

Executive Summary

This document is excerpted from:

The 2013 Report to Congress on the Prevention and Reduction of Underage Drinking
submitted to Congress by The U.S. Department of Health and Human Services.

To obtain more information and a copy of the full Report to Congress go to:
<https://www.stopalcoholabuse.gov>

Introduction

Underage drinking and associated problems have profound negative consequences for underage drinkers, their families, their communities, and society as a whole. Underage drinking contributes to a wide range of costly health and social problems, including motor vehicle crashes (the greatest single mortality risk for underage drinkers); suicide; interpersonal violence (e.g., homicides, assaults, rapes); unintentional injuries such as burns, falls, and drowning; brain impairment; alcohol dependence; risky sexual activity; academic problems; and alcohol and drug poisoning. On average, alcohol is a factor in the deaths of approximately 4,700 youths in the United States per year, shortening their lives by an average of 60 years (Centers for Disease Control and Prevention [CDC] Alcohol-Related Disease Impact [ARDI] application, 2011).

National data show meaningful reductions in underage drinking, particularly among younger age groups. From 2004 to 2011, young people ages 12 to 20 showed statistically significant declines in both past-month alcohol use and binge alcohol use. These encouraging results were most significant in the 12- to 17-year-old age group, where past-month alcohol use declined by 24.4 percent and past-month binge drinking declined by 33.3 percent.

But there is still cause for concern. For example, in 2011, 36.6 percent of 20-year-olds reported binge drinking (drinking at levels substantially increasing the risk of injury or death) in the past 30 days; about 12 (11.8) percent of 20-year-olds had, in those 30 days, binged five or more times. Furthermore, although drinking levels are lower at younger ages, patterns of consumption across the age spectrum pose significant threats to health and well-being. Particularly troubling is the erosion of the traditional gap between underage males and females in binge drinking. This gap is disappearing as females' drinking practices converge with those of males.

Still, there is reason for optimism and hope for continued progress. As discussed in Chapters 3 and 4 of this report, states are increasingly adopting comprehensive policies and practices to alter the individual and environmental factors that contribute to underage drinking and its consequences; these can be expected to reduce alcohol-related death and disability and associated health care costs. These efforts can potentially reduce underage drinking and its consequences and change norms that support underage drinking in American communities.

Characteristics of Underage Drinking in America

Alcohol Is the Most Widely Used Substance of Abuse among American Youth

Alcohol continues to be the most widely used substance of abuse among America's youth, and a higher proportion use alcohol than use tobacco or other drugs. For example, according to the 2011 Monitoring the Future (MTF) study, 27.2 percent of 10th graders reported using alcohol in the past 30 days, 17.6 percent reported marijuana use, and 11.8 percent reported cigarette use in the same period (Johnston et al., 2012a).¹

¹ For comparability with data from the 2011 National Survey on Drug Youth and Health (NSDUH) and 2011 Youth Risk Behavior Surveillance System (YRBSS), the latest MTF data included in this report are also from 2011. The 2012 MTF data, which became available in December 2012, will be included in the next report.

Binge Drinking²

Binge drinking is the most common underage consumption pattern. High blood alcohol concentrations (BACs) and impairment levels associated with binge drinking place binge drinkers and those around them at substantially elevated risk for negative consequences. Accordingly, reducing binge drinking has become a primary public health priority.

Binge rates increase rapidly with age (Exhibit E.1). In 2011, approximately 6.1 million youths 12 to 20 years old (15.8 percent) reported binge drinking in the past month (SAMHSA, 2012a). Although youth generally consume alcohol less frequently than adults and consume less alcohol overall than adults, when they do drink they are much more likely to binge drink (Exhibit E.2). Accordingly, most youth alcohol consumption occurs in binge-drinking episodes. For example, 92 percent of the alcohol consumed by 12- to 14-year-olds is through binge drinking (Pacific Institute for Research and Evaluation [PIRE], 2002). A significant proportion of underage drinkers consume substantially more than the five-drink binge criterion. For example, averaged 2010 and 2011 data show that 10.7 percent of underage drinkers had nine or more drinks during their last drinking occasion (SAMHSA, Center for Behavioral Health Statistics and Quality [CBHSQ]³, National Survey on Drug Use and Health [NSDUH], 2012a). It is important to note that very young adolescents, because of their smaller size, reach binge-drinking BACs with fewer drinks (three to four drinks for persons ages 12 to 15) than do older adolescents (e.g., age 18 or older) (Donovan, 2009).

Female Youth Drinking Rates Are Converging With Male Youth Rates

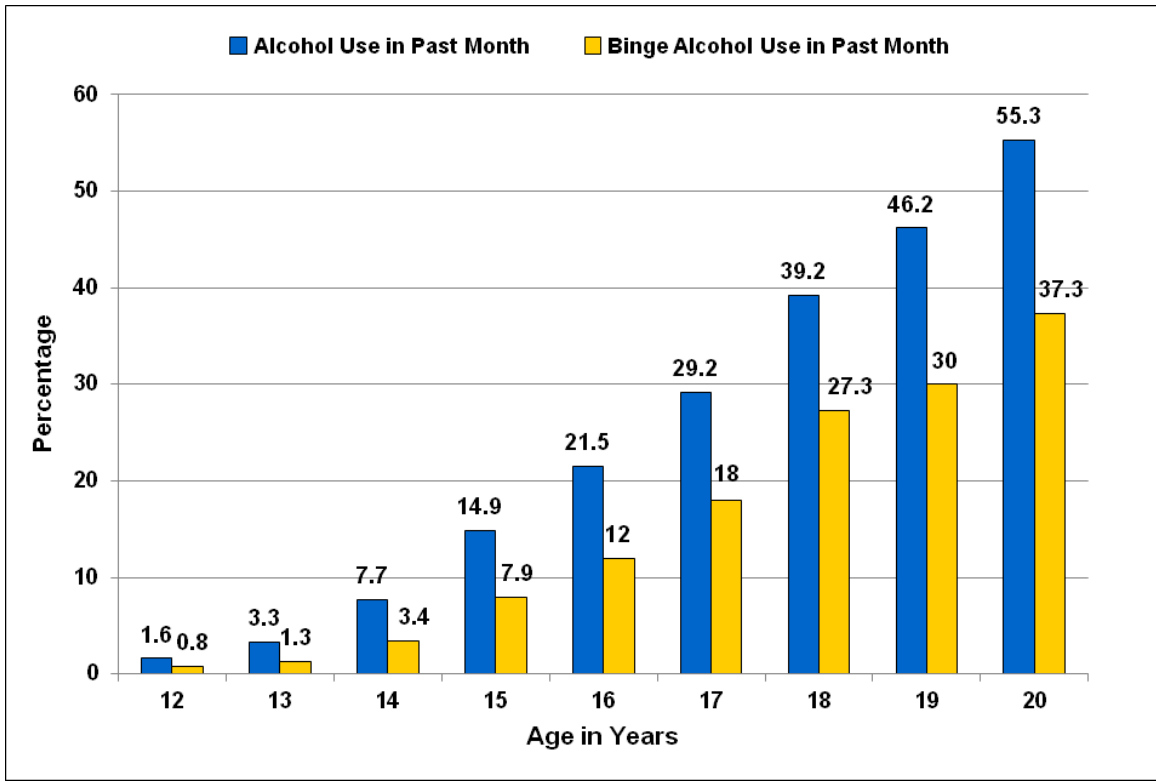
The convergence of female youth rates of consumption with those of male youth and the implications of this trend are causes for concern. Although older adolescent rates of consumption and binge drinking are higher for males than females, the gap is closing. In 2011, 25.5 percent of male 12th graders reported binge drinking (defined as consumption of five or more drinks in a row) at least once in the prior 2-week period compared with 17.6 percent of female 12th graders (Exhibit E.3) (Johnston et al., 2012a). This difference of just 7.9 percentage points contrasts with the 23 percent difference found in 1975. Younger adolescent females (e.g., 8th graders) now exhibit rates of drinking, binge drinking, and getting drunk similar to rates for adolescent males (Johnston et al., 2012a).

