

MESSAGE FROM THE SECRETARY

Alcohol use by those under the legal drinking age of 21 has profound negative consequences for underage drinkers, their families, their communities, and society as a whole. Although we have made modest progress in recent years, underage drinking remains a serious public health and public safety problem. As Secretary of Health and Human Services (HHS), I understand that the Federal Government has an important role to play, but it is clear that we as a country will have little success in addressing this problem without a concerted effort by all of our citizens and at all levels of government.

Consistent with previous Reports, this Report to Congress summarizes the status of the latest scientific research regarding adolescent alcohol use. It also describes the characteristics and consequences of underage drinking and outlines the comprehensive efforts of the Federal Government to address the problem. New to this year's Report are individual State Reports as required by the Sober Truth on Preventing Underage Drinking Act (STOP Act). This part of the Report contains brief synopses of underage drinking-related policies and activities in each State.

Part of HHS's commitment to improving the health of all Americans includes addressing underage alcohol use and the risky behaviors and all too often negative consequences associated with that use. With the STOP Act, Congress demonstrated a similar commitment to addressing this problem, and I look forward to their continued interest and support as we move forward with a national effort to prevent and reduce underage drinking.

As we seek to improve the overall health of the Nation, the concept of wellness must be key to our efforts. This means changing the views of our young people and the influential adults in their lives to no longer accept underage drinking as simply a culturally ingrained right of passage. This Report emphasizes that such change requires a national effort not only between the Federal Government and the States, but establishing cohesive partnerships with parents and other caregivers, educational systems, the public and private sector, and any concerned individuals and organizations throughout the country.

We still have much more work ahead of us and there is much progress to be made. But success is possible if we encourage good choices, create a culture of wellness, and remain vigilant in our national commitment to reduce underage drinking.



Kathleen Sebelius

Secretary

Department of Health and Human Services

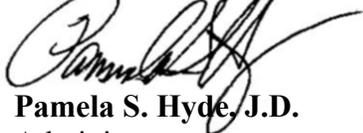
FOREWORD

Alcohol is the most widely used substance of abuse among our Nation's young people. In 2009, 39 percent of 20-year-olds report drinking in the last 30 days at levels that substantially increase the risk of injury or death. In this same time period, approximately 14 percent of this same age group drank at these levels five or more times.

Underage alcohol use is a complex and persistent problem that defies easy solutions. Although research continues to improve our understanding of this critical issue, use of alcohol by youth is still a threat to the immediate and long-term wellbeing of adolescents as well as those around them. This is not to say that we have not made progress; we have, just not enough.

As the new Administrator of the Substance Abuse and Mental Health Services Administration and Chair of the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), I am pleased to present the most recent *Report to Congress on the Prevention and Reduction of Underage Drinking*. In 2006, the Congress passed, and the President signed, the Sober Truth on Preventing (STOP) Underage Drinking Act, Public Law 109-422. Among other provisions, the STOP Act formally establishes the ICCPUD and calls for an annual Report to Congress to be submitted by the Secretary of HHS. This is the third such Report to Congress; for the first time it includes a section dedicated to underage prevention and enforcement activities and policies in each of the 50 States. We are confident that this addition to the Report, as mandated by Congress, will provide keen insights into future Federal and State planning efforts.

Unless we are successful in preventing and reducing underage drinking, this problem will continue to affect our health, wellbeing, and public safety. Success will depend on government at all levels working in partnership with communities and families to change the culture that supports underage alcohol use in our country.



Pamela S. Hyde, J.D.

Administrator

Substance Abuse and Mental Health Services Administration

Executive Summary

INTRODUCTION

Underage drinking and associated problems have profound negative consequences for underage drinkers, their families, their communities, and society as a whole. Underage drinking contributes to a wide range of costly health and social problems, including motor vehicle crashes (the greatest single mortality risk for underage drinkers); suicide; interpersonal violence (e.g., homicides, assaults, rapes); unintentional injuries such as burns, falls, and drowning; brain impairment; alcohol dependence; risky sexual activity; academic problems; and alcohol and drug poisoning. On average, alcohol is a factor in the deaths of approximately 4,700 youths in the United States per year, shortening their lives by an average of 60 years (Centers for Disease Control and Prevention [CDC] Alcohol-Related Disease Impact [ARDI] software, 2009b).

Data show modest reductions in underage drinking and some progress toward the goals of the *Comprehensive Plan to Prevent and Reduce Underage Drinking* (Substance Abuse and Mental Health Services Administration [SAMHSA], 2006), but there is still cause for concern. For example, in 2009, 39 percent of 20-year-olds reported binge drinking (drinking at levels substantially increasing the risk of injury or death) in the past 30 days; about 14 percent of 20-year-olds had, in those 30 days, binged five or more times.

Although drinking levels are lower at younger ages, patterns of consumption across the age spectrum pose significant threats to health and well-being. Particularly troubling is the erosion of the traditional gap between underage males and females in binge drinking. This gap is disappearing as females' drinking practices converge with those of males. Thus, females are at increasing risk of alcohol-related mortality and morbidity, including sexual violence.

