

# REPORT TO CONGRESS ON THE PREVENTION AND REDUCTION OF UNDERAGE DRINKING

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**REPORT TO CONGRESS ON THE  
PREVENTION AND REDUCTION OF  
UNDERAGE DRINKING**

**U.S. Department of Health and Human Services  
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Washington, D.C. 20201**

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## 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

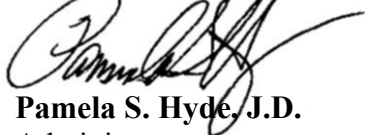
## FOREWORD

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

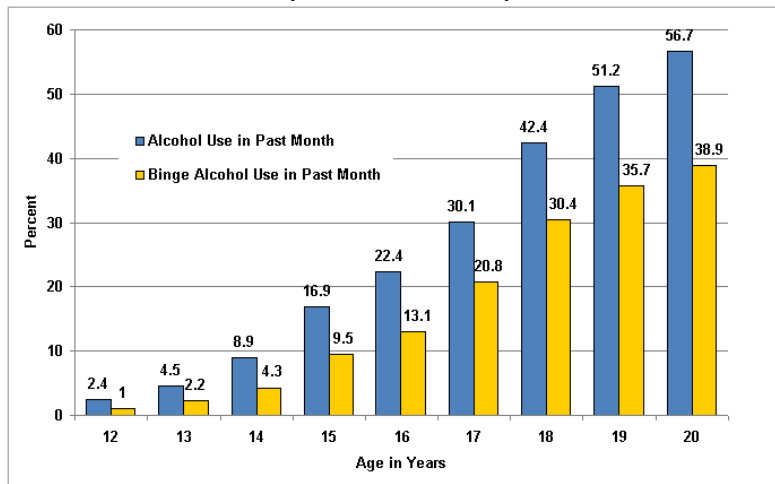
### **Alcohol Is the Most Widely Used Substance of Abuse Among American Youth**

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 10<sup>th</sup> 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 Drinking<sup>1</sup>

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).

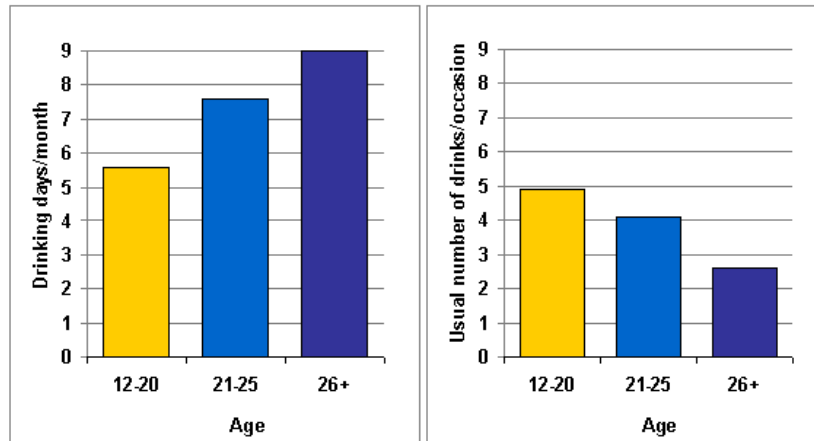
Although youth generally consume alcohol less frequently and less overall than adults, when they do drink, they are much more likely to binge drink (Figure E.2). Accordingly, most youth alcohol consumption occurs in binge drinking episodes. For example, 92 percent of the alcohol consumed by 12- to 14-year-olds 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]<sup>2</sup>, 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).

<sup>1</sup>Binge drinking is the consumption of a large amount of alcohol over a relatively short period of time. No common terminology has been established to describe different drinking patterns. Based on National Survey on Drug Use and Health (NSDUH) data, SAMHSA defines “binge drinking” as five or more drinks on one occasion on at least 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.

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



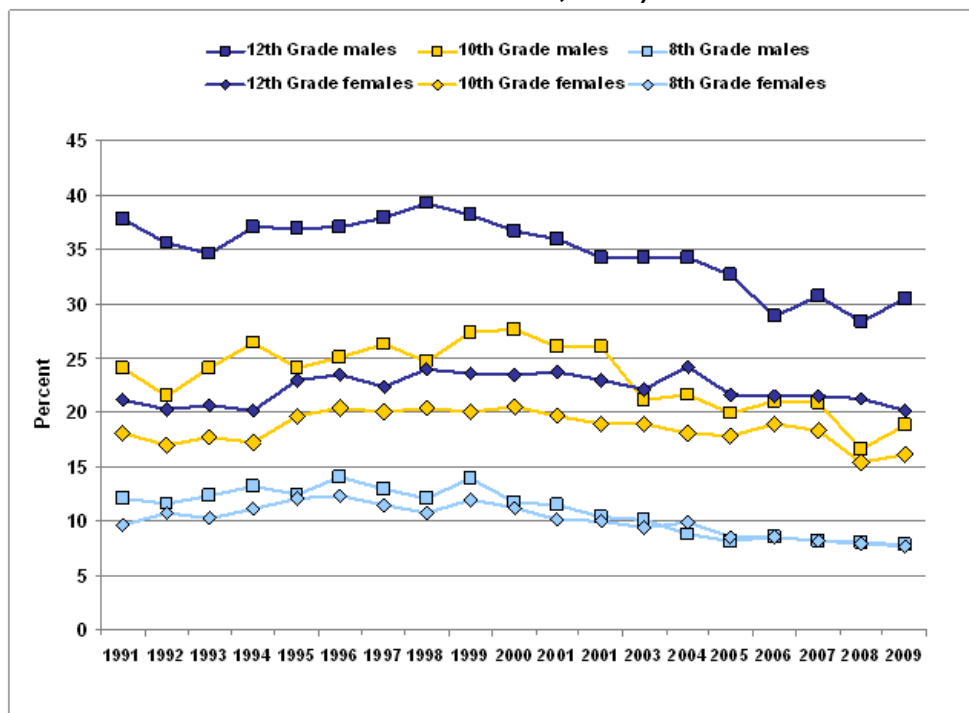
**E.2 – Drinking Days per Month and Number of Drinks per Occasion for Youth (12–20), Young Adults (21–25) , and Adults (≥26): 2009 (SAMHSA, CBHSQ, NSDUH, 2010)**



**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 12<sup>th</sup> 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 12<sup>th</sup> 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., 8<sup>th</sup> 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)**



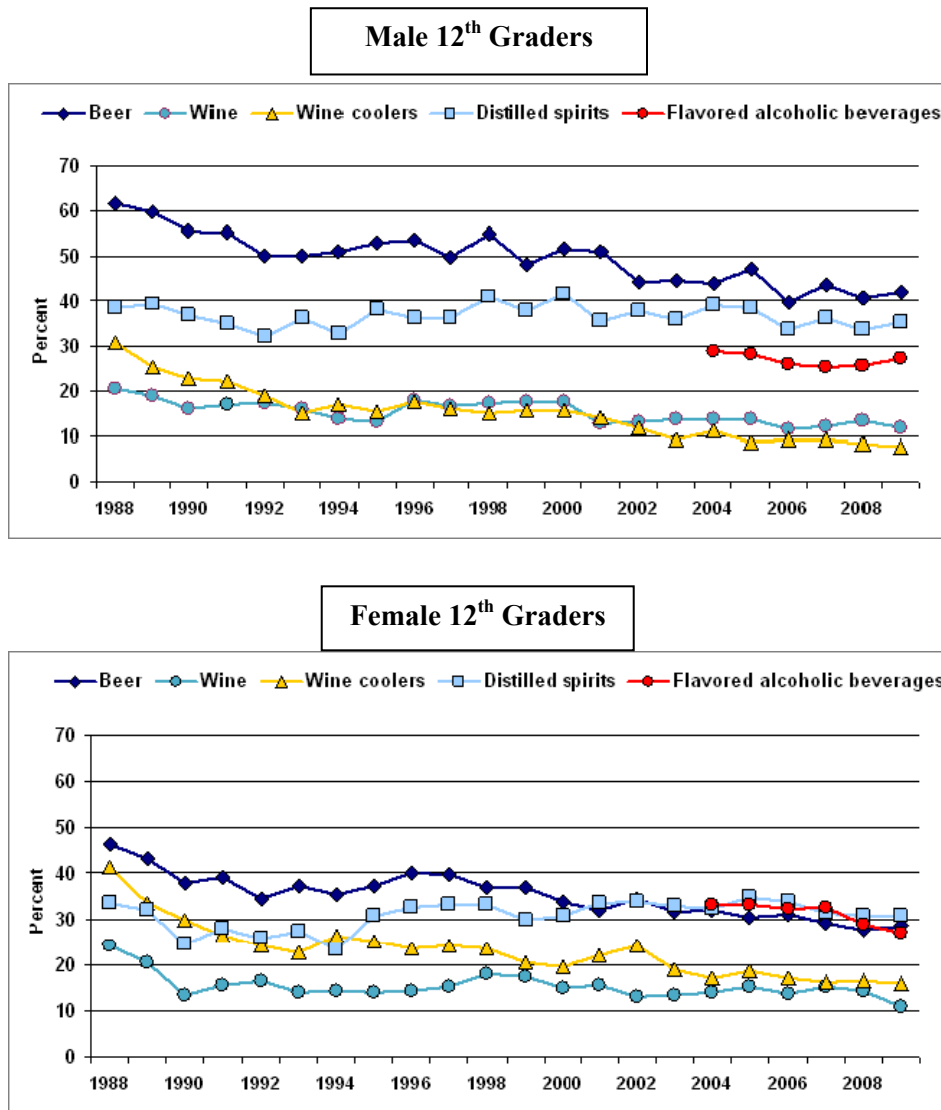
The literature on gender-specific effects of alcohol suggests that the health status of young women may be adversely affected by current trends in their consumption of alcohol. The literature states that certain consequences of alcohol use (e.g., unintended pregnancy, sexually transmitted diseases, and 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 12<sup>th</sup> 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 9<sup>th</sup> through 12<sup>th</sup> grades who reported binge drinking, liquor was the most prevalent beverage type (CDC, 2007).

## Youth Start Drinking at an Early Age

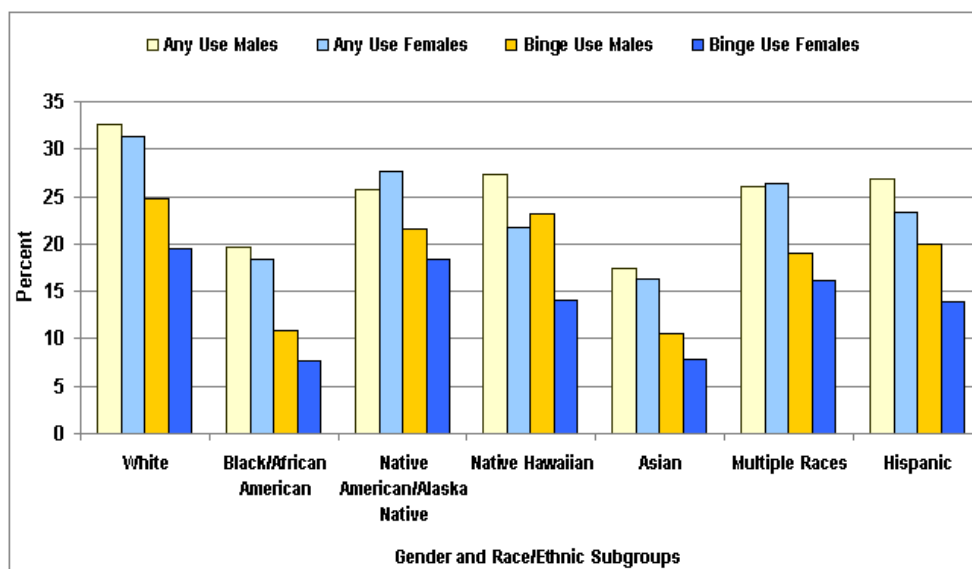
It is increasingly clear that early initiation to alcohol use is associated with a variety of developmental problems during adolescence as well as problems in later life. These include intentional and unintentional injury to self and others after drinking (Hingson and Zha, 2009; Hingson et al., 2000); 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 7<sup>th</sup> to 11<sup>th</sup> 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)**

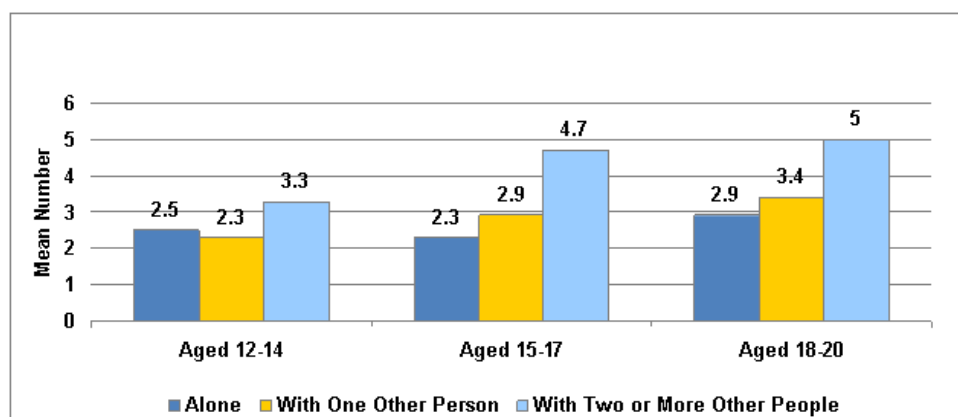


These ethnic and racial differences must be viewed with caution. As Caetano and colleagues (1998) note, there are important differences in alcohol use and related problems among ethnic and racial subgroups of Whites, Blacks, Hispanics, Asians, and Native Americans/Alaska Natives. Moreover, they stress 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)**

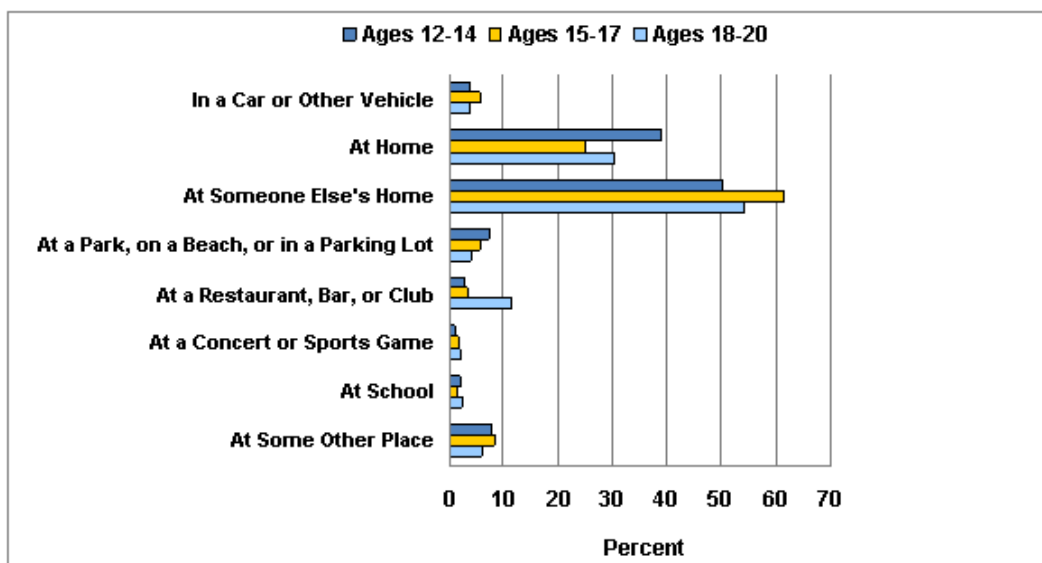


As shown in Figure E.7, private residences are the most common setting for youth alcohol consumption, although age differences are reported. Most underage drinkers reported drinking in either someone else’s home or their own. The next most popular drinking locations were at a restaurant, bar, or club; 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).

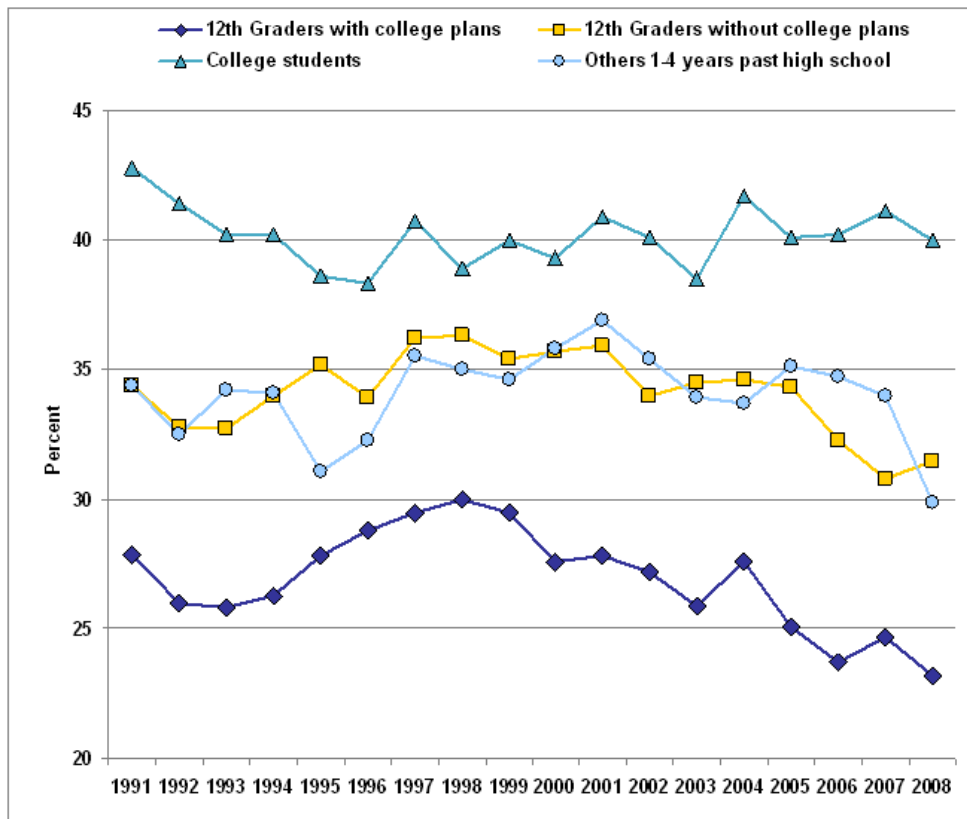
Unlike high school students and non-college-age peers, rates of binge drinking among college students have shown little decline since 1993 (Johnston et al., 2009b). These differences are not easily attributable to differences between college and non-college-bound students. Although

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 12<sup>th</sup> 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)**

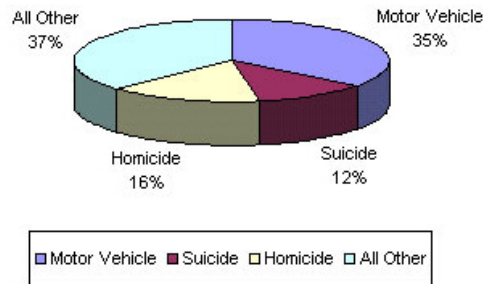


# CONSEQUENCES AND RISKS OF UNDERAGE DRINKING

## 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 Teens<sup>3</sup>



## 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

<sup>3</sup>[http://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](http://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**

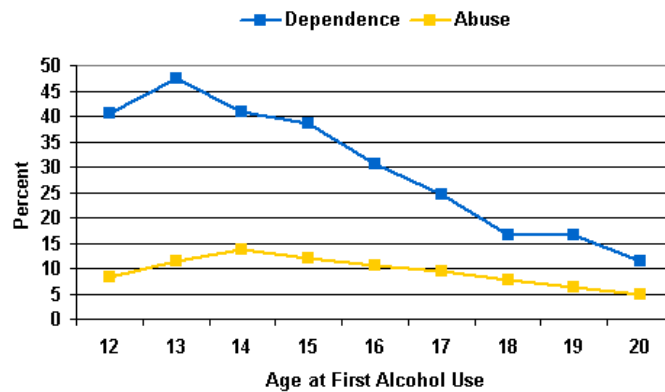
According to the Surgeon General (U.S. Department of Health and Human Services [HHS], 2007), underage drinking plays a significant role in risky sexual behavior, including unwanted, unintended, and unprotected sexual activity, and sex with multiple partners. Such behavior increases the risk of unplanned 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 ( $\leq 14$  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).

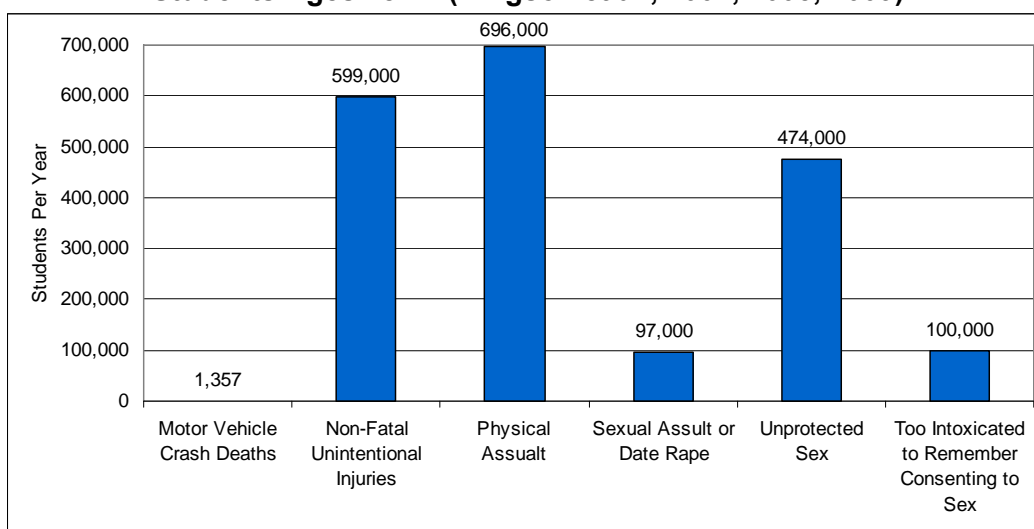
### **College Drinking Has Numerous Adverse Consequences**

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.



# **CHAPTER 1**

## **Preventing and Reducing Underage Drinking: An Overview**

## INTRODUCTION

Alcohol remains the most widely used substance of abuse among America's youth. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) through a special analysis of data from tables in 2009, a higher percentage of youth ages 12 to 20 used alcohol in the past month (27.2 percent) than tobacco (21.4 percent) or illicit drugs (14.4 percent) (SAMHSA, 2010). The extent of alcohol consumption by those under the legal drinking age of 21 constitutes a serious threat to both public health and public safety. In response, governments at the Federal, State, and local levels have sought to develop effective approaches to reduce underage drinking and its associated costs and consequences. The actions of government alone, however, cannot solve this serious problem. Only a broad, committed collaboration among government, parents of underage youth, other caregivers and adults, and private sector organizations and institutions can reach an effective solution to this national challenge.

Underage drinking is a complex and challenging social problem that has defied an easy solution. Although it is illegal in all 50 States to sell alcohol to youth under the age of 21, some States make it legal to provide (but not sell) alcohol to youth under special circumstances, such as at religious ceremonies, in private residences, or in the presence of a parent or guardian. Despite such broad restrictions, underage youth find it relatively easy to acquire alcohol, often from adults. Alcohol use often begins at a young age; the average age of first use is now about 15.9 years old, and 10 percent of 9- to 10-year-olds have already started drinking (Donovan et al., 2004). Alcohol use increases with each year of high school, and by 12<sup>th</sup> grade, more than half (54.2 percent) of all students report having had one or more drinks in the past 30 days (Eaton et al., 2008). Underage drinkers are much more likely than adults to drink heavily and recklessly. Studies consistently indicate that about 80 percent of college students, of which 48 percent are underage, drink alcohol, and about 40 percent of all college students engage in binge drinking<sup>4</sup>—consuming 5 or more drinks in a row for men or 4 or more drinks in a row for women (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2002a).

Scientific research over the past decade has broadened our understanding of the ways and extent to which underage alcohol use threatens the immediate and long-term development, well-being, and future mental development of young people. Alcohol is a leading contributor to fatal injuries, a major cause of death for people under 21 years of age. The potential consequences of underage drinking include alcohol-related crashes and fatalities, other unintentional injuries such as burns and drowning, increased risk of suicide and homicide, physical and sexual assault, academic and social problems, inappropriate and/or risky sexual activity, and adverse effects on the developing brain (NIAAA, 2005a).

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<sup>4</sup> **Binge drinking: Consuming 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 of Drug Use and Health (NSDUH) data, SAMHSA defines binge drinking as five or more drinks on the same occasion on at least one day in the past 30 days and heavy drinking as five or more drinks on the same occasion on each of five or more 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 the term frequent heavy drinking for five or more drinks on at least five occasions in the past 30 days. Appendix A further discusses these differences.



The consequences of underage alcohol use extend beyond underage drinkers; society also pays. For example, half of all deaths in traffic crashes involving alcohol-impaired drivers under the age of 21 are people other than the drinking driver (National Highway Traffic Safety Administration [NHTSA], 2003). The social costs of underage drinking are estimated at \$53 billion, including \$19 billion from traffic crashes and \$29 billion from violent crime (PIRE, 1999).

## **A NATIONAL EFFORT TO REDUCE UNDERAGE DRINKING**

Underage drinking has been recognized as a public health problem for many years. Recently, however, the national effort to prevent alcohol use by America's young people has intensified as the multifaceted consequences associated with underage drinking have become more apparent.

After Prohibition ended in 1933, States assumed authority for alcohol control, including the enactment of laws restricting youth access to alcohol. The majority of States designated 21 as the minimum legal drinking age (MLDA) for the "purchase or public possession" of alcohol. Beyond setting a minimum drinking age, the Nation's alcohol problems were largely ignored through the 1960s (NIAAA, 2005b). However, on December 31, 1970, Congress established NIAAA "to provide leadership in the national effort to reduce alcohol problems through research."

Between 1970 and 1976, 29 States lowered their MLDA to 18, 19, or 20 years of age, in part because the voting age had been lowered (Wagenaar, 1981). However, studies conducted in the 1970s found that motor vehicle crashes increased significantly among teens, resulting in more traffic injuries and fatalities (Cucchiari et al., 1974; Douglass et al., 1974; Wagenaar, 1983, 1993; Whitehead, 1977; Whitehead et al., 1975; Williams et al., 1974). As a result, 24 of the 29 States raised their MLDA between 1976 and 1984, although to different minimum ages. Some placed restrictions on the types of alcohol that could be consumed by persons under 21 years of age. Only 22 States set an MLDA of 21 years of age. In response, the Federal Government enacted the National Minimum Drinking Age Act of 1984, which mandated reduced Federal highway funds to States that did not raise their MLDA to 21 years of age. Thereafter, all remaining States raised their MLDA to 21 years of age.

In 1992, Congress created SAMHSA "to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders." In 1998, Congress mandated that the Department of Justice, through the Office of Justice Programs' Office of Juvenile Justice and Delinquency Prevention (OJJDP), establish and implement the Enforcing the Underage Drinking Laws (EUDL) program, a State- and community-based initiative.

## RECENT EFFORTS

As national concern over underage drinking grew, in part because of advances in science that increasingly revealed adverse consequences, Congress appropriated funds for a study by The National Academies to examine the relevant literature to “review existing Federal, State, and nongovernmental programs, including media-based programs, designed to change the attitudes and health behaviors of youth.” That report was issued in 2004 by the National Research Council (NRC) and the Institute of Medicine (IOM). Since then, a number of programs aimed at preventing and reducing underage drinking have been initiated at the Federal, State, and local levels. Chapter 3 describes major programs at the Federal level.

The conference report accompanying H.R. 2673, the “Consolidated Appropriations Act of 2004,” directed the Secretary of the U.S. Department of Health and Human Services (HHS) to establish an Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) and to issue an annual Report summarizing all Federal agency activities related to the problem. The Secretary of HHS directed the Administrator of SAMHSA to convene ICCPUD in 2004. ICCPUD includes representatives from HHS’s Office of the Surgeon General (OSG), Centers for Disease Control and Prevention (CDC), Administration for Children and Families (ACF), Office of the Assistant Secretary for Planning and Evaluation (ASPE), National Institutes of Health (NIH); NIAAA; NIDA; OJJDP; the Department of Education/Office of Safe and Drug Free Schools (ED/OSDFS); the Department of Transportation’s NHTSA; the White House’s Office of National Drug Control Policy (ONDCP); the Department of the Treasury; the Department of Defense; and the Federal Trade Commission (FTC).

ICCPUD coordinates Federal efforts to reduce underage drinking and served as a resource for the development of *A Comprehensive Plan for Preventing and Reducing Underage Drinking*, which Congress called for in 2004. ICCPUD received input from experts and organizations representing a wide range of parties, including public health advocacy groups, the alcohol industry, ICCPUD member agencies, and the U.S. Congress. The latest research available at the time was analyzed and incorporated into the plan, which HHS reported to Congress in January 2006. It included three goals, a series of Federal action steps, and three measurable performance targets for evaluating national progress in preventing and reducing underage drinking.

In December 2006, Congress passed the Sober Truth on Preventing (STOP) Underage Drinking Act, Public Law 109-422, popularly known as the STOP Act. The Act states 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.” The STOP Act requires the Secretary of HHS, in collaboration with other Federal officials enumerated in the Act, to “formally establish and enhance the efforts of the interagency coordinating committee (ICCPUD) that began operating in 2004.”

The STOP Act also calls for an Annual Report from the Secretary of HHS that “summarizes (I) all programs and policies of Federal agencies designed to prevent and reduce underage drinking; (II) the extent of progress in preventing and reducing underage drinking nationally; (III) data that

the Secretary shall collect with respect to the information specified in clause (ii); and (IV) such other information regarding underage drinking as the Secretary determines to be appropriate.” In addition, the Act requires information related to patterns and consequences of underage drinking, measures of the exposure of underage populations to messages regarding alcohol in advertising and the entertainment media as reported by FTC; surveillance data, including information on the onset and prevalence of underage drinking, consumption patterns, and the means of underage access; and certain other data included in this report.

In the fall of 2005, ICCPUD sponsored a National Meeting of the States to prevent and reduce underage alcohol use where the Surgeon General announced an intent to issue a Call to Action on the prevention and reduction of underage drinking. Subsequently, OSG worked closely with SAMHSA and NIAAA to develop the report. In 2007, the Surgeon General *issued A Call to Action to Prevent and Reduce Underage Drinking* (henceforth *Call to Action*), the first on that subject. Based on the latest and most authoritative research, particularly on underage drinking as a developmental issue, the *Call to Action* outlines a comprehensive national effort to prevent and reduce underage alcohol consumption, and includes six goals. 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, the criminal and juvenile justice systems, law enforcement, the alcohol industry, and the entertainment and media industries.

ICCPUD agencies collaborated to provide information and data for the *Call to Action*. The comprehensive Federal plan contained in the 2006 Comprehensive Plan set forth three goals: strengthening a national commitment to address the problem of underage drinking; reducing demand for, availability of, and access to alcohol by persons under the age of 21; and using research, evaluation, and scientific surveillance to improve the effectiveness of policies and programs designed to prevent and reduce underage drinking. The six goals and associated strategies in the *Call to Action* for the Nation build upon these three goals.

As the Nation’s leading medical spokesperson, the Surgeon General is in a unique position to call attention to national health problems. By issuing a *Call to Action*, the Surgeon General has sought to raise public awareness and foster changes in American society—goals similar to those described to Congress in the Comprehensive Plan. The *Call to Action*, with its goals and recommended strategies, has incorporated and therefore superseded the Comprehensive Plan.

As with the Comprehensive Plan, ICCPUD agencies are implementing a variety of Federal programs to support the *Call to Action’s* goals. For example, SAMHSA and NIAAA worked with OSG to support rollouts of the *Call to Action* in 13 States; SAMHSA collaborated with ICCPUD to support over 1,600 Town Hall meetings, using the *Call to Action’s Guide to Action for Communities* (HHS, 2007) as a primary resource; and SAMHSA has asked community coalitions funded under the STOP Act to implement strategies contained in the *Call to Action*. These and other programs are described in more detail in Chapter 3.

## **PRINCIPLES AND GOALS OF THE CALL TO ACTION**

The national effort to prevent and reduce underage drinking outlined in the *Call to Action* is based on the following principles from which its goals were derived:

1. *Underage alcohol use is a phenomenon that is directly related to human development.* Because of the nature of adolescence itself, alcohol poses a powerful attraction to adolescents, with unpredictable outcomes that put every child at risk.
2. *Factors that protect adolescents from alcohol use, as well as put them at greater risk, change during the course of adolescence.* Internal characteristics, developmental issues, and shifting factors in the adolescent's environment all play a role.
3. *Protecting adolescents from alcohol use requires a comprehensive, developmentally based approach* that is initiated prior to puberty and continues throughout adolescence with support from families, schools, colleges, communities, the healthcare system, and government.
4. *The prevention and reduction of underage drinking is the collective responsibility of the Nation.* Scaffolding the Nation's youth<sup>5</sup> is the responsibility of all people in all of the social systems in which adolescents operate: family, schools, communities, healthcare systems, religious institutions, criminal and juvenile justice systems, all levels of government, and society as a whole. Each social system has a potential impact on the adolescent, and the active involvement of all systems is necessary to fully maximize existing resources to prevent underage drinking and its related problems. When all the social systems work together toward the common goal of preventing and reducing underage drinking, they create a powerful synergy that is critical to realize the vision.
5. *Underage alcohol use is not inevitable,* and parents and society are not helpless to prevent it.