The literature on gender-specific effects of alcohol use suggests that the health status of young women may be adversely affected by current trends in their alcohol consumption. Alcohol use is associated, for example, with an increased risk of unintended pregnancy, sexually transmitted disease, and violence victimization among women, adverse health outcomes that may increase

² Binge drinking is the consumption of a large amount of alcohol over a relatively short period of time. No common terminology has been established to describe different drinking patterns. Based on National Survey on Drug Use and Health (NSDUH) data, SAMHSA defines binge drinking as five or more drinks on one occasion on at least 1 day in the past 30 days, and heavy drinking as five or more drinks on at least 5 different days in the past 30 days. However, NSDUH can provide binge-drinking estimates based on the NIAAA gender-specific definition. Some studies, including Wechsler's (2002) survey of college students, define binge drinking as five or more drinks in a row for men and four or more for women. Other sources use "frequent heavy drinking" to refer to five or more drinks on at least five occasions in the last 30 days. Appendix A discusses these differences in more detail. See Courtney and Polich (2009) for further discussion of the definition issues.

³ In August 2010, the SAMHSA Office of Applied Studies (OAS) was renamed the Center for Behavioral Health Statistics and Quality (CBHSQ).

**Exhibit E.1: Current and Binge Alcohol Use among Persons Ages 12 to 20: 2011
(SAMHSA, 2012 detailed tables)**



**Exhibit E.2: Drinking Days per Month and Number of Drinks per Occasion for Youth (12–20), Young Adults (21–25), and Adults (≥26): 2011
(SAMHSA, CBHSQ, NSDUH, Special Data Analysis, 2012)**

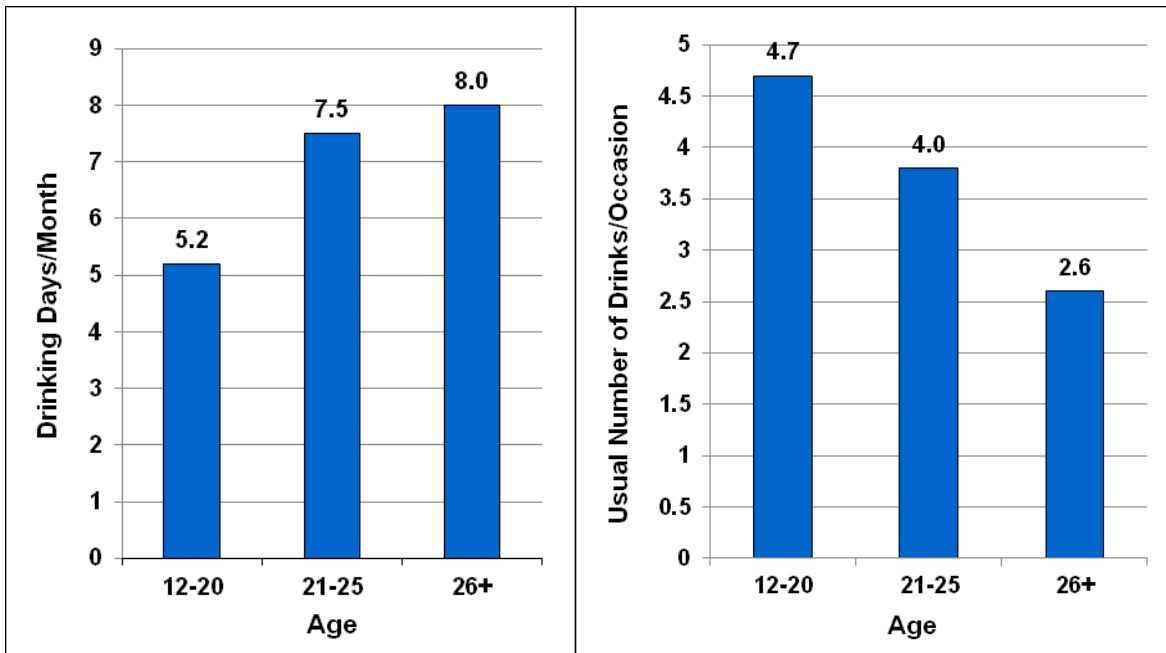
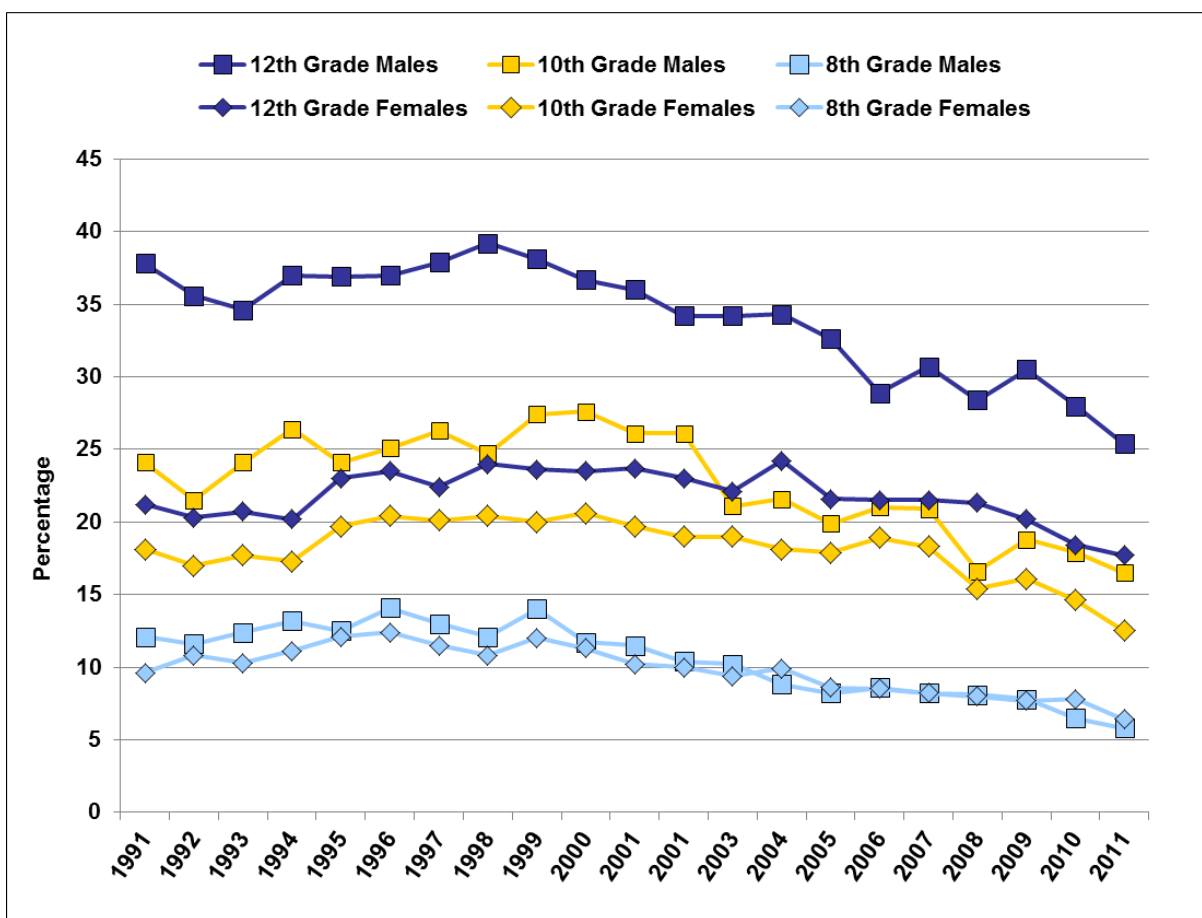


