parents to be alert to that and ICCPUD is routinely having this discussion as it moves forward.

***Response* (Dr. Hingson)**: First of all, I tried to point out in my presentation that a lot of time when people overdose on opioids, they often have alcohol and other substances onboard…calling it an opioid crisis is actually defining it too narrowly. Our institutes have issued a program announcement calling for research on the effects of combined alcohol and drug use on intentional and unintentional injury with the hopes of having more investigators look at the impact of simultaneous use of alcohol and drugs on these problems.

Drinking and driving—we know there is increased risk when driving under the influence of a variety of drugs, but it is not as great a risk as driving with a BAC of .08 percent or higher. Actually, the highest

crash risk is driving after simultaneously drinking and using other drugs. These substances interact with each other and have a synergistic effect. One plus one does not equal two. One plus one equals three if people are driving under the influence of drugs and alcohol combined. We want to maintain and have concern about opioids and we need to think about the combination of using those with alcohol.

Alcohol is the drug of choice among young people; certainly, a higher percentage use alcohol than use any other substance. Of course, we know that each drink impairs a young driver under age 21 more than it does an adult driver. And the evidence is that the younger people drink, the more likely they are to develop AUD; not only that, they are more likely to injure themselves and injure other people under the influence of alcohol. We have important reasons to want to continue our concentration and focus on UAD and recognize that unfortunately sometimes it goes along with other drugs as well.

Q3: **Bonnie Hedrick—*How would we find out who to work with in Kentucky?***

Response **(Rob Vincent)**: There are several things you could do. Contact your Single State Authority (SSA) and your NPN. Send us an email and I will send that contact information to you.

Q4*: Steven Whitehorn—*Do you have any data on Alaska Native/American Indian (AN/AI)?

Response **(Rob Vincent)***:* Yes, the 2018 report does have data on the AN/AI underage population. We will be happy to work with you on that.

Response **(Dr. Hingson)**: I'd like to point out that NIAAA has funded two multi-community programs to address Native Americans. One led by Emory University in Eastern Oklahoma. In the target population of underage youth, they were looking at whether combining environmental policy implementation with expansion screening and brief intervention would be more effective than doing either one alone. Turns out that half of their target population was Native American and they found out that both types of interventions are effective and they had comparable effects with both the general population and the American Indian population. A similar study was done in Southern California with Native Americans and it achieved similar results. So, we are now learning that there are interventions that are just as successful with Native Americans as they are with the general population. Both studies were published in the *American Journal of Public Health* in the last two to three years.

Q5*: James Copple—*(I'm) working on a project on the school to prison pipeline. Does your work include alcohol use in high-risk populations, particularly among minority populations, which comprise 66 percent of our incarcerated youth and population?

Response **(Rob Vincent)*:*** The short answer is yes. But not always as directly in each community. Each of the states are primarily responsible for their implementation, and SAMHSA's role in supporting drug-free communities in the states around their prevention activities is largely oriented to state-relevant endeavors. Meaning that each state will create a strategic plan on how they are going to approach them. While we don't have any direct material, we do have materials that would crossover quite easily for what I think you are talking about and you can easily send me an email at underagedrinking@samhsa.gov and I can direct resources that may satisfy that for you. That is certainly a critical population and we want to be mindful of that.

Q6*: Rick Birt—*How can we, as a prevention community, continue to leverage and strengthen peer-to-peer education and outreach countermeasures?

Response* (Rob Vincent)*: The current national media campaign is really oriented to parent-to-parent communication. There is a provision in the STOP Act legislation that we can test for a youth-driven component piece, but to date Congress has not allocated resources for us to do that.

***Response* (Dr. Hingson):** I think that young people, and peer-to-peer programs can have tremendous influence and young people have a voice which we need to be paying attention to.

Q7*: Nicole Holt—*How are you collecting the information regarding state-level adoption of recommended strategies?

***Response* (Johnnetta Davis-Joyce):** We are gathering data through the state survey and legal research to determine what state statutes and regulations have been adopted. If you would like more information, please send us an email.

***Response* (Dr. Hingson**): SAMHSA uses the Alcohol Policy Information System (APIS). For many years, NIAAA has been tracking at least 30 different alcohol policies by state and by date of enactment. They recently included legalization of recreational marijuana use. We're interested in what impact alcohol policies have on reducing drinking and on drug use and vice versa --- do drug policies have an impact not only on alcohol and other drugs, but on alcohol. So that's a research tool and we do have a program announcement calling on policy research to find out what kind of policy and what kind of programs are most effective in reducing UAD and alcohol misuse in general.

