

**CHAPTER 3**

**A Coordinated Federal Approach to  
Preventing and Reducing Underage  
Drinking**

The 2006 STOP Act records the sense of Congress that “a multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort, and addresses particulars of the Federal portion of that effort as well as Federal support for State activities.”

## **A COORDINATED APPROACH**

The Congressional mandate to develop a coordinated approach to prevent and reduce underage drinking and its adverse consequences recognizes that alcohol consumption by those under 21 is a serious, complex, and persistent societal problem with significant financial, social, and personal costs. Congress also recognizes that a long-term solution will require a broad, deep, and sustained national commitment to reducing the demand for, and access to, alcohol among young people. That solution will have to address not only the youth themselves but the larger society that provides a context for that drinking and in which images of alcohol use are pervasive and drinking is seen as normative.

The national responsibility for preventing and reducing underage drinking involves government at every level, institutions and organizations in the private sector, colleges and universities, public health and consumer groups, the alcohol and entertainment industries, schools, businesses, parents and other caregivers, other adults, and adolescents themselves. The proposed course of action in *The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking (Call to Action)* includes all these elements of society, reflecting the Surgeon General’s view that “underage alcohol use is everybody’s problem—and its solution is everybody’s responsibility.”

The present Report, while equally inclusive, nonetheless focuses on the activities of the Federal Government and its unique role in preventing and reducing underage drinking. Through leadership and financial support, the Federal Government can influence public opinion and increase public knowledge about underage drinking; enact and enforce relevant laws; fund programs and research that increase understanding of the causes and consequences of underage alcohol use; monitor trends in underage drinking and the effectiveness of efforts designed to reduce demand, availability, and consumption; lead the national effort; and support, coordinate, and monitor implementation of the various components of the *Call to Action*.

All Interagency Coordinating Committee on Preventing Underage Drinking (ICCPUD) agencies and certain other Federal partners, such as the Department of Labor, will contribute their leadership and vision to the national effort to prevent and reduce underage alcohol use described in the *Call to Action*. Each participating agency plays a role specific to its mission and mandate. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports biomedical and behavioral research on the prevalence and patterns of alcohol use across the lifespan and of alcohol-related consequences including abuse and dependence injuries, and effects on prenatal, child, and adolescent development. This body of research includes studies on alcohol epidemiology, metabolism, genetics, neuroscience, prevention and treatment. NIAAA and the Centers for Disease Control and Prevention (CDC) provide the research that helps people understand the serious nature of underage drinking and its consequences. In general, the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Highway Traffic Safety Administration (NHTSA), and the Department of Education (ED) conduct

programs to reduce underage demand for alcohol, and the Department of Justice, through its Office of Juvenile Justice and Delinquency Prevention (OJJDP), works to reduce underage consumption of and access to alcohol, as well as the availability of alcohol itself. SAMHSA, CDC, and NIAAA conduct surveillance that gathers the latest data on underage alcohol use and the effectiveness of programs designed to prevent and reduce it. NHTSA, CDC, SAMHSA, the National Institute on Drug Abuse (NIDA), and NIAAA gather data on adverse consequences. As these agencies interact with one another, the activities and expertise of each will inform and complement the others, creating a synergistic, integrated Federal program for addressing underage drinking in all its complexity.

The Surgeon General, as the Nation's medical spokesperson, has taken a major leadership role through the issuance of the *Call to Action*; its goals and recommended strategies present a comprehensive approach to preventing and reducing underage drinking. Five themes embody the role of the Federal Government in the implementation of the *Call to Action's* vision of the future:

- Fostering changes in American society that help prevent and reduce underage drinking through a coordinated national effort
- Reducing underage demand for alcohol
- Reducing underage access to alcohol and the availability of alcohol to underage persons
- Conducting and supporting research that will help create effective prevention and reduction programs and interventions, including the fostering of evidence-based practices
- Improving public health surveillance data on underage drinking, including data on alcohol usage and attitudes

All ICCPUD member agencies address some aspect of the *Call to Action* and so relate to one or more of these themes and to each other in supportive, integrated, or complementary ways. As these themes and existing programs indicate, the Federal Government's approach to addressing underage alcohol use is highly collaborative and coordinated, but more can be done. The national plan described in the *Call to Action* enhances current governmental efforts by increasing collaboration, coordination, and integration among agencies and programs.

## **FEDERAL AGENCIES INVOLVED IN PREVENTING AND REDUCING UNDERAGE DRINKING**

Multiple Federal agencies are involved in preventing and reducing underage drinking. Each currently sponsors programs that address underage alcohol consumption, and each is a member of ICCPUD. The agencies and their primary roles related to underage drinking are as follows:

1. **HHS Administration for Children and Families (ACF):** ACF is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. Many of these programs strengthen protective factors and reduce risk factors associated with underage drinking. Web site: <http://www.acf.hhs.gov>.
2. **HHS CDC:** CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. Consistent with that mission, CDC is involved in strengthening the scientific foundation for the prevention of underage and binge drinking. This includes assessing the problem through public health surveillance and epidemiological studies of underage drinking and its consequences. CDC also evaluates the effectiveness of prevention policies and programs, and examines underage drinking as a risk factor through

programs that address health problems such as injury and violence, sexually transmitted diseases, and fetal alcohol spectrum disorders. CDC trains new researchers in alcohol epidemiology and builds State public health system capacity. Web site: <http://www.cdc.gov>.

3. **HHS/NIH NIAAA:** NIAAA provides leadership in the effort to reduce alcohol-related problems by conducting and supporting alcohol-related research; collaborating with international, national, State, and local institutions, organizations, agencies, and programs; and translating and disseminating research findings to health care providers, researchers, policymakers, and the public. Web site: <http://www.niaaa.nih.gov>.
4. **HHS/NIH NIDA:** NIDA's mission is "to lead the Nation in bringing the power of science to bear on drug abuse and addiction." NIDA supports most of the world's research on the health aspects of drug abuse and addiction, and carries out programs that ensure rapid dissemination of research to inform policy and improve practice. Web site: <http://www.nida.nih.gov>.
5. **HHS Office of the Surgeon General (OSG):** The Surgeon General is America's chief health educator, giving Americans the best available scientific information on how to improve their health and reduce the risk of illness and injury. OSG oversees the 6,500-member Commissioned Corps of the U.S. Public Health Service and assists the Surgeon General with other duties as well. Web site: <http://www.surgeongeneral.gov>.
6. **HHS SAMHSA:** SAMHSA's mission "is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness." SAMHSA works toward underage drinking prevention by supporting State and community efforts, promoting the use of evidence-based practices, educating the public, and collaborating with other agencies and interested parties. Web site: <http://www.samhsa.gov>.
7. **Department of Defense (DoD):** DoD coordinates and supervises all agencies and functions of the government relating directly to national security and military affairs. Its alcohol-specific role involves preventing and reducing alcohol consumption by underage military personnel and improving the health of service members' families by strengthening protective factors and reducing risks factors in underage alcohol consumption. Web site: <http://www.defense.gov>.
8. **ED Office of Safe and Drug-Free Schools (OSDFS):** OSDFS administers, coordinates, and recommends policy to improve the effectiveness of programs providing financial assistance for drug and violence prevention activities and activities that promote student health and well-being in elementary schools, secondary schools, and institutions of higher education. Activities may be carried out by State and local educational agencies or other public or private nonprofit organizations. OSDFS supports programs that prevent violence in and around schools; prevent illegal use of alcohol, tobacco, and drugs; engage parents and communities; and coordinate with related Federal, State, school, and community efforts to foster safe learning environments that support student academic achievement. Web site: <http://www.ed.gov/offices/OESE/SDFS>.
9. **Department of Justice OJJDP:** OJJDP provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization. OJJDP supports States and communities in their efforts to develop and implement effective, coordinated prevention and intervention programs and to improve the juvenile justice system's ability to

protect public safety, hold offenders accountable, and provide treatment and rehabilitation services tailored to the needs of juveniles and their families. OJJDP's central underage drinking prevention initiative, Enforcing the Underage Drinking Laws (EUDL), is a nationwide State- and community-based multidisciplinary effort that seeks to prevent access to and consumption of alcohol by those under the age of 21 with a special emphasis on enforcement of underage drinking laws and implementation programs that use best and most promising practices. Web site: <http://ojjdp.ncjrs.gov>.

10. **Department of the Treasury/Alcohol and Tobacco Tax and Trade Bureau (TTB):** TTB's mission "is to collect taxes owed, and to ensure that alcohol beverages are produced, labeled, advertised and marketed in accordance with Federal law." Web site: <http://www.ttb.gov> .
11. **Department of Transportation (DOT) NHTSA:** NHTSA's mission is to save lives, prevent injuries, and reduce traffic-related health care and other economic costs. NHTSA develops, promotes, and implements effective educational, engineering, and enforcement programs to end preventable tragedies and reduce economic costs associated with vehicle use and highway travel, including underage drinking. Web site: <http://www.nhtsa.dot.gov>.
12. **Federal Trade Commission (FTC):** The FTC works to ensure that the Nation's markets are vigorous, efficient, and free of restrictions that harm consumers. The Commission has enforcement and administrative responsibilities under 46 laws relating to competition and consumer protection. As the enforcer of Federal truth-in-advertising laws, the agency monitors alcohol advertising for unfair practices and deceptive claims and reports to Congress when appropriate. Web site: <http://www.ftc.gov>.
13. **Office of National Drug Control Policy (ONDCP):** The principal purpose of ONDCP is to establish policies, priorities, and objectives for the Nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences. Part of ONDCP's efforts relate to underage alcohol use. Web site: <http://www.whitehousedrugpolicy.gov>.

The following section highlights current initiatives to prevent and reduce underage drinking and its consequences, categorized according to the six goals of the *Call to Action*. Further details about Departmental and agency programs to prevent and reduce underage drinking appear later in this chapter under the heading "Inventory of Federal Programs by Agency."

## **HOW FEDERAL AGENCIES AND PROGRAMS WORK TOGETHER**

The STOP Act of 2006 requires the Secretary of HHS, on behalf of ICCPUD, to submit an annual report to Congress summarizing "all programs and policies of Federal agencies designed to prevent and reduce underage drinking." ICCPUD aims to increase coordination and collaboration in program development among member agencies so that the resulting programs and interventions are complementary and synergistic. An example of how these programs and services support each another is the Town Hall meetings held in various parts of the country in 2006 and 2008 to focus communities and parents on the issue of underage drinking.

Planning for the Town Hall Meetings began in the fall of 2005 at a National Meeting of the States supported by SAMHSA in collaboration with ICCPUD. At that meeting, NIAAA presented the latest scientific research on underage drinking, and other ICCPUD agencies provided information on their programs. In the spring of 2006, SAMHSA and ICCPUD collaborated to support over 1,200 Town Hall Meetings across all 50 States. Local communities were encouraged to use ICCPUD agency resources made available through the Federal Web site <http://www.stopalcoholabuse.gov>. For example, in many meetings, communities used the video presentation SMASHED (developed by NHTSA) with the media spot “Start Talking Before They Start Drinking” (developed by SAMHSA). Communities engaged First Spouses in media events and Town Hall meetings as part of the Leadership to Keep Children Alcohol Free initiative and supported Reach Out Now Teach-Ins in 5<sup>th</sup> and 6<sup>th</sup> grade classes. Many Town Hall meetings also used training materials developed by OJJDP through the EUDL program to create comprehensive action plans for community change. A substantial number of OSDFS prevention program grantees participated as well. In the spring of 2008, SAMHSA collaborated with ICCPUD again to support over 1,800 Town Hall Meetings across the country.

## **A COMMITMENT TO EVIDENCE-BASED PRACTICES**

At the heart of any effective national effort to prevent and reduce underage drinking are reliable data on the effectiveness of specific prevention and reduction efforts. With limited resources available and human lives at stake, it is critical that professionals use the most time- and cost-effective approaches known to the field. Traditionally efficacy has been ensured through practices that research has proven to be effective instead of those based upon convention, tradition, folklore, personal experience, belief, intuition, or anecdotal evidence. The term for practices validated by documented scientific evidence is “evidence-based practices” (EBPs).

Although there is broad agreement regarding the need for EBPs, there is currently no consensus on the precise definition of an EBP. Disagreement arises not from the need for evidence, but from the kind and amount of evidence required for validation. The gold standard of scientific evidence is the randomized trial, but it is not always possible to conduct such trials. Many strong, widely used quasi-experimental designs have and will continue to produce credible, valid, and reliable evidence—these should be relied upon when randomized trials are not possible. Practitioner input is a crucial part of this process and should be carefully considered as evidence is compiled, summarized, and disseminated to the field for implementation.

The Institute of Medicine (IOM), for example, defines an EBP as one that combines the following three factors: best research evidence, best clinical experience, and consistency with patient values (IOM, 2001). The American Psychological Association has adopted a slight variation of this definition for the field of psychology, as follows: EBP “is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA, 2002).

The Federal Government does not provide a single, authoritative definition of EBPs, yet the general concept of an EBP is clear: that some form of scientific evidence must support the proposed practice, that the practice itself must be practical and appropriate given the circumstances under which it will be implemented and the population to which it will be applied, and that the practice has a significant effect on the outcome(s) to be measured. For example,

OSDFS requires that its grantees use EBPs in the programs they fund, and NHTSA has produced a publication entitled “Countermeasures That Work” for use by State Highway Safety Offices (SHSOs) and encourages the SHSOs to select countermeasure strategies that have either been proven effective or shown promise.

### **National Registry of Evidence-Based Programs and Practices**

SAMHSA has developed the National Registry of Evidence-based Programs and Practices (NREPP; <http://www.nrepp.samhsa.gov>), a searchable database of interventions for the prevention and treatment of mental and substance use disorders that have been reviewed and rated by independent reviewers.

The purpose of this registry is to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field. In addition to helping the public find evidence-based interventions, SAMHSA and some other Federal agencies use NREPP to inform grantees about EBPs and to encourage their use. OSDFS and Youth Transition Into the Workplace (YIW), for example, require that grantees under its Grants to Reduce Alcohol Abuse (GRAA) in Secondary Schools Program use NREPP when choosing programs to implement. YIW asks all grantees to prepare replication manuals and apply for NREPP status following implementation and evaluation. These newer “redesigned” programs should be available by fiscal year (FY) 2011.

The NREPP database is not an authoritative list; SAMHSA does not approve, recommend, or endorse the specific interventions listed therein. Policymakers, in particular, should avoid relying solely on NREPP ratings as a basis for funding or approving interventions. Nevertheless, NREPP provides useful information and ratings of interventions to assist individuals and organizations in identifying those practices that may address their particular needs and match their specific capacities and resources. As such, NREPP is best viewed as a starting point for further investigation regarding interventions that may work well and produce positive outcomes for a variety of stakeholders. A number of programs have been more rigorously evaluated through independent research funded by the National Institutes of Health.

### **Centers for Disease Control and Prevention**

CDC supports the use of an evidence-informed approach for its broad range of recommendations, guidelines, and communications. This approach calls for transparency in reporting the evidence that was considered and requires that the path leading from the evidence to the recommendations or guidelines be clear and well-described, regardless of the strength of the underlying evidence or the processes used in their development. The Guide to Community Preventive Services (Community Guide) provides the model for CDC’s evidence-informed approach (<http://www.thecommunityguide.org/index.html>). Under the auspices of the independent, non-Federal Task Force on Community Preventive Services (Task Force), with funding and scientific staff support from CDC, Community Guide Reviews systematically assess all available scientific evidence to determine the effectiveness of population-based public health interventions and the economic benefit of all effective interventions. The Task Force reviews the

combined evidence; makes recommendations for practice and policy; and identifies gaps in existing research to ensure that practice, policy, and research funding decisions are informed by the highest quality evidence.

CDC's Alcohol Program works with the Community Guide, SAMHSA, NIAAA, and other partner organizations on systematic reviews of population-based interventions to prevent excessive alcohol consumption, including underage and binge drinking and related harms. To date, the Community Guide has reviewed the effectiveness of various community-based strategies for preventing underage and binge drinking, including limiting alcohol outlet density, increasing alcohol excise taxes, dram shop liability, limiting days and hours of alcohol sales, enhancing enforcement of minimum legal drinking age laws, lowering blood alcohol concentration laws for younger drivers, and offering school-based instructional programs for preventing drinking and driving and for preventing riding with drunk drivers.

The current listing and review of practices for the Alcohol Program can be found at <http://www.thecommunityguide.org/alcohol/index.html>.

Practices for Motor Vehicle-Related Injury Prevention (including impaired driving) can be found at <http://www.thecommunityguide.org/mvoi/index.html>.