Exhibit E.3: Rates of Binge Drinking in the Past 2 Weeks among Male and Female 8th, 10th, and 12th Graders, 1991–2011 (Johnston et al., 2012a)



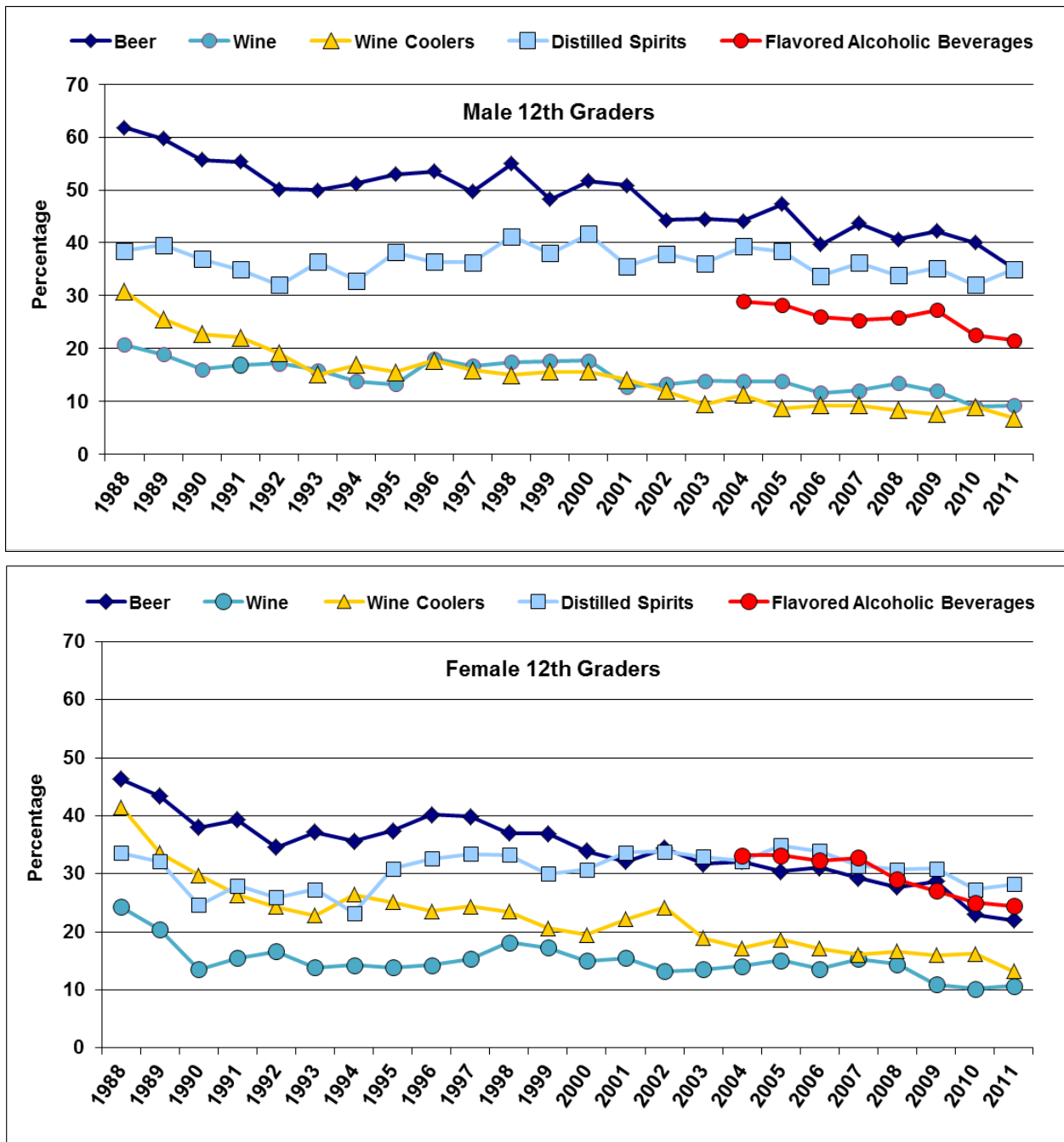
with higher rates of alcohol use (Abbey, 2011; Maisto et al., 2002; Norris et al., 2009; Sugarman et al., 2009; Testa and Livingston, 2009).

Adolescents' Beverage Preferences Are Shifting From Beer to Distilled Spirits

Different alcohol beverage types may be associated with different patterns of underage consumption. Ease of concealment, palatability, alcohol content, marketing strategies, media portrayals, parent modeling, and economic and physical availability may all contribute to the quantity of and settings for consumption. Similarly, beverage types may affect the policies and enforcement strategies that are most effective in reducing underage drinking (CDC, 2007). Tracking beverage preferences among young people is, therefore, an important aspect of prevention policy.

Distilled spirits are becoming more popular among adolescents, and are challenging beer as the beverage most likely to be consumed by underage drinkers, especially those who report binge drinking. Flavored alcoholic beverages are also popular with adolescents. Females, in particular, have shifted their beverage preference from beer to these other alternatives (Exhibit E.4). However, wine remains a relatively unpopular beverage among younger drinkers.

Exhibit E.4: Drinking Trends in the Percentage of Male and Female 12th Graders Using Alcoholic Beverages by Beverage Type, 1988–2011 (Johnston et al., 2012a)



Data from eight states indicated that, among students in 9th through 12th grades who reported binge drinking, liquor was the most prevalent beverage type (Siegel, Naimi, Cremeens, & Nelson, 2011).

Youth Start Drinking at an Early Age

As discussed below, early initiation to alcohol use increases the risk of a variety of developmental problems during adolescence and problems later in life. Early initiation is often an important indicator of future substance use (NSDUH, 2012). Accordingly, delaying the onset of alcohol initiation may significantly improve later health. Although the peak years of initiation to alcohol are 7th to 11th grades, 10 percent of 9- to 10-year-olds have already started drinking (Donovan et al., 2004), and about one fifth of underage drinkers begin before they are 13 years old (CDC, 2012). Slightly fewer than 1 million (972,000) persons who initiated alcohol use in the past year reported they were ages 12 to 14 when they initiated. This translates to approximately 2,660 youths ages 12 to 14 who initiated alcohol use per day in 2011 (SAMHSA, CBHSQ, NSDUH, Special Data Analysis, 2012).

Drinking Rates Vary Significantly by Racial and Ethnic Group

White youths who are 12 to 20 years old are more likely to report current alcohol use and binge drinking than any other racial or ethnic group. Asian and Black youths had the lowest rates (Exhibit E.5) (SAMHSA, CBHSQ, NSDUH, Special Data Analysis, 2012); however, data indicate that prevalence of drinking before age 13 is higher among Black and Hispanic youths than among White youths (CDC, 2012).