Q8:* Fran Gerbig—*I am impressed with the steady reduction in underage drinking as a result of these coordinated efforts. What other substances will be addressed by the "Talk. They Hear You." campaign? And is there been any discussion to address the addiction problem that is the overarching concern?

***Response* (Rob Vincent):** Yes, our communities have given us continuous guidance in terms of your very statement. We have created 6 new PSAs and an upcoming new mobile app to do some of that. We've broadened the messaging to substance use more broadly. I must note here that we have limited funding and that funding is often related to the STOP Act. Only in supplemental years are we able to add other additional messaging and that is the result of the way the legislation is written. We have been very careful not to use Stop Act funding for any other messaging. That being said, there are other PSAs on the website and print PSAs as well. We are still waiting final clearance but we have new PSAs that will be released once they are cleared.

Q9*: Dr. David Jernigan--*Another emerging issue is alcohol and cancer. Is there any work happening with NCI to explore long-term cancer risks of early initiation into alcohol use?

***Response* (Dr. Hingson):** Members of my staff and the National Cancer Institute (NCI) have been discussing this issue. We know that very small amounts of alcohol increase the risk of breast cancer, a very important new finding. We have long-standing program announcements on effects of alcohol on chronic disease. Certainly, the alcohol/ cancer connection is one that we are very concerned about and NCI is very concerned about. That is why we are having these joint meetings to find out what we can do together to address this.

***Response* (Dr. Greenlund*)*:** We are also working with the cancer division here at CDC and looking at the data and studies we have here, too. It's not at the biologic level, but more about the association between alcohol use and the development of cancer in people. It is a concern for us as well and we continue to look at associations between what types of prevention messages we can derive from those types of studies.

***Response* (Dr. Hingson):** About a year ago, an investigator with the last name of Plunk published a very interesting article where they found that people who grew up in states where they could drink legally before age 21 were more likely as adults to die from oral cancer and liver disease. Here is a direct connection between underage drinking and developing heavier drinking patterns as adults ultimately contributing to their increased cancer risk.

Q10*: Nicole Holt—*Often organizations doing alcohol prevention policy state-level work are not asked for input.

***Response* (Rob Vincent):** I acknowledge your comment and tell you, in my experience, that best way to do that is to introduce yourself to your SSA or NPN and invite yourself to those meetings. Be assertive in that conversation. We can also point you to your local community coalitions. Email us at underage drinking @SAMHSA.gov.

Q11*: Dr. David Jernigan—*I was glad to see that reducing alcohol availability was one of the goals. Alcohol availability structures are complex and influencing them often requires technical expertise. What are you doing to help local community coalitions access that kind of expertise so they can move beyond compliance checks and start looking at some of the more structural drivers?

***Response* (Dr. Hingson):** We certainly try to make sure that people are aware of the types of policies that have been shown to reduce UAD. Increasing the price of alcohol and reducing alcohol outlet density through zoning are areas where we have evidence— e.g., reducing outlet density reduces violence. Our job is to try to get as much information out to the public as possible. At NIAAA, we are currently working on a comprehensive prevention resource which will outline not only the types of policies that SAMHSA has in their State Performance and Best Practices, but what kinds of programs that have been found at the individual-, family-, school-, community-, and environmental policy-level to reduce UAD. That is in the works right now and we try to combine literature from a variety of sources, including *RTC*, *SPBP*, Office of the Surgeon General (OSG) Reports and other resources to synthesize what is available and make it available to people at the community and state levels.

***Response* (Dr. Greenlund):** We also work with community guide to preventive services to look at policy-level interventions. And we work with several groups to develop factsheets and I can email information on these reports. We do have some on implementing policy-oriented interventions on underage drinking and outlet density, and implementing those for the population in general.

***Response* (Johnnetta Davis-Joyce):** Some of you may not be aware that SAMHSA has a wonderful partner that does a lot of our training efforts. Prevention Technology Transfer Centers (PTTCs) provide free training support in your community. We encourage you to use those efforts in your region. Free training and free resources as well as our website. Training is for whole community, but this provides broad support to each community.

Q12*: Ms. Ayelet Hines—*I heard you mention industry's involvement, but I may have missed what evidence-based strategies industry was undertaking to support these efforts. Will you please remind the audience of the evidence-based strategies the alcohol industry has undertaken to reduce underage drinking? I see a lot of onus on parents but haven't heard yet about the industry's responsibility here.