CDC's Alcohol Program plans to continue working collaboratively with the Community Guide, SAMHSA, NIAAA, and other partners on systematic reviews of population-based strategies to prevent excessive alcohol consumption and related harms, including the impact of dram shop laws and enhanced enforcement of laws against over service, and will continue collaborating with these partners to disseminate the results of these reviews so that they can help inform the selection of evidence-based strategies to prevent excessive drinking in States and communities. CDC is also working to adapt evidence-based interventions to reduce the risk of alcohol-exposed pregnancies in high-risk community settings, including college populations.

## **INVENTORY OF FEDERAL PROGRAMS FOR UNDERAGE DRINKING BY AGENCY**

As required by the STOP Act, this section of the Report summarizes major initiatives underway throughout the Federal Government to prevent and reduce underage alcohol use in America, and links each initiative to one or more of the *Call to Action's* six goals.

### **ICCPUD Activities**

#### **Activities Specific to Underage Drinking**

- **ICCPUD:** This Committee, established in 2004 at the request of the Secretary of HHS and made permanent in 2006 by the STOP Act, guides policy and program development across the Federal Government with respect to underage drinking. The Committee is composed of representatives from DoD, ED/OSDFS, FTC, HHS/OSG, ACF, the Office of the Assistant Secretary for Planning and Evaluation (ASPE), CDC, NIAAA, NIDA, SAMHSA, DOJ/OJJDP, ONDCP, DOT/NHTSA, and Treasury/TTB. (A list of ICCPUD members is contained in Appendix D.) Goals 1-6 are addressed.

- **Town Hall Meetings:** As part of a national effort to prevent and reduce underage alcohol use and to help educate people about the risks associated with underage drinking, ICCPUD and SAMHSA supported community Town Hall Meetings. In the spring of 2006, more than 1,200 Town Hall Meetings were conducted nationwide, including U.S. Territories and jurisdictions. These events brought communities together to learn about the research on underage drinking and its impact on both individuals and the community. The meetings were a first step toward moving communities to action, and they began a dialogue about how to prevent or reduce underage alcohol use. In the spring of 2008, SAMHSA and ICCPUD collaborated again to support over 1,600 Town Hall Meetings across the country. Another round of meetings is planned for the spring of 2010. Goals 1-3 and 6 are addressed.
- **Messages:** To strengthen the national commitment to preventing and reducing underage drinking, it is important that Federal agencies convey the same messages at the same time. Therefore (addressing goals 1-3 and 6), the leadership of the ICCPUD agencies will:
  - Increase efforts to highlight the need to prevent underage drinking and its negative consequences in speeches and meetings across the country.
  - Ensure that the Administration is speaking with a common voice on the issue.
  - Reinforce the messages that ICCPUD and the Surgeon General have developed.
  - Use a coordinated marketing plan to publicize programs, events, research results, and so forth that address underage drinking.
- **Support the minimum drinking age:** Agency leadership will continue to develop and use messaging that supports a 21-year-old drinking age and will promote this in speeches and message points. Goal 2 is addressed.
- **Web site:** SAMHSA created a Federal Web site (<http://www.stopalcoholabuse.gov>) that is dedicated to the issue of underage drinking and that is supported by all participating agencies. The Web site includes a searchable database of all Federal programs and resources related to the prevention of underage drinking and contains sections on core messaging, resources and materials, college drinking, and information for groups such as parents, communities, and youth. Goals 1-3 and 6 are addressed.
- **National Meeting of the States on Underage Drinking:** In the fall of 2005, ICCPUD agencies held a 1½-day national meeting in Washington, DC, on the prevention of underage drinking. The meeting, which included both State teams and Federal leaders, demonstrated a Federal commitment to preventing underage drinking, raised public awareness of the extent and negative consequences of the problem, informed State teams about recent research, and allowed each State team to start planning how to build a commitment to reducing underage drinking in their own State and to maximize participation in a meeting of communities across the country that followed in 2006. An additional version of the National Meeting was held for 4 States that could not attend due to hurricanes. Goals 1-3 and 6 are addressed.

### **Activities Related to Underage Drinking**

None.

## Department of Defense

### Activities Specific to Underage Drinking:

- **Youth Program:** The Adolescent Substance Abuse Counseling Service (ASACS) program is a comprehensive community-based program that provides prevention and education, identification and referral, and outpatient substance abuse treatment services to active-duty U.S. military family members throughout Europe and the Pacific Rim. The Department of Defense's Drug Education for Youth (DEFY) program offers youth development activities including drug education, leadership and character development, positive role model mentoring, and community outreach to enhance the quality of life of military personnel and their families. Goals 1 and 3 are addressed.
- **Use of Federal Resources via the Drug Abuse Resistance Education Program:** Attendees of Department of Defense Dependents Schools (DoDDS) have access to the adopted drug education program for DoD Education Activity, which addresses alcohol abuse. This program, called Drug Abuse Resistance Education (DARE), is part of the DoDDS Health Curriculum. Currently, DARE instruction in elementary schools is for a period of 17 weeks; in middle schools, 10 weeks. Goals 1-3 are addressed.
- **Law Enforcement:** DoD ensures installation-level enforcement of underage drinking laws on all Federal reservations. For underage active-duty members, serious consequences (such as productivity loss or negative career impact) are tracked via the Triennial Health-Related Behavior Survey. Goal 3 is addressed.

### Activities Related to Underage Drinking

- **Alcohol Abuse Prevention Marketing Campaign:** The alcohol abuse counter-marketing campaign aims to decrease binge drinking among the 18- to 24-year-old active duty enlisted population. This campaign is expected to increase awareness of the negative effects and consequences of binge drinking by using humor to convey a serious message. Solidly based in research, the campaign's theme features the cautionary warning "Don't Be That Guy"—the person who, after drinking excessive amounts of alcohol, loses control of self or situation with humiliating results. The theme connects to peer social disapproval, which resonates best with this hard-to-reach audience. This multimedia, multi-strategy campaign is solidly based in research, the Stages of Change theoretical model, and social marketing; it includes online and offline advertising and promotions, viral marketing, a Web site (<http://www.thatguy.com>), public service announcements (PSAs), collateral materials and special events. The campaign, launched in 2006, is showing promise. Not only does the research show that the campaign is successful in raising awareness of and changing attitudes toward the harms of excessive drinking; it also plays an integral role in continued growth of the campaign, which is raising awareness about the negative effects of excessive drinking.
- Overall, campaign awareness increased almost fivefold, from 3 percent in 2006 to 14 percent in 2007 (n=1,830). (06/07 Status of Forces Survey; results released in 2008.)
- According to a Web site survey on <http://www.thatguy.com>, people tend to learn about the campaign's Web site through posters (36 percent), the Internet (34 percent), or friends (28 percent), indicating that the viral approach is working (n=2,426).

- <http://www.thatguy.com> was viewed, on average, by approximately 21,000 users per month for the previous past 22 months.
- Of the 496 who initially qualified for Occasional Binge Drinker Focus Groups in 2008, 86 percent are aware of *That Guy*.
- The campaign has been implemented by more than 200 installations in 42 States and 11 countries, and it engaged more than 1,600 points of contact.

The campaign is also shifting attitudes, which will help shift behavior:

- A significant proportion (two fifths) of occasional binge drinkers believe the campaign is influencing them to think about drinking less and want to hear/see more about the severe consequences of excessive drinking that reflect more realism (n=99; 2008 Occasional Binge Drinker Focus Groups).
- Attitudes toward excessive drinking are beginning to make a statistically significant shift in a positive direction, showing support of the campaign's messages (n=1,830; 06/07 Status of Forces Survey results released in 2008).
- 42 percent of participants believe the Web site will encourage service members to think twice about the consequences of binge drinking (n=2,426; <http://www.thatguy.com> survey).

In addition, the campaign has received accolades including a Webby Award for best health Web site, a Public Relations Society of America (PRSA) Silver Anvil Award of Excellence, two PRSA Bronze Anvil Awards of Commendation (including one for research), The Holmes Group's Silver SABRE in the Government Agencies category, National Association of Government Communicators (NAGC) Blue Pencil and Gold Screen Awards, Web Marketing Awards 2007, and more. Goals 3 and 4 are addressed.

#### **Service-Level Prevention Programs:**

- **Marine Corps Substance Abuse Program:** The Marine Corps substance abuse program provides Marine Corps plans, policy, and resources to improve and sustain the capabilities of commanders to provide opportunities to prevent problems that detract from unit performance and readiness. Information about the risks of alcohol misuse, rules and regulations about drinking, and alternatives to drinking are provided. The program also highlights the negative impact of alcohol abuse.
- **Navy Alcohol and Drug Abuse Prevention via the Right Spirit Campaign:** The Right Spirit campaign was started in 1996 to improve the quality of life for Navy members and their families and to ensure a safe and productive work environment. Although the use of alcohol is depicted as fashionable in society, alcohol contributes to too many of the country's serious health and social problems. The goal of Right Spirit is to deglamorize alcohol and prevent alcohol abuse. Navy commanders are required to promote an "it's okay not to drink" environment. Preventing alcohol abuse and alcoholism before problems occur greatly benefits the Navy in terms of lost workdays and costly treatment. The campaign includes two education programs:

1. **Alcohol Aware Program:** This program is a command-level alcohol abuse prevention prevention and deglamorization course designed for all hands. The goals of the Alcohol Aware program are to make the participants aware of the basic nature of alcohol; the risks involved in using and abusing alcohol; the Navy's expectations, instructions, and core values; and the definition of responsible use of alcohol. Each participant is asked to evaluate, anonymously, his or her own pattern of drinking to determine if it is appropriate and to make adjustments as needed.
2. **Alcohol Impact Program:** An intervention program normally given during off-duty hours. Alcohol Impact is the first intervention step in the treatment of alcohol abuse. It is an intensive, interactive educational experience designed for personnel who had incidents with alcohol. The course is primarily an educational tool, but objectives within the course could reveal the need for a higher level of treatment.

Navy officials have also launched several initiatives to continue the downward trend of alcohol abuse, including a new Right Spirit video feature for officer accession trainees, revised education courses, Right Spirit television commercials beamed to ships at sea, Web-based training, and new Right Spirit marketing tools for command Drug/Alcohol Program Advisors.

- **Army Center for Substance Abuse's Drug and Alcohol Prevention/Education Program:** This program supports combat readiness for the operation and management of all elements of the Army's Substance Abuse Program (ASAP). The overarching responsibilities of the Center are to develop, administer, and evaluate ASAP alcohol and drug prevention, training, and education programs. Their objectives are to provide technical support for the ASAP programs, act as the lead agent for drug demand reduction issues, support professional development, provide training for all nonmedical substance abuse prevention staff worldwide, and develop and distribute alcohol and drug abuse prevention training curricula and multimedia products to Army installations. Goals 3 and 6 are addressed.
- **Air Force Innovative Prevention Program:** The Air Force (AF) 0-0-1-3 Program that began at F. E. Warren Air Force Base encourages healthy, controlled alcohol use (and non-use for underage persons) as the normative lifestyle choice for young Air Force personnel. The program establishes safe normative behaviors that move the DoD forward in addressing the health threats of both alcohol and tobacco. The 0-0-1-3 program was briefed to AF Senior Leadership in July 2005. As a result of this briefing, the AF Chief of Staff (CVA) instructed A1 (personnel) and OSG to expand the 0-0-1-3 program to include a range of health-related behaviors that could potentially negatively affect productivity, mission accomplishment, and readiness and then implement the program across the AF. Consequently, working groups were formed and a Concept of Operations (CONOPS) was written in February 2006 to provide the theoretical underpinnings for a new program called, the Culture of Responsible Choices (CoRC). CoRC uses a comprehensive community-based approach with four levels:
  1. Strong leadership support (i.e., from top down and bottom up)
  2. Individual level (population screening, anonymous screening at primary care centers, education, short-term counseling with tailored feedback, etc.)
  3. Base level (media campaigns, alcohol-free activities, zero-tolerance policies for underage drinking and alcohol misuse, midnight basketball, cyber cafés, etc.)

4. Community level (building coalitions between on-base and off-base groups, increased driving under the influence/driving while intoxicated [DUI/DWI] enforcement on and off base, etc.).

A variety of tools kits were generated, and implementation memorandums were signed by the CVA and A1. In April 2006, the CoRC CONOPS, tool kits, memorandums, best practices, and other elements were uploaded to <http://www.afcrossroads.com>; it was launched across the AF in October 2006. The CoRC program was designed to address a range of health-related behaviors such as underage drinking, alcohol misuse, illegal drug use, tobacco cessation, obesity, fitness levels, safety mishaps, and so forth. It was also designed to produce a cultural shift within the AF from “work hard/play hard” to “work hard/play smart.” Since its inception in 2006, the AF has had a 6 percent reduction in alcohol-related misconduct (ARM) incidents.

In addition to CoRC, the AF partnered with DoJ and NIAAA to implement EUDL at 5 Air Force Bases (AFBs) using evidence-based environmental strategies to reduce underage airmen’s access to alcohol and the prevalence of underage airmen drinking at these bases and the surrounding local areas. NIAAA is supervising a 3-year evaluation of the EUDL program. Analysis of first-year EUDL data is promising. In 2009, the EUDL program was expanded to include two new AFBs. DoJ will support the expansion element of the evaluation.

Some other innovative programs that the AF is using to address underage drinking are the “That Guy” social marketing approach (<http://www.thatguy.com>) and the E-CHUG Web-based prevention tool. Goal 2 is addressed.

**Research Alcohol Prevention Initiative:** The Naval Health Research Center conducted a research program to develop and evaluate a series of Internet-based distance learning tools to promote healthy behaviors and reduce health risks in a variety of areas among Naval and Marine Corps personnel. The Center is also conducting a study to evaluate the effectiveness of an alcohol misuse prevention training program to reduce the level of heavy drinking and alcohol-related negative consequences among Marine Corps aviation personnel. The study will develop an enhanced training program, tailored for Marines in the aviation community, based on a successful cognitive-behavioral alcohol abuse prevention program for young adults. Goals 1, 3, 4, and 6 are addressed.

**Active Duty Health-Related Behaviors Survey:** DoD triennially conducts the Health-Related Behavior Survey, which maintains trended data on alcohol use among all active duty service members age 18 and above. It addresses age of first use, prevalence, binge use, and heavy use. The 2008 Health-Related Behaviors Survey is complete and the results are currently being evaluated. Goal 5 is addressed.

## Department of Education Office of Safe and Drug-Free Schools

### Activities Specific to Underage Drinking

- **U.S. Department of Education Secondary Schools and Higher Grants to Reduce Alcohol Abuse Program (GRAA);** This program helps local education agencies (LEAs) develop and implement innovative, effective alcohol abuse prevention programs for secondary school students. Grantees are required to implement at least one proven strategy for reducing underage alcohol abuse as determined by SAMHSA. Up to 25 percent of funding can be reserved for grants to low-income and rural LEAs. Goals 1-3 are addressed.
- **Interagency Agreement with SAMHSA/CSAP to Support GRAA Grantees Through School-Based Training and Technical Assistance** (in collaboration with SAMHSA): Since 2002, ED/OSDFS has, through an interagency agreement, funded SAMHSA's Center for Substance Abuse and Prevention (CSAP) to support the Centers for the Application of Prevention Technologies contract that, among other activities, provides training, technical assistance, and information resources to LEAs that receive funding under ED's GRAA program. Goals 1-3 are addressed.
- **Models of Exemplary, Effective, and Promising Alcohol or Drug Abuse Prevention Programs on College Campuses:** The goals of this program are to identify and disseminate information about exemplary and effective alcohol or drug abuse prevention programs implemented on college campuses. Through this discretionary grant program, ED also recognizes colleges and universities whose programs, while not yet exemplary or effective, show evidence of being promising:
  - An institute of higher education (IHE) that receives funding as an exemplary or effective program is required to enhance, further evaluate, and disseminate information about the prevention program being implemented on its campus.
  - To encourage broader participation, OSDFS redesigned the program in FY 2008, creating three levels of recognition: exemplary, effective, and promising. OSDFS supports the dissemination of these evidence-based programs through publications, meetings, and trainings.
  - In FY 2009, OSDFS convened a meeting of all 10 current Model grantees in August in Washington, DC, to share lessons for improving their programs. OSDFS strengthened dissemination of their research findings and proven strategies by having many grantees present at OSDFS-sponsored panels at national conferences. Model grantees were also present at the December 2009 ICCPUD meeting on effective strategies for reducing high-risk drinking on campuses and at an OSDFS staff-wide meeting. Goals 1-3 are addressed.
- **Grants to Reduce High-Risk Drinking and Violent Behavior on College Campuses:** This grant program addresses high-risk drinking and violent behavior among college students. Funded since 1999, this grant competition's goal is to provide funds to individual institutions of higher education, consortia thereof, public and private organizations including faith-based bodies, and individuals to develop or enhance, implement, and evaluate campus- and/or community-based prevention and early intervention strategies. Grantees focus attention on and develop solutions for preventing and reducing high-risk drinking or violent

behavior among college students. Many IHEs whose programs are shown to be effective under this program later apply for consideration under the OSDFS Models program. Prevention initiatives are designed to reduce both individual and environmental risk factors and enhance protective factors in specific populations and settings. Goals 1-3 are addressed.