These ethnic and racial differences must be viewed with caution. As Caetano, Clark, and Tam (1998) note, there are important differences in alcohol use and related problems among ethnic and racial subgroups of Whites, Blacks, Hispanics, Asians, and Native Americans/Alaska Natives. Moreover, the authors stress that the patterns of consumption for any group or subgroup represent a complex interaction of psychological, historical, cultural, and social factors that are not adequately captured by a limited set of labels. With these cautions in mind, however, the data in Exhibit E.5 highlight the importance of considering race and ethnicity in planning underage drinking countermeasures in specific communities.

Underage Drinking Is More Likely To Occur in Private Residences Where Three or More People Are Present

The social and physical settings for underage drinking affect patterns of alcohol consumption. For a young person, the usual number of drinks consumed is substantially higher when two or more other people are present than when drinking with one person or alone (Exhibit E.6). Drinking in the presence of others is by far the most common setting for young drinkers. More than 80 percent of youth who had consumed alcohol in the past month reported doing so when at least two others were present (SAMHSA, 2012a). Thus, most young people are drinking in social contexts that appear to promote heavy consumption, and where people other than the drinker may be harmed by the drinker's behavior.

As shown in Exhibit E.7, private residences are the most common setting for youth alcohol consumption, although age differences are reported. Most underage drinkers reported drinking in either someone else's home or their own. The next most popular drinking locations are at a restaurant, bar, or club; at a park, on a beach, or in a parking lot; or in a car or other vehicle (SAMHSA, CBHSQ, NSDUH, Special Data Analysis, 2012). Youths 18 to 20 years old are

Exhibit E.5: Alcohol Use and Binge Drinking in the Past Month among 12- to 20-Year-Olds by Race/Ethnicity and Gender: Annual Averages Based on 2002–2011 Data (SAMHSA, CBHSQ, NSDUH, Special Data Analysis, 2012)

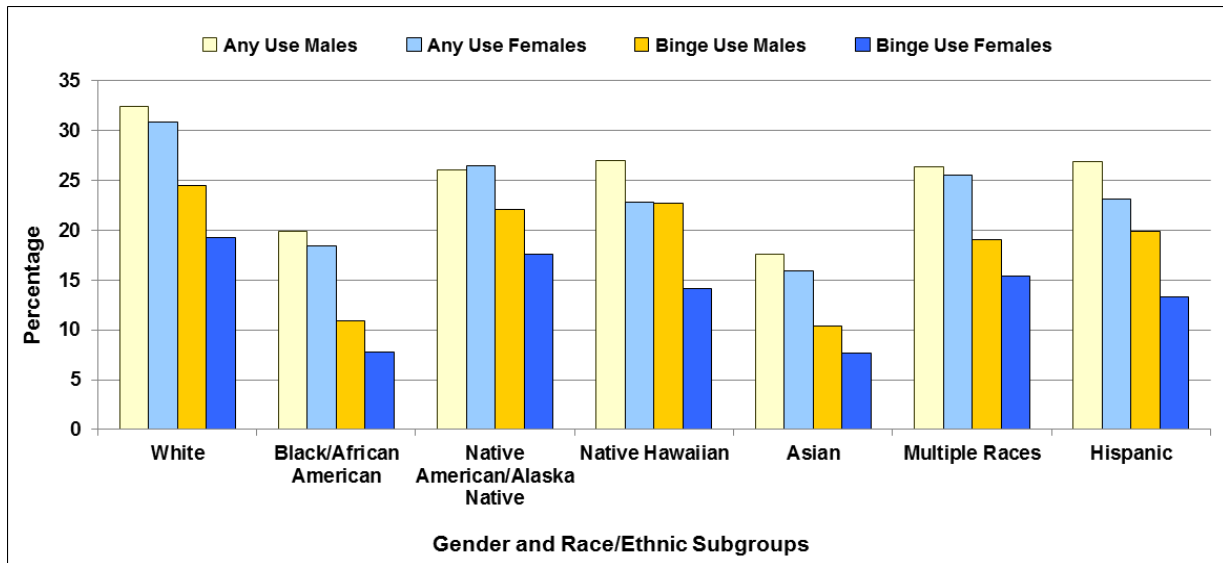


Exhibit E.6: Average Number of Drinks Consumed on Last Occasion of Alcohol Use in the Past Month among Past-Month Alcohol Users Ages 12–20, by Social Context and Age Group: Annual Averages Based on 2010–2011 Data (SAMHSA, CBHSQ, NSDUH, Special Data Analysis, 2012)

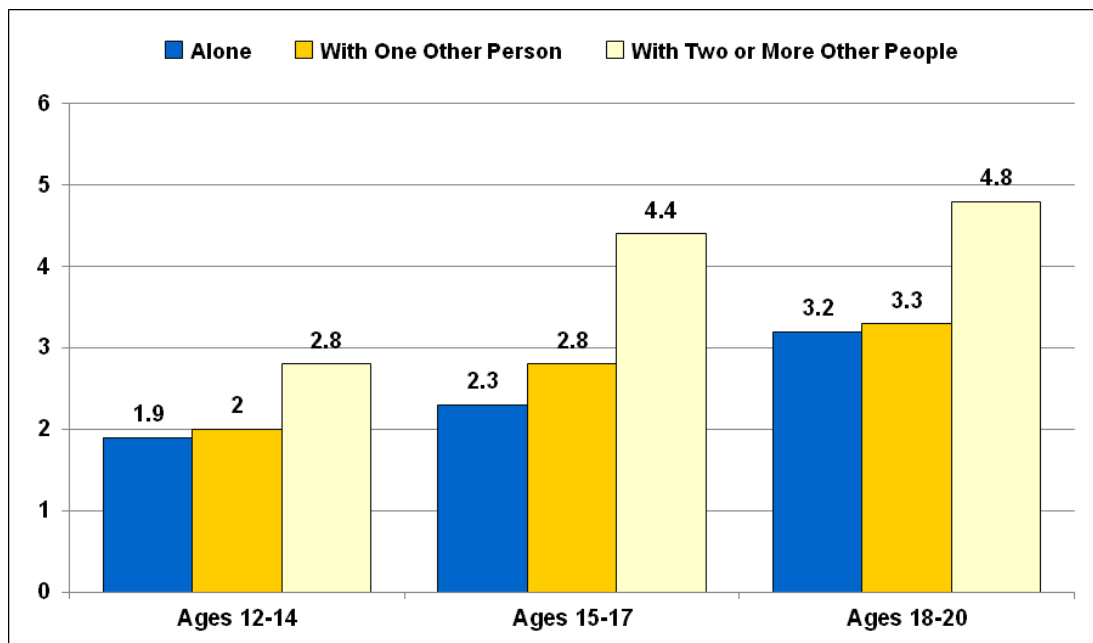
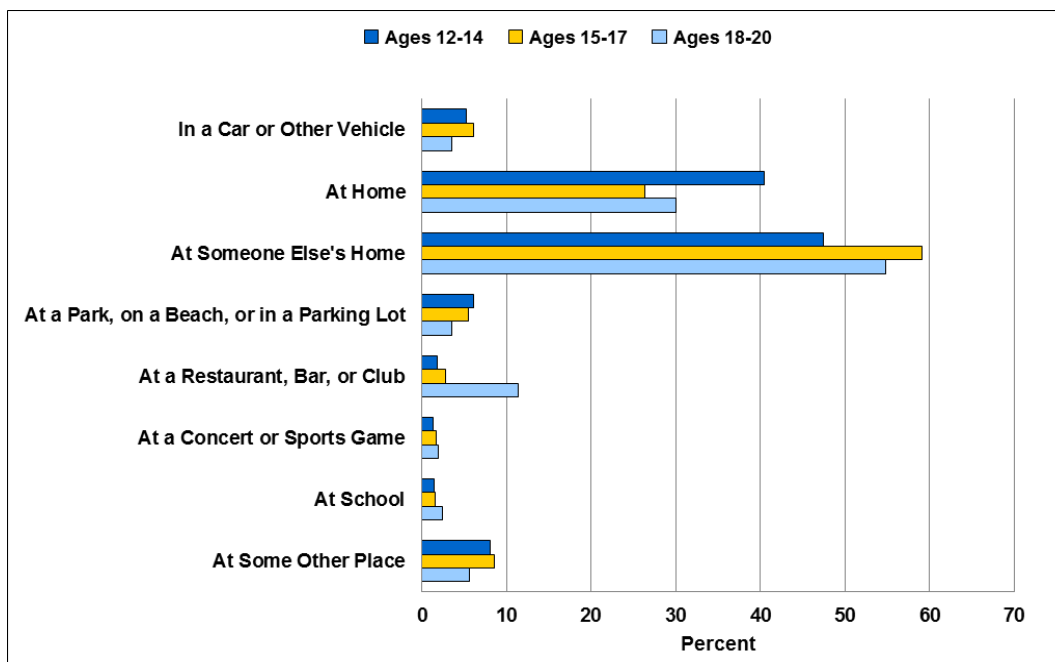