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

CHARACTERISTICS OF UNDERAGE DRINKING IN AMERICA

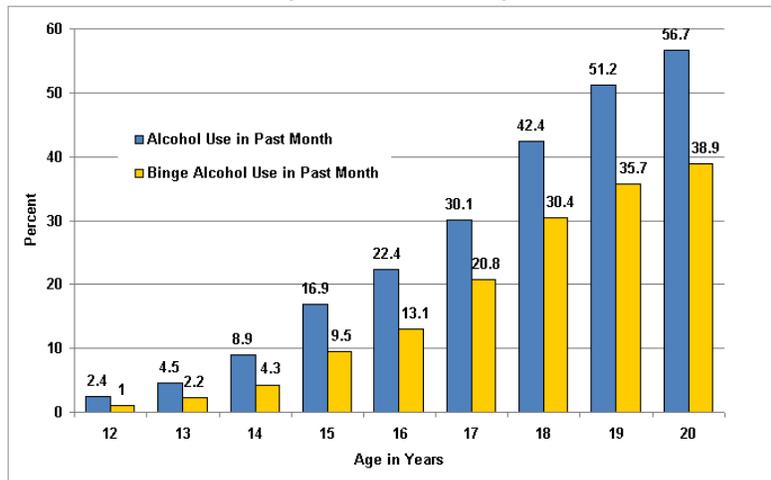
Alcohol Is the Most Widely Used Substance of Abuse Among American Youth

Alcohol continues to be the most widely used substance of abuse among America's youth, a greater proportion of whom use alcohol than use tobacco or other drugs. For example, according to the 2009 Monitoring the Future study, 30.4 percent of 10th graders reported using alcohol in the past 30 days; 15.9 percent reported marijuana use and 13.1 percent reported cigarette use in the same period (Johnston et al., 2009c).

Binge Drinking¹

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

Figure E.1 – Current and Binge Alcohol Use Among Persons Aged 12 to 20: 2009 (SAMHSA, 2010)



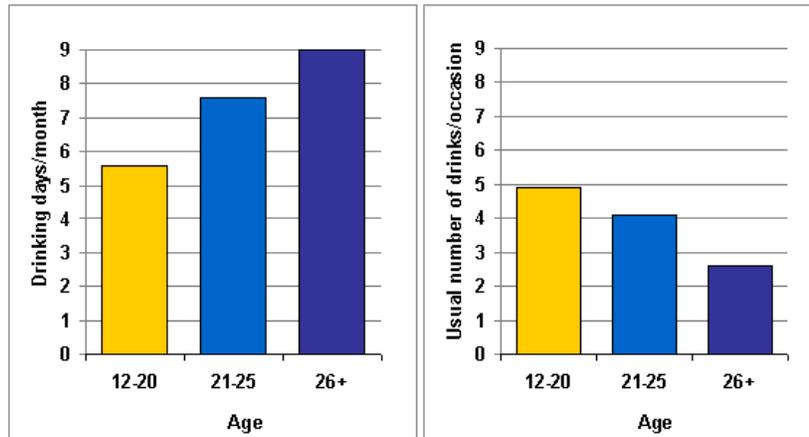
Binge rates increase rapidly with age (Figure E.1); in 2009 approximately 6.9 million youth 12 to 20 years old (18.1 percent) reported binge drinking in the past month (SAMHSA, 2010).

Although youth generally consume alcohol less frequently and less overall than adults, when they do drink, they are much more likely to binge drink (Figure E.2). Accordingly, most youth alcohol consumption occurs in binge drinking episodes. For example, 92 percent of the alcohol consumed by 12- to 14-year-olds is through binge drinking (Pacific Institute for Research and Evaluation [PIRE], 2002). A significant proportion of underage drinkers consume substantially more than the five-drink binge criterion. For example, averaged 2008 and 2009 data show that 12.1 percent of underage drinkers had nine or more drinks during their last drinking occasion (SAMHSA, Center for Behavioral Health Statistics and Quality [CBHSQ]², NSDUH, 2010). It is important to note that very young adolescents, because of their smaller size, reach BACs achieved by binge drinking by older adolescents (e.g., age 18 or older) with fewer drinks (3-4 drinks for persons ages 12-15) (Donovan, 2009).

¹Binge drinking is the consumption of a large amount of alcohol over a relatively short period of time. No common terminology has been established to describe different drinking patterns. Based on National Survey on Drug Use and Health (NSDUH) data, SAMHSA defines “binge drinking” as five or more drinks on one occasion on at least one day in the past 30 days and “heavy drinking” as five or more drinks on at least 5 different days in the past 30 days. Some studies, including Wechsler’s (2002) survey of college students, define “binge drinking” as five or more drinks in a row for men and four or more for women. Other sources use “frequent heavy drinking” to refer to five or more drinks on at least five occasions in the last 30 days. Appendix A discusses these differences in more detail.

² In August 2010, the SAMHSA Office of Applied Studies (OAS) was renamed the Center for Behavioral Health Statistics and Quality (CBHSQ).