The *Call to Action* proposes a vision for the future in which each child is free to develop his or her potential without the impairment of alcohol's negative consequences. The fulfillment of that vision rests on the achievement of six goals the *Call to Action* sets for the Nation:

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

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<sup>5</sup> Scaffolding the Nation's youth is the Surgeon General's term for a structured process through which parents and society facilitate positive adolescent development and minimize risk by protecting against the natural risk-taking, sensation-seeking tendencies of adolescents. It is a fitting metaphor for the support and protection that parents and society provide children and youth to help them function in a more mature way until they are ready to function without that extra support. This external support system, or scaffold, around the adolescent promotes healthy development and protects against alcohol use and other risky behaviors by facilitating good decision making, mitigating risk factors, and buffering potentially destructive outside influences that draw adolescents to use alcohol.

The strategies for implementing these goals for parents and other caregivers, communities, schools, colleges and universities, businesses, the health care system, juvenile justice and law enforcement, and the alcohol and entertainment industries are described in Appendix E.

## TARGETS

The 2006 Comprehensive Plan proposed 5-year performance measures in the form of numerical targets for evaluating the Nation's progress in preventing and reducing underage drinking. The targets covered the years 2004 through 2009 and were National rather than Federal targets.

NSDUH data have been used to measure progress toward meeting those targets, which were:

- Target 1: By 2009, reduce the prevalence of past-month alcohol use<sup>6</sup> by those aged 12 to 20 by 10 percent as measured against the 2004 baseline of 28.7 percent.<sup>7</sup>
- Target 2: By 2009, reduce the prevalence of those aged 12 to 20 reporting binge alcohol use<sup>8</sup> in the past 30 days by 10 percent as measured against the 2004 baseline of 19.6 percent.
- Target 3: By 2009, achieve an increase of average age of first use<sup>9</sup> among those who initiate before age 21 to 16.5 years of age, as compared with the 2004 baseline.

## EXTENT OF PROGRESS

The STOP Act requires the Secretary of HHS to report to Congress on “the extent of progress in preventing and reducing underage drinking nationally.” The 2006 Comprehensive Plan contained 5-year numerical targets based on NSDUH data for measuring the Plan's effectiveness in producing its intended results.

It is generally inadvisable to draw conclusions based on changes from one year to the next because of natural fluctuations. Examining trends over a multiyear period is much more informative. Nonetheless, NSDUH data suggest modest progress, with most results across a wide range of underage drinking-related measurements moving in the desired direction or at least not in the wrong direction. Data from the Monitoring the Future (MTF) survey and Youth Risk Behavior Survey (YRBS) also suggest positive movement. This alignment within and across surveys, even without statistical significance, is a good sign. However, it is too early to claim a definite downward trend in underage alcohol consumption.

The following tables provide NSDUH data on past-year alcohol use from 2004 through 2009. All age groups except 18 to 20-year-olds showed a statistically significant decline in past-month alcohol use in 2009 compared with 2004. The same is true for past-month binge alcohol use with the exception of the 12-13 age group for which levels of binge alcohol use remained basically unchanged since 2004. And while there have been significant downward trends in both past-month alcohol use and binge alcohol use between 2004 and 2008, no changes from 2008 to 2009

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<sup>6</sup> For the purposes of this target, “alcohol use” is defined as “other than a few sips.”

<sup>7</sup> The 2004 baseline came from the NSDUH, which was published in 2005.

<sup>8</sup> For the purposes of this target, “binge alcohol use” is defined as “drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.”

<sup>9</sup> The ultimate goal is to increase the age of initiation to the minimum legal drinking age of 21; however, underage drinking is so strongly embedded in the Nation's culture that the more realistic goal of increasing the average age of initiation of those under the age of 21 to 16.5 by 2009 is being proposed.

were statistically significant. In addition, in 2006 compared with 2004 and 2005, there was a statistically significant increase in average age at first use among those under age 21 who initiated alcohol use in the past 12 months. The average age of first use remained statistically the same in 2007, 2008, and 2009 (SAMHSA, 2008, 2009; SAMHSA, CBHSQ, NSDUH 2010).

**Table 1.1 – Past-Month Alcohol Use for 12- to 20-Year-Olds (2009 Target: 25.8 Percent)**

Age	2004	2005	2006	2007	2008	2009
12-13	4.3%	4.2%	3.9%	3.5% †	3.4%†	3.5%†
14-15	16.4%	15.1%	15.6%	14.7% †	13.1%†	13.0%†
16-17	32.5%	30.1%†	29.7%†	29.0%†	26.2%†	26.3%†
18-20	51.1%	51.1%	51.6%	50.7%	48.7%†	49.7%
12-17	17.6%	16.5%†	16.6%†	15.9%†	14.6%†	14.7%†
12-20	28.7%	28.2%	28.3%	27.9%	26.4%†	27.2%†

†Difference between 2004 estimate and this estimate is statistically significant at the 0.05 level.

**Table 1.2 – Past-Month Binge Alcohol Use for 12- to 20-Year-Olds (2009 Target: 17.6 Percent)**

Age	2004	2005	2006	2007	2008	2009
12-13	2.0%	2.0%	1.5%	1.5%	1.5%	1.6%
14-15	9.1%	8.0%	8.9%	7.8%†	6.9%†	7.0%†
16-17	22.4%	19.7%†	20.0%†	19.4%†	17.2%†	17.0%†
18-20	36.8%	36.1%	36.2%	35.7%	33.7%†	34.7%
12-17	11.1%	9.9%†	10.3%†	9.7%†	8.8%†	8.8%†
12-20	19.6%	18.8%	19.0%	18.6%	17.4%†	18.1%†

†Difference between 2004 estimate and this estimate is statistically significant at the 0.05 level.

**Table 1.3 – Average Age at First Use Among Past-Year Initiates of Alcohol Use, Age 20 or Younger (2009 Target: 16.5 Years)**

Year	2004	2005	2006	2007	2008	2009
Average Age at First Use	15.6	15.6	15.8†	15.8†	15.9†	15.9†

†Difference between 2004 estimate and this estimate is statistically significant at the 0.05 level.

Despite various efforts to date and the promising results described thus far, underage alcohol use has proven resistant to change, and it is not surprising that progress has been slow. While progress was made toward achieving the goals, the 2009 targets were not met, underscoring the need for further efforts on the part of government at all levels, as well as individuals, organizations, and institutions in the private sector.

**CHAPTER 2**  
**The Nature and Extent of Underage  
Drinking in America**

## **INTRODUCTION**

Underage drinking and its associated problems have profound negative consequences for underage drinkers themselves, 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, and rapes); unintentional injuries such as burns, falls, and drowning; brain impairment; alcohol dependence; risky sexual activity; academic problems; and alcohol and drug poisoning. Alcohol is a factor in an average of approximately 4,700 deaths among underage youths in the United States every year, shortening their lives by an average of 60 years (CDC, 2009b).

Despite laws against underage drinking in all 50 States; the efforts of Federal, State, and local governments spanning decades; and the dedicated work of many private groups and organizations, alcohol is the most widely consumed substance of abuse among America's youth, used more often than tobacco or marijuana. Underage alcohol use remains a challenging public health and public safety problem with severe consequences for youth and their families, communities, and society. Alcohol accounts for more deaths than all other illicit drugs combined for those under 21 years of age. Nevertheless, a lack of public recognition of the sometimes devastating consequences of underage alcohol use and its personal, economic, and social costs hampers implementation of a comprehensive prevention effort.

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

## **FEDERAL SURVEYS USED IN THIS REPORT**

The Federal Government funds three major national surveys that collect data on underage drinking and its consequences: the annual National Survey on Drug Use and Health (NSDUH), formerly called the National Household Survey of Drug Abuse (NHSDA); the annual Monitoring the Future (MTF) survey; and the biennial Youth Risk Behavior Survey (YRBS). Each makes a unique contribution to an understanding of the nature of alcohol use.

Four additional surveys used by the government to obtain data on underage drinkers ages 18 and older are the Behavioral Risk Factor Surveillance System (BRFSS); National Epidemiologic Survey on Alcohol and Related Conditions (NESARC); the National Health Interview Survey (NHIS); and the Survey of Health Related Behaviors Among Active Duty Military Personnel (formerly called the Worldwide Surveys of Substance Abuse and Health Behaviors Among Military Personnel). A more detailed description of each of these surveys and its unique contribution to research can be found in Appendix A. Data from these and other surveys and research efforts continue to paint a troubling picture of underage alcohol use in America.



## CHARACTERISTICS OF UNDERAGE DRINKING IN AMERICA

Underage alcohol use in America is a public health problem because of the number of children and adolescents who drink, when and how much they drink, and the negative consequences that result from that drinking. Some of the principal findings of governmental surveys and other research related to underage alcohol use in America are described in the following paragraphs.

### Underage Alcohol Use Is Widespread

Underage alcohol use in America is a widespread and serious problem:

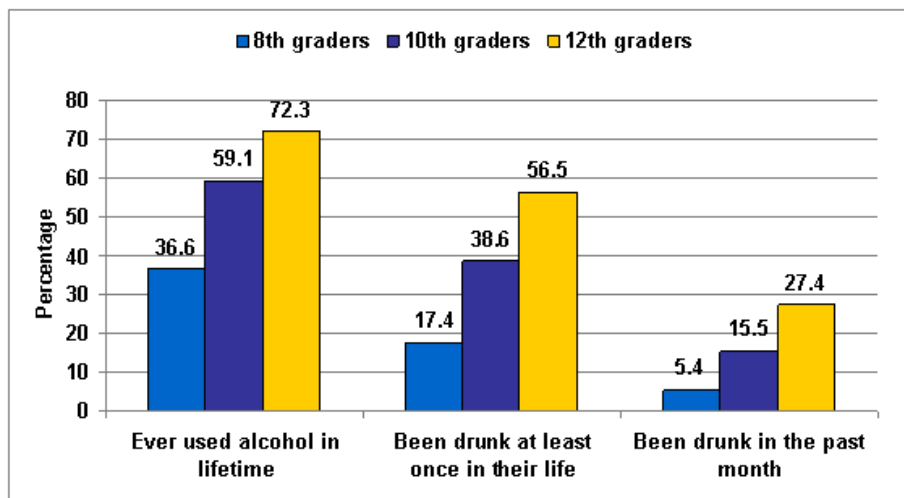
- *Current Use:* The 2009 NSDUH reported that approximately 27.2 percent of Americans ages 12 through 20 (about 10.4 million people) reported having at least one drink in the 30 days prior to the survey. Of this age group, 18.1 percent (6.9 million) were binge drinkers (5 or more drinks on the same occasion, i.e., at the same time or within a couple of hours) on at least 1 day in the past 30 days. 5.4 percent of this age group (2.1 million) were heavy drinkers (5 or more drinks on the same occasion on each of 5 or more days in the past 30 days). By definition, all heavy alcohol users are also binge alcohol users (SAMHSA, 2010).
- *Lifetime Use:* MTF 2009 showed that 72.3 percent of 12<sup>th</sup>, 59.1 percent of 10<sup>th</sup>, and 36.6 percent of 8<sup>th</sup> graders have had alcohol at some point in their lives<sup>10</sup> (Figure 2.1; Johnston et al., 2009c).
- *Binge Use:* The 2009 NSDUH showed 4.3 percent of 14-year-olds, 13.1 percent of 16-year-olds, 30.4 percent of 18-year-olds, and 38.9 percent of 20-year-olds to have engaged in binge drinking within the past 30 days (SAMHSA, 2010).
- *Heavy Use:* NSDUH 2009 showed that 2.8 percent of 16-year-olds, 8.1 percent of 18-year-olds, and 13.6 percent of 20-year-olds had consumed alcohol heavily in the past 30 days (SAMHSA, 2010).
- *Use to Intoxication:* In MTF 2009, 56.5 percent of 12<sup>th</sup>, 38.6 percent of 10<sup>th</sup>, and 17.4 percent of 8<sup>th</sup> graders reported having been drunk<sup>11</sup> at least once (Johnston et al., 2009c).
- *Past-Month Intoxication:* In MTF 2009, 27.4 percent of 12<sup>th</sup>, 15.5 percent of 10<sup>th</sup>, and 5.4 percent of 8<sup>th</sup> graders reported being drunk in the past month. (Johnston et al., 2009c).

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<sup>10</sup> Lifetime alcohol use in this survey is defined as “having more than a few sips.”

<sup>11</sup> MTF asks “On how many occasions (if any) have you been drunk or very high during the past 30 days?”

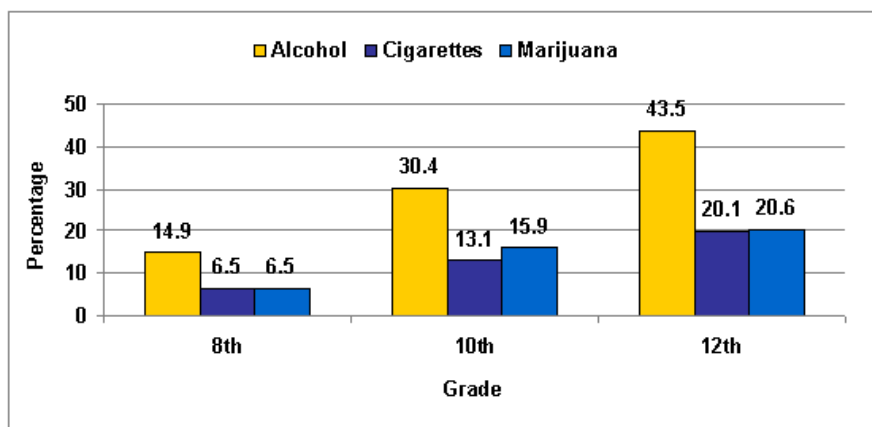
**Figure 2.1 – Lifetime Alcohol Use, Use to Intoxication, and Use to Intoxication Within the Last Month Among 8th, 10th, and 12th Graders (Johnston, et al., 2009c)**



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

As indicated in Figure 2.2, a higher percentage of youth in 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades used alcohol in the month prior to being surveyed than used tobacco or marijuana, the illicit drug most commonly used by adolescents (Johnston et al., 2009c).

**Figure 2.2 – Past-Month Adolescent Alcohol, Cigarette, and Marijuana Use by Grade (Johnston et al., 2009c)**



## Youth Start Drinking at an Early Age

Drinking often begins at very young ages.<sup>12</sup> Recent surveys indicate that approximately:

- Ten percent of 9- to 10-year-olds have already started drinking<sup>13</sup> (Donovan et al., 2004).
- More than one fifth of underage drinkers begin drinking before age 13 (Eaton et al., 2008).
- Peak years of initiation are 7<sup>th</sup> through 11<sup>th</sup> grades, based on data from high school seniors (Johnston et al., 2009a).

In fact, an estimated 2,842 young people ages 12 to 14 years initiated alcohol use per day in 2009 (SAMHSA, 2010). This translates into slightly more than 1 million (1,038,000) youth under 15 years old initiating alcohol use each year. Youth who report drinking prior to the age of 15 are more likely to develop problems including 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). Early-onset drinking is thus a marker for future problems, including heavier use of alcohol and other drugs during adolescence (Robins and Przybeck, 1985; Hawkins et al., 1997) and alcohol dependence in adulthood (Grant and Dawson, 1998). Delaying the age of first alcohol use can ameliorate some of the negative consequences of underage alcohol consumption, so trends in age of initiation of alcohol use are important to follow.

NSDUH data indicate that the average age of first-time users of alcohol declined from 17.3 years to 16.2 years between 1965 and 2003 (SAMHSA, 2005). MTF data shows that the proportion of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders who had ever used alcohol and the proportion of those who started using alcohol prior to 7<sup>th</sup> grade generally declined from 1998 to 2009, suggesting a possible increase in the age at first use (Johnston et al., 2009a; Johnston, personal communication, 2010).

SAMHSA revised its methodology to provide more timely estimates that will more accurately assess trends in average age at first use and other measures of initiation, such as incidence rates. Average age of first use is now calculated based on initiation within the past 12 months. Using this new methodology, NSDUH data indicate no difference in the average age of first use (15.6 years) among those who initiated alcohol use prior to age 21 between 2003 and 2005, but show an increase to 15.8 years in 2006—a statistically significant difference from 2004 and 2005 (SAMHSA, 2007). The average then remained nearly the same in 2007 (15.8 years; SAMHSA, 2008), 2008 (15.9 years; SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), and 2009 (15.9; SAMHSA, CBHSQ, NSDUH, special data analysis, 2010). Average age of first use for all drinkers, including those who started drinking at age 21 or over, was 16.6 in 2006 (SAMHSA, 2007), 17.0 in 2007 (SAMHSA, 2008), 17.7 in 2008 (SAMHSA, 2009), and 17.1 in 2009 (SAMHSA, 2010). Appendix A further discusses methodological issues in measuring age at first use and other indicators of alcohol initiation.

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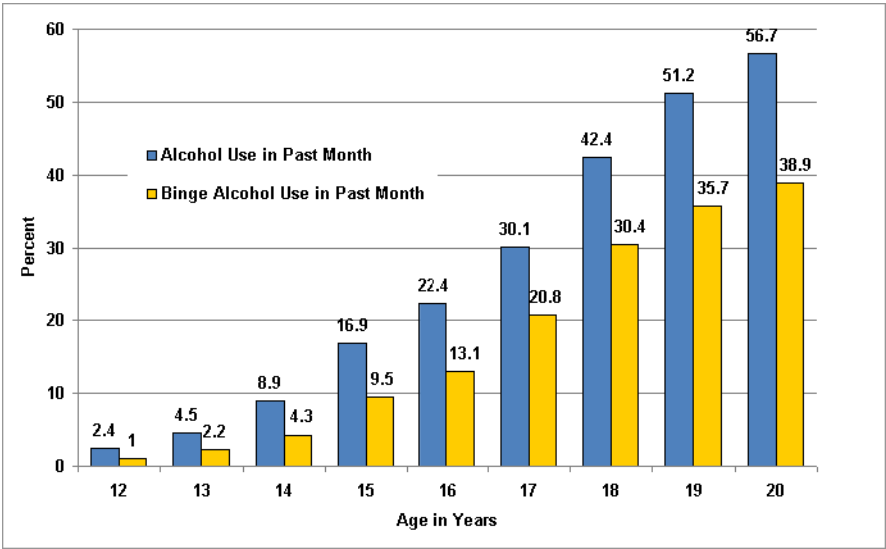
<sup>12</sup> “Age of first use” is the age at which drinking begins. Drinking is defined as the consumption of at least one drink (e.g., a bottle of beer, glass of wine, shot of liquor, or mixed drink) but not having “a sip or two from a drink.”

<sup>13</sup> Drinking is defined as having more than a few sips.

### For Underage Drinkers, Alcohol Use and Binge Drinking Increase With Age

Drinking becomes increasingly common through the teenage years (O'Malley et al., 1998). Frequent, heavy use by underage drinkers also increases each year from the age of 12 to the age of 20 (Flewelling et al., 2004). The 2009 NSDUH reports that underage alcohol consumption in the past month increased with age in a steady progression from 2.4 percent for 12-year-olds to 56.7 percent for 20-year-olds and peaked at 71.6 percent for 22-year-olds (SAMHSA, 2010). As shown in Figure 2.3, binge drinking also increased steadily between the ages of 12 and 20, peaking at age 22 (50.5 percent) and then decreasing beyond young adulthood (data not shown; SAMHSA, 2010). Approximately 6.9 million (18.1 percent) of 12- to 20-year-olds reported past-month binge alcohol use (SAMHSA, 2010).

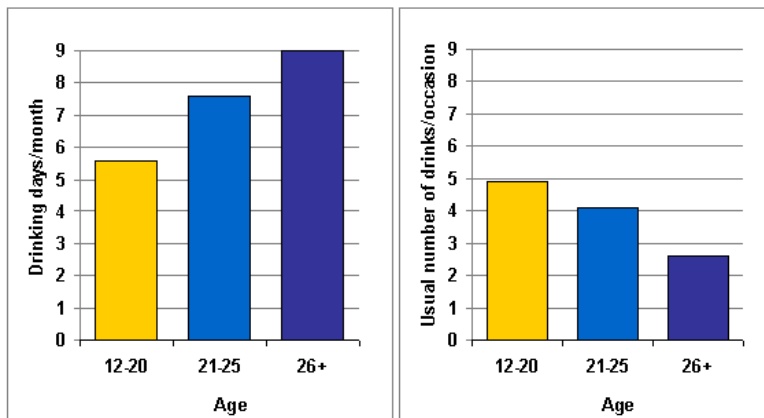
**Figure 2.3 – Current and Binge Alcohol Use Among Persons Aged 12 to 20 by Age: 2009 (SAMHSA, 2010)**



### Youth Binge More and Drink More Than Adults When They Drink

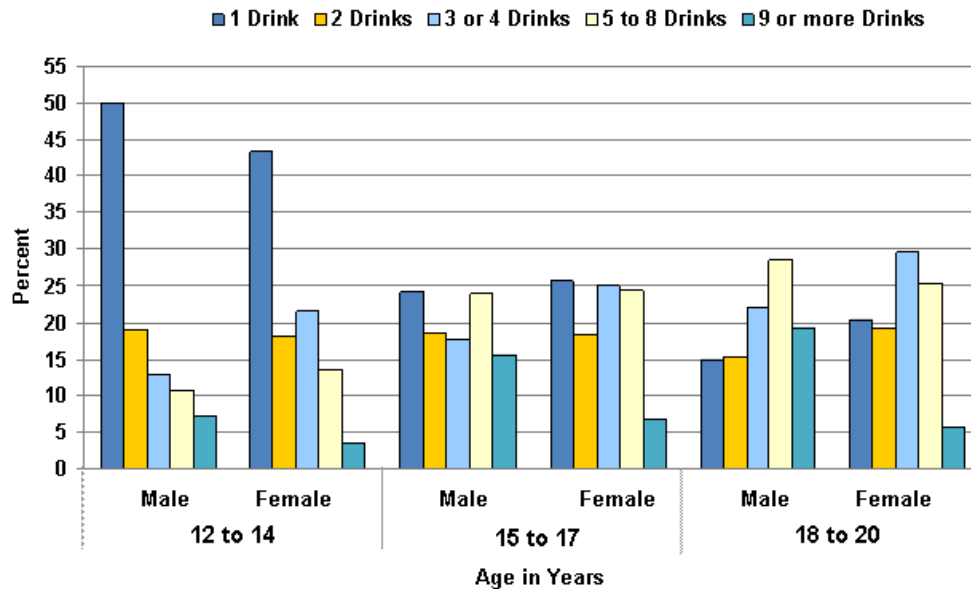
Young drinkers tend to drink less often than adults, but they drink more heavily when they do drink. For example, 92 percent of the alcohol consumed by 12- to 14-year-olds is via binge drinking (Pacific Institute for Research and Evaluation [PIRE], 2002). Underage drinkers consume, on average, about 6 drinks per occasion, about 5 times a month (SAMHSA, 2010), whereas adult drinkers 26 and older average 3 drinks per occasion, about 9 times a month (Figure 2.4) (SAMHSA, 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).

**Figure 2.4 – Number of Drinking Days per Month and Usual Number of Drinks per Occasion for Youth (12–20), Young Adults (21–25), and Adults (≥26)2009 (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010)**



When asked about the number of drinks consumed on their last occasion of alcohol use in the past month, 21.2 percent of underage drinkers reported 1 drink; 17.6 percent, 2 drinks; 23.8 percent, 3 or 4 drinks; 25.3 percent, 5 to 8 drinks; and 12.1 percent, 9 or more drinks for 2008 and 2009 combined (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010). The number of drinks consumed differs by gender (Figure 2.5); underage females are more likely to report consuming 1 to 4 drinks; underage males, consuming 5 to 9 drinks or more. The number of drinks reported on the last occasion tends to increase with increasing age.

**Figure 2.5 – Number of Drinks Consumed on Last Occasion of Alcohol Use in the Past Month Among Past-Month Alcohol Users Ages 12 to 20:, by Gender and Age Group: 2008-2009 (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010)**



Particularly worrisome is the high prevalence among underage drinkers of binge drinking, which MTF defines as 5 or more drinks in a row in the past 2 weeks. In 2009, 7.8 percent of 8<sup>th</sup>, 17.5 percent of 10<sup>th</sup>, and 25.2 percent of 12<sup>th</sup> graders reported heavy episodic drinking (Johnston, personal communication, 2010). In 2009, about 2.1 million youth ages 12 through 20 (5.4 percent) drank 5 or more drinks on a single occasion<sup>14</sup> 5 or more times a month (SAMHSA, 2010).

Faden and Fay (2004) used sophisticated statistical trend analyses to examine underage drinking data from 1975 to 2002. Among 12<sup>th</sup> graders, drinking 5 or more drinks in a row in the past 2 weeks declined 7.6 percent, from 36.8 percent in 1975 to 29.2 percent in 2004. Analysis of data from the intervening years showed that the prevalence of drinking 5 or more drinks in a row in the past 2 weeks rose from 1975 to 1980, fell from 1980 to 1987, steeply declined from 1987 to 1993, rose between 1993 and 1997, and declined between 1997 and 2002 (Faden and Fay, 2004).

Information on the prevalence of drinking 5 or more drinks in a row in the past 2 weeks among 8<sup>th</sup> and 10<sup>th</sup> graders first became available in 1991. In 1991, 12.9 percent of 8<sup>th</sup> and 22.9 percent of 10<sup>th</sup> graders reported engaging in this behavior compared with 11.4 percent and 22.0 percent, respectively, in 2004; rates in the intervening years oscillated heavily for 8<sup>th</sup> graders and rose steadily for 10<sup>th</sup> graders, for whom rates peaked in 2000 and have since gradually declined (Johnston et al., 2005). Visual examination of data for ensuing years suggests that these trends are continuing to move in the same direction (Johnston et al., 2009a).

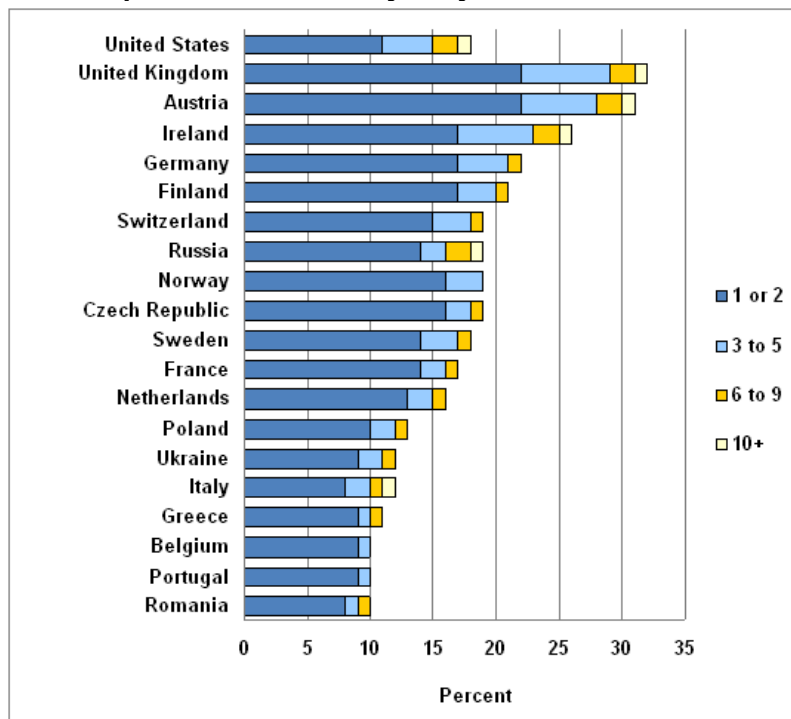
### **Binge Drinking by Teens Is Not Limited to the United States**

In many European countries, a significant proportion of young people ages 15 to 16 report binge drinking (Figure 2.6).

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<sup>14</sup> If a typical 160-pound male drinks five standard drinks over a 2-hour period, he would reach a blood alcohol content (BAC) of .08, making him legally intoxicated in all 50 States.

**Figure 2.6 – Percentage of European Students Ages 15–16 Who Reported Being Drunk in the Past 30 Days\* Compared With American 10th Graders (Hibell et al., 2009; data from the 2007 European School Survey Project on Alcohol and Drugs)**



\*The 2007 European School Survey Project on Alcohol and Drugs question is: “On how many occasions (if any) have you been intoxicated from drinking alcoholic beverages (staggered when walking, not able to speak properly, throwing up or not remembering what happened)?”

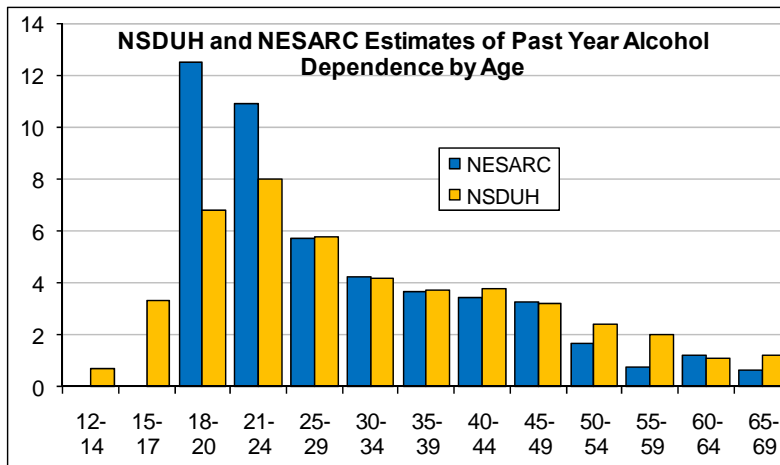
In all countries listed in Figure 2.6, the minimum legal drinking age is lower than in the United States. These data call into question the suggestion that having a lower minimum legal drinking age results in less problem drinking by adolescents.

**There Is a High Prevalence of Alcohol Use Disorders Among the Young**

Two large nationally representative data sets provide information on the prevalence of alcohol abuse and dependence among persons under 21 years of age—NSDUH for youth ages 12 to 20 and NESARC for youth ages 18 to 20. Both surveys indicate that the prevalence of alcohol abuse or dependence among 18- to 20-year-olds is quite high: 16.7 percent according to NSDUH data averaged for 2005 and 2006 and 18.3 percent according NESARC data from 2001 to 2002. For 12- to 17-year-olds, the prevalence of alcohol abuse or dependence is 5.5 percent (SAMHSA, OAS, special analyses of the 2001-2002 NESARC and 2005-2006 NSDUH).

The surveys’ findings sometimes differ (Figures 2.7, 2.8), particularly for dependence among 18- to 24-year-olds. These differences are likely due, in part, to differing methodologies and to the use of criteria meant for adults to measure alcohol abuse and dependence in younger drinkers. Because the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (APA, 2000) criteria for abuse and dependence were originally developed for use with adults, using them to assess abuse and dependence in adolescents may lead to inconsistencies.<sup>15</sup>

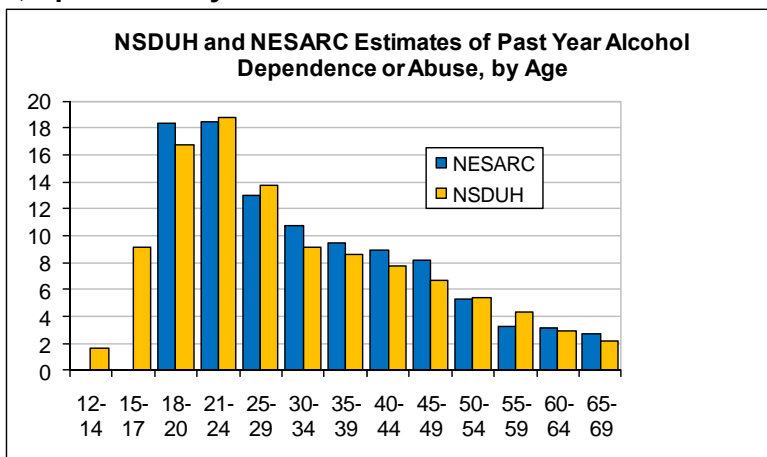
**Figure 2.7 – Prevalence of Past-Year DSM-IV Alcohol Dependence by Age (SAMHSA, OAS, Special Analyses of the 2001-2002 NESARC and 2005-2006 NSDUH)**



<sup>15</sup> A number of researchers are actively investigating this important issue (Martin et al., 2006; Caetano and Babor, 2006; Chung and Martin, 2005, Wagner, et al., 2002). In addition, the National Institute on Alcohol Abuse and Alcoholism’s (NIAAA) Underage Drinking Research Initiative held a meeting of experts to discuss the diagnosis of alcohol abuse and dependence among adolescents in April 2006. APA is also addressing the appropriateness of the current DSM-IV criteria for measuring alcohol abuse and dependence in the young as it prepares for DSM-V.



