



Written Statement of

General Arthur T. Dean

Chairman and CEO, Community Anti-Drug Coalitions of America (CADCA)

for

House Energy and Commerce Committee Hearing

in support of H.R. 1717, the Sober Truth on Preventing Underage Drinking (STOP) Act

September 8, 2016

Chairman Upton, Ranking Member Pallone, and esteemed Members of the Committee, it is my pleasure to testify today in support of H.R. 1717, the Sober Truth on Preventing Underage Drinking Act, also called the STOP Act. I am General Arthur Dean, Chairman and CEO of Community Anti-Drug Coalitions of America (CADCA).

CADCA is a national non-profit whose mission is to build and strengthen the capacity of community coalitions to create safe, healthy, and drug-free communities globally. Working with the more than 5,000 member coalitions around the United States, CADCA has for a very long time been at the forefront of efforts to prevent, reduce, and combat underage drinking.

Back in 2003, the National Research Council and Institute of Medicine published a report titled, "Reducing Underage Drinking: A Collective Responsibility." This report placed the seriousness of underage drinking into context for the American public, and recommended a number of critical components as part of a national strategy to reduce alcohol consumption by minors. The original STOP Act built upon these recommendations, and included all of them in the final bill that passed both Houses of Congress in an overwhelmingly bipartisan basis in 2006.

CADCA, as well as other organizations as part of the National Alliance to Prevent Underage Drinking, were key supporters of getting the STOP Act passed at that time. Authorization for the law expired in 2010, making it urgent that Congress pass a reauthorization as soon as possible, and the 21 national organizations that are members of the National Alliance to Prevent Underage Drinking have come out in strong support of this bill (see attachment 1).

H.R. 1717, the STOP Act reauthorization bill, proposes to maintain and enhance the areas of policy development contained in the original STOP Act and adds an additional area, screening and brief intervention. It does all of this while staying within the existing overall authorized level of \$18 million. Below are detailed descriptions of each of the components of H.R. 1717 (see attachment 2 for a detailed breakdown of comparisons of original authorization vs. reauthorization in H.R. 1717).

### **COMMUNITY-BASED PROGRAMS TO PREVENT UNDERAGE DRINKING**

#### **Community-Based Coalition Enhancement Grants (\$6 million for each of FY 2016-2020)**

These are grants of up to \$50,000 for up to four years for current and former Drug-Free Communities (DFC) grantees to enhance underage drinking prevention efforts. DFC grantees are well-placed to handle such enhancement grants because they are data-driven, they understand their community epidemiology, and are capable of implementing multi-sector interventions at preventing and reducing alcohol use. H.R. 1717 builds upon the effective, data-driven infrastructure of the Drug-Free Communities program as the most cost-effective<sup>1</sup> way to invest minimal federal dollars to prevent and reduce the number of youth who drink alcohol at the community level. As a condition of their grant, DFC grantees are required to engage in a tremendous amount of strategic planning, and therefore have identified the best practices and

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<sup>1</sup> Swisher, J.D., Scherer and Yin, K. The Journal of Primary Prevention. "Cost-Benefit Estimates in Prevention Research." 25:2, October 2004

comprehensive, community-wide strategies that could be implemented with a minimal amount of resources. DFC grantees, and therefore STOP Act grantees, primarily focus on implementing strategies to ensure the entire community is targeted with comprehensive, multi-component strategies across all community sectors to change norms and reshape community environments to achieve population-level decreases in underage drinking rates.

This community-based approach has been very successful (see attachment 3). The most recent independent national evaluation of the DFC program showed that, among all DFC grantees ever funded from first report to latest report, 30-day use of alcohol declined by 24.4%<sup>2</sup>, with past 30-day use of alcohol by high school students declining by 15.5%.<sup>3</sup> Individual STOP Act grantees, as well, have shown remarkable results: North Coastal Prevention Coalition, from the Tri-City area of San Diego County in California, markedly decreased past 30-day alcohol use and binge drinking 11th grade students between 2008 and 2011 (see attachment 4). The Coalition for Healthy and Safe Families, another STOP Act grantee, from Newton, New Jersey, showed a decrease in past 30-day use of alcohol among high school seniors from 63% in 2010 to 51.9% in 2012 (see attachment 5).

Some example strategies that grantees have engaged in include:

- Conducting community-wide education campaigns
- Conducting vendor and server training

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<sup>2</sup> Available here:

<https://www.whitehouse.gov/sites/default/files/DFC20141nterim%20ReportExecutiveSummaryFinal.pdf>.

<sup>3</sup> Ibid.

- Conducting compliance checks
- Mobilizing the community to restrict youth access to alcohol
- Strengthening and enforcing underage sales/services laws

There is tremendous interest in and demand for these grants by the substance abuse prevention field, as can be seen from the chart below:

Number of Coalition Enhancement Grants Awarded			
Fiscal Year	Appropriated Level	Number of Applicants for New Grants	Number of New Grants Awarded
2008	\$4 million	419	79
2009	\$5 million	427	23
2010	\$5 million	0	0
2011	\$5 million	0	0
2012	\$5 million	364	81
2013	\$5 million	247	17
2014	\$5 million	0	0
2015	\$5 million	0	0
2016	\$5 million	0	0

**GRANTS FOR PARTNERSHIPS BETWEEN COMMUNITY COALITIONS AND INSTITUTIONS OF HIGHER EDUCATION** (\$2.5 million for each of FY 2016-2020)

This provision provides grants to current and former DFC grantees to partner with institutions of higher education to prevent and reduce the rate of underage alcohol consumption, including binge drinking on college campuses. Grants may be awarded up to \$100,000 per year for up to four years. Coalitions will work hand in hand with institutions of higher education to reduce the consumption and abuse of alcohol through comprehensive, community-wide and evidence-based strategies that change environments and norms. Specific focus is on reducing incidents of alcohol use and abuse for students under 21 and to include the identification of incidents of violations, physical assaults, sexual assaults, reports of intimidation, disruption of school functions, disruption of students' studies, mental health referrals, illnesses, alcohol-related visits to emergency departments and deaths. Note that this modifies the existing authorization by changing eligible applicants from a State, institution of higher education, or non-profit entity to DFC coalitions, and cuts the funding level from \$5 million to \$2.5 million (see attachment 2 for more information).

**INTERAGENCY COORDINATING COMMITTEE TO PREVENT UNDERAGE**

**DRINKING (ICCPUD); ANNUAL REPORT ON UNDERAGE DRINKING**

**PREVENTION AND ENFORCEMENT ACTIVITIES (\$1 million for each of FY 2016-2020)**

H.R. 1717 reauthorizes the Interagency Coordinating Committee to Prevent Underage Drinking (ICCPUD), which coordinates the efforts and expertise of sixteen federal agencies to combat

underage drinking. It was formed in 2004 to assist in the development of "A Comprehensive Plan for Preventing and Reducing Underage Drinking", which Congress called for in 2004. The STOP Act, enacted in 2006, formally established ICCPUD and called for enhancing its prevention efforts. Its purpose is, in addition to coordinating federal efforts, to provide ongoing, high-level leadership and guidance on policy and program developments across the federal government with respect to underage drinking; and also writes an Annual Report to Congress with a comprehensive assessment of federal efforts and the status of underage drinking prevention in the country, including state-specific information on reducing underage drinking (see attachment 6 and 7).