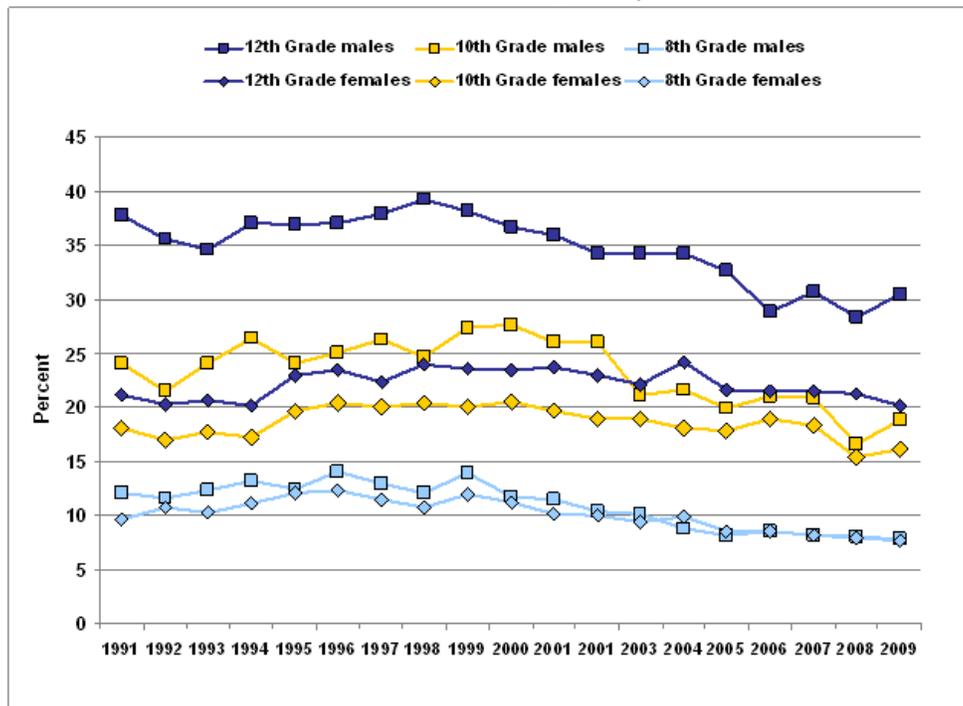
E.2 – Drinking Days per Month and Number of Drinks per Occasion for Youth (12–20), Young Adults (21–25) , and Adults (≥26): 2009 (SAMHSA, CBHSQ, NSDUH, 2010)



Female Youth Drinking Rates Are Converging With Male Youth Rates

The convergence of female youth rates of consumption with those of male youth and the implications of this trend are causes for concern. Although older adolescent rates of consumption and binge drinking are higher for males than females, the gap is closing. In 2009, 30.5 percent of male 12th graders reported binge drinking (consumption of 5 or more drinks in a row) at least once in the prior 2-week period, as compared to 20.2 percent of female 12th graders (Figure E.3) (Johnston, personal communication, 2010) This is a difference of 10.3 percentage points, compared with a 23 percentage difference in 1975. Adolescent females (e.g., 8th graders), now exhibit rates of drinking, binge drinking, and getting drunk similar to rates for adolescent males (Johnston et al. 2009a, Johnston, personal communication, 2010).

Figure E.3 – Rates of Binge Drinking in the Past 2 Weeks Among Male and Female 8th, 10th, and 12th Graders, 1991-2009 (Johnston et al., 2009a; Johnston, personal communication, 2010)



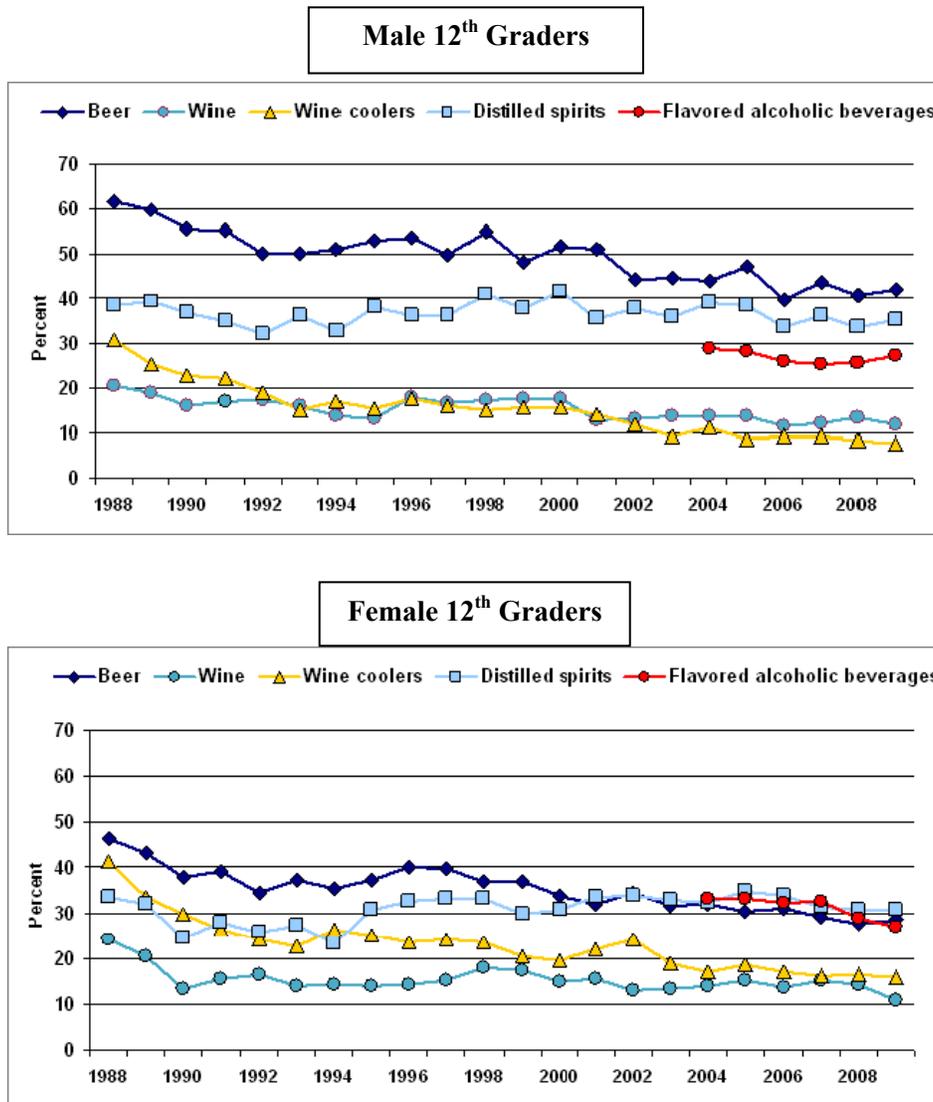
The literature on gender-specific effects of alcohol suggests that the health status of young women may be adversely affected by current trends in their consumption of alcohol. The literature states that certain consequences of alcohol use (e.g., unintended pregnancy, sexually transmitted diseases, and interpersonal violence) may be expected to increase.