Exhibit E.7: Drinking Locations of Last Alcohol Use among Past-Month Alcohol Users Ages 12–20 by Age Group: Annual Averages Based on 2010–2011 Data (SAMHSA, CBHSQ, NSDUH, Special Data Analysis, 2012)



more likely than their younger peers to report drinking in restaurants, bars, or clubs, although the absolute rates of such drinking are low compared with drinking in private residences. These data suggest that underage drinking occurs primarily in social settings (three or more drinkers) at a private residence. This conclusion is consistent with research findings that underage drinking parties, where large groups of underage people gather at private residences, are high-risk settings for binge drinking and associated alcohol problems (Mayer, Forster, Murray, & Wagenaar, 1998). Similar findings exist for college students' binge drinking (Clapp, Shillington, & Segars, 2000).

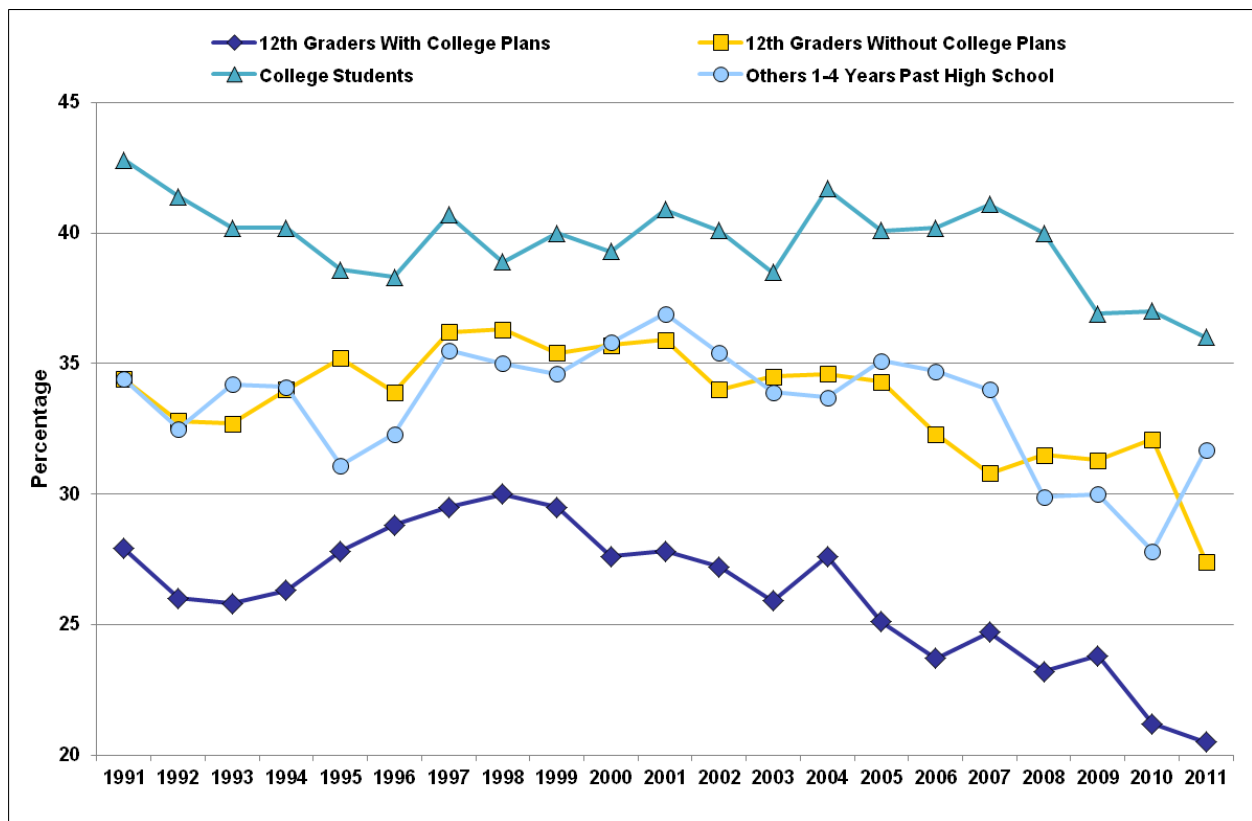
Young People Perceive Alcohol To Be Readily Available

Since 1993, youth have reported declines in alcohol availability. However, the number of young people who report that alcohol is fairly easy or very easy to obtain remains high. For example, in 2011, 89.9 percent of 12th graders reported that it was easy or very easy to obtain (Johnston et al., 2012a). Very young drinkers are most likely to obtain alcohol at home from parents or siblings, or drink alcoholic beverages stored in the home. In addition, new data suggest that retailer interstate shipping of alcohol has opened up a potentially important avenue of alcohol access for underage persons (see below). Please note that some of the methods young people use to obtain alcohol do not violate underage drinking laws in some states (see Chapter 4).

Drinking Continues To Be Prevalent in Campus Culture at Many Universities

A total of 80.5 percent of college students drink; 36.1 percent report drinking five or more drinks on an occasion in the past 2 weeks (Johnston et al., 2012b). Research indicates that some college students' drinking far exceeds the minimum binge criterion of five drinks per occasion (Wechsler et al., 1999). Although colleges and universities vary widely in student binge-drinking rates, overall rates of college student drinking and binge drinking exceed those of non-college-age peers (Johnston et al., 2012b). Unlike high school students and non-college-age peers, rates of binge drinking among college students have shown little decline since 1993 (Johnston et al., 2012b). These differences are not easily attributable to differences between college- and non-college-bound students. Although college-bound 12th graders are consistently less likely than their non-college-bound counterparts to report occasions of heavy drinking, college students report higher rates of binge drinking than college-age youth not attending college (Johnston et al., 2011b) (Exhibit E.8). This suggests that the college environment influences drinking practices (Hingson, Heeren, Levenson, Jamanka, & Voas, 2002; Kuo, Wechsler, Greenberg, & Lee, 2003).