**NATIONAL ADULT-ORIENTED MEDIA CAMPAIGN TO PREVENT UNDERAGE DRINKING (\$1 million for each FY 2016-2017 and such sums as necessary for FY 2018-2020)**

The highly-visible National Adult-Oriented Media Campaign is meant to raise awareness about the issue of underage drinking. Carried out through the Substance Abuse and Mental Health Services Administration (SAMHSA), the online presence of the media campaign can be found on [www.samhsa.gov/under-drinking](http://www.samhsa.gov/under-drinking). The current campaign, titled, "Talk. They Hear You", aims to increase parents' awareness of the prevalence and risk of underage drinking; equip parents with skills and understanding to prevent underage drinking; and to increase parents' taking action to prevent underage drinking. (see attachment 8)

## **EPIDEMIOLOGICAL STUDIES ON EXCESSIVE AND UNDERAGE DRINKING (\$4.5**

**million for each of FY 2016-2020)**

Reauthorizes epidemiological studies on excessive drinking and underage alcohol use to provide better data in support of evaluation of community and other efforts to reduce and prevent underage drinking. The work, done at the CDC, is improving the collection and usefulness of data in support of effective and comprehensive community-based approaches to underage drinking by funding dedicated alcohol epidemiologists in at least five states. Drawing on its Youth Risk Behavior Surveillance System, it is analyzing and reporting more precise information than is currently available on how young people drink, where they obtain alcohol, and the relationship between youth alcohol use and a wide range of risk behaviors including suicide, drinking-driving, physical fighting, and risky sexual behavior. CDC uniquely tracks the cost of underage drinking at the federal and state levels, and monitors youth exposure to alcohol advertising to show how alcohol industry voluntary standards may be more effectively applied to reduce youth exposure. It also tracks at the national and state level the deaths and years of life among persons under age 21 because of excessive alcohol use. (see attachment 9).

## **REDUCING UNDERAGE DRINKING THROUGH SCREENING AND BRIEF**

**INTERVENTION (\$3 million for each of FY 2016-2020)**

In a change from the original authorization, H.R. 1717 provides a new grant program for pediatric health care providers on best practices for screening children and adolescents for alcohol use, offering brief interventions to discourage drinking, and referring those in need to treatment. By training appropriate health care providers in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model and disseminating best practices, SBIRT widens the net to help youth who have started misusing substances and has been shown to be effective at reducing alcohol consumption. A 2009 study on SBIRT found that individuals who were screened positive for hazardous drug and alcohol use noticed a 39% reduction in heavy alcohol consumption six months later.<sup>4</sup> There is a great need for SBIRT for those youth who have initiated substance use in order to stop the trajectory towards addiction as early as possible. This new funding will provide critical support to the remaining provisions of the STOP Act.

In the 10 years since the initial STOP Act passed, it has become clear that the law's coordinated provisions have worked effectively to reduce underage drinking, as the most recent Monitoring the Future study showed that lifetime alcohol use by 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders is currently at the lowest levels since each grade was included in the study.<sup>5</sup> While this is very welcome news, underage drinking still remains a serious public health issue facing the country. Here are some facts on underage drinking that will show you just how serious this crisis is:

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<sup>4</sup> Madras BK, Compton WM, Avula D, Stegbauer T, Stein JB, Clark HW. Screening, brief interventions, referral to treatment for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months. *Drug and Alcohol Dependence*. 2009;99(1-3):280-295.

<sup>5</sup> 2015 Monitoring the Future Survey.

- Despite the major declines in youth underage drinking rates, alcohol remains by far the preferred substance of choice for young people, with 35.3% of high school seniors drinking in the past month, compared to 11.4% for cigarettes and 23.6% for illicit drugs.<sup>6</sup>
- 17.2%, or nearly 1 in 6, high school seniors still binge drink on at least one occasion in the past two weeks.<sup>7</sup>
- The total annual economic costs of underage drinking are estimated at \$24.6 billion, with \$3.7 billion in health care expenditures and other impacts on society, such as loss of productivity, car crashes, and more, at \$20.9 billion.<sup>8</sup>
- Between 2006 and 2010, approximately 4,300 young people under the age of 21 died due to excessive drinking.<sup>9</sup>
- Youth who use alcohol may remember 10% less of what they have learned than those who don't drink.<sup>10</sup> According to recent research, 16% to 18% of teen drinkers have missed school or work because of alcohol use.<sup>11</sup>
- Among college students, underage drinking was involved in 97,000 incidents of alcohol related sexual assault or date rape and 690,000 students were assaulted by students who were drinking.<sup>12</sup>

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<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Sacks, J. J., J. Roeber, E. E. Bouchery, K. Gonzales, F. J. Chaloupka and R. D. Brewer (2013). "State costs of excessive alcohol consumption, 2006." *American Journal of Preventive Medicine* 45(4): 474-485.

<sup>9</sup> Centers for Disease Control and Prevention. Alcohol Related Disease Impact (ARDI) application, 2013. Available at [http://apps.nccd.cdc.gov/DACH\\_ARDI/Default.aspx](http://apps.nccd.cdc.gov/DACH_ARDI/Default.aspx).

<sup>10</sup> Brown, S.A., Tapert, S.F., Granholm, E., et al. (2000). Neurocognitive functioning of adolescents: Effects of protracted alcohol use. *Alcoholism: Clinical and experimental research*, (24)(2).

<sup>11</sup> "Teenagers and alcohol misuse in the United States: By any definition, it's a big problem." *Addiction*, {91}(10), 1489-1503.

<sup>12</sup> National Institutes of Health. National Institute on Alcohol Abuse and Alcoholism. 2013 } College Drinking. Available at <http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/college-drinking>.

The stakes are high to maintain national efforts at reducing underage drinking. While the rate and number of young people drinking alcohol has come down in the past several years, it is still the main substance of choice for youths. Underage drinking has devastating consequences not only for the children who suffer the health, safety, and mortality consequences, but for their families, communities, and our country as a whole. I respectfully urge you to support passage of H.R. 1717, the Sober Truth on Preventing Underage Drinking Act.

Thank you for the opportunity to present CADCA's views on this important piece of legislation today.

# ATTACHMENT 1

# National Alliance to Prevent Underage Drinking

July 25, 2016

The Honorable Joe Pitts  
Chairman  
Subcommittee on Health  
Energy and Commerce Committee  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable Gene Green  
Ranking Member  
Subcommittee on Health  
Energy and Commerce Committee  
2125 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Pitts and Ranking Member Green:

We, the undersigned organizations, are writing to respectfully request that you support reauthorization of H.R. 1717, the Sober Truth on Preventing (STOP) Underage Drinking Act, and hold a markup of the bill in the Health Subcommittee as soon as possible.

We greatly appreciate the Committee's past support of national efforts to combat underage alcohol use and abuse and hope to continue to see strong support for the STOP Act in the 114th Congress. Congress passed the STOP Act in 2006 with unanimous bipartisan and bicameral support to address the public health crisis of underage drinking.

It is clear that, since its passage, the comprehensive approach of the STOP Act has been effective at reducing underage drinking: the most recent (2015) Monitoring the Future Survey found that lifetime alcohol use by 8th, 10th and 12th graders is at historic lows for all three grades. In fact, these levels are the lowest since each grade was included in the study (1975 for 12th graders and 1991 for 8th and 10th graders).

These results are being accelerated across the nation in communities with STOP Act grantees:

- In Newton, NJ, the Coalition for Healthy and Safe Families saw the percentage of 10th grade students reporting past 30-day use of alcohol decrease at a rate of 22%, from 30% in 2010 to 23.4% in 2012
- In New London, CT, the New London Community and Campus Coalition contributed to a 63.6% reduction in past 30-day use of alcohol among 8th graders, from 8.3% in 2010 to 3.0% in 2012, as well as a 51.6% reduction in past 30-day use of alcohol among high school students, from 30.4% in 2010 to 14.7% in 2012

Despite this remarkable progress, much more needs to be done to reduce underage drinking. Alcohol is still the addictive substance that kills the most Americans every year, and is the most widely abused substance among youth that has lasting consequences that play out over one's lifespan and adversely impacts academic performance. Each year, approximately 4,300 young people under the age of 21 die as a result of excessive alcohol use, and youth who drink heavily have 23.6 times greater odds of intentionally injuring themselves by means such as self-cutting, attempted hanging, or self-poisoning as

compared to youth who don't drink heavily. In addition, among college students, underage drinking is involved in an estimated 97,000 incidents of alcohol related sexual assault or date rape and 690,000 students were assaulted by students who were drinking. Underage drinking also contributes to declining academic performance, as youth who drink heavily may remember 10% less of what they have learned than those who don't drink.