Adolescents’ Beverage Preferences Are Shifting From Beer to Distilled Spirits

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

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

Figure E.4 – Drinking Trends in the Percentage of Male and Female 12th Graders Using Alcoholic Beverages by Beverage Type, 1988-2009 (Johnston et al., 2009a; Johnston, personal communication, 2010)



There is some evidence that beverage preferences vary by State. Data from four states indicated that, among students in 9th through 12th grades who reported binge drinking, liquor was the most prevalent beverage type (CDC, 2007).

Youth Start Drinking at an Early Age

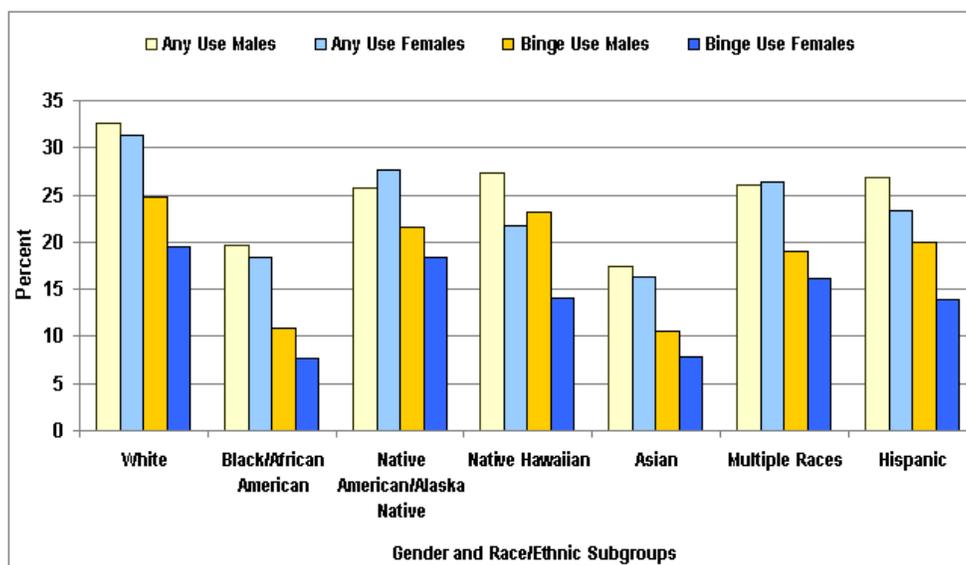
It is increasingly clear that early initiation to alcohol use is associated with a variety of developmental problems during adolescence as well as problems in later life. These include intentional and unintentional injury to self and others after drinking (Hingson and Zha, 2009; Hingson et al., 2000); violent behavior, including predatory violence and date violence (Blitstein et al., 2005; Ellickson et al., 2003; Ramisetty-Milker, 2006); criminal behavior (Eaton et al., 2007); prescription drug misuse (Hermos et al., 2008); unplanned and unprotected sex (Hingson et al., 2003); motor vehicle crashes (Hingson et al., 2002) and physical fights (Hingson et al., 2001). Accordingly, increases in the age of alcohol initiation may significantly improve later health.

Although the peak years of initiation to alcohol are 7th to 11th grade, 10 percent of 9- to 10-year-olds have already started drinking (Donovan et al., 2004) and more than one fifth of underage drinkers begin before they are 13 years old (Eaton et al., 2008). In fact, an estimated 2,842 young people ages 12 to 14 initiated alcohol use per day in 2009 (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010). This means slightly more than 1 million (1,038,000) youth under age 15 years initiate alcohol use each year.

Drinking Rates Vary Significantly by Racial and Ethnic Group

White youth ages 12 to 20 are more likely to report current alcohol use and binge drinking than any other racial or ethnic group. Asian and Black youth had the lowest rates (Figure E.5; SAMHSA, CBHSQ, NSDUH, special data analysis, 2010); however, data indicate that prevalence of drinking before age 13 is higher among Blacks and Hispanics than White youth (Eaton et al., 2008).

Figure E.5 –Alcohol Use and Binge Drinking in the Past Month Among Persons Aged 12 to 20 by Race/Ethnicity and Gender: Annual Averages Based on 2002-2009 Data (SAMHSA, CBHSQ, NSDUH, special data analysis 2010)

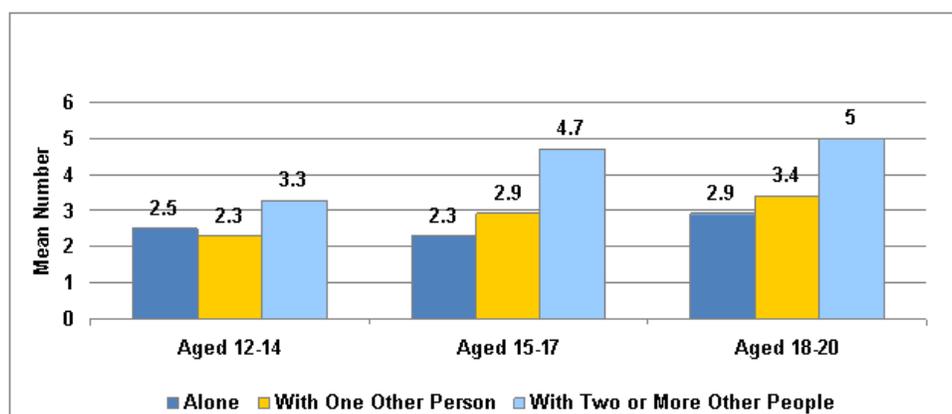


These ethnic and racial differences must be viewed with caution. As Caetano and colleagues (1998) note, there are important differences in alcohol use and related problems among ethnic and racial subgroups of Whites, Blacks, Hispanics, Asians, and Native Americans/Alaska Natives. Moreover, they stress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