**Figure 2.8 – Prevalence of Past-Year DSM-IV Alcohol Dependence or Abuse by Age (SAMHSA, OAS, Special Analysis of the 2001-2002 NESARC and 2005-2006 NSDUH)**



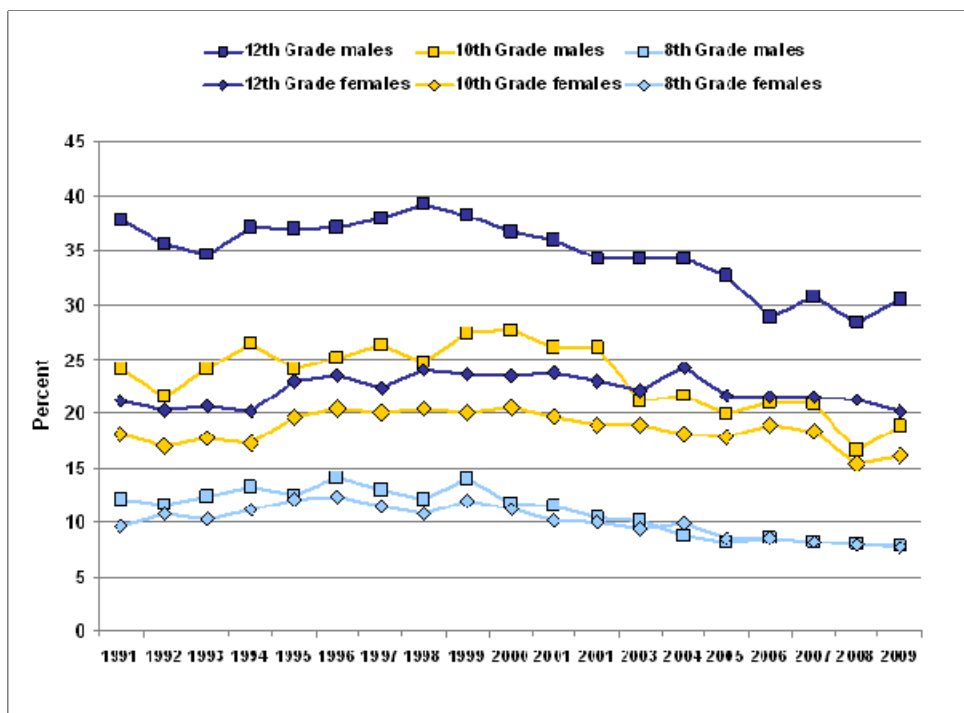
### Underage Drinking Differs by Gender

Although underage males and females tend to start drinking at about the same age and have approximately the same prevalence of any past-month alcohol use, males are more likely to drink with greater frequency and to engage in binge and heavy drinking. In the 2009 NSDUH, 57.6 percent of males ages 12 and older were current drinkers compared with 46.9 percent of females in that age group. However, among underage drinkers, gender differences vary with age. Among individuals ages 12 to 13, rates of current drinking were very similar: 3.6 percent for males and 3.4 percent for females. Among 14- and 15-year-olds, 13.8 percent of females reported current use compared with 12.3 percent of males. Among those ages 16 to 17, 27.9 percent of the males and 24.7 percent of females reported being current drinkers. By ages 18 to 20, 52.1 percent of males and 47.0 percent of females report past-month alcohol use (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010).

Binge drinking prevalence is the most significant gender difference, at least among older adolescents. In 2009, 30.5 percent of male 12<sup>th</sup> graders reported binge drinking (having 5 or more drinks in a row) at least once in the prior 2-week period, whereas 20.2 percent of female 12<sup>th</sup> graders did (Johnston, personal communication, 2010). However, the gap is closing. In 1975, there was a 23 percentage point spread between the rates; 2009, it was 10.3 points (Johnston, personal communication, 2010).

Female bingeing rates are comparable to males among younger age groups, whereas male bingeing rates increase more rapidly with age. NSDUH 2009 showed past-month binge drinking in 1.7 percent of male and 1.6 percent of female 12- to 13-year-olds, 7.3 percent of male and 6.7 percent of female 14- to 15-year olds, 18.7 percent of male and 15.2 percent of female 16- to 17-year-olds, and 39.8 percent of male and 29.3 percent of female 18- to 20-year-olds (SAMHSA, 2010). MTF reports similar results. Among 8<sup>th</sup> graders, females began steadily gaining on males' bingeing rates in 1991, with equal rates for both genders since 2004 (Figure 2.9) (Johnston et al., 2009c, Johnston, personal communication, 2010).

**Figure 2.9 – Rates of Binge Drinking in the Past 2 Weeks Among Male and Female 8th, 10th, and 12th Graders, 1991-2009 (Johnston et al., 2009c; Johnston, personal communication, 2010)**



### Underage Drinking by Race and Ethnicity

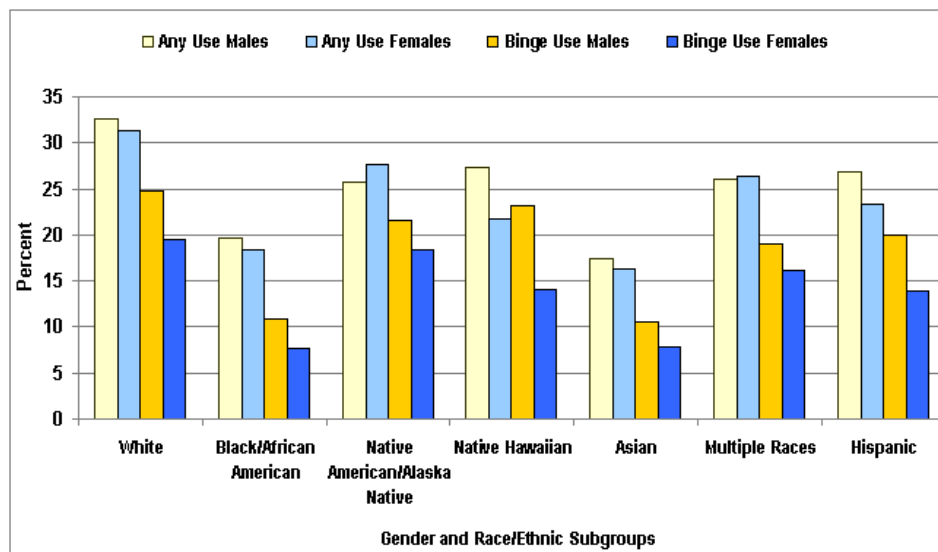
Using NSDUH data<sup>16</sup>, from 2002-2009, Whites ages 12 to 20 were more likely to report current use of alcohol than any other race or ethnic group. An estimated 32.6 percent of White males and 31.3 percent of White females reported past-month use, followed by American Indian or Alaska Native females (27.7 percent), Native Hawaiian or Other Pacific Islander males 27.3 percent), Hispanic males (26.8 percent), females of multiple races (26.3), males of multiple races (26.1 percent), American Indian or Alaska Native males (25.7 percent), Hispanic females (23.3 percent), Native Hawaiian or Other Pacific Islander females (21.7 percent) Black or African American males (19.6 percent), Black or African American females (18.3 percent), Asian males (17.5 percent), and Asian females (16.3 percent). As shown in Figure 2.10, among most race/ethnic groups, males and females reported similar rates of current alcohol use; however, among Hispanics and Native Hawaiian or Other Pacific Islanders, males ages 12 to 20 were more likely to report current use than females (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010). Although fewer Blacks report current drinking, data from the 2007 YRBS suggest that the prevalence of alcohol use before the age of 13 is greater among Black (26.7 percent) and Hispanic students (29.0 percent) students than among White students (21.5 percent) (Eaton et al., 2008). Sample sizes from the MTF and the YRBS do not allow estimates of alcohol consumption by youth who are American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander or of multiple races.

<sup>16</sup> To provide sample sizes sufficient to produce reliable estimates for each race/ethnic group, multiyear estimates of past-month alcohol use and binge drinking by race/ethnicity were calculated.

Multiyear NSDUH data (2002-2009) show that White males ages 12 to 20 were most likely to report binge alcohol use in the past month. An estimated 24.7 percent of White males reported having 5 or more drinks on the same occasion on at least one day within the past 30 days, followed closely by Native Hawaiian or Other Pacific Islander males (23.2 percent) and American Indian or Alaska Native males (21.6 percent). Hispanic males (19.9 percent), White females (19.5 percent), males of multiple races (19.0 percent), and American Indian or Alaska Native females (18.4 percent) reported similar rates of binge drinking followed by females of multiple races (16.2 percent), Native Hawaiian or Other Pacific Islander females (14.1 percent), and Hispanic females (13.9). Black and Asian youth ages 12 to 20 were least likely to report binge drinking with 10.8 percent of Black males, 10.5 percent of Asian males, 7.9 percent of Asian females, and 7.7 percent of Black females reporting the behavior. As shown in Figure 2.10, rates of binge drinking were higher among males than females for each race/ethnic group with the differences being greatest among Native Hawaiian or Other Pacific Islanders (males 23.2 percent vs. females 14.1 percent) and Hispanics (males 19.9 percent vs. females 13.9 percent) (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010).

These ethnic and racial differences must be viewed with some caution. As Caetano and colleagues (1998) note, there are important differences in alcohol use and related problems among ethnic and racial subgroups of Blacks, Hispanics, Asians, and Native Americans/Alaska Natives. Moreover, the patterns of consumption for any group or subgroup represent a complex interaction of psychological, historical, cultural, and social factors inadequately captured by a limited set of labels. With these cautions in mind, however, the data discussed thus far highlight the importance of considering race and ethnicity in underage drinking prevention measures.

**Figure 2.10 –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),**



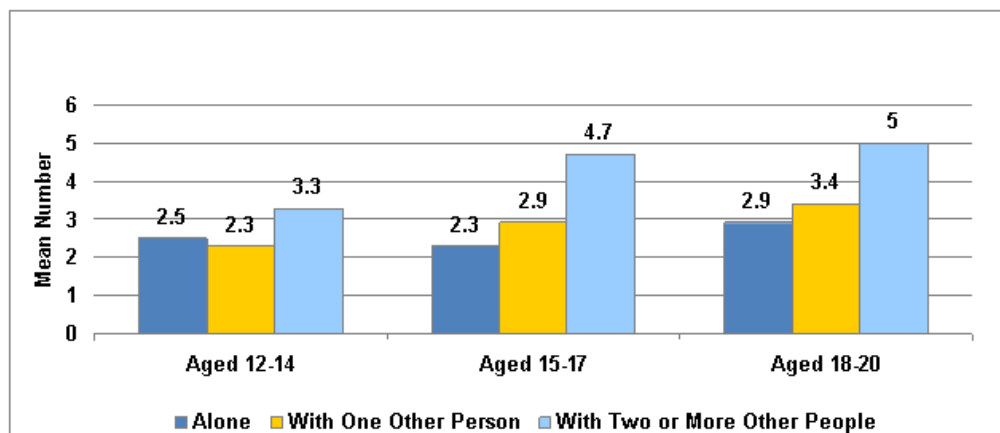
## **Social Context of Alcohol Use**

NSDUH began to collect data on the social context of last alcohol use in 2006. In the following section of this Report, data for 2008 and 2009 have been combined. Most (81.6 percent) persons ages 12 to 20 who had consumed alcohol in the past month were with two or more people the last time they drank, 13.5 percent were with one other person the last time they drank, and 4.9 percent were alone. Underage persons who drank with two or more others on the last occasion in the past month had more drinks on the last occasion, on average (4.8 drinks), than those who drank with one other person (3.2 drinks) or drank alone (2.7 drinks) (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010; Pemberton et al., 2008).

The social context of drinking appears to differ across age groups. Among current drinkers, youths ages 12 to 14 were more likely to have been alone (8.6 percent) or with one other person (21.3 percent) the last time they drank compared with youths ages 15 to 17 (5.7 percent alone and 13.6 percent with one other person) or 18- to 20-year-olds (4.2 percent alone and 12.7 percent with one other person) (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010). In all age groups, underage current drinkers who drank with two or more other people averaged more drinks on the last occasion than those who drank with one other person or alone (Figure 2.11).

Gender, too, interacts with social context in terms of alcohol use. Most male and female underage drinkers were with two or more other people on their last drinking occasion. However, female drinkers were more likely to be with two or more people the last time they drank (82.8 percent) than were male drinkers (80.5 percent). On the other hand, male drinkers were more likely to have been alone the last time they drank (6.2 percent) than were female drinkers (3.5 percent). Overall, underage persons who drank with two or more other people consumed more drinks on average (4.8) than those who drank alone (2.7) or with one other person (3.2). The same general pattern applied to both males and females, except that among males, the difference in the number of drinks consumed when drinking alone (2.9) and drinking with one other person (3.5) was not statistically significant. Males consumed more drinks than females regardless of the social context; for example, when the last drinking occasion was with two or more other people, males averaged 5.6 drinks, compared with 4.0 drinks for females (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010).

**Figure 2.11 – 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)**



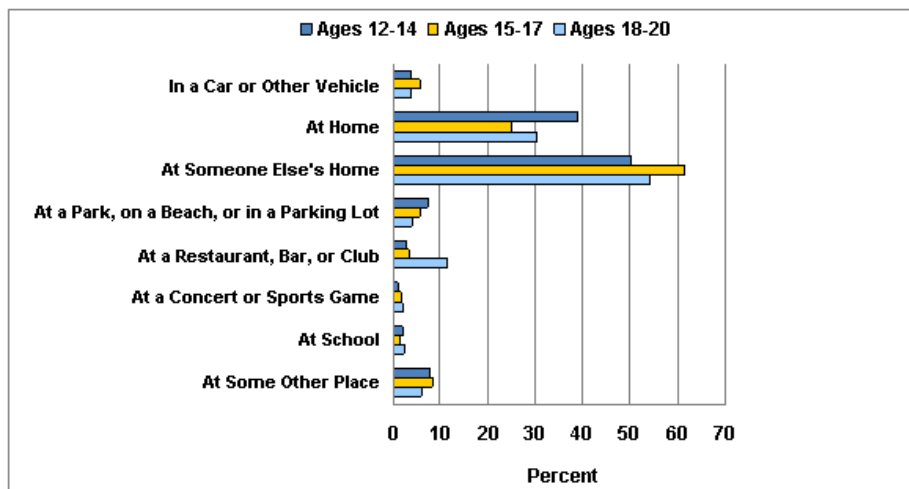
### Location of Alcohol Use

NSDUH began to collect data on location of last alcohol use in 2006. The following discussion combines data for 2008 and 2009. Most underage drinkers reported last using alcohol in someone else’s home (56.1 percent, averaging 5.0 drinks) or their own home (29.4 percent, averaging 4.0 drinks). The next most popular drinking locations were at a restaurant, bar, or club (8.6 percent, averaging 4.7 drinks); at a park, on a beach, or in a parking lot (4.6 percent, averaging 5.1 drinks); or in a car or other vehicle (4.1 percent, averaging 5.1 drinks). Current drinkers ages 12 to 20 who last drank at a concert or sports game (1.9 percent of all underage drinkers) consumed an average of 6.4 drinks (SAMHSA, CBHSQ, NSDUH, special data analysis, 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.

According to NSDUH, drinking location varies substantially by age. For example, drinkers ages 12 to 14 were more likely to have been in their own homes the last time they drank (38.9 percent) than older adolescents (25.1 percent for 15- to 17-year-olds and 30.4 percent for 18- to 20-year-olds). By contrast, 12- to 14-year-olds were less likely to report being in someone else’s home the last time they drank (50.2 percent) than the older age groups (61.3 percent for 15- to 17-year-olds and 54.3 percent for 18- to 20-year-olds).

Drinkers ages 18 to 20 were more likely than those in younger age groups to have been in a restaurant, bar, or club on their last drinking occasion (11.5 percent for those ages 18 to 20 versus 2.5 percent for those ages 12 to 14 and 3.2 percent for those ages 15 to 17) (Figure 2.12) (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010). Female current alcohol users ages 12 to 20 were more likely than males to have had their last drink at a restaurant, bar, or club (10.4 percent versus 7.0 percent).

**Figure 2.12 – Drinking Location by Age Group, 2008-2009 (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010)**



Taken together, these data suggest that underage drinking primarily occurs in a social context (three or more drinkers) at private residences. 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 student binge drinking (Clapp et. al., 2000).

### Types of Alcohol Consumed by Underage Drinkers

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

Table 2.1, based on 2009 MTF data, indicates the type of alcohol consumed by underage drinkers in the 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades within the past 30 days. The five alcohol categories listed are beer, wine, wine coolers, spirits, and flavored alcoholic beverages (FABs), which are sometimes called “flavored malt beverages,” “alcopops” or “malternatives.” “Alcopops” are ready-to-drink, flavored alcoholic beverages that tend to be sweet and have between 4 and 6 percent alcohol by volume (similar to beer, which typically varies between 3 and 6 percent).

**Table 2.1 – Past-Month Underage Alcohol Use by Category (Johnston, personal communication, 2010)**

Grade	Beer	Wine	Wine Coolers	Spirits	Flavored Alcoholic Beverages
8 <sup>th</sup>	10.0%	n/c	n/c	n/c	9.5%
10 <sup>th</sup>	22.6%	n/c	n/c	n/c	19.0%
12 <sup>th</sup>	34.9%	11.5%	12.2%	33.2%	27.4%

n/c indicates data not collected.

In some cases, the same adolescents reported drinking more than one type of alcohol. Thus, the percentage of adolescents for a given grade who have drunk alcohol may total more than 100 percent. For example, of 12<sup>th</sup> graders who drank alcohol in the 30 days prior to the survey, some percent may have consumed both beer and wine.

Distilled spirits have gained significantly in popularity among 12<sup>th</sup> graders over time. In 1988, 53.3 percent reported consuming beer in the past 30 days compared with 38.5 percent who reported distilled spirits consumption (Johnston et al., 2009c). By 2009, the gap in preferences had nearly disappeared, as shown in Table 2.1.

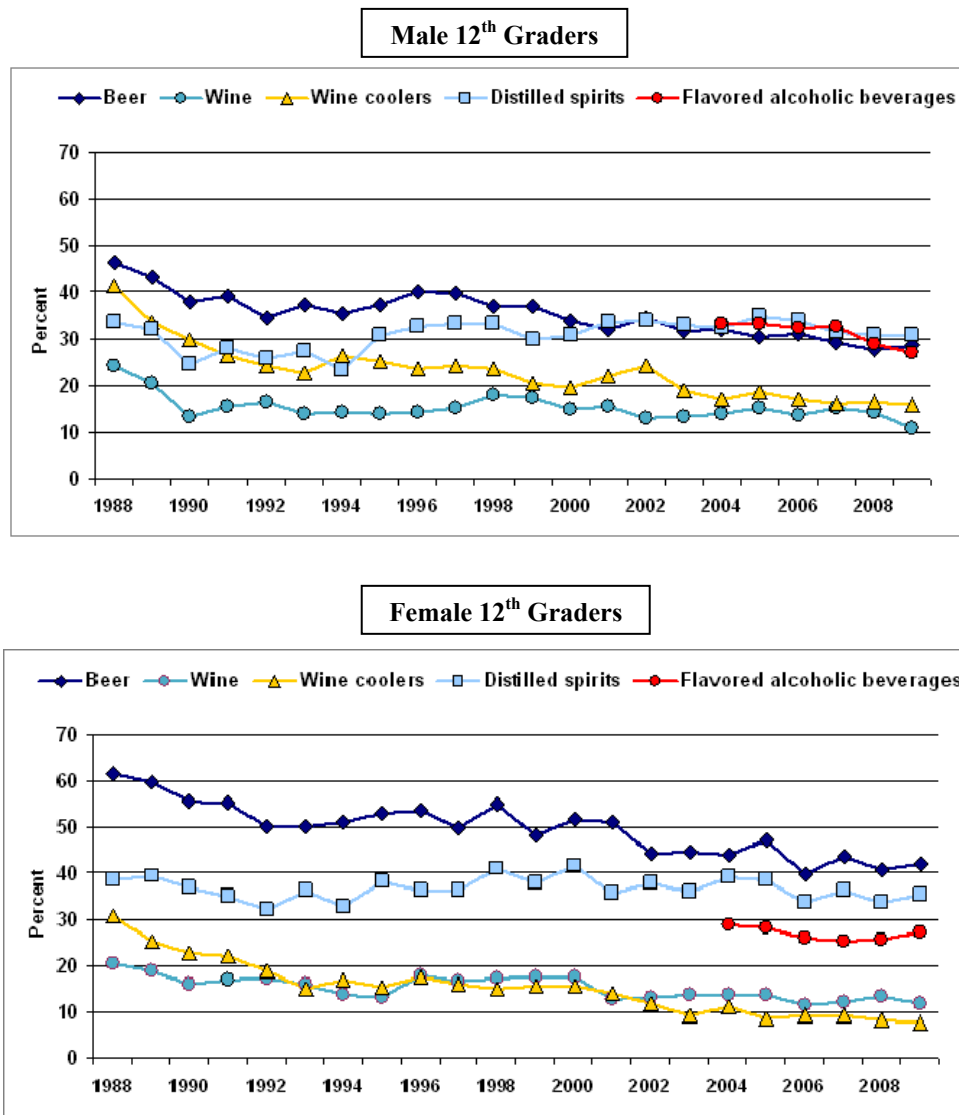
Figure 2.13 shows that females, in particular, have shifted their beverage preference from beer to distilled spirits and FABs. In 1988, 46.3 percent of 12<sup>th</sup> grade females reported consuming beer compared with 33.6 percent reporting distilled spirits consumption. By 2009, the preference had shifted, with distilled spirits consumption remaining steady at 30.9 percent and beer consumption dropping to 28.7 percent. MTF data show that females have been more likely to prefer FABs than males since 2004 (Johnston et al., 2009a, Johnston, personal communication, 2010).

Beverage preferences vary by State. Data from four States indicated that 9<sup>th</sup> through 12<sup>th</sup> graders who reported binge drinking drank liquor the most (CDC, 2007).

### **Alcohol Use in College Is Pervasive and Heavy**

Although colleges and universities vary widely in their student binge drinking rates, overall rates of college student drinking and binge drinking exceed those of their age peers who do not attend college (Johnston et al., 2009b). Of college students, 83 percent drink and 41 percent report drinking five or more drinks on an occasion in the past 2 weeks. Unlike high school students and same age peers not in college, 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 attendees and nonattendees. 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 who are not attending college (Figure 2.14) (Johnston et al., 2009b). This finding suggests that college environments influence drinking practices (Hingson et al., 2002; Kuo et al., 2003).

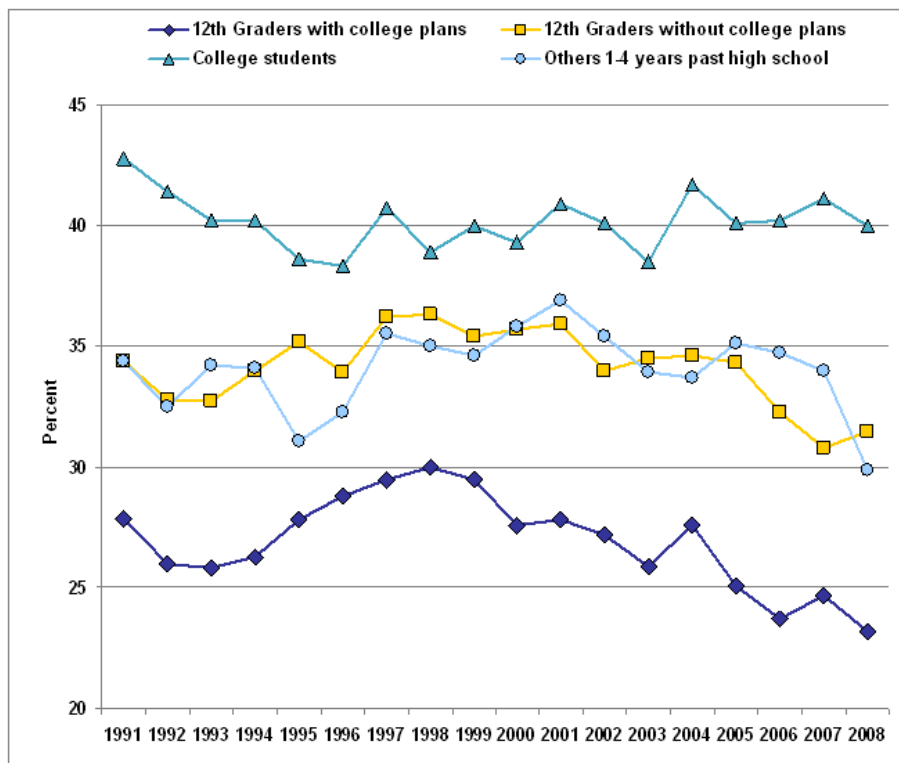
**Figure 2.13 – Trends in the Percentage of Male and Female 12<sup>th</sup> Graders' Using Alcoholic Beverages by Beverage Type, 1988-2009 (Johnston et al., 2009a; Johnston, personal communication, 2010)**



The consequences of underage drinking in college, discussed in more detail later in this chapter under “Adverse Consequences of College Drinking,” are widespread and serious. Approximately 4 in 5 college students drink alcohol, about 2 in 5 engage in binge drinking (5 or more drinks in a row for men and 4 or more in a row for women within the past 2 weeks or 30 days, depending upon the survey), and about 1 in 5 engages in frequent bingeing (3 or more times in the past 2 weeks) (NIAAA, 2002a). Underage college students consume about 48 percent of the alcohol consumed by students at 4-year colleges (Wechsler et al., 2002). Research shows that some college students far exceed the binge criterion of 5 drinks per occasion (Wechsler et al. 1999).



**Figure 2.14 – 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, 2009b; Johnston, personal communication, 2010)**



### **Alcohol Is Perceived as Readily Available by the Underage Population**

Most teens see alcohol as readily available. In 2009, 61.8 percent of 8<sup>th</sup>, 80.9 percent of 10<sup>th</sup>, and 92.1 percent of 12<sup>th</sup> graders said alcohol would be “fairly easy” or “very easy” to get (Johnston et al., 2009c). Perceived availability, however, has declined in some groups. In 1992, 76.2 percent of 8<sup>th</sup> graders perceived alcohol as easily available versus 61.8 percent in 2009. For 10<sup>th</sup> graders, perception of availability peaked in 1996 at 90.4 percent; by 2009, only 80.9 percent held this perception. Data for 12<sup>th</sup> graders, first collected in 1999, showed 95.0 percent perceiving alcohol to be readily available—a percentage that has remained relatively stable since then.

### **Alcohol is Available From a Variety of Sources**

Through the STOP Act, Congress required a report on measures of “the availability of alcohol from commercial and noncommercial sources to underage populations.” The STOP Act also calls for surveillance data on “the means of underage access” to alcohol. This emphasis reflects findings that alcohol availability and consumption are strongly correlated (Dent et al., 2005).

A few small studies show the most frequent means of obtaining alcohol to be parties, friends, adult purchasers (Harrison et al., 2000; Preusser et al., 1995; Wagenaar et al., 1996), and, for younger adolescents, family members (NRC, IOM, 2004). The NRC and IOM report notes: “Use of friends under 21 and adult strangers as sources for alcohol appears to increase with age while reports of parents or other family members as sources decrease with age...use of commercial

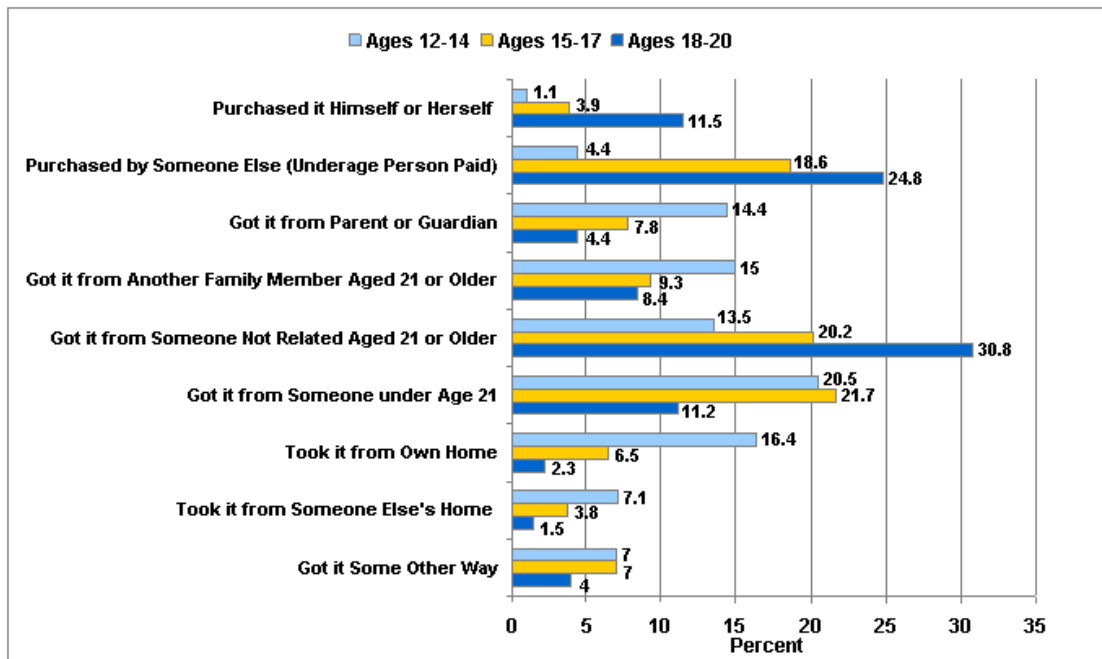
sources appears to be much higher among college students, in urban settings, and where possession and purchase laws are relatively weak or unenforced.”

Prior to 2006, NSDUH only collected data on the *perception* of alcohol availability by those under 21. New items were added in 2006 to ascertain the *actual* source from which underage drinkers obtained their alcohol. NSDUH divides sources of last alcohol use into two categories—the underage drinker paid (he or she purchased it or gave someone else money to do so) or did not pay (he or she received it for free from someone or took it from his or her own home or someone else’s home). Combined data from 2008 and 2009 show that among all underage current drinkers, 30.5 percent paid for alcohol the last time they drank (8.7 percent purchased the alcohol themselves; 21.8 percent gave money to someone else to do so). Those who paid for alcohol themselves consumed more drinks on their last drinking occasion (average of 5.7 drinks) than those who did not (average of 4.0 drinks). This difference is at least partially explained by the fact that older underage drinkers are more likely to pay for alcohol and to drink more.

Among all underage drinkers, 69.5 percent did not pay for the alcohol the last time they drank; 26.8 percent were given alcohol for free by an unrelated individual age 21 or older. One in seventeen (5.9 percent) got the alcohol from a parent or guardian, 9.0 percent got it from another family member age 21 or older, and 4.3 percent took it from their own home.

The most common sources of alcohol varied substantially by age. For youths ages 12 to 14, the most common sources were receiving it free from someone under the age of 21 (20.5 percent), taking it from their own home (16.4 percent) or receiving it from a parent or guardian (15.0 percent). For youths ages 15 to 17, the most common sources were receiving it free from someone under the age of 21 (21.7 percent), receiving it from an unrelated person ages 21 or older (20.2 percent), and giving somebody else money to purchase the alcohol (18.6 percent). As shown in Figure 2.15, among 18- to 20-year-olds, most current drinkers either received alcohol for free from an unrelated person ages 21 or older (30.8 percent) or gave somebody else money to purchase the alcohol (24.8 percent; SAMHSA, CBHSQ, NSDUH, special data analysis, 2010).

**Figure 2.15 – Source of Last Alcohol Used Among Past-Month Alcohol Users Ages 12 to 20, by Age Group: 2008-2009 (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010)**



Older underage persons were more likely to have paid for alcohol themselves on their last drinking occasion: 36.4 percent of 18- to 20-year-olds did so compared with 22.6 percent of 15- to 17-year-olds and 5.5 percent of 12- to 14-year-olds. Male underage drinkers were more likely to have paid for alcohol themselves on their last drinking occasion (36.2 percent) than their female counterparts (24.1 percent) (SAMHSA, CBHSQ, NSDUH, special data analysis, 2010)<sup>17</sup>.

### **Exposure of Underage Populations to Messages Regarding Alcohol in Advertising and the Entertainment Media**

The STOP Act requires the Secretary of HHS to report to Congress on the extent of “the exposure of underage populations to messages regarding alcohol in advertising and the entertainment media as reported by the Federal Trade Commission (FTC).” FTC has not conducted any studies that measure alcohol depictions in entertainment media. To date, the FTC has conducted three formal studies of the exposure of those under 21 to alcohol advertising.

