

APPENDICES

APPENDIX A: SURVEYS

Federal funding supports a wide variety of surveys. Information about underage alcohol use, abuse, and consequences primarily comes from three federally funded surveys—the National Survey on Drug Use and Health (NSDUH), Monitoring the Future (MTF), and the national Youth Risk Behavior Survey (YRBS). Each of these surveys makes a unique contribution to our understanding of the nature of youth alcohol use. NSDUH assesses illicit drug, alcohol, and tobacco use among noninstitutionalized individuals age 12 and older and serves as the major Federal source of nationally representative data on substance use in the general population of the United States. MTF examines attitudes and behaviors of 8th, 10th, and 12th graders with regard to alcohol, drug, and tobacco use and provides important data on both substance use and the attitudes and beliefs that may contribute to such behaviors. YRBS examines various risk behaviors among high school students and provides vital information on specific behaviors that cause the most significant health problems among youth in the United States today.

These surveys sometimes differ in their findings. To address differences in youth substance use prevalence estimates generated by these surveys and to improve Federal policy makers' understanding of the influence of methodological differences on those estimates, the Office of the Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services commissioned a group of recognized experts in survey design, sampling techniques, and statistical analysis to examine and compare the methodologies of each survey. The resulting papers and accompanying Federal commentaries appear in a special issue of *Journal of Drug Issues* (Volume 31, Number 3, Spring 2001). Experts agreed that the overall methodology for each survey is strong and that observed differences are not the result of flaws or serious weaknesses in survey design. In fact, some differences are to be expected—such as those resulting from home- vs. school-based settings. From a policy perspective, serious and complex issues such as youth alcohol use and related behavior often require examination and analysis from multiple perspectives. Because no one survey is absolute or perfectly precise, input from multiple sources is not only valuable, but necessary.

National Survey on Drug Use and Health (NSDUH)

NSDUH, the primary source of illegal drug use statistics for the United States population age 12 and older, also collects information on use of alcohol; use of tobacco products; trends in initiation of substance use; prevention-related issues; substance dependence, abuse, and treatment; and mental health. Initiated in 1971 and conducted annually since 1990, this survey collects data by administering questionnaires to individuals comprising a representative sample of the population through face-to-face interviews at their places of residence. SAMHSA sponsors the survey, and SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) plans and manages it. RTI International collects data under contract. NSDUH collects information from residents of households and noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), as well as civilians living on military bases.

Since 1999, NSDUH has been carried out using computer-assisted interviewing. Most questions are administered with audio computer-assisted self-interviewing (ACASI). ACASI provides respondents with a highly private and confidential means of responding to questions to increase the level of honest reporting of illicit drug use and other sensitive behaviors. Less sensitive items are administered using computer-assisted personal interviewing (CAPI).

NSDUH provides estimates for each of the 50 States and the District of Columbia, as well as national estimates. Its design oversamples youth ages 12 to 17 and young adults ages 18 to 25. For the 2008 survey, 68,736 interviews were completed for a weighted interview response rate of 74.4. Prior to 2002, NSDUH was called the National Household Survey on Drug Abuse (NHSDA). Because of improvements to the survey in 2002, the 2002 data constitute a new baseline for tracking trends in substance use. Therefore, SAMHSA recommends that estimates from 2002 forward not be compared with estimates from 2001 and earlier years of NHSDA.

Monitoring the Future (MTF) Study

MTF measures alcohol, tobacco, and illicit drug use as well as perceived risk, personal disapproval, and perceived availability associated with each substance among nationally representative samples of students in public and private secondary schools throughout the conterminous United States. The National Institute on Drug Abuse (NIDA) supports MTF through a series of investigator-initiated grants to the University of Michigan's Institute for Social Research. Every year since 1975, a national sample of 12th graders has been surveyed. In 1991, the survey was expanded to include comparable numbers of 8th and 10th graders each year. It also administers follow-up surveys by mail to representative samples of adults through age 50 from previous high school graduating classes and to representative samples of college students one to four years past high school. In 2009, 15,509 8th graders, 16,320 10th graders, and 14,268 12th graders were surveyed. University of Michigan staff members administer the questionnaires to students, usually in their classrooms during a regular class period. Questionnaires are self-completed and formatted for optical scanning. In 8th and 10th grades, the questionnaires are completely anonymous. In the 12th grade, they are confidential (to permit the longitudinal follow-up of a random subsample of participants). Extensive procedures are followed to protect the confidentiality of subjects and their data.

Youth Risk Behavior Survey (YRBS)

In the United States in the late 1980s, only a limited number of health-related school-based surveys such as MTF existed. Therefore, the Centers for Disease Control and Prevention (CDC) developed the Youth Risk Behavior Surveillance System (YRBSS) to monitor 6 categories of priority health risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and young adults. YRBSS includes biennial national, State, and local school-based surveys of representative samples of students in grades 9 through 12, as well as other national and special population surveys. The national survey—the YRBS—is conducted by CDC with a target population comprising all public and private high school students in the 50 States and the District of Columbia. Education and health agencies conduct State and local surveys. The national sample is not an aggregation of the State and local surveys, and State and local estimates cannot be obtained from the national sample. In 2009, 16,410 students completed the national YRBS with an overall response rate of 71 percent.

Additional Surveys

Three additional federally supported surveys collect alcohol consumption and related information on a segment of the underage population—those 18 to 20 years of age. First among these is NESARC, which is a large nationwide household survey sponsored by NIAAA and fielded by the Census Bureau. It assesses the prevalence of alcohol use disorders and associated disabilities in the general population age 18 and older. The first wave of this longitudinal survey was fielded in 2001 through 2002. The second wave of NESARC was conducted in 2005 among the individuals who participated in Wave 1; longitudinal information first became available in 2008.

Begun in the early 1980s and fielded every two to four years, the Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel measures prevalence of substance use and health behaviors among active-duty military personnel on United States military bases worldwide. In 2005, the Department of Defense (DoD) initiated the DoD Lifestyle Assessment Program, which incorporates the active duty health behaviors study and expands the scope to include the National Guard and Reserves as well as other special studies. In 2006, a Reserve component of the survey was conducted. Data from the 2005 survey, now called the DoD Survey of Health Related Behaviors Among Active Duty Military Personnel, became available in December 2006. Planning for the next Active Duty Military Survey began in 2008.

Begun in 1957, the National Health Interview Survey (NHIS) is an annual multistage probability sample survey of households by United States Census Bureau interviewers for the CDC National Center for Health Statistics (Pleis & Lethbridge-Cejku, 2007). Information related to underage drinkers age 18 to 20 from these three surveys may be added to this Report in the future.

Association vs. Causation

In reviewing data related to risky behaviors and different categories of alcohol use, readers should keep in mind that association does not prove causation. Just because alcohol use is associated with other risky behaviors does not mean that it *causes* these other risky behaviors. Often, additional research is needed to establish alcohol as a causative factor.

Additional Methodological Caveats

When reviewing studies of the age of initiation of alcohol use, one must recognize that different researchers use different methods to describe initiation of drinking and to estimate the average age at first use of alcohol. In some cases, large differences in estimates have resulted, primarily due to differences in how age groups and time periods are specified in the calculations. The following examples will help readers understand these methodological differences.

A popular method for computing average age involves restricting the age group of estimation to persons age 12- to 17-years-old or 12- to 20-years-old, with no restriction on the time period. This method provides an estimate of the average age of first use among persons in the age group who have used alcohol at some point in their lifetime, which typically results in a younger estimated average age of first use than other methods. This is because initiation occurring in older age groups is excluded from the calculation, and also because the calculation gives too much weight to very early initiation. For example, 15-year-olds who will first use at age 17 are excluded since they have not yet used alcohol at the time of data collection. Thus, the 2003

NSDUH average age of first use among lifetime alcohol users age 12 to 20 is 14.0 years; among 20-year-olds, 15.4 years; and among all lifetime drinkers, 16.8 years.

The above method has limited utility for assessing trends because estimates do not reflect a well-defined recent time period. A 20-year-old may have first used alcohol at age 10, so an average age of first use among 12- to 20-year-olds would span a period covering as much as 10 years. Besides not reflecting the most current patterns, year-to-year change in this average is typically negligible due to the substantial overlap in the covered time periods. Trends in average age of initiation are best measured by estimating the average age among those who initiated alcohol use during a specific time period, such as a calendar year or within the 12 months prior to interview, in a repeated cross-sectional survey. These estimates can be made with or without age restrictions. For example, the average age of first use among persons in 2003 who initiated within the past 12 months was 16.5 years, but restricting the calculation to just those who initiated before age 21 results in an average age of 15.6. Based on the 2003 NSDUH, an estimated 11 percent of recent initiates were age 21 or older when they first used.

Estimates of average age of first use among recent initiates based on the NSDUH sample of persons 12 and older is biased upward because it does not capture initiation prior to age 12. The 2003 NSDUH estimated that 6.6 percent of alcohol initiates during 1990 to 1999 were age 11 or younger. Excluding these early initiates from calculations inflates the estimate of average age by approximately half a year. This bias can be diminished by making estimates only for time periods at least two years prior (e.g., using the 2003 NSDUH, estimate average age at first use for 2001, but not 2002), an approach used in previous NSDUH reports. Although this approach can provide interesting historical data, it does not give timely information on emerging patterns of alcohol initiation. Furthermore, there are serious bias concerns with historical estimates of the number of initiates and their average age at first use constructed from retrospectively reported age at first use. Older respondents are more likely not to remember accurately when an event occurred. An event may be remembered as having occurred more recently than it actually did—a kind of “forward telescoping” of the recalled timing of events. Evidence of telescoping suggests that trend estimates based on reported age at first use may be misleading.

For example, in the 2006 MTF, alcohol use by the end of 6th grade was reported by 19.4 of 8th graders but only 5.2 of 12th graders. Several factors, including telescoping, probably contribute to this difference. Eventual dropouts are more likely than average to drink at an early age; thus, they will be captured as 8th but not 12th graders. Lower grades also have lower absentee rates. Another factor relates to the issue of what is meant by first use of an alcoholic beverage. Students in 12th grade are more inclined to report use that is not adult-approved, and to not report having less than a glass with parents or for religious purposes. Younger students may be more likely to report first use of a limited amount of alcohol. Thus, 8th and 9th grade data probably exaggerate drinking while 11th and 12th grade data may understate it.

Web Sites for Data on Underage Drinking

These Federal Web sites can be useful to persons seeking data related to underage drinking:

1. Information from SAMHSA on underage drinking is available at <http://oas.samhsa.gov/underage.cfm>
2. Information from the YRBS is available at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
3. Information from NHTSA on underage drinking and on drinking and driving is available at <http://www.nhtsa.gov/portal/site/nhtsa/menuitem.18e416bf1b09b6bbbf30811060008a0c> and <http://www.nhtsa.gov/portal/site/nhtsa/menuitem.a0bd5d5a23d09ec24ec86e10dba046a0>
4. Information from NIAAA on underage drinking is available at <http://www.niaaa.nih.gov/AboutNIAAA/NIAAASponsoredPrograms/underage.htm>
5. Information from NIDA's MTF survey is available at <http://www.monitoringthefuture.org>

APPENDIX B: DEFINITIONS OF VARIABLES

Underage Possession

1. Conduct Is Prohibited

As of January 1, 2009, all 50 States and the District of Columbia prohibit possession of alcoholic beverages by persons under the age of 21, subject to the exceptions listed below.

2. Exceptions Related to Parents/Guardians

Some States allow exceptions to possession prohibitions when parents or guardians are present or give consent. Some States limit parent/guardian exceptions specifically to circumstances in which parents or guardians are present and give consent.

3. Location Limits to Exceptions

Some jurisdictions limit Parent/Guardian exceptions to specific locations including any private location, in private residences, and in parent/guardian/ home only. Some location exceptions are conditional on the presence and/or consent of parents, legal guardians, or spouses.

4. Exceptions for Married Minors

Some jurisdictions provide exceptions for married minors when spouses consent and/or are present. Some jurisdictions limit spousal exceptions to specific locations.

Underage Consumption

1. Conduct Is Prohibited

As of January 1, 2009, 33 jurisdictions prohibit consumption of alcoholic beverages for anyone under the age of 21. However, some of these jurisdictions permit certain exceptions:

Exceptions related to parents/guardians

Some States that prohibit underage consumption of alcohol permit exceptions when parents or guardians are present or give consent. Some States limit parent/guardian exceptions specifically to circumstances in which parents or guardians are present and give consent.

Location limits to exceptions

Some jurisdictions limit parent/guardian exceptions to specific locations (any private location, in private residences, or in parent/guardian/ home only). In some jurisdictions, the location exception is conditional on the presence and/or consent of a parent, legal guardian, or spouse.

Exceptions for married minors

Some jurisdictions provide exceptions for married minors when a spouse consents and/or is present. Some jurisdictions limit spousal exceptions to specific locations.

Internal Possession by Minors

1. Conduct Is Prohibited

Internal possession laws prohibit a person under the age of 21 from having alcohol in her or his system as determined by a blood, breath or urine test. Laws that punish persons under the age of 21 for displaying indicators of consumption or for exhibiting the effects of having consumed alcohol are not considered internal possession laws.

2. Exceptions Related to Parents/Guardians

States may allow exceptions when the alcoholic beverage is supplied by a parent or guardian, although some may limit the parent/guardian exception specifically to circumstances in which they give consent, are present or both.

3. Location Limits to Exceptions

Jurisdictions may limit the parent/guardian exception to specific locations including any private location, in private residences, and in parent/guardian home only.

Underage Purchase and Attempted Purchase

This Report uses two sets of variables for purchase of alcoholic beverages by those under age 21.

Purchase Prohibited

States may have provisions prohibiting actual or attempted purchase of alcoholic beverages by minors.

Exemption: Youth May Purchase for Law Enforcement Purposes

States may permit minors to possess and purchase alcohol for law enforcement purposes, typically as part of a program to check merchant compliance with underage drinking laws. A State may have this exemption even if it does not have a law specifically prohibiting underage purchase (making it an exemption to its underage possession law).

False Identification

1. Provisions That Target Minors

Use of false id prohibited

All States make it a criminal offense for minors to use a false ID when attempting to purchase alcoholic beverages.