- **Grants for Coalitions to Prevent and Reduce Alcohol Abuse at IHEs:** This new discretionary grant program was first funded in FY 2009. The program funds IHEs, consortia thereof, State agencies, and nonprofit entities to provide financial assistance for the development, expansion, or enhancement of a statewide coalition. The focus of the funded coalitions is on preventing and reducing the rate of underage alcohol consumption, including binge drinking, among students at IHEs throughout the State, both on campuses and in surrounding communities. Goals 1-3 are addressed.
- **Technical Assistance Center for Alcohol, Drug Abuse and Violence (AODV) Prevention in Higher Education:** The Center helps college administrators and other prevention professionals support IHE efforts to prevent violence and substance abuse on their campuses and in surrounding communities through comprehensive prevention strategies that target college-age youth. The Center's spectrum of clients is broad. Primary clients are individuals on public and private college campuses who are designing, developing, and implementing programs and services to prevent and mitigate continued high rates of illegal alcohol and drug use and violent behavior among college students. They include student deans, faculty advisors, student life and residential staff, campus and community law enforcement officers, health and mental service professionals, ED's higher education grantees, and other ED discretionary grantees and relevant persons working directly with students in IHEs.

To accomplish its mission, the Center currently offers four types of products and services:

- **Training:** The Center conducts regional trainings, organizes professional development sessions for prevention programmers and evaluators, and conducts workshops on alcohol abuse, drug abuse, and violence prevention at statewide and national conferences.
- **Technical assistance:** Individuals seeking help with their campus- or community-based prevention program may receive technical assistance from the Center via telephone, fax, e-mail, or the Internet. An initial consultation may result in distribution of materials, referral to other resources, review of publications and other prevention materials, review of implementation and evaluation plans, and possible on-site consultation.
- **Publications:** The Center's publications play a vital role in the provision of its training and technical assistance services. To meet the diverse needs of the postsecondary education community, the Center has published a wide range of materials, including guides, manuals, bulletins, fliers, and a newsletter (Catalyst) that is published several times each year.
- **Evaluation:** The Center currently focuses on making evaluation a routine part of prevention program operations; it provides evaluation-related technical assistance and conducts an ongoing search for promising prevention practices. Goals 1-4 are addressed.
- **OSDFS State Formula Grants:** This formula grant provides support to State education agencies (SEAs) for a variety of drug and alcohol abuse and violence prevention activities focused primarily on school-age youths. SEAs are required to distribute 93 percent of funds

to LEAs for drug abuse and violence prevention activities. Activities may include developing instructional materials; providing counseling services and professional development programs for school personnel; implementing community service projects and conflict resolution, peer mediation, mentoring, and character education programs; establishing safe zones of passage for students to and from school; acquiring and installing metal detectors; and hiring security personnel. The formula for the distribution of funds to LEAs is based on the State's prior year share of Title I (ESEA) funds (60 percent) and enrollment (40 percent). Goals 1-3 are addressed.

*Note:* Because addressing underage drinking is one of many allowable activities for which LEAs may use funding, federal funding for this program is not included in the Department of Education funding table. Also, the Administration did not request funding for, and Congress did not appropriate funding for this program in FY 2010.

### **Activities Related to Underage Drinking**

- **National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education:** In 2008, the Department sponsored a national meeting where grantees and other campus communities shared information on effective strategies related to drug and alcohol abuse and violence prevention in higher education. Beginning in FY 2009, OSDFS will sponsor the conference on a biannual basis. In FY 2010, the OSDFS National Meeting will be held on October 18-20 in Washington D.C. Goals 1, 2, and 3 are addressed.

## **Federal Trade Commission**

### **Activities Specific to Underage Drinking**

- **Consumer Education Program:** The “We Don’t Serve Teens” program spreads the message that providing alcohol to persons below the legal drinking age of 21 is unsafe, illegal, and irresponsible. Targeted to adults, the program provides information in English and Spanish on stopping teens’ easy access to alcohol, the risks of teen drinking, and what to say to friends and neighbors about serving alcohol to teens. The program includes a Website (<http://www.dontserveteens.gov>); radio, print, and Internet banner ads; customizable press releases and broadcaster announcements; and point-of-sale materials. Since 2006, numerous program partners—including representatives of Federal and State governments, consumer groups, and the alcohol and advertising industries—have helped distribute these materials nationwide. In 2009/2010, the FTC will distribute free signs in English and Spanish promoting the message, “The legal drinking age is 21. Thanks for not providing alcohol to teens.” The signs can be ordered at <http://bulkorder.ftc.gov>. Goals 1-3 and 6 are addressed.

### **Activities Related to Underage Drinking**

- **Alcohol Advertising Program:** In June 2008, the FTC completed its third major study of alcohol advertising, including industry compliance with self-regulatory guidelines. See <http://www.ftc.gov/os/2008/06/080626alcoholreport.pdf>. Goal 5 is addressed.

## Department of Health and Human Services

### Activities Specific to Underage Drinking

- **Public Health Strategy:** Department leadership encourages Regional Health Administrators and all relevant agencies to emphasize the prevention of underage drinking as a strategy for improving the public health. Goal 6 is addressed.

## Administration for Children and Families (ACF)

### Activities Specific to Underage Drinking

- None.

### Activities Related to Underage Drinking

- **Mentoring Children of Prisoners (MCP):** ACF's Family and Youth Services Bureau (FYSB) supports the Mentoring Children of Prisoners Program. Nearly 2.2 million children in the United States experience the detrimental economic, social, and emotional effects of having an incarcerated parent. Empirical data shows that significant physical absence of a parent has profound effects on a child's development. These children may experience the trauma of multiple changes in caregivers and living arrangements. MCP programs match children of prisoners with compassionate adult mentors to mitigate these risk factors and help children succeed. Data indicates that youth in long-term mentoring relationships are 27 percent less likely to begin using alcohol, 46 percent less likely to begin using illegal drugs, and 52 percent less likely to skip school. Goals 1 and 2 are addressed.
- **Runaway and Homeless Youth Program:** FYSB provides funding to local communities to support young people, particularly runaway and homeless youth, and their families. Basic Center Program grants offer assistance to at-risk youth (up to age 18) in need of immediate temporary shelter. Shelters provide family and youth counseling and referrals to services such as substance abuse treatment. Through the Street Outreach Program, FYSB awards grants to private, nonprofit agencies to conduct outreach that builds relationships between grantee staff and street youth up to age 21 and helps them leave the streets. The Transitional Living Program (TLP) supports projects that provide longer-term residential services to homeless youth ages 16 to 21 for up to 18 months. These services help successfully transition young people to independent living. TLPs enhance youths' abilities to make positive life choices through education, awareness programs, and support. They include services such as substance abuse education and counseling. Grantee sites are alcohol-free, and it is expected that participation in these programs will prepare youth to make better choices regarding alcohol and drug use and other unhealthy behaviors. Goals 1 and 2 are addressed.
- **Family Violence Prevention and Services:** FYSB provides grants to State agencies, Territories, and Indian Tribes for the provision of shelter to victims of family violence and their dependents, and for related services, such as emergency transportation and child care. Approximately 2.3 million people each year in the United States are physically assaulted and/or raped by a current or former partner. In 2007, a 24-hour survey of domestic violence programs across the nation found that in just one day, 53,203 victims were served, 20,582

hotline calls were answered, and 1,521 trainings occurred. Family Violence Prevention and Services provides funds and technical assistance to Federal, State, local, and Tribal agencies for crisis and mental health counseling, legal and service advocacy, and other social services such as substance abuse counseling. Goal 1 and 2 are addressed.

- **Abstinence Education Programs:** FYSB provides support for abstinence education programs through the Community-Based Abstinence Education Program and the Section 510 State Abstinence Education Program. Programs focus on educating young people and creating an environment within communities that supports teen decisions to postpone sexual activity until marriage. Programs also promote abstinence from other risky behaviors such as underage drinking and illegal drug use. Goal 1 is addressed.

## Centers for Disease Control and Prevention (CDC)

### Activities Specific to Underage Drinking

- **Monitoring Youth Exposure to Alcohol Marketing:** The CDC National Center for Chronic Disease Prevention and Health Promotion Alcohol Program funds the Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health to conduct ongoing, independent, company- and brand-specific monitoring of alcohol marketing to youth; develop Web-based tools to evaluate the impact of prevention strategies to reduce youth exposure to alcohol marketing; and train students, faculty, and public health professionals in methods for independent monitoring of youth exposure to alcohol marketing and in effective strategies to reduce this exposure. CAMY has extensive experience monitoring youth exposure to alcohol marketing, and previously received funds to do so on a pilot basis from the Robert Wood Johnson Foundation (RWJF) and the Pew Charitable Trust. For more information on CAMY, see <http://www.camy.org>. Goal 5 is addressed.

### Activities Related to Underage Drinking

- **Alcohol-Related Disease Impact (ARDI) Software:** ARDI software is an online tool (<http://www.cdc.gov/alcohol>) that provides national and State estimates of average annual deaths and years of potential life lost (YPLL) due to excessive alcohol use. The software allows users to create custom data sets and generate local reports on these measures. Users can also obtain estimates of deaths and YPLL due to exposure to excessive alcohol use among persons under age 21. Goal 5 is addressed.
- **Behavioral Risk Factor Surveillance System (BRFSS):** BRFSS is a random-digit dial telephone survey of U.S. adults 18 years of age or older in all 50 States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. It includes questions on current drinking, number of drinking days, average number of drinks per day, frequency of binge drinking, and maximum number of drinks consumed on a drinking occasion. An optional module of six questions can be given to individuals who reported binge drinking to obtain more details about their most recent binge drinking episode, including beverage type, location of drinking, source of alcohol, and driving after binge drinking. For more information on BRFSS, see <http://www.cdc.gov/brfss>. Goal 5 is addressed.

- **Youth Risk Behavior Surveillance System (YRBSS):** The YRBSS monitors priority health-risk behaviors among youth and young adults. The YRBSS includes a national school-based survey of 9<sup>th</sup> through 12<sup>th</sup> grade students conducted by CDC, and State surveys of 9<sup>th</sup> through 12<sup>th</sup> grade students conducted by State education and health agencies. Both surveys include questions about the frequency of alcohol use, frequency of binge drinking, age of first drink of alcohol, alcohol use on school property, and usual source of alcohol. States that conduct their own YRBS have the option to include additional alcohol questions, such as type of beverage usually consumed and the usual location of alcohol consumption. The YRBS also assesses other health-risk behaviors, including sexual activity and interpersonal violence, which can be examined in relation to alcohol consumption. Additional information on the YRBS is available at: <http://www.cdc.gov/HealthyYouth/yrbs>. Goal 5 is addressed.
- **School Health Policies and Programs Study (SHPPS):** SHPPS is a national survey periodically conducted to assess school health policies and programs at the State, district, school, and classroom levels. It includes information about school health education on alcohol and drug use prevention, school health and mental health services related to alcohol and drug use prevention and treatment, and school policies prohibiting alcohol use. See <http://www.cdc.gov/HealthyYouth/SHPPS> for results from SHPPS 2006. Goal 5 is addressed.
- **Pregnancy Risk Assessment Monitoring System (PRAMS):** PRAMS is a population-based mail and telephone survey of women who have delivered a live-born infant. It collects State-specific data on maternal attitudes and experiences before, during, and shortly after pregnancy. It also includes questions on alcohol consumption—including binge drinking during the preconception period and during pregnancy—and other factors related to maternal and child health. For more information on PRAMS, see <http://www.cdc.gov/prams>. Goal 5 is addressed.
- **National Violent Death Reporting System (NVDRS):** NVDRS is a population-based public health surveillance system that collects and links detailed information from multiple sources on all violent deaths (such as homicides and suicides) in 18 funded States to inform violence prevention efforts. The system also collects data on deaths due to undetermined intent and unintentional firearm discharges. Specific data sources include death certificates, coroner and medical examiner records, police documents, and crime lab data. The system also collects information on alcohol consumption, including a decedent's history of alcohol problems and the results of blood alcohol testing. For more information on NVDRS, see <http://www.cdc.gov/ViolencePrevention/NVDRS>. Goal 5 is addressed.
- **Guide to Community Preventive Services:** The CDC's Community Guide Branch works with CDC programs and other partners to systematically review the scientific evidence on the effectiveness of population-based strategies for preventing alcohol-impaired driving and excessive alcohol use. The Community Guide Branch and the National Center for Injury Prevention and Control recently completed and presented to the HHS-chartered Task Force on Community Preventive Services systematic reviews of the effectiveness of multicomponent programs with community mobilization and ignition interlock programs to reduce alcohol-impaired driving. The Community Guide Branch and the CDC's Alcohol Program—along with SAMHSA, NIAAA, the University of Minnesota Alcohol

Epidemiology Program, and other partners— recently completed and presented to the Task Force on Community Preventive Services systematic reviews of the effectiveness of enhanced enforcement of the minimum legal drinking age, limiting alcohol outlet density, increasing alcohol excise taxes, dram shop liability, and limiting days and hours of alcohol sales. The results of these reviews are posted on the Community Guide Web site (<http://www.thecommunityguide.org>), and are being published in the *American Journal of Preventive Medicine*. Goals 1, 2, and 5 are addressed.

- **Recommendations on Screening and Brief Interventions (SBI) for Trauma Patients:** The CDC’s Injury Center has been working with a number of organizations—including AHRQ, CMS, HRSA, NHTSA, NIAAA, NIDA, ONDCP, SAMHSA, Join Together, the Robert Wood Johnson Foundation, and the American Association for the Surgery of Trauma—to promote screening of hospitalized trauma patients, along with the use of brief onsite interventions, or facilitated referral for specialized treatment, to address alcohol problems. The Injury Center also organized a conference on this topic in May 2003, the proceedings and recommendations from which were subsequently published as a special supplement to the *Journal of Trauma* in 2005. Conference attendees representing the American College of Surgeons Committee on Trauma, SAMHSA, CDC, and NHTSA developed a 16-page quick training guide for implementing SBI in trauma centers, which was published by SAMHSA in 2007. The Injury Center is also developing a Web site with more detailed information on SBI, and is developing a training curriculum and workshops on SBI to be presented around the country within the next couple of years. Goals 1, 2, and 5 are addressed.
- **Preventing Alcohol-Exposed Pregnancies:** CDC’s National Center on Birth Defects and Developmental Disabilities (NCBDDD) has a number of activities targeting women of childbearing age (18-44 years) for the prevention of fetal alcohol spectrum disorders (FASD). Five regional centers provide training to medical and allied health professionals in alcohol use assessment and interventions for women of childbearing age, and a K-12 curriculum has been developed by the National Organization on Fetal Alcohol Syndrome (NOFAS) that describes the consequences of drinking during pregnancy. The FAS Prevention Team has also funded the development and evaluation of Project CHOICES, an intervention that combines motivational counseling sessions and a contraception consultation to reduce the risk of alcohol-exposed pregnancies, and is funding selected sexually transmitted disease clinics to establish models for integrating CHOICES into those settings. SAMHSA uses Project CHOICES at alcohol and drug treatment centers in various States. For more information on these and other program activities, see <http://www.cdc.gov/ncbddd/fasd/index.html>. Goals 1 and 3 are addressed.

### **Indian Health Service (IHS)**

IHS is the primary Federal agency responsible for healthcare for American Indian/Alaskan Native (AI/AN) beneficiaries nationally. The IHS Division of Behavioral Health Alcohol and Substance Abuse Program (ASAP) funds Tribally administered programs through contracts and compacts in accordance with P.L. 93-638. Fully 85 percent of the budget goes directly to Tribally administered programs, which provide holistic and culturally based alcohol and substance abuse treatment and prevention services to rural and urban communities. The ASAP is part of an integrated Behavioral Health Team that works collaboratively to reduce the incidence

of alcoholism and drug dependencies in AI/AN communities. ASAP provides support and resources to AI/AN communities to achieve better practices in alcohol and drug dependency treatments, rehabilitation, and prevention services. ASAP program staff support the social, cultural, and spiritual values of communities to promote overall health.