#### **1999 Alcohol Report**

In 1999, FTC reported that the voluntary codes of the alcohol industry permitted alcohol advertising in media where as little as 50 percent of the audience was of legal age. Only half of the companies studied were able to show that nearly all of their ads reached a majority legal-age audience; the other half either provided data showing that a substantial portion of their ads did not comply with the 50 percent guideline or failed to obtain the data needed to evaluate their code compliance. Noting that the 50 percent standard permitted alcohol advertising to reach large

<sup>17</sup> More detailed information can be found in the special report by Pemberton and colleagues titled *Underage Alcohol Use: Findings from the 2002-2006 National Surveys on Drug Use and Health*, available at <http://www.oas.samhsa.gov/underage2k8/underage.pdf>.

numbers of underage consumers, the FTC recommended that the industry raise the placement standard and measure compliance against reliable up-to-date audience composition data.<sup>18</sup>

### **2003 Alcohol Report**

FTC's 2003 review reported that over 99 percent of the radio, television, and magazine advertising budgets for alcohol brands whose target audience included 21-year-olds were expended in compliance with the 50 percent placement standard. FTC also announced that the alcohol industry had agreed to amend its voluntary codes to require that adults over 21 constitute at least 70 percent (thus reducing the permissible underage percentage to 30 percent) of the audience for TV, magazine, and radio ads, based upon reliable data. To facilitate compliance, the revised codes of the beer and spirits industries required members to conduct periodic post placement audits and promptly remedy any identified problems.<sup>19</sup>

### **2008 Alcohol Report**

In June 2008, FTC published its third study of alcohol advertising, evaluating compliance with the 70 percent placement standard and other matters relating to underage exposure. Data showed that 92.5 percent of advertising placements complied with the 70 percent standard; further, because placements that missed the target were concentrated in smaller media, more than 97 percent of total alcohol advertising "impressions" (individual exposures to advertising) met the standard. When advertising exposure data were aggregated across companies and measured media, about 86 percent of the alcohol advertising audience consisted of legal-age adults.<sup>20</sup>

### **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. Whether through genetics, social learning, or cultural values and community norms, researchers have repeatedly found a correlation between youth drinking practices and those of their adult relatives and other community adults (SAMHSA, 2008). Nelson and colleagues (2009) recently demonstrated this relationship at the population (State) level. State estimates of youth and adult current drinking and binge drinking from 1993 through 2005 were significantly correlated when pooled across years. These results suggest that some policies that primarily affect adult drinkers (e.g., pricing and taxation, hours of sale, on-premises drink promotions) may affect underage drinking.

### **Despite Some Progress, Underage Drinking Remains Unacceptably High**

Available data from 1975 to 2009 document that the prevalence of drinking among 12<sup>th</sup> graders peaked in 1978 for lifetime use and past-year use (Johnston et al., 2009a,c). Lifetime alcohol use among 12<sup>th</sup> graders in 2006 showed a statistically significant decline from 2005, dropping from 75.1 percent to 72.7 percent (Johnston et al., 2007). Levels of lifetime alcohol use remained steady in 2007, 2008, and 2009 (Johnston et al., 2009a,c). Past-month use among 12<sup>th</sup> graders increased between 1975 and 1978, decreased slightly between 1978 and 1988, decreased

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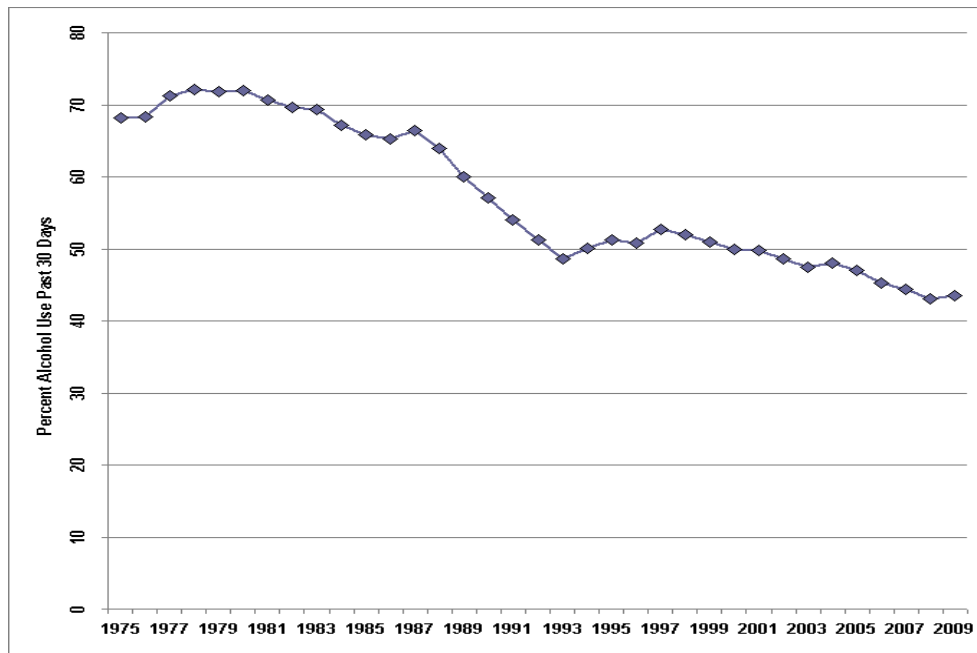
<sup>18</sup> For more information, see *Self-Regulation in the Alcohol Industry* (FTC, 1999), available at <http://www.ftc.gov/reports/alcohol/alcoholreport.htm>.

<sup>19</sup> For more information, see *Alcohol Marketing and Advertising* (FTC, 2003), available at <http://www.ftc.gov/os/2003/09/alcohol08report.pdf>.

<sup>20</sup> For more information, see *Self-Regulation in the Alcohol Industry* (FTC, 2008), available at <http://www.ftc.gov/os/2008/06/080626alcoholreport.pdf>.

between 1988 and 1993, increased between 1993 and 1997, and decreased between 1997 and 2002 (Figure 2.16; Johnston et al., 2009a,c).

**Figure 2.16 – Trend in Thirty Day Prevalence of Alcohol Use for Twelfth Graders, 1975-2009 (Johnston et al., 2009a, 2009c)**



The percentage of high school seniors who reported drinking within the past 30 days was the same in 1993 and 2002 (48.6 percent). Although a modest reduction has occurred in 30-day and annual usage rates over the past several years, current rates are not markedly different from 1993, and they remain high (Johnston et al., 2009c).

Binge drinking in the past 2 weeks among 12<sup>th</sup> graders peaked in 1981, held steady in 1982, and then declined from 40.8 percent in 1983 to a low of 27.5 percent in 1993--a decrease of almost one-third, and thus a significant improvement (Johnston et al., 2009a). Between 1993 and 1998, binge drinking rose by about 4 percentage points among 12<sup>th</sup> graders. An upward drift in binge drinking among 8<sup>th</sup> graders occurred between 1991 (10.9 percent) and 1996 (13.3 percent) and among 10<sup>th</sup> graders between 1991 (21.0 percent) and 2000 (24.1 percent). After those peaks, a slight decline in binge use occurred in all three grades until 2002, when rates fell appreciably. Since 2002, bingeing has generally continued to decline, but only slightly (Johnston et al., 2009a).

Faden and Fay (2004) examined similar underage drinking data from NSDUH, MTF, and YRBS from 1990 to 2002. Trend analyses “show a pattern of relative stability or decreases in the late 1990s and early 2000s for all groups on all measures with the exception of daily drinking by 10<sup>th</sup> graders in MTF and drinking five or more drinks in a row by 10<sup>th</sup> graders in YRBS” (Faden and Fay, 2004). They write, “These results considered together offer stronger support for the finding of stability or decrease in youth drinking prevalence in the past 10 years or so than results from any one survey do by themselves.”

These results are encouraging. However, as the following sections demonstrate, the consequences of underage drinking remain a substantial threat to public health. From this perspective, the prevalence of alcohol use by persons under age 21 remains unacceptably high.

## **CONSEQUENCES AND RISKS OF UNDERAGE DRINKING**

Underage drinking is a problem for individuals and society. Underage drinking is a threat to public health and safety, with profound consequences for youth, their families, and their communities. It is a complex problem that results in a range of adverse short- and long-term consequences. The following sections describe some of these negative consequences, which include the negative effects of alcohol consumption on underage drinkers and consequences for those around them (referred to as secondary effects of underage alcohol use).

### **Alcohol-Related Motor Vehicle Crashes**

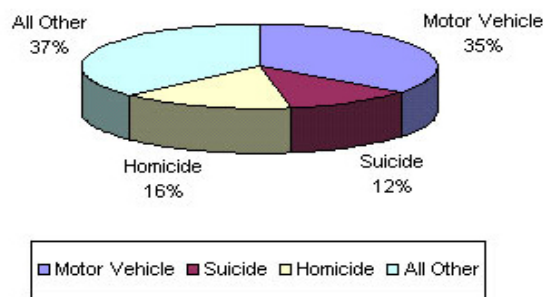
According to the *Call to Action*, about 5,000 people under age 21 die annually from alcohol-related injuries involving underage drinking. The greatest mortality risk for underage drinkers is motor vehicle crashes. In 2008, of the 2,739 drivers ages 15 to 20 who were killed in motor vehicle traffic crashes, 838 (31 percent) had a BAC of .01 or higher; 144 (5 percent of all fatally injured drivers this age) had a BAC of .01 to .07 g/dL, and 694 (25 percent of fatally injured drivers this age) had a BAC of .08 g/dL or higher (NCSA, 2009). In 2008, of the 411 nonoccupants (pedestrians and pedal cyclists) in the 15 to 20 year age group killed in motor vehicle traffic crashes, 115 (28 percent) had a BAC of .01 g/dL or higher—16 (4 percent of all nonoccupant fatalities this age) had a BAC of .01-.07 g/dL, and 99 (24 percent of nonoccupant fatalities this age) had a BAC of .08 g/dL or higher (NCSA, 2009).

Relative to 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 a given amount 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). 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 at least once in the past year (SAMHSA, 2010). In general, the reported prevalence of driving under the influence of alcohol increases with age until about 25, although there is some variation among survey years. For example, in the 2008 NSDUH, prevalence peaked at age 22, then declined for older persons. Overall, 29.1 percent of high school students in the 2007 YRBS had, in the past 30 days, ridden with a driver who had been drinking; 31.5 percent of seniors had done so (Eaton et al., 2008).

### **Other Unintentional Injuries Such as Burns, Falls, and Drowning**

In addition to motor vehicle crashes, underage drinking contributes to all major causes of fatal and nonfatal trauma experienced by young people (Figure 2.17). In 2006, 2,332 individuals ages 16 to 20 died from unintentional injuries other than motor vehicle crashes, such as poisoning, drowning, falls, burns, and so forth (CDC, 2009a). Research suggests that approximately 40 percent of these deaths were alcohol attributable (Smith et al., 1999).

**Figure 2.17 – Leading Causes of Death for Teens<sup>21</sup>**



### **Suicide, Homicide, and Violence**

In 2006, 3,147 people ages 12 to 20 died from homicide and 2,220 from suicide (CDC, 2009a). At present, it is unknown how many of these deaths are alcohol related. One study (Smith et al., 1999) estimated that, for the population as a whole, nearly a third (31.5 percent) of homicides and almost a quarter (22.7 percent) of suicides were alcohol attributable (i.e., involved a decedent with a BAC of 0.10 g/dL or greater). Another study of deaths among those 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). The degree to which violent crimes committed by those under 21 are alcohol related remains to be determined.

### **Years of Potential Life Lost Due to Alcohol**

Approximately 30 years of potential life are lost for persons with an alcohol-attributable death across all age groups (CDC, 2004). By comparison, each person who dies from cancer loses an average of 15 years of life, and each person who dies from heart disease loses an average of 11 years of life (Ries et al., 2003). Persons under age 21 who die as a result of alcohol use lose an average of 60 years of potential life (CDC, 2009a).

### **Risky Sexual Activity**

According to the *Call to Action*, underage drinking plays a significant role in risky sexual behavior, including unwanted, unintended, and unprotected sexual activity, as well as sex with multiple partners. Such behavior increases the risk for unplanned pregnancy and for contracting 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 (FASDs), including fetal alcohol syndrome, which remains a leading cause of mental retardation (Warren and Bast, 1988, Stratton, et al., 1996, Jones et al., 1973). Underage drinking by both victim and assailant 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 girls discussed earlier.

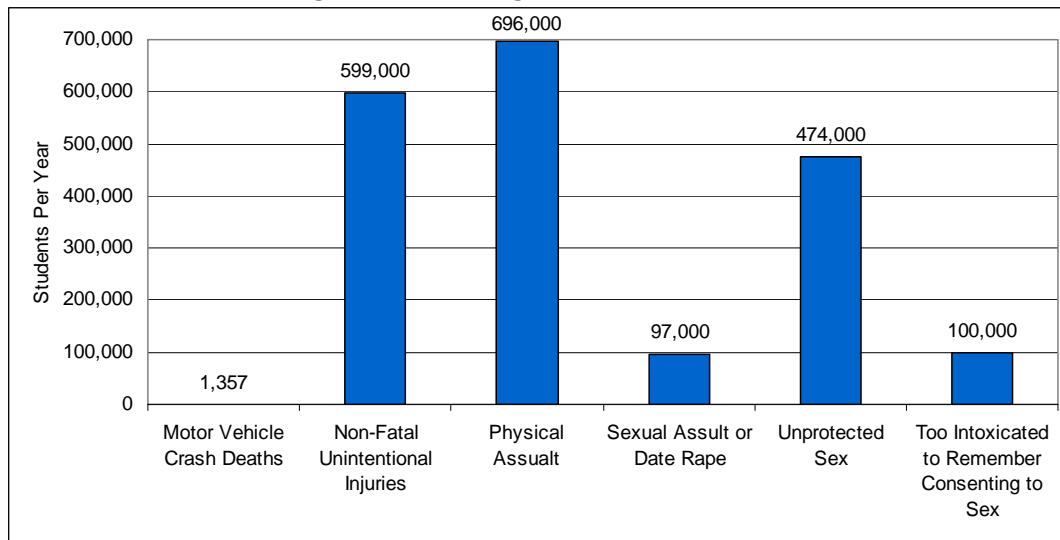
<sup>21</sup>[http://www.nhtsa.dot.gov/portal/site/nhtsa/template.MAXIMIZE/menuitem.cd18639c9dadabbbbf30811060008a0c/?java\\_x\\_portlet.tpst=4427b997caacf504a8bdba101891ef9a\\_ws\\_MX&javax.portlet.prp\\_4427b997caacf504a8bdba101891ef9a\\_viewid=detail\\_view&itemID=59e8492389274210VgnVCM1000002fd17898RCRD&viewType=standard](http://www.nhtsa.dot.gov/portal/site/nhtsa/template.MAXIMIZE/menuitem.cd18639c9dadabbbbf30811060008a0c/?java_x_portlet.tpst=4427b997caacf504a8bdba101891ef9a_ws_MX&javax.portlet.prp_4427b997caacf504a8bdba101891ef9a_viewid=detail_view&itemID=59e8492389274210VgnVCM1000002fd17898RCRD&viewType=standard)

## Adverse Consequences of College Drinking

An estimated 90 percent of college rapes involve use of alcohol by the assailant, the victim, or both (Commission on Substance Abuse at Colleges and Universities, 1994). About 97,000 college students are victims of sexual assault or date rape related to alcohol use each year (Hingson et al., 2009). Alcohol use is involved in 95 percent of all violent crime on college campuses (Commission on Substance Abuse at Colleges and Universities, 1994).

Many other adverse social consequences are associated with college alcohol consumption. It is estimated that more than 696,000 college students were assaulted or hit by another student who had been drinking; another 500,000 were unintentionally injured while under the influence of alcohol (Hingson et al., 2009). Research suggests that roughly 400,000 students between the ages of 18 and 24 had unprotected sex due to drinking, and more than 100,000 students between the ages of 18 and 24 report having been too intoxicated to know if they consented to having sex each year (Figure 2.18). Approximately 25 percent of college students report academic

**Figure 2.18 – Prevalence of Alcohol-Related Morbidity and Mortality Among College Students Ages 18-24 (Hingson et. al., 2002, 2005, 2009)**



consequences of their drinking, including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall. About 11 percent of college student drinkers report having damaged property while under the influence of alcohol (Hingson et al., 2005).

## Potential Brain Impairment

Adverse effects on normal brain development are a potential long-term risk of underage alcohol consumption. Neurobiological research suggests that adolescence may be a period of unique vulnerability to the effects of alcohol. For example, early heavy alcohol use may have negative effects on the actual physical development of the brain structure of adolescents (Brown and Tapert, 2004), as well as on brain functioning. Negative effects indicated by neuropsychological studies include decreased ability in planning, executive functioning, memory, spatial operations, and attention, all of which play important roles in academic performance and future levels of functioning (Giancola & Mezzich, 2000; Brown et al., 2000; Tapert & Brown, 1999; Tapert et

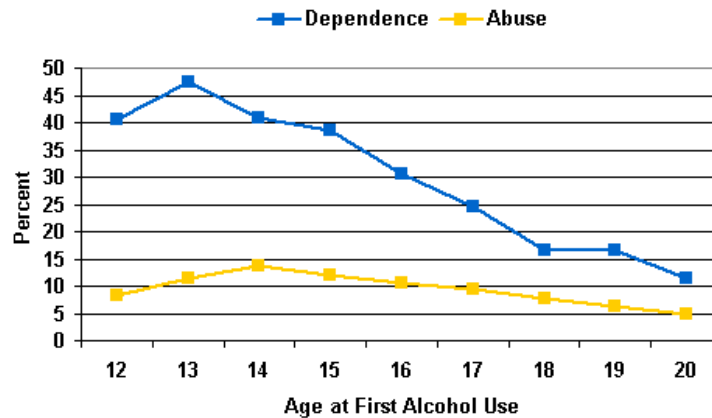


al., 2001). As Brown and colleagues (2000) note, these deficits may put alcohol-dependent adolescents at risk for falling farther behind in school, putting them at an even greater disadvantage relative to nonusers. Some of these cross-sectional findings have been supported by recent longitudinal analyses (Squeglia et al. 2009).

### Increased Risk of Developing an Alcohol Use Disorder Later in Life

Early onset of alcohol use (14 or younger), alone and in combination with escalated drinking in adolescence, has been documented in a number of studies as a risk factor for the development of alcohol-related problems in adulthood (Agrawal et al., 2009; Grant and Dawson, 1997; Gruber et al., 1996; Hawkins et al., 1997; Schulenburg et al., 1996; York et al., 2004). Grant and Dawson (1997) found that more than 40 percent of persons who initiated drinking before age 13 met diagnostic criteria for alcohol dependence at some time in their lives. By contrast, rates of alcohol dependence among those who started drinking at ages 17 and 18 were 24.5 percent and 16.6 percent, respectively (Figure 2.19). Only 10-11 percent who started at age 21 or older met the criteria.

**Figure 2.19 – Ages of Initiation and Levels of DSM Diagnoses for Abuse and Dependence (Grant & Dawson, 1997)**



The onset of alcohol consumption in childhood or early adolescence is a marker for later alcohol-related problems, including heavier adolescent use of alcohol and other drugs (Robins and Przybeck, 1985; Hawkins, et al., 1997) and involvement in alcohol-related traffic crashes (National Center for Statistics and Analysis, [NCSA], 2005b). Adults who started drinking at age 14 were three times more likely to report driving after drinking too much ever in their lives than those who began drinking after age 21. Crashes were four times as likely for those who began drinking at age 14 as for those who began drinking after age 21 (Hingson et al, 2001). Children of parents who binge are twice as likely to binge themselves and to meet alcohol dependence criteria.

## **Underage Drinking Affects Academic Performance**

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

## **Other Risky Behaviors and Negative Consequences**

A variety of other risky behaviors are associated with underage alcohol use. Some of these behaviors include riding with a driver who has been drinking, tobacco use, illicit drug use, attempting suicide, and carrying a weapon to school (NIAAA, 2002b; Eaton et al., 2008; Miller et al., 2007). Although data indicate that alcohol use is correlated with these risky behaviors, the question of causation remains open. Nevertheless, alcohol can impair an individual's decision-making capacity and reduce inhibitions. Therefore, drinking may be related to the decision to engage in risky behavior, particularly in adolescents—whose judgment, self-regulation, and decision-making capabilities are still developing. Other consequences of underage drinking include death from alcohol poisoning, academic problems, various social problems, and physical problems such as medical illnesses.

Underage drinking may also result in FASDs, which can cause serious disabilities that last a lifetime. FASDs are preventable if a woman does not drink during pregnancy. The social costs of underage drinking are conservatively estimated at \$53 billion, including \$19 billion from traffic crashes and \$29 billion from violent crime (PIRE, 1999).

## **UNDERAGE DRINKING: A DEVELOPMENTAL PHENOMENON**

As the Acting Surgeon General wrote in the introduction to the *Call to Action*:

...the latest research also offers hopeful new possibilities for prevention and intervention by furthering our understanding of underage alcohol use as a developmental phenomenon—as a behavior directly related to maturational processes in adolescence. New research explains why adolescents use alcohol differently from adults, why they react uniquely to it, and why alcohol can pose such a powerful attraction to adolescents, with unpredictable and potentially devastating outcomes.

This understanding of underage alcohol use as a developmental phenomenon is one of the major themes of the *Call to Action* and is an important new concept in this report.

Adolescence is the period between the onset of puberty<sup>22</sup> and the assumption of adult roles. It is a time of particular vulnerability to alcohol use and its consequences for a variety of developmental reasons, some specific to the individual and others related to the biological and behavioral changes produced by adolescence itself. In addition, alcohol can present a special allure to some adolescents for social, genetic, psychological, and cultural reasons. Recent advances in the fields of epidemiology, developmental psychopathology, human brain development, and behavioral genetics have provided new insights into adolescent development and its relationship to underage alcohol use.

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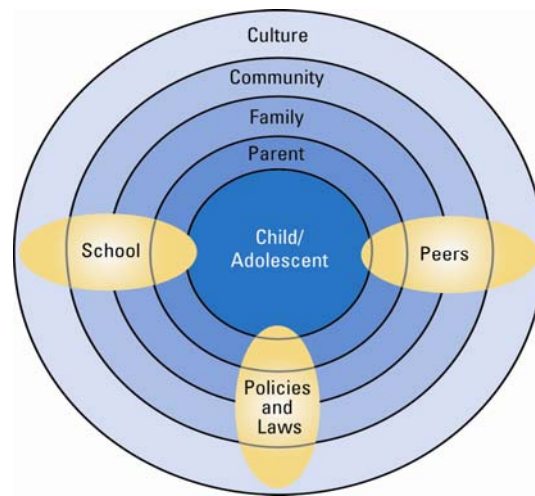
<sup>22</sup> For the purpose of this Report, puberty is defined as a sequence of events by which a child becomes a young adult characterized by secretions of hormones, development of secondary sexual characteristics, reproductive functions, and growth spurts.

Adolescent alcohol consumption is a complex behavior influenced by multiple factors, including the normal maturational changes that all adolescents experience; the various social and cultural contexts in which adolescents live (e.g., family, peers, and school); genetic, psychological, and social factors specific to each adolescent; and environmental factors that influence the availability and appeal of alcohol (e.g., enforcement of underage alcohol policies, marketing practices, media exposure, etc.). Biological factors internal to the adolescent, such as genes and hormones, interact with factors external to the adolescent, such as peers, school, and the overall culture in determining whether an adolescent will use alcohol. Internal and external factors influence each other in reciprocal ways as the adolescent's development unfolds over time. Youth are not at uniform risk for alcohol consumption nor are they uniformly at risk over the span of their own adolescence.

An important aspect of understanding the adolescent attraction to alcohol, as well as the means by which its use can be prevented or reduced, is appreciating the significant influence of the social systems in which adolescents operate. These many different social systems both influence adolescents and are, in turn, influenced by them (Bronfenbrenner, 1979). As shown in Figure 2.20, these systems include the adolescent's family, peers, school, extracurricular and community activities, sports teams and clubs, religious institutions, other diverse organizations with which the adolescent interacts, part-time work, the community itself, the culture, and even influences from around the world accessed through the Internet and other electronic resources. Each social system exposes the adolescent to both positive and negative influences, potentially increasing or decreasing the adolescent's risk of alcohol use. These multiple systems interact and may reinforce or contradict each other.

Each system may affect an adolescent's decision to use alcohol. To protect adolescents properly from alcohol use, parents and other adults must be involved in multiple social systems as individuals, citizens, and voters. By understanding the role these systems play in the teen's life and by acting strategically on the basis of established and emerging research, parents, other adults, and the Nation can reduce the risk and consequences of underage alcohol use.

**Figure 2.20 – Systems That Influence Adolescent Behavior (HHS, 2007)**



**This schematic represents the multiple systems in which adolescents are embedded. Their relative influences vary across development.**

An understanding of underage alcohol use as a developmental phenomenon sheds significant light on the particular vulnerabilities of adolescents to alcohol use, as well as protective measures likely to prevent and reduce underage drinking. Among the most important developmental findings included in the *Call to Action* are the following:

- **The Developing Adolescent Brain:** During adolescence, dramatic changes to the brain’s structure, neuron connectivity (i.e., “wiring”), and physiology occur (Restak, 2001). These changes affect everything from emerging sexuality to emotionality and judgment. However, not all parts of the brain mature at the same time. Differences in maturational timing across the brain can result in impulsive decisions or actions, disregard for consequences, and emotional reactions that can lead to alcohol use or otherwise put teenagers at serious risk.
- **Stress and Adolescent Transitions:** The physical effects of puberty create dramatic changes in the sexual and social experiences of maturing adolescents that require significant psychological and social adaptation, creating stress that may contribute to increased consumption of alcohol during the adolescent period (Tschann et al., 1994). In graduating from elementary to middle school, from middle to high school, and from high school to college or the workplace, adolescents face new stressors. Research shows a link between stress and alcohol consumption. For example, research on nonhuman primates shows that adolescent monkeys double their alcohol intake under stress and that excessive alcohol consumption is related to changes in stress hormones and serotonin (Barr et al., 2004).
- **Personality Traits:** Studies of adolescent drinking have repeatedly failed to find specific sets of personality traits that uniquely predict alcohol use in adolescents. Nonetheless, research does show that adolescents who use alcohol heavily or have alcohol use disorders (AUDs) do exhibit certain shared personality traits (also shared by some adolescents who do not abuse alcohol). High levels of impulsiveness, aggression, conduct problems, novelty seeking (Gabel et al., 1999), low harm avoidance (Jones and Heaven, 1998), and other risky

- **Mental Disorders:** Depression and anxiety are risk factors for alcohol problems because some people drink to cope with internal distress. Adolescents with defined mental disorders have significantly elevated rates of alcohol and other drug use problems. Because many young people are involved not only with alcohol but with other substances and may also have a co-occurring mental disorder, interventions should be designed to address this complexity.
- **Adolescents from Families With a Family History of Alcohol Dependence:** Children whose families include individuals who abuse alcohol are at increased risk for alcohol dependence throughout their lives. Genes account for over half of the risk for alcohol dependence; environmental factors account for the rest. However, no single gene accounts for the majority of risk. The development of a complex behavioral disorder such as alcohol dependence likely depends on specific genetic factors interacting with one another, multiple environmental factors, and the interaction between genetic and environmental factors. Research suggests that genes have a stronger influence on the development of problematic use, whereas environment seems to play a greater role in initiation of use (Rhee et al., 2003). The current college environment may increase the likelihood that persons with genetic predispositions to alcohol use disorders will have those predispositions expressed (Timberlake, et al., 2007).
- **Sensitivity to the Effects of Alcohol Use:** Animal research indicates that adolescents in general are more sensitive than adults to the stimulating effects of alcohol and less sensitive to some of the aversive effects of acute alcohol intoxication, such as sedation, hangover, and ataxia (loss of muscular coordination) (Doremus et al., 2003; Little et al., 1996; Silveri and Spear, 1998; Varlinskaya and Spear, 2004; White, et al., 2002; for review, see Spear, 2000 and Spear and Varlinskaya, 2005). This differing sensitivity may make adolescents more vulnerable to certain harmful effects of alcohol use. For example, adolescents are able to drink more than adults (who might pass out or be inclined to go to sleep) and therefore are more likely than adults to initiate activities when they are too impaired to perform them competently, such as driving. They are also more likely to drink to the point of coma. Furthermore, in the case of driving, each drink increases impairment more for adolescents than adults (Hingson and Winter, 2003). Children whose parents abuse alcohol may be at even greater risk for excessive drinking resulting from a combination of genetic and developmental factors that lower their sensitivity to alcohol.

These issues are reviewed in detail in *Underage Drinking: Understanding and Reducing Risk in the Context of Human Development*, a special supplement of the journal *Pediatrics* (2008).

## INTERVENING AMIDST COMPLEXITY

Underage alcohol use is a highly complex phenomenon driven by a variety of interacting factors. A developmental approach to preventing and reducing underage alcohol use takes into account these complex forces and factors that determine an adolescent's decision to use or not use alcohol. Complex interactions among biological, social, cultural, and environmental factors evolve as maturation proceeds; thus, the same adolescent at age 13 and later at age 17 will have different developmental needs and require different protective structures and skills to avoid the use of alcohol. To further complicate matters, periods of rapid transition, reorganization, and growth spurts alternate with periods of quiet and consolidation—all within a changing social context. A developmental approach to the prevention and reduction of underage drinking recognizes the importance of all environmental and social systems that affect adolescents, as well as adolescents' maturational processes and individual characteristics.

One of the advantages of understanding underage alcohol use as a developmental phenomenon is the unique insight it provides into risk and protective factors. Although the problem of underage drinking is complex, it is not insurmountable. A developmental approach makes clear the need for a coordinated national effort to prevent and reduce underage drinking and for the active involvement of both the public and private sectors as well as parents, other caregivers, and other adults. Success in solving a public health and safety problem as complex as underage drinking will require the engagement of every American, as the *Call to Action* puts it, “in a national effort to address underage drinking early, continuously, and in the context of human development. Underage alcohol use is everybody's problem—and its solution is everybody's responsibility.”

## CONCLUSION

The social, individual, and economic consequences of underage drinking make it a leading health problem in the United States—one that has remained stubbornly resistant to a variety of measures initiated to prevent and reduce it over the past three decades. The primary preventive issue in underage drinking is to delay onset of alcohol use for as long as possible, and preferably until the age of 21. Yet that delay must be achieved within an environment in which adult alcohol use is an accepted part of American life and alcohol is attractive to most underage youth and readily available to them. The goals and strategies proposed by the *Call to Action* and incorporated into this Report recognize that the involvement of Federal, State, and local governments; private-sector organizations and institutions; concerned individuals; and parents of underage youth, as well as youth themselves, is critical in making progress against this challenging health problem.

**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.

Communities selected and implemented evidence-based prevention interventions based on their community profile of risk and protective factors. A panel of 4,407 youth was recruited in grade 5 and followed annually to assess impact of the CTC system on substance use and related outcomes. Annual surveys of youth in grades 6, 8, 10, and 12 were also conducted. Initial results from the longitudinal panel demonstrated that mean levels of risk exposure were significantly lower for youth in the CTC condition than youth in the control condition. Also, significantly fewer youth in the intervention condition than the control condition initiated delinquent behaviors by grade 7 (Hawkins et al., 2008). From grades 5 through 8, youth in the intervention condition had lower incidences of alcohol, cigarette, and smokeless tobacco initiation, and significantly lower delinquent behavior than those in the control condition. In grade 8, the prevalence of alcohol and smokeless tobacco use in the last 30 days, binge drinking in the last 2 weeks, and delinquency behaviors in the past year were significantly lower for youth in CTC communities than for youth in control communities (Hawkins et al., 2009). A 2010 publication examined the implementation of core intervention elements by coalitions in CYDS and found that, as compared to control coalitions, CYDS coalitions implemented significantly more of the CTC core elements (e.g., using community-level data on risk and protective factors to guide selection of effective prevention programs) and also implemented significantly greater numbers of tested, effective prevention programs. CYDS is currently studying implementation fidelity, impact on outcomes, and sustainability. Goals 2-5 are addressed.

- **PROMoting School/Community-University Partnerships To Enhance Resilience (**PROSPER**): PROSPER is an innovative partnership model for the diffusion of evidence-based preventive interventions that reduce youth substance use and other problem behaviors. The PROSPER partnership model links land-grant university researchers, the cooperative extension system, the public school system, and community stakeholders. A randomized trial of PROSPER is being conducted in 28 school districts in rural and semi urban communities in Iowa and Pennsylvania, blocked on size and randomly assigned to the PROSPER partnership model or to a usual programming control condition. Approximately 10,000 6<sup>th</sup> graders recruited across two cohorts were enrolled in the study along with approximately 1,200 students and their parents. In the PROSPER condition, communities received training and support to implement evidence-based prevention through the partnership, and selected interventions from a menu of efficacious and effective universal prevention programs. In a 2007 publication, analyses 18 months after baseline revealed significant intervention effects compared with the control condition: reduced new-user rates of marijuana, methamphetamine, ecstasy, and inhalant use; lower rates of initiation of gateway and illicit substance use; and lower rates of past-year marijuana and inhalant use and drunkenness. Some outcomes were moderated by baseline risk status, with better outcomes for higher-risk youth. The long-term effects of PROSPER, along with the sustainability of the model by communities are currently being examined. Goals 2-4 are addressed.**
- **Adoption of Evidence-Based Interventions in Middle and High Schools:** NIDA recently supported a survey of a nationally representative sample of school districts to examine the diffusion and adoption of efficacious and effective drug abuse prevention interventions. Surveys were given to middle schools in 1,721 school districts and to high schools in 1,392 school districts; results were compared with data collected from a similar survey conducted in 1999. Efficacious and effective drug abuse prevention interventions were determined

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.

## **CHAPTER 4**

# **Report on State Programs and Policies Addressing Underage Drinking**

## INTRODUCTION

The STOP Act recognizes the critical role States play in the national effort to reduce underage drinking, particularly in their role as regulators of the alcohol market. Its preamble includes this statement of the sense of Congress:

Alcohol is a unique product and should be regulated differently than other products by the States and Federal Government. States have primary authority to regulate alcohol distribution and sale, and the Federal Government should support and supplement these State efforts. States also have a responsibility to fight youth access to alcohol and reduce underage drinking. Continued State regulation and licensing of the manufacture, importation, sale, distribution, transportation, and storage of alcoholic beverages are ... critical to ... preventing illegal access to alcohol by persons under 21 years of age.