Exhibit E.8: Prevalence of Binge Drinking in the Past 2 Weeks by 12th Graders with and without College Plans, College Students, and Others 1 to 4 Years Past High School Past High School: 1991–2011 (Johnston et al., 2012a,b)



Youth Drinking Is Correlated with Adult Drinking Practices

Generational transmission has been widely hypothesized as one factor shaping the alcohol consumption patterns of young people. For example, children of parents who binge are twice as likely to binge themselves and to meet alcohol-dependence criteria. Whether through genetics,

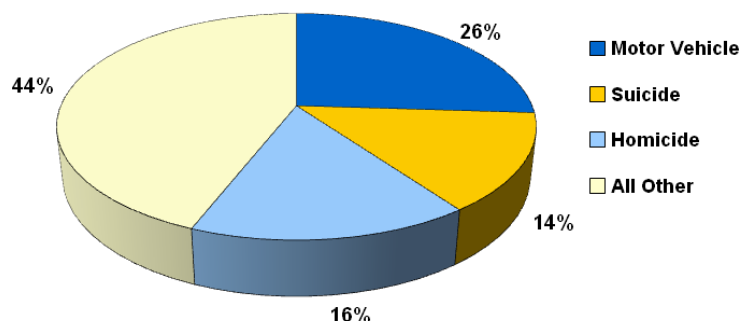
social learning, or cultural values and community norms, researchers have repeatedly found a correlation between youth drinking and the drinking practices of parents (Pemberton, Colliver, Robbins, & Gfroerer, 2008). Nelson, Naimi, Brewer, and Nelson (2009) demonstrated this relationship at the population (state) level. State estimates of youth and adult current and binge drinking from 1993 through 2005 were significantly correlated when pooled across years. The results suggest that some policies primarily affecting adult drinkers (e.g., pricing and taxation, hours of sale, on-premises drink promotions) may also affect underage drinking.

Consequences and Risks of Underage Drinking

Alcohol-Related Motor Vehicle Traffic Crashes

The greatest single mortality risk for underage drinkers is motor vehicle crashes (Exhibit E.9). All drivers who have been drinking are at greater risk of injury because such drivers are less likely to use restraints (<http://www-nrd.nhtsa.dot.gov/Pubs/811622.pdf>). Mile for mile, teenagers are involved in three times as many fatal crashes as all other drivers (National Center for Statistics and Analysis [NCSA], 2009). Younger drivers are frequently inexperienced in hazard recognition and often take unnecessary risks due to a combination of poor decisionmaking and an illusion of invulnerability (Williams, 2006). One study found that at 0.08 BAC, adult drivers in all age and gender groups—compared with sober drivers—were 11 times more likely to die in a single-vehicle crash. Among those 16 to 20 years old at 0.08 percent BAC, male drivers were 52 times more likely than sober male drivers the same age to die in a single-vehicle fatal crash (Zador, 1991). In 2010, of the 1963 young drivers ages 15 to 20 killed in motor vehicle crashes, 490 (25 percent) had a BAC of .08 g/dL or higher (National Highway Traffic Safety Administration [NHTSA] Fatality Analysis Reporting System [FARS], 2010).

**Exhibit E.9: Leading Causes of Death for Youth Ages 12–20: 2009
(CDC WISQARS, 2012)⁴**



⁴ CDC's web-based Injury Statistics Query and Reporting System (WISQARS) is an interactive database system that provides customized reports of injury-related data.

According to 2011 survey data, about 3.6 percent of 16-year-olds, 6.7 percent of 17-year-olds, 10.0 percent of 18-year-olds, 14.2 percent of 19-year-olds, and 16.5 percent of 20-year-olds reported driving under the influence of alcohol in the past year (SAMHSA, 2012b, detailed tables). The Community Preventive Services Task Force recommends maintaining current minimum legal drinking-age laws based on strong evidence of their effectiveness in reducing alcohol-related crashes and associated injuries among 18- to 20-year-old drivers (<http://www.thecommunityguide.org/mvoi/AID/mlda-laws.html>).

Unintentional and Intentional Injuries and Other Trauma

As Exhibit E.9 shows, homicide and suicide follow motor vehicle crashes as the second and third leading causes of death among teenagers. In 2009, 2,652 young people who were 12 to 20 years old died from homicide; 2,383 died from suicide (CDC, 2011). In addition, 2,410 people who were 12 to 20 years old died from unintentional injuries other than motor vehicle crashes, such as poisoning, drowning, falls, and burns (CDC, 2011).

At present, it is unclear how many of these deaths are alcohol related. One study (Smith, Branas, & Miller, 1999) estimated that for all ages combined, nearly one third (31.5 percent) of homicides are alcohol related. Data from 17 states shows that among suicide decedents tested who were ages 10 to 19 (all of whom were under the legal drinking age in the United States), 12 percent had BACs >0.08 g/dL (Crosby et al., 2009). Another study focusing on youth suicide estimated that 9.1 percent of hospital-admitted suicide acts by those under age 21 involved alcohol and that 72 percent of these cases were attributable to alcohol (Miller et al., 2006).

Police and child protective services records suggest that those under age 21 commit 31 percent of rapes, 46 percent of robberies, and 27 percent of other assaults (Miller et al., 2006). As the authors note, relying on victim reports rather than agency records would yield higher estimates. For the population as a whole, an estimated 50 percent of violent crime is related to alcohol use by the perpetrator (Harwood, Fountain, & Livermore, 1998). The degree to which violent crimes committed by those younger than 21 are alcohol related is as yet unknown.

Underage Drinking Increases the Likelihood of Risky Sexual Activity

According to the Surgeon General (U.S. Department of Health and Human Services [HHS], 2007), underage drinking plays a significant role in risky sexual behavior, including unwanted, unintended, and unprotected sexual activity, and sex with multiple partners. Such behavior increases the risk of unplanned pregnancy and sexually transmittable diseases (STDs), including infection with HIV, the virus that causes AIDS (Cooper & Orcutt, 1997). When pregnancies occur, underage drinking may result in fetal alcohol spectrum disorders, including fetal alcohol syndrome, a leading cause of mental retardation (Warren & Bast, 1988; Stratton, Howe, & Battaglia, 1996). Abbey (2011) notes that approximately half of all reported and unreported college sexual assaults involve alcohol consumption by the perpetrator, victim, or both. Estimates of perpetrators' intoxication during the incident ranged from 30 to 75 percent.

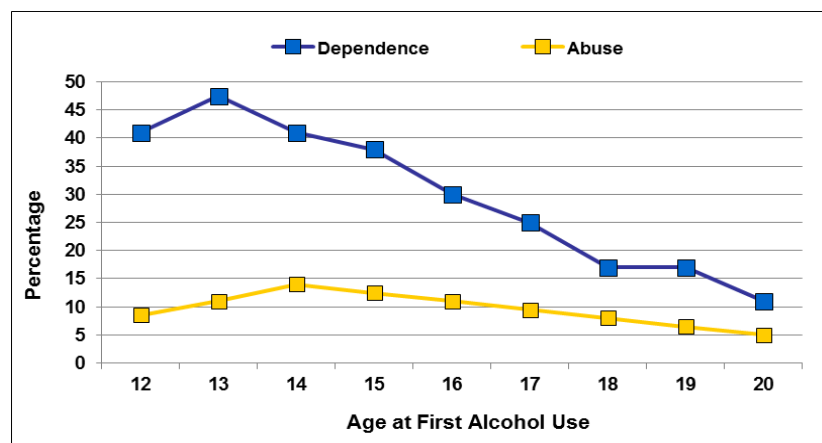
Early Initiation of Alcohol Use Increases the Risk of Alcohol Dependence and Other Negative Consequences Later in Life

It is increasingly clear that early initiation to alcohol use is associated with a variety of developmental problems during adolescence in later life. Grant and Dawson (1997) found that more than 40 percent of people who initiated drinking before age 13 were classified with alcohol dependence at some time in their lives. By contrast, rates of alcohol dependence among those who started drinking at age 17 or 18 were 24.5 percent and 16.6 percent, respectively (Exhibit E.10). Only 10 to 11 percent who started at age 21 or older met the criteria. Early initiation is also associated with intentional and unintentional injury to self and others after drinking (Hingson & Zha, 2009; Hingson, Heeren, Jamanka, & Howland, 2000); violent behavior, including predatory violence and dating violence (Blitstein, Murray, Lytle, Birnbaum, & Perry, 2005; Ellickson, Tucker, & Klein, 2003; Swahn, Bossarte & Sullivent, 2008); criminal behavior (Eaton, Davis, Barrios, Brener, & Noonan, 2007); prescription drug misuse (Hermos et al., 2008); unplanned and unprotected sex (Hingson, Heeren, Winter, & Wechsler, 2003); motor vehicle crashes (Hingson et al., 2002); and physical fights (Hingson, Heeren, & Zakocs, 2001).