### **Activities Related to Underage Drinking**

Alcohol abuse in Indian Country is a problem beginning with prenatal exposure and continuing through the life cycle. Programs are primarily community based and reflect the needs of the individual Tribes and communities in which they operate. Because virtually all ASAP programs are Tribally managed and operated, IHS shifted focus from direct care to support of Tribal programs and professionals in three principal areas (goals 2 and 3 are addressed):

- Twelve Youth Regional Treatment Centers that provide residential substance abuse treatment for youth ages 12 to 18. Centers offer residential and outpatient programs including prevention activities, and support local outpatient programs in each of the 12 IHS Areas.
- Technology development and infrastructure for clinical programs as well as trending and data analysis capabilities to drive treatment programs in accordance with requirements and recommendations of both public and private accrediting agencies. IHS has undertaken a large-scale technology initiative that provides comprehensive treatment documentation, data analysis, and a national reporting platform free to all ASAP programs.
- Ongoing training of ASAP personnel, including ASAP certification training for alcohol and substance abuse counselors; primary care provider training for medical staff; FASD identification and treatment training with the University of Washington; and continuing education programs to maintain certification for all alcohol and substance abuse professionals.

## **National Institutes of Health (NIH)/National Institute on Alcohol Abuse and Alcoholism (NIAAA)**

### **Activities Specific to Underage Drinking**

- **Underage Drinking Research Initiative:** This NIAAA initiative analyzes evidence related to underage drinking using a developmental approach. Converging evidence from multiple fields shows that underage drinking is best addressed and understood within a developmental framework because it relates directly to processes that occur during adolescence. Such a framework allows more effective prevention and reduction of underage alcohol use and its associated problems. This paradigm shift, along with recent advances in epidemiology, developmental psychopathology, and the understanding of human brain development and behavioral genetics, provides the scientific foundation for the *Call to Action*, the work of ICCPUD, and the related efforts of its member Federal agencies and departments. Goals 1, 3, and 4 are addressed.
- **Developing Screening Guidelines for Children and Adolescents:** Data from NIAAA's National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) indicate that people between the ages of 18 and 24 have the highest prevalence of alcohol dependence in

the U.S. population—meaning that, for most, drinking started in adolescence. This data, coupled with that from other national surveys (SAMHSA’s National Survey on Drug Use and Health, Monitoring the Future, and CDC’s Youth Risk Behavior Survey) showing the popularity of binge drinking among adolescents, prompted NIAAA to begin work on a guide for screening children and adolescents for risk for alcohol use, alcohol consumption and binge drinking, and alcohol use disorders. The screening process will enable pediatric and adolescent health practitioners to provide information to patients and their parents about the effects of alcohol on the developing body and brain in addition to identifying those who need any level of intervention. Goals 1 and 3-5 are addressed.

- **Research Studies:** NIAAA supports a broad range of underage drinking research, including studies on the epidemiology and etiology of underage drinking, neurobiology, prevention of underage drinking, and treatment of alcohol use disorders among youth. Studies also assess short- and long-term consequences of underage drinking. Goals 3-5 are addressed.
- **Research on the Effects of Adolescent Alcohol Abuse and Alcoholism on the Developing Brain:** The powerful developmental forces of adolescence cause significant changes to the brain and nervous system, including increased myelination of neural cells and “pruning” of infrequently used synapses and neural pathways in specific regions of the brain. A key question is the extent to which adolescent drinking affects the developing human brain. Research on rodents and studies of youth who are alcohol dependent suggest that alcohol use during adolescence, particularly heavy use, can have deleterious short- and long-term effects. To address this central scientific question further, NIAAA released a Funding Opportunity Announcement for 2-year pilot studies entitled *The Impact of Adolescent Drinking on the Developing Brain*. Five applications were funded at the end of FY 2007. These initial studies are expected to inform a larger longitudinal initiative. Goals 3 and 4 are addressed.
- **College Drinking Prevention Initiative:** Undertaken in FYs 2000 to 2002, the work of this initiative continues to support and stimulate studies of the epidemiology and natural history of college student drinking and related problems. Its ultimate goal is to design and test interventions that prevent or reduce alcohol-related problems among college students. Currently, NIAAA has more than 30 projects in this area that target college-age youth. Goals 2, 4, and 6 are addressed.
- **Building Health Care System Responses to Underage Drinking:** The overarching goal of this NIAAA Request RFA is to stimulate primary care health delivery systems in rural and small urban areas to address the critical public health issue of underage drinking. This is a 2-phase initiative that will enable such systems to evaluate and upgrade their capacity to become platforms for research that assesses the extent of underage drinking in the areas they serve and to evaluate their ability to reduce it (Phase I), and to prospectively study the development of youth alcohol use and alcohol-related problems in the areas they serve and to implement and evaluate interventions that address underage drinking (Phase II). Four Phase I awards at the end of FY 2006 and two Phase II awards at the end of FY 2007 were made. Goals 1, 3, and 4 are addressed.
- **Rapid Response to College Drinking Problems:** The consequences of excessive underage drinking affect virtually all college campuses and all college students, whether or not they choose to drink. Drunk driving, unsafe sex, and vandalism are among the serious alcohol-

related problems that college campuses face. In December 2002, NIAAA issued a Request for Applications (RFA AA-03-008) for Research Partnership Awards for Rapid Response to College Drinking Problems, aimed at established alcohol researchers with expertise in research on drinking by college students who could serve as resources for college and university administrators. A companion Program Announcement (PAR-03-133), Rapid Response to College Drinking Problems, was issued by NIAAA in June 2003 to provide a rapid funding mechanism for timely research on interventions to prevent or reduce alcohol-related problems among college students. Each of the 15 awardees under the PAR is partnering with one of the five awardees under the RFA. These companion solicitations aim to capitalize on natural experiments (e.g., unanticipated adverse events, policy changes, new media campaigns, campus-community coalitions) to support rapidly developed, high-quality evaluations of services or interventions. These projects have been completed and the results published as part of a special supplement to the *Journal of Studies on Alcohol and Drugs* (July 2009). NHTSA also provided support for this effort. Goals 1, 3, 4, and 6 are addressed.

- **Brief Intervention Research:** This research provides an evidence base for effective brief interventions targeting youth in emergency rooms following alcohol-related events. Health care providers capitalize on a “teachable moment” to deliver a brief intervention meant to reduce problem drinking and associated difficulties. This approach complements school-based primary prevention programs, which do not address cessation/reduction issues for adolescents who are already drinking, rarely address motivational issues related to use and abuse, and cannot target school dropouts. Goals 2 and 4 are addressed.
- **Adolescent Treatment Research Program:** NIAAA initiated an adolescent treatment research program in 1998. Since then, 34 clinical projects have been funded, the majority of which are clinical trials. Thirty of these are behavioral intervention trials, three are pharmacotherapy trials, and one is a health services research study. The program’s objective is to design and test innovative, developmentally tailored interventions that use evidence-based knowledge to improve alcohol treatment outcomes in adolescents. Results for many of these projects will yield a broad perspective on the potential efficacy of family-based, cognitive-behavioral, brief motivational, and guided self-change interventions in a range of settings. Goals 3 and 4 are addressed.
- **Evaluation of the Enforcing the Underage Drinking Laws (EUDL) Program:** NIAAA is conducting an evaluation of OJJDP’s EUDL program that targets youth under 21 years old. The NIAAA-supported evaluation focuses on EUDL programs in rural communities of approximately 20,000 people or fewer. The EUDL program design encourages partnerships between law enforcement and those interested in underage drinking prevention. The discretionary program component requires use of multidisciplinary coalitions to promote a comprehensive approach to underage drinking prevention at the local level. Congress has directed OJJDP to focus on developing statewide task forces of State and local law enforcement and prosecutorial agencies, conducting public advertising programs that include informing alcohol retailers about laws pertaining to underage drinking and their consequences, and encouraging innovative programming. Currently, the NIAAA-supported evaluation is underway in 7 States (New Mexico, Nevada, Pennsylvania, Illinois, California, Oregon, and Washington).

In 2006, the OJJDP issued a solicitation for “Enforcing Underage Drinking Laws Discretionary Program.” Grants under this program sought to reduce the availability of alcoholic beverages to, and the consumption of alcoholic beverages by, persons under the age of 21 serving in the United States Air Force. The specific goals of the program are to decrease first-time alcohol-related incidents, incidence of unintentional injuries related to alcohol consumption, and alcohol-related traffic injuries or fatalities among underage Air Force personnel. OJJDP has awarded grants to 4 States in response to this solicitation: Arizona, California, Hawaii, and Montana. The Air Force Bases that will participate in this project, forming coalitions with their adjacent communities, are Davis-Monthan AFB and Luke AFB (Arizona), Beale AFB (California), Hickam AFB (Hawaii), and Malmstrom AFB (Montana). NIAAA will provide evaluation support for the project through a 48-month contract that includes an evaluation of all activities developed at each Air Force Base/community site. A paper reporting selected early findings from this study is now in press at the *Journal of Studies on Alcohol and Drugs*. Results indicated that the percentage of junior enlisted personnel at risk for an alcohol problem dropped 6.6 percent in the Air Force overall during the last 2 years, but as much as 13.6 percent and 9.8 percent at the two Arizona demonstration communities that implemented the intervention.

In 2009, the OJJDP expanded this EUDL Discretionary Program to two new States, Missouri and Wyoming. The program and evaluation approaches are as described for the first 4 States and will be implemented, in concert with adjacent communities, on Whiteman AFB in Missouri and F.E. Warren AFB in Wyoming. The expanded evaluation that includes these two new States and bases will be supported by OJJDP. Goal 6 is addressed.

- **Iowa Strengthening Families Program (ISFP):** NIAAA supported this program as part of its research portfolio. Participants were given instruction on various communication, problem-solving, and perspective-taking skills. The first hour of each program session consisted of separate parent and adolescent training. Among other issues, parents were taught limit-setting, communication, encouraging good behavior, and using community resources; adolescents received training on goal-setting, appreciating parents, dealing with stress, and dealing with peer pressure. The subsequent hour of joint training focused on appreciating others, understanding family values, conflict resolution, and various communication skills.

Delivered when students were in grade 6, ISFP has shown long-lasting preventive effects on alcohol use, suggesting that the intervention succeeded in changing the normative environment of participating schools; even students whose families did not participate benefited. In addition, the increase in effect size over time and the duration of effects into high school compares favorably with school-based interventions. This effort is targeted toward families with a 6<sup>th</sup> grade student. Goals 1-4 are addressed.

- **Project Northland:** Project Northland, completed prior to 2004, is a comprehensive universal prevention program tested in 22 school districts in northeastern Minnesota in a randomized trial. The intervention, delivered to a single cohort in grades 6 through 12, included innovative sociobehavioral school curricula, peer leadership, parental involvement programs, and community-wide task force activities to address community norms and alcohol availability. Significant differences were observed between intervention and comparison communities during each project period for “tendency to use alcohol” (a

composite measure that combined items about intentions to use alcohol and actual use) and the likelihood of drinking “five or more in a row.” Growth rates of the prevalence of underage drinking were lower in the intervention communities during phase 1, higher during the interim period (suggesting a “catch-up” effect while intervention activities were minimal), and lower in phase 2 when intervention activities resumed. Northland was most effective with youth who had not initiated alcohol use prior to the start of the program. This model targets youths in 6<sup>th</sup> through 12<sup>th</sup> grades. Project Northland is now included in SAMHSA’s NREPP, and its materials have been adapted for a general audience. Goals 1 and 2 are addressed.

- **Project Northland for Urban Youth:** Project Northland was implemented in racially diverse, economically disadvantaged urban Chicago neighborhoods. Beyond using the Project Northland plan, the intervention design built on results from large-scale randomized trials on youth alcohol, tobacco, and drug use. Original strategies (especially for settings outside the classroom) underwent cultural adaptation and other enhancements. The study targeted youth in 6<sup>th</sup> through 12<sup>th</sup> grades, and yielded mixed results. Goals 1-4 are addressed.
- **Leadership to Keep Children Alcohol Free:** NIAAA was one of the founders of this nationwide organization, which was launched in March 2000 and spearheaded by spouses of current and former Governors. Now a 501c3 nonprofit foundation, it was previously supported by seven public and private funding organizations. Leadership’s four goals are:
  - To make prevention of alcohol use among minors a national health priority.
  - To focus State and national policymakers and opinion leaders on the seriousness of early-onset alcohol use.
  - To educate the public about the incidence and impact of alcohol use by children 9 to 15 years of age.
  - To mobilize the public to address these issues in a sustained manner and work for change within their families, schools, and communities.

In the past, Leadership members produced television Public Service Announcements directed at parents and other adults in their respective States and supported youth-centered events. With support from NIAAA and SAMHSA, Leadership worked closely with OSG to ensure that the *Call to Action* was broadly disseminated. For example, Governors’ spouses who were members of Leadership worked with the Acting Surgeon General to “roll out” the *Call to Action* in various States. Leadership continues to collaborate with SAMHSA, NIAAA, and OSG in its important work as an independent foundation. Goals 1-3 and 6 are addressed.

- **Publications:** NIAAA disseminates information for adults about the prevention of underage drinking through a variety of publications, including an updated and expanded version of its booklet *Make a Difference—Talk to Your Child About Alcohol* (English and Spanish); two issues of *Alcohol Research and Health*, *Alcohol and Development in Youth: A Multidisciplinary Overview* (2004/2005) and *A Developmental Perspective on Underage Alcohol Use* (2009); several *Alcohol Alerts* including *Underage Drinking: Why Do Adolescents Drink, What Are the Risks, and How Can Underage Drinking Be Prevented?* (2006); and *A Developmental Perspective on Underage Alcohol Use* (2009); seasonal facts sheets focusing on underage drinking issues surrounding high school graduation, the first weeks of college, and spring break; and the widely cited report from

NIAAA's college drinking task force, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* (2002). NIAAA also sponsored and edited a special supplement to the journal *Pediatrics* entitled *Underage Drinking: Understanding and Reducing Risk in the Context of Human Development* (2008). Additional publications include a special July 2009 Supplement to the *Journal of Studies on Alcohol and Drugs* on Rapid Response Initiatives to Reduce College Drinking and Update on the Magnitude of the Problem; *Alcohol Research and Health* 2009 issue: A Developmental Perspective on Underage Alcohol Use; and the lead article in the December issue of the *American Journal of Preventive Medicine*: Saltz RF, Paschall MJ, McGaffigan RM, Nygaard P, Alcohol risk management in college settings: The Safer California Universities Randomized Trial, *Am J Prev Med* 39(6): 491-500, 2010. Goal 3 is addressed.

- **NIAAA Web Site:** <http://www.niaaa.nih.gov> provides adults with information about the science and prevention of underage drinking and includes links to NIAAA's college Web site (<http://www.collegedrinkingprevention.gov>) and its youth-targeted Web site (<http://www.thecoolspot.gov>). Goals 1-3 are addressed.
- **Coolspot Web Site for Kids:** Targeted to youth ages 11 to 13 years old, the NIAAA Web site <http://www.thecoolspot.gov> provides information on underage drinking, including effective refusal skills. Recent upgrades include a wide range of new sound effects and voice-overs throughout the site, a dedicated teacher and volunteer corner for use in middle-school classrooms or after-school programs, and innovative ways to teach young people about peer pressure and resistance skills through a guided reading activity and two lesson plans that accompany interactive features of the Web site. Goals 1 and 2 are addressed.
- **College Drinking Prevention Web Site:** NIAAA's Web site addressing alcohol use among college students (<http://www.collegedrinkingprevention.gov>) was recently redesigned and updated to permit easier navigation by topic or by audience. Updated features include new statistics, recent research papers and presentations from task force participants, and a new section on choosing the right college. Goals 1 and 2 are addressed.

### Activities Related to Underage Drinking

- **Alcohol Policy Information System (APIS):** APIS is an electronic resource that provides authoritative, detailed information that is comparable across States on alcohol-related policies in the United States at both State and Federal levels. Designed primarily for researchers, APIS encourages and facilitates research on the effects and effectiveness of alcohol-related policies. Although not dedicated to underage drinking policies, APIS does provide information on policies relevant to underage drinking (e.g., retail alcohol outlet policies for preventing alcohol sales and service to those under the age of 21). Goal 6 is addressed.
- **Longitudinal and Genetic Epidemiology Studies and NESARC:** A number of longitudinal studies following subjects first ascertained as adolescents, along with genetic epidemiology studies, are particularly pertinent to underage drinking—as is NESARC, which includes people aged 18 to 21. Such studies could potentially enhance understanding of the etiology, extent, and consequences of underage alcohol consumption. Analysis of NESARC data indicates that 18- to 24-year-olds have the highest prevalence of alcohol dependence of any age group in the general population, underscoring the need for enhanced early prevention efforts. Goals 4 and 5 are addressed.

## National Institutes of Health/National Institute on Drug Abuse (NIDA)

### Activities Specific to Underage Drinking

None.