***Response* (Rob Vincent):** I am not sure specifically of all the strategies undertaken by the alcohol industry, but I will refer you to the website: responsibility.org, which provides a lot of resources in that vein. I know the industry is placing a lot of emphasis on drugs, impaired driving, etc.

Rob Vincent solicited response from industry representatives:

***Response* (Brandy Axdahl and Helen Gaynor):** We would be happy to walk anyone through our efforts on preventing UAD and drunk and drugged driving prevention and give you an update on what we will be doing in the future. Call us at 202-637-0077. Call Helen Gaynor for information on UAD prevention and call Brandi Axdahl for information on impaired driving.

***Q13*: Nicole Holt—The 3-tier system is under attack in many of our states. Are you tracking that in your state report and its impact on state and local ability to regulate alcohol and implement the strategies in the STOP Act report?**

***Response* (Rob Vincent**): Regarding the 3-tier system: we've tracked policies that apply to wholesalers and track direct shipment policies but we are looking to expand to all shipment. The ICCPUD agencies meet monthly to discuss these topics and this has been a topic of several months of conversation. We can't give you a definitive answer now, but we will continue to work that until we have a solution. We'll be happy to report back on that.

Q14*: Dr. David Jernigan— *Given the strong body of research supporting alcohol taxes' effectiveness in reducing underage drinking, how is the ICCPUD addressing or informing the recent federal decisions to cut those taxes? Does the ICCPUD have any plans to provide technical materials on this to the House Ways and Means Committee, e.g.?

***Response* (Rob Vincent**): This is a continuing discussion. ICCPUD is composed of 16 federal agencies. We all work for the Executive Office of the President. We don't advocate one way or the other but provide information or research.

***Response* (Dr. Hingson):** Dr. Greenland mentioned the Community Guide program. Those policies have been reviewed and found to be effective. If you go to the OSG report, they are also addressed there. We can certainly refer any legislator/policy maker at any level to those documents that outline the interventions that work.

Response* (Dr. Greenlund*): Dr. Hingson summarized that very well.

***Response* (Rob Vincent**): As we continue to produce the RTC, which has changed a bit, we do deliver the report directly to Congress and committee chairs. To date they have not called for a briefing, but SAMHSA will be happy to provide that information as requested.

***Response* (Dr. Hingson):** NIAAA released the CollegeAIM and we looked at interventions to reduce UAD among college students. We are in the process of updating this information and a new version will be out soon.

Closing Remarks

Led by Johnnetta Davis-Joyce, M.A. / SAMHSA/CSAP Director

Johnnetta Davis-Joyce: We are coming to the end of the program. Last minute thoughts?

Dr. Hingson: We should take heart that we are making a lot of progress, but UAD and related consequences are still major issues. Injuries are the leading cause of death among people under age 21 in the U.S. and alcohol is a major contributor. We still have our work cut out, but we are making progress, and have evidence of that.

Dr. Greenlund: As I am getting more into this area, I am glad to see that ICCPUD is taking a multi-faceted approach and looking at individual- and policy-level interventions to get at the major issue of UAD.

Dr. Hingson: When I look across the alcohol prevention landscape, it strikes me that there is probably no area that has received a more coordinated and concerted effort at the state, local, and federal level as prevention of UAD. It is actually a model we ought to consider for other areas where we are seeing alcohol problems increase. We have evidence that [the percentage of] people who drink at two to three times the binge threshold is increasing in every age group except people under the age of 21. There is a concern that binge drinking among the elderly is increasing. There are some lessons we can learn from the progress we have made in reducing UAD that we may want to consider using in other areas of alcohol problems.

Johnnetta Davis-Joyce: I want to thank our federal member agencies, state and local governments, private and public organizations, and others. Thank you for participating as we move through this effort together to save America's children and youth as we all bind together and work together. Call or email us if you need any information.

Thanks to our presenters and participants.