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

The social and physical settings for underage drinking affect patterns of alcohol consumption. For young people, the usual number of drinks consumed is substantially higher when two or more other people are present than when drinking with one person or alone (Figure E.6). Drinking in the presence of others is by far the most common setting for young drinkers. Over 80 percent of youth who had consumed alcohol in the past month reported doing so when at least two others were present (SAMHSA, 2010). Thus, most young people are drinking in social contexts that appear to promote heavy consumption and where people other than the drinker may be harmed by the drinker’s behavior.

Figure E.6 – Drinks Consumed on Last Occasion of Alcohol Use in the Past Month Among Past-Month Alcohol Users Ages 12 to 20, by Social Context and Age Group: 2008-2009 (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010)

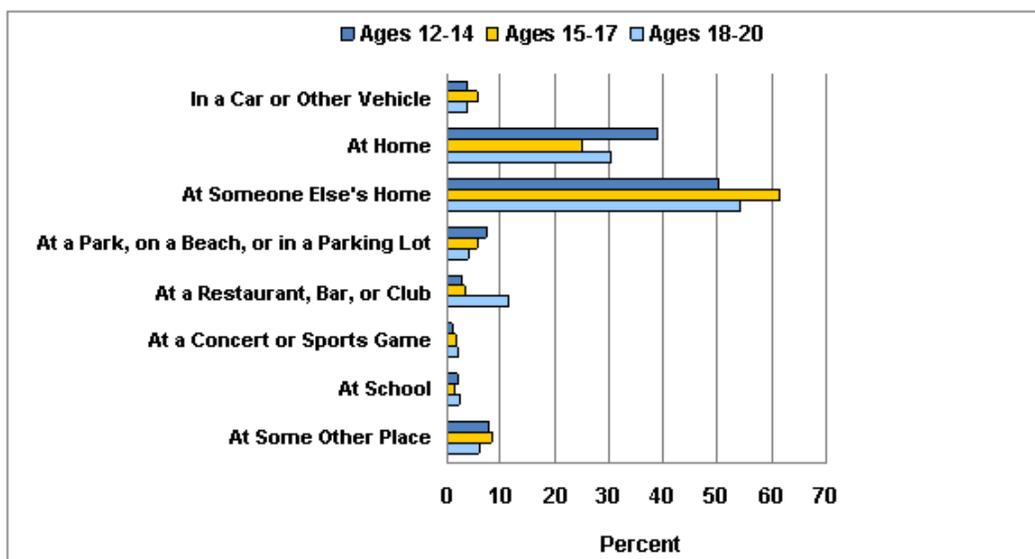


As shown in Figure E.7, private residences are the most common setting for youth alcohol consumption, although age differences are reported. Most underage drinkers reported drinking in either someone else’s home or their own. The next most popular drinking locations were at a restaurant, bar, or club; at a park, on a beach, or in a parking lot; or in a car or other vehicle (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010). Those 18 to 20 years of age are more likely than their younger peers to report drinking in restaurants, bars, or clubs, or at

concerts or sporting events, although the absolute rates of such drinking are low when compared with drinking in private residences.

These data suggest that underage drinking primarily occurs in social settings (three or more drinkers) at a private residence. This conclusion is consistent with research that has found that underage drinking parties, where large groups of underage persons gather at private residences, are high-risk settings for binge drinking and associated alcohol problems (Mayer et al., 1998). Similar findings exist for college students' binge drinking (Clapp et al., 2000).

Figure E.7 – Drinking Locations by Age Group, 12-20: 2008-2009 (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010)



Young People Perceive Alcohol To Be Readily Available

Since 1993, youth have reported declines in alcohol availability. However, the number of young people who report that alcohol is fairly easy or very easy to obtain remains high (Johnston et al., 2009c). Very young drinkers are most likely to obtain their alcohol at home from parents, siblings, or storage. It is important to note that some of the methods young people use to obtain alcohol do not violate underage drinking laws in some States (see Chapter 4).

Drinking Continues To Be Prevalent in Campus Culture at Many Universities

Eighty-two percent of college students drink and 40 percent report drinking five or more drinks on an occasion in the past 2 weeks (Johnston et al., 2009b). Research indicates that some college students' drinking far exceeds the minimum binge criterion of five drinks per occasion (Wechsler et al., 1999). Although colleges and universities vary widely in student binge drinking rates, overall rates of college student drinking and binge drinking exceed those of non-college-age peers (Johnston et al., 2009b).