Adverse Effects on Normal Brain Development Are a Potential Long-Term Risk of Underage Alcohol Consumption

Research suggests that early, heavy alcohol use may affect the physical development and functioning of the brain. Some cross-sectional neurological studies suggest decreased ability among heavy alcohol users in planning, executive function, memory, spatial operation, and attention. These deficits, in turn, may put alcohol-dependent adolescents at risk for falling farther behind in school, putting them at an even greater disadvantage relative to nonusers (Brown, Tapert, Granholm, & Dellis, 2000). Some of these cross-sectional findings have been supported by longitudinal analyses (Squeglia, Jacobus, & Tapert, 2009).

Exhibit E.10: Ages of Initiation and Levels of DSM Diagnoses for Alcohol Abuse and Dependence (Grant & Dawson, 1997)



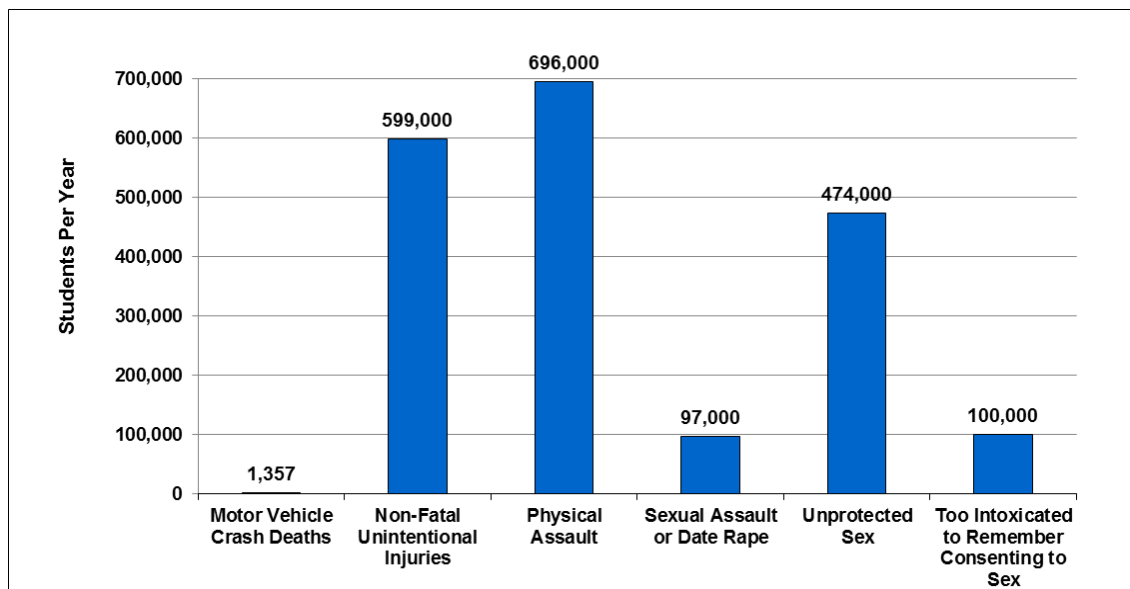
Underage Drinking Is Associated with Reduced Performance

Underage drinking, including binge drinking, is associated with reduced academic performance. Students who reported binge drinking were three times more likely than non-binge drinkers to report earning mostly Ds and Fs on their report cards (Miller, Naimi, Brewer, & Jones, 2007).

College Drinking Has Numerous Adverse Consequences

As noted in Exhibit E.8, overall rates of college students’ drinking and binge drinking exceed those of their age peers who do not attend college. These alcohol consumption rates on college campuses constitute a significant public health problem, as shown in Exhibit E.11. One NIAAA-funded study (Abbey et al., 1996) reported that over half of college women respondents had experienced some form of sexual assault. Slightly fewer than one third of these assaults were characterized by respondents as attempted or completed rapes. However, the incidence of college sexual assaults is difficult to measure, and different studies report different rates. A review by Abbey (2011) of three relevant studies (Abbey et al, 2004; Seto & Barbaree, 1995; Testa, 2002) concludes that approximately half of all reported and unreported sexual assaults involve alcohol consumption by the perpetrator, victim, or both. Abbey further reports that, typically, if the victim consumes alcohol, the perpetrator does as well. Estimates of perpetrators’ intoxication during the incident ranged from 30 to 75 percent. Approximately 25 percent of college students report academic consequences of their drinking, including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall.

Exhibit E.11: Prevalence of Alcohol-Related Morbidity and Mortality among College Students Ages 18–24 (calculated using methods presented in Hingson et al., 2005, 2009)



The National Effort To Reduce Underage Drinking

Underage drinking has been recognized as a public health problem for many years. Recently, however, the national effort to prevent alcohol use by America’s young people has intensified as the multifaceted consequences associated with underage drinking have become more apparent. A brief summary of key milestones over the last two decades follows:

- 1992—Congress created SAMHSA “to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders.”
- 1998—Congress mandated that the Department of Justice, through the Office of Justice Programs’ Office of Juvenile Justice and Delinquency Prevention (OJJDP), establish and implement the Enforcing the Underage Drinking Laws (EUDL) program, a state- and community-based initiative.
- 2004—Congress directed the Secretary of the HHS to establish the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) and to issue an annual report summarizing all federal agency activities related to the problem.
- 2006—Congress passed the Sober Truth on Preventing (STOP) Underage Drinking Act, Public Law 109-422, popularly known as the STOP Act. The act states, “a multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort, and addresses particulars of the Federal portion of that effort as well as Federal support for state activities.” The STOP Act also calls for two annual reports: (1) a Report to Congress from the HHS Secretary (the “Annual Report to Congress”) and (2) a report on state underage drinking prevention and enforcement activities (the “State Report”). Chapters 1 through 3 of this document constitute the Annual Report to Congress; Chapter 4 constitutes the State Report. Together, they fulfill the STOP Act mandate and are designed to build on the efforts that precede it.
- 2007—The Surgeon General’s *Call to Action To Prevent and Reduce Underage Drinking* (HHS, 2007) (henceforth termed *Call to Action*), the first on that subject, was issued. Based on the latest and most authoritative research, particularly on underage drinking as a developmental issue, the *Call to Action* outlines a comprehensive national effort to prevent and reduce underage alcohol consumption. The strategies for implementing the goals of the *Call to Action* are presented in the full *Call to Action*, which is available at <http://www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf>.