To this end, the Act directs The Secretary of the Department of Health and Human Services (HHS), working with the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), to provide an Annual Report on State activities pertaining to underage drinking prevention programs, policies, enforcement efforts related to those policies, and State expenditures. SAMHSA is collecting data from the States on enforcement activities, prevention programs, and State expenditures, all of which will be included in next year's Report.

This year's Report focuses specifically on 17 State underage drinking policies and laws, providing the first comprehensive documentation of State underage drinking laws. The 17 policies fall into three categories as follows:

Laws addressing minors in possession of alcohol:

- [Underage Possession](#)
- [Underage Consumption](#)
- [Internal Possession by Minors](#)
- [Underage Purchase and Attempted Purchase](#)
- [False Identification](#)

Laws targeting underage drinking and driving:

- [Youth Blood Alcohol Concentration Limits](#)
- [Loss of Driving Privileges for Alcohol Violations by Minors](#)
- [Graduated Driver's 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](#)
- [Hosting Underage Drinking Parties](#)
- [Direct Sales/Shipments](#)
- [Keg Registration](#)

This Chapter is composed of policy summaries and State-by-State reports. The policy summaries provide a description of each of the 17 policies; each policy's key components; a summary of the status of the policies across the 50 States and the District of Columbia; and trends in the adoption of the policies over time. Specific legal variables have been identified for each policy component and defined in Appendix B. The State-by-State reports provide summaries of the 17 policies using the legal variables for each State, thus providing uniform reporting that facilitates cross-State comparison. The policy variables for each State are linked electronically to both the relevant policy summaries and the variables definitions.

## **POLICY SUMMARIES**

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

#### **1. UNDERAGE POSSESSION**

##### **Policy Description**

As of January 1, 2009, all States and the District of Columbia prohibit possession of alcoholic beverages for those under age 21. States may apply certain statutory exceptions to these laws.

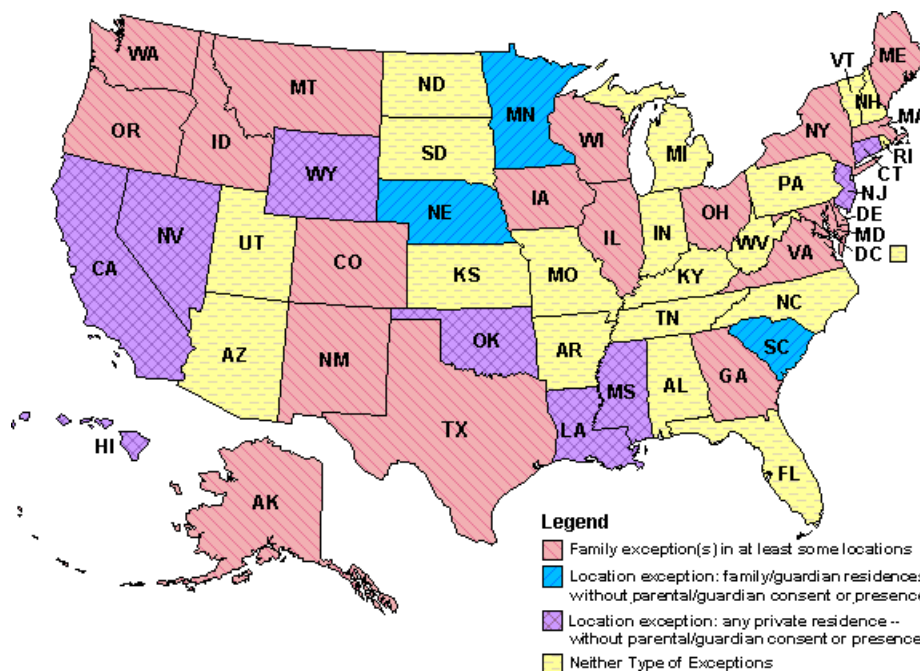
Some jurisdictions allow exceptions to possession prohibitions when a family member consents and/or is present. States vary widely in terms of which relatives may consent or must be present for this exception to apply and in what circumstances exceptions apply. In this Report, we focus on parental/guardian consent and/or parental/guardian presence as well as spousal exceptions, which apply when a minor's spouse is present and/or consents.

In addition to family member exceptions, some States permit exception to possession prohibitions on private property. States vary in the extent of private property exceptions, which may extend to all private locations, private residences only, or in the homes of parents or guardians only. In some jurisdictions, location exceptions are conditional on the presence and/or consent of parents, legal guardians, or spouses.

##### **Status of Underage Internal Possession Policies**

As of January 1, 2009, all 50 States and the District of Columbia prohibit possession of alcoholic beverages by those under age 21. Twenty-five jurisdictions have some type of family exception, 23 have some type of location exception, and 20 have neither. Twelve jurisdictions allow underage possession in at least some private locations without parental consent or presence. Three of these limit the location to the parent/guardian's residence; the remaining 9 allow minors to possess alcohol in any private residence (and, in some cases, other types of private locations) without requiring parental consent or presence.

## Exceptions to Minimum Age of 21 for Possession Alcohol of as of January 1, 2009



### Trends in Underage Possession Policies

During the 11-year period between 1998 and 2009, only three States have enacted changes to possession prohibitions: Maine, New Mexico, and Virginia. Maine expanded its location exception in 2001 from a parent/guardian's home to any private residence. New Mexico made two changes to its provisions in 1998 and 2004, adding parent/guardian/spouse exceptions provided that the possession occurs on private property under the control of the parent/guardian/spouse. Virginia's parent/guardian consent exception was amended in 2006, expanding it to include spouses, but requiring parent/guardian/spouse presence and limiting its applicability to private residences.

### References and Further Information

All data for this policy were obtained from the Alcohol Policy Information System (APIS) at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled "Underage Possession of Alcohol." APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to page 391.

## **2. UNDERAGE CONSUMPTION**

### **Policy Description**

Prohibitions and associated sanctions on consumption of alcohol by underage persons can be expected to depress rates of underage drinking by raising the monetary and social costs of this behavior. Such laws provide a primary deterrent (preventing underage drinking among nondrinkers) and a secondary deterrent (reducing the probability that adjudicated youth will drink again before attaining majority).

As of January 1, 2009, 33 jurisdictions prohibit consumption of alcoholic beverages for those under age 21. As with laws prohibiting underage possession and internal possession, which are presented in separate sections of this Report, many States that prohibit consumption apply various statutory exceptions.

Some States with consumption prohibitions allow exceptions when a family member consents and/or is present. States vary widely in terms of which relatives may consent or must be present for this exception to apply and in what circumstances the exception applies. In this Report, we focus on two types of family member exceptions: parental/guardian consent and/or presence, and exceptions that apply when a minor's spouse is present and/or consents.

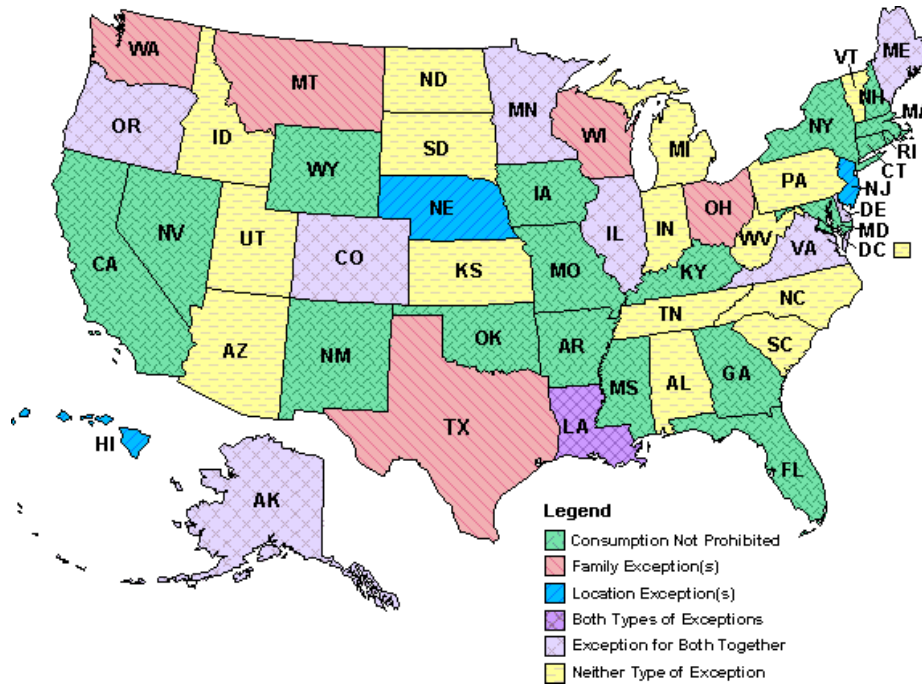
In addition to family member exceptions, some States with consumption prohibitions permit exceptions on private property. States vary in the extent of the private property exception, which may extend to all private locations, private residences only, or in the home of a parent or guardian only. In some jurisdictions, a location exception is conditional on the presence and/or consent of a parent, legal guardian, or spouse.

It is important to note that consumption, possession, and internal possession policies are closely linked because consumption generally requires possession and precedes internal possession. State policies for the three are not identical, however. Although all States prohibit possession of alcohol by minors, some States do not specifically prohibit underage alcohol consumption and internal possession. In addition, some States that do prohibit underage consumption allow different exceptions for consumption than those that apply to underage possession and internal possession. It is therefore recommended that the underage possession, consumption, and internal possession policies be reviewed in conjunction with each other. Underage possession and internal possession prohibitions are detailed elsewhere in this Report.

### **Status of Underage Consumption Policies**

As of January 1, 2009, 33 jurisdictions prohibit consumption of alcoholic beverages by those under the age of 21. Of those, 14 permit family exceptions to the law, 12 permit location exceptions, and 16 permit neither type of exception. Five States (Washington, Montana, Texas, Wisconsin, and Ohio) only permit family exceptions; three States (Hawaii, New Jersey, and Nebraska) only permit location exceptions; one State (Louisiana) has both types of exceptions; and eight States permit underage consumption only if both family and location criteria are met.

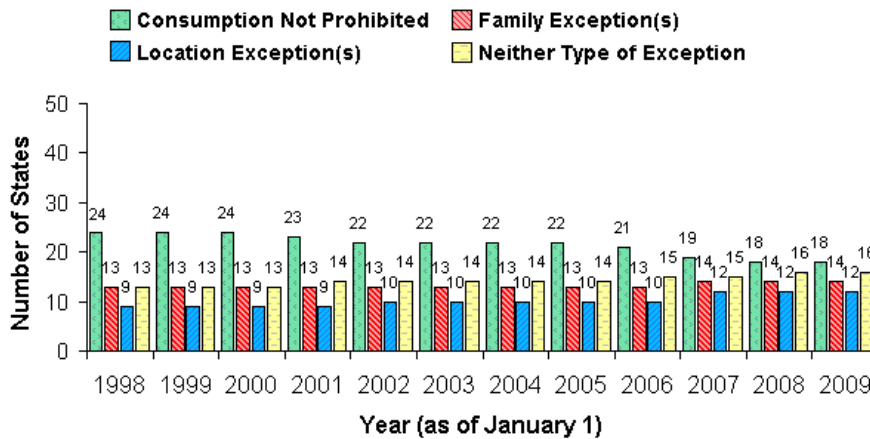
## Exceptions to Minimum Age of 21 for Consumption of Alcohol as of January 1, 2009



### Trends in Underage Consumption Policies

As the chart below illustrates, during the 11-year period between 1998 and 2009, the number of jurisdictions that prohibited underage consumption decreased from 24 to 18. Alongside that decrease, location exceptions rose from 9 to 12; family exceptions held relatively constant (from 13 to 14); and the number of jurisdictions with neither type of exception rose from 13 to 16.

**Number of States With Family and Location Exceptions to Minimum Age of 21 for Consumption of Alcohol, January 1, 1998 Through January 1, 2009**





## **References and Further Information**

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Underage Possession/Consumption/Internal Possession of Alcohol.” APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. For definitions of the variables for this policy, go to page 391.

## **3. INTERNAL POSSESSION BY MINORS**

### **Policy Description**

Although possession of alcoholic beverages for those under age 21 is prohibited in all States and underage consumption is prohibited in most States, several States have recently enacted laws prohibiting internal possession of alcohol by minors. Internal possession statutes typically require evidence of alcohol in the minor’s body, but do not require any specific evidence of possession or consumption.

Internal possession laws are an additional tool used to reduce the public health harm from underage drinking, and are especially useful to law enforcement when dispersing underage drinking parties. These laws allow officers to bring charges against underage persons who are neither holding nor drinking alcoholic beverages in their presence.

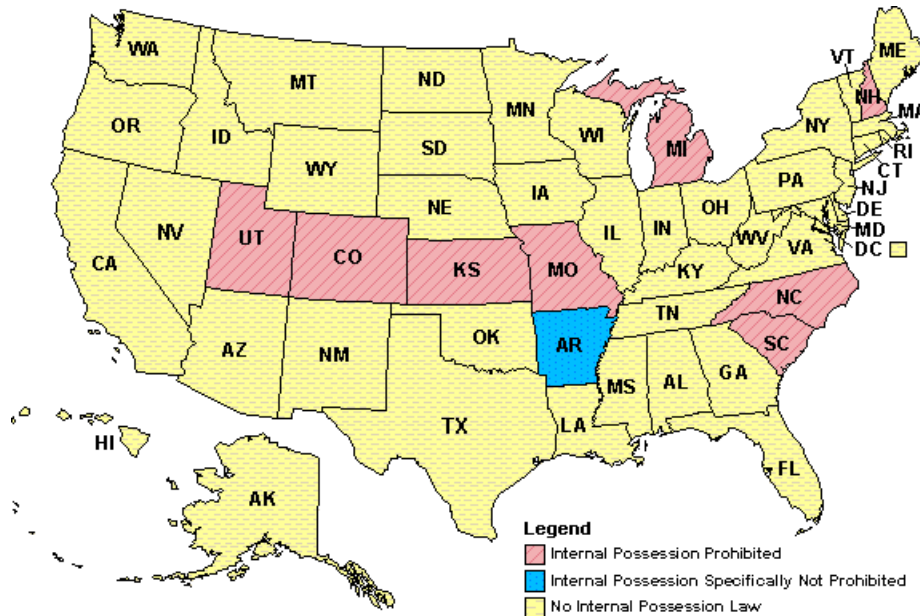
As with laws prohibiting underage possession and consumption, which are presented in separate sections of this Report, States that prohibit internal possession may apply various statutory exceptions; for example, a State may allow an exception to internal possession prohibitions when a family member consents and/or is present. States vary as to which relatives may consent or must be present for this exception to apply and in what circumstances.

States may also allow exceptions to internal possession prohibitions on private property. This exception may extend to all private locations, private residences only, or only to the home of a parent or guardian. A location exception may be conditional on the presence and/or consent of a parent, legal guardian, or spouse.

### **Status of Underage Internal Possession Policies**

As of January 1, 2009, eight States prohibit internal possession of alcoholic beverages for anyone under the age of 21. One state, Arkansas, specifically does not prohibit internal possession by minors. Of the eight States that prohibit internal possession, six do not make any exceptions. In contrast, Colorado has exceptions for situations in which parents or guardians are present and give consent and the possession occurs in any private location. South Carolina’s law makes an exception for internal possession in the homes only of parents or guardians.

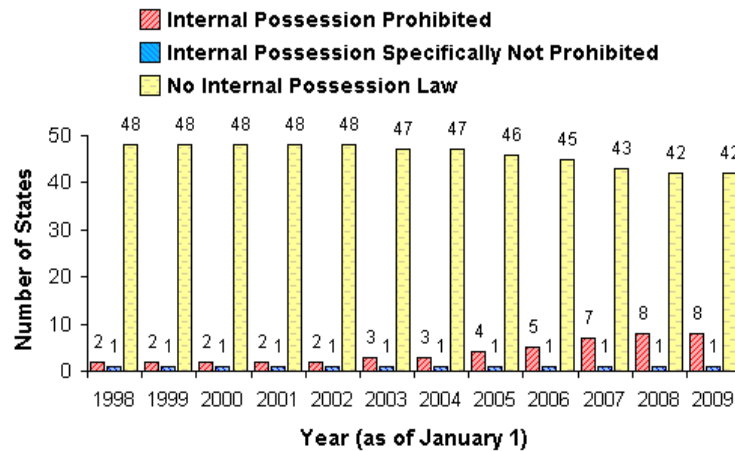
## Prohibition of Internal Possession of Alcohol by Persons Under 21 Years of Age as of January 1, 2009



### Trends in Underage Internal Possession Policies

Six of the eight existing States with underage internal possession statutes as of January 1, 2009, have enacted those laws since 1998. As the chart below illustrates, during the 11-year period between 1998 and 2009, the number of States that prohibit underage internal possession has grown steadily. Since 1998, no additional States have enacted statutes that specifically do not prohibit underage internal possession.

### Distribution of States With Laws Prohibiting Internal Possession of Alcohol by Persons Under 21 Years of Age, January 1, 1998 through January 1, 2009



## References and Further Information

All data for this policy were obtained from the APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Underage Possession/Consumption/Internal Possession of Alcohol.” APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to page 392.

## 4. UNDERAGE PURCHASE AND ATTEMPTED PURCHASE

### Policy Description

As of January 1, 2009, 46 States and the District of Columbia prohibit minors from purchasing or attempting to purchase alcoholic beverages. A minor who purchases alcoholic beverages can be prosecuted for possession because a sale cannot be completed until there is possession on the part of the purchaser. Although closely linked, purchase and possession are nevertheless separate offenses. A minor who purchases alcoholic beverages is potentially liable for two offenses in jurisdictions that have both prohibitions. See the “[Underage Possession](#)” section of this Report for further discussion.<sup>28</sup>

A significant minority of youths purchase or attempt to purchase alcohol for themselves, sometimes using falsified identification (see the “[False Identification](#)” section of this Report).

Such purchases increase the availability of alcohol to underage persons, which, in turn, increases underage consumption. Prohibitions and associated sanctions on alcohol purchases by underage persons can be expected to depress rates of purchase and attempted purchase by raising the monetary and social costs of this behavior. Such laws provide a primary deterrent (preventing attempted purchases) and a secondary deterrent (reducing the probability that persons sanctioned under these laws will attempt to purchase in the future).

In some States, a person under age 21 is allowed to purchase alcoholic beverages as part of law enforcement actions. Most commonly, these actions are checks of merchant compliance or stings to identify merchants who illegally sell alcoholic beverages to minors. This exemption for purchase in the law enforcement context may exist even in States that do not have laws specifically prohibiting underage purchase—in which case, technically, the exemption is to the State’s underage possession law.

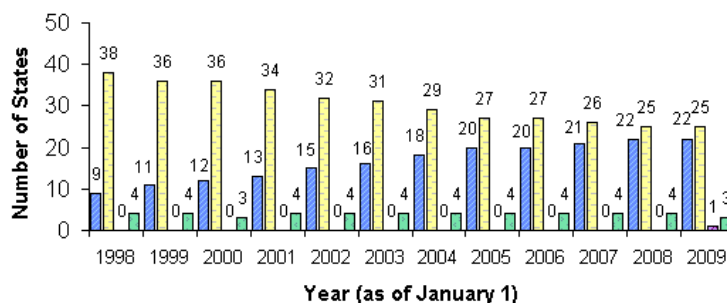
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<sup>28</sup> Some States have laws that specifically prohibit both underage purchase and attempted purchase of alcohol. An attempted purchase occurs when a minor takes concrete steps toward committing the offense of purchasing whether or not the purchase is consummated. It is likely that courts in States that only include the purchase prohibition in their statutes would treat attempted purchase as a lesser included offense. It can, therefore, be assumed that all States that prohibit purchase also prohibit attempted purchases. The two offenses are therefore not treated separately in this Report.



## Underage Purchase of Alcohol for Law Enforcement Purposes, January 1, 1998 Through January 1, 2009

- Purchase Prohibited; Youth May Purchase for Law Enforcement Purposes
- Purchase Prohibited; No Allowance for Youth Purchase for Law Enforcement Purposes
- Purchase Not Prohibited; Youth May Purchase for Law Enforcement Purposes
- Purchase Not Prohibited; No Allowance for Youth Purchase for Law Enforcement Purposes



### References and Further Information

All data for this policy were obtained from the APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Underage Purchase of Alcohol.” APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. For definitions for the variables in this policy, go to page 392.

## 5. FALSE IDENTIFICATION (“FALSE ID”)

### Policy Description

Alcohol retailers are responsible for ensuring that alcoholic beverages are sold only to persons legally permitted to purchase alcohol. Inspecting government-issued identification (e.g., driver’s license, non-driver identification card, passport, or military identification) is a primary means of verifying that buyers meet minimum age requirements.<sup>29</sup>

Minors may obtain and use apparently valid identification that falsely states their age as 21 or over in an attempt to circumvent this safeguard against illegal sales. Age may be falsified by altering the birth date on a valid identification, obtaining an invalid identification card that appears to be valid, or using someone else’s identification. Current technology, including high

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<sup>29</sup> Government-issued IDs are used for a number of age-related purposes other than the purchase of alcohol: registering to vote, enlisting in the military, entering certain entertainment venues, etc. States have enacted laws regarding the manufacture and use of false IDs for these and other purposes, and in some cases these laws might apply to minors purchasing alcohol. This report confines its analysis to statutes and regulations that specifically address the use of false identification for the purpose of obtaining alcohol.

quality color copiers and printers, has made false IDs easier to fabricate, and the Internet provides ready access to a large number of false identification vendors.

In addition to making it illegal to use a false ID, States have adopted a variety of related legal provisions that can be divided into three basic categories:

- Provisions that target minors who possess and use false identification to obtain alcohol, such as the requirement that the offender's driver's license be revoked or suspended.
- Provisions that target those who supply minors with false IDs by either lending a valid ID or producing false IDs.
- Provisions that assist retailers in avoiding sales to potential buyers who present false identification, such as:
  - Providing incentives to retailers who use electronic scanners that read birth date information digitally encoded on valid identification cards.
  - Issuing distinctive driver's licenses for persons under the age of 21.
  - Granting retailers an affirmative defense in prosecution involving an illegal underage alcohol sale based on the retailers' belief that the minor was of age.
  - Permitting retailers to seize apparently false IDs without fear of prosecution.
  - Giving retailers the right to detain or sue an underage person using false identification to purchase alcohol.

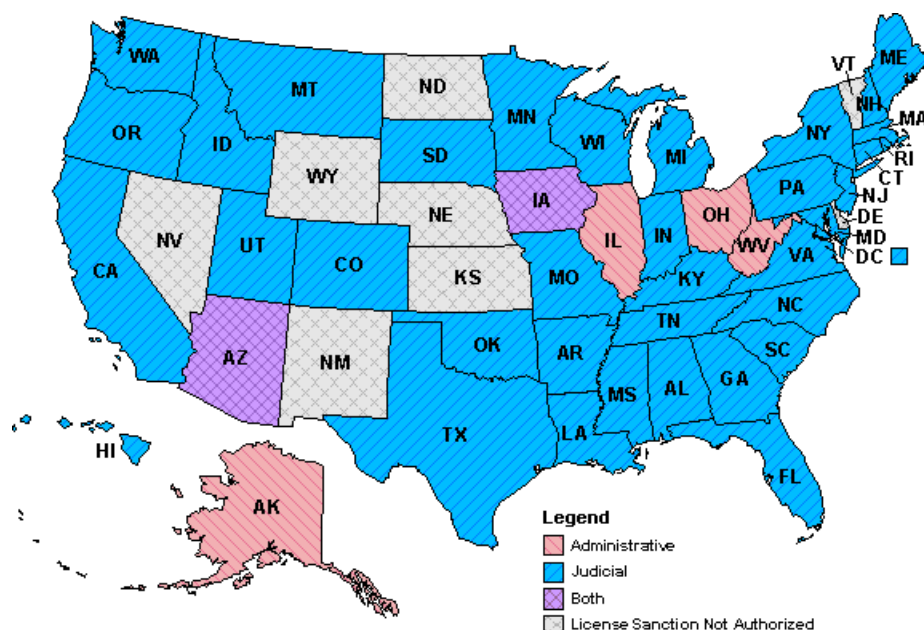
For further discussion of policies pertaining to the purchase of alcohol by minors, see the "[Underage Purchase and Attempted Purchase](#)" section of this Report; of policies that mandate training of servers to detect false identification, the "[Responsible Beverage Service](#)" section of this Report; and of license suspension or revocation, the "[Loss of Driving Privileges for Alcohol Violations by Minors](#)" section of this Report.

## **Status of False ID Policies**

### **Provisions That Target Minors**

As of January 1, 2009, all States and the District of Columbia prohibit minors from using false IDs to obtain alcohol. All but eight States (Delaware, Kansas, Nebraska, Nevada, New Mexico, North Dakota, Vermont, and Wyoming) authorize suspension of minors' driver's licenses for using a false ID in the purchase of alcohol, in all but four cases (Alaska, Illinois, Ohio, and West Virginia) through judicial proceedings. Two States (Arizona and Iowa) allow for both judicial and administrative proceedings for license sanctions.

## Procedure for Imposing License Sanction for Use of False ID as of January 1, 2009



### Provisions That Target Suppliers

As of January 1, 2009, 25 States have laws that target suppliers of false IDs; 24 prohibit lending, transferring, or selling false IDs to minors for the purpose of purchasing alcohol; and 13 prohibit manufacturing such licenses.

### Retailer Support Provisions

Retailer support provisions vary widely across the States. In prosecution involving an illegal underage alcohol sale, 44 States and the District of Columbia provide for some type of affirmative defense; 43 States and the District of Columbia have laws requiring distinctive licenses for persons under the age of 21; 10 States permit retailers to seize apparently false IDs; 9 States provide incentives for the use of scanners; 4 States allow retailers to detain minors (Arkansas, Colorado, South Dakota, and Utah); and 3 States (Alaska, Oregon, and New Hampshire) permit retailers to sue minors for damages.

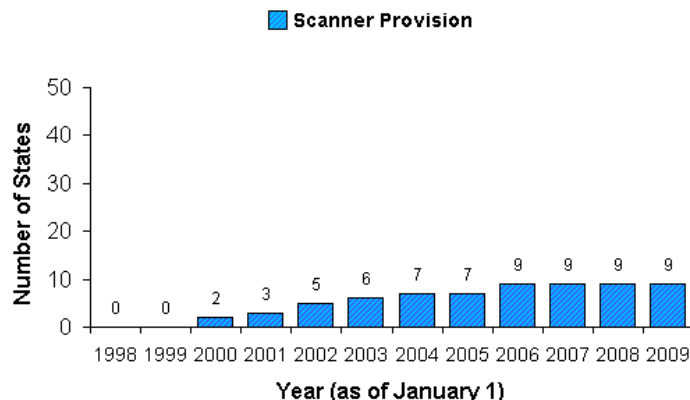
### Trends in False ID State Policies

State false ID policies that target minors and suppliers have been relatively stable for the last 10 years. Hawaii, Maine, Mississippi, and South Dakota implemented judicial license revocation, and Missouri enacted a law making it illegal to lend, transfer, or sell false IDs to minors. Most other States have had these provisions for more than a decade; no States have loosened existing restrictions during this time frame.

By contrast, States have been actively enacting four of the retailer support provisions. All nine scanner provisions were enacted over the last 10 years (see chart). Two of the specific affirmative defense laws (Arizona and Vermont), two of the right to detain minors laws (Arkansas and South Dakota), and two of the right to sue minors laws (Alaska and New Hampshire) permit retailers to sue minors for damages.

Hampshire) have been enacted during this time period. Idaho is an exception to the general trend; in 2007, it rescinded its law permitting retailers to seize apparently false IDs.

### Number of States With Scanner Provisions in Their False ID Laws, January 1, 1998 Through January 1, 2009



### References and Further Information

All data for this policy were obtained from the APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled "False Identification for Obtaining Alcohol." APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. Variables are defined on page 392.

## Laws Targeting Underage Drinking and Driving

### 6. YOUTH BLOOD ALCOHOL CONCENTRATION LIMITS (UNDERAGE OPERATORS OF NONCOMMERCIAL MOTOR VEHICLES)

#### Policy Description

The blood alcohol concentration (BAC) limits policy establishes the maximum amount of alcohol a minor can have in his/her bloodstream when operating a motor vehicle. BAC is commonly expressed as a percentage. For instance, a BAC of 0.08 percent means that a person has 8 parts alcohol per 10,000 parts blood in the body. State laws generally specify BAC levels in terms of grams of alcohol per 100 milliliters of blood (often abbreviated as grams per deciliter, or g/dL). BAC levels can be detected by breath, blood, or urine tests. The laws of each jurisdiction specify the preferred or required types of tests used for measurement.

There is strong scientific evidence that as BAC increases, the cognitive and motor skills needed to operate a motor vehicle are increasingly impaired. BAC statutes establish criteria for

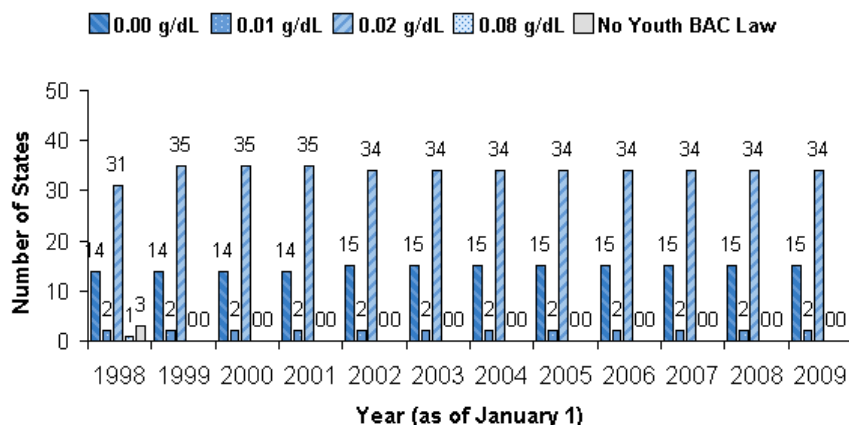




### Trends in Youth BAC Limit Policies

Since 1998, all States have had zero tolerance (0.02 g/dL or lower) youth BAC limit laws. In the decade between 1999 and 2009, the number of States mandating specific BAC limits for underage drivers remained constant with the exception of one State, Maryland, which lowered its underage BAC limit from 0.02 to 0.00 g/dL. Prior to 1998, three states (South Carolina, South Dakota, and Wyoming) had no youth BAC limits and one (Mississippi) set the limit to 0.08 g/dL.

#### Distribution of Youth BAC Limit Laws From January 1, 1998, Through January 1, 2009



### References and Further Information

All data for this policy were obtained from the APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Blood Alcohol Concentration Limits: Youth (Underage Operators of Noncommercial Motor Vehicles).” APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to page 394.

## 7. LOSS OF DRIVING PRIVILEGES FOR ALCOHOL VIOLATIONS BY MINORS (“USE/LOSE” LAWS)

### Policy Description

As the name suggests, “use/lose” laws authorize suspension or revocation of driving privileges as a penalty for underage purchase, possession, or consumption of alcoholic beverages. States began enacting them in the mid-1980s to deter underage drinking by imposing a punishment that young people would consider significant: the loss of a driver’s license. In most States, use/lose laws make it mandatory to impose driver’s license sanctions in response to underage alcohol violations. State laws vary as to the type of violation (purchase, possession, or consumption of alcohol) that leads to these sanctions and how long suspensions or revocations stay in effect.

Related State laws specific to minors (e.g., purchase, possession, and consumption of alcoholic beverages) are described in the “[Underage Purchase and Attempted Purchase](#),” “[Underage Possession](#),” “[Underage Consumption](#),” and “[Internal Possession by Minors](#)” sections of this Report.

## Status of Loss of Driving Privileges Policies

### Type of Violation Leading to Suspension or Revocation of License

Use/lose laws exist in 39 States and the District of Columbia. Of these, 18 cite all three types of violation (purchase, possession, and consumption of alcohol) as causes to suspend or revoke minors’ licenses; 13 cite two types of violation; and 9 cite only one type.