Clearly, the STOP Act is needed now more than ever, and should be reauthorized in the 114th Congress. H.R. 1717, the STOP Act reauthorization, maintains and enhances the four areas of policy development contained in the original STOP Act and adds one additional area, screening and brief intervention in pediatric care settings. It does all this while staying within the existing overall authorized level of \$18 million.

The STOP Act Reauthorization includes the following existing authorizations:

#### **Community-Based Programs to Prevent Underage Drinking**

- *Community Based Coalition Enhancement Grants* (\$6 million for each of fiscal years 2016-2020) for current and former Drug-Free Communities (DFC) grantees contained in the original STOP Act
- *Grants For Partnerships Between Community Coalitions and Institutions of Higher Education* (\$2.5 million for each of fiscal years 2016-2020), which provide grants to current and former DFC grantees to partner with institutions of higher education to prevent and reduce the rate of underage alcohol consumption, including binge drinking among students at institutions of higher education (note: this modifies the existing authorization by changing eligible applicants from a state, institution of higher education or non-profit entity to DFC coalitions and cutting the funding level from \$5 million to \$2.5 million)

#### **Interagency Coordinating Committee and Annual State Report**

- *Interagency Coordinating Committee, Annual Report On State Underage Drinking Prevention And Enforcement Activities* (\$1 million for each fiscal years 2016-2020) -Reauthorizes the Interagency Coordinating Committee to Prevent Underage Drinking (ICCPUD) to coordinate the efforts and expertise of various Federal agencies to combat underage drinking, and reauthorizes the annual report to Congress on State efforts to combat underage drinking.

#### **National Media Campaign**

- *National Media Campaign to Prevent Underage Drinking* (\$1 million for each of fiscal years 2016-2017 and such sums as necessary for fiscal years 2018-2020). Reauthorizes a highly visible adult-oriented media campaign which educates the public about the public health and safety benefits of evidence-based policies to reduce underage drinking and builds public and parental cooperation and support for such policies.

#### **Reducing Underage Drinking through Screening and Brief Intervention**

- *Grants to Pediatric Health Care Providers to Reduce Underage Drinking* (\$3 million for each of fiscal years 2016-2020), which provides grants to assist

pediatric provider organizations in educating pediatric health care providers on best practices for screening adolescents for alcohol use, offering brief interventions to discourage drinking, referring to other care when needed, and working with parents.

**Centers for Disease Control and Prevention**

- *Additional Research on Underage Drinking* (\$4.5 million for each of fiscal years 2016-2020)- Provides for expansion of research capabilities for Excessive Alcohol Use which will allow for collecting surveillance data on underage drinking at federal and state levels, working to monitor and report on youth exposure to alcohol advertising, and better dissemination of effective strategies to reduce underage drinking to states, communities, and the general public.

The investment called for by the STOP Act Reauthorization is a proven, cost-effective, evidence-based strategy to reduce the \$24 billion toll that results from underage drinking. H.R. 1717 has immense bipartisan support in the House, and needs to be reauthorized. We urge you to hold a markup of the bill as soon as possible, so lives can be saved.

Thank you in advance for your attention to this important request.

Sincerely,

Alcohol Justice  
American Academy of Pediatrics  
American Society of Addiction Medicine  
California Consortium of Addiction Programs & Professionals  
Community Anti-Drug Coalitions of America  
Drug Free America Foundation, Inc.  
Illinois Alcohol and Drug Dependence Association  
International Certification and Reciprocity Consortium  
Mothers Against Drunk Driving  
NAADAC, the Association for Addiction Professionals  
National Alcohol Beverage Control Association  
National Asian Pacific American Families Against Substance Abuse  
National Association for Children of Alcoholics  
National Association of State Alcohol and Drug Abuse Directors  
National Council on Alcoholism and Drug Dependence, Inc.  
National Liquor Law Enforcement Association  
National Safety Council  
The National Council for Behavioral Health  
The Partnership for Drug-Free Kids  
Treatment Communities of America  
U.S. Alcohol Policy Alliance

## ATTACHMENT 2

## Authorized Levels for Provisions Contained in the Reauthorization Compared to the Original Authorization

	<b>Reauthorization</b>	<b>Original Authorization</b>
Community Based Coalition Enhancement Grants	\$6 Million	\$5 Million
Grants to Current/Past DFC Coalitions to Partner with Institutions of Higher Education	\$2.5 Million	--
Higher Education Grants	--	\$5 Million
ICCPUD/Annual State Report	\$1 Million	\$1 Million
Adult Media Campaign	\$1 Million*	\$1 Million
CDC Research Expansion	\$4.5 Million	\$6 Million
Grants to Reduce Underage Drinking Through Screening and Brief Intervention	\$3 Million	--
<b>TOTAL</b>	<b>\$18 Million</b>	<b>\$18 Million</b>

\*\$1 million for fiscal years 2016 and 2017 and such sums as necessary for fiscal years 2018-2020

## ATTACHMENT 3

## ***The Drug Free Communities (DFC) Program At a Glance***

- The DFC program has been a central, bipartisan component of our nation's demand reduction strategy since its passage in 1998 because it recognizes that the drug issue must be dealt with in every home town in America.
- Housed in the Office of National Drug Control Policy, it provides the funding necessary for communities to identify and respond to local drug and alcohol use problems.
- The DFC program recognizes that in order to be sustainable over time it must have community buy-in. In order to be eligible to apply for a DFC grant, a local coalition must:
  - be in existence for 6 months prior to applying;
  - have community wide involvement to reduce youth drug, alcohol and tobacco use, which must include:
    - Youth
    - Parents
    - Businesses
    - Media
    - Schools
    - Youth serving organizations
    - Religious or fraternal organizations
    - Law Enforcement
    - Civic and volunteer groups
    - Health care professionals
    - State, local or tribal agencies
    - Other organizations involved in reducing substance abuse
  - have community-wide data for planning, implementation and evaluation;
  - target the entire community with effective strategies; and
  - provide a dollar-for-dollar match for every federal dollar (up to \$125,000/year).
- Despite the growth of the program, from \$10 million in 1998 to \$95 million in 2016, since its inception there has only been enough money to fund 32.7% of those who have applied for funds.
- DFC grantees have reduced drug use and abuse in communities throughout the country to levels lower than national averages because they are organized, data driven and take a comprehensive, multi-sector approach to solving and addressing drug issues.
- DFC coalitions are singularly situated to deal with emerging drug trends, such as methamphetamine, prescription drug abuse and synthetic drugs because they have the necessary infrastructure in place to effectively address drug related issues within their communities.
- The DFC program is a worthy investment of scarce federal resources:
  - It is not only effective in reducing youth drug use, but many DFC grantees are currently matching two to three times as much as the federal grant funding they receive; and
  - DFC grantees have clearly shown that they can prevent and reduce drug use in communities nationwide

# National Evaluation of the Drug Free Communities (DFC) Support Program

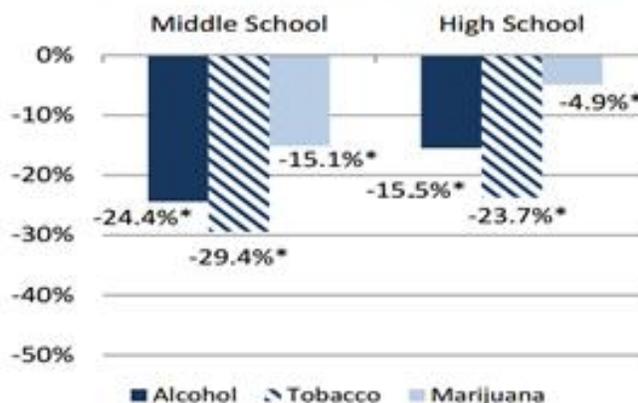
The DFC grant program takes a comprehensive, multi-sector and data driven approach to prevent and reduce youth substance use/abuse in communities throughout the United States. The White House Office of National Drug Control Policy (ONDCP) recently released the findings for its National Evaluation of the DFC Program.