License suspension

States may mandate or authorize the suspension or revocation of the minor's driver's license as a sanction for violating false ID laws. The suspension can occur through either an administrative or a judicial process. The State agency issuing the driver's license is responsible for administrative actions, which do not involve a judicial proceeding. Judicial suspensions occur as part of a court proceeding after the minor has been found guilty of violating the false ID law (and may be accomplished by a court order issued to the licensing authority). State law may authorize both types of processes. For further discussion of policies pertaining to the suspension or

revocation of minor's licenses for alcohol infractions, see the "Loss of Driving Privileges for Alcohol Violations by Minors ("Use/Lose" Laws)" section of this Report.

2. Provisions That Target Suppliers

Lend/transfer/sell

States may prohibit lending, transferring, or selling a valid government-issued IDs to persons to whom they do not belong.

Produce

States may prohibit altering a valid ID or creating or manufacturing a false ID for the purpose of purchasing alcoholic beverages.

3. Retailer Support Provisions

Scanner

Some states provide incentives to retailers who use electronic scanners that read birth dates and other information digitally encoded on valid identification cards. Incentives may include an affirmative defense in prosecutions for sales to minors if the retailer can show that the scanner was used properly.

Distinctive licenses

States may have a law or regulation that makes driver's licenses for persons under 21 years of age easily distinguishable from adult licenses (e.g., by having the picture in profile for one and frontal for the other).

Seizure of an identification document

States may permit retailers to seize apparently false IDs without fear of prosecution even if the identification is valid. The retailer must act reasonably or in good faith (the standard may vary by State) in order to avoid prosecution.

Affirmative defense

States may grant retailers a defense in a prosecution involving an illegal alcohol sale to a minor based on the retailers' belief that the minor was of age. There are two types of affirmative defenses:

- **Specific:** The retailer inspected the false ID and came to a reasonable conclusion that it was valid.
- **General:** The retailer came to a good faith or reasonable decision that the minor was of age without necessarily inspecting an ID.

Right to sue minor

States may allow a retailer the right to sue a minor who uses a false ID to purchase alcohol for any losses or fines suffered by the retailer as a result of the illegal sale.

Detention of minor

State law may give retailers the authority to detain minors who use false IDs to purchase alcohol. This authority may protect the retailer from liability for false arrest, false imprisonment, slander or unlawful detention.

Youth Blood Alcohol Concentration Limits

1. BAC Limit

Blood alcohol concentration (BAC) is a measure of the amount of alcohol in a person's bloodstream. Although BAC is commonly expressed as a percentage, State laws generally specify BAC levels in terms of grams of alcohol per 100 milliliters of blood (often abbreviated as grams per deciliter or g/dL). BAC limits for young drivers vary among jurisdictions.

Loss of Driving Privileges for Alcohol Violations by Minors

1. Type of Violations Leading to License Suspension or Revocation

Types of violations for which a young person's license may be suspended or revoked include:

- Purchase of alcohol.
- Possession of alcohol.
- Consumption of alcohol.

2. Upper Age Limit

The upper age limit is the age below which the license suspension/revocation sanction applies.

3. Authority To Impose License Sanction

Whether State authority to impose driver's license sanctions for underage alcohol violations is mandatory or discretionary.

4. Length of Suspension/Revocation

The minimum and maximum number of days of suspension or revocation specified in statutes or regulations. Some States make penalties discretionary but specify periods of time for suspension or revocation.

Graduated Driver's Licenses

The variables across the three stages of graduated driver licensing policies are as follows:

1. Learner Stage

Minimum entry age

The minimum age at which drivers can operate vehicles in the presence of parents, guardians or other adults, after all administrative prerequisites of the law in a particular jurisdiction are met, including driver education. This variable does not include the age at which drivers could get permits for the limited purpose of driving only with instructors.

Minimum mandatory holding period

The time period (in months) that learner's permits must be held before drivers advance to the intermediate stage of the licensing process.

Minimum supervised driving

The minimum number of hours drivers must log in the presence of parents, guardians or adults before advancing to the intermediate stage of the licensing process.

2. Intermediate Stage

Minimum age

The earliest age at which drivers become eligible to drive without adult supervision after meeting all administrative prerequisites of the laws of individual jurisdictions, including driver education.

Unsupervised night driving prohibited

The starting hour at which adult supervision is required.

Primary enforcement of night driving restrictions

Law enforcement officers may stop drivers even if the only basis for the stop is a suspected violation of unsupervised night driving hour provisions of GDL laws.

Passenger restrictions

The total number of passengers allowed in vehicles driven by intermediate stage drivers.

Primary enforcement of passenger restrictions

Law enforcement officers may stop drivers even if the only basis for the stop is a suspected violation of the passenger restriction provisions of GDL laws.

3. License Stage

Minimum age to lift restrictions

The minimum age for full licensure privileges and the lifting of both passenger and night driving restrictions.

Furnishing of Alcohol to Minors

1. Prohibition Against Furnishing of Alcoholic Beverages to Minors

All States make it illegal to furnish alcoholic beverages to minors, but most States allow for exceptions.

Parent, guardian, or spouse exception

Some States allow exceptions when a parent/guardian or spouse supplies the alcoholic beverage.

Location limits to exceptions

Some jurisdictions limit the parent, guardian, and/or spouse exception to specific locations. All of these location exceptions are conditional on the presence and/or consent of the parent, legal guardian or spouse. Location limits related to exception may include in any private location; in private residences; and/or in parent/guardian's home only.

2. Affirmative Defense for Sellers and Licensees

Minor not charged

Some State laws include provisions requiring that the seller/licensee be exonerated of charges of furnishing alcohol to a minor unless the minor involved is charged.

Responsible Beverage Service

1. Law Type

- **Mandatory**—States that require at least some alcohol servers/sellers, managers, and/or licensees to attend training.
- **Voluntary**—States that provide incentives to licensees for having their servers/sellers, managers, and/or licensed individuals participate in training programs.
- **No law**—States that have no statutory or regulatory provisions pertaining to mandatory or voluntary responsible beverage service training.

2. Mandatory States: Training Required

State provisions for mandatory programs vary widely in who must participate. The categories include licensees, managers, and servers/sellers, or combinations of these categories.

3. Voluntary States

States with voluntary programs may offer various types of incentives to encourage licensees to participate in responsible beverage service training programs. States may offer some or all of the following incentives:

- Defense in dram shop liability lawsuits.
- Discounts in dram shop liability insurance.
- Mitigation of fines or other administrative penalties for sales to minors or sales to intoxicated persons.
- Protection against license revocation for sales to minors or sales to intoxicated persons.

4. Application of RBS Training

Mandatory or voluntary RBS training provisions may apply to on-premises establishments, off-premises establishments, or both. They may apply to new licensees, existing licensees, or both. In some cases, States do not specify whether the provisions apply to either or both.

Minimum Ages for On-Premises Servers and Bartenders

1. Minimum Ages

To serve

The minimum age specified for on-premises servers of beer, wine, and spirits.

To bartend

The minimum age specified for bartenders to sell or dispense beer, wine, and spirits.

2. Manager or Supervisor Must Be Present

A requirement that managers or supervisors be present when underage persons are serving or dispensing alcoholic beverages.

Minimum Ages for Off-Premises Sellers

1. Minimum Age to Sell

The minimum age specified by statute or regulation for off-premises sellers of beer, wine, and spirits.

2. Manager or Supervisor Must Be Present

A requirement, beyond those otherwise mandated for all sellers in a jurisdiction, that a manager or supervisor be present when underage persons are selling alcoholic beverages.

Dram Shop Liability

States are coded for the existence of statutory dram shop liability and/or common law liability.

A common law liability designation in a State report signifies that the State allows lawsuits by injured third parties against alcohol retailers for the negligent service or provision of alcohol to a minor. Common law liability assumes the following procedural and substantive rules:

- A negligence standard applies (i.e., the defendant was negligent because he/she did not act as a reasonable person would be expected to act in like circumstances). Plaintiffs do not need to show that the defendant acted intentionally, willfully or with actual knowledge of the minor's underage status.
- Damages are not arbitrarily limited. If successful in establishing negligence, the plaintiff receives actual damages and has the possibility of seeking punitive damages.
- The plaintiff must only establish that the minor was furnished alcohol and that the furnishing contributed to the injury without regard to the minor's intoxicated state at the time of the sale.
- The plaintiff must establish the key elements of the lawsuit by the "preponderance of the evidence" rather than a more rigorous standard (such as "beyond a reasonable doubt" usually applied in criminal cases).

A statutory liability "yes" code indicates that dram shop liability exists through statutory enactment. Two types of limitations are coded:

- Limitations on damages – statutory caps on the total dollar amount that may be recovered through a dram shop lawsuit.
- Limits on elements or standards of proof – legislative requirements that plaintiffs prove additional facts or meet a more rigorous standard of proof than would normally apply in common law. These can include:
 - Requiring proof that the retailer had knowledge that the minor was underage or that the retailer "willfully served" the minor;
 - Allowing recovery only if the minor was intoxicated or obviously intoxicated at the time of sale or service;
 - Requiring "clear and convincing" evidence or "evidence beyond a reasonable doubt" for the plaintiff to prevail.

If no limitations are listed, the statute imposes common law standards.

A responsible beverage service (RBS) defense notation indicates that the dram shop statute has a provision that allows retailers to avoid liability if they can demonstrate that they had

implemented RBS Training programs and that the retailers' staff had followed RBS procedures at the time of the incidents.

This analysis does not include numerous additional potential variables and limitations to both types of liability, including:

- The ability of a minor who was furnished alcohol to sue the alcohol retailer for self-inflicted injuries.
- The ability of the minors' companions to sue the retailer.
- The existence of various defenses (e.g., contributory or comparative negligence) or procedural requirements (e.g., notice provisions and shortened statute of limitation periods) that may affect the outcome of the litigation.

Social Host Liability

States are coded for the existence of statutory social host liability and/or common law liability. A social host liability designation in a State report signifies that the State allows lawsuits by injured third parties against social hosts for the negligent service or provision of alcohol to minors.

Common law liability assumes the following procedural and substantive rules:

- A negligence standard applies (i.e., defendants did not act as reasonable persons are expected to in like circumstances). Plaintiffs do not need to show that defendants acted intentionally, willfully, or with actual knowledge of the minors' underage status.
- Damages are not arbitrarily limited. If successful in establishing negligence, plaintiffs receive actual damages and can seek punitive damages.
- Plaintiffs must only establish that minors were furnished alcohol and that the furnishing contributed to the injury without regard to the minors' intoxicated state at the time of service.
- Plaintiffs must establish the key elements of lawsuits by "preponderance of the evidence" rather than a more rigorous standard (such as "beyond a reasonable doubt" in criminal cases).

A statutory liability "yes" code indicates that social host liability exists through statutory enactment. Two types of limitations are coded:

- Limitations on damages – statutory caps on the total dollar amount that may be recovered through social host lawsuits.
- Limits on elements or standards of proof – legislative requirements that plaintiffs prove additional facts or meet a more rigorous standard of proof than would normally apply in common law. These can include:
 - Proof that social hosts had knowledge that minors were underage or that social hosts "willfully served" minors.
 - Allowing recovery only if minors were intoxicated at the time of service.
- Clear and convincing evidence or evidence beyond a reasonable doubt.

If no limitations are listed, the statute imposes common law standards.

Note that this analysis does not include numerous additional potential variables and limitations to both types of liability, including:

- The ability of minors who were furnished alcohol to sue social hosts for self-inflicted injuries.

- The ability of the minors' companions to bring a lawsuit against the social hosts.
- The existence of various defenses (e.g., contributory or comparative negligence), or procedural requirements (e.g., notice provisions and shortened statute of limitation periods) that may affect the outcome of litigation.

Hosting Underage Drinking Parties

1. Statutes Specific to Underage Parties or General Statutes

“Specific” statutes explicitly address underage drinking parties by making reference to the words “party,” “gathering,” “open house,” “hosting,” and similar terms with respect to property owned, leased, or otherwise controlled by the social host. “General” statutes prohibit individuals from allowing or permitting underage drinking on their properties generally, without reference to parties, gatherings or a similar term. “General” laws have a broader scope than underage drinking parties (e.g., they may also prohibit adults from allowing minors to consume alcohol in settings other than the adult’s home), but are applicable to underage drinking parties.

2. Action by Underage Guests

This variable identifies the specific underlying activity by underage guests that triggers violations. Underage guests must possess, consume, and/or have the intention to possess or consume to trigger a violation.

3. Property Type

Jurisdictions vary regarding the types of property covered by host party laws, including residences, outdoor property, or other sorts of property such as a shed, garage, or other outbuilding, or a hotel or motel room, campground, or other public site.

4. Knowledge Standard

Host party statutes set varying thresholds for hosts’ knowledge or action regarding an underage drinking party on property they control. Liability is imposed by the State only if the knowledge standard set in the statute is satisfied. In this analysis, the varieties of knowledge standard include overt acts, actual knowledge, or negligence (the host knew or should have known of the event’s occurrence).

5. Preventive Action Negates Violation

In some jurisdictions, preventative action of various sorts by the social host may negate State-imposed liability. This analysis only notes that some jurisdictions permit preventative action to negate violations, but does not identify the specific actions that would do so as those vary widely across jurisdictions.

6. Exceptions to Underage Guest Requirement

Some jurisdictions with host party laws have exceptions in their statutes for family members or other persons, or for other uses or settings involving the handling of alcoholic beverages.

Direct Sales/Shipment

1. Direct Sales/Shipments From Producers to Consumers Are Permitted, Specified by Beverage

Some producers are permitted to ship directly to individuals via common carriers. If permitted, the type(s) of alcoholic beverages allowed to be shipped are indicated (beer, wine, and/or distilled spirits). Limitations on the amount that may be shipped or received and the types of producers who may ship are not recorded unless the limitations are so severe as to constitute a practical ban on direct shipments.

2. Age Verification Requirements

If a requirement is not listed, it does not exist for the particular jurisdiction.

- Purchasers must make mandatory trips to producers (for age verification purposes) before delivery can be authorized.⁸⁴
- Producers/shippers must verify age of purchasers prior to sale. (The relevant legal provision requires affirmative action to verify the ages of purchasers.)
- Common carriers (deliverers) must verify age of recipients prior to delivery. (The relevant legal provision requires affirmative action to verify the ages of the purchasers.)

3. State Approval/Permit Requirements

If a requirement is not listed, then it does not exist for the particular jurisdiction.

- Producers/manufacturers must obtain licenses or permits from a State agency prior to shipping directly to consumers.
- Common carriers must be approved by a State agency.

4. Recording/Reporting Requirements

If a requirement is not listed, then it does not exist for the particular jurisdiction.

- Producers/manufacturers must record/report purchasers' names for possible inspection by a State agency.
- Common carriers must record/report recipients' names for possible inspection by a State agency.

5. Shipping Label Requirements

There are two possible text requirements for the label used to ship alcohol to consumers. If a requirement is not listed, then it does not exist for the particular jurisdiction.

- Package contains alcohol.
- Recipient must be 21 years of age.

⁸⁴ Laws that require face-to-face transactions for all sales prior to delivery are treated as prohibitions on direct sales/shipments.

Keg Registration

1. Definition of a Keg

In most States, kegs are defined by minimum volume in gallons. In some States, an exact volume is specified; in other States, the volume may be defined as “greater than,” “greater than or equal to,” “less than” or “less than or equal to” some volume. In a small number of cases, no definition of keg is established by statute or regulation.

2. Prohibited

Some States stipulate that a person may not:

- Possess unregistered or unlabeled kegs.
- Destroy the label on a keg.

Where such prohibitions exist, statutes or regulations may specify a maximum penalty in terms of jail time, fine or both.

3. Purchaser Information Collected

In some States, information on purchasers of kegs is collected at the time of sale. This information may include any combination of the following: (1) names; (2) driver’s license or other government-issued identification number; or (3) addresses at which kegs will be consumed.

Variations on how the information is gathered may include:

- The retailer is required to record purchasers’ identification number or the forms of identification presented by purchasers together with the purchasers’ names, addresses, and dates of birth.
- The purchasers’ names and addresses must be recorded as they appear on identification produced by purchasers.

4. Warning Information to Purchaser

Some States require that warning information be presented to purchasers concerning violation of any laws related to keg registration. These warnings can address prohibitions such as serving alcohol to minors or failing to register kegs properly. The warning may be active (requiring an action on the part of the purchaser—e.g., signing a document) or passive (requiring no action on the part of the purchaser).

5. Deposit Required by Statute or Regulation

In addition to deposits that may be required by the vendor, some States require deposits as part of their keg registration policies. These deposits may be on the kegs themselves, the tapper mechanisms used to serve the beer or both, and are refundable when empty kegs and/or tappers are returned to the merchant. In some cases, multiple deposits may be specified depending on the size of the kegs.

6. Disposable Kegs

Disposable kegs (meant to be disposed of when empty) complicate keg registration laws as they cannot be easily tagged or traced. Some States currently address disposable kegs by statute or regulation and others do not.

APPENDIX C: STATE REPORT CITATIONS

For each State, overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. The confidence intervals for these estimates are available from SAMHSA/CBHSQ/DPS on request. National Vital Statistics System data from 2001 through 2005 (CDC, NCHS, NVSS, 2001-2005) serves as the resource for data about alcohol-attributable deaths among persons under the age of 21 and the Centers for Disease Control and Prevention's (CDC) Alcohol-Related Disease Impact (ARDI) software provides the details presented for each State on years of potential life lost as a result of underage fatalities (<http://www.apps.nccd.cdc.gov/ardi>). The National Center for Statistics and Analysis (NCSA) provides a Fatality Analysis Reporting System (FARS), from which 2008 data were used to present statistics about fatalities among 15- to 20-year-old drivers.

Legal citations for the following policies can be obtained from the Alcohol Policy Information System (APIS) website. Go to <http://www.alcoholpolicy.niaaa.nih.gov>. On the home page, click on the desired policy; on the policy page click on the "data on a specific date" link. Scroll to the desired State, and click on the citation link in the citation column.

- Underage Possession of Alcohol
- Underage Consumption of Alcohol
- Internal Possession by Minors
- Underage Purchase of Alcohol
- False Identification for Obtaining Alcohol
- Blood Alcohol Concentration Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)
- Loss of Driving Privileges for Alcohol Violations by Minors ("Use/Lose Laws")
- Furnishing of Alcohol to Minors
- Responsible Beverage Service
- Minimum Ages for Off-Premises Sellers
- Minimum Ages for On-Premises Sellers
- Host Party Laws
- Keg Registration

Legal references for the following four policies are listed below:

- Graduated Drivers Licenses
- Dram Shop Liability
- Social Host Liability
- Direct Shipments/Sales from Producers to Consumers

Graduated Driver's Licenses

Alabama

Ala. Code § 32-6-7.2, Ala. Code § 32-6-8.

Alaska

Alaska Stat. § 28.15.051, Alaska Stat. § 28.15.055, Alaska Stat. § 28.15.057.

Arizona

Ariz. Rev. Stat. § 28-3153, Ariz. Rev. Stat. § 28-3154, Ariz. Rev. Stat. § 28-3155
Ariz. Rev. Stat. § 28-3174.

Arkansas

Ark. Code Ann. § 27-16-604, Ark. Code Ann. § 27-16-802, Ark. Code Ann. § 27-16-804, Ark.
Code Ann. § 27-16-901.

California

Cal. Veh. Code § 12509, Cal. Veh. Code § 12814.6.

Colorado

Col. Rev. Stat. § 42-2-104, Co. Rev. Stat. § 42-2-106, Co. Rev. Stat. § 42-2-111, Co. Rev. Stat §
42-2-105.5, Co. Rev. Stat § 42-4-116.

Connecticut

Conn. Gen. Stat. § 14-36, Conn. Gen. Stat. § 14-36g, Conn. Gen. Stat. § 14-36j.

Delaware

Del. Code Ann. Tit. 14 § 4125, Del. Code Ann. Tit. 21 § 2701, Del. Code Ann. Tit. 21 § 2710.

District of Columbia

DC Code Ann § 50-1401.01, DC Mun. Regs. Tit. 18 § 100.

Florida

Fl Stat. Ann. § 322.05, Fl Stat. Ann. § 322.1615, Fl Stat. Ann § 322.16.

Georgia

Ga. Stat. Ann. § 40-5-22, Ga. Stat. Ann. § 40-5-24.

Hawaii

Haw. Rev. Stat. § 286-102.6, Haw. Rev. Stat. § 286-104, Haw. Rev. Stat. § 286-108.4, Haw.
Rev. Stat. § 286-110 Haw. Admin. R. § 19-139-3, Haw. Admin. R. § 19-139-12.

Idaho

Idaho Code § 49-110, Idaho Code § 49-303, Idaho Code § 49-307.

Illinois

625 Ill. Comp. Stat. 5/6-107, 625 Ill. Comp. Stat. 5/6-103, 625 Ill. Comp. Stat. 5/6-107.1, 625 Ill. Comp. Stat. 5/6-110, Ill. Admin. Code tit. 92, § 1030.11, Ill. Admin. Code tit. 92, §1030.65.

Indiana

Ind. Code § 9-24-3-2, Ind. Code § 9-24-7-1, Ind. Code § 9-24-7-3, Ind. Code § 9-24-7-4, Ind. Code § 9-24-11-3, Ind. Code § 31-37-3-2, Ind. Code § 31-37-3-3.5.

Iowa

Iowa Code § 321.180B.

Kansas

Kan. Stat. Ann. § 8-235d, Kan. Stat. Ann. § 8-237, Kan. Stat. Ann. § 8-239, Kan. Stat. Ann. § 8-240.

Kentucky

Ky. Rev. Stat. Ann. §186.410, Ky. Rev. Stat. Ann. § 186.450, Ky. Rev. Stat. Ann. § 186.452, Ky. Rev. Stat. Ann. §186.454.

Louisiana

La. Rev. Stat. Ann § 32:405.1, La. Rev. Stat. Ann § 32:407, La. Rev. Stat. Ann § 32:408.

Maine

Me. Rev. Stat. Ann. tit. 29-A, §§ 1251, 1304, 1311, 1351.

Maryland

Md. Ann. Code, Transportation, §§ 16-103, 16-105, 16-111, 16-113, 21-1123; Md. Regs. Code tit. 11, § 17.14.13.

Massachusetts

Mass. Gen. Laws Ann. ch. 90, § 8, Mass. Gen. Laws Ann. ch. 90, § 8B.

Michigan

Mich. Comp. Laws § 257.310e .

Minnesota

Minn. Stat. § 171.04, Minn. Stat. § 171.05, Minn. Stat. § 171.055, Minn. Stat. § 609B.265.

Mississippi

Miss. Code Ann. § 37-25-7, Miss. Code Ann. § 63-1-9, Miss. Code Ann. § 63-1-21, Miss. Reg. 16 000 001, DS Policy 2.006.

Missouri

Mo. Rev. Stat. § 302.060, Mo. Rev. Stat. § 302.130, Mo. Rev. Stat. § 302.178.

Montana

Mont. Code Ann. § 61-5-105, Mont. Code Ann. § 61-5-106, Mont. Code Ann. § 61-5-132, Mont. Code Ann. § 61-5-133, Mont. Admin. R. 10.13.313 (2008).

Nebraska

Neb. Rev. Stat. § 60-480, Neb. Rev. Stat. § 60-4,118.05, Neb. Rev. Stat. § 60-4,120.01, Neb. Rev. Stat. § 60-4,123.

Nevada

Nev. Stat. Ann. § 483.2521, Nev. Stat. Ann. § 483.2523, Nev. Stat. Ann. § 483.2525, Nev. Stat. Ann. § 483.280, Nev. Stat. Ann. § 484.466.

New Hampshire

N.H. Rev. Stat. Ann. § 263:14, N.H. Rev. Stat. Ann. § 263:19, N.H. Rev. Stat. Ann. § 263:25.

New Jersey

N.J. Rev. Stat. s. 39:3-10, N.J. Rev. Stat. s. 39:3-13, N.J. Rev. Stat. s. 39:3-13.4.

New Mexico

N.M. Stat. Ann. § 66-5-5, N.M. Stat. Ann. § 66-5-8.

New York

N.Y. Veh. & Traf. § 501, N.Y. Veh. & Traf. § 502, N.Y. Veh. & Traf. § 501-b, N.Y. Veh. & Traf. § 503-a, N.Y. Comp. Codes R. & Regs. tit. 15, § 1.5, N.Y. Comp. Codes R. & Regs. tit. 15, § 4.2, N.Y. Comp. Codes R. & Regs. tit. 15, § 4.4.

North Carolina

N.C. Gen. Stat. § 20-11.

North Dakota

N.D. Cent. Code § 39-06-03, N.D. Cent. Code § 39-06-04.

Ohio

Ohio Rev. Code Ann. § 4507.05, Ohio Rev. Code Ann. § 4507.21, Ohio Rev. Code Ann. § 4507.071.

Oklahoma

Okla. Stat. tit. 47, § 6-105, Okla. Admin. Code 595:10-1-5.

Oregon

Or. Rev. Stat. § 807.060, Or. Rev. Stat. § 807.065, Or. Rev. Stat. § 807.122, Or. Rev. Stat. § 807.280.

Pennsylvania

75 Pa. Cons. Stat. § 1503, 75 Pa. Cons. Stat. § 1505.

Rhode Island

R.I. Gen. Laws § 31-10-3, R.I. Gen. Laws § 31-10-6, R.I. Gen. Laws § 31-10-20.

South Carolina

S.C. Code Ann. § 56-1-40, S.C. Code Ann. § 56-1-50, S.C. Code Ann. § 56-1-175.

South Dakota

S.D. Codified Laws § 32-12-11, S.D. Codified Laws § 32-12-12, S.D. Codified Laws § 32-12-17.

Tennessee

Tenn. Code Ann. § 55-50-102, Tenn. Code Ann. § 55-50-311.

Texas

Tex. Transp. Code Ann. § 521.201, Tex. Transp. Code Ann. § 521.203, Tex. Transp. Code Ann. § 521.204, Tex. Transp. Code Ann. § 521.222, Tex. Transp. Code Ann. § 545.424, Tex. Admin. Code tit. 37, § 15.5.

Utah

Utah Code Ann. § 41-8-2, Utah Code Ann. § 41-8-3, Utah Code Ann. § 53-3-204, Utah Code Ann. § 53-3-210.5, Utah Code Ann. § 53-3-211.

Vermont

Vt. Stat. Ann. tit. 23, § 607, Vt. Stat. Ann. tit. 23, § 614, Vt. Stat. Ann. tit. 23, § 617, Vt. Stat. Ann. tit. 23, § 678.

Virginia

Va. Code Ann. § 46.2-334, Va. Code Ann. § 46.2-334.01, Va. Code Ann. § 46.2-335, Va. Code Ann. § 46.2-335.2.

Washington

Wash. Rev. Code § 46.20.055, Wash. Rev. Code § 46.20.075.

West Virginia

W. Va. Code § 17B-2-3a, W. Va. Code § 17B-2-7.

Wisconsin

Wis. Stat. § 343.06, Wis. Stat. § 343.07, Wis. Stat. § 343.085.

Wyoming

Wyo. Stat. Ann. § 31-7-108, Wyo. Stat. Ann. § 31-7-110, Wyo. Stat. Ann. § 31-7-111.

Dram Shop Liability

Alabama

AL Stat. § 6-5-71

Jones v. BP Oil Co., 632 So.2d 435 (Ala. 1993).

Alaska

AK Stat. § 04.21.020 (a)(1)

Gonzales v. Safeway Stores, 882 P.2d 389 (Alaska 1994).

Arizona

AZ Rev Stat 4-311

Young v. DRW Corp., 184 Ariz. 187, 908 P.2d 1 (Ariz.App. 1995); *Schwab v. Matley*, 164 Ariz. 421, 793 P.2d 1088 (Ariz. 1990).

Arkansas

Ark. Code 16-126-103

Cadillac Cowboy, Inc. v. Jackson, 347 Ark. 963, 69 S.W.3d 383, 388-39 (Ark. 2002).

California

Cal. Bus & Prof. Code 25602.1

Hernandez v. Modesto Portuguese Pentecost Ass'n, 40 Cal. App.4th 1274, 48 Cal Rptr.2d 229, 230 (1995); *Salem v. Superior Court*, 211 Cal.App.3d 595, 259 Cal.Rptr. 447 (1989); *Strang v. Cabrol*, 37 Cal.3d 720, 691 P.2d 1013, 1016-1019, 209 Cal.Rptr. 347 (1984).

Colorado

COLO. REV. STAT. § 12-47-801

Sigman v. Seafood Ltd. P'ship I, 817 P.2d 527, 530 (Colo. 1991); *Dickman v. Jackalope, Inc.*, 870 P.2d 1261, 1262 (Colo. Ct. App. 1994).

Connecticut

Conn. Gen. Stat. 30-102; *Ely v. Murphy*, 207 Conn. 88, 540 A.2d 54, 56-58 (1988); *Bohan v. Last*, 236 Conn. 670, 674 A.2d 839 (1996); *Davenport v. Quinn*, 53 Conn. App. 282 (1999).

Delaware

McCall v. Villa Pizza Inc., 636 A.2d 912, 913-915 (Del. 1994); *Acker v. S.W. Cantinas, Inc.*, 586 A.2d 1178, 1179-1181 (Del. 1991).

District of Columbia

Rong Yao Zhou v. Jennifer Mall Restaurant, Inc., 534 A.2d 1268 (D.C. 1987).

Florida

Fla. Stat. 768.125; *Tobias v. Osorio*, 681 So.2d 95, 98 (Fla.App. 1996).

Georgia

Ga. Code Ann.51-1-40; *Hulsey v. Northside Equities, Inc.*, 249 Ga.App. 474, 474-478, 548 S.E.2d 41, 44-45 (2001).

Hawaii

Haw. Rev. Stat. Ann 281-78; *Reyes v. Kuboyama*, 76 Haw. 137, 870 P.2d 1281 (Haw. 1994); *Ono. v. Applegate*, 612 P. 2d 533 (Haw. 1980).

Idaho

I.C. 23-808; *McLean v. Maverik Country Stores, Inc.*, 142 Idaho 810 (2006).

Illinois

235 ILCS 5/6-21; *Charles v. Siegfried*, 651 N.E. 2d 154 (Ill. 1995).

Indiana

Ind. Code. Ann. 7.1-5 10-15.5; *Merchants Nat. Bank v. Simrell's Sports Bar & Grill, Inc.*, 741 N.E.2d 383, (Ind.App. 2000).

Iowa

I.C.A. 123.92; I.C.A.123.49; *Hoth v. Meisner*, 548 N.W.2d 152 (Iowa 1996).

Kansas

Bland v. Scott, 279 Kan. 962 (Kan. 2005).

Kentucky

KRS 413.241; *DeStock # 14, Inc. v. Logsdon*, 993 S.W.2d 952 (Ky. 1999).

Louisiana

Berg v. Zummo, 786 So. 2d 708 (La. 2001).

Maine

28-A MRSA 2503 et seq.; *Jackson v. Tedd-Lait Post No. 5*, 723 A.2d 1220 (Me. 1999).

Maryland

Felder v. Butler, 438 A.2d 494 (Md. 1981), *Moran v. Foodmaker*, 594 A.2d 587 (Md.App. 1991).

Massachusetts

Cimino v. Milford Keg, Inc., 431 N.E.2d 920 (Mass. 1982); *Adamian v. Three Sons, Inc.*, 233 N.E.2d 18 (Mass. 1968); *Wiska v. St. Stanislaus Social Club, Inc.*, 390 N.E.2d 1133 (Mass. App. 1979).

Michigan

MICH. COMP. LAWS 436.1801, *Longstreth v Gensel*, 423 Mich 675, 377 NW2d 804 (1985).

Minnesota

Minn. Stat. 340A.801; Minn. Stat. 340.503.

Mississippi

Bryant v. Alpha Entertainment Corp., 508 So. 2d 1094 (Miss. 1987); *Moore v. K&J Enters.*, 856 So. 2d 621 (Miss. App. 2003).

Missouri

Mo. Rev Stat. § 537.053(2),(4),(5) (2009); *Snodgras v. Martin & Bayley, Inc.*, 204 S.W.3d 638 (Mo. 2006).

Montana

Mont. Code Ann. § 27-1-710 (2008).

Nebraska

Neb Rev. Stat. § 53-404(1) (2007).

Nevada

Nevada Rev. Stat. 41.1305, (2), (4) (2008); *Hinegardner v. Marcor Resorts, L.P.V.*, 108 Nev. 1091 (1992).

New Hampshire

N.H. Rev. Stat. § 507-F (2009).

New Jersey

N.J. Rev. Stat. § 2A:22A-5 (2009).

New Mexico

N.M. Stat. Ann. § 41-11-1 (2009); *Trujillo v. City of Albuquerque*, 965 P.2d 305, 314 (N.M. 1998).

New York

N.Y. Gen. Oblig. Law § 11-100.

North Carolina

N.C. Gen. Stat. § 18B-120; 18B-121; § 18B-123 (2008).

North Dakota

N.D. Cent. Code § 5-01-06.1 (2008); N.D. Cent. Code § 32-21-02 (2008); *Thoring v. Bottonsek*, 350 N.W.2d 586 (N.D. 1984).

Ohio

Ohio Rev. Code Ann. § 4399.18(A) (2) (2009); Ohio Rev. Code Ann. § 4301.69(A) (2009); *Lesnau v. Andate Enters., Inc.*, 93 Ohio St.3d 467, 468-472 (Ohio 2001).

Oklahoma

Brigance v. Velvet Dove Restaurant, Inc., 1986 OK 41, 725 P.2d 300 (Okla. 1986); *Tomlinson v. Love's Country Stores, Inc.*, 1993 OK 83, 854 P.2d 910 (Okla. 1993); *Busby v. Quail Creek Golf and Country Club*, 1994 OK 63, 885 P.2d 1326 (Okla. 1994); *Mansfield v. Circle K. Corp.*, 1994 OK 80, 877 P.2d 1130 (Okla. 1994).

Oregon

Or. Rev. Stat. § 471.567(1) (2009).

Pennsylvania

Mathews v. Konieczny, 527 A. 2d 508 (Pa. 1987).

Rhode Island

R.I. Gen. laws § 3-14-1 et al. (2009), specifically: R.I. Gen. laws § 3-14-3; R.I. Gen. laws § 3-14-4; R.I. Gen. laws § 3-14-5; R.I. Gen. laws § 3-14-6; R.I. Gen. laws § 3-14-7; R.I. Gen. laws § 3-14-8.

South Carolina

Norton v. Opening Break of Aiken, Inc., 443 S.E.2d 406 (S.C.App. 1994), *aff'd* 462 S.E.2d 861 (S.C. 1995); *Whitlaw v. Kroger Co.*, 410 S.E.2d 251 (S.C. 1991).

South Dakota

S.D. Codified Laws § 35-4-78 (2008); S.D. Codified Laws § 35-11-1 (2008); *Baatz v. Arrow Bar*, 426 N.W.2d 298 (N.D. 1988); *Wildeboer v. South Dakota Junior Chamber of Commerce*, 561 N.W.2d 666 (N.D. 1997).

Tennessee

Tenn. Code Ann. § 57-10-102 (2008); *Worley v. Weigels, Inc.*, 919 S.W.2d 589 (Tenn. 1996).

Texas

Tex. Alco. Bev Code Ann. § 2.01 – 2.03; specifically § 2.02(c).

Utah

Utah Code Ann. § 32A-14a-102; *Mackay v. 7-Eleven Sales Corp.*, 995 P.2d 1233 (Utah 2000); *Adkins v. Uncle Bart's, Inc.*, 1 P.3d 528 (Utah 2000).

Vermont

Vt. Stat. Ann. Tit. 7 § 501 (2009).

Virginia

Robinson v. Matt Mary Moran, Inc., 259 Va. 412 (Va. 2000).

Washington

Crowe v. Gaston, 951 P.2d 1118 (Wash. 1998); *Schooly v. Pinch's Deli Market, Inc.*, 951 P.2d 749 (Wash. 1998).

West Virginia

Anderson v. Moulder, 183 W.Va. 77, 394 S.E.2d 61 (W.Va. 1990).

Wisconsin

W.S.A.125-035; *Meier v. Champ's Sports Bar*, 623 N.W.2d 94 (Wis. 2001) .

Wyoming

Daniels v. Carpenter, 62 P.3d 555 (Wyo. 2003).

Social Host Liability

Alabama

AL Stat. § 6-5-71; *Martin v. Watts*, 513 So.2d 958 (Ala. 1987).

Alaska

AK Stat. § 04.21.020 (d); *Chokwak v. Worley*, 912 P.2d 1254 (Alaska 1996).

Arizona

AZ Rev Stat 4-301; *Knoell v. Cerkenik-Anderson Travel Inc.*, 185 Ariz. 546, 917 P.2d 689, 690-691 (Ariz. 1996); *Estate of Hernandez v. Falvio*, 187 Ariz. 506, 930 P.2d 1309, 1313-15 (Ariz. 1997); *Young v. DRW Corp.*, 184 Ariz. 187, 908 P.2d 1 (Ariz.App. 1995).

Arkansas

Ark. Code 16-126-105; *Alpha Zeta Chapter of Pi Kappa Alpha Fraternity v. Sullivan*, 293 Ark. 576, 740 S.W.2d 127, 129-30 (Ark. 1987).

California

Cal. Civ. Code 1714; *Cantor v. Anderson*, 126 Cal.App.3d 124, 178 Cal.Rptr. 540, 545-546 (1981).

Colorado

COLO. REV. STAT. § 12-47-801; *Charlton v. Kimata*, 815 P.2d 946, 948-949 (Colo. 1991); *Gonzalez v. Yancey*, 939 P.2d 525, 826 (Colo.App. 1997).

Connecticut

Ely v. Murphy, 207 Conn. 88, 540 A.2d 54, 56-58 (Conn. 1988); *Bohan v. Last*, 236 Conn. 670, 674 A.2d 839 (Conn. 1996).

Delaware

Shea v. Matassa, 918 A.2d 1090 (Del. 2007).

District of Columbia

Wadley v. Aspillaga, 163 F. Supp. 2d 1, 6-10 (D.D.C. 2001).

Florida

Trainor v. Estate of Hanson, 740 So.2d 1201 (Fla.App. 1999).

Georgia

Ga. Code Ann.51-1-40; *Riley v. H&H Operations, Inc.*, 263 Ga. 652, 436 S.E.2d 659, 660-661 (Ga. 1993).

Hawaii

Haw. Rev. Stat. Ann 663-41, *Faulk v. Suzuki Motor Co.*, 9 Haw.App. 490, 851 P.2d 332 (Haw.App. 1993).

Idaho

I.C. 23-808; *Slade v. Smith's Management Corp.*, 119 Idaho 482, 808 P.2d 401 (Idaho 1991).

Illinois

Wakulich v. Mraz, 203 Ill.2d 233, 785 N.E. 2d, 843-853, 271 Ill Dec. 649 (Ill. 2003); *Charles v. Siegfried*, 651 N.E.2d 154 (Ill. 1995).

Indiana

Ind. Code. Ann. 7.1-5 10-15.5; *Culver v. McRoberts*, 192 F.3d 1095, 1100 (7th Cir. 1999).

Iowa

I.C.A 123.92, *Brenneman v. Stuelke*, 654 N.W.2d 507 (Iowa, 2002).

Kansas

Bland v. Scott, 279 Kan. 962 (Kan. 2005).

Kentucky

Estate of Vosnick v. RRJC, Inc., 225 F.Supp.2d 737 (E.D.Ky. 2002).

Louisiana

Gresham v. Davenport, 537 So.2d 1144 (La. 1989); *Bell v. Whitten*, 722 So.2d 1057 (La.App. 1998); *Guy v. State FarmMutual, Inc.*, 725 So.2d 39 (La.App. 1998).

Maine

28-A MRSA 2503 et seq., *Jackson v. Tedd-Lait Post No. 5*, 723 A.2d 1220 (Me. 1999).

Maryland

Hebb v. Walker, 536 A.2d 113 (Md.App. 1988).

Massachusetts

McGuigan v. New England Telephone & Telegraph Co., 496 N.E.2d 141 (Mass. 1986); *O'Flynn v. Powers*, 646 N.E.2d 1091, 1092 (Mass. 1995); *Makynen v. Mustakangas*, 655 N.E.2d 1284, 1286 (Mass.App. 1995).

Michigan

MICH. COMP. LAWS § 436.1801, *Longstreth v Gensel*, 423 Mich. 675, 377 NW2d 804 (Mich. 1985).

Minnesota

Minn. Stat. § 340A.90; Minn. Stat. §340A.801; Minn. Stat. 340.503.

Mississippi

No Citations.

Missouri

Andres v. Alpha Kappa Lambda Fraternity, 730 S.W.2d 547 (Mo. 1987); *Thwing v. Reede*, 987 S.W.2d 347 (Mo.App. 1998); *Smith v. Gregg*, 946 S.W.2d 807 (Mo.App. 1997).

Montana

Mont. Code Ann. § 27-1-710 (2008).

Nebraska

Neb. Rev. Stat. § 53-404(3) (2007).

Nevada

No Citations.

New Hampshire

Hickingbotham v. Burke, 140 N.H. 28, 662 A.2d 297 (N.H. 1995).

New Jersey

Componile v. Maybee, 273 N.J.Super. 402 (1994); *Linn v. Rand*, 140 N.J.Super 212 (1976).

New Mexico

N.M. Stat. Ann. § 41-11-1 (2009); *Trujillo v. City of Albuquerque*, 965 P.2d 305, 314 (N.M. 1998).

New York

N.Y. Gen. Oblig. Law § 11-100.

North Carolina

No citations.

North Dakota

N.D. Cent. Code § 5-01-06.1 (2008); N.D. Cent. Code § 32-21-02 (2008).

Ohio

Mitseff v. Wheeler, 38 OhioSt.3d 112 (Ohio 1988); *Williams v. Veterans of Foreign Wars*, 99 OhioApp.3d 213 (1994); Ohio Rev. Code Ann. § 4301.69 (A), (B) (2009).

Oklahoma

Teel v. Warren, 22 P.3d 234 (Okla.App. 2001).

Oregon

Or. Rev. Stat. § 471.567(1) (2009).

Pennsylvania

Congini by Congini v. Portersville Valve Co., 470 A.2d 515 (Pa. 1983).

Rhode Island

No citations.

South Carolina

Marcum v. Bowden, 643 S.E.2d 85 (S.C. 2007).

South Dakota

S.D. Codified Laws § 35-11-1 (2008); S.D. Codified Laws § 35-11-2 (2008).

Tennessee

Tenn. Code Ann. § 57-10-101 (2008); *Biscan v. Brown*, 160 S.W.3d 462 (Tenn. 2005).

Texas

Tex. Alco. Bev Code Ann. § 2.02; *Dorris v. Price*, 22 S.W.3d 42 (Tex.App. 2000).

Utah

Utah Code Ann. § 32A-14a-102; *Gilger v. Hernandez*, 997 P.2d 305 (Utah 2000).

Vermont

Vt. Stat. Ann. Tit. 7 § 501(g) (2009); Vt. Stat. Ann. Tit. 7 § 501(g)(1) (2009); *Winney v. Ransom & Hastings, Inc.*, 149 Vt. 213 (Vt. 1988).

Virginia

Robinson v. Matt Mary Moran, Inc., 259 Va. 412 (Va. 2000); *Williamson v. Old Brogue, Inc.*, 232 Va. 350 (Va. 1986).

Washington

Reynolds v. Hicks, 134 Wash.2d 491, 951 P.2d 761 (Wash. 1998); *Crowe v. Gaston*, 134 Wash.2d 509, 951 P.2d 1118 (Wash. 1998).

West Virginia

Overbaugh v. McCutcheon, 396 S.E.2d 153 (W.Va. 1990).

Wisconsin

W.S.A.125-035; *Nichols v. Progressive Northern Ins. Co.*, 308 Wis.2d 17, 746 N.W.2d 220 (Wis., 2008).

Wyoming

Daniels v. Carpenter, 62 P.3d 555 (Wyo., 2003).

Direct Shipments/Sales From Producers to Consumers**Alabama**

Ala. Code § 28-1-4.

Alaska

Alaska Stat. § 04.11.010, Alaska Stat. § 04.16.125, Alaska Stat. § 04.11.140, Alaska Stat. § 04.11.491; Alaska Admin. Code tit. 13, § 104.645.

Arizona

Ariz. Rev. Stat. § 4-101, Ariz. Rev. Stat. § 4-205.04, Ariz. Admin. Reg. R15-3-403, Ariz. Rev. Stat. § 4-203.04, Ariz. Admin. Reg. R19-1-221.

Arkansas

Ark. Code Ann. § 3-7-106, Ark. Code Ann. § 3-5-1602.

California

Cal. Bus. & Prof. Code § 23661.2, Cal. Bus. & Prof. Code § 23661.3.

Colorado

Col. Rev. Stat. § 12-47-104, Col. Rev. Stat. § 12-47-701.

Connecticut

Conn. Gen. Stat. § 30-16, Conn. Gen. Stat. § 30-18, Conn. Gen. Stat. § 30-18a, Conn. Gen. Stat. § 30-19f.

Delaware

Del. Code Ann. tit. 4, § 501, Del. Code Ann. tit. 4, § 526.

District of Columbia

D.C. Code Ann. § 25-772, D.C. Code Ann. § 25-102.

Florida

Fla. Stat. Ann. § 561.14, Fla. Stat. Ann. § 561.54, Fla. Stat. Ann. § 561.545, Fla. Stat. Ann. § 564.02.

Georgia

Ga. Code Ann. § 3-3-31, Ga. Code Ann. § 3-6-31, Ga. Code Ann. § 3-6-32; GA COMP. R. & REGS. 560-2-2-.66.

Hawaii

Haw. Rev. Stat. § 281-33.1, Haw. Rev. Stat. § 281-33.6.

Idaho

Idaho Code § 23-1309, Idaho Code § 23-1309A, Idaho Code § 23-1314.

Illinois

235 Ill. Comp. Stat. 5/5-1, 235 Ill. Comp. Stat. 5/6-8, 235 Ill. Comp. Stat. 5/6-16, 235 Ill. Comp. Stat. 5/6-29, 235 Ill. Comp. Stat. 5/6-29.1, 235 Ill. Comp. Stat. 5/8-12; 86 Ill Admin. Code tit. 86, § 420.100.

Indiana

Ind. Code § 7.1-3-2-7, Ind. Code § 7.1-3-18-2, Ind. Code § 7.1-3-18-3, Ind. Code § 7.1-3-18-4, Ind. Code § 7.1-3-26-5, Ind. Code § 7.1-3-26-6, Ind. Code § 7.1-3-26-7, Ind. Code § 7.1-3-26-9, Ind. Code § 7.1-3-26-13.

Iowa

Iowa Code § 123.187, Iowa Code § 123.3, Iowa Code § 123.56, Iowa Code § 123.98.

Kansas

Kan. Stat. Ann. § 41-102, Kan. Stat. Ann. § 41-104, Kan. Stat. Ann. § 41-308a, Kan. Stat. Ann. § 41-348, Kan. Stat. Ann. § 41-349.

Kentucky

Ky. Rev. Stat. Ann. § 241.010, Ky. Rev. Stat. Ann. § 243.155, Ky. Rev. Stat. Ann. § 244.165 (The relevant subsections of these statutes have been held unconstitutional in the case of *Cherry Hill Vineyards, LLC v. Hudgins*, 488 F.Supp.2d 601, (W.D.Ky. 2006), affirmed by *Cherry Hill Vineyards, LLC v. Lilly*, 553 F.3d 423, 424+ (6th Cir. 2008).

Louisiana

La Rev. Stat. Ann. § 26:85, La Rev. Stat. Ann. § 26:359, La Rev. Stat. Ann. § 26:369; La. Admin Code tit. 61, pt. I § 201.

Maine

Me. Rev. Stat. Ann. tit. 28-A, § 2077, Me. Rev. Stat. Ann. tit. 28-A, § 2077-B, Me. Rev. Stat. Ann. tit. 28-A, § 2075.

Maryland

Md. Ann. Code, art. 2B, § 7.5-101, Md. Ann. Code, art. 2B, § 7.5-102, Md. Ann. Code, art. 2B, § 7.5-103, Md. Ann. Code, art. 2B, § 7.5-104, Md. Ann. Code, art. 2B, § 7.5-105, Md. Ann. Code, art. 2B, § 7.5-106, Md. Ann. Code, art. 2B, § 7.5-107, Md. Ann. Code, art. 2B, § 7.5-108, Md. Ann. Code, art. 2B, § 7.5-109, Md. Ann. Code, art. 2B, § 7.5-110.

Massachusetts

Mass. Gen. Laws ch. 138 § 19F, Mass. Gen. Laws ch. 138 § 22; Mass. Regs. Code tit. 830, § 62C.25.1.

Michigan

Mich. Stat. Ann. § 436.1203.

Minnesota

Minn. Stat. § 340A.401, Minn. Stat. § 340A.417; Minn. R. 7515.1060.

Mississippi

Miss. Code Ann. § 67-1-9, Miss. Code Ann. § 67-1-41, Miss. Code Ann. § 97-31-47.

Missouri

Mo. Rev. Stat. § 311.185.

Montana

Mont. Code Ann. § 16-4-901, Mont. Code Ann. § 16-4-903, Mont. Code Ann. § 16-4-906.

Nebraska

Neb. Rev. Stat. § 53-103, Neb. Rev. Stat. § 53-123.11, Neb. Rev. Stat. § 53-123.15, Neb. Rev. Stat. § 53-124, Neb. Rev. Stat. § 53-130.01, Neb. Rev. Stat. § 53-192; Neb. Admin. R. & Regs. Tit. 237, Ch. 6, § 019; Neb. Admin. R. & Regs. Tit. 237, Ch. 7, § 002.

Nevada

Nev. Rev. Stat. § 202.015, Nev. Rev. Stat. § 202.055, Nev. Rev. Stat. § 369.111, Nev. Rev. Stat. § 369.180, Nev. Rev. Stat. § 369.181, Nev. Rev. Stat. § 369.430, Nev. Rev. Stat. § 369.464, Nev. Rev. Stat. § 369.466, Nev. Rev. Stat. § 369.468, Nev. Rev. Stat. § 369.490, Nev. Admin. Code ch. 369, § 016, Nev. Rev. Stat. § 369.040, Nev. Rev. Stat. § 369.450.

New Hampshire

N.H. Rev. Stat. Ann. § 175:1, N.H. Rev. Stat. Ann. § 178:27, N.H. Rev. Stat. Ann. § 178:29, N.H. Rev. Stat. Ann. § 179:5; N.H. Code Admin. R. Liq 1102.04, N.H. Code Admin. R. Liq 1104.01, N.H. Code Admin. R. Liq 1104.02, N.H. Code Admin. R. Liq 1104.05, N.H. Code Admin. R. Liq 1105.01, N.H. Code Admin. R. Liq 1105.02.

New Jersey

N.J. Rev. Stat. § 33:1-2, N.J. Rev. Stat. § 33:1-10; 2004 N.J. Laws 102, § 2.

New Mexico

N.M. Stat. Ann. § 60-7A-3, N.M. Stat. Ann. § 60-7A-4, N.M. Stat. Ann. § 60-7A-8, N.M. Stat. Ann. § 60-6A-13.

New York

N.Y. Alco. Bev. Cont. § 79-c, N.Y. Alco. Bev. Cont. § 79-d.

North Carolina

N.C. Gen. Stat. § 18B-109, N.C. Gen. Stat. § 18B-1001, N.C. Gen. Stat. § 18B-1001.1, N.C. Gen. Stat. § 18B-1001.2, N.C. Gen. Stat. § 18B-1001.3, N.C. Gen. Stat. § 18B-1115, N.C. Gen. Stat. § 105-113.68, N.C. Gen. Stat. § 105-113.84, N.C. Gen. Stat. § 18B-1101, N.C. Gen. Stat. § 18B-1102.

North Dakota

N.D. Cent. Code § 5-01-16, N.D. Cent. Code § 5-01-17.

Ohio

Ohio Rev. Code Ann. § 4303.22, Ohio Rev. Code Ann. § 4303.232; Ohio Admin. Code § 4301:1-1-25.

Oklahoma

Okla. Stat. tit. 37, § 505, Okla. Stat. tit. 37, § 521, Okla. Stat. tit. 37, § 521.3.

Oregon

Or. Rev. Stat. §§ 471.282, 473.140; Or. Admin. R. 845-006-0392, Or. Admin. R. 845-005-0424, Or. Rev. Stat. § 471.404.

Pennsylvania

47 Pa. Cons. Stat. § 1-102, 47 Pa. Cons. Stat. § 4-488, 47 Pa. Cons. Stat. § 5-505.2, 47 Pa. Cons. Stat. § 5-505.4; 40 Pa. Code § 5.103, 40 Pa. Code § 9.12, 40 Pa. Code § 9.144, 40 Pa. Code § 11.111, 40 Pa. Code § 11.211, 40 Pa. Code § 11.212.

Rhode Island

R.I. Gen. Laws § 3-4-8, R.I. Gen. Laws § 3-6-1.1, R.I. Gen. Laws § 3-6-14, R.I. Gen. Laws § 3-10-16.

South Carolina

S.C. Code Ann. § 61-4-730, S.C. Code Ann. § 61-4-747; 7 S.C. Code Ann. Regs 200.2.

South Dakota

S.D. Codified Laws § 35-4-49, S.D. Codified Laws § 35-4-66, S.D. Codified Laws § 35-12A-1, S.D. Codified Laws § 35-12A-3, S.D. Codified Laws § 35-12A-4.

Tennessee

Tenn. Code Ann. § 57-3-202, Tenn. Code Ann. § 57-3-207, Tenn. Code Ann. § 57-3-401, Tenn. Code Ann. § 57-3-402, Tenn. Code Ann. § 57-3-403, Tenn. Code Ann. § 57-3-404, Tenn. Code Ann. § 57-5-401, Tenn. Code Ann. § 57-5-404, Tenn. Code Ann. § 57-5-405; Tenn. Comp. R. & Regs. 0100-7-.01, Tenn. Comp. R. & Regs. 0100-7-.03, Tenn. Comp. R. & Regs. 0100-7-.04.

Texas

Tex. Alco. Bev. Code § 16.09, Tex. Alco. Bev. Code § 41.04, Tex. Alco. Bev. Code § 54.01, Tex. Alco. Bev. Code § 54.02, Tex. Alco. Bev. Code § 54.03, Tex. Alco. Bev. Code § 54.05, Tex. Alco. Bev. Code § 54.06, Tex. Alco. Bev. Code § 110.053; 16 Tex. Admin. Code § 41.23, 16 Tex. Admin. Code § 41.56.

Utah

Utah Code Ann. § 32A-12-201.

Vermont

Vt. Stat. Ann. tit. 7, § 66, Vt. Stat. Ann. tit. 7, § 239.

Virginia

Va. Code Ann. § 4.1-209.1, Va. Code Ann. § 4.1-207; 3 Va. Admin. Code § 5-70-220, 3 Va. Admin. Code § 5-70-225.

Washington

Wash. Rev. Code § 66.20.365, Wash. Rev. Code § 66.20.370, Wash. Rev. Code § 66.20.375, Wash. Rev. Code § 66.20.380, Wash. Rev. Code § 66.20.385, Wash. Rev. Code § 66.24.206.

West Virginia

W. Va. Code, § 60-8-6, W. Va. Code, § 60-8-6a, W. Va. Code, § 60-8-7; W. Va. Code St. R. § 175-1-7, W. Va. Code St. R. § 175-4-2, W. Va. Code St. R. § 175-4-9.

Wisconsin

Wis. Stat. § 125.53, Wis. Stat. § 125.535, Wis. Stat. § 139.035; Wis. Admin. Code § Tax 8.24.

Wyoming

Wyo. Stat. Ann. § 12-2-204, Wyo. Stat. Ann. § 12-4-412; 20 Wyo. Code Rev. Gen. R. § 16.

APPENDIX D: ICCPUD MEMBERS

Pamela S. Hyde, J.D. (Chair)

Administrator
Substance Abuse and Mental Health Services
Administration
U.S. Department of Health and Human
Services

**Regina M. Benjamin, M.D., M.B.A.,
VADM, USPHS**

Surgeon General
U.S. Department of Health and Human
Services

Michael L. Brown

Director
Office of Impaired Driving and Occupant
Protection
National Highway Traffic Safety
Administration
U.S. Department of Transportation

Janet Collins, Ph.D.

Associate Director for Program
Centers for Disease Control and Prevention
U.S. Department of Health and Human
Services

Wilson Compton, M.D.

Director
Division of Epidemiology, Services, and
Prevention
National Institute on Drug Abuse
National Institutes of Health
U.S. Department of Health and Human
Services

David Harris, Ph.D.

Acting Deputy Assistant Secretary for
Human Services Policy
Office of the Assistant Secretary for Planning
and Evaluation
U.S. Department of Health and Human
Services

Kevin Jennings, M.A., M.B.A.

Assistant Deputy Secretary
Office of Safe and Drug Free Schools
U.S. Department of Education

Howard Koh, M.D., M.P.H.

Assistant Secretary for Health
U.S. Department of Health and Human
Services

Warren E. Lockette, M.D.

Deputy Assistant Secretary of Defense for
Clinical and Program Policy
Office of the Assistant Secretary of Defense
for Health Affairs
U.S. Department of Defense

John Manfreda, J.D.

Administrator
Alcohol and Tobacco Tax and Trade Bureau
U.S. Treasury Department

David K. Mineta, M.S.W.

Deputy Director of Demand Reduction
Office of National Drug Control Policy

Jessica Rich, J.D.

Deputy Director
Bureau of Consumer Protection
Federal Trade Commission

Bryan Samuels

Commissioner
Administration for Children and Families
U.S. Department of Health and Human
Services

Jeff Slowikowski

Acting Administrator
Office of Juvenile Justice and Delinquency
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Kenneth R. Warren, Ph.D.

Acting Director

National Institute on Alcohol Abuse and
Alcoholism

National Institutes of Health

U.S. Department of Health and Human
Services

Rose L. Weahkee, Ph.D.

Director, Division of Behavioral Health

Office of Clinical and Preventative Services

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APPENDIX E: STRATEGIES FROM THE SURGEON GENERAL'S CALL TO ACTION

The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking describes six goals for the Nation with a set of strategic steps for each goal that parents, other adults, and public and private institutions can take to prevent and reduce underage drinking in America.

GOALS OF THE SURGEON GENERAL'S CALL TO ACTION

The six goals of the Surgeon General's *Call to Action* are not stand-alone objectives; rather, they are highly integrated components of an overall approach to the prevention and reduction of underage drinking. The goals are as follows:

- Goal 1: Foster changes in American society that facilitate healthy adolescent development and that help prevent and reduce underage drinking.
- Goal 2: Engage parents and other caregivers, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences.
- Goal 3: Promote an understanding of underage alcohol consumption in the context of human development and maturation that takes into account individual adolescent characteristics as well as environmental, ethnic, cultural, and gender differences.
- Goal 4: Conduct additional research on adolescent alcohol use and its relationship to development.
- Goal 5: Work to improve public health surveillance on underage drinking and on population-based risk factors for this behavior.
- Goal 6: Work to ensure that policies at all levels are consistent with the national goal of preventing and reducing underage alcohol consumption.

STRATEGIES OF THE SURGEON GENERAL'S CALL TO ACTION

The *Call to Action* describes a series of strategic steps that can be taken to bring about achievement of the six proposed goals. These coordinated actions are mutually supportive and mutually necessary. They are based on a broad body of scientific knowledge; some are derived directly from empirical studies, whereas others are extensions of the cumulative knowledge accrued in multiple fields.

Goal 1: Foster Changes in American Society That Facilitate Healthy Adolescent Development and That Help Prevent and Reduce Underage Drinking

For Parents and Other Caregivers

Parents have a responsibility to help shape the culture in which their adolescents are raised, particularly the culture of their schools and communities. Parental strategies include:

- Partner with other parents in their child's network to ensure that parties and other social events do not allow underage alcohol consumption, much less facilitate its use or focus on it.
- Collaborate with other parents in coalitions designed to ensure that the culture in the schools and community support and reward an adolescent's decision not to drink.
- Serve as a positive role model for adolescents by not drinking excessively, by avoiding alcohol consumption in high-risk situations (e.g., when driving a motor vehicle, while boating, and while operating machinery), and by seeking professional help for alcohol-related problems.

For Colleges and Universities

Given the prevalence of underage drinking on college campuses, institutions of higher education should examine their policies and practices regarding alcohol use by their students and the extent to which they may directly or indirectly encourage, support, or facilitate underage alcohol use. Colleges and universities can change a campus culture that contributes to underage alcohol use. Some measures to consider are to:

- Establish, review, and enforce rules against underage alcohol use with consequences that are developmentally appropriate and sufficient to ensure compliance. This practice helps confirm the seriousness with which the institution views underage alcohol use by its students.
- Eliminate alcohol sponsorship of athletic events and other campus social activities.
- Restrict the sale of alcoholic beverages on campus or at campus facilities, such as football stadiums and concert halls.
- Implement responsible beverage service policies at campus facilities, such as sports arenas, concert halls, and campus pubs.
- Hold all student groups on campus, including fraternities, sororities, athletics teams, and student clubs and organizations, strictly accountable for underage alcohol use at their facilities and during functions that they sponsor.
- Eliminate alcohol advertising in college publications.
- Educate parents, instructors, and administrators about the consequences of underage drinking on college campuses, including secondhand effects that range from interference with studying to being the victim of an alcohol-related assault or date rape, and enlist their assistance in changing any culture that currently supports alcohol use by underage students.
- Partner with community stakeholders to address underage drinking as a community problem, as well as a college problem, and to forge collaborative efforts that can achieve a solution.
- Expand opportunities for students to make spontaneous social choices that do not include alcohol (e.g., by providing frequent alcohol-free late-night events, extending the hours of student centers and athletics facilities, and increasing public service opportunities).

For Communities

Adolescents generally obtain alcohol from adults who sell it to them, purchase it on their behalf, or allow them to attend or give parties where it is served. Therefore, it is critical that adults refuse to provide alcohol to adolescents and that communities value, encourage, and reward an

adolescent's commitment not to drink. A number of strategies can discourage adults from providing alcohol to minors and support an adolescent's decision not to drink. Communities can:

- Invest in alcohol-free youth-friendly programs and environments.
- Widely publicize all policies and laws that prohibit underage alcohol use.
- Work with sponsors of community or ethnic holiday events to ensure that such events do not promote a culture in which underage drinking is acceptable.
- Urge the alcohol industry to voluntarily reduce outdoor alcohol advertising.
- Promote the idea that underage alcohol use is a local problem that local citizens can solve through concerted and dedicated action.
- Establish organizations and coalitions committed to creating a local culture that disapproves of underage alcohol use, that works diligently to prevent and reduce it, and that is dedicated to informing the public about the extent and consequences of underage drinking.
- Work to ensure that members of the community are aware of the latest research on adolescent alcohol use and, in particular, the adverse consequences of alcohol use on underage drinkers and other members of the community who suffer from its secondhand effects. An informed public is an essential part of an overall plan to prevent and reduce underage drinking and to change the culture that supports it.
- Change community norms to decrease the acceptability of underage drinking, in part through public awareness campaigns.
- Focus as much attention on underage drinking as on tobacco and illicit drugs, making it clear that underage alcohol use is a community problem. When the American people rejected the use of tobacco and illicit drugs as a culturally acceptable behavior, the use of those substances declined, and the culture of acceptance shifted to disapproval. The same change process is possible with underage drinking.

For the Criminal and Juvenile Justice Systems and Law Enforcement

The justice system and law enforcement⁸⁵ can:

- Enforce uniformly and consistently all policies and laws against underage alcohol use and widely publicize these efforts.
- Gain public support for enforcing underage drinking laws by working with other stakeholders to ensure that the public understands that underage drinking affects public health and safety.
- Work with State, Tribal, and local coalitions to reduce underage drinking.

For the Alcohol Industry

The alcohol industry has a public responsibility relating to the marketing of its product because its use is illegal for more than 80 million underage Americans. That responsibility can be fulfilled through product and advertising design and placement that meet these criteria:

⁸⁵ For the purposes of this document, law enforcement includes any enforcement agency that provides agents or officers who can enforce or regulate any Federal, State, Tribal, or local law or ordinance.

- The message adolescents receive through the billions of dollars spent on industry advertising and responsibility campaigns does not portray alcohol as an appropriate rite of passage from childhood to adulthood or as an essential element in achieving popularity, social success, or a fulfilling life.
- The placement of alcohol advertising, promotions, and other means of marketing do not disproportionately expose youth to messages about alcohol.
- No alcohol product is designed or advertised to disproportionately appeal to youth or to influence youth by sending the message that its consumption is an appropriate way for minors to learn to drink or that any form of alcohol is acceptable for drinking by those under the age of 21.
- The content and design of industry Web sites and Internet alcohol advertising do not especially attract or appeal to adolescents or others under the legal drinking age.

For the Entertainment and Media Industries

Because of their reach and potential impact, the entertainment and media industries have a responsibility to the public in the way they choose to depict alcohol use, especially by those under the age of 21, in motion pictures, television programming, music, and video games. That responsibility can be fulfilled by creating and distributing entertainment that:

- Does not glamorize underage alcohol use.
- Does not present any form of underage drinking in a favorable light, especially when entertainment products are targeted toward underage audiences or likely to be viewed or heard by them.
- Seeks to present a balanced portrayal of alcohol use, including its attendant risks.
- Avoids gratuitous portrayals of alcohol use in motion pictures and television shows that target children as a major audience. This is important because children's expectations toward alcohol and its use are, in part, based on what they see on the screen (Dunn and Yniguez, 1999; Kulick and Rosenberg, 2001; Sargent et al., 2006).

For Governments and Policymakers

Governments and policymakers can:

- Focus as much attention on underage drinking as on tobacco and illicit drugs, making it clear that underage alcohol use is an important public health problem.
- Ensure that all communications are clearly written and culturally sensitive.

Goal 2: Engage Parents and Other Caregivers, Schools, Communities, All Levels of Government, All Social Systems That Interface With Youth, and Youth Themselves in a Coordinated National Effort to Prevent and Reduce Underage Drinking and Its Consequences.

Strategy 1: Provide Positive Scaffolding for Children and Adolescents to Protect Them From Alcohol Use

For parents and other caregivers

Throughout a child's life, parental actions do make a difference. Parents can facilitate healthy development and help protect their children from the consequences of alcohol use by increasing protective factors and reducing risk factors related to alcohol use. A developmental approach to preventing and reducing underage drinking suggests that, to protect their children, parents can:

- Create a stable family environment and practice, as parents, being supportive, involved, and loving. Research indicates that children of such parents have better developmental outcomes and are less likely to use alcohol than children raised in less supportive homes. Parental support includes monitoring an adolescent's activities and supporting his or her independence while setting appropriate limits (Barnes et al., 2000; Bogenschneider et al., 1998; Davies and Windle, 2001; DiClemente et al., 2001; Reifman et al., 1998; Steinberg et al., 1994).
- Provide opportunities for the adolescent to be valued at home, for example, by contributing to the family's well-being (e.g., chores, part-time job, caring for a younger sibling).
- Facilitate a willingness on the part of the adolescent to share information about his or her life. Research indicates that such adolescent sharing may be associated with better outcomes around alcohol use, and, therefore, the source of parental information about their children's activities is important (Stattin and Kerr, 2000).
- Recognize that regardless of how close the parent-child relationship may be, that relationship alone is not sufficient to prevent underage alcohol use. Parents must support construction of scaffolds in the other social systems that influence their adolescent's behavior: school, community, institutions, government, and the culture as a whole. It is the combined strength afforded by the interactions of all the scaffolds in all the social systems that is most effective in preventing underage drinking.
- Clearly and consistently communicate with their underage children so that the expectation that they are not to drink is understood.
- Know the basic facts and statistics about underage alcohol use and its consequences. Armed with this knowledge, parents will feel more confident when they talk with their children about alcohol.
- Reduce or eliminate adolescent access to alcohol and do not provide alcohol to adolescents. To do otherwise sends a mixed message at best, or a supportive message at worst, about underage alcohol use.
- Ensure that all parties attended by their adolescents are properly supervised and alcohol free, including the parties their own children give.
- Respond to known instances of alcohol use with appropriate disciplinary actions.
- Recognize the link between adolescent alcohol use and suicide, other substance use, mental disorders, and risky sexual behaviors.

- Seek professional intervention if they have concerns about their child’s alcohol involvement.
- Support enforcement and criminal or juvenile justice systems’ efforts to uphold underage drinking laws.

Parental monitoring

Parental monitoring is associated with better outcomes around adolescent alcohol use. As part of effective parental monitoring, parents, and other caregivers should:

- Be aware of their adolescent’s whereabouts.
- Know their adolescent’s friends.
- Be knowledgeable of their adolescent’s activities.
- Enforce the parental rules they have set.
- Strengthen their adolescent’s skills in refusing alcohol.

Factors that increase risk

Parents should be aware of specific factors that may increase the risk of their adolescent becoming involved with alcohol or experiencing an adverse alcohol-related consequence. These factors include:

- A history of conduct problems.
- Depression and other mental disorders.
- A family history of alcohol dependence.
- Significant transitions (such as acquisition of a driver’s license, a parental divorce, graduation from middle school to high school, or the move from high school to college or the workforce), which may increase the adolescent’s stress level and/or exposure to different peers and opportunities, making it more likely that he or she will use alcohol.
- Interaction with peers involved in deviant activities.

An ongoing dialog

Parents and other caregivers should initiate and sustain, with their adolescent, an ongoing dialog about alcohol, as with other risky behaviors. In that dialog, parents should:

- Encourage input from their adolescent and respect that input.
- Enhance their adolescent’s knowledge about drinking and its consequences.
- Clarify parental expectations.
- Set clear rules around not drinking.
- Establish specific consequences for alcohol use.
- Set clear limits, including never driving with any alcohol in their system or riding with a driver who has been drinking.
- Discuss laws concerning underage drinking, such as minimum legal drinking age and zero tolerance.⁸⁶

⁸⁶ Zero-tolerance laws prohibit a driver under the age of 21 with any detectable amount of alcohol in his or her system from operating a vehicle.

For Schools

School has a significant impact on an adolescent's life. The climate and cohesiveness of a school can play an important role in the development of an adolescent's self-identity; students who are involved with their schools have increased opportunities for building self-confidence, developing relationships with others, and achieving success in their areas of interest. Schools can:

- Work to increase students' involvement in their school, a factor that has been found to predict less alcohol use (Catalano et al., 2004).
- Produce an environment that allows students to explore their talents and follow their passions, be they academic, musical, sports, or social and community causes.
- Provide positive outlets for adolescents' considerable energy and opportunities for validation and belonging.
- Serve as the source of a mentor, a valued teacher, or another caring adult, which has been shown to increase positive outcomes in adolescents.
- Implement evidence-based programs and practices to prevent underage drinking.
- Provide information to parents on the consequences of underage alcohol use, school policies and practices on alcohol use, and local resources.
- Recognize that significant social transitions, such as moving from elementary school to middle school, moving from middle school to high school, and obtaining a driver's license, are accompanied by increasing responsibility, added freedom, greater social pressure, and/or more demanding academic requirements. These factors may make it more likely that adolescents will use alcohol, in part because they increase adolescent stress levels. At such times of potentially increased risk, teachers and staff can be particularly alert and supportive, making a special effort to connect students at high risk or evidencing increased stress with an adult who can serve as a mentor and confidant.
- Recognize that children who mature earlier or later than the majority of their peers may be at increased risk.
- Provide and promote multiple alcohol-free venues where adolescents can get together with their friends.

For Colleges and Universities

Colleges should be safe places where students can thrive academically, grow personally, and mature socially without peer pressure to use alcohol. However, colleges can be settings where underage alcohol use is facilitated—inadvertently or otherwise—and even openly accepted as a rite of passage and actively encouraged by some students and organizations. In fact, some parents and administrators appear to accept a culture of drinking as an integral part of the college experience. Such attitudes need to change and can change through a recognition of the seriousness of the consequences of underage drinking in a university environment and a recognition of the university's responsibility to keep its campus safe for its students. Institutions of higher learning that accept this responsibility can build a developmentally appropriate protective scaffolding around their underage students by taking the following actions:

- Foster a culture in which alcohol does not play a central role in college life or the college experience.
- Recognize that the early part of freshman year is a time of increased risk for alcohol use.

- Provide appealing, alcohol-free locations (e.g., coffeehouses and food courts) where students can gather with their friends to socialize or study.
- Expand opportunities for students to make spontaneous social choices that do not include alcohol (e.g., by providing frequent alcohol-free late-night events, extending hours of student center and athletics facilities, and increasing public service opportunities).
- Offer alcohol-free dormitories⁸⁷ that promote healthy lifestyles.
- Provide easy access to information about alcohol's effects, the risks of using alcohol, and the school's alcohol policies.
- Provide referral and facilitate access to brief motivational counseling and treatment for alcohol and mental health problems as appropriate.

For Communities

Communities can:

- Provide appealing, alcohol-free locations where adolescents can gather with their friends.
- Provide youth with opportunities to express their interests, explore their talents, pursue their passions, achieve success, commit themselves to positive endeavors, and earn status among their peers without having to use alcohol.
- Increase volunteer opportunities, including opportunities for younger adolescents, because they offer a way to experience self-fulfillment and achieve a sense of meaning and purpose.
- Work to ensure access to education about alcohol use and its consequences, brief motivational counseling, and treatment for alcohol use disorders (AUDs).

For the Criminal and Juvenile Justice Systems and Law Enforcement:

The justice system and law enforcement can:

- Increase the knowledge of judges and others in the justice system about the nature and scope of underage drinking and make them more aware that youth experiencing stressful events such as divorce or abuse may be at increased risk for alcohol involvement.
- Increase the knowledge of judges and others in the justice system about adolescent development and the nature and scope of consequences resulting from underage alcohol use.
- Require appropriate therapeutic interventions for parents with substance use disorders who are before the courts because their children are at heightened risk for underage drinking.
- Improve identification of AUDs and ensure timely access to treatment.

Strategy 2: Decrease the Risk of Adolescent Alcohol Use and Associated Negative Consequences

For Parents and Other Caregivers

- The action steps listed in Strategy 1 are also applicable here.
- Be aware that scare tactics are ineffective (Perry et al., 2003).

⁸⁷ Offering this lifestyle option to students does not imply that underage alcohol use is appropriate in dormitories that are not designated as alcohol-free.

For Schools

Schools can:

- Discourage violation of alcohol rules by consistently enforcing them.
- Provide students with the knowledge, skills, and motivation they need to resist peer and other pressures to drink (rather than using scare tactics, which have been shown to be ineffective).
- Identify students who are using alcohol and refer them for appropriate interventions.
- Ensure that school nurses are trained to recognize alcohol-related problems, to intervene appropriately when problems are found, and to be familiar with the referral network.
- Work with the community to ensure that the necessary infrastructure is in place so that students who need services and treatment can be referred to the appropriate personnel or health care provider.

For Colleges and Universities

Colleges and universities have a responsibility to reduce risk factors associated with underage alcohol use and to protect students from the adverse consequences of their own or others' alcohol use, such as accidents, assaults, and rapes. Some of the measures available to colleges are to:

- Establish clear policies with specific penalties and consistent enforcement that prohibit alcohol use on campus by underage students.
- Distribute the school's alcohol policy to all incoming and returning students and their parents. Display the alcohol policy prominently on the school Web site and post it in school venues such as dormitories and sports facilities.
- Require all student groups, including fraternity and sorority members, athletes, and members of student organizations and clubs, to comply with campus and community policies related to alcohol use.
- Restrict or eliminate alcohol sales at concerts and at athletic and other campus events.
- Reinstate Friday classes to shorten the elongated weekend.
- Ensure that the student health center provides screening, brief motivational interventions, and/or referral to treatment for students concerned about their drinking and/or at high risk for alcohol-related problems (e.g., those who binge drink or those with a mental health disorder requiring treatment).
- Work with the local community to coordinate efforts at preventing and reducing underage drinking on and around campus. Easy access to alcohol on a college campus can undermine community efforts to reduce alcohol use by junior high and high school students.
- Work with the local community to control or reduce the number of bars and other alcohol outlets located near the campus and to eliminate or restrict high-volume, low-price drink specials and other promotions that encourage underage drinking. Easy, low-cost access to alcohol for underage youth off campus can undermine efforts on campus to reduce underage drinking.
- Work with the local community to ensure that bars and other alcohol outlets located near the campus comply with server training regulations and enforce all policies and laws with respect to underage youth.
- Work with the community to eliminate loud house parties and other disruptive events in which underage alcohol use is likely to be involved.

For Communities

Communities can:

- Make adequate, affordable services available to youth who are at high risk of developing alcohol-related problems (e.g., those who binge drink or those who have a mental health disorder needing treatment).
- Make adequate, affordable services available to youth identified as having AUDs.

For the Criminal and Juvenile Justice Systems and Law Enforcement

The justice system and law enforcement can:

- Provide screening and appropriate interventions for youth who interface with the criminal justice system, including those who are incarcerated (e.g., in juvenile correctional facilities, detention centers, or jails). Although prisons often have such programs, jails usually do not; these programs provide a unique opportunity to intervene with high-risk youth.

For the Health Care System

The health care system is a powerful arena for screening, referrals, and interventions around underage drinking. The health care system can:

- Identify adolescents who use alcohol (e.g., when providing clinical preventive services and in the emergency department) and intervene where appropriate, including with those youth who may not meet the diagnostic criteria for alcohol abuse or dependence and those at high risk. Interventions also should address coexisting mental health and substance use problems in an integrated manner.
- Work in collaboration with parents, schools, and communities to develop and maintain a system for screening and referring adolescents with alcohol problems.
- Provide expanded services that are developmentally appropriate for adolescents and create a functional referral network so adolescent patients can be directed to appropriate services (lack of a referral system often is cited as a reason not to screen for alcohol use).
- Educate families, schools, and the community about the effectiveness of prevention efforts.
- Inform the public of the adverse consequences of underage drinking.
- Encourage partnerships between parents, schools, health care providers, faith-based groups, and other community organizations in prevention and reduction efforts aimed at underage drinking.
- Promote research on underage drinking in the context of adolescent development.

Strategy 3: Raise the Cost of Underage Alcohol Use

The “cost” of underage drinking refers not just to the price of alcohol but to the total sacrifice in time, effort, and resources to obtain it, as well as to penalties associated with its use. Research indicates that increasing the cost of drinking can positively affect adolescent decisions about alcohol use (Coate and Grossman, 1988; Grossman et al., 1987, 1998; Kenkel, 1993; Ruhm, 1996; Sutton and Godfrey, 1995). The cost of underage drinking can likewise be increased by:

- Enforcement of minimum drinking age laws and other measures that directly reduce alcohol availability. Enforcement should target underage drinkers, merchants who sell alcohol to youth, and people who provide alcohol to youth.
- Appropriate parental penalties for adolescent alcohol use, such as loss of privileges (e.g., allowance, going out with friends, use of the car).
- Holding adults accountable for underage drinking at house parties, even when adults are not at home.
- Enforcement of zero-tolerance laws that ban underage youth from driving with a blood alcohol content (BAC) above detectable levels.
- Any measure that decreases the availability of alcohol to youth and so raises the cost of getting it.
- Elimination of low-price, high-volume drink specials, especially in proximity to college campuses, military bases, and other locations with a high concentration of youth.

In raising the cost of underage drinking, care has to be taken to balance the conflicting goals of different parties, including adults for whom alcohol use is legal, and to avoid unintended consequences. For example, if the penalty for underage alcohol use at an institution of higher learning is too severe, it may be entered on a student’s permanent record, potentially restricting future educational and employment opportunities. In addition, there may be reasons to invoke civil rather than criminal penalties for certain adult infractions, such as violating social host laws. Some strategies also will have an impact on adults, forcing a decision on what additional cost society is willing to bear in order to protect its youth from the adverse consequences of alcohol use.

For Communities

Communities can:

- Publicize existing laws against underage alcohol use, as well as their enforcement.
- Publicize existing laws that reduce alcohol availability to minors and underage access to alcohol, including age verification of Internet and other alcohol sales, as well as their enforcement.
- Restrict adolescent access to alcohol as is appropriate for community norms and goals.

For the Criminal and Juvenile Justice Systems and Law Enforcement

The justice system and law enforcement can:

- Enforce consistently and uniformly all existing laws against underage alcohol use.
- Enforce consistently and uniformly existing laws that reduce alcohol availability to minors and underage access to alcohol, including age verification for Internet and other alcohol sales.

For Governments and Policymakers

Governments at all levels—including local, Tribal, State, and Federal—can increase the cost of adolescent alcohol use and restrict adolescent access to alcohol by:

- Coordinating efforts by the public and private sectors to increase public knowledge of the scope of the problem of underage drinking in the United States, the adverse consequences that accompany it, the public health and safety problem it creates, and effective measures for preventing and reducing it, with special emphasis on the Nation’s collective responsibility to do so.
- Supporting adequate enforcement of laws and regulations.

Goal 3: Promote an Understanding of Underage Alcohol Consumption in the Context of Human Development and Maturation That Takes Into Account Individual Adolescent Characteristics as Well as Ethnic, Cultural, and Gender Differences

For Parents and Other Caregivers

- Youth of different ages are developmentally different and require different strategies, approaches, and types of scaffolds that are developmentally appropriate. Risk and protective factors related to alcohol use shift throughout adolescence, and parents need to be alert to these shifts.
- The protective scaffolding that parents provide to support the positive development of their children in relation to alcohol use should begin before puberty and continue throughout the span of adolescence into young adulthood.
- Parents need to appreciate that the nature of adolescence makes alcohol especially appealing to youth and understand how, from a developmental perspective, to reduce that appeal and the demand it creates for alcohol.
- Parents need to be aware of adolescents’ particular vulnerability to alcohol’s effects.
- During periods of high stress, such as a parental divorce, and during times of significant social transitions, such as the move from elementary school to middle school and from middle school to high school, the risk for alcohol involvement may increase. Parents need to be especially watchful during these periods and, if necessary, temporarily increase the supportive scaffolding around their adolescents.

For Schools

- Schools should be sensitive to the complex nature of the relationship between alcohol use and development and to the developmental needs of adolescents, both as a group and individually, when implementing programs related to alcohol use.
- Sanctions for infractions of alcohol use policies should be developmentally appropriate and avoid unintended outcomes. For example, suspension from school may provide additional free time for drinking whereas required participation in student/parent education programs and community service does not.

For Communities

- Communities need to work to address underage drinking in the context of overall adolescent development. This includes making a commitment to provide as many opportunities for positive experiences as possible for all youth but especially for those at high risk for alcohol use and other negative outcomes.
- Recognize that status is especially important to adolescents and provide positive ways for adolescents of different genders, socioeconomic backgrounds, ethnicity, and race to achieve status.
- Communities can encourage identification and early intervention for high-risk youth.

For the Health Care System

Health care practitioners can:

- Be sensitive to adolescence as a time of risk for alcohol use as well as be aware of individual differences in development and other personal characteristics in the adolescent that may heighten that risk.
- Discuss alcohol use with their young patients, taking into account the latest scientific information about the relationship of alcohol to human maturation.
- Identify alcohol use in their adolescent patients.
- Be familiar with and strengthen referral networks for adolescents.
- Make education about alcohol use and its consequences and brief motivational intervention widely available.

For the Criminal and Juvenile Justice Systems and Law Enforcement

- Penalties for violations should be developmentally appropriate and avoid unintended outcomes. For example, community service can serve both as a penalty (loss of leisure time) as well as an opportunity for personal growth.

For Governments and Policymakers

Governments and policymakers can:

- Understand, through a developmental perspective, why merely providing adolescents with information about alcohol is ineffective in preventing and reducing underage alcohol use.
- Understand why restrictions on adolescent access to alcohol and on alcohol availability need to be in place to prevent and reduce underage alcohol use and its consequences.

- Give careful consideration to providing special protection for populations at high risk, whether they are children of alcoholics, Native Americans, or others.

Goal 4: Conduct Additional Research on Adolescent Alcohol Use and Its Relationship to Development

New, more effective, and enduring interventions are needed to prevent and reduce underage drinking as well as to treat youth with AUDs. Existing interventions should be refined based on the latest scientific findings, including research on adolescent development. Studying the problem of underage alcohol use in the context of adolescence as a developmental phenomenon and as a function of individual characteristics and environmental factors will increase understanding of the problem and improve the effectiveness of interventions.

For Researchers

- Develop and implement new and more potent prevention and reduction approaches based on the latest scientific data, including advances in understanding the role of human maturation and development in adolescent alcohol use.
- Conduct additional research to refine interventions and identify risk and protective factors on the basis of gender, ethnicity, and socioeconomic level, particularly in potentially high-risk cases such as early-maturing adolescents and children with a family history of alcohol dependence.
- Conduct research to better understand the short- and, especially, the intermediate- and long-term consequences of underage alcohol use, particularly as it relates to brain development and function, organ maturation, and susceptibility to later AUDs.
- Better understand how adult drinking behavior influences underage alcohol use.
- Evaluate interventions, including media messages and educational programs, to determine those that are most effective.
- Conduct studies and/or amend ongoing surveys to collect more detailed data on actual adolescent alcohol consumption (e.g., actual consumption as a category rather than “5 or more drinks”), on preadolescent alcohol use, and on secondhand effects.
- Conduct animal studies to develop data on alcohol’s effect on maturation processes and on brain and organ development and function. Animal research makes it possible to perform certain studies that cannot be conducted in human adolescent research.
- Conduct research to identify genetic influences on both alcohol use and the development of alcohol-related problems in adolescents.
- Conduct research to refine the diagnostic criteria used for identifying alcohol problems in youth that require intervention.
- Track policy changes at the State level (because underage drinking policies vary widely across States) and evaluate their impact on underage alcohol use and consequences.⁸⁸

⁸⁸ The Alcohol Policy Information System (APIS; <http://www.alcoholpolicy.niaaa.nih.gov>) is an online resource that provides detailed information on a wide variety of alcohol-related policies in the United States at both State and Federal levels. It features compilations and analyses of alcohol-related statutes and regulations.

Goal 5: Work to Improve Public Health Surveillance of Underage Drinking and Population-Based Risk Factors for This Behavior

State, Tribal, and local public health agencies, policymakers, and the general public need complete and timely information on patterns and trends in youth alcohol consumption to develop and evaluate prevention strategies.

- Collect more detailed data on the quantity and frequency of adolescent alcohol consumption.
- Collect information on the secondhand effects of underage drinking.
- Collect information on preadolescent alcohol use.
- Routinely test all injury deaths in people under age 21 for alcohol involvement to better estimate the extent of alcohol-related consequences.
- Conduct ongoing public health surveillance on the type(s) of alcohol and the quantity and frequency with which they are used by age.
- Conduct ongoing, independent monitoring of alcohol marketing to youth to ensure compliance with advertising standards.
- Build State and Federal public health capacity in alcohol epidemiology to ensure the timely analysis and dissemination of these and other data on underage drinking and to ensure that these data are used to support public health practice.
- Support close collaboration between State and Federal public health and substance abuse agencies in the assessment of underage drinking and related harms and in the design and evaluation of population-based prevention strategies.
- When appropriate, engage youth in the process of collecting data related to underage drinking.
- When appropriate, conduct multi-method research using ethnographic methods in addition to epidemiological and experimental studies.

Goal 6: Work to Ensure That Policies at All Levels Are Consistent With the National Goal of Preventing and Reducing Underage Alcohol Consumption.

Policymakers and administrators at all levels of government have a responsibility to develop and implement appropriate policies and regulations that facilitate safe adolescent development, protect against underage alcohol use and its consequences, and avoid creating unacceptable risk around alcohol use.

For Parents and Other Caregivers

The influence of parents alone is not sufficient to prevent adolescents from using alcohol. Adolescents need additional scaffolding from their schools and communities in the form of policies designed to protect them from alcohol use and its consequences. Parents can:

- Work with the schools to ensure that protective rules around adolescent alcohol use are in place, that the penalties are well known, and that enforcement is sure and uniform.
- Work with organizations and institutions in the community to develop a broad commitment to preventing and reducing underage drinking through appropriate policies, recognizing that

For Schools

Schools can play a significant role in preventing and reducing underage alcohol use. They can:

- Establish and enforce strict policies against alcohol use on campus.
- Sponsor only interventions that research has confirmed effective in preventing and reducing underage alcohol use.

For Colleges

Colleges can:

- Establish and enforce clear policies that prohibit alcohol use by underage students on their campuses.
- Sponsor only interventions that research has confirmed effective in preventing and reducing underage alcohol use.

For Communities

By publicizing both penalties and enforcement of laws against providing alcohol to minors, driving under the influence (DUI), and drinking before age 21, communities emphasize their seriousness about preventing and reducing underage drinking. Communities have at their disposal a variety of additional measures to reduce underage drinking. These measures include:

- Implementing an ongoing media campaign that makes people within the jurisdiction aware of existing policies and laws designed to restrict underage access to alcohol and penalties for violating such laws.
- Requiring compliance training as a condition of employment for all sellers and servers of alcohol in restaurants and bars.
- Supporting enforcement of penalties for use of false IDs.
- Restricting drinking in public places, including at community events.
- Providing for restrictions on youthful drivers, which gradually are removed based on age and driving experience.
- Detecting and stopping underage drinking parties.
- Conducting regular and comprehensive programs to check restaurants, retail outlets, and other vendors of alcohol products for compliance with underage drinking laws (e.g., through keg registration programs) and applying substantial fines that increase with each violation and temporary or permanent license revocation for repeated violations.

For the Criminal and Juvenile Justice Systems and Law Enforcement

The justice system and law enforcement can:

- Enforce consistently and uniformly all laws related to underage alcohol use, including those against the use of false identification, those that restrict drinking in public places, and those related to vendors of alcohol products.

- Enforce graduated driver's license laws for novice teenage drivers that include nighttime driving restrictions, requiring novice drivers to drive accompanied by an adult parent or guardian, and restricting the number of other teenage passengers.
- Enforce zero-tolerance laws and laws addressing driving risks associated with driving after drinking among people under the age of 21 (e.g., speeding, running red lights, and failure to wear safety belts).
- Seek to provide appropriate screening and interventions in all criminal justice settings that interface with adolescents.

For Professional Health Care Associations

To ensure that all who need it receive appropriate care, including screening, assessment, and treatment for heavy drinking and alcohol-related problems (including AUDs), professional health care associations can:

- Support widespread dissemination and implementation of screening and brief motivational intervention, particularly in emergency departments and trauma centers.
- Support provision of a full range of treatment services.

For Governments and Policymakers

Like communities, governments at all levels have a variety of means to prevent and reduce underage drinking. Governments can consider measures that:

- Support use of cost-effective technologies, such as the Internet, to make education about alcohol use and its consequences and brief motivational interventions more accessible and affordable.
- Encourage early intervention for high-risk children and access to a full range of treatment options for youth with alcohol problems.

APPENDIX F: DSM-IV-TR DIAGNOSTIC CRITERIA FOR ALCOHOL ABUSE AND DEPENDENCE⁸⁹

ALCOHOL ABUSE

(A) A maladaptive pattern of drinking, leading to clinically significant impairment or distress, as manifested by at least one of the following occurring within a 12-month period:

- Recurrent use of alcohol resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household).
- Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol use).
- Recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct).
- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol (e.g., arguments with spouse about consequences of intoxication).

(B) Never met criteria for alcohol dependence.

ALCOHOL DEPENDENCE

(A) A maladaptive pattern of drinking, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period:

- Need for markedly increased amounts of alcohol to achieve intoxication or desired effect; or markedly diminished effect with continued use of the same amount of alcohol.
- The characteristic withdrawal syndrome for alcohol (or a closely related substance) or drinking to relieve or avoid withdrawal symptoms.
- Persistent desire or one or more unsuccessful efforts to cut down or control drinking.
- Drinking in larger amounts or over a longer period than intended.
- Important social, occupational, or recreational activities given up or reduced because of drinking.
- A great deal of time spent in activities necessary to obtain, to use, or to recover from the effects of drinking.
- Continued drinking despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to be caused or exacerbated by drinking.

(B) No duration criterion separately specified, but several dependence criteria must occur repeatedly as specified by duration qualifiers associated with criteria (e.g., “persistent,” “continued”).

⁸⁹ American Psychiatric Association (APA). *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition., text revision. Washington, D.C.: APA, 2000.

APPENDIX G: ABBREVIATIONS AND ACRONYMS

FEDERAL DEPARTMENTS AND AGENCIES

Department of Defense	DoD
Department of Education	ED
Office of Safe and Drug-Free Schools	OSDFS
Office of Elementary and Secondary Education	OESE
Department of Health and Human Services	HHS
Administration for Children and Families	ACF
Family and Youth Service Bureau	FYSB
Agency for Healthcare Research and Quality	AHRQ
Centers for Disease Control and Prevention	CDC
Center for Medicaid Services	CMS
Health Resources and Services Administration	HRSA
National Institute on Alcohol Abuse and Alcoholism	NIAAA
National Institute on Drug Abuse	NIDA
Office of Public Health and Science	OPHS
Office of the Surgeon General	OSG
Substance Abuse and Mental Health Services Administration	SAMHSA
Center for Mental Health Services	CMHS
Center for Substance Abuse Prevention	CSAP
Center for Substance Abuse Treatment	CSAT
Office of Applied Studies	OAS
Department of Justice	DOJ
Office of Juvenile Justice and Delinquency Prevention	OJJDP
Office of Justice Programs	OJP
Department of Labor	DOL
Employment Training Administration	ETA
Office of Youth Services	OYS
Occupational Safety and Health Administration	OSHA
Office of National Drug Control Policy	ONDCP
Department of Transportation	DOT
National Highway and Traffic Safety Administration	NHTSA

FEDERAL PROGRAMS AND AGENCIES

Access to Recovery	ATR
Addiction Technology Transfer Center	ATTC
Administration for Children and Families	ACF
Agency for Health Care Research and Quality	AHRQ
Alcohol Policy Information System	APIS
Basic Center Program	BCP

Behavioral Risk Factor Surveillance System	BRFSS
Birth Control and Alcohol Awareness: Negotiating Choices Effectively Project	BALANCE
Center for Behavioral Health Statistics and Quality	CBHSQ
Centers for Disease Control and Prevention	CDC
Centers for Medicare and Medicaid Services	CMS
Center for Mental Health Services	CMHS
Center for Substance Abuse Prevention	CSAP
Center for Substance Abuse Treatment	CSAT
Community Anti-Drug Coalitions of America	CADCA
Drug Abuse Resistance Education	DARE
Department of Defense	DoD
Department of Education	ED
Department of Health and Human Services	HHS
Department of Justice	DOJ
Department of Labor	DOL
Department of Transportation	DOT
Drug and Alcohol Services Information System	DASIS
Drug Free Communities Program	DFC
Employment Training Administration	ETA
Enforcing the Underage Drinking Laws	EUDL
Family and Youth Services Bureau	FYSB
Fatality Analysis Reporting System	FARS
Federal Alcohol Spectrum Disorder	FASD
Grants to Reduce Alcohol Abuse in Secondary Schools Program	GRAAP
Health Resources and Services Administration	HRSA
Institute of Medicine	IOM
Interagency Coordinating Committee on the Prevention of Underage Drinking	ICCPUD
International Association of Chiefs of Police	IACP
Inventory of Substance Abuse Treatment Services	I-SATS
Iowa Strengthening Families Program	ISFP
Local Educational Agencies	LEAs
Monitoring the Future Survey	MTF
Mothers Against Drunk Driving	MADD
National Academy of Sciences	NAS
National Alcohol Screening Day	NASD
National Association for Children of Alcoholics	NACoA
National Association of School Resource Officers	NASRO
National Epidemiological Survey on Alcohol Related Conditions	NESARC
National Health and Nutrition Examination Survey	NHANES
National Highway Traffic Safety Administration	NHTSA
National Institutes of Health	NIH
National Institute on Alcohol Abuse and Alcoholism	NIAAA
National Liquor Law Enforcement Association	NLLEA
National Organizations for Youth Safety	NOYS

National Registry of Effective Programs and Practices	NREPP
National Survey of Substance Abuse Treatment Services	N-SSATS
National Survey on Drug Use and Health	NSDUH
Network for Employees of Traffic Safety	NETS
Occupational Safety and Health Administration	OSHA
Office of Juvenile Justice and Delinquency Prevention	OJJDP
Office of National Drug Control Policy	ONDCP
Office of Surgeon General	OSG
Office of the Assistant Secretary for Planning and Evaluation	ASPE
Office of Youth Services	OYS
Outreach to Children of Parents in Treatment	OCPT
Partnership for Drug-Free America	PDFA
Pregnancy Nutrition Surveillance System	PNSS
Pregnancy Risk Assessment Monitoring System	PRAMS
Protecting You/Protecting Me	PYPM
Public Service Announcements	PSAs
Recording Artists, Actors and Athletes Against Drunk Driving	RADD
Robert Wood Johnson Foundation	RWJ
Safe and Drug-Free Schools and Communities Act	SDFSCA
Screening, Brief Intervention, Referral, and Treatment	SBIRT
School Health Policies and Programs Study	SHPPS
State Incentive Grant Program	SIG
Strategic Prevention Framework	SPF
Street Outreach Program	SOP
Students Against Destructive Decisions	SADD
Substance Abuse and Mental Health Services Administration	SAMHSA
Substance Abuse Prevention and Treatment Block Grant	SAPT BG
Targeted Capacity Expansion Program	TCE
Techniques for Effective Alcohol Management	TEAM
Too Smart to Start	TSTS
Transitional Living Program	TLP
Treatment Episode Data Set	TEDS
Treatment Improvement Protocols	TIPS
Uniform Accident and Sickness Policy Provision Law	UPPL
Uniform Facility Data	UFDS
Virginia Commonwealth University	VCU
Youth Offender Demonstration Project	YODP
Young Offender Reentry Program	YORP
Youth Opportunity Grants	YOGs
Youth Risk Behavior Survey	YRBS
Youth Risk Behavior Surveillance System	YRBSS

APPENDIX H: REFERENCES

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