### Activities Related to Underage Drinking

- **Nurse Family Partnership program:** The Nurse Family Partnership program is a home visiting preventive intervention that was developed for and tested with for high-risk, first time mothers. Participants are identified during pregnancy and receive support for prenatal and infancy services in the form of free transportation for to scheduled prenatal care, developmental screening, referral services for their child, and prenatal and infancy home visiting through the child's age of 2 years. Multiple studies have been conducted to test the efficacy of the intervention with different populations (rural/semi-urban white families; urban African American families; urban Latino families) with positive results demonstrated for maternal and child outcomes, including reduced risk for maltreatment, reduced juvenile delinquency, and reduced use of government services (e.g., Medicaid, food stamps, etc.). Cost analysis of the intervention has found that the program produces positive cost savings relative to intervention costs. In 2010, findings were published on the 12-year outcomes of the Nurse Family Partnership with primarily African American families in a southern, urban setting where the program was delivered through the local maternal and child health system. Findings on the 12-year outcomes showed that nurse visited children were significantly less likely to report using tobacco, alcohol or marijuana (30 days use) and less likely to report internalizing problems than the comparison children at age 12; and nurse visited children had significantly higher reading and math scores at age 12 than comparison children. Also, nurse-visited mothers compared with control participants reported significantly less role impairment owing to alcohol and other drug use, longer partner relationships, and a greater sense of mastery. During this 12-year period, nurse visited mothers received less per year in government spending (food stamps, Medicaid, and Aid to Families with Dependent Children and Temporary Assistance for Needy Families) than control families (\$8,772 vs. \$9,797,  $P = .02$ ); this represents \$12,300 in discounted savings compared with a program cost of \$11,511 (both expressed in 2006 US dollars). Currently, NIDA is supporting a 17-year follow-up of a study of Nurse Home Visiting being conducted with primarily African American families in a southern, urban setting where the program was delivered through the local maternal and child health service system. Goals 1-3 are addressed.
- **Strong African American Families (SAAF) program:** SAAF is a family-centered risk behavior prevention program that enhances protective caregiving practices and youth self-regulatory competence. SAAF consists of separate parent and youth skill-building curricula and a family curriculum. Evaluations confirmed SAAF's efficacy for 11-year-olds in preventing, across several years, the initiation of risk behaviors including alcohol use; enhancing protective parenting practices; and increasing youth self-regulatory capabilities. The program was effective when primary caregivers had clinical-level depressive symptoms and when families reported economic hardship; it can also ameliorate genetic risk for increasing involvement in health-compromising risk behaviors across preadolescence. SAAF is currently being evaluated with adolescents and young adults. Goals 2-4 are addressed.

- **Raising Healthy Children (RHC):** RHC is a theory-based randomized prevention trial aimed at reducing risk and enhancing protective factors in children. Delivered in grades 1 through 12, interventions take a sociodevelopmental approach to prevention that focuses on developmental expression of risk and protective factors in the primary socializing institutions of family, school, and peer group as well as in the individual. Interventions are consistent with the Social Development Model of positive and problem behavior. Research on RHC indicates moderately to highly significant intervention effects in growth trajectories for frequency of alcohol and marijuana use in grades 6 through 10. Students in the intervention group reported significantly fewer risky behaviors, including driving under the influence of alcohol and driving with someone who had been drinking. The current study examines effects at ages 20 and 24. Goals 2-4 are addressed.
- **Life Skills Training (LST):** LST addresses a wide range of risk and protective factors by teaching general personal and social skills, along with drug resistance skills and normative education. This universal program consists of a 3-year prevention curriculum for students in middle or junior high school, with 15 sessions during the first year, 10 booster sessions during the second year, and 5 sessions during the third year. The program can be taught either in grades 6, 7, and 8 (for middle school) or grades 7, 8, and 9 (for junior high schools). LST covers three major content areas: drug resistance skills and information, self-management skills, and general social skills. The program has been extensively tested over the past 20 years and found to reduce the prevalence of tobacco, alcohol, and illicit drug use relative to controls by 50 to 87 percent. NIDA currently funds two grants that examine the translation of LST into systems and settings—school-based contexts. One grant is examining enhancement of implementation fidelity in middle and junior high schools randomly assigned either to LST and standard provider training or to LST and provider training plus a newly developed fidelity enhancement intervention designed to be flexible and feasible. An analysis of factors related to implementation fidelity and substance use outcomes indicated that quality of implementation predicted substance use outcomes. Students taught by the most skilled teachers (e.g., those not relying on lecturing alone) reported significantly lower increases in smoking and drinking at follow-up assessment. Another grant studies a dissemination, adaptation, implementation, and sustainability (DAIS) system for diffusion of evidence-based LST prevention strategies. Collaborative system methodologies underlie the implementation model, and a cooperative extension system is used for the diffusion of LST. This grant will advance understanding of dissemination, adoption, implementation, and sustainability of evidence-based prevention interventions. Goal 4 is addressed.
- **The Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14):** This program offers seven sessions, each attended by youth and their parents. Program implementation and evaluation have been conducted through partnerships that include State university researchers, cooperative extension system staff, local schools, and community implementers. Longitudinal study of comparisons with control group families showed positive effects on parents' child management practices (e.g., setting standards, monitoring children, and applying consistent discipline) and on parent-child affective quality. In addition, a recent evaluation found delayed initiation of substance use at the 6-year follow-up. Other findings showed improved youth resistance to peer pressure to use alcohol, reduced affiliation with antisocial peers, and reduced levels of problem behaviors.

Importantly, conservative benefit-cost calculations indicate returns of \$9.60 per dollar invested in SFP. Currently underway is a long-term follow-up of youth participants in a randomized trial with 7<sup>th</sup> graders of multicomponent SFP 10-14 plus LST compared with LST alone, or a minimal contact control condition. An earlier follow-up 5.5 years after baseline (end of grade 12) demonstrated that both LST+SFP 10-14 and LST alone reduced growth in substance initiation. Both interventions also prevented more serious substance use outcomes among youth at high risk (use of at least two substances) at baseline. Goals 1-4 are addressed.

- **Good Behavior Game (GBG):** GBG is a universal preventive intervention that provides teachers with a method of classroom behavior management. It was tested in randomized prevention trials in 1<sup>st</sup>- and 2<sup>nd</sup>-grade classrooms in 19 Baltimore City public schools beginning in the 1985-1986 school year, and was replicated in the 1986-1987 school year with a second cohort. The intervention was directed at the classroom to socialize children to the student role and reduce early antecedents of substance abuse and dependence, smoking, and antisocial personality disorder—specifically, early aggressive or disruptive behavior problems. Analyses of long-term effects in the first-generation sample (1985-1986) at ages 19 to 21 show that, for males displaying more aggressive and disruptive behaviors in 1<sup>st</sup> grade, GBG significantly reduced drug and alcohol abuse and dependence disorders, regular smoking, and antisocial personality disorder. Currently, NIDA is supporting a long-term second-generation (1986-1987) follow-up through age 25, including DNA collection for gene x environment analyses. NIDA is also supporting a trial of GBG delivery in a whole-school-day context that emphasizes reading achievement, along with pilot research on models for implementing GBG in entire school districts. In addition, NIDA is supporting a pilot study for formative research on the large-scale implementation of GBG within a school district that will lay the groundwork for a system-level randomized trial on scaling up GBG. The pilot research is focused on developing district partnerships, determining community-level factors that influence program implementation, and ensuring the acceptance, applicability, and relevance of measures and intervention design requirements for a large-scale trial. Goals 3 and 4 are addressed.
- **Coping Power:** Coping Power is a multicomponent child and parent preventive intervention directed at preadolescent children at high risk for aggressiveness and later drug abuse and delinquency. The child component is derived from an anger coping program primarily tested with highly aggressive boys and shown to reduce substance use. The Coping Power Child Component is a 16-month program for 5<sup>th</sup>- and 6<sup>th</sup>-graders. Group sessions usually occur before or after school or during nonacademic periods. Training focuses on teaching children how to identify and cope with anxiety and anger; controlling impulsiveness; and developing social, academic, and problem-solving skills at school and home. Parents are also trained throughout the program. Efficacy and effectiveness studies show Coping Power to have preventive effects on youths' aggression, delinquency, and substance use. In a study of the intensity of training provided to practitioners, greater reductions in children's externalizing behaviors and improvements in children's social behaviors and academic skills occurred for those whose counselors received more intensive Coping Power training than for those in the basic Coping Power training or control conditions. Another study of Coping Power is comparing the child component delivered in the usual small group format with a newly developed individual format to determine whether the latter will produce greater reductions

in substance use, children's externalizing behavior problems, and delinquency at a 1-year follow-up assessment. Goals 3 and 4 are addressed.

- **Project Towards No Drug Abuse (Project TND):** This intervention targets youth in alternative or traditional high schools to prevent their transition from drug use to drug abuse. It considers the developmental issues faced by older teens, particularly those at risk for drug abuse. The core of Project TND is 12 in-class sessions that provide motivation and cognitive misperception correction, social and self-control skills, and decision-making material targeting the use of cigarettes, alcohol, marijuana, and hard drugs and violence-related behavior, such as carrying a weapon. The classroom program has been found effective at 1-year follow-up in three experimental field trials. Although promising classroom program effects have been obtained in previous trials, only some effects have been maintained past 1-year follow-up, with main effects on hard drug use and cigarette smoking but not marijuana or alcohol use. A current study of Project TND is examining the role of brief telephone booster sessions to sustain and possibly enhance long-term outcomes. A recently completed randomized controlled trial on the dissemination and implementation of Project TND, in which traditional high schools were randomly assigned to one of three conditions (comprehensive implementation support for teachers, regular workshop training only or standard care control) found that comprehensive training approaches may improve implementation fidelity, but improvements in fidelity may not result in strong program outcomes of Project TND. Specifically, results indicated that relative to the controls, both intervention conditions produced effects on hypothesized program mediators, including greater gains in program-related knowledge; and greater reductions in substance use intentions (cigarette, marijuana, and hard drugs), and more positive changes in drug-related beliefs. In addition, there were stronger effects on implementation fidelity in the comprehensive, relative to the regular, training condition; however, 7 of the 10 immediate student outcome measures showed no significant differences between the 2 training conditions. Goals 3 and 4 are addressed.
- **Adolescent Transitions Program (ATP):** This school-based program uses a tiered approach to provide prevention services to students in middle and junior high school and their parents. The universal intervention level, directed to parents of all students in a school, establishes a Family Resource Room to engage parents, establish parenting practice norms, and disseminate information about risks for problem behavior and substance use. The selective intervention level, the Family Check-Up, offers family assessment and professional support to identify families at risk for problem behavior and substance use. The indicated level, the Parent Focus curriculum, provides direct professional support to parents to make the changes indicated by the Family Check-Up. Services may include behavioral family therapy, parenting groups, or case management services. Findings showed that the multilevel ATP model reduced substance use in high-risk students 11 to 14 years of age (grades 6-9), with an average of 6 hours of contact time with their parents. Also, ATP reduced deviant peer involvement during middle school. Adolescents whose parents engaged in the Family Check-Up had less growth in alcohol, tobacco, and marijuana use and problem behavior from ages 11 through 17, along with decreased risk for substance use disorder diagnoses and arrests by age 18. A follow-up study is currently tracking student participants into young adulthood (ages 23-24). Goals 2 and 4 are addressed.

- **Girl-Specific Intervention (GSI):** GSI, delivered via CD-ROM, is a family-based intervention that targets mothers and their preadolescent and adolescent daughters to prevent substance use. A current study is testing the intervention with 11- to 13-year-old daughters and their mothers; it is being delivered within housing authority centers in New York, primarily to minority families. GSI consists of 10 sessions targeting risk for substance use by improving girls' mother-daughter affective quality, coping, refusal skills, mood management, conflict resolution, problem solving, self-efficacy, body esteem, normative beliefs, social supports, and mother-daughter communication. In addition, the intervention improves mothers' family rituals, rules against substance use, child management, mother-daughter affective quality, and communication with their daughters. The study recruited 1,260 mother-daughter pairs who were randomized to intervention or control conditions. A previous test of the intervention with 202 pairs of predominantly white adolescent girls and mothers showed improvements in communication skills and conflict management. Compared with girls in the control condition, daughters who received the intervention reported improved alcohol use refusal skills, healthier normative beliefs about underage drinking, greater self-efficacy in avoiding underage drinking, less alcohol consumption (in the past 7 days, 30 days, and year), and lower intentions to drink as adults. Goals 3 and 4 are addressed.
- **Be Under Your Own Influence:** This drug abuse prevention media campaign is targeted to entering middle or junior high school students. The campaign emphasizes positive affect by showing youth engaged in activities that promote the message of being under your own influence (e.g., fun activities, peer support situations) and promoting non-use of drugs as normative and an expression of autonomy. The prevention messages are presented in school and community contexts, and the community media campaign includes assessment of readiness, media training sessions, and media materials and tools. NIDA supported a randomized trial of the campaign in 16 schools; 4 waves of follow-up data collected over 2 years showed that youth in intervention communities (n=4216) had fewer users at the final post-test for marijuana, alcohol, and cigarettes. Growth trajectory results showed a significant effect for marijuana, a marginal effect for alcohol, and a nonsignificant effect for cigarettes. A currently funded randomized trial is extending the work to a new group of 24 communities focused on the effectiveness and cost-effectiveness of the media campaign to determine the incremental contribution of the community-based media campaign and whether the school-based portion is sufficient to achieve significant reductions in substance initiation. Goals 1, 2, and 4 are addressed.

Community-Level Studies addressing questions related to the dissemination and implementation of evidence-based drug abuse prevention programs include:

- **Communities That Care:** Communities That Care (CTC) is an operating system for quality implementation of evidence-based preventive interventions targeted to specific risk and protective factors within the community. CTC provides a framework for assessing and monitoring community-level risk and protective factors, training, technical assistance, and planning and action tools for implementing science-based prevention interventions through community service settings and systems. The Community Youth Development Study (CYDS) is testing CTC in seven States with 12 matched pairs of communities randomized to receive the CTC system or serve as controls. CYDS targets youth in grades 6 through 12.



based on registries of evidence-based interventions and publications acceptable to national programs that require use of evidence-based programs (e.g., SDFS). Surveys, which were completed by a prevention staff person in each district, asked which drug use prevention curricula the schools used and which program they used most frequently if more than one was used. For middle schools, results showed that 42.6 percent used an evidence-based prevention intervention—an 8 percent increase from the 1999 estimate. The most often-used programs, at 19 percent each, were LST and Project ALERT, yet only 8 percent of LST users and 9 percent of Project ALERT users reported using these programs the most, and only 23 percent of schools reported use of an evidence-based prevention intervention the most if they used more than one. In high schools, 10.3 percent of districts reported administering one of six prevention programs listed by SAMHSA's NREPP or Blueprints for Violence Prevention, and only 5.7 percent reported using an evidence-based intervention the most (Ringwalt et al., 2008). Overall, only 56.5 percent of high school districts administered substance use prevention programs in at least one high school. Goals 1-3 are addressed.

- **Building Infrastructure and Capacity to Support Sustained, Quality Implementation of Evidence-Based Interventions:** In 2009, NIDA began supporting a large-scale infrastructure grant, through ARRA funding, to address the lack of well-integrated infrastructure across public education systems to support quality delivery of evidence-based interventions, based on the PROSPER model—a partnership model for implementation of evidence-based prevention interventions targeting alcohol, tobacco, and drug use and abuse and related problems. Activities include in-depth capacity and resource assessments at State (Cooperative Extension Service; Departments of Education, Health, Juvenile Justice) and community levels, and capacity building, including awareness building, organizational and leadership networking, resource generation, and introductory training on the PROSPER model. Another feature includes developing a web-based process and outcome evaluation system. A goal of this grant is to develop research-based approaches to build the nation's capacity to reduce youth substance use and create rapid advances in the field of prevention science—from research to practice. Goals 2-4 are addressed.
- **Creating the Scientific Infrastructure for the Promise Neighborhood Initiative:** In 2009, NIDA began supporting a large scale infrastructure grant, through ARRA funding, focused on the implementation of comprehensive preventive interventions in the Nation's highest poverty neighborhoods—to coordinate with the Promise Neighborhood initiative that is being lead by the U.S. Department of Education. The grant will create the Promise Neighborhood Consortium, which will develop the infrastructure through which the scientific community can assist America's high poverty neighborhoods in translating existing knowledge into widespread, multiple improvements in wellbeing, including the prevention of substance abuse, antisocial behavior, risky sexual behavior, depression, and academic failure and promotion of diverse forms of pro-social behavior and academic achievement. The goals of the grant are to 1) establish the infrastructure for the Promise Neighborhood Consortium (PNC); 2) create a state-of-the-art Web site system to enable the research and neighborhood members of the Consortium to communicate and collaborate; 3) specify measures of neighborhood well-being and the risk and protective factors that influence multiple problems; 4) define a menu of evidence-based policies, programs, and practices for use across a neighborhood or community to reduce the prevalence of drug abuse and related social, emotional, behavioral, and health problems; and 5) create at least

eight Intervention Research Teams to design intervention research in high- poverty neighborhoods. The prevention plan will focus on promotion of nurturing environments, emphasizing impact on children, youth, and families.