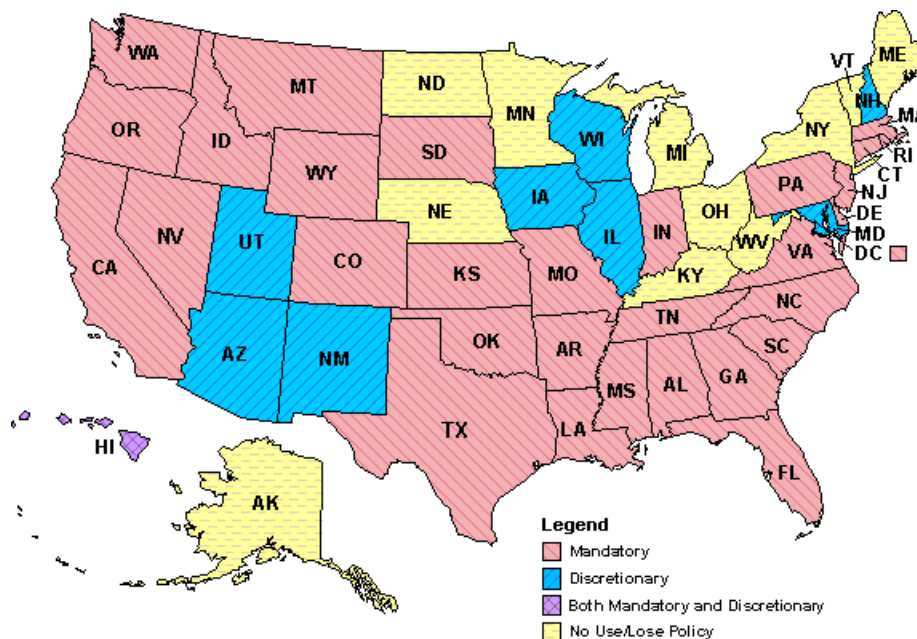
### Upper Age Limit

Twenty-six States and the District of Columbia set 21 years of age as the upper limit for which use/lose laws apply. Nine States set the upper limit at 18 years, and one State (Wyoming) sets the limit at 19 years. In three States (Hawaii, Tennessee, and Virginia), some sanction conditions vary depending on whether the violator is under the age of 18 or under the age of 21.

### Authority To Impose License Sanction

The majority of jurisdictions (30 States and the District of Columbia) have made license suspension or revocation mandatory in cases of underage alcohol violations. Eight States have made this a discretionary penalty for such violations, and 11 States have no use/lose law. One State, Hawaii, makes this a discretionary penalty for minors below the age of 18, but mandatory for violators aged 18 through 20.

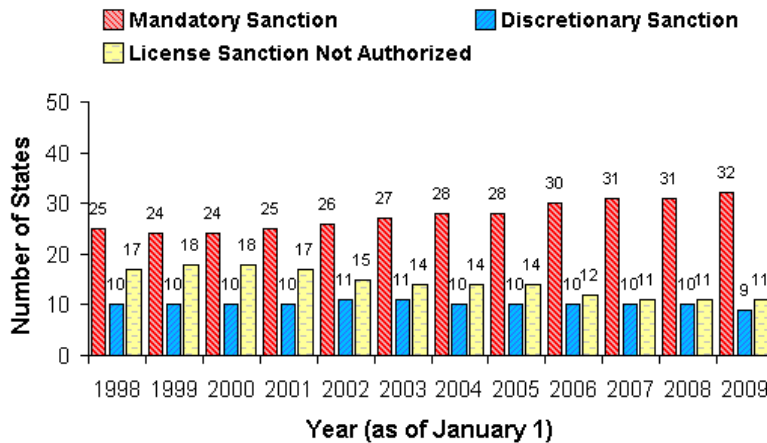
### License Suspension/Revocation for Alcohol Violations by Minors as of January 1, 2009



## Trends in Loss of Driving Privileges Policies

Between 1998 and 2009, the number of States that made license suspension or revocation mandatory in cases of underage alcohol violations increased steadily from 25 to 32. During this same time period, the number of jurisdictions with no use/lose laws decreased from 17 to 11, and the number with discretionary authority to impose use/lose sanctions dropped from 10 to 9.

**Distribution of License Suspension/Revocation Procedures for Alcohol Violations by Minors, January 1, 1998 Through January 1, 2009**



### References and Further Information

Data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose” Laws).” APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to page 394.

## 8. GRADUATED DRIVER’S LICENSES

### Policy Description

Graduated driver licensing (GDL) is a system designed to delay full licensure for teenage automobile drivers while allowing beginners to gain experience under lower-risk conditions. Teenagers are targeted because they are at the highest risk for motor vehicle crashes, including alcohol-related crashes. By imposing restrictions on driving privileges, GDL reduces the chances of teenagers driving while intoxicated.

A fully developed GDL system has three stages: a minimum supervised learner’s period, an intermediate license (once the driving test is passed) that limits unsupervised driving in high-risk

situations, and a full-privilege driver's license available after completion of the first two stages. Beginners must remain in each of the first two stages for set minimum time periods.

The learner's stage has three variables:

- Minimum age at which drivers can operate vehicles in the presence of parents, guardians, or other adults.
- Minimum holding periods during which learner's permits must be held before drivers advance to the intermediate stage of the licensing process.
- Minimum age at which drivers become eligible to drive without adult supervision.

The intermediate stage of GDL law has five variables:

- Minimum age at which drivers become eligible to drive without adult supervision.
- Unsupervised night driving prohibitions.
- Primary enforcement of night driving provisions.
- Passenger restrictions, which set the total number of passengers allowed in vehicles driven by intermediate-stage drivers.
- Primary enforcement of passenger restrictions.

“Primary enforcement” refers to the authority given to law enforcement officers to stop drivers for the sole purpose of investigating potential violations of night driving or passenger restrictions. Law enforcement officers in States without primary enforcement can investigate potential violations of these provisions only as part of an investigation of some other offense. Primary enforcement greatly increases the chance that violators will be detected.

The single variable for the license stage of GDL is the minimum age at which full licensure occurs and both passenger and night driving restrictions are lifted.

### **Status of Graduated Driver Licensing Policies**

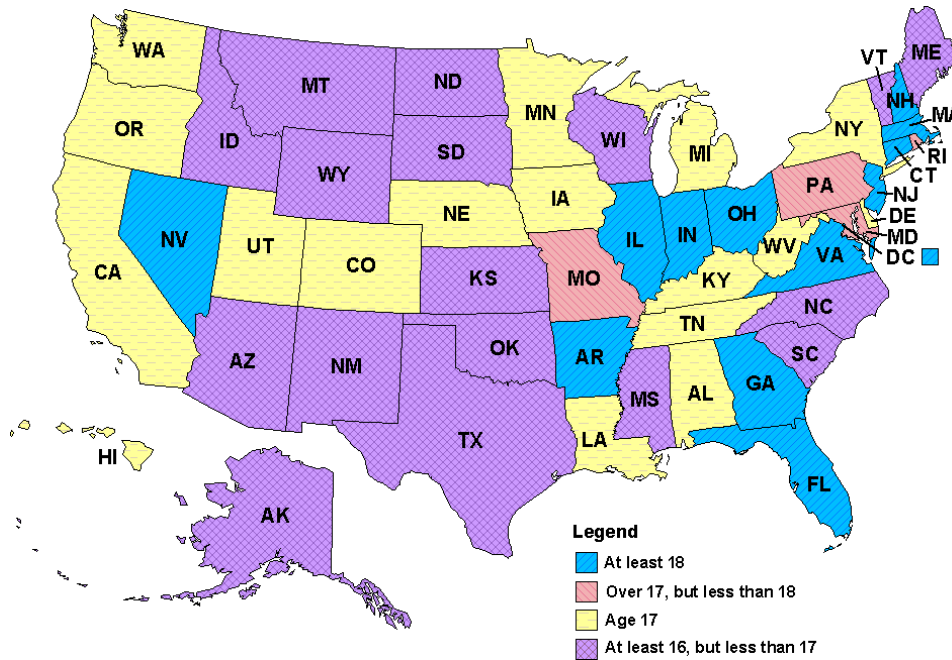
Currently, all 50 States and the District of Columbia have some form of GDL policy, although only 48 jurisdictions have full three-stage criteria. The minimum ages established for each stage and the extent to which the other restrictions are imposed vary across jurisdictions. Arkansas, Kansas, and North Dakota omit the intermediate stage; young drivers are eligible for full licensure upon completion of the learner stage.

Among the most important GDL provisions related to traffic safety is the minimum age for full licensure. Thirteen jurisdictions allow full licensure on the 18th birthday; four jurisdictions permit it at ages above 17 but under 18; and 17 permit it on the 17th birthday. The remaining 17 jurisdictions permit full licensure to those who are under 17 but at least 16 years old.

Another key traffic safety GDL provision is night driving restrictions and their primary enforcement. All but four jurisdictions have night driving restrictions; the hours during which these restrictions apply vary widely among jurisdictions, but fall largely between the hours of 6 p.m. and 1 a.m. Thirty-five jurisdictions have primary enforcement of night driving restrictions.

Passenger restrictions and their primary enforcement affect traffic safety and show variation among States. Forty-one jurisdictions place passenger restrictions on drivers with less than full licensure, and 26 of those have primary enforcement of these restrictions.

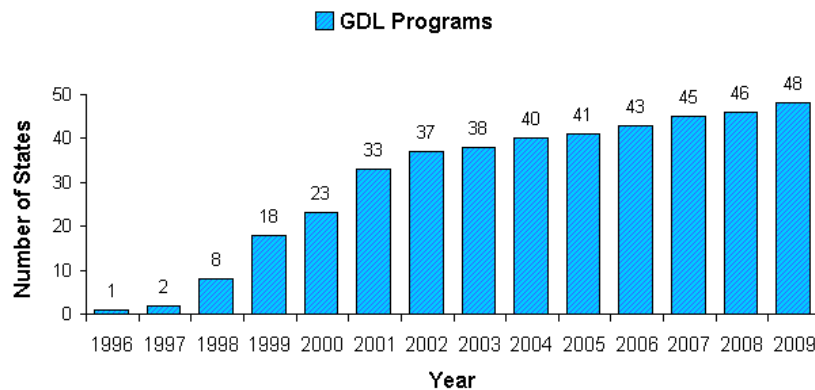
### Minimum Age of Full Driving Privileges Laws as of January 1, 2009



### Trends in Graduated Driver Licensing Policies

Since the mid-1990s, States have steadily enacted three-stage GDL laws. On January 1, 1996, only one State, Maryland, had such a law, but by 2000, 23 jurisdictions had enacted three-stage GDL laws and by 2009, that number had risen to 48.

### Number of States (and District of Columbia) With Three-Stage Graduated Drivers Licensing Policies, July 1, 1996 Through January 1, 2009



## References and Further Information

Legal research for this topic is planned and managed by SAMHSA and conducted under contract by The CDM Group, Inc. Historical data for the years 1996 through 2004 were obtained from “Graduated Driver Licensing Programs and Fatal Crashes of 16 year old Drivers: A National Evaluation” (Baker, S. P., Chen, L.-H., & Li, G.; 2006; National Highway Transportation Safety Administration DOT HS 810 614). Data from January 1, 2005 until December 31, 2008 were obtained from the Insurance Institute for Highway Safety ([http://www.iihs.org/laws/pdf/us\\_licensing\\_systems.pdf](http://www.iihs.org/laws/pdf/us_licensing_systems.pdf)). Data through January 1, 2009 were collected by SAMHSA. To see definitions of the variables for this policy, go to page 394.

## Laws Targeting Alcohol Suppliers

### 9. FURNISHING OF ALCOHOL TO MINORS

#### Policy Description

All States prohibit any type of furnishing alcoholic beverages to minors (including sales, gifts, and other types of transactions, whether commercial or noncommercial), although most include some exceptions. Most underage persons obtain alcohol from adults including parents, older siblings and peers, or strangers solicited to purchase alcohol for the minor. Smaller numbers of youth purchase alcohol for themselves from merchants who fail to comply with laws prohibiting sale to minors or by using false identification (see the “[False Identification](#)” section of this report). These sources increase the availability of alcohol to underage persons, which, in turn, increases underage consumption. Prohibitions and associated sanctions on furnishing to underage persons can be expected to depress rates of furnishing by raising the monetary and social costs of this behavior. Such laws provide a primary deterrent (preventing furnishing) and a secondary deterrent (reducing the chances of persons sanctioned under these laws furnishing in the future).

Two types of exceptions to underage furnishing laws are discussed in this analysis:

- Family exceptions permit parents, guardians, or spouses to furnish alcohol to minors; some States specify that the spouse must be of legal age while others do not.
- Location exceptions permit furnishing alcohol in specified locations and may limit the extent to which family members can furnish minors. No State has an exception for furnishing on private property by anyone other than a family member.

Some States provide sellers and licensees with one or more defenses against a charge of furnishing alcoholic beverages to a minor. A retailer who provides alcohol to a minor will not be found in violation of the furnishing law if he or she can establish one of these defenses. This policy topic tracks one such defense: some States require that the minor who initiated a transaction be charged for possessing or purchasing the alcohol before the retailer can be found in violation of the furnishing law. (Defenses associated with minors using false identification can be found in the “[False Identification](#)” section of this Report.) Many States also have provisions that mitigate or reduce the penalties imposed on retailers if they have participated in responsible beverage service (RBS) programs; see the RBS section of this Report for further discussion.

In some States, furnishing laws are closely associated with laws that prohibit hosting underage drinking parties. These laws target hosts who allow underage drinking on property they own,

lease, or otherwise control. (See the “[Hosting Underage Drinking Parties](#)“ section of this Report for further discussion.) Hosts of underage drinking parties who also supply the alcohol consumed or possessed by minors may be in violation of two distinct laws: furnishing alcohol to minors, and allowing underage drinking to occur on property they control.

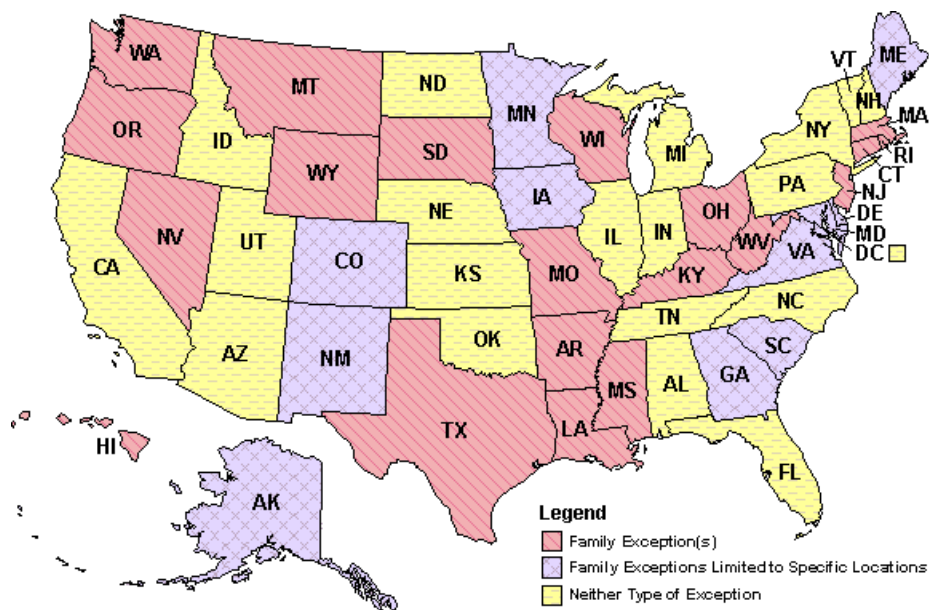
Also addressed in this Report are social host liability laws, which impose civil liability on hosts for injuries caused by their underage guests. Although related to host party laws, social host liability laws are distinct. They do not establish criminal or civil offenses, but instead allow injured parties to recover damages by suing social hosts of events during which minors consumed alcohol and later were responsible for injuries. The commercial analog to social host liability laws are dram shop laws that prohibit the furnishing of alcoholic beverages to minors by commercial establishments—bars, restaurants, and retail sales outlets. See the “[Social Host Liability](#)“ and “[Dram Shop Liability](#)“ portions of this Report for further discussion.

## Status of Underage Furnishing Policies

### Exceptions to Furnishing Prohibitions

As of January 1, 2009, all States prohibit the furnishing of alcoholic beverages to minors. Nineteen States and the District of Columbia have no family or location exceptions to this prohibition. The remaining 31 States permit parents, guardians, and/or spouses to furnish alcohol to their underage children and/or spouses. Of these, 11 States limit the exception to certain locations (3 States, any private location; 6 States, any private residence; 2 States, parents’ or guardians’ homes only).

**Exceptions to Prohibition of Furnishing of Alcohol to Persons Under Age 21 as of January 1, 2009**





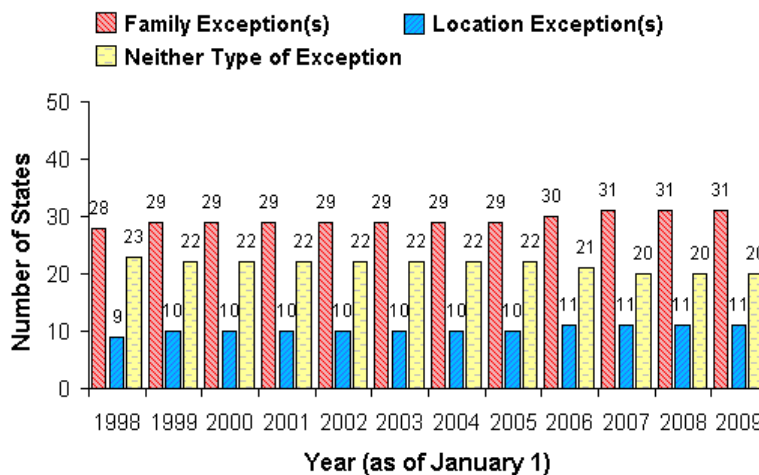
## Affirmative Defense for Sellers and Licensees

As of January 1, 2009, the underage furnishing laws of two States (Michigan and South Carolina) include provisions requiring that the seller/licensee be exonerated of charges of furnishing alcohol to a minor unless the minor involved is charged.

## Trends in Underage Furnishing Policies

State policies prohibiting the furnishing of alcohol to minors have remained stable over the last decade. As of January 1, 1998, all States prohibited underage furnishing. In the years between 1998 and 2009, three States added new family exceptions, one with a location limitation.

### Number of States With Family and Location Exceptions to Prohibition of Furnishing Alcohol to Persons Under Age 21, January 1, 1998 Through January 1, 2009



## References and Further Information

All data for this policy were obtained from APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. See the policy entitled “Furnishing Alcohol to Minors.” APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to page 395.

## 10. RESPONSIBLE BEVERAGE SERVICE

### Policy Description

Responsible beverage service (RBS) training policies set requirements or incentives for retail alcohol outlet participation in programs that: (1) develop and implement policies and procedures for preventing alcohol sale and service to minors and intoxicated persons, and (2) train licensees, managers, and servers/sellers to implement RBS policies and procedures effectively.

Server/seller training focuses on serving and selling procedures, signs of intoxication, methods for checking age identification, and intervention techniques. Manager training includes the

server/seller training, policy and procedures development, and staff supervision. RBS programs typically have distinct training curricula for on- and off-sale establishments because of the differing characteristics of these retail environments. All RBS programs focus on preventing sale and furnishing to minors.

Responsible beverage service training can be mandatory or voluntary. A program is considered mandatory if State provisions require at least one specified category of individual (e.g., servers/sellers, managers, or licensees) to attend training. States may have either mandatory programs, voluntary programs, or both. For example, a State may make training for new licenses mandatory while also offering voluntary programs for existing licensees. Alternatively, a State may have a basic mandatory program while also offering a more intensive voluntary program that provides additional benefits for licensees choosing to participate in both.

States with voluntary programs usually provide incentives for retailers to participate in RBS training but do not impose penalties for those who decline involvement. Incentives vary by State and include: (1) a defense in dram shop liability lawsuits (cases filed by injured persons against retail establishments that provided alcohol to minors or intoxicated persons who later caused injuries to themselves or third parties); (2) discounts for dram shop liability insurance; (3) mitigation of fines or other administrative penalties for sales to minors or sales to intoxicated persons; and (4) protection against license revocation for sales to minors or intoxicated persons.

See the “[Dram Shop Liability](#)” section of this Report for further discussion of this policy. The “[Furnishing of Alcohol to Minors](#)” section has additional information regarding the prevention of alcohol sales to minors, and the “[False Identification](#)” section includes materials related to age identification policies.

## **Status of Responsible Beverage Service Training Policies**

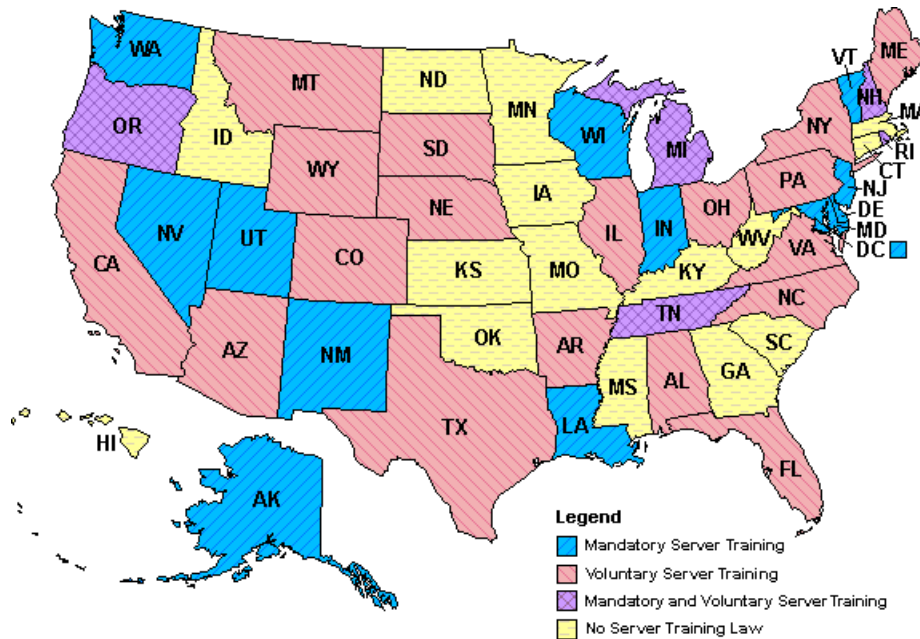
### **Mandatory and Voluntary Responsible Beverage Service Training Provisions**

As of January 1, 2009, 35 States and the District of Columbia have some type of RBS training provision. Out of these, 17 States and the District of Columbia have some form of mandatory provision and 23 States provide for voluntary training. Of the 17 mandatory States, 12 States and the District of Columbia apply their RBS training provisions to both on- and off-sale establishments; 3 States (Michigan, Tennessee, and Washington) apply them to on-premises establishments only; New Jersey limits its provisions to off-sale establishments; and Rhode Island’s provisions make no specification. Twelve of the mandatory States and the District of Columbia apply their provisions to both new and existing establishments, while four States (Michigan, New Hampshire, New Jersey, and Wisconsin) apply them to new establishments only. Five States (Michigan, New Hampshire, Oregon, Rhode Island, and Tennessee) have both mandatory and voluntary provisions.

- Michigan: The mandatory provisions apply to new on-premises establishments; the voluntary provisions apply to existing on-premises establishments.
- New Hampshire: The mandatory provisions apply to new on- and off-premises establishments; the voluntary provisions provide incentives available to all types of establishments.
- Oregon: Both the voluntary and mandatory provisions apply to all types of establishments, with the voluntary provisions offering incentives for participation in both.

- Rhode Island: The mandatory provisions apply to new and existing establishments, but do not specify whether they apply to on-sale establishments, off-sale establishments, or both. The voluntary provisions offer dram shop liability defense incentives and do not specify which types of establishments may participate.
- Tennessee: The mandatory provisions apply to new and existing on-premises establishments. The voluntary provisions offer incentives available to off-premises establishments but do not specify whether the incentives are available to new and/or existing establishments.

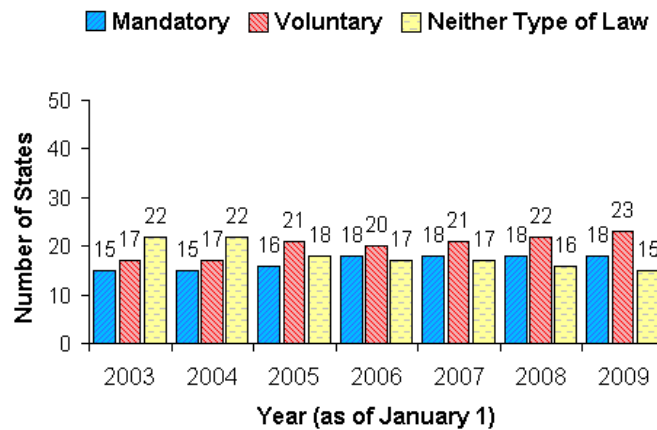
### Responsible Beverage Service Training as of January 1, 2009



### Trends in Responsible Beverage Service Policies

In the years between 2003 and 2009, the number of States with mandatory policies increased from 15 to 18, and the number of States with voluntary policies rose from 17 to 23. The number of States with no RBS training policy decreased from 22 to 15.

## Number of States With Beverage Server Training Laws, January 1, 2003 through January 1, 2009



Note: some jurisdictions have both types of laws

### References and Further Information

All data for this policy were obtained from the APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Beverage Service Training and Related Practices”. APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to page 396.

## 11. MINIMUM AGES FOR ON-PREMISES SERVERS AND BARTENDERS

### Policy Description

All States specify a minimum age for employees who serve or dispense alcoholic beverages. Generally, the term “servers” refers to waitpersons, and “bartenders” refers to individuals who dispense alcoholic beverages. These restrictions recognize that underage employees, particularly those who are unsupervised, may lack the maturity and experience to conduct adequate checks of age identification and resist pressure from underage peers to complete illegal sales. States vary widely in terms of minimum age requirements for servers and bartenders. In some States, the minimum age for both types of employees is 21, but others set lower minimum ages, particularly for servers. No State permits underage bartenders while prohibiting underage servers. Some States permit servers or bartenders younger than 21 to work only in certain types of on-premises establishments, such as restaurants, or to serve only certain beverage types, such as beer or wine. Underage servers and bartenders may be allowed only if legal-age managers or supervisors are present when underage persons are serving alcoholic beverages or tending bar.

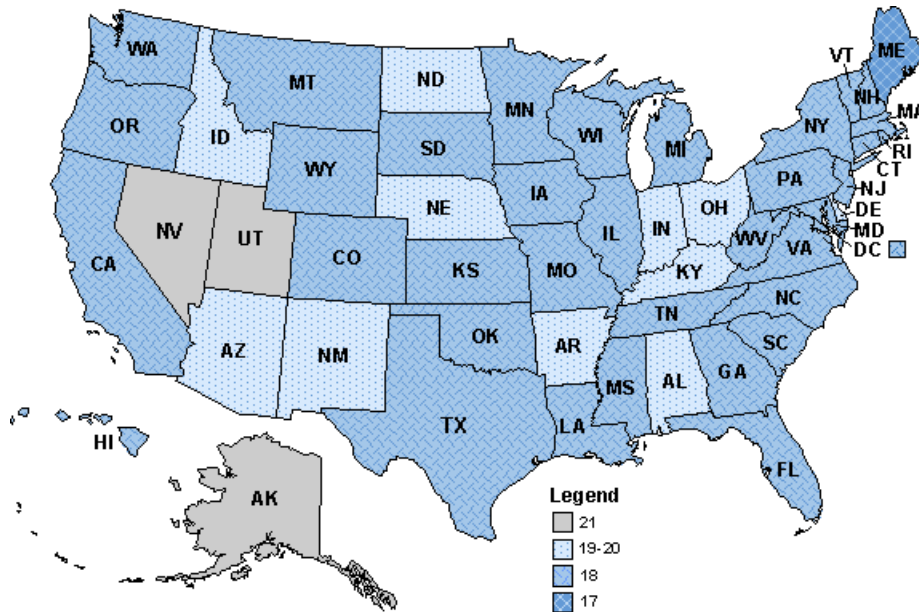
State laws setting a minimum age for employees who sell alcohol at off-premises establishments are described in the “[Minimum Ages for Off-Premises Sellers](#)” section of this Report.

## Status of Age of Server Policies

### Age of Servers

As of January 1, 2009, three States (Alaska, Nevada, and Utah) specify that on-premises alcohol servers must be 21 years of age or older. Only one State (Maine) allows 17-year-olds to be servers. Eleven States specify that servers be at least 19 or at least 20 years old, and the remaining 35 States and the District of Columbia allow 18-year-old servers.

**Minimum Ages for On-Premises Servers as of January 1, 2009**



### Age of Bartenders

Minimum ages for bartenders are generally higher than for servers across the States. Eighteen States and the District of Columbia limit bartending to those aged 21 years or older. Four States (Arizona, Idaho, Kentucky, and Nebraska) specify that bartenders be at least 19 or at least 20 years old. Twenty-four States allow 18-year-olds to bartend, while only one State, Maine, allows 17-year-olds to be bartenders. Minimum ages for serving beer, wine, and distilled spirits are identical in all but three States: Maryland, North Carolina, and Ohio. Maryland and North Carolina require bartenders to be 21 years old to serve spirits, but permit 18-year-olds to dispense beer and wine; Ohio requires bartenders to be 21 years of age to serve wine and distilled spirits, but those 19 years of age and older are allowed to dispense beer.

### Manager or Supervisor Presence

Ten States require that a supervisor or manager be present when an underage seller conducts an alcoholic beverage transaction.

## **Trends in Age of Server Policies**

State policies for ages of servers and bartenders in on-premises establishments have been stable over the last decade. Between 2003 and 2009, no State changed its minimum age requirement for bartenders, but one State (Arkansas) lowered the minimum age for servers from 21 to 19.

## **References and Further Information**

All data for this policy were obtained from the APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Minimum Ages for On-Premises Servers and Bartenders.” APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to page 396.

# **12. MINIMUM AGES FOR OFF-PREMISES SELLERS**

## **Policy Description**

Most States have laws that specify minimum ages for employees who sell alcoholic beverages in off-premises establishments such as liquor stores. A small number require sellers to be at least 21 years of age, but most States permit sellers to be younger. Some States allow any person to sell alcohol regardless of age. Other variations across States include minimum age requirements for conducting sales transactions with customers and allowing younger employees to stock coolers with alcohol or bag purchased alcohol. Age restrictions may also vary based on the type of off-premises establishment or type of alcohol being sold. For example, younger persons may be allowed to sell beer but not wine or distilled spirits. Younger persons may also be allowed to sell alcohol in grocery or convenience stores rather than liquor stores. Some States permit younger minimum selling ages only if a manager or supervisor is present.

State laws specifying minimum ages for employees who sell alcoholic beverages for on-premises consumption are described in the “[Minimum Ages for On-Premises Servers and Bartenders](#)” section of this Report.

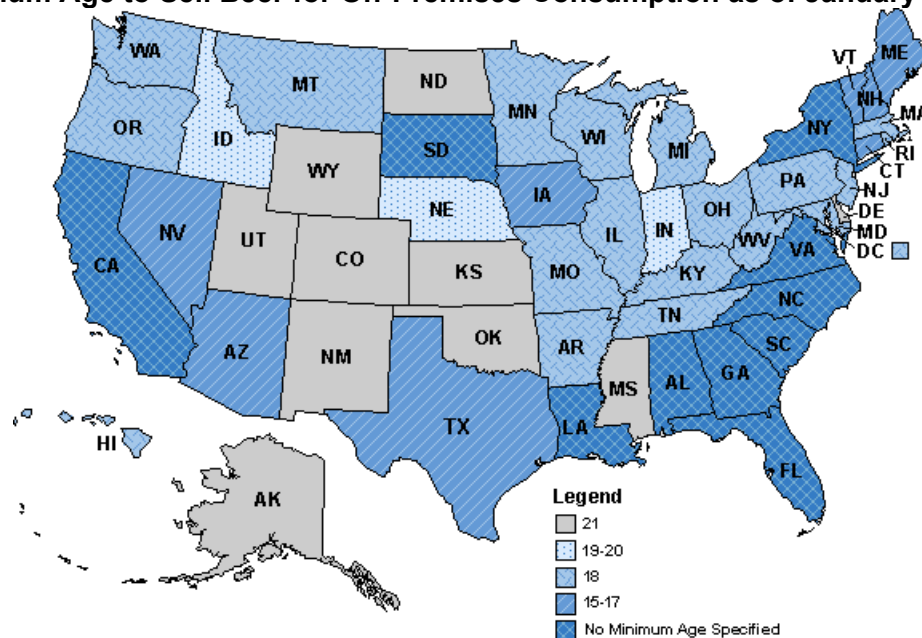
## **Status of Age of Seller Policies**

### **Minimum Age of Sellers and Types of Beverages**

Most jurisdictions specify the same minimum age for sellers of all types of alcoholic beverages. As of January 1, 2009, 10 States specify that off-premises sellers must be 21 years or older. Three States (Idaho, Indiana, and Nebraska) require off-premise sellers to be 19 years or older; 15 States and the District of Columbia have set the minimum age at 18. Four States (Arizona, Maine, Nevada, and New Hampshire) set the minimum age between 16 and 17 years. Four states (California, Georgia, Louisiana, and Virginia) do not specify any minimum age for sellers.

Minimum age requirements in the remaining 14 States vary by type of alcohol, with age requirements generally higher for the sale of distilled spirits and lower for beer. Florida, New York, and North Carolina set a minimum age of 18 for the sale of spirits and have no age minimum for beer or wine. Alabama and South Carolina have a minimum age of 21 years for the sale of spirits but no minimum for beer and wine. Vermont alone sets a minimum age for selling beer (16 years of age) but does not specify a minimum age for selling spirits.

## Minimum Age to Sell Beer for Off-Premises Consumption as of January 1, 2009



### Manager or Supervisor Presence

Thirteen States require that a supervisor or manager be present when an underage seller conducts an alcoholic beverage transaction.