## The Findings To Date:

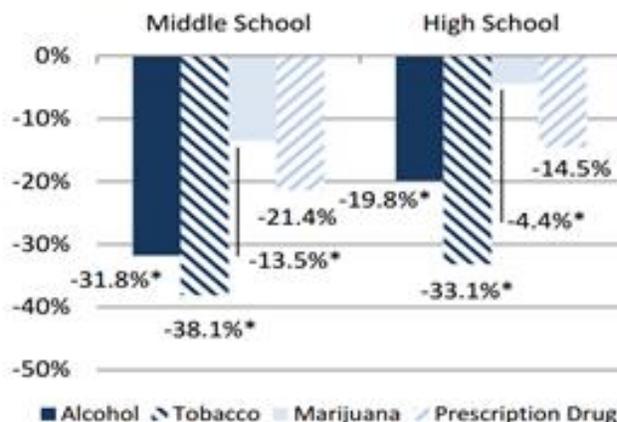
### Rates of Substance Use are Dropping in DFC Communities:

- Prevalence of past 30-day use declined significantly across all substances (alcohol, tobacco, marijuana) and school levels (middle and high school) between DFC coalitions' first and most recent data reports.

**FIGURE 1: PERCENTAGE CHANGE IN PAST 30 DAY USE: FIRST REPORT TO MOST RECENT REPORT (ALL DFC GRANTEES EVER FUNDED)**



**FIGURE 2: PERCENTAGE CHANGE IN PAST 30 DAY USE: FIRST REPORT TO MOST RECENT REPORT (FY2013 DFC GRANTEES ONLY)**

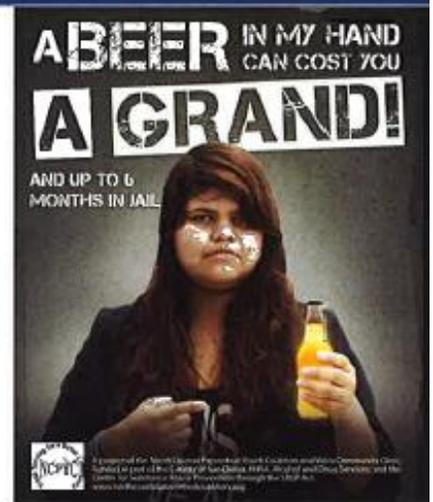


## ATTACHMENT 4

# North Coastal Prevention Coalition STOP Act Project Alcohol Prevention for Hispanic Youth and Families

According to the 2007 Surgeon General's Call to Action to Prevent and Reduce Underage Drinking, successfully addressing the public health problem of underage drinking requires cooperation, coordination and collaboration among various community sectors including local government, criminal justice, education, business, religious or fraternal organizations, civic or volunteer organizations, healthcare professionals, media, parents, youth, and other organizations involved in reducing substance abuse.

In 2006, Congress passed the STOP Act (Sober Truth on Preventing Underage Drinking) to focus federal attention on the problem of underage drinking, with the first STOP Act grants being awarded to federally supported Drug Free Community Coalitions (DFC) in 2008. NCPC was among the first cohort of STOP Act grantees with funding from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP).



## Project Overview

The mission of the North Coastal Prevention Coalition (NCPC) is to reduce the harm of alcohol, tobacco, marijuana and other drugs in the cities of Carlsbad, Oceanside and Vista through community action, education, support and collaboration. NCPC has partnered with Vista Community Clinic (VCC) since 1998 to serve as the fiscal agent to manage grants and contracts. This has included funding from the federal DFC program from 1998-2009; the County of San Diego, HHS, BHS since 1998 for regional prevention services; and other foundation grants.

NCPC was awarded a STOP Act grant in 2008 in order to develop underage drinking prevention strategies for Hispanic populations in the region and to increase collaboration between the Eastside Neighborhood Association in Oceanside and the North Coastal Prevention Youth Coalition.

EVALCORP Research & Consulting was contracted to provide evaluation services for the needs assessment and data collection activities on the STOP Act grant. This EvalBrief summarizes key project strategies and evaluation findings of the STOP Act project funded from October 2008 to June 2013.

### Needs Assessment

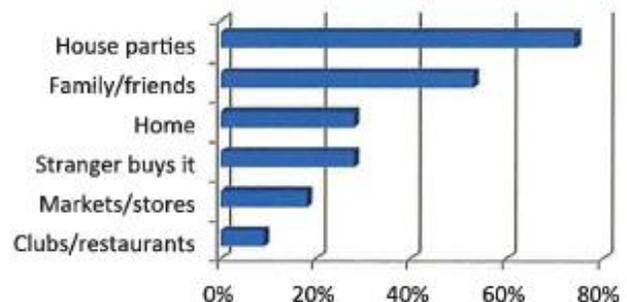
A comprehensive community assessment was conducted during the first year of the project. Quantitative and qualitative

data collection methods were used to determine the primary ways youth obtain alcohol and where they were most likely to consume it.

Based on surveys and focus groups conducted with parents and teens, house parties were identified as both the primary source of alcohol and location where underage drinking was most likely to occur (see Figure 1).

For this reason, project strategies were developed to promote enforcement and awareness of social host ordinances (SHOs) that hold party hosts accountable for allowing underage drinking in private settings.

Figure 1. FY 2008/09: How Youth Who Drink Get Alcohol



## Project Strategies

Project strategies focused on increasing law enforcement awareness and utilization of social host ordinances (SHOs), increasing public awareness of SHOs, increasing responsible alcohol sales and service training, and increasing collaboration between residents, youth, and retailers in preventing underage drinking. Highlights of project activities include the following:

### Social Host Ordinances

Carlsbad was the most recent city in the Tri-City area to adopt a SHO in September 2009. Oceanside had amended its ordinance in 2007, and Vista's ordinance was adopted in 2003.

- **Annual briefings were conducted with law enforcement personnel in Carlsbad, Oceanside and Vista** to raise awareness of SHOs and share community support for enforcement action.
- **Press conferences to unveil billboards (2009) and bus ads (2010)** were held with participation of law enforcement agencies and collaborative partners.

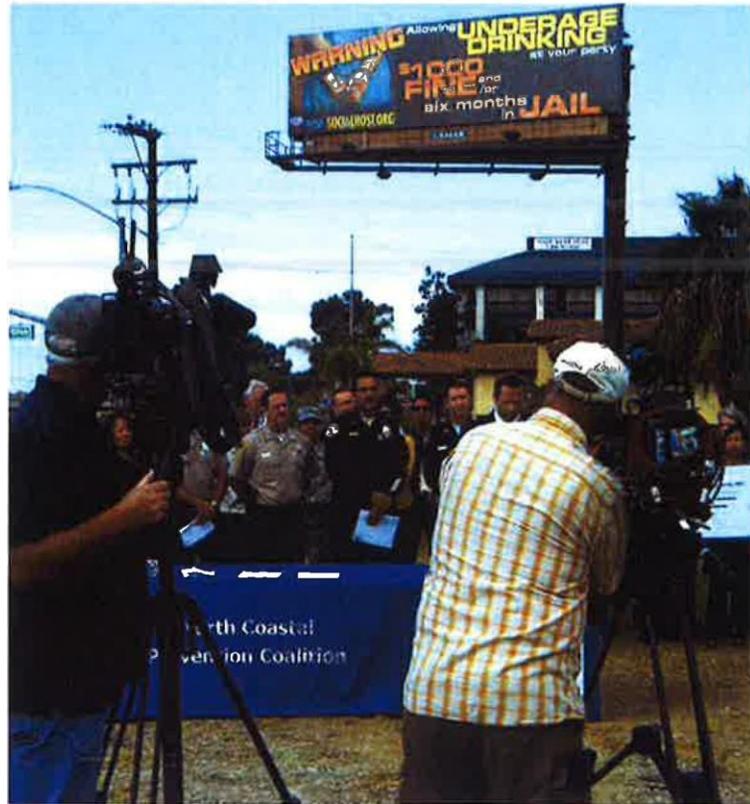
### Community Forums and Presentations

A variety of community forums and presentations were held in collaboration with schools, churches, law enforcement and others to inform parents and teens about the dangers of underage drinking, social host ordinances, and the influence parents have on their teens' decision making.