Appendix A

STOP ACT REPORT TO CONGRESS Stakeholders Meeting 08-01-19 List of Invitees	
Name	Affiliation
1. Jonathan Adkins	Governors Highway Safety Association
2. Lisa Anglin	St. Elizabeth Healthcare
3. Carrie Bence	National Liquor Law Enforcement Association
4. Rick Birt	Students Against Destructive Decisions
5. Senta Boardley	Foundation for Advancing Alcohol Responsibility
6. Doris Browne	National Medical Association
7. Nicole Carritt	U.S. Alcohol Policy Alliance
8. Mary Beth Collins	National Association For Children of Addiction
9. James E. Copple	Strategic Applications International
10. Rachel Davis	Prevention Institute
11. Leslie Donaldson	National Governors Association
12. Julia Dostal	Council on Addictions of New York State
13. Michele Famiglietti	Wine Institute
14. Tracy T. Flinn	National Association of State Alcohol and Drug Abuse Directors
15. Pamela Frantz	National Conference of State Liquor Administrators
16. Fran Gerbig	Prevention Action Alliance
17. Cassie Greisen	National Alcohol Beverage Control Association
18. Carolyn Hardin	National Association for Drug Court Professionals
19. Bonnie Hedrick	Leadership to Keep Children Alcohol Free Foundation
20. Ayelet Hines	Center on Alcohol Marketing and Youth
21. Nicole Holt	U. S. Alcohol Policy Alliance
22. Ray Horodowicz	Washington State Health Care Authority
23. Becky Iannotta	MADD
24. Charles Jefferson	Wine Institute
25. David Jernigan	Boston University School of Public Health
26. Vicki Knox	MADD
27. Robert Koch	Wine Institute
28. Michelle Korsmo	Wine & Spirits Wholesalers of America
29. Brad S. Krevor	Responsible Retailing Forum
30. Jim Lange	Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery
31. Peter J. Larkin	National Grocers Association
32. Christine LoCascio	Distilled Spirits Council of the U.S.
33. Myrna Mandlawitz	School Social Work Association of America
34. Sarah Mariani	National Prevention Network

Name	Affiliation
35. Kathleen Minke	National Association of School Psychologists
36. Molly Mitchell	Maryland Collaborative to Reduce College Drinking and Related Problems
37. Nathan Monell	National Parent Teacher Association
38. Robert (Rob) Morrison	National Association of State Alcohol and Drug Abuse Directors/National Prevention Network
39. Heather Morton	National Conference of State Legislators
40. Brandy Nannini Axdahl	Foundation for Advancing Alcohol Responsibility
41. Helen Gaynor	Foundation for Advancing Alcohol Responsibility
42. Ben Nordstrom	Foundation for Advancing Alcohol Responsibility
43. Robert Pezzolesi	New York Alcohol Policy Alliance
44. Paul Pisano	National Beer Wholesalers Association
45. Andrew N. Pucher	National Council on Alcoholism and Drug Dependence
46. April Rai	National Organization for Youth Safety
47. Diane Riibe	Alcohol Policy Consultant
48. Gina Sampson	National Center on Addiction and Substance Abuse at Columbia University
49. Paul N. Samuels	Legal Action Center
50. Steve Schmidt	National Alcohol Beverage Control Association
51. Marcie Seidel	Prevention Action Alliance
52. Dawn Sweeney	National Restaurant Association
53. Chris Swonger	Distilled Spirits Council of the U.S.
54. Hemi Tewarson	National Governors Association
55. Chris Toth	National Association of Attorneys General
56. Cody Tucker	Wine and Spirits Wholesalers of America
57. Sis Wenger	National Association of Children of Alcoholics
Federal Staff	
1. Rachel Anderson	NIAAA
2. Bob Brewer	CDC
3. Devin Burke	NHTSA
4. Jessica Cotto	National Institute on Drug Abuse (NIDA)
5. Beverly Cotton	Indian Health Service (IHS)
6. Linda Crawford	SAMHSA/CSAP
7. Johnnetta Davis-Joyce	SAMHSA/CSAP
8. Kurt Greenlund	CDC
9. Ralph Hingson	NIAAA
10. Fuad Issa	Defense Health Agency
11. Evelyn Kappeler	HHS
12. Jennifer LeClercq	CDC

Name	Affiliation
13. Roneet Lev	Office of National Drug Control Policy (ONDCP)
14. Jacqueline Lloyd	NIDA
15. Nelia Nadal	SAMHSA/CSAP
16. Patricia Powell	NIAAA
17. Donald Shell	Department of Defense
18. Craig Thomas	CDC
19. Robert Vincent	SAMHSA/CSAP/ICCPUD Staff Chair
20. Michele Walsh	CDC
21. Steven D. Whitehorn	IHS
22. Diane Wigle	NHTSA
23. Lisa Zingman	HHS
24. Terry Zobeck	ONDCP