The STOP Act requires the HHS Secretary to report to Congress on “the extent of progress in preventing and reducing underage drinking nationally.” Data presented in Chapter 1 of this report demonstrate that meaningful progress has been made in reducing underage drinking prevalence. The factors that have contributed to this progress are varied and complex. However, one clear factor has been the increased attention to this issue at all levels of society. Federal initiatives have raised underage drinking to a prominent place on the national public health agenda, created a policy climate in which significant legislation has been passed by states and localities, raised awareness of the importance of aggressive enforcement, and stimulated coordinated citizen action. These changes are mutually reinforcing and have provided a framework for a sustained national commitment to reducing underage drinking.

Nevertheless, the rates of underage drinking are still unacceptably high, resulting in preventable and tragic health and safety consequences for the nation's youth, families, communities, and society as a whole. Therefore, ICCPUD remains committed to an ongoing, comprehensive approach to preventing and reducing underage drinking. This document, with its yearly updates to the State Report and survey responses, is part of that sustained effort to reduce underage drinking in America.

Below we highlight national efforts to address underage college drinking (further described in Chapter 1). The rates of alcohol consumption on college campuses constitute a significant public health problem.

Best Practices for Prevention of Underage College Drinking

To change the college drinking culture, the NIAAA-supported Task Force on College Drinking, composed of researchers, administrators, and students (NIAAA, 2002a), recommends that schools intervene with best practices at three levels: the individual student, including at-risk or alcohol-dependent drinkers; the entire student body; and the college and surrounding community. The Task Force also developed a "3-in-1" framework of college drinking prevention best practices. This framework is described in Chapter 1. In 2007, after an updated review of the college intervention literature, NIAAA issued "What Colleges Need to Know Now: An Update on College Drinking Research."

In 2011, the National College Health Improvement Project (NCHIP) launched the Learning Collaborative on High-Risk Drinking, to develop strategies for reducing alcohol problems on college campuses. For a description of the Learning Collaborative, see Chapter 1.

Research on college drinking prevention is ongoing, as is innovation on campuses across the country. Evidence for college-specific best practices is growing, and practices known to be effective with the general youth population are being tested in college settings. The Learning Collaborative on High-Risk Drinking may represent an important step forward in the commitment of colleges and universities to address underage drinking on campus. It also suggests a new effort to develop effective collaborations among college campuses, federal agencies, and researchers.

Report on State Programs and Policies Addressing Underage Drinking

Recognizing the importance of state programs and policies in preventing underage drinking, the STOP Act directs HHS and ICCPUD to provide an annual report on state underage drinking prevention activities. It defines specific categories of prevention programs, policies, enforcement activities related to those policies, and state expenditures to guide the report's development.

The annual State Report (Chapter 4) provides the following information for the 50 states and the District of Columbia (henceforth referred to as "states"):

1. Information on 25 underage drinking prevention policies focused on reducing youth access to alcohol and youth involvement in drinking and driving

2. Data from a survey addressing underage drinking enforcement programs; programs targeted to youth, parents, and caregivers; collaborations, planning, and reports; and state expenditures on the prevention of underage drinking

The 25 policies included in Chapter 4 can be grouped under four general headings:

- Laws Addressing Minors in Possession of Alcohol
- Laws Targeting Underage Drinking and Driving
- Laws Targeting Alcohol Suppliers
- Alcohol Pricing Policies

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 and the penalties associated with them are designed to raise the costs to underage people of obtaining and/or consuming alcohol. Such laws provide a primary deterrent (preventing underage drinking among nondrinkers) and a secondary deterrent (reducing the probability that adjudicated youth will drink again before reaching age 21). In addition, laws addressing internal possession facilitate enforcement and laws regarding false identification for obtaining alcohol make obtaining alcohol more difficult.

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

Like laws addressing minors in possession of alcohol, these laws seek to deter underage driving after drinking by raising the cost of this behavior. In addition, graduated driver’s licenses restrict driving privileges to reduce the incidence of a variety of risky driving behaviors, including driving while intoxicated.

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

These laws serve to reduce alcohol availability to minors, and hence reduce underage drinking. Some of the laws increase the costs to adults and thus deter furnishing alcohol to minors (e.g., compliance checks and social host and dram shop liability). Other laws directly impede furnishing (e.g., responsible beverage service, minimum age for servers and sellers, direct shipment, and home delivery).

Alcohol Pricing Policies

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

These policies serve to decrease the “economic availability” of alcoholic beverages through increases in retail price and thus decrease underage drinking and a wide variety of related consequences. The effects of these policies may be direct (e.g., increased taxes, minimum wholesale prices, banning reduced-price drink specials) or indirect (e.g., limiting serving size).

Chapter 4 includes a description of each policy’s key components, the status of the policy across states, and trends over time. Summaries are followed by a state-by-state analysis of each policy.

Two of these policies appear in this year’s report for the first time: outlet siting near schools and retailer interstate shipments. Of particular note are the findings on retailer interstate shipments, which involve retailers shipping alcohol directly to consumers located across state lines, usually in response to internet orders. This relatively recent phenomenon may provide an important source of alcohol for underage persons and has been the focus of legislative action in 43 states, with 32 states banning these shipments entirely. For more information on this policy and other policies, see the individual state reports and policy summaries in Chapter 4.

State Survey

This section of Chapter 4 provides both the complete responses of the states to the 2012 State Survey (state summaries), and the Cross-State Report. This is the second wave of data collection for the State Survey (which was initiated in 2011). Comparisons for selected enforcement activities are presented between data collected in 2011 and data collected in 2012.

The survey content was derived directly from the STOP Act, covering topics and using terminology from the act. The survey questions were structured to allow states maximum flexibility in deciding which initiatives to describe and how to describe them. Open-ended questions were used whenever possible to allow states to “speak with their own voices.” As noted earlier, the survey addressed four main areas:

1. Enforcement programs
2. Programs targeted to youth, parents, and caregivers
3. Collaborations, planning, and reports
4. State expenditures on the prevention of underage drinking

The Cross-State Report presents data about variables amenable to quantitative analysis. Overall, the 2012 data reveal a wide range of activity in the areas studied, although these vary in scope and intensity from state to state. All states have areas of strength and all have areas where improvements could be realized. The inadequacy of some state data systems to respond to the data requested in the survey is a recurrent theme. This is especially the case in local law enforcement and expenditures. Accurate and complete data are essential both for describing current activities to prevent underage drinking and to monitor progress in future state surveys.

Comparisons of 2011 and 2012 enforcement data suggest trends. Sixty percent of the states reporting for both years indicated that minors in possession arrests increased, whereas 53 percent of the states reported a decrease in the number of state compliance checks. Larger percentages of the states reported reductions in the use of retailer penalties than reported increases. These results must be viewed with caution. In many cases, substantial missing data decrease the extent to which meaningful conclusions can be drawn. Caution must also be exercised in interpreting the 2011–2012 changes. Single-year trends are rarely stable and may not hold up over time.

Conclusion

Data in this report demonstrate that meaningful progress has been made in reducing underage drinking prevalence. The factors contributing to this progress are varied and complex. One clear factor has been increased attention to this issue at all levels of society. Federal initiatives, together with efforts by the national media, state and local governments, and interested private organizations, have raised underage drinking to a prominent place on the national public health agenda, created a policy climate in which significant legislation has been passed by states and localities, raised awareness of the importance of aggressive enforcement, and stimulated coordinated citizen action. These changes are mutually reinforcing and have provided a framework for a sustained national commitment to reducing underage drinking.

Nevertheless, the rates of underage drinking are still unacceptably high, resulting in preventable and tragic health and safety consequences for the nation's youth, families, communities, and society as a whole. Therefore, ICCPUD remains committed to an ongoing, comprehensive approach to preventing and reducing underage drinking.