- **A total of 8 forums and over 30 presentations were conducted in both Spanish and English in various formats, including panel presentations, small group discussions, and family dinner events with break-out sessions for parents and youth.**
- In 2011, NCPCC incorporated the Mothers Against Drunk Driving (MADD) 'Power of Parents' program into forums and presentations.



Bilingual social host graphic used for bus sign, magnets and brochures.



Social host ordinance billboard press conference, 2009.

### Responsible Alcohol Sales and Service Training

In 2009, the City of Vista passed an ordinance requiring all employees of businesses licensed to sell alcohol to be trained in responsible alcohol sales and service.

- **Over 25 LEAD trainings (Licensee Education on Alcohol and Drugs) have been held at the Vista Civic Center since 2010, reaching nearly 1,500 employees.** These are provided by the CA Department of Alcoholic Beverage Control (ABC) with coordination assistance from NCPCC and the City of Vista.
- NCPCC partnered with Occupational Health Services, the North County DUI Program, to develop a similar training in Spanish. **A total of 7 Spanish language trainings have been held since 2010, reaching over 125 Spanish-speaking employees.**

### Retailer Campaigns

Local retail outlets in Oceanside and Vista were recruited to help inform customers that providing alcohol to minors is illegal. Bilingual messages developed by youth were placed in store aisles, and MADD 'Sticker Shock' decals were placed on alcohol products with the message, 'Hey You!!! It's illegal to provide alcohol to people under 21.' **A total of 5 campaigns were conducted with a dozen retail outlets. Campaign efforts were covered by local television and newspaper outlets,** and recognition was given to participating retailers in newspaper ads.

## Key Evaluation Findings

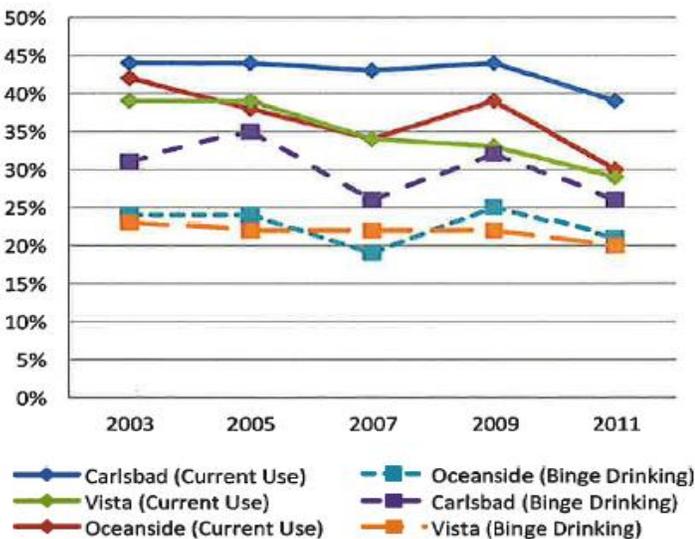
Data collection methods and tools used in the evaluation included law enforcement data on social host ordinance citations, California Health Kids Survey (CHKS) data, and project surveys administered to youth, adults, law enforcement, and LEAD training participants across the four years of the project. Key evaluation findings are summarized below.

### CHKS Findings on Youth Alcohol Use

Select findings from the CHKS administered in Carlsbad, Oceanside, and Vista Unified School Districts included:

- Alcohol was the most frequently used substance, with an average of 36% of 11th graders using alcohol in the past 30 days (current use) across the three school districts in 2007, 2009, and 2011.
- Fewer 11th graders reported drinking alcohol and binge drinking (i.e., 5 or more drinks in a few hours) in the past 30 days in 2011 than in 2003 (see Figure 2).

**Figure 2. 11<sup>th</sup> Grader Alcohol Use & Binge Drinking (CHKS Findings)**

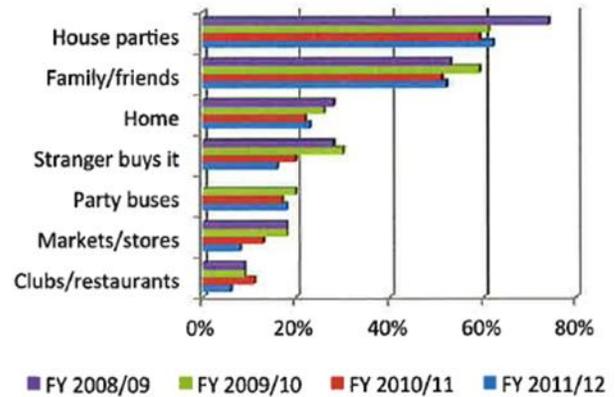


### Youth Survey Findings

Of the 1,444 youth surveyed across the four project years, the majority have friends who drink. However, fewer youth reported that they drink alcohol in 2011/12 (33%) than in 2008/09 (45%).

- Significantly fewer Hispanic/Latino youth report that they drink alcohol or binge drink compared to non-Hispanics/Latinos.

**Figure 3. How Youth Who Drink Get Alcohol (Youth Survey)**



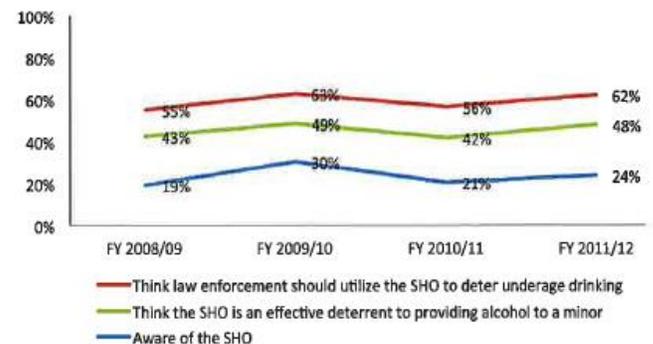
- Most youth who drink obtain alcohol from house parties or from family and friends, although access to alcohol in these ways has decreased from 2008/09 to 2011/12 (see Figure 3).
- Of youth who report drinking, 68% drink beer, 64% drink liquor, 49% drink alcopops, 39% drink alcoholic energy drinks, 29% drink wine, and 8% drink other types of alcoholic drinks.

### Adult Survey Findings

Almost all (96%) of the 1,345 adults surveyed in Oceanside and Vista across the four project years think underage drinking is a problem in their community.

- Hispanics/Latinos are significantly more likely than White/Caucasians to agree that alcohol is not as dangerous as other drugs (34% Hispanics vs. 14% Caucasians agree).

**Figure 4. Adult Attitudes toward the SHO (Adult Survey)**



SHO Law Enforcement Training Survey Findings STOP administered surveys to approximately 140 law enforcement personnel annually after they received training on SHO enforcement.

- Each year, more law enforcement personnel were aware of the SHO prior to the training, with almost all aware of the SHO in FY 2011/12 (see Figure 5).
- Fewer law enforcement personnel thought the SHO was an effective tool in 2011/12 (71%) than in 2006/07 (94%). In addition, more anticipated problems or obstacles in enforcing the SHO in 2011/12 (40%) than in 2006/07 (16%).

Figure 5. Awareness of SHO Prior to Training



#### SHO Enforcement Data

A total of 95 SHO citations/arrests were made across the Cities of Carlsbad, Oceanside and Vista from January 1, 2009 to December 31, 2011, which is a third (33%) of all SHO citations/arrests in San Diego County for that time.