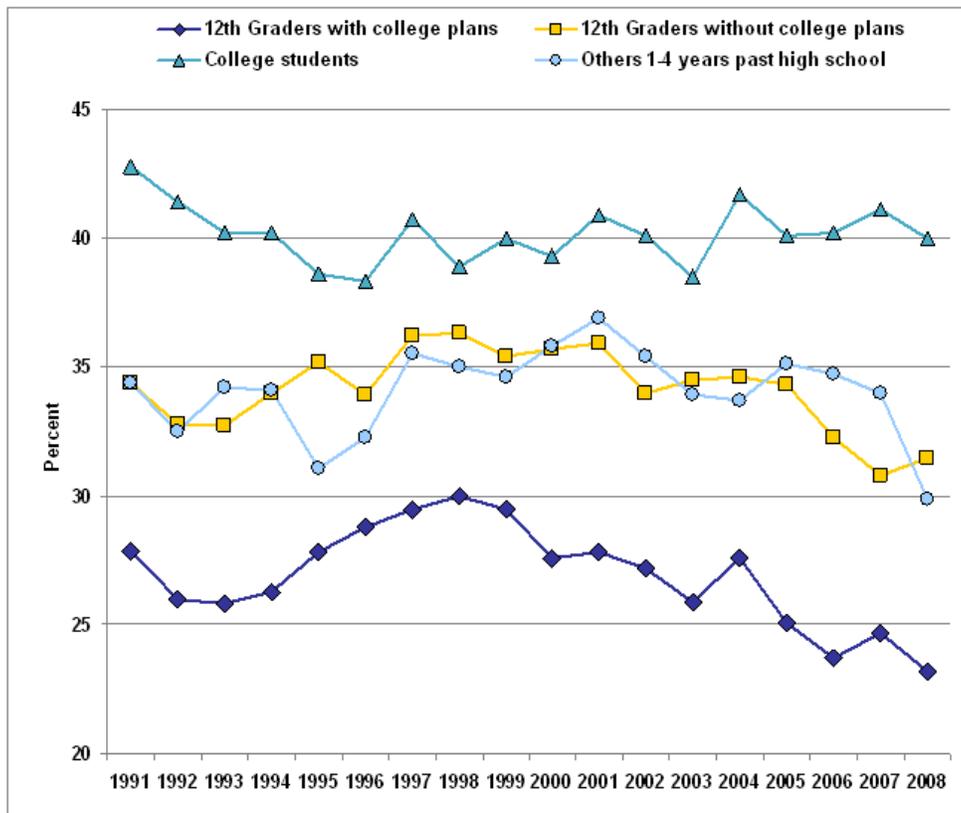
Unlike high school students and non-college-age peers, rates of binge drinking among college students have shown little decline since 1993 (Johnston et al., 2009b). These differences are not easily attributable to differences between college and non-college-bound students. Although

college-bound 12th-graders are consistently less likely than their non-college-bound counterparts to report occasions of heavy drinking, college students report higher rates of binge drinking than college-age youth not attending college (Johnston et al., 2009b; Figure E.8). This suggests that the college environment influences drinking practices (Hingson et al., 2002; Kuo et al., 2003).

Youth Drinking Is Correlated With Adult Drinking Practices

Generational transmission has been widely hypothesized as one factor shaping the alcohol consumption patterns of young people. For example, children of parents who binge are twice as likely to binge themselves and to meet alcohol dependence criteria. Whether through genetics, social learning, or cultural values and community norms, researchers have repeatedly found a correlation between youth drinking and the drinking practices of parents (Pemberton, et al., 2008). Nelson and colleagues (2009) recently demonstrated this relationship at the population (State) level. State estimates of youth and adult current and binge drinking from 1993 through 2005 were significantly correlated when pooled across years. These results suggest that some policies primarily affecting adult drinkers (e.g., pricing and taxation, hours of sale, on-premises drink promotions) may also affect underage drinking.

Figure E.8 – Prevalence of Binge Drinking in the Past 2 Weeks by 12th Graders With and Without College Plans, College Students, and Others 1 to 4 Years Past High School (Johnston et al., 2009a,b; Johnston, personal communication, 2010)



CONSEQUENCES AND RISKS OF UNDERAGE DRINKING

Alcohol-Related Motor Vehicle Crashes

The greatest single mortality risk for underage drinkers is motor vehicle crashes (Figure E.9). Mile for mile, teenagers are involved in three times as many fatal crashes as all other drivers (National Center for Statistics and Analysis [NCSA], 2009). Compared with adults, young people who drink and drive have an increased risk of alcohol-related crashes because of their relative inexperience behind the wheel and their increased impairment from similar amounts of alcohol. One study found that at 0.08 BAC, adult drivers in all age and gender groups compared to sober drivers were 11 times more likely to die in a single vehicle crash. Among those ages 16-20 at 0.08 percent BAC, male drivers were 52 times more likely than sober male drivers the same age to die in a single vehicle fatal crash (Zador, 1991). In 2008, of the 2,739 young drivers ages 15 to 20 years that were killed in motor vehicle crashes, 694 (25 percent) had a blood alcohol concentration (BAC) of .08 g/dL or higher (NCSA, 2009). According to 2009 survey data, about 3.8 percent of 16-year-olds, 8.7 percent of 17-year-olds, 14.1 percent of 18-year-olds, 17.5 percent of 19-year-olds, and 18.7 percent of 20-year-olds reported driving under the influence of alcohol in the past year (SAMHSA, 2010).

Figure E.9 – Leading Causes of Death for Teens³



Unintentional and Intentional Injuries and Other Trauma

As shown in Figure E.9, homicide and suicide follow motor vehicle crashes as the second and third leading causes of death among teenagers. In 2006, 3,147 young people aged 12-20 died from homicide and 2,220 died from suicide (CDC 2009a). In addition, 2,332 individuals aged 16-20 died from unintentional injuries other than motor vehicle crashes, such as poisoning, drowning, falls, burns, etc. (CDC, 2009a).