### Trends in Age of Seller Policies

There have been no changes in age of seller policies across States between 2003 and 2009.

### References and Further Information

All data for this policy were obtained from the APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Minimum Ages for Off-Premises Sellers.” APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to page 397.

## 13. DRAM SHOP LIABILITY

### Policy Description

Dram shop liability refers to the civil liability faced by commercial alcohol servers for injuries or damages caused by their intoxicated or underage drinking patrons. The analysis in this Report is limited to alcohol service to minors. The typical factual scenario in legal cases arising from dram shop liability involves a licensed retail alcohol outlet that provides alcohol to a minor who, in turn, causes an alcohol-related motor vehicle crash that injures a third party. In States with dram shop liability, the injured third party (“plaintiff”) may be able to sue the retailer (as well as the minor who caused the crash) for monetary damages. Liability comes into play only if an injured

private citizen files a lawsuit. The State's role is to provide a forum for such a lawsuit; the State does not impose a dram-shop-related penalty directly. (This distinguishes dram shop liability from the underage furnishing policy, which results in criminal liability imposed by the State.)

Dram shop liability serves two purposes: to create a disincentive for retailers to serve minors because of the risk of litigation leading to substantial monetary losses, and to allow parties injured as a result of an illegal sale to a minor to gain compensation from those responsible for the injury. Note that the minor causing the injury is the primary and most likely party to be sued. Typically, the retailer is sued through a dram shop claim when the minor does not have the resources to fully compensate the injured party.

Dram shop liability is established by statute or by a State court through "common law" Common law is the authority of State courts to establish rules by which an injured party can seek redress against the person or entity that negligently or intentionally caused injury. Courts have the authority to establish these rules only when the State legislature has not enacted its own statutes, in which case the Courts must follow the legislative dictates (unless found unconstitutional). Thus, dram shop statutes normally take precedence over dram shop common law court decisions. This analysis includes both statutory and common law dram shop liability for each State.

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

- A negligence standard applies (i.e., the defendant did not act as a reasonable person would be expected to act in like circumstances). Plaintiffs need not show that the defendant acted intentionally, willfully, or with actual knowledge of the minor's underage status.
- Damages are not arbitrarily limited. If negligence is established, the plaintiff receives actual damages and can seek punitive damages.
- Plaintiffs must only establish that the minor was furnished alcohol and that the furnishing contributed to the injury without regard to the minor's intoxicated state at the time of sale.
- Plaintiffs must establish key elements of the lawsuit via "preponderance of the evidence" rather than a more rigorous standard (e.g., "beyond a reasonable doubt" in criminal cases).

A statutory liability designation indicates that the State has a dram shop statute. Two sub-variables can alter common-law rules, limiting the ability of the injured party to make claims:

- Limitations on damages: statutory caps on the total dollar amount that may be recovered through dram shop lawsuits.
- Limits on elements or standards of proof: legislative requirements that plaintiffs prove additional facts or meet a more rigorous standard of proof than would normally apply in common law. These can include:
  - Proof that the retailer knew the minor was underage or that the retailer intentionally or willfully served the minor.
  - Allowing recovery only if the minor was intoxicated at the time of sale or service.
  - Clear and convincing evidence or evidence beyond a reasonable doubt.

Such limitations can greatly diminish a plaintiff's chances of prevailing in a dram shop liability lawsuit, thus reducing the likelihood of a lawsuit being filed. Some States have enacted responsible beverage service (RBS) affirmative defenses, which provide that retailers can avoid liability if they can demonstrate that they implemented RBS programs and that the retailers' staff



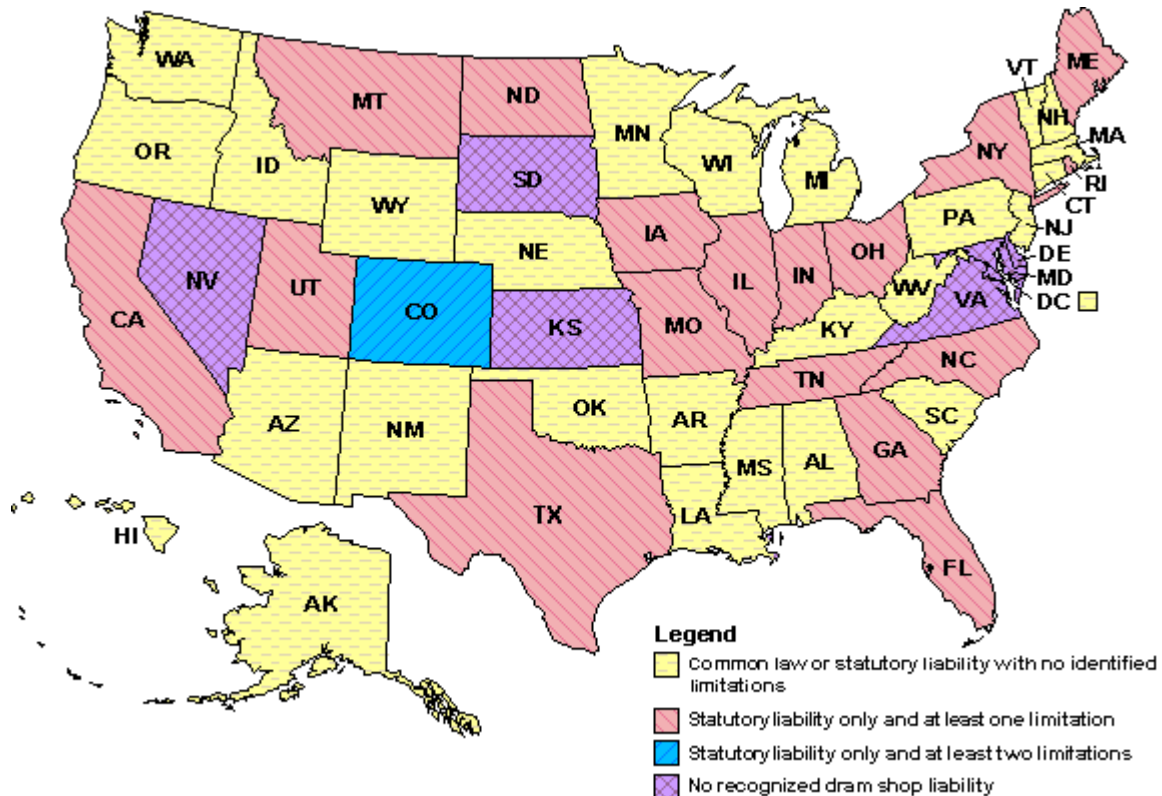
members were following RBS procedures at the time of the incident. See the RBS Training policy topic in this Report for additional information.

Dram shop liability is closely related to the furnishing alcohol to a minor policy, but the two topics are distinct. Retailers who provide alcohol to minors may face fines or other punishment imposed by the State as well as dram shop liability lawsuits filed by parties injured as a result of the same incident. Dram shop liability and social host liability (presented elsewhere in this Report) are identical, except that the former involves lawsuits filed against commercial alcohol retailers and the latter involves lawsuits filed against noncommercial alcohol providers.

### Status of Dram Shop Liability in the 50 States

As of January 1, 2009, 45 jurisdictions impose dram shop liability as a result of statutory or common law or both. The District of Columbia and 26 States have either common law liability or statutory liability with no identified limitation; 9 jurisdictions limit damages that may be recovered from dram shop liability lawsuits; 11 require stricter standards for proof of wrongdoing than for usual negligence; and 2 States provide an RBS defense for alcohol outlets.

#### Common Law/Statutory Dram Shop Liability and Limitations Across the United States



## **Trends in Dram Shop Liability for Furnishing Alcohol to a Minor**

No studies have reliably assessed trends in dram shop liability policies.

### **References and Further Information**

Legal research and data collection for this topic is planned and managed by SAMHSA and conducted under contract by The CDM Group, Inc. To see definitions of the variables for this policy, go to page 397. For further information and background see:

Holder, H., Janes, K., Mosher, J., Saltz, R., Spurr, S. & Wagenaar, A. (1992). Final report: Evaluation of dram shop liability and the reduction of alcohol-related traffic problems. National Highway Traffic Safety Administration DTNH22-87-R-07254.

Holder, H. et al. (1993). Alcoholic beverage server liability and the reduction of alcohol-involved problems. *Journal of Studies on Alcohol*, 54, 23-36.

Mosher, J. et al. (2009). *Liquor liability law*. Newark, NJ: LexisNexis.

## **14. SOCIAL HOST LIABILITY**

### **Policy Description**

Social host liability refers to the civil liability faced by noncommercial alcohol servers for injuries or damages caused by their intoxicated or underage drinking guests. The analysis in this Report does not address social host liability for serving adult guests. The typical factual scenario in legal cases arising from social host liability involves an underage drinking party at which the party host provides alcohol to a minor who in turn injures a third party in an alcohol-related incident (often a motor vehicle crash). In States with social host liability, injured third parties (“plaintiffs”) may be able to sue social hosts (as well as the minor who caused the crash) for monetary damages. Liability comes into play only if injured private citizens file lawsuits. The State’s role is to provide a forum for such lawsuits; the State does not impose social host-related penalties directly. (As discussed below, this distinguishes social host liability from underage furnishing and host party policies, which can result in criminal liability imposed by the State.)

Social host liability serves two purposes: It creates disincentives for social hosts to serve minors due to the risk of litigation and potentially substantial monetary losses, and it allows those injured as a result of illegal furnishing of alcohol to minors to gain compensation from the person(s) responsible for their injuries. Minors causing injuries are the primary and most likely parties to be sued. Typically, social hosts are sued through social host liability claims when minors do not have the resources to fully compensate the injured parties.

Social host liability is established by statute or by a State court through “common law.” Common law refers to the authority of State courts to establish rules by which injured parties can seek redress against persons or entities that negligently or intentionally caused injuries. Courts have the authority to establish these rules only when State legislatures have not enacted their own statutes, in which case the courts must follow legislative dictates (unless found to be

unconstitutional). Thus, social host statutes normally take precedence over social host common law court decisions.

Many States require evidence that social hosts provided alcohol to the underage guest, although others permit liability if social hosts allowed underage guests to drink on the hosts' property even if the hosts did not serve the alcohol. This analysis does not report the States that have adopted this more permissive standard. The analysis includes both statutory and common law social host liability for each State.

A common law liability designation in a State Report signifies that the State allows lawsuits by injured third parties against social hosts for the negligent service or provision of alcohol to minors in noncommercial settings. Common law liability assumes the following procedural and substantive rules:

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

A statutory liability designation indicates that a State has a social host liability statute. Two subvariables alter the common law rules listed above, serving as limitations on the ability of injured parties to make claims:

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

Such limitations can greatly diminish plaintiffs' chances of prevailing in a social host liability lawsuit, thus reducing the likelihood of a lawsuit being filed.

Social host liability is closely related to the furnishing alcohol to a minor and host party policy topics, but the three topics are distinct. Social hosts who provide alcohol to minors or allow underage drinking parties on their property may face fines or other punishment imposed by the State as well as social host liability lawsuits filed by injured parties stemming from the same incident. Social host liability and dram shop liability (presented elsewhere in this Report) are identical policies except that the former involves lawsuits brought against noncommercial alcohol retailers, and the latter involves lawsuits filed against commercial alcohol providers.



## 15. HOSTING UNDERAGE DRINKING PARTIES

### Policy Description

Host party laws establish State-imposed liability against individuals (social hosts) responsible for underage drinking events on property they own, lease, or otherwise control. The primary purpose of these laws is to deter underage drinking parties by raising the legal risk for individuals who allow underage drinking events on property they own, lease, or otherwise control. Underage drinking parties pose significant public health risks. They are high-risk settings for binge drinking and associated alcohol problems including impaired driving. Young drinkers are often introduced to heavy drinking behaviors at these events. Law enforcement officials report that, in many cases, underage drinking parties occur on private property, but the adult responsible for the property is not present or cannot be shown to have furnished the alcohol. Host party laws address this issue by providing a legal basis for holding persons responsible for parties on their property whether or not they provided alcohol to minors.

Host part laws often are closely linked to laws prohibiting the furnishing alcohol to minors (analyzed elsewhere in this Report), although laws that prohibit the hosting of underage drinking parties may apply without regard to who furnishes the alcohol. Hosts who allow underage drinking on their property and also supply the alcohol consumed or possessed by the minors may be in violation of two distinct laws: furnishing alcohol to a minor and allowing underage drinking to occur on property they control.

Two general types of liability may apply to those who host underage drinking parties; the first, analyzed here, concerns State-imposed liability. State-imposed liability involves a statutory prohibition that is enforced by the State, generally through criminal proceedings that can lead to sanctions such as fines or imprisonment.

Separately, social host liability (analyzed elsewhere in this Report) involves an action by a private party seeking monetary damages for injuries that result from permitting underage drinking on the host's premises.

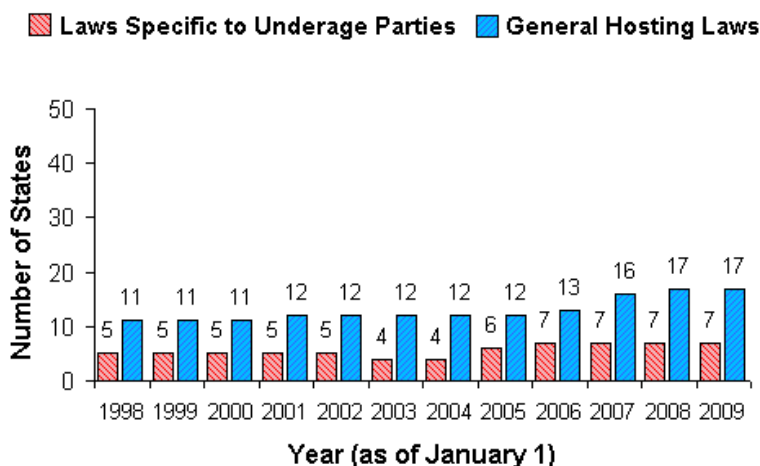
Although related, these two forms of liability are distinct. For example, an individual may allow a minor to drink alcohol after which the minor causes a motor vehicle crash that injures an innocent third party. In this situation, the social host may be prosecuted by the State under a criminal statute and face a fine or imprisonment for the criminal violation. In a State that provides for social host civil liability, the injured third party could also sue the host for monetary damages associated with the motor vehicle crash.

State host party laws differ across multiple variables, including:

- They may limit their application specifically to underage drinking parties (e.g., by requiring a certain number of minors to be present for the law to take effect) or may prohibit hosts from allowing underage drinking on their property generally, without reference to hosting a party.
- Underage drinking on any of the host's properties may be included, or the laws may restrict their application to residences, out-buildings, and/or outdoor areas.



## Number of States With Prohibitions Against Hosting Underage Drinking Parties, January 1, 1998 Through January 1, 2009



### References and Further Information

All data for this policy were obtained from the APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Prohibitions Against Hosting Underage Drinking Parties.” APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to page 399.

## 16. DIRECT SALES/SHIPMENTS FROM PRODUCERS TO CONSUMERS (INTERNET SALES)

### Policy Description

State proscriptions against direct sales and shipments of alcohol from producers to consumers date back to the repeal of Prohibition. The initial reason for the proscription was to ensure that the pre-Prohibition-era tied house system (under which producers owned and/or controlled retail outlets directly) did not continue after repeal. Opponents of the tied house system argued that producers who controlled retail outlets permitted unsafe retail practices and failed to respond to community concerns. The alternative that emerged as a result of these concerns was the establishment of a three-tier production and distribution system with separate production, wholesaling, and retail elements. Consequently, producers must distribute products through wholesalers rather than selling directly to retailers or consumers; wholesales must purchase from producers; and consumers must purchase from retailers.

Modern marketing practices, particularly Internet sales that link producers directly to consumers, have led to many States creating laws with exceptions to general mandates that alcohol producers distribute their products through wholesalers. Some States permit producers to ship alcohol to

consumers using a delivery service (usually a common carrier). In some cases, these exceptions are responses to legal challenges by producers arguing that State law unfairly discriminates between in-State and out-of-State producers. They have contended that such processes violate the U.S. Constitution's Interstate Commerce Clause by allowing in-State producers to ship directly to consumers, but barring out-of-State producers from doing so.<sup>30</sup>

One central concern emerging from this controversy involves the possibility that direct sales/shipments (either through Internet sales or sales made by telephone or other remote communication) will increase alcohol availability to underage persons. Young people may attempt to purchase alcohol through direct sales instead of face-to-face sales at retail outlets because they perceive that detection of their underage status is less likely. In response to this concern, several jurisdictions that permit direct sales/shipments have included provisions to deter youth access. These may include requirements that:

- Consumers have face-to-face transactions at producer's places of business (and show valid age identification) before any future shipments to consumers can be made.<sup>31</sup>
- Shippers and/or deliverers verify recipient age, usually by checking recipients' identification.
- Producers/shippers and deliverers obtain permits or licenses or be approved by the State.
- Producers/shippers and deliverers maintain records that must either be reported to State officials or be open for inspection to verify recipients of shipments.
- Direct shipment package labels include statements that package contains alcohol and/or that recipient must be at least 21 years of age.

State laws also vary regarding the types of alcoholic beverages (beer, wine, and distilled spirits) that producers are allowed to sell directly and ship to consumers. This Report does not include direct sales/shipment requirements not related to preventing underage sales.<sup>32</sup>

### **Status of Direct Sales/Shipment Policies**

As of January 1, 2009, 35 States and the District of Columbia permit direct sales/shipments from producers to consumers, and 15 prohibit such transactions. One State (Indiana) requires face-to-face transactions at producers' places of business (and verification of valid age identification) before shipments to the consumer can be made. Of the 35 States permitting direct sales or shipments, 7 require shippers to verify purchaser age, 17 require deliverers to verify recipient age, and 4 require age verification by both shippers and deliverers. Fifteen States and the District of Columbia do not require any age verification.

Labels stating that packages can only be received by persons over the age of 21 years are required by 27 States, 8 require labels stating that packages contains alcohol, and 5 have no labeling requirements related to underage drinking.

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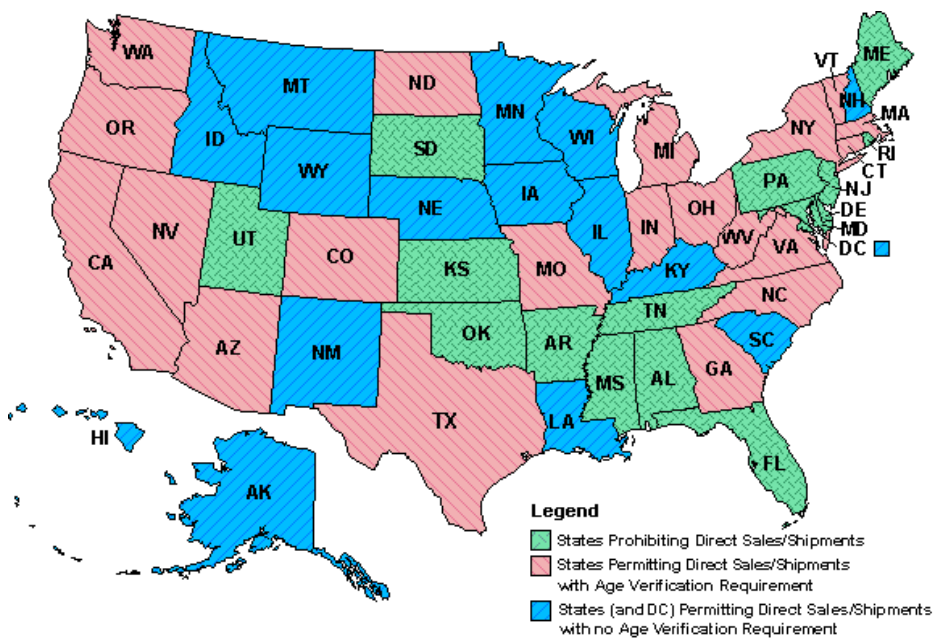
<sup>30</sup> See, e.g., *Granholm v. Heald*, 544 U.S. 410, 125 S.Ct. 1885 (2005).

<sup>31</sup> Laws that require face-to-face transactions for all sales prior to delivery are treated as prohibitions on direct sales/shipments.

<sup>32</sup> These include caps on amount that can be shipped; laws that permit only small producers to sell directly to consumers; reporting and taxation provisions unrelated to identifying potential underage recipients; and brand registration requirements. In some cases, exceptions are so limited that a State is coded as not permitting direct sales (e.g., shipments are allowed only by boutique historical distilled spirits producers).



## Direct Sales/Shipment Policies and Age Verification Requirements



### Trends in Direct Sales/Shipments Policies

No studies have reliably assessed trends in direct sales/shipment policies.

### References and Further Information

To see definitions of the variables for this policy, go to page 400.

Jurkiewicz, C. and M. Painter (eds.) (2008). *Social and economic control of alcohol: The 21st Amendment in the 21st century*. New York, NY: CRC Press.

Moramarto, M. *The Twenty-First Amendment, Granholm, and the future of the three-tier system*. Working Paper, Social Science Research Network, December 13, 2008. Retrieved February 10, 2009, from [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=1340198](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1340198)

Norton, E. (2006). The Twenty-First Amendment in the twenty-first century: Reconsidering State liquor controls in light of *Granholm v. Heald*. *Ohio State Law Journal*, 67, 1465-1494.

## 17. KEG REGISTRATION

### Policy Description

Keg registration laws (also called keg tagging laws) require wholesalers or retailers to attach tags, stickers, or engravings with an identification number to kegs exceeding a specified capacity (2- to 8-gallon minimum depending on the State). These laws discourage purchasers from serving underage persons from the keg by allowing law enforcement officers to trace the keg to the purchaser even if he or she is not present at the location where the keg is consumed.

At purchase, retailers are required to record identifying information about the purchaser (e.g., name, address, telephone number, driver's license). In some States, keg laws specifically prohibit destroying or altering the ID tags and provide penalties for doing so. Other States make it a crime to possess unregistered or unlabeled kegs.

Refundable deposits may also be collected for the kegs themselves, the tapper mechanisms used to serve the beer, or both. Deposits are refunded when the kegs and/or tappers are returned with identification numbers intact. These deposits create an incentive for the purchaser to keep track of the whereabouts of the keg and a financial penalty if the keg is not returned.

Some jurisdictions collect information (e.g., location where the keg is to be consumed, tag number of the vehicle transporting the keg) to aid law enforcement efforts, further raising the chances that illegal furnishing to minors will be detected. Some jurisdictions also require retailers to provide warning information at the time of purchase about laws prohibiting service to minors and/or other laws related to the purchase or possession of the keg.

Disposable kegs complicate keg registration laws. Some of these containers meet the capacity definition for a keg but cannot be easily tagged or traced, as they are meant to be disposed of when empty. Most States do not differentiate disposable from nondisposable kegs, although some have modified keg registration provisions to accommodate this container type.

## **Status of Keg Registration Policies**

### **Keg Registration Laws**

The District of Columbia and 30 States require keg registration; 19 States do not require that kegs be registered. Minimum keg sizes subject to keg registration requirements range from 2 to 7.75 gallons. Utah alone prohibits keg sales altogether, making a keg registration law irrelevant.

### **Prohibited Acts**

Eleven States prohibit both the possession of unregistered kegs and the destruction of keg labels. Six States prohibit only the possession of unregistered kegs, seven prohibit only the destruction of keg labels, and six States and the District of Columbia prohibit neither act.

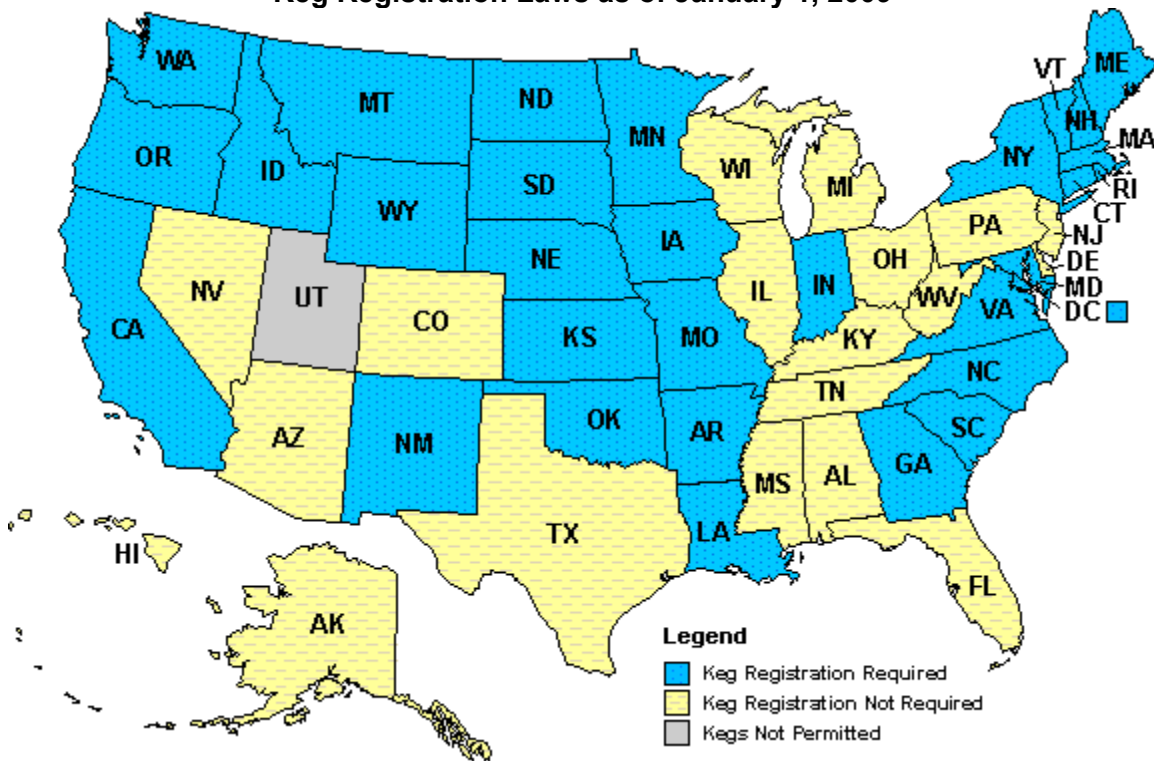
### **Purchaser Information Collected**

All 31 jurisdictions with keg registration laws require retailers to collect some form of purchasers' information. Of these, 27 require purchasers to provide a driver's licenses or other government-issued identification. Six jurisdictions (District of Columbia, Georgia, North Carolina, Oregon, Virginia, and Washington) require purchasers to provide the address at which the keg will be consumed.

### **Warning Information to Purchaser**

Of the 31 jurisdictions with keg registration laws, 23 States and the District of Columbia require that some kind of warning information be presented to purchasers concerning the violation of any laws related to keg registration. Fourteen States and the District of Columbia specify "active" warnings (requiring an action on the part of the purchaser, such as signing a document) and nine States specify "passive" warnings (requiring no action on the part of the purchaser). Seven States do not require that any warning information be given to purchasers.

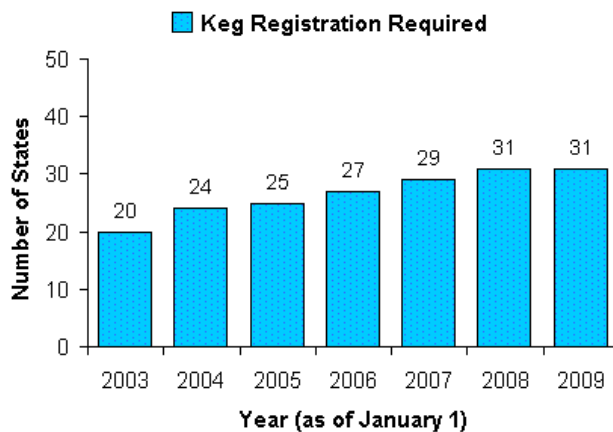
### Keg Registration Laws as of January 1, 2009



### Trends in Keg Registration Policies

The number of States enacting keg registration laws has risen steadily since 2003, with an increase from 20 to 31 jurisdictions.

### Number of States With Keg Registration Laws, January 1, 2003 Through January 1, 2009

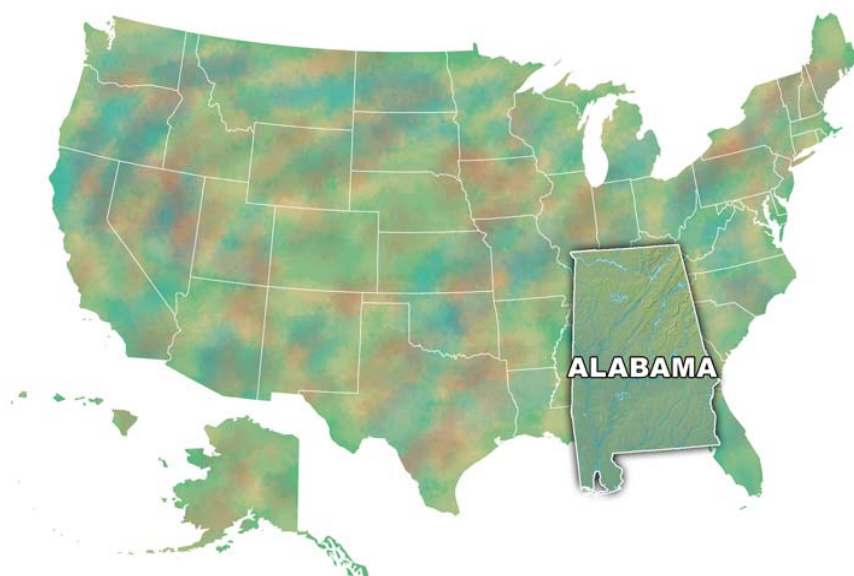


### **References and Further Information**

All data for this policy were obtained from the APIS at <http://www.alcoholpolicy.niaaa.nih.gov>. Follow links to the policy entitled “Keg Registration.” APIS provides further descriptions of this policy and its variables, details regarding State policies, and a review of the limitations associated with the reported data. To see definitions of the variables for this policy, go to page 401.

# STATE REPORTS

This section provides State-by-State summaries of the 17 policies described in the preceding section by using the legal variables for each State, thus providing uniform reporting that facilitates cross-State comparison. The policy variables for each State are linked electronically to both the relevant policy summaries and definitions of the relevant variables.



## ALABAMA

### State Profile and Underage Drinking Facts<sup>33</sup>

<b>State Population</b>		4,661,900	
Population-Ages 12-20		587,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use		24.1	142,000
Past-Month Binge Alcohol Use		15.2	89,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use		8.4	15,000
Past-Month Binge Alcohol Use		4.8	9,000

<sup>33</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Ages 15-17</b>		
Past-Month Alcohol Use	20.9	41,000
Past-Month Binge Alcohol Use	12.8	25,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	41.6	85,000
Past-Month Binge Alcohol Use	27.0	55,000
Underage Alcohol-Related Problems		
<b>Alcohol-Attributable Deaths (under 21)</b>		99
<b>Years of Potential Life Lost (under 21)</b>		5,878
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	21.0	36

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- No statutory affirmative defense: Statutes do not provide an affirmative defense related to retailer’s belief that the minor was 21 years of age or older

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession
- Underage consumption

### ***Authority to impose driver’s license sanction***

- Mandatory

### ***Length of suspension/revocation***

- Minimum: 90 days
- Maximum: 180 days

## **Graduated Driver’s Licenses**

### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement:
  - None with driver education
  - 30 hours without driver education

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than 3 passengers, excluding parent or guardian
  - There is no primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

#### ***Voluntary beverage service training***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

#### ***Incentives for training***

- Mitigation of fines or other administrative penalties for sales to minors
- Protection against license revocation for sales to minors

### Minimum Ages for Off-Premises Sellers

- Beer Not specified
- Wine Not specified
- Spirits 21

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

*Notes: A minor employee of an off-premises retail licensee may handle, transport or sell beer or table wine, provided there is an adult employee in attendance at all times.*

### Minimum Ages for On-Premises Sellers

- Beer 19 for servers and 21 for bartenders
- Wine 19 for servers and 21 for bartenders
- Spirits 19 for servers and 21 for bartenders

***Condition(s) that must be met in order for an underage person to sell alcoholic beverages:***

- Manager/supervisor is present

### Dram Shop Liability

Statutory liability exists.

### Social Host Liability

Statutory liability exists.