Table 1. Social Host Ordinance Citations/Arrests

	2009	2010	2011	Total
Carlsbad	4	17	5	26
Oceanside	8	7	16	31
Vista*	13	12	13	38
Total	25	36	34	95

\*Includes 9 citations/arrests in unincorporated areas of Vista.

#### Alcohol Sales and Service Training Survey Findings

From FY 2009/10-2011/12, over 1,500 surveys were collected from participants at the end of retailer trainings. Nearly all participants (95%) would recommend the training to others.

- 89% of training participants said they were very likely or likely to change the way they did their job as a result of the training.
- 67% of LEAD training attendees and 82% of Spanish training attendees had not attended a similar training previously.

*"It is good because they gave us useful information that will help us all to help others."*

-Spanish Language Alcohol Sales and Service Training Participant, 2011

## Recommendations and Next Steps

Based on evaluation findings, the following steps are recommended to continue to prevent and reduce youth alcohol use.

### Continue to implement public awareness campaigns

- Inform parents, youth and the community on the hazards of underage drinking and effective prevention strategies.
- Educate the public about social host ordinances, and encourage reporting of underage drinking parties.
- Ensure culturally appropriate messages for the Hispanic community to address differences in the perception of the dangers of alcohol relative to other drugs.

### Strengthen and enforce policies to prevent underage drinking and youth access to alcohol

- Support law enforcement efforts to utilize SHOs, and other alcohol violations, to deter underage drinking.
- Explore policy changes that could streamline the enforcement and adjudication process.

### Continue to train alcohol retailers on responsible alcohol sales and service

- Train on sale and off-sale alcohol establishments on strategies to reduce youth access, laws and consequences for selling/serving to minors, and strategies for handling alcohol-related problems.
- Explore expanding the training requirement to other municipalities.

### Strengthen and enhance collaboration with new and existing partners

- Enhance partnerships with schools, youth-serving organizations, churches, healthcare, business, and others to increase involvement with underage drinking prevention efforts.

**ATTACHMENT 5**

## STOP Act Outcomes

**Name:** Becky Carlson

**Position:** Coalition Coordinator

**Organization:** The Center for Prevention & Counseling Sussex County/Coalition for Healthy and Safe Families

**Address:** 61 Spring Street, 3rd floor

**City:** Newton

**State:** NJ

**County:** Sussex

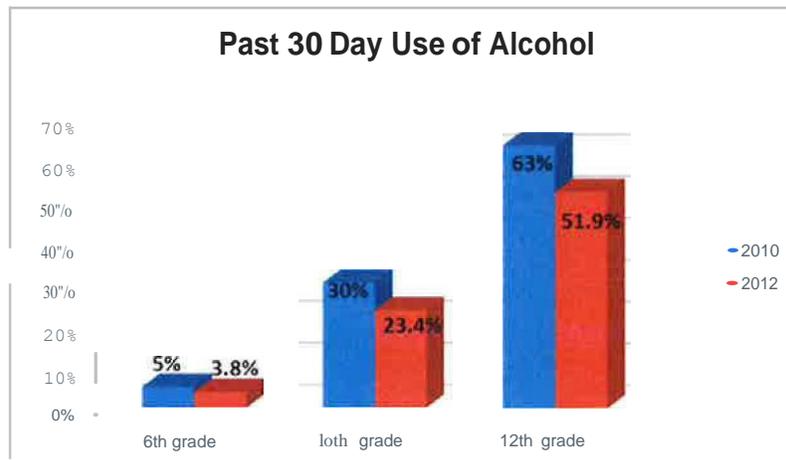
**Phone Number:** 973-383-4787

**Fax Number:** 973-383-6576

**E-mail:** becky@centerforprevention.org

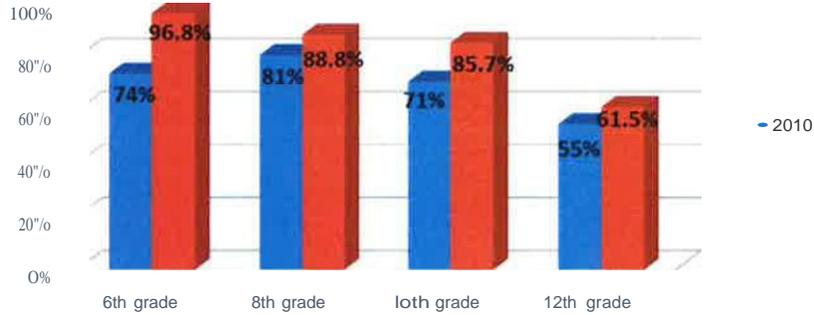
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This DFC and STOP Act grantee community, achieved decreases in past 30 day alcohol and increases in the perception of parental disapproval and age of onset between 2010 and 2012.



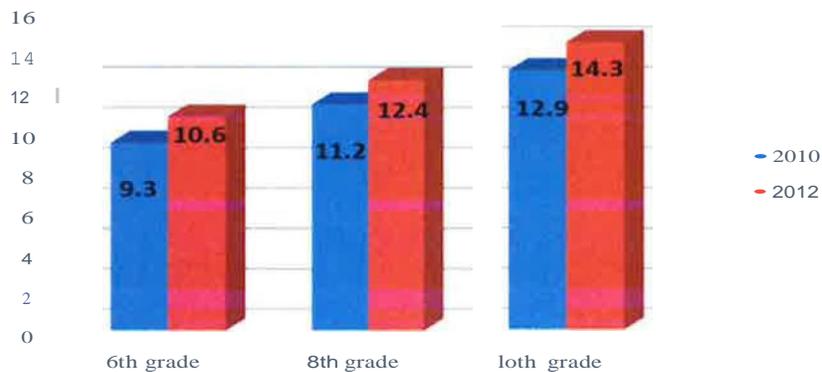
- The percentage of 6<sup>th</sup> grade students reporting past 30 day use of alcohol **decreased at a rate of 24%**, from 5% in 2010 to 3.8% in 2012.
- The percentage of 10<sup>th</sup> grade students reporting past 30 day use of alcohol **decreased at a rate of 22%**, from 30% in 2010 to 23.4% in 2012.
- The percentage of 12<sup>th</sup> grade students reporting past 30 day use of alcohol **decreased at a rate of 17.6%**, from 63% in 2010 to 51.9% in 2012.

### Perception of Parental Disapproval for Alcohol Use



- The perception of parental disapproval for alcohol use **increased at a rate of 30.8%** among 6th graders, from 74% in 2010 to 96.8% in 2012.
- The perception of parental disapproval for alcohol use **increased at a rate of 9.6%** among 8th graders, from 81% in 2010 to 88.8% in 2012.
- The perception of parental disapproval for alcohol use **increased at a rate of 20.7%** among 10th graders, from 71% in 2010 to 85.7% in 2012.
- The perception of parental disapproval for alcohol use **increased at a rate of 11.8%** among 12th graders, from 55% in 2010 to 61.5% in 2012.

### Age of Onset for Alcohol Use



- The age of onset for alcohol use **increased from 9.3 to 10.6** among 6th graders between 2010 and 2012.
- The age of onset for alcohol use **increased from 11.2 to 12.4** among 8th graders between 2010 and 2012.
- The age of onset for alcohol use **increased from 12.9 to 14.3** among 10th graders between 2010 and 2012.

To achieve these, outcomes, the Center for Prevention and Counseling implemented the following strategies:

*STOP Act funding enabled the coalition to reduce access and availability of alcohol:*

- Sticker Shock – Coalition members coordinated collaboration between liquor retailers, law enforcement officers and adults and youth volunteers to implement events throughout each year of the grant
- Compliance check trainings for law enforcement
- Retailer trainings to reinforce management policy and server training
- Parents Who Host, Lose the Most (PWH) campaign and PSAs which have been utilized in a variety of ways countywide during various holiday seasons to raise awareness about social host laws, thereby discouraging homeowners from allowing underage drinking on their property.