At present, it is unclear how many of these deaths are alcohol-related. One study (Smith et al., 1999) estimated that for all ages combined, nearly a third (31.5 percent) of homicides and almost a quarter (22.7 percent) of suicides were alcohol attributable; they occurred when the decedent had a blood alcohol concentration of 0.10 g/dL or greater. Another study of deaths among those

³http://www.nhtsa.dot.gov/portal/site/nhtsa/template.MAXIMIZE/menuitem.cd18639c9dadbabbbf30811060008a0c/?javax.portlet.tpst=4427b997caacf504a8bdba101891ef9a_ws_MX&javax.portlet.prp_4427b997caacf504a8bdba101891ef9a_viewID=detail_view&itemID=59e8492389274210VgnVCM1000002fd17898RCRD&viewType=standard

under 21 reported that 12 percent of male suicides and 8 percent of female suicides were alcohol related (Levy et al., 1999).

Individuals under the age of 21 commit 45 percent of rapes, 44 percent of robberies, and 37 percent of other assaults (Levy et al., 1999); for the population as a whole, an estimated 50 percent of violent crime is related to alcohol use by the perpetrator (Harwood et al., 1998). The degree to which violent crimes committed by those under 21 are alcohol related is yet unknown.

Underage Drinking Increases the Likelihood of Risky Sexual Activity

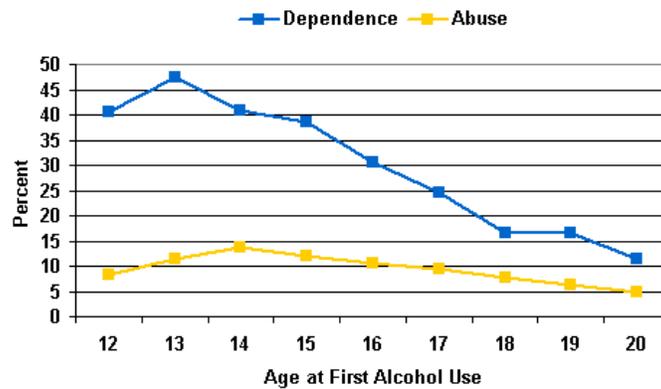
According to the Surgeon General (U.S. Department of Health and Human Services [HHS], 2007), underage drinking plays a significant role in risky sexual behavior, including unwanted, unintended, and unprotected sexual activity, and sex with multiple partners. Such behavior increases the risk of unplanned pregnancy and sexually transmitted diseases (STDs), including infection with HIV, the virus that causes AIDS (Cooper and Orcutt, 1997). When pregnancies occur, underage drinking may result in fetal alcohol spectrum disorders, including fetal alcohol syndrome, which is a leading cause of mental retardation (Jones et al., 1973, Warren and Bast, 1988, Stratton, et al., 1996). Underage drinking by both victim and assailant also increases the risk of physical and sexual assault (Hingson et al., 2005; Nolen-Hoeksema, 2004). These risks are of particular concern, given the increasing rates of heavy drinking among underage females discussed earlier.

Early Initiation of Alcohol Use Increases the Risk of Alcohol Dependence Later in Life

Early-onset alcohol use (≤ 14 years) is associated with alcohol problems later in life. Grant and Dawson (1997) found that more than 40 percent of persons who initiated drinking before age 13 were classified with alcohol dependence at some time in their lives. By contrast, rates of alcohol dependence among those who started drinking at age 17 or 18 were 24.5 percent and 16.6 percent, respectively (Figure E.10). Only 10-11 percent who started at age 21 or older met the criteria.

Similar effects were found for later involvement in alcohol-related traffic crashes. Adults who began drinking at age 14 were three times as likely to report driving after drinking too much, and four times as likely to crash, as those who began after turning 21 (Hingson et al., 2001).

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



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

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

Underage Drinking Affects Academic Performance

It has been known for decades that underage drinking affects academic performance. According to the 2009 Youth Risk Behavior Surveillance System, of the 1 million high school students who binge drank at least five times per month, one-third did so on school property. These students were three times more likely to report earning mostly Ds and Fs on their report cards (CDC, 2010).

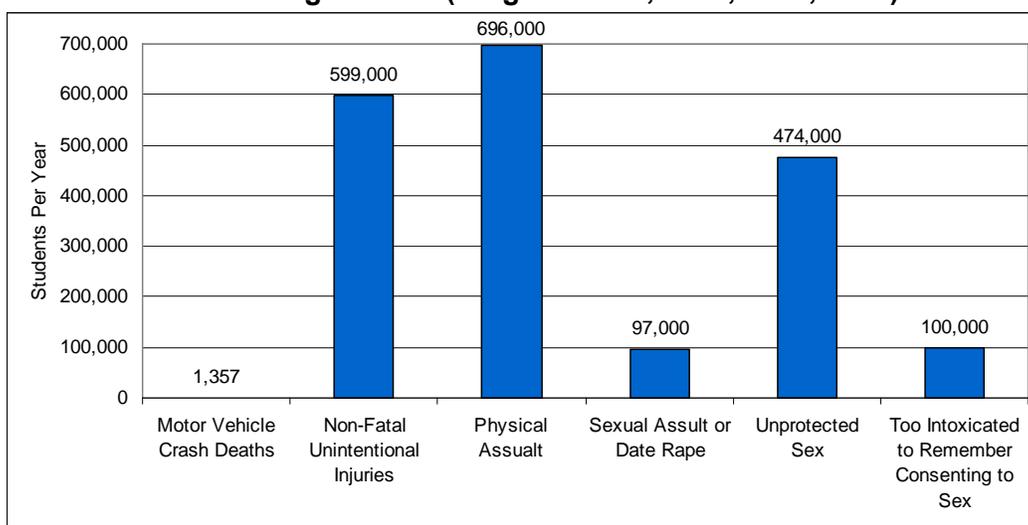
College Drinking Has Numerous Adverse Consequences

Rates of negative alcohol-related consequences among underage college students are very high (Figure E.11). These include unintentional death, including motor vehicle crashes; unintentional injury; physical assault; and sexual assault or date rapes. Campus alcohol use also contributes to unsafe sexual practices, academic problems, and vandalism.