- **Community Monitoring Systems—Tracking and Improving the Well-Being of America’s Children and Adolescents:** Monitoring the well-being of children and adolescents is a critical component of efforts to prevent psychological, behavioral, and health problems and to promote successful adolescent development. Research during the past 40 years has helped identify aspects of child and adolescent functioning that are important to monitor. These aspects, which encompass family, peer, school, and neighborhood influences, have been associated with both positive and negative outcomes for youth. As systems for monitoring well-being become more available, communities will become better able to support prevention efforts and select prevention practices that meet community-specific needs. This monograph describes Federal, State, and local monitoring systems that provide estimates of problem prevalence; risk and protective factors; and profiles regarding mobility, economic status, and public safety indicators. Data for these systems come from surveys of adolescents and archival records. Goals 2, 3, and 5 are addressed.
- **Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, 2<sup>nd</sup> Edition:** This booklet is based on a literature review of all NIDA prevention research from 1997 through 2002. Before publication, it was reviewed for accuracy of content and interpretation by a scientific advisory committee and reviewed for readability and applicability by a Community Anti-Drug Coalitions of America focus group. The publication presents the principles of prevention; information on identifying and using risk and protective factors in prevention planning; applying principles in the family, school and community settings; and summaries of effective prevention programs. Goals 1-3 are addressed.
- **National Drug Facts Week:** From November 8, 2010 to November 14, 2010, NIDA held its first ever National Drug Facts Week (NDFW). NDFW was a health observance week for teens that aimed to provide accurate information about alcohol, tobacco and drug use and abuse (“shatter the myths”). In addition, NDFW included the annual NIDA Drug Facts Chat Day, where NIDA scientific staff responded to e-mailed questions and concerns from students on substance use and mental health topics. A new NIDA publication was released for NDFW, titled *Drug Facts: Shatter the Myths*. This publication is a Q&A booklet that answers teens most frequently asked questions about alcohol, tobacco, and drug use. Information on the 2010 NDFW can be found at the following URL: <http://drugfactsweek.drugabuse.gov/index.php>. Goals 1-3 are addressed.
- **Monitoring the Future (MTF):** MTF is an ongoing study of the behaviors, attitudes, and values of secondary school students, college students, and young adults. Students in grades 8, 10, and 12 participate in annual surveys (8<sup>th</sup> and 10<sup>th</sup> graders since 1991, and 12<sup>th</sup> graders since 1975). Within the past 5 years, between 46,000 to 48,000 students have participated in the surveys each year. Follow-up questionnaires are mailed to a sub-sample of each graduating class every 2 years until age 35 and then every 5 years thereafter. Goals 1 and 5 are addressed.

## Substance Abuse and Mental Health Services Administration (SAMHSA)

### Activities Specific to Underage Drinking

- **Development of an Underage Drinking Public Service Campaign Directed at Parents:** This HHS project, with contributions from several ICCPUD agencies, supported the Ad Council in developing an underage drinking campaign to target parents of 9- to 15-year-olds. Resulting Public Service Announcements reached a variety of audiences in addition to parents because of their broad distribution, and so constitute one of many initiatives to reduce the underage demand for alcohol use. In developing the campaign, SAMHSA and the Ad Council consulted interested parties, including public health advocacy groups and the alcoholic beverage industry. Since its launch during the first quarter of 2005, the underage drinking campaign, which aired coast to coast, has received more than \$129 million in donated media support in TV, radio, outdoor billboards, Public Relations/alternate media, interactive media, and print ads. Web site activity to date has been very heavy, with an average of 80,230 monthly visitors to <http://www.family.samhsa.gov>. The campaign's *Start Talking Before They Start Drinking* brochure has been downloaded almost 155,000 times since the campaign's launch. Campaign recognition is strong; 49 percent of surveyed parents reported having seen or heard at least one campaign Public Service Announcement. From 2006 to 2007, during which phase-two Public Service Announcements were distributed, the percentage of parents "extremely" concerned about their underage child drinking increased significantly; concern about other teen social issues did not change significantly during this time period. Parents who had seen or heard the advertising were also more likely to report planning to talk to or having already talked to their 10- to 15-year-old child about underage drinking, and were also more likely to report having visited a Web site for more information about how to talk to their children about underage drinking. Goals 1-3 are addressed.
- **Leadership to Keep Children Alcohol Free:** Leadership to Keep Children Alcohol Free is a nationwide organization of current and former Governors' spouses who focus on preventing alcohol use by 9- to 15-year-olds. SAMHSA works with Leadership to link its important initiative with prevention programs funded by the Substance Abuse Prevention and Treatment SAPT Block Grant, other SAMHSA-supported programs such as Town Hall Meetings, and the Public Service Announcements produced by the public service media campaign. In addition, SAMHSA supported Leadership in its efforts to disseminate the *Call to Action* through State rollouts involving First Spouses. Goals 1-3 and 6 are addressed.
- **Underage Drinking Prevention Campaign—Too Smart To Start (TSTS):** This effort is a national community education program targeting 9- to 13-year-olds. It has been tested in 12 communities nationwide and provides professionals, volunteers, and parents with tools and materials that help shape healthy behaviors regarding alcohol use for a lifetime. TSTS includes a Web page, technical assistance, and a community action kit to help plan, develop, promote, and support local underage alcohol use prevention. The program includes materials and strategies that are flexible for use in communities of all sizes, and it actively involves entire communities in sending clear, consistent messages about why children should reject underage drinking. The TSTS Web site (<http://www.toosmarttostart.samhsa.gov>) was redesigned in FY 2009. Goal 2 is addressed.

- **Health Communication Initiative for Preventing Underage Alcohol Use:** This SAMHSA/CSAP effort provides resources, message development, and public education for preventing underage alcohol use among youth up to the age of 21. The initiative provides ongoing support for TSTS and Reach Out Now Teach Ins, as well as multifaceted evidence-based approaches that help communities build resiliency, enhance protective factors, and reduce risk factors associated with underage alcohol use. Goal 3 is addressed.
- **Sober Truth on Preventing Underage Drinking (STOP) Grant Program:** The STOP Act authorizes enhancement grants of \$50,000 per year for four years to current or previously funded Drug-Free Communities Program grantees to prevent and reduce alcohol use among youth in their communities. Through increased collaboration among community organizations and the use of evidence-based practices, these grants seek to reduce youth access to alcohol, increase the age of initiation and a change in attitudes toward underage drinking. SAMHSA currently funds STOP Act grants in 99 community coalitions in 34 states across the U.S. SAMHSA awarded 77 STOP grants in Cohort I, for FY 2008 – FY 2012 and 22 grants in Cohort II, for FY 2009 – FY 2013.
- **Town Hall Meetings:** As part of a national effort to prevent and reduce underage alcohol use and to help educate people about the risks associated with underage drinking, ICCPUD and SAMHSA supported community Town Hall Meetings. In the spring of 2006, more than 1,200 Town Hall Meetings were conducted nationwide, including U.S. Territories and jurisdictions. These events brought communities together to learn about the research on underage drinking and its impact on both individuals and the community. The meetings were a first step toward moving communities to action, and they began a dialogue about how to prevent or reduce underage alcohol use. In the spring of 2008, SAMHSA and ICCPUD collaborated again to support over 1,800 Town Hall Meetings across the country. During FY 2009, several reports were released on the results of the meetings: *2008 Town Hall Meetings: Mobilizing Communities to Prevent and Reduce Underage Alcohol Use; Evaluation Report*, and *2008 Profiles by State/Territory: Underage Drinking Prevention Town Hall Meetings*. Another round of meetings is planned for the spring of 2010. Goals 1-3 and 6 are addressed.
- **Strategic Prevention Framework (SPF) State Incentive Grant (SIG) Program:** SPF SIG is one of SAMHSA/CSAP's infrastructure grant programs. SPF SIGs provide funding for up to 5 years to States, Territories and Tribes to implement the SPF for preventing the onset and reducing the progression of substance abuse, including childhood and underage drinking; reducing problems related to substance abuse-in communities; and building prevention capacity and infrastructure at the State/Tribal/Territory and community levels.

The SPF itself is a five-step planning process to guide State and community prevention activities. SPF SIGs require grantees to assess their prevention needs based on epidemiological data; build their prevention capacity; develop a strategic plan; implement effective community prevention programs, policies, and practices; and evaluate outcomes.

Each SPF SIG is guided by a Governor or Tribal Advisory Committee that includes State/Tribe/Territory, community, and private-sector representation. Grantees are required to develop epidemiological workgroups at the State/Tribal/Territory level to identify State-level

priority substance abuse problems. Grantees must then allocate a minimum of 85 percent of the total grant award directly to communities to address those problems.

SPF SIGs support the goals of the underage drinking initiative. All grant tasks—including needs assessment, capacity building, planning, implementation, and evaluation—must be carried out with consideration for the issue of underage drinking. As of early 2009, 36 of the 42 grantees funded in cohorts I-III had approved SPF SIG plans and had disseminated funds to communities to address identified priority substance abuse problems. Among these, 29 grantees are addressing underage alcohol use specifically and 5 additional grantees are addressing alcohol more broadly.

SAMHSA/CSAP has awarded SPF SIGs to 46 States, the District of Columbia, 8 U.S. Territories, and 12 Tribes. Cohort I grants were awarded in FY 2004; Cohort II, in FY 2005; Cohort III, in FY 2006; and Cohort IV, in FY 2009. Goal 1 is addressed.

- **Treatment of Adolescent Alcohol Abuse and Alcoholism: Replication of Effective Alcohol Treatment Interventions for Youth:** The Assertive Adolescent and Family Treatment Program builds on effective interventions for youth with alcohol or other drug problems. Sites receive funds to provide training and certification on using the Adolescent Community Reinforcement Approach and Assertive Continuing Care, both of which are proven youth interventions. This program increases the availability and effectiveness of treatment for youth with alcohol and drug problems and will target 12- to 20-year-olds. Goal 3 is addressed.
- **Four-State Video Pilot Project:** SAMHSA initiated this project to explore the potential benefits of developing a series of short videos (each approximately 7 to 10 minutes long) showcasing underage alcohol use prevention efforts in the States. The pilot videos are being developed in direct collaboration with, and pilot-tested by, four States—Arkansas, Louisiana, Mississippi, and Texas. During FY 2009, Connecticut, Georgia, Iowa, Kentucky, Missouri, Nebraska, New York, Oklahoma, Utah, and Washington and the U.S. Territory of Guam each developed videos as well. The videos will help States raise awareness about their unique underage alcohol use issues and prevention activities, and will build enthusiasm for developing, implementing, and expanding such activities. Feedback from pilot States will determine the viability of this approach and whether similar videos should be funded throughout the United States. A State Video Evaluation Report of findings from feedback interviews with State/Territory participants is in progress. Goal 2 is addressed.
- **Young Adults in the Workplace (YIW) Service to Science Cooperative Agreement and the YIW Cross-Site Evaluation Contract:** This cooperative agreement and contract is a major effort to reduce substance abuse in workplace settings among people 16 to 25 years old (including underage drinkers). The initiative seeks to establish workplace-based programs that successfully prevent use and abuse of alcohol and illicit substances by young adult employees; study how to best address the needs of young adults and change NREPP programs to meet these needs; and support successful programs in gaining NREPP status. Approaches combine health and wellness, brief screening and intervention, and drug-free workplace policies and practices. Successful interventions include team building and awareness; peer-to-peer support; and life skills training. Goals 1 and 2 are addressed.

## Activities Related to Underage Drinking

- **Substance Abuse Prevention and Treatment (SAPT) Block Grant:** This grant is a major funding source for substance abuse prevention and treatment; States can use it to prevent and treat alcohol use disorders among adolescents. The SAPT Block Grant contains a prevention set-aside that reserves a minimum of 20 percent of each State's Block Grant allocation for prevention activities. Although most prevention programs supported by these funds address substance abuse in general, many will have an impact on underage drinking. The Block Grant application asks States to report voluntarily on underage drinking strategies, such as implementation of public education and/or media campaigns; laws against alcohol consumption on college campuses; policies or enforcement of laws that reduce access to alcohol by those under the age of 21, including event restrictions, product price increases, and penalties for sales to the underage population; data for estimated age of drinking onset; and statutes restricting alcohol promotion to underage audiences. Goal 1 is addressed.
- **Building Blocks for a Healthy Future:** Building Blocks is an early childhood substance abuse prevention program that educates parents and caregivers of children 3 to 6 years old about basic risk and protective factors, ways to reduce risk factors, skills to better nurture and protect their children, and how to promote healthy lifestyles. Building Blocks helps open lines of communication with young children and keep those lines open as they grow older. Building Blocks collaborates with the National Head Start Association, the National Association for Elementary School Principals, the National League of Cities, and the American Medical Association Alliance to facilitate training and dissemination efforts for materials and products. During FY 2009, Building Blocks established a relationship with <http://MilitaryOneSource.com> and explored partnerships with regional Head Start programs and Federal agencies. Goal 2 is addressed.
- **National Helpline (1-800-662-HELP):** Individuals with alcohol or illicit drug problems (or their family members) can call the SAMHSA National Helpline for referral to local treatment facilities, support groups, and community-based organizations. The Helpline is a confidential, free, 24-hours-a-day, 365-days-a-year information service available in English and Spanish. Information can be obtained by calling the toll-free number or visiting the online treatment locator at <http://www.samhsa.gov/treatment>. Goal 1 is addressed.
- **Targeted Capacity Expansion (TCE) Program:** CSAT's TCE program addresses emerging substance abuse trends and the disparity, in some areas, between demand for and availability of appropriate treatment. It addresses gaps in treatment by supporting rapid, strategic responses to demands for alcohol and drug treatment services in communities with serious, emerging substance problems and communities with innovative solutions to unmet needs. Adolescents are one of the target populations served by TCE grants. Goal 1 is addressed.
- **Screening, Brief Intervention, Referral, and Treatment (SBIRT) Grants:** SBIRT involves implementation of a system in community and specialist settings that screens for and identifies individuals with substance use-related problems. Depending on the level of problems identified, the system either provides for a brief intervention in a generalist setting or motivates and refers individuals with high-level problems and probable substance

dependence disorder diagnoses to a specialist setting for assessment, diagnosis, and brief or long-term treatment. This includes training in self-management and involvement in mutual help groups, as appropriate. Several SBIRT grantees have developed programs that are available to individuals under 21 years of age. Additional SBIRT information, including related publications, is available at <http://www.sbirt.samhsa.gov>. Goal 1 is addressed.

- **Offender Reentry Program (ORP):** This program addresses the needs of sentenced substance-abusing juveniles and adult offenders who are returning to their families and communities from incarceration in prisons, jails, or juvenile detention centers. ORP forms partnerships to plan, develop, and provide community-based substance abuse treatment and related re-entry services for target populations. The juvenile ORP targets 14- to 18-year-olds, and the adult ORP includes adults 19 to 20 years of age. Goal 2 is addressed.
- **Program To Provide Treatment Services for Family, Juvenile, and Adult Treatment Drug Courts:** Drug courts combine the sanctioning power of courts with effective treatment services to break cycles of child abuse and neglect, criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Motivational strategies are developed and used to help adolescents deal with often-powerful negative influences of peers, gangs, and family members. Goal 6 is addressed.
- **Programs for Improving Addiction Treatment:** CSAT supports a variety of programs to improve transfer of science to services and improve addiction treatment nationally. For example, the Addiction Technology Transfer Center (ATTC) Network identifies and advances opportunities for improving addiction treatment. It upgrades practitioners' and other health professionals' skills and disseminates the latest science to the treatment community, providing academic (preservice) and continuing education opportunities as well as technical assistance to multiple disciplines working in the addictions field. In addition, several Treatment Improvement Protocols (TIPs) address these concerns (e.g., TIP 16: *Alcohol and Drug Screening of Hospitalized Trauma Patients*, TIP 24: *A Guide to Substance Abuse Services for Primary Care*, TIP 26: *Substance Abuse Among Older Adults*, TIP 31: *Screening and Assessing Adolescents for Substance Use Disorders*, TIP 32: *Treatment of Adolescents with Substance Use Disorders*, and TIP 34: *Brief Interventions and Brief Therapies for Substance Abuse*). For more information on the ATTC Network, including related publications and resources, see <http://www.ATTCNetwork.org>. Goal 1 is addressed.
- **Fetal Alcohol Spectrum Disorders (FASD):** The FASD Center for Excellence, SAMHSA's largest alcohol prevention initiative, addresses innovative techniques and effective strategies for preventing alcohol use among women of childbearing age and providing assistance to persons and families affected by FASD. Communities, States, and juvenile justice systems are improving service delivery systems, policies and procedures to screen at intake and refer for diagnosis, and surveillance to create sustainable evidence-based responses to FASD among children, youth, and adults. This initiative does not specifically target underage drinkers, but it is expected that children, youth, and adults will be reached, educated, and/or trained on co-occurring issues (substance use/abuse) across the lifespans of individuals with FASD. Goal 2 is addressed.
- **Access to Recovery (ATR):** ATR provides consumers with choices among substance abuse clinical treatment and recovery support service providers, expands access to comprehensive

clinical treatment and recovery support options (including faith-based options), and increases substance abuse treatment capacity. States and Tribal organizations may implement the program statewide or target geographic areas of greatest need, specific populations in need, or areas with a high degree of readiness to implement a voucher program. ATR grants allow flexibility in designing and implementing voucher programs that meet the needs of consumers in the community. Grantees are encouraged to support any mix of traditional clinical treatment and recovery support services that is expected to yield successful outcomes for the most people at the lowest possible cost. More information on ATR, including related publications, can be accessed at <http://www.atr.samhsa.gov>. Goal 1 is addressed.