*STOP funding enabled the coalition to work with key stakeholders to implement the following activities to affect policy and increase the effectiveness of laws, ordinances and policies:*

- Community college - In collaboration with another agency grant, we worked with community college staff to analyze and present suggested changes to the administration. We also worked with the college to incorporate activities to prevent underage drinking and promote responsible legal drinking, including utilizing the CHUG screening tool with students, publicizing Facts on Tap, and coordinating an alcohol awareness event.

*STOP Act funding enabled the coalition to implement the following activities to change social norms:*

- Elementary and middle school students- Underage drinking prevention PSA contest was held in March every year
- High school students- Older students were invited to participate in the Alcohol Awareness Month PSA contest. Alcohol poisoning cards were also disseminated to all 9-12th graders in April.
- Young adults at Sussex County Community College- In collaboration with another agency grant, the coalition created a media campaign, holding Reality Check presentations in October, November and December; implementing e- CHUG screening tool with students; posting Facts on Tap on college calendar and website; and coordinating an Alcohol Awareness event in April with education, screenings, and referrals.

- Parents – The coalition regularly utilized information and PSAs from Parents Empowered (PE) ([www.parentsempowered.org](http://www.parentsempowered.org)) in bi-monthly coalition newsletters to parent.
- Pediatricians – The coalition sent letters sent to county pediatricians to promote use of the CRAFFT screening tool also educated them about the important role they can play in preventing underage drinking, identifying patients who are using alcohol and referring them to treatment.

## ATTACHMENT 6

# THE INTERAGENCY COORDINATING COMMITTEE ON THE PREVENTION OF UNDERAGE DRINKING-(ICCPUD)

## -FACT SHEET-

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### ***What is the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) and when was it established?***

ICCPUD coordinates the federal government's efforts to prevent and reduce underage drinking. It was formed in 2004 to assist in the development of *A Comprehensive Plan for Preventing and Reducing Underage Drinking*, which Congress called for in 2004. Sixteen federal agencies participate in ICCPUD (see other side of this fact sheet for a list of agencies). The STOP Act, enacted in 2006, formally established ICCPUD and called for enhancing its prevention efforts. Its purpose is to provide ongoing, high-level leadership and guidance on policy and program developments across the federal government with respect to underage drinking.

### ***What are some important ICCPUD activities to date?***

***Federal Planning and Coordination of Underage Drinking Prevention Activities:*** ICCPUD has as a central goal developing comprehensive national strategies for preventing underage drinking. For example, it worked closely with the Office of the Surgeon General in the development of the Surgeon General's *Call to Action to Prevent and Reduce Underage Drinking* and has since been active in promoting adoption of the Call to Action's recommendations. ICCPUD also collects materials and information on technical assistance activities from participating agencies and uses this inventory to strengthen each agency's efforts, promote collaboration, and reduce duplication of effort.

***Report to Congress on the Prevention and Reduction of Underage Drinking:*** ICCPUD is responsible for developing and issuing the annual Report to Congress, a comprehensive assessment of the status of underage drinking prevention in the country. It includes the State Reports, which describe state prevention activities. To date, ICCPUD has issued four reports, with a fifth report now in development.

***Town Hall Meetings:*** ICCPUD has supported thousands of Town Hall Meetings, which were held in 2006, 2008, 2010 and 2012 in every state, the District of Columbia and some U.S. Territories. The meetings have been an effective strategy for raising public awareness and mobilizing communities to take preventive action.

***Webinars:*** ICCPUD is hosting a series of webinars in 2013 on underage drinking prevention that feature national leaders and experts discussing the extent and nature of the problem, lessons from recent research, and evidence-based prevention strategies.

***Web Portal:*** SAMHSA, on behalf of ICCPUD, maintains a web portal ([www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov)) dedicated to the issue of underage drinking and consolidates comprehensive research and resources developed by the ICCPUD agencies.

*What agencies are represented on ICCPUD?*

The ICCPUD committee is comprised of 16 federal agencies:

U.S. Department of Defense

- Office of the Assistant Secretary of Defense

U.S. Department of Education

- Office of Safe and Healthy Students

U.S. Department of Health and Human Services

- Administration for Children and Families
- Centers for Disease Control and Prevention
- Indian Health Service
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- Office of the Surgeon General
- Office of the Assistant Secretary of Health
- Office of the Assistant Secretary of Planning and Evaluation
- Substance Abuse and Mental Health Services Administration

U.S. Department of Justice

- Office of Juvenile Justice and Delinquency Prevention

U.S. Department of Transportation

- National Highway Traffic Safety Administration

U.S. Department of the Treasury

- Alcohol and Tobacco Tax and Trade Bureau

White House Office of National Drug Control Policy

Federal Trade Commission

## ATTACHMENT 7

# **STATE REPORTS ON PROGRAMS AND POLICIES ADDRESSING UNDERAGE DRINKING -FACT SHEET-**

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## ***What are the State Reports?***

The State Reports provide detailed information from the 50 states and the District of Columbia (DC) regarding their underage drinking prevention activities. They are updated annually and included in Chapter 4 of the STOP Act Report to Congress.

## ***Why were the State Reports created?***

Recognizing the importance of state programs and policies in preventing underage drinking, Congress included in the STOP Act a directive to the US Department of Health & Human Services (HHS), working through the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), that it should develop an annual report on state underage drinking prevention activities. The Act includes specific categories of prevention programs, policies, enforcement activities related to those policies, and state expenditures to guide the report's development.

## ***What information can be found in the State Reports?***

The State Reports provide detailed information for each state as well as summaries of the status of policies and programs across all states. They include the following topics:

- Twenty-five underage drinking prevention policies focused on reducing youth access to alcohol and youth involvement in drinking and driving. The 25 policies are fall under four general headings: Laws Addressing Minors in Possession of Alcohol, Laws Targeting Underage Drinking and Driving, Laws Targeting Alcohol Suppliers, and Alcohol Pricing Policies. Original legal research is used to collect the policy information. (See the reverse side of this fact sheet for a list of the specific policies.)
- Information on state underage drinking enforcement programs and practices; programs targeted to youth, parents, and caregivers; collaborations, planning, and reports; and state expenditures on the prevention of underage drinking. Data is collected through a survey completed by all states and DC.

Each policy is broken into key variables. Policy summaries provide an analysis of the status and trends of time for each policy across the 50 states and DC. Maps and graphs enhance the accessibility of the data.

The State Reports are the most comprehensive and readily accessible summary of state underage drinking prevention activities available.

## ***How are the State Reports accessed?***

The State Reports are retrievable at [www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov). The website includes an interactive map for easy access to each state's report. Individual underage drinking policy summaries are available through a drop down menu and the cross-state analysis of the state survey information through a readily identifiable link.

## ***Underage Drinking Policies Included in the State Reports***

### *Laws Addressing Minors in Possession of Alcohol.*

1. Underage possession
2. Underage consumption
3. Internal possession by minors
4. Underage purchase and attempted purchase
5. False identification

### *Laws Targeting Underage Drinking and Driving.*

6. Youth blood alcohol concentration limits (underage operators of noncommercial motor vehicles)
7. Loss of driving privileges for alcohol violations by minors ("use/lose" laws)
8. Graduated driver's licenses

### *Laws Targeting Alcohol Suppliers.*

9. Furnishing alcohol to minors
10. Compliance check protocols
11. Penalty guidelines for sales to minors
12. Responsible beverage service
13. Minimum ages for off-premises sellers
14. Minimum ages for on-premises servers and bartenders
15. Outlet siting near schools
16. Dram shop liability
17. Social host liability
18. Hosting underage drinking parties
19. Retailer interstate shipments of alcohol
20. Direct sales/shipments
21. Keg registration
22. Home delivery