### Host Party Laws

***Social host law is specifically limited to underage drinking parties:***

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Preventive action by the host negates the violation (see note)

*Notes: Alabama's provision requires that the adult social host be in attendance at the gathering or party in order for a violation to occur. The "preventive action" provision in Alabama requires the prosecution to prove that the host failed to take preventive action.*

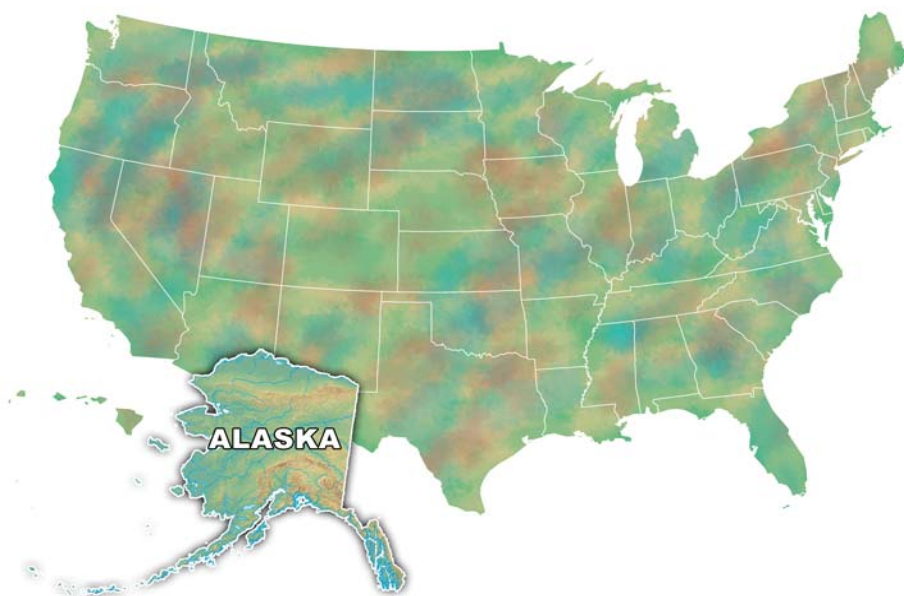
### Direct Sales/Shipments From Producers to Consumers

Direct sales/shipments from producers to consumers are not permitted.

### Keg Registration

Registration is not required.





## ALASKA

### State Profile and Underage Drinking Facts<sup>34</sup>

<b>State Population</b>		686,293	
<b>Population-Ages 12-20</b>		95,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	26.4		25,000
Past-Month Binge Alcohol Use	17.7		17,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	6.8		2,000
Past-Month Binge Alcohol Use	3.3		1,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	24.3		8,000
Past-Month Binge Alcohol Use	15.4		5,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	49.2		15,000
Past-Month Binge Alcohol Use	35.2		11,000

<sup>34</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		17
<b>Years of Potential Life Lost (under 21)</b>		993
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	7.0	1

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location AND EITHER
- Parent/guardian consent OR
- Spouse

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location AND EITHER
- Parent/guardian consent OR
- Spouse

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

*Notes: Although the amendment creating the law enforcement exception was approved in July of 2005, the effective date for the exception was made retroactive to September 27, 2004. See 2005 Alaska Sess. Laws 72.*

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through an administrative procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- General affirmative defense: the retailer came to a good faith or reasonable decision that the purchaser was 21 years or older; inspection of an identification card not required
- Retailer has the statutory right to sue a minor who uses a false ID to purchase alcohol for any losses or fines suffered by the retailer as a result of the illegal sale

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers age 14 or above
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

No Use/Lose law.

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 14
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 40 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 1 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No passengers under 21 except siblings, unless at least one passenger is parent, guardian, or person at least 21 years of age
  - Primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 16 years, 6 months

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location AND EITHER
- Parent/guardian OR
- Spouse

### **Responsible Beverage Service**

#### ***Mandatory beverage service training for licensees, managers, servers***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

### **Minimum Ages for Off-Premises Sellers**

- Beer 21
- Wine 21
- Spirits 21

### **Minimum Ages for On-Premises Sellers**

- Beer 21 for both servers and bartenders
- Wine 21 for both servers and bartenders
- Spirits 21 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists.

### **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of underage status

### **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession
- Property type(s) covered by liability law: residence
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): family

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

Direct sales/shipments from producers to consumers are permitted for beer, wine, and distilled spirits with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: None
- Reporting requirements: None
- Shipping label statement: None

### **Keg Registration**

Registration is not required.



## ARIZONA

### State Profile and Underage Drinking Facts<sup>35</sup>

<b>State Population</b>		6,500,180	
<b>Population-Ages 12-20</b>		799,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	28.3		226,000
Past-Month Binge Alcohol Use	18.1		144,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	8.0		20,000
Past-Month Binge Alcohol Use	4.2		11,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	25.6		70,000
Past-Month Binge Alcohol Use	17.0		47,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	50.3		135,000
Past-Month Binge Alcohol Use	32.4		87,000

<sup>35</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		120
<b>Years of Potential Life Lost (under 21)</b>		7,157
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	28.0	41

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

*Notes: Although Arizona does not prohibit Internal Possession, beginning on May 23, 2002, it has a statutory provision that makes it unlawful, “[f]or a person under the age of twenty-one years to have in the person’s body any spirituous liquor.” Ariz. Rev. Stat. § 4-244.*

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial or administrative procedure

#### ***Provisions targeting retailers***

- State provides incentives to retailers who use electronic scanners that read birth dates and other information digitally encoded on valid identification cards
- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 18.

### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

### ***Authority to impose driver’s license sanction:***

- Discretionary

### ***Length of suspension/revocation:***

- Minimum: 0 days
- Maximum: 180 days

## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement:
  - None with driver education
  - 30 hours without driver education (10 of which must be at night)

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one passenger under 18, except for siblings or if accompanied by a parent or legal guardian
  - There is no primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 16 years, 6 months

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

#### ***Voluntary beverage service training:***

- Applies to both on-sale and off-sale establishments
- The law does not specify new or existing outlets

### ***Incentive for training:***

- Mitigation of fines or other administrative penalties for sales to minors

### **Minimum Ages for Off-Premises Sellers**

- Beer 16
- Wine 16
- Spirits 16

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

*Notes: Off-sale retailers may employ persons who are at least 16 years of age to check out, if supervised by a person on the premises who is at least 19 years of age, package or carry merchandise, including spirituous liquor, in unbroken packages, for the convenience of the customer of the employer, if the employer sells primarily merchandise other than spirituous liquor.*

### **Minimum Ages for On-Premises Sellers**

- Beer 19 for both servers and bartenders
- Wine 19 for both servers and bartenders
- Spirits 19 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists; the courts recognize common law dram shop liability.

*Notes: Dram shop statute does not abrogate claims arising under common law.*

### **Social Host Liability**

There is no statutory liability. The courts recognize common law social host liability.

### **Host Party Laws**

Social host law is specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: NEGLIGENCE—host must have known or should have known of the event's occurrence
- Exception(s): family, resident

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient
- State approval/permit requirements: Producer/shipper must obtain State permit



- Reporting requirements: Common carrier must record/report purchaser's name
- Shipping label statement: Recipient must be 21

*Notes: A licensed domestic farm winery that produces not more than 20,000 gallons of wine in a calendar year may make sales and deliveries of that wine to consumers who order by telephone, mail, fax or through the internet. Farm wineries can deliver such purchases, subject to the rules applicable to the delivery of spirituous liquors by the holder of a retail license having off-sale privileges. An independent contractor or the employee of an independent contractor is deemed to be an employee of the licensee when making a sale or delivery of spirituous liquor for the licensee. Ariz. Rev. Stat. §§ 4-205.04(D), 4-203(J) and Ariz. Admin. Code R19-1-221. The rules governing the retail delivery of spirituous liquor require age verification at the point of delivery and the deliverer recording the recipient's name.*

### **Keg Registration**

Registration is not required.



## ARKANSAS

### State Profile and Underage Drinking Facts<sup>36</sup>

<b>State Population</b>	2,855,390
<b>Population-Ages 12-20</b>	361,000

	Percentage	Number
<b>Ages 12-20</b>		
Past-Month Alcohol Use	27.0	98,000
Past-Month Binge Alcohol Use	19.0	69,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	8.3	10,000
Past-Month Binge Alcohol Use	5.4	6,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	25.5	30,000
Past-Month Binge Alcohol Use	18.1	21,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	45.2	58,000
Past-Month Binge Alcohol Use	32.1	41,000

<sup>36</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		60
<b>Years of Potential Life Lost (under 21)</b>		3,583
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	19.0	21

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is specifically not prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- No statutory affirmative defense: statutes do not provide an affirmative defense related to retailer’s belief that the minor was 21 years of age or older
- Retailer has the authority to detain a minor suspected of using a false ID in connection with the purchase of alcohol

*Notes: Under Ark. Code Ann. § 5-27-503(b), a seller’s detention of a person under 21 for use of false identification “shall not include a physical detention.”*

*The prohibition against attempted use of a false ID for purchasing alcoholic beverages applies to persons less than 21 years of age. Prior to July 31, 2007, the denial of driving privileges as a penalty for violating this prohibition only applied to persons less than 18 years of age. This denial is through a judicial process. Beginning on July 31, 2007, Arkansas added an administrative suspension process for those between 18 to 21 years of age to whom the judicial process does not apply.*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession

#### ***Authority to impose driver’s license sanction***

- Mandatory

#### ***Length of suspension/revocation:***

- 60 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 14
- Minimum learner stage period: 6 months
- There is no minimum supervised driving requirement

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Night driving is not restricted
  - There is no primary enforcement of the night driving rule
- There are no passenger restrictions

#### ***License stage***

- Minimum age to lift restrictions: 18

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse

*Notes: Arkansas’ statute regarding furnishing alcohol to any person under 21 years old includes an exception for “family” members, but does not specify which family members.*

## **Responsible Beverage Service**

### ***Voluntary beverage service training***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

### ***Incentive for training***

- Mitigation of fines or other administrative penalties for sales to minors

## **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 21

## **Minimum Ages for On-Premises Sellers**

- Beer 19 for servers and 21 for bartenders
- Wine 19 for servers and 21 for bartenders
- Spirits 19 for servers and 21 for bartenders

## **Dram Shop Liability**

Statutory liability exists.

## **Social Host Liability**

There is no social host liability.

## **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are not permitted.

## **Keg Registration**

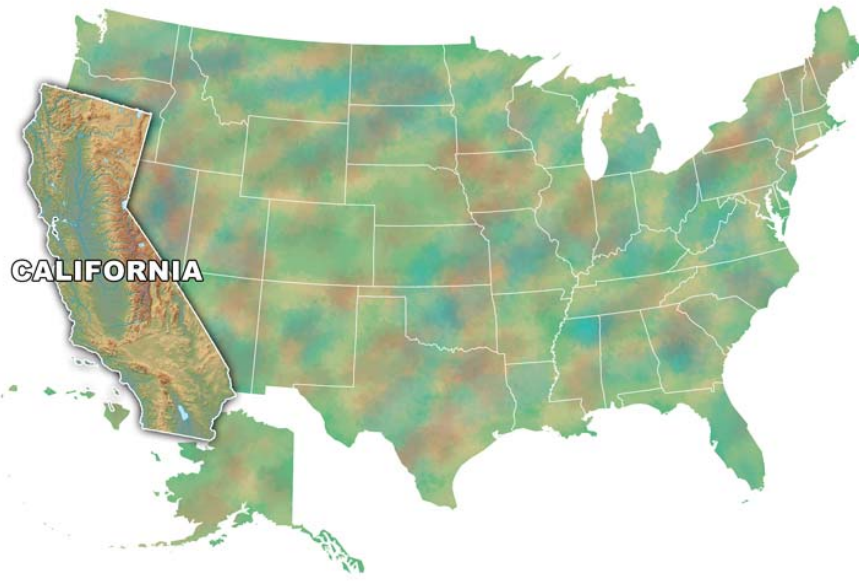
Keg definition: a liquid capacity of more than five gallons.

### ***Prohibited***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$500 or 90 days
- Destroying the label on a keg—max. fine/jail: \$500 or 90 days

### ***Purchaser information collected***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit required: \$75
- Provisions do not specifically address disposable kegs



## CALIFORNIA

### State Profile and Underage Drinking Facts<sup>37</sup>

<b>State Population</b>		36,756,666	
<b>Population-Ages 12-20</b>		4,925,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	25.7		1,265,000
Past-Month Binge Alcohol Use	16.7		821,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	5.3		86,000
Past-Month Binge Alcohol Use	3.0		48,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	23.8		392,000
Past-Month Binge Alcohol Use	14.7		242,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	47.0		787,000
Past-Month Binge Alcohol Use	31.7		531,000

<sup>37</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		539
<b>Years of Potential Life Lost (under 21)</b>		31,905
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	20.0	121

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location OR
- Parent/guardian consent OR
- Spouse

*Notes: California’s “Any Private Location” exception excludes possession in motor vehicles. California’s statute regarding possession of alcohol by a person under the age of 21 years includes an exception for “responsible adult relative” but does not specify which relatives are included.*

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors:***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Retailers are permitted to seize apparently false IDs
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.01
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession

#### ***Authority to impose driver’s license sanction:***

- Mandatory

#### ***Length of suspension/revocation:***

- 365 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 11 p.m.
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No passengers under 20, unless accompanied by a parent, guardian, instructor or licensed driver over 25
  - There is no primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.



## **Responsible Beverage Service**

### ***Voluntary beverage service training***

- The law does not specify on- or off-sale establishments
- The law does not specify new or existing outlets

### ***Incentive for training***

- Mitigation of fines or other administrative penalties for sales to minors

## **Minimum Ages for Off-Premises Sellers**

- Beer Not specified
- Wine Not specified
- Spirits Not specified

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

## **Minimum Ages for On-Premises Sellers**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

## **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Minor must be obviously intoxicated at time of service.

## **Social Host Liability**

There is no social host liability.

*Notes: Cantor v. Anderson (1981) held that although social hosts are precluded from liability under Cal. Civ. Code 1714, a social host may be sued under common law if the host knows that a guest has an exceptional mental or physical condition that renders her/him particularly susceptible to alcohol.*

## **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

***Age verification requirements***

- None

***State approval/permit requirements***

- Producer/shipper must obtain State permit

***Reporting requirements***

- None

***Shipping label statement***

- Contains alcohol
- Recipient must be 21

**Keg Registration**

Keg definition: 6 gallons or more.

***Prohibited***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$1000 or 6 months

***Purchaser information collected***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: not required
- Deposit: not required
- Provisions do not specifically address disposable kegs



## COLORADO

### State Profile and Underage Drinking Facts<sup>38</sup>

<b>State Population</b>	4,939,456
<b>Population-Ages 12-20</b>	574,000

	Percentage	Number
<b>Ages 12-20</b>		
Past-Month Alcohol Use	32.8	188,000
Past-Month Binge Alcohol Use	21.4	123,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	8.1	16,000
Past-Month Binge Alcohol Use	3.9	8,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	31.5	59,000
Past-Month Binge Alcohol Use	19.3	36,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	60.7	113,000
Past-Month Binge Alcohol Use	42.4	79,000

<sup>38</sup>Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		73
<b>Years of Potential Life Lost (under 21)</b>		4,397
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	19.0	18

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location AND
- Parent/guardian presence and consent

*Notes: POSSESSION: Colorado's exception requires the knowledge and consent of the owner of the private property when minors possess alcohol (in addition to the consent and presence of a parent or guardian).*

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location AND
- Parent/guardian presence and consent

*Notes: CONSUMPTION: Colorado's exception requires the knowledge and consent of the owner of the private property when minors consume alcohol (in addition to the consent and presence of a parent or guardian).*

### **Internal Possession by Minors**

Internal possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location AND
- Parent/guardian presence and consent

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

***Provision(s) targeting minors:***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Retailers are permitted to seize apparently false IDs
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

- Retailer has the authority to detain a minor suspected of using a false ID in connection with the purchase of alcohol

*Notes: In Colorado, the license revocation period for a first conviction of obtaining or attempting to obtain an alcoholic beverage by misrepresentation of age is twenty-four hours of public service, if ordered by the court, or three months.*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession
- Underage consumption

#### ***Authority to impose driver’s license sanction***

- Mandatory

#### ***Length of suspension/revocation:***

- Minimum: Not specified
- Maximum: 90 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 12 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - For first 6 months—no passengers under 21 unless immediate family member
  - Second 6 months—only one passenger under 21 who is not immediate family
  - There is no primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location AND
- Parent/guardian (details not specified)

### **Responsible Beverage Service**

#### ***Voluntary beverage service training***

- The law does not specify on- or off-sale establishments
- The law does not specify new or existing outlets

#### ***Incentive for training***

- Mitigation of fines or other administrative penalties for sales to minors

### **Minimum Ages for Off-Premises Sellers**

- Beer 21
- Wine 21
- Spirits 21

*Notes: Although employees must be at least 21 years of age to sell malt, vinous, or spirituous liquors in a retail liquor store, employees at least 18 years of age may sell fermented malt beverages containing not more than 3.2 percent alcohol by weight in establishments where fermented malt beverages are sold at retail in containers for off-premises consumption.*

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

*Notes: Persons under 21 years of age employed to sell or dispense malt, vinous, or spirituous liquors are required to be supervised by another person who is on premise and has attained 21 years of age.*

### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$150,000
- Limitations on elements/standards of proof: Knowledge of underage status

### **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$150,000
- Limitations on elements/standards of proof: Knowledge of underage status

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

#### ***Age verification requirements:***

- Common carrier must verify age of recipient

#### ***State approval/permit requirements***

- Producer/shipper must obtain State permit

#### ***Reporting requirements:***

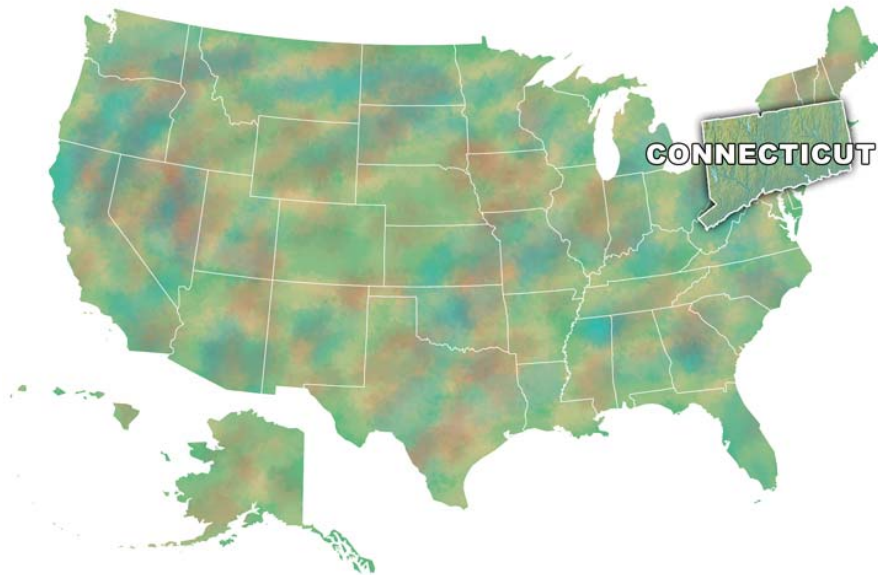
- Producer must record/report purchaser's name

#### ***Shipping label statement***

- Contains alcohol
- Recipient must be 21

### **Keg Registration**

Registration is not required.



## CONNECTICUT

### State Profile and Underage Drinking Facts<sup>39</sup>

<b>State Population</b>		3,501,252	
<b>Population-Ages 12-20</b>		425,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	32.3		137,000
Past-Month Binge Alcohol Use	23.5		100,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	5.9		8,000
Past-Month Binge Alcohol Use	2.8		4,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	32.3		51,000
Past-Month Binge Alcohol Use	22.5		35,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	60.7		78,000
Past-Month Binge Alcohol Use	47.1		61,000

<sup>39</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.



<b>Alcohol-Attributable Deaths (under 21)</b>		34
<b>Years of Potential Life Lost (under 21)</b>		1,976
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	22.0	8

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location OR
- Parent/guardian presence and consent OR
- Spouse

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- State provides incentives to retailers who use electronic scanners that read birth dates and other information digitally encoded on valid identification cards
- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage possession

### ***Authority to impose driver’s license sanction:***

- Mandatory

### ***Length of suspension/revocation:***

- 30 days

## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 16
- Minimum learner stage period:
  - 4 months —with driver education
  - 6 months—without driver education
- Minimum supervised driving requirement: 40 hours

### ***Intermediate stage***

- Minimum age: 16 years, 4 months
- Unsupervised night driving:
  - Prohibited after 11 p.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - First 6 months—limited to one parent, instructor, or licensed adult who is at least 20 years old
  - Second 6 months—expands to include immediate family
  - Primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 18
- Passenger restrictions expire 12 months after issuance of intermediate license
- Unsupervised night driving restrictions remain until age 18

*Notes: A parent or guardian of any applicant less than 18 to whom a learner’s permit is issued on or after August 1, 2008 shall attend two hours of safe driving instruction with such applicant.*

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse

## **Responsible Beverage Service**

No beverage service training requirement.

### **Minimum Ages for Off-Premises Sellers**

- Beer 15
- Wine 18
- Spirits 18

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

## **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$250,000.
- Limitations on elements/standards of proof: Minor must be intoxicated at time of service.
- The courts recognize common law dram shop liability

*Notes: A common law cause of action is not precluded by the dram shop statute. Under common law, the limitations on damages may be avoided.*

## **Social Host Liability**

There is no statutory liability. The courts recognize common law social host liability.

## **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Preventive action by the host negates the violation (see note)
- Exception(s): family

*Notes: The "preventive action" provision in Connecticut requires the prosecution to prove that the host failed to take preventive action.*

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

### ***Age verification requirements***

- Producer must verify age of purchaser: ID check is required at some point prior to delivery.
- Common carrier must verify age of recipient: ID check required at some point prior to delivery.

### ***State approval/permit requirements***

- Producer/shipper must obtain State permit
- State must approve common carrier

### ***Reporting requirements***

- Producer must record/report purchaser's name
- Common carrier must record/report purchaser's name

### ***Shipping label statement***

- Contains alcohol
- Recipient must be 21

## **Keg Registration**

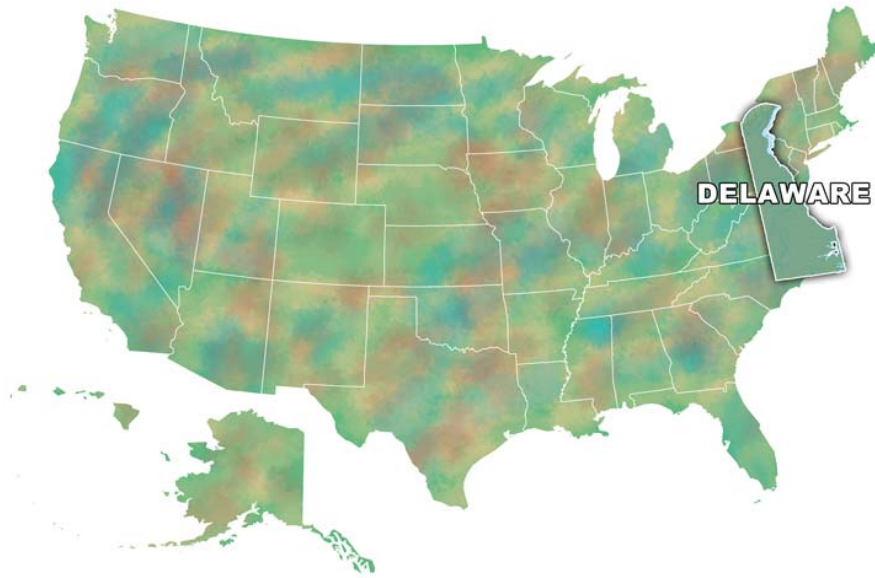
Keg definition: 6 gallons or more.

### ***Prohibited***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$500 or 3 months

### ***Purchaser information collected***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: passive—no purchaser action required
- Deposit: not required
- Provisions do not specifically address disposable kegs



## DELAWARE

### State Profile and Underage Drinking Facts<sup>40</sup>

<b>State Population</b>	873,092	
<b>Population-Ages 12-20</b>	106,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	29.1	31,000
Past-Month Binge Alcohol Use	19.8	21,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	5.9	2,000
Past-Month Binge Alcohol Use	2.0	1,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	24.3	9,000
Past-Month Binge Alcohol Use	14.3	5,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	55.2	20,000
Past-Month Binge Alcohol Use	41.7	15,000

<sup>40</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		12
<b>Years of Potential Life Lost (under 21)</b>		725
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	12.0	3

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

*Notes: Delaware’s exception includes “members of the same family” and allows possession if in “private home of any of said members.” Del. Code Ann. tit. 4, § 904.*

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

*Notes: Delaware’s exception includes “members of the same family” and allows consumption if in “private home of any of said members.” Del. Code Ann. tit. 4, § 904.*

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

*Notes: Although Delaware does not prohibit Internal Possession, it has a statutory provision that makes it an offense for “[w]hoever, being under the age of 21 years, has alcoholic liquor in his or her possession at any time, or consumes or is found to have consumed alcoholic liquor.” Del. Code Ann. tit. 4, § 904.*

### **Underage Purchase of Alcohol**

Purchase is NOT prohibited and there is no specific allowance for youth purchase for law enforcement purposes.

*Notes: Delaware does not have a statute that specifically prohibits purchase, but it does prohibit “obtaining” alcohol in connection with making a false statement. See Del. Code Ann. tit. 4, § 904(b).*

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- No driver’s license suspension procedure

### ***Provisions targeting retailers***

- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

*Notes: Although Del. Admin. Code § 2 2000 2215 states that “persons under 21 years of age have noted on their licenses ‘Under 21,’” research revealed no Delaware statute or regulation expressly requiring distinguishing licenses for persons under 21 years of age. This requirement is probably the result of an uncodified administrative decision not published in the Code of Delaware Regulations. The Distinguishing Licenses provision for Delaware is therefore not included.*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is per se (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage possession
- Underage consumption

### ***Authority to impose driver’s license sanction***

- Mandatory

### ***Length of suspension/revocation:***

- 30 days

## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 10 p.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - One passenger, except for immediate family members
  - Primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

*Notes: Delaware's exception includes "members of the same family" and allows furnishing if in the "private home of any of said members." See Del. Code Ann. tit. 4, § 904.*

### **Responsible Beverage Service**

***Mandatory beverage service training for licensees, managers, servers:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

### **Minimum Ages for Off-Premises Sellers**

- Beer 21
- Wine 21
- Spirits 21

### **Minimum Ages for On-Premises Sellers**

- Beer 19 for servers and 21 for bartenders
- Wine 19 for servers and 21 for bartenders
- Spirits 19 for servers and 21 for bartenders

### **Dram Shop Liability**

There is no dram shop liability.

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

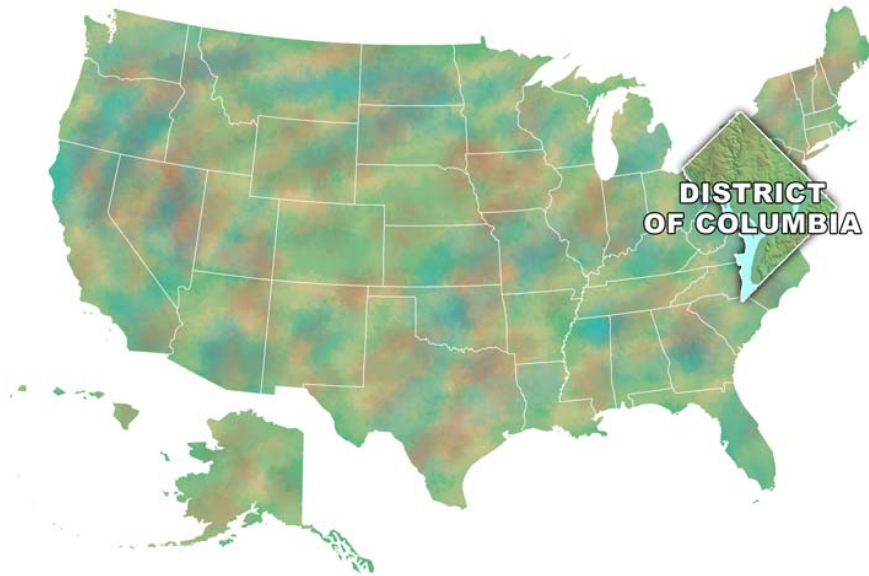
### **Direct Sales/Shipments From Producers to Consumers**

Direct sales/shipments from producers to consumers are not permitted.

### **Keg Registration**

Registration is not required.





## DISTRICT OF COLUMBIA

### State Profile and Underage Drinking Facts<sup>41</sup>

<b>State Population</b>	591,833	
<b>Population-Ages 12-20</b>	63,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	32.7	20,000
Past-Month Binge Alcohol Use	22.7	14,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	5.2	1,000
Past-Month Binge Alcohol Use	1.9	000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	23.5	5,000
Past-Month Binge Alcohol Use	14.1	3,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	58.0	15,000
Past-Month Binge Alcohol Use	43.2	11,000

<sup>41</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		23
<b>Years of Potential Life Lost (under 21)</b>		1,353
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	0.0	0

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

*Notes: The District of Columbia defines a “valid identification document” as “an official identification issued by an agency of government (local, state, Federal, or foreign) containing, at a minimum, the name, date of birth, signature, and photograph of the bearer.” See D.C. Code Ann. § 25-101(53). D.C. Code Ann. § 25-783(b) requires licensed establishments to “take steps reasonably necessary to ascertain” whether any person to whom an alcoholic beverages is served is of legal drinking age, and further provides that “[a]ny person who supplies a valid identification document showing his or her age to be the legal drinking age shall be deemed to be of legal drinking age.”*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

#### ***Authority to impose driver’s license sanction:***

- Mandatory

#### ***Length of suspension/revocation:***

- 90 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 40 hours—Must log additional 10 hours of nighttime driving at intermediate stage with driver over 21

#### ***Intermediate stage***

- Minimum age: 16 years, 6 months
- Unsupervised night driving:
  - Prohibited September – June after 11 p.m. on Sunday – Thursday; 12:01 a.m. on Saturday – Sunday\
  - Prohibited July – August after 12:01 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - First 6 months, one licensed driver at least 21, and any parent or sibling
  - After 6 months, no more than 2 passengers under 21 (except parents or siblings) until age 18
  - Primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 18

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

#### ***Mandatory beverage service training for managers:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

### **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

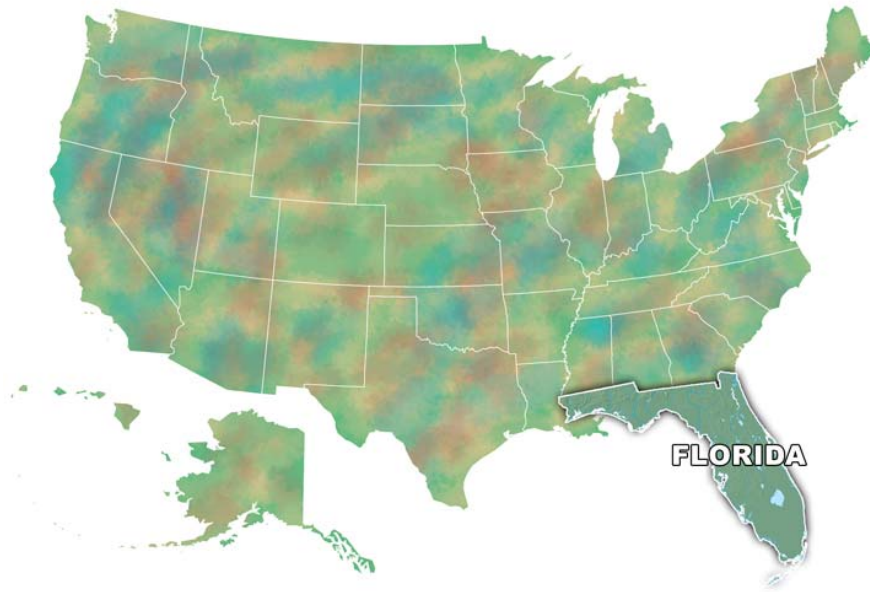
### **Direct Sales/Shipments From Producers to Consumers**

Direct sales/shipments from producers to consumers are permitted for beer, wine, and distilled spirits with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: None
- Reporting requirements: None
- Shipping label statement: None

### **Keg Registration**

- Keg definition: 4 gallons or more.
- Purchaser information collected:
  - Purchaser's name and address verified by a government-issued ID
  - Address where keg will be consumed
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit: not required
- Provisions specifically address disposable kegs



## FLORIDA

### State Profile and Underage Drinking Facts<sup>42</sup>

<b>State Population</b>	18,328,340	
<b>Population-Ages 12-20</b>	2,134,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	27.9	595,000
Past-Month Binge Alcohol Use	17.6	376,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	6.8	45,000
Past-Month Binge Alcohol Use	2.9	19,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	25.1	184,000
Past-Month Binge Alcohol Use	15.4	113,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	49.0	366,000
Past-Month Binge Alcohol Use	32.7	244,000

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<sup>42</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		271
<b>Years of Potential Life Lost (under 21)</b>		16,118
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	21.0	107

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 18.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession

***Authority to impose driver’s license sanction***

- Mandatory

***Length of suspension/revocation***

- Minimum: 180 days
- Maximum: 365 days

**Graduated Driver’s License**

***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 12 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 11 p.m. for drivers age 16
  - Prohibited after 1 a.m. for drivers age 17
  - Primary enforcement of the night driving rule
- There are no passenger restrictions

***License stage***

- Minimum age to lift restrictions: 18

**Laws Targeting Alcohol Suppliers**

**Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

**Responsible Beverage Service**

***Voluntary beverage service training***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

***Incentives for training***

- Mitigation of fines or other administrative penalties for sales to minors
- Protection against license revocation for sales to minors

**Minimum Ages for Off-Premises Sellers**

- Beer      Not specified
- Wine     Not specified
- Spirits    18

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Willful and unlawful service to minor

### **Social Host Liability**

There is no statutory liability. The courts recognize common law social host liability.

*Notes: Common law liability rests on violation of a criminal social host statute.*

### **Host Party