- **GetFit ([GetFit@SAMHSA.gov](mailto:GetFit@SAMHSA.gov)):** This free Web site is oriented toward workplace health and wellness; it takes a research-based, interactive approach to substance abuse prevention and underage drinking in an integrated health care environment. GetFit is a “one-stop shop” for employees and their families (including underage youth) seeking information on or help with physical health, mental health, or alcohol or drug issues. GetFit aids employers, unions, and other organizations in creating healthy workplaces through a holistic approach to health and wellness. Any business or organization can specifically tailor GetFit to meet the needs of its health/wellness, Employee Assistance Program, drug-free workplace, or human resource program. GetFit offers various self-screening tools successful with populations of all ages to help employees self-identify, understand, and get help for problems with drugs and alcohol, concerns about physical health, and mental health issues or illness. GetFit’s self-tests allow people to gather information in a confidential, anonymous, stigma-free manner; employees receive tailored strategies for getting help with health problems. GetFit has successfully reduced underage drinking and improved healthy lifestyles. Goals 1-3 are addressed.
- **Drug and Alcohol Services Information System (DASIS):** DASIS, conducted by SAMHSA’s Center for Behavioral Health Statistics and Quality (CBHSQ), is the primary source of national data on substance abuse treatment. Although not specific to youth, DASIS offers information on treatment facilities with special programs for adolescents as well as demographic and substance abuse characteristics of adolescent treatment admissions. It has three components:
  - Inventory of Substance Abuse Treatment Services (I-SATS) is a list of all known public and private substance abuse treatment facilities in the United States and its territories.
  - National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all facilities in I-SATS; it collects data on location, characteristics, services offered, and utilization. N-SSATS is used to update the National Directory of Drug and Alcohol Abuse Treatment Programs and the online Substance Abuse Treatment Facility Locator.
  - Treatment Episode Data Set (TEDS) is a compilation of data on the demographic and substance abuse characteristics of admissions to and discharges from substance abuse treatment, primarily at facilities that receive public funding. State administrative systems routinely collect treatment admission information and submit it to SAMHSA in a standard format. Goal 5 is addressed.

- **NREPP:** NREPP is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. It identifies scientifically tested approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field. NREPP exemplifies SAMHSA's work toward improving access to information on tested interventions and thereby reducing lag between the creation of scientific knowledge and its practical application in the field. For every intervention NREPP reviews, it publishes an intervention summary on its Web site that describes the intervention and its targeted outcomes and provides expert ratings of its quality of research and readiness for dissemination. This information helps individuals and organizations determine whether a particular intervention may meet their needs. SAMHSA advises having direct conversations with intervention developers and other contacts listed in the summary before selecting and/or implementing an intervention. For more information on NREPP, visit <http://www.nrepp.samhsa.gov>. Goal 4 is addressed.
- **NSDUH:** Conducted by SAMHSA's CBHSQ, this survey (formerly the National Household Survey on Drug Abuse) is a primary source of information on the prevalence and patterns of alcohol, tobacco, and illegal drug use, abuse, and dependence in the noninstitutionalized U.S. civilian population (age 12 and older). Although NSDUH is not alcohol specific, it tracks information on underage alcohol use and provides a database for studies on alcohol use and related disorders. Goal 5 is addressed.
- **Service and Science:** SAMHSA's CSAP funds logistics and technical assistance efforts to support its Service and Science initiative, the goals of which are to increase the pool of evidence-based and culturally diverse interventions available for addressing community problems and to enhance the capacity of community-based and local programs for strategically planning and evaluating prevention interventions. Through this initiative, CSAP directs fixed-price mini subcontracts to a small number of selected underage drinking programs for enhancing capacity through rigorous evaluation design, implementation and outcomes measurement, and data collection and analysis. These modest capacity-enhancement subcontracts assist locally developed innovative programs that demonstrate readiness to move up the scale of evidence and show promise of being listed in SAMHSA's NREPP or achieving other forms of recognition.

Since 2008, Service and Science has extended its outreach activities to promote participation by programs developed or implemented by people from the Pacific Jurisdictions (e.g., Guam and Palau), as well as American Indians and Alaska Natives. These special outreach efforts highlight culturally appropriate evaluative consultation.

To date, the Service and Science Initiative has served 386 programs and funded 150 mini subcontracts. During FY 2009, 26 mini subcontract programs were funded; five directly addressed youth alcohol prevention as part of their overall substance abuse prevention activities, and two exclusively addressed underage drinking. Goal 4 is addressed.

## Office of the Surgeon General (OSG)

### Activities Specific to Underage Drinking

- **Call to Action:** In March 2007, OSG released *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking*. Later, OSG released *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking—What it Means to You* Guides for family, community, and educators, which summarize the major findings of the *Call to Action* and list action steps for the audiences targeted by the individual Guides. Goals 1-6 are addressed.
- **Dissemination of the *Call to Action* and the Guides:** OSG, SAMHSA, NIAAA, and other ICCPUD agencies are collaborating to disseminate and promote the *Call to Action* and the Guides using a variety of means. For example, on the day the document was released, the Acting Surgeon General held a press conference in Washington, DC and participated in a 3-hour satellite media tour to discuss the *Call to Action* with various news stations throughout the country, resulting in substantial press coverage. Regional Health Administrators, ICCPUD, Leadership to Keep Children Alcohol Free, and various HHS agencies then conducted a coordinated media release for the Guides. ICCPUD members have also promoted the *Call to Action* with their counterparts in the States. For example, OSDFS and OJJDP invited the Acting Surgeon General to speak on the *Call to Action* at their conferences. In addition, the Acting Surgeon General has spoken at various private conferences and meetings, such as the annual meeting of the National Association of State Alcohol and Drug Abuse Directors. The Acting Surgeon General also collaborated with Leadership to Keep Children Alcohol Free in a series of State-specific rollouts of the *Call to Action*. These events included Governors and other State officials, advocacy groups, community groups, coalitions, and other parties committed to the goals of the *Call to Action*. The resulting press brought attention to the *Call to Action* and to the national health problem of underage drinking. Many States, such as Texas, have been promoting the *Call to Action*, which is available at <http://www.surgeongeneral.gov> and <http://www.stopalcoholabuse.gov>. Goals 1-4 and 6 are addressed.

### Activities Related to Underage Drinking:

- **50 Schools in 50 States:** OSG addressed prevention of childhood and adolescent alcohol use in the Surgeon General's "50 Schools in 50 States" tour (40 schools have been visited to date). The Surgeon General will continue to address underage drinking as a public health problem in speeches and meetings nationwide. Goal 2 is addressed.

## DoJ Office of Juvenile Justice and Delinquency Prevention (OJJDP)

### Activities Specific to Underage Drinking

- **EUDL:** A governor-designated agency and agency coordinator in each State and the District of Columbia implement the EUDL initiative. Agency contacts are listed on the Underage Drinking Enforcement Training Center (UDETC) Web site (<http://www.udetc.org>). State agencies that implement OJJDP-supported EUDL programs include justice agencies,

highway safety offices, health and human services agencies, and offices of the Governor. Goal 6 is addressed.

Congress directs OJJDP to develop task forces of State and local law enforcement and prosecutorial agencies, encourage innovative programming, and conduct public advertising programs that inform alcohol retailers about underage drinking and its consequences. The EUDL program encourages partnerships between law enforcement and underage drinking prevention advocates. One design element required in the discretionary program is multidisciplinary coalitions that use a comprehensive local approach. Goal 6 is addressed.

Standard local EUDL discretionary programming includes development and use of youth leadership to plan and implement community programs. Designated youth assist law enforcement with compliance checks, use the media to promote underage drinking prevention, hold alcohol-free events, and participate in training events to learn about underage drinking issues.

A major component of the EUDL program is training and technical assistance provided to adults and youth by UDETC, which identifies science-based strategies, publishes supporting documents, delivers training, and provides technical assistance. These resources are accessible at <http://www.udetc.org>. Goal 2 is addressed.

UDETC published the following documents to help States and local communities enforce retail establishment compliance with underage drinking laws:

- *The Guide to Responsible Alcohol Sales: Off Premise Clerk, Licensee and Manager Training* offers sales personnel training tools that support management policies to prevent sales of alcohol to those under the age of 21.
- *Preventing Sales of Alcohol to Minors: What You Should Know About Merchant Education Programs* describes such programs and their role in comprehensive community strategies to reduce underage drinking, identifying necessary components and resources for more information.
- *Strategies for Reducing Third-Party Transactions of Alcohol to Underage Youth* dissuades adults from providing alcohol to underage persons. The publication discusses the problem of nonretail sources of alcohol for underage drinkers and describes the essential elements of shoulder-tap operations, along with other techniques, to deter adults from buying or providing alcohol to underage drinkers.

UDETC publishes the following documents about the costs of underage alcohol use and effective policies and procedures for reducing it:

- *Strategies to Reduce Underage Alcohol Use: Typology and Brief Overview* is available in both English and Spanish; it summarizes common strategies to reduce underage drinking and how effective they are based on research and evaluation.
- *Cost sheets* for each of the 50 States highlight the costs incurred to each of the 50 States and the District of Columbia. Using the most current data available, these sheets give State-specific costs for a host of serious problems, including homicide, suicide, traumatic injury, drowning, burns, violent and property crime, high-risk sex, FASD, alcohol poisoning, and treatment for alcohol abuse and dependence. Goals 1 and 6 are addressed.

UDETTC maintains a small library of radio and TV public service announcements (PSAs) aimed at increasing awareness among parents and other adults of underage drinking and its consequences. EUDL State coordinators and EUDL-funded communities voluntarily forward PSAs to the Center, which shares the collection with State coordinators and others seeking guidance or assistance with their own PSAs. The Center instructs recipients to contact the producer of a PSA if they would like to use or edit it. Goal 1 is addressed.

Through UDETTC, OJJDP conducts an annual National Leadership Conference that provides training opportunities and promotes cooperation, coordination, and collaboration among such partners as highway safety offices, health agencies, justice agencies, law enforcement, schools, youth advocacy groups, health care professionals, and alcohol prevention service providers. In August of 2009, over 1,400 partners attended the conference. Monthly Web-enhanced audio conferences tackle a wide range of underage drinking issues and science-based approaches that address such issues. Goals 1 and 6 are addressed.

As part of OJJDP's efforts to address underage drinking, EUDL grantees routinely partner with a number of other private and public organizations. For example, 45 States work closely with State alcohol beverage control agencies or other State-level enforcement agencies that specialize in alcohol enforcement; 30 States have incorporated college communities into EUDL funding priorities; 29 States engage members of Leadership to Keep Children Alcohol Free in their State EUDL programs; and 9 States have linked with U.S. military bases to address underage and hazardous drinking behavior by troops. Goals 1 and 6 are addressed.

- **NIAAA Studies, Through the Prevention Research Center, of EUDL Discretionary Programming in Rural Sites:** In FYs 2004 and 2005, the EUDL discretionary program partnered with NIAAA to address underage drinking in rural communities. In 2009, OJJDP-supported program activity has been completed in all 7 States attempting to conduct best and most promising EUDL activities in up to 5 rural sites per State. Currently, NIAAA is funding and managing site evaluation by the Prevention Research Center. The effort established community coalitions to reduce/prevent underage drinking in rural areas. Goal 4 is addressed.
- **OJJDP EUDL Partnership With the United States Air Force (USAF) and NIAAA:** In 2006, OJJDP issued a solicitation for the EUDL Discretionary Program. Grants under this program sought to reduce the availability of alcoholic beverages to, and the consumption of alcoholic beverages by, persons serving in USAF who are under the age of 21. The specific goals of the program are to reduce the number of first-time alcohol-related incidents, incidence of unintentional injuries related to alcohol consumption, and number of alcohol-related traffic injuries or fatalities among underage USAF personnel. OJJDP has awarded grants to four States that have identified Air Force Bases (AFBs) to participate and form coalitions with adjacent communities. The participating AFBs are Davis-Monthan and Luke (Arizona), Beale (California), Hickam (Hawaii), and Malmstrom (Montana). NIAAA will provide evaluation support for the project through a 48-month contract that includes evaluation of all activities developed at each AFB/community site. Goal 6 is addressed.

In FY 2009, OJJDP issued a solicitation entitled, "OJJDP FY 09 Enforcing the Underage Drinking Laws Discretionary Program: Initiative to Reduce Underage Drinking." The purpose of the discretionary EUDL work of FY 2009 is to build upon FY 2006 EUDL/USAF partnerships by providing grant funding to two additional States (Missouri and Wyoming). It

was decided to expand the EUDL/USAF program when preliminary evaluation findings suggested positive outcomes worth replicating. Programs will be implemented, in concert with adjacent communities, on Whiteman AFB in Missouri and F.E. Warren AFB in Wyoming. The expanded OJJDP-supported evaluation includes these States and bases. Goal 6 is addressed.

- **NIAAA Studies, Through ICF International, of EUDL Discretionary Programming in Selected Communities and AFBs:** In FY 2006, the EUDL discretionary program partnered with NIAAA to address underage drinking among underage USAF personnel. OJJDP-supported program activity, in partnership with USAF, is being implemented in select communities and 5 AFBs in 4 States. NIAAA is funding and managing ICF International's evaluation of the EUDL/USAF partnerships and their design and implementation of a set of interventions to reduce underage drinking among airmen at grantee sites. In FY 2009, the evaluation was expanded to 2 added AFBs in 2 new States. OJJDP is funding and managing ICF International's evaluation of these sites as well. Goal 4 is addressed.
- **OJJDP FY 2008 EUDL Discretionary Program To Address Underage Drinking on College/University Campuses:** In FY 2008, OJJDP focused its EUDL discretionary funding on addressing underage drinking by university/college students. The program is being implemented Illinois, Nevada, and South Carolina. Participating college/university sites are Eastern Illinois University; University of Nevada; and, in South Carolina, Furman University, University of South Carolina, Clemson University, and College of Charleston. This effort is committed to establishing university- and college-based programs in partnership with adjacent communities to implement research-based and promising practices that will reduce underage drinking among university/college students younger than 21, with a special emphasis on environmental strategies. Six core areas of implementation revolve around best and most promising practices: develop and strengthen coalitions that include campus and community leaders, enhance policies and procedures related to underage drinking, conduct compliance checks on and off college campuses, conduct DWI enforcement operations focused on underage persons, conduct enforcement operations aimed at reducing social availability of alcohol to underage youth, and implement other environmental strategies for reducing underage alcohol consumption. Goal 6 is addressed.

#### **Activities Related to Underage Drinking**

None.

### **Department of Labor Occupational Safety and Health Administration (OSHA)**

OSHA's mission is to assure the safety and health of America's workers by setting and enforcing standards; providing training, outreach and education; establishing partnerships; and encouraging continual improvement in workplace safety and health.

#### **Activities Specific to Underage Drinking**

None.

### Activities Related to Underage Drinking

- **Young Worker Initiative:** This initiative seeks to reduce the risk of injuries and illnesses among 14- to 24-year-old workers. It sparked development of an innovative Teen Worker Web site that targets teens and their employers, educators, and parents with age- and audience-appropriate information about potential workplace hazards and how to reduce such occupational risks. The Web site's text embeds links to other government Web sites, directing employers, teens, educators, and parents to useful resources. Goal 2 is addressed.
- **Federal Network for Young Worker Safety and Health (FedNet):** In 2003, OSHA convened the FedNet group with the goal of reducing redundancies and maximizing Federal resources to address occupational safety and health issues facing young workers. Federal Departments and agencies, including Labor, Transportation, CDC, and HHS, Commerce, Agriculture, Education, Environmental Protection Agency, Housing and Urban Development, the Equal Employment Opportunity Commission, and the National Labor Relations Board, attend quarterly network meetings.