### *Alcohol Pricing Policies.*

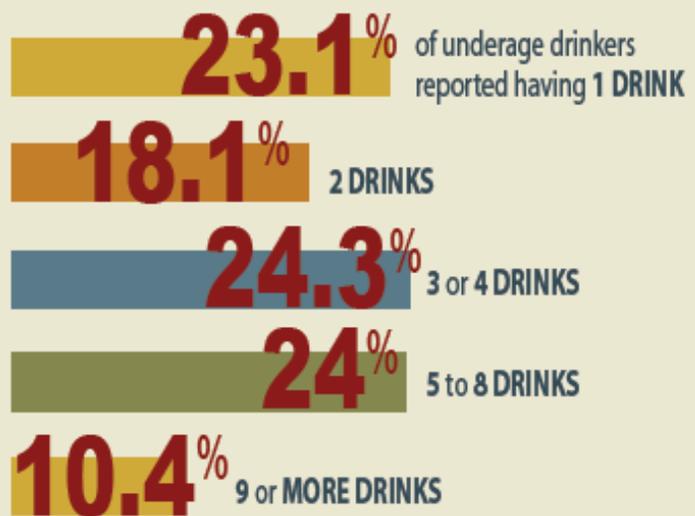
23. Alcohol taxes
24. Drink specials
25. Wholesaler pricing

## ATTACHMENT 8

# KNOW THE FACTS ABOUT UNDERAGE BINGE DRINKING

Underage drinkers tend to drink less often than adults, but they drink more heavily when they do drink. On average, underage drinkers consume 5 drinks per occasion, 5 times a month.<sup>1</sup>

When asked about the last time they drank:<sup>2</sup>



The sooner you talk to your kids about alcohol, the greater chance you have of influencing their decisions.<sup>3</sup> Practice for one of the most important conversations you may ever have with SAMHSA's "Talk. They Hear You." Mobile Application, available for download on the App Store<sup>SM</sup>, Google Play<sup>TM</sup>, and the Windows<sup>®</sup> Store.

Learn more at <http://www.underagedrinking.samhsa.gov>.



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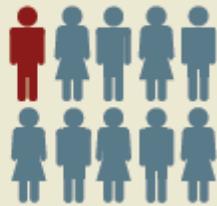
<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2013c). Results from the 2012 National Survey on Drug Use and Health: Special Data Analysis. Center for Behavioral Health and Statistics and Quality. Rockville, MD: Substance Abuse and Mental Health Services Administration.

<sup>2</sup> Substance Abuse and Mental Health Services Administration. (2013c)

<sup>3</sup> U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking: A Guide to Action for Educators*. U.S. Department of Health and Human Services, Office of the Surgeon General, 2007.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

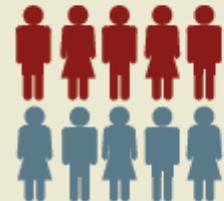
# START THE CONVERSATION ABOUT UNDERAGE DRINKING



**10%**  
OF 12-YEAR-OLD KIDS SAY  
THEY'VE TRIED ALCOHOL<sup>1</sup>

That number jumps to

**50%**  
BY AGE 15<sup>1</sup>



But

**80%**

OF KIDS BELIEVE THEIR PARENTS  
SHOULD HAVE A SAY IN  
WHETHER THEY DRINK ALCOHOL<sup>2,3</sup>

And parents have a

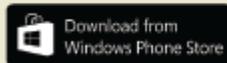
**SIGNIFICANT  
INFLUENCE**

ON WHETHER THEIR KIDS DRINK<sup>3</sup>



The sooner you talk to your kids about alcohol, the greater chance you have of influencing their decisions.<sup>1</sup> Practice for one of the most important conversations you may ever have with SAMHSA's "Talk. They Hear You." Mobile Application, available for download on the App Store<sup>SM</sup>, Google Play<sup>TM</sup>, and the Windows<sup>®</sup> Store. Learn more at <http://www.underagedrinking.samhsa.gov>.

**i talk**  
they hear you



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<sup>1</sup> U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking: A Guide to Action for Educators*. U.S. Department of Health and Human Services, Office of the Surgeon General, 2007.

<sup>2</sup> Jackson, C. (2002). Perceived legitimacy of parental authority and tobacco and alcohol use during early adolescence. *Journal of Adolescent Health, 31*(5), 425-432.

<sup>3</sup> Nash, S.G., McQueen, A., and Bray, J.H. (2005). Pathways to adolescent alcohol use: Family environment, peer influence, and parental expectations. *Journal of Adolescent Health, 37*(1), 19-28.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

## ATTACHMENT 9

## CDC Alcohol Program Highlights

Building the public health infrastructure to improve data collection and analysis. To support evaluation of the effectiveness of comprehensive community-based programs and statewide systems to prevent and reduce underage drinking, epidemiological data specific to underage alcohol use are needed, but alcohol epidemiology is specialized and data are often difficult to access or interpret. To address this, CDC is funding dedicated alcohol epidemiologists in at least five states to collect, analyze, and interpret public health surveillance data on excessive alcohol use (including underage drinking) and related harms and effective strategies to address it; disseminate relevant scientific findings to the general public and stakeholders; provide scientific support to health departments and external partners; respond to inquiries on excessive alcohol use including underage drinking and related harms; and provide technical assistance to public health partners on effective approaches for monitoring and reporting findings.

Research on prevalence and trends of alcohol use patterns and related risk behaviors among US high school students. Drawing on data from CDC's Youth Risk Behavior Surveillance System (YRBS), CDC is analyzing and disseminating information on how many young people drink and how they drink, including binge drinking among current drinkers, gender differences, source of alcohol and how much they drink per occasion. Unique to the YRBS, CDC is also analyzing the relationship between young people's patterns of drinking and risk behaviors from illicit drug use to suicide to physical fighting and high-risk sexual behavior.

Consumer guide to the Minimum Age Drinking Laws (MADL). Research has consistently found that the MADLs are among the most effective strategies for reducing underage drinking.<sup>1</sup> CDC is synthesizing and widely disseminating this research and making it accessible to the public through the creation of a consumer-friendly summary of the science supporting these laws.

Harmonizing surveillance systems to improve data collection. CDC is working both internally and externally across the federal government to harmonize public health surveillance of excessive alcohol use and related harms, including underage drinking. Recent activities include wider adoption of a gender-specific definition of binge drinking, as well as working with other federal partners to ensure that surveillance activities are efficient and non-duplicative.

Study: Economic costs of excessive drinking rose to almost a quarter trillion dollars in 2010  
Excessive alcohol use continues to be a drain on the American economy, and CDC funded the most recent study, released in October 2015 in *The American Journal of Preventive Medicine* (AJPM), that found that excessive drinking cost the United States \$249 billion in 2010, or \$2.05 per drink, a significant increase from \$223.5 billion, or \$1.90 per drink, in 2006.<sup>2</sup> Underage drinking cost states and the federal government an estimated \$24.3 billion. Most of these costs were due to reduced workplace productivity, crime, motor vehicle crashes, and the cost of treating people for health problems caused by excessive drinking.

Monitoring youth exposure to alcohol advertising to obtain more precise information that can reduce youth exposure: Twenty-one studies of more than 73,000 young people from various countries have found an association between youth exposure to alcohol marketing and youth drinking behavior.<sup>3,4</sup> Alcohol companies have voluntary standards that are designed to reduce youth exposure to their marketing. CDC-funded quarterly reporting on youth exposure to alcohol advertising makes widely available precise information on which advertising is playing to youth audiences that exceed the industry standard, including specific programs, network/time-of-day combinations and brands, to reduce youth exposure by improving alcohol industry compliance with its voluntary standards.<sup>5</sup>

Scientific update of the Alcohol-Related Disease Impact (ARDI) application: [www.cdc.gov/ARDI](http://www.cdc.gov/ARDI)  
ARDI provides national and state estimates of alcohol-attributable deaths and years of potential life lost for the general population as well as for persons under age 21. The program is convening an ARDI Scientific Work Group to assist in updating the alcohol-attributable conditions and the alcohol-attributable fractions for deaths from these conditions in the ARDI application.

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