THE NATIONAL EFFORT TO REDUCE UNDERAGE DRINKING—FEDERAL RESPONSES

The scope and impact of underage drinking have encouraged an aggressive, coordinated response from the Federal Government. Among the earliest of these responses was the National Minimum Drinking Age Act of 1984, which reduced Federal transportation funding to States not prohibiting alcohol “purchase and public possession” for those under age 21. All States eventually raised or restored their legal ages for alcohol purchase and public possession to 21 years. NHTSA estimates that this single law has saved an estimated 800 to 1,000 young lives per year since it went into effect (NCSA, 2005a).

Figure E.11 – Prevalence of Alcohol-Related Morbidity and Mortality Among College Students Ages 18-24 (Hingson et al., 2002, 2005, 2009)



As national concern over underage drinking grew, Congress appropriated funds for a study by The National Academies to “review existing Federal, State, and nongovernmental programs, including media-based programs, designed to change the attitudes and health behaviors of youth.” The report, issued in 2004 by the National Research Council (NRC) and the Institute of Medicine (IOM), became a guiding document for coordinated underage drinking prevention efforts at the Federal, State, and local levels. Its title, *Reducing Underage Drinking: A Collective Responsibility* (NRC, IOM, 2004), was also its overriding message. The report called for coordinated action at the Federal, State, and local levels, including colleges and universities. Many of the report’s recommendations focused on strategies to reduce youth access to alcohol.

Also in 2004, Congress directed the Secretary of HHS to establish an Intergovernmental Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), which included representatives from Federal agencies with underage drinking prevention programs or activities. Chapter 3 of this Report provides descriptions of these programs and activities. ICCPUD sponsored Town Hall meetings across the country and served as a resource for the development of a *Comprehensive Plan for Preventing and Reducing Underage Drinking* (HHS, 2006). The Plan, reported to Congress in January 2006, included three goals, a series of Federal action steps,

and three measurable performance targets that could be used to evaluate the Nation's progress in preventing and reducing underage drinking. As this Report shows, substantial progress has been made in reaching the goals and performance targets established in the 2006 Plan.

ICCPUD also collaborated with the Surgeon General to develop *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking* (henceforth called *Call to Action*) (HHS, 2007). The six goals (see Appendix E) and associated strategies described in the *Call to Action* build upon the IOM report and the three goals of the 2006 Comprehensive Plan. The *Call to Action* describes the rationale, challenges, and strategies of each goal, including specific actions for parents and other caregivers; communities; schools, colleges, and universities; local, State, and Federal Governments; the criminal and juvenile justice systems; law enforcement; and the alcohol, entertainment, and media industries.

The momentum built over the last 2 decades produced a major legislative milestone in December 2006: passage of the Sober Truth on Preventing (STOP) Underage Drinking Act, Public Law 109-422, popularly known as the STOP Act. The Act states that "a multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States." (See Appendix E for a copy of the STOP Act.)

REPORT ON STATE PROGRAMS AND POLICIES ADDRESSING UNDERAGE DRINKING

Recognizing the importance of State programs and policies in preventing underage drinking, the STOP Act directs HHS and ICCPUD to provide an Annual Report on State underage drinking prevention activities. It defines specific categories of prevention programs, policies, enforcement activities related to those policies, and State expenditures to guide the Report's development. SAMHSA is collecting much of the requested data from the States for next year's Report.

This Report provides detail on 17 underage drinking prevention policies focused on reducing youth access to alcohol and youth involvement in drinking and driving. Each policy's summary describes its key components, the status of the policy across States, and trends over time. Summaries are followed by a State-by-State analysis of each policy. The policies included are:

Laws Addressing Minors in Possession of Alcohol

- Underage Possession of Alcohol
- Underage Consumption of Alcohol
- Internal Possession by Minors
- Underage Purchase of Alcohol
- False Identification for Obtaining Alcohol

Laws Targeting Underage Drinking and Driving

- Youth Blood Alcohol Concentration Limits (Underage Operators of Noncommercial Motor Vehicles)
- Loss of Driving Privileges for Alcohol Violations by Minors ("Use/Lose Laws")
- Graduated Driver Licenses

Laws Targeting Alcohol Suppliers

- Furnishing of Alcohol to Minors
- Responsible Beverage Service
- Minimum Ages for On-Premises Servers and Bartenders
- Minimum Ages for Off-Premises Sellers
- Dram Shop Liability
- Social Host Liability
- Prohibitions Against Hosting Underage Drinking Parties
- Direct Shipments/Sales
- Keg Registration

CONCLUSION

Underage drinking is a significant public health issue that affects the health and wellbeing of underage drinkers and inflicts heavy financial, physical, and emotional tolls on their families, communities, and society as a whole. Underage alcohol use has proven resistant to change; thus, it is not surprising that progress has been slow.

This Report, however, gives reason for optimism, including recent increases in age at first use and reduction of binge drinking. States are increasingly adopting policies and practices to alter individual and environmental factors that contribute to underage drinking and its consequences. These State initiatives, combined with ongoing Federal initiatives, promise meaningful reductions in underage drinking and its consequences and a change in norms that support underage drinking in American communities.