FedNet identifies and evaluates tools and resources that promote young worker occupational safety and health. Participants identify materials on similar topics, create mechanisms to hold these resources together, and disseminate them to appropriate target audiences.

A FedNet participant from the DOT's NHTSA acts as a liaison to ICCPUD on the prevention of underage drinking to ensure that FedNet members are informed about new ICCPUD initiatives and to encourage Federal agency members to incorporate them into their respective agency activities. Goal 6 is addressed.

### Department of Labor (DOL) Office of the Assistant Secretary for Policy (OASP)

#### Activities Specific to Underage Drinking

- **WORKING To Prevent Underage Drinking:** OASP's *Working Partners for an Alcohol and Drug-Free Workplace* joined forces with Leadership to Keep Children Alcohol Free Foundation and *Working Partners®* Systems, Inc. (a private consulting and training firm in Columbus, Ohio) on an initiative known as WORKING to Prevent Underage Drinking (WORKING2PUD). A toolkit was developed to help Leadership members, community coalitions, and others initiate discussions with State and local leaders and employers about the benefits of drug-free workplace programs and to encourage adoption of programs that incorporate *new* training modules on preventing underage drinking. The WORKING2PUD toolkit was released in October 2009 and includes four modules on preventing underage drinking developed for workplace delivery. The toolkit and training modules are available at <http://www.alcoholfreechildren.org/node/277>. Goals 1, 2, and 6 are addressed.

#### Activities Related to Underage Drinking

None.

## **DOL Employment Training Administration (ETA)**

ETA's mission is to advance the U.S. labor market by providing high-quality job training, employment, labor market information, and income maintenance services primarily through State and local workforce development systems.

### **Activities Specific to Underage Drinking**

None.

### **Activities Related to Underage Drinking**

- **Youth Offender Portfolio:** In FY 2009, DOL/ETA funded and supported the operation of projects designed to assist at-risk youth and youth offenders. Projects provide comprehensive services to youth between the ages of 14 and 24 who are offenders, gang members, or youth at risk for involvement with the juvenile justice system. Such projects focus on helping youth transition into long-term employment at wage levels likely to break the cycle of crime and juvenile delinquency. Other FY 2009 projects included high school-based efforts focused on reducing gang involvement and crime in local communities, as well as other school-based projects offering strategies for eliminating risk factors that contribute to a school's persistently dangerous status as defined under No Child Left Behind. In FY 2009, a number of youth offender-based initiatives sought to deliver pre- and post-release services, alternatives to incarceration, and re-entry transition options through such vehicles as aftercare, case management, and/or gang intervention/prevention services for court-involved and at-risk youth.

In cooperation with local juvenile courts, some project sites have supported courts where youth are held accountable to each other for minor infractions, including underage drinking. This has helped to create a positive peer environment to reduce the peer pressure to engage in risky behaviors such as underage drinking. In other sites, probation officers come to schools and teach underage drinking prevention classes to all youth, including young offenders. Career preparation classes often have a component about alcohol/drug use on the job and what constitutes a drug-free workplace.

Many sites provide alternative activities (community service, social outings, picnics, leadership conferences, etc.) for youth at times when they are most likely to consume alcohol—on weekends and evenings. In addition, traditional counseling and intervention services are provided for youth who feel they may have a problem with substance abuse.

Many youth engaged in DOL's youth offender initiative are required to provide some manner of restitution as part of their adjudication. This expectation requires sites to coordinate community service activities not just for the purpose of restitution, but also to emphasize the value of youth efforts in restoring community trust while enhancing personal self-esteem. Offender-based sites also offer traditional case management and assessment services that focus on the substance abuse and mental health needs of youth and provide referrals when appropriate. Goal 2 is addressed.

## Office of National Drug Control Policy

### Activities Specific to Underage Drinking

None.

### Activities Related to Underage Drinking

- **The National Youth Anti-Drug Media Campaign:** This campaign addresses underage drinking in the context of teen drug use. The teen brand *Above the Influence* challenges teens to view “anything that makes me less than me is not for me.” Negative influences—primarily drug use, but also alcohol use and the negative pressures that lead teens to use substances—are positioned as harmful. In 2009, the campaign created four new TV ads and nine print ads, as well as two online productions that addressed the risks of underage drinking; all were widely disseminated through national paid media outlets. The Campaign’s youth Web site includes information on these risks, with the alcohol section ranking among the top 5 most-viewed pages. The campaign’s parent Web site includes underage drinking information and links to the NIAAA site. For more information, see <http://www.abovetheinfluence.com> and <http://www.theantidrug.com>. Goal 2 is addressed.
- **Drug-Free Communities (DFC) Grant Program:** Originally funded by Congress in 1997 with the understanding that local problems need local solutions, the DFC program now supports over 750 drug-free community coalitions across the United States. As a cornerstone of ONDCP’s National Drug Control Strategy, DFC provides funding for communities to identify and respond to local youth substance use problems. Through the DFC program, ONDCP, along with its Federal partners, is building a national network of community coalitions that are working to strengthen communities and reduce youth alcohol, tobacco, and drug use. This ONDCP program is administered in partnership with SAMHSA and is applying the Strategic Prevention Framework to these community-based grants to link local needs with environmental strategies proven effective in addressing substance use. For further information on DFC, visit <http://www.ondcp.gov/dfc>. Goal 2 is addressed.
- **Demand Reduction Interagency Working Group (IWG):** In April, ONDCP reinstated the IWG, which consists of 35 Federal agencies whose missions include some nexus with substance abuse. Agency leaders identified six major cross-cutting issues: military veterans and their families; justice systems; prevention and education; emerging threats; healthcare delivery; and performance, accountability, and effectiveness. More than 140 Agency representatives now serve on these groups, which have met several times to propose more collaborative efforts. Although no specific new IWG programs have been created, underage alcohol use is an issue receiving great attention in several of these groups, especially community-based programs. Goals 1, 2, and 6 are addressed.

## DOT National Highway Traffic Safety Administration (NHTSA)

### Activities Specific to Underage Drinking

- **Programs Encouraging States To Enact Minimum Drinking Age and Zero Tolerance Laws:** NHTSA implemented Congressionally mandated programs to encourage States to enact 21 Minimum Drinking Age and Zero Tolerance laws. Zero Tolerance laws make it

unlawful for a person under the age of 21 to drive with any detectable amount of alcohol in their system. Minimum Drinking Age laws make it unlawful for a person under age 21 to purchase or publicly possess alcohol. All 50 States and the District of Columbia have enacted both laws. NHTSA continues to monitor State compliance with these Federal mandates. Failure to comply results in financial sanctions to the States. Goal 6 is addressed.

- **Youth Traffic Safety Media Campaign Development:** NHTSA has initiated a 3-prong strategy to address youth traffic safety concerns. This strategy is the basis of a developing national media campaign with an overarching focus primarily on adults/parents of youth, which incorporates all three NHTSA youth traffic safety priority areas: teen seatbelt use, graduated driver licensing (GDL), and youth access to alcohol. The program strategy that supports the media effort addresses goals 1, 2, and 6, and includes:
  - Reducing youth access to alcohol through a social marketing program to parents and high-visibility enforcement of underage purchase, possession, and provision laws aimed at youth, parents, and alcohol vendors, supported by community activities.
  - Increasing safety belt use among teens through primary seat belt laws, high-visibility enforcement of seat belt laws, and education to complement the laws and enforcement.
  - Enforcement of GDL laws, including enactment of three-stage GDL legislation, highly publicized enforcement of GDL laws, and increased parental responsibility for monitoring compliance. This effort targets youth ages 15 to 18, parents, and other adults.
- **High Visibility Enforcement of Underage Drinking Laws/Youth Access to Alcohol and Social Marketing Campaign to Parents:** High-visibility enforcement of underage purchase, possession, and provision laws can significantly deter violation of youth access laws, reduce consumption, and decrease alcohol-related crash involvement. It is also critical to engage parents with a strong social marketing effort that encourages them to enforce house rules and increases their awareness of the strong influence that their position on underage drinking has with their teens. NHTSA has identified core strategies for reducing youth access to alcohol and has demonstrated the application of high-visibility enforcement strategies in two community sites (Chapel Hill, North Carolina and Omaha, Nebraska) using paid media components along with earned media efforts. This effort targets high-school-aged youth, their parents, and other adults in the community. New demonstration activities will include a strong parent social marketing component. Applications for two new sites will be requested through competition and selected in FY 2010. Goals 1, 2, and 6 are addressed.
- **Development of Students Against Destructive Decisions (SADD) Model Program:** SADD, working with the Northeast Center for the Application of Prevention Technologies (NECAPT; an arm of SAMHSA/CSAP), developed a model program including a youth social marketing campaign, a parent social marketing campaign, and a community policy task force designed to have measurable outcomes. NECAPT helped SADD develop the design and implement and evaluate scientifically defensible programs, and will be submitting the evaluated model for review by NREPP as a model program. Focus groups were conducted with students and parents to design the social marketing campaign, and informational meetings with school administrators and local law enforcement were conducted in pilot communities. NECAPT is expected to complete evaluation in FY 2010. This effort will result in printed matter or a Web-based training that would help SADD State Coordinators and SADD advisors incorporate meaningful components of prevention-based

programs or activities. This program targets high school age youth, their parents, and the communities where they live. Goals 1 and 2 are addressed.

- **SMASHED: Toxic Tales of Teens and Alcohol:** NHTSA, SAMHSA, and ED/OSDFS collaborated with Recording Artists, Actors and Athletes Against Drunk Driving (RADD) and their partner HBO Family to develop and disseminate an educational package including a documentary on underage drinking and alcohol-related driving to thousands of schools and communities across the country. HBO licensed RADD and Federal partners to use its documentary *SMASHED*. In Phase II, NHTSA is funding an independent evaluator to determine how tools like *SMASHED* can be used most effectively to stimulate community action and promote or initiate evidence-based programs and practices to address issues like underage drinking. Targets for this effort are youth, their families, and community/school leaders. Goals 1-3 are addressed.
- **Latino Strategies:** NHTSA and ASPIRA used the Aspirante Youth program around the country to research, develop, test, and promote specific Latino youth underage drinking and driving prevention strategies. ASPIRA then sought the guidance of an expert panel to help determine which underage drinking prevention strategies and interventions might best be used or adapted for use in the Hispanic community. The current phase has identified community pilot sites in Chicago, Illinois, and Puerto Rico to demonstrate and evaluate these efforts. Targets for this effort are high school students (primarily 15- to 17-year-olds), their parents, and vendors. A new Hispanic-specific media message was developed for this effort. Goals 1 and 3 are addressed.
- **BACCHUS Network:** The BACCHUS Network developed the Screening and Brief Intervention (SBI) Tool Kit for Universities and College Campuses. The toolkit was designed to help colleges and universities implement screening and brief intervention programs. It can be downloaded from <http://www.nhtsa.gov>. Recently, BACCHUS completed a project to develop program guidelines, containing steps for implementing SBI in a variety of campus settings. It is anticipated that the document will be available by 2010. Goal 2 is addressed.
- **Project YOUTH-Turn:** Under a cooperative agreement with NHTSA, the National Organizations for Youth Safety (NOYS) has developed the first component of an online program entitled “Project YOUTH-Turn,” which enhances protective factors to help change attitudes regarding underage drinking and driving. NOYS also trains national youth leaders in skills to teach their peers for preventing underage drinking and driving, and offers leadership materials on its Web site. This effort targets youth ages 8 to 24. Current funding supports marketing of the tools on this Web site to youth organizations. Goal 2 is addressed.
- **Alcohol Prevention Guidebook for Colleges and Universities:** NHTSA and ED’s OSDFS, through its Higher Education Center for Alcohol and Other Drug Prevention, released an Alcohol Prevention Handbook for Colleges and Universities: *Safe Lanes on Campus: A Guide for Preventing Impaired Driving and Underage Drinking*. Grounded in research literature, the 60-page guidebook describes strategies for combating underage drinking and impaired driving. This effort targets college-age youth. Goal 2 is addressed.

## Activities Related to Underage Drinking

- **State Highway Safety Funding:** NHTSA provides Federal funding to States and local communities through State Highway Safety Offices. Funds may be used for activities related to underage drinking and driving under the following programs: 402 (State and community programs); 410 (impaired driving incentive grants); 154 (open container transfers); 157 (occupant protection incentive grants); and 164 (repeat offender transfer). Goal 2 is addressed.
- **Teen Driver and Teens & Parents Web pages:** NHTSA has created Teen Driver and Teens & Parents Web pages on the NHTSA Web site. The pages emphasize NHTSA's three-tier strategy to prevent motor-vehicle-related deaths and injuries for teens: increasing seat belt use, implementing graduated driver licensing, and reducing youth access to alcohol. They also highlight the importance of parents talking to their teens; pages provide template materials, such as talking points, earned media tools, collateral materials, and other marketing materials designed to help maximize local outreach efforts to various key audiences. Goals 1 and 2 are addressed.
- **Under YOUR Influence:** NHTSA has worked with NOYS to create a new Web site (<http://www.underYOURinfluence.org>) focused on helping parents teach their teens how to drive safely. The site helps parents set house rules so that teens learn to "Drive by the Rules, Keep the Privilege," a messaging campaign created by NHTSA with a PSA and posters to empower parents in their role as the primary educators of their teens. The Web site includes a youth/community toolkit; a message board; links to Internet resources for parents; talking tips for parents; information about State laws regarding underage drinking, seat belt use and graduated driver licensing; creative ideas for talking to teens about the importance of safe driving; and more. Parents can subscribe to an online monthly newsletter covering the three NHTSA priority youth traffic safety issues of underage drinking, teen belt use, and GDL. Goals 1 and 2 are addressed.
- **Juvenile Holdover Program:** Developed under a cooperative agreement with NHTSA, the American Probation and Parole Association uses the Juvenile Holdover Program as a tool to help communities develop an alternative to the use of traditional juvenile detention, jails, or lockups when such facilities are inappropriate, unnecessary, or unavailable. The Community Anti-Drug Coalitions of America (CADCA) is promoting use of this program by training its member coalitions on how to implement the program in their communities. This program is targeted toward adults who work with juveniles. Goal 6 is addressed.
- **National Roadside Survey of Impaired Driving:** In 2007, NHTSA's Office of Behavioral Safety Research conducted this survey, which produced groundbreaking research data on the incidence of alcohol- and drug-positive drivers on weekend nights (including much-needed data on over-the-counter, prescription, and illegal drug use). Previous roadside surveys, which were conducted in 1973, 1986, and 1996 and obtained breath alcohol concentrations (BAC), provide an opportunity for comparison over four decades. This study also obtained oral fluid and blood samples from many drivers to determine incidence of drug use by drivers on the road. The survey was conducted at 60 sites across the country, and involved approximately 7,500 drivers. Goal 5 is addressed.

**Table 3.1 - Expenditures by Select ICCPUD Agencies for Programs Specific to Underage Drinking**

<b>ICCPUD Agency</b>	<b>FY 2007 Actual</b>	<b>FY 2008 Actual</b>	<b>FY 2009 Actual</b>	<b>FY 2010 Estimated</b>
<b>Department of Education</b>	\$32,697,306	\$38,580,371	\$42,519,506	\$40,621,000
<b>National Institute on Alcohol Abuse and Alcoholism</b>	\$56,372,656	\$50,376,890	\$46,418,745 <sup>23</sup> \$6,671,773 <sup>24</sup>	\$47,600,000 <sup>25</sup> \$6,000,000 <sup>26</sup>
<b>Substance Abuse and Mental Health Services Administration<sup>27</sup></b>	\$42,449,000	\$47,387,000	\$51,858,000	\$52,215,000
<b>Office of Juvenile Justice and Delinquency Prevention</b>	\$24,817,385	\$23,552,049	\$24,809,483	\$25,000,000
<b>National Highway Traffic Safety Administration</b>	\$1,225,000	\$950,000	\$900,000	\$625,000
<b>TOTAL</b>	\$157,561,347	\$160,846,310	\$173,177,507	\$172,061,000

<sup>23</sup> NIAAA FY 2009 non-ARRA funded expenditures

<sup>24</sup> NIAAA FY 2009 ARRA funded expenditures

<sup>25</sup> NIAAA FY 2010 estimated non-ARRA funding

<sup>26</sup> NIAAA FY 2010 estimated ARRA funding

<sup>27</sup> UAD, Adult Media Campaign, and SPF SIG included in SAMHSA's FY2007-2009 figures. STOP grants and ICCPUD included in SAMHSA's FY2008-2009 figures. Leadership for UAD included in SAMHSA's FY2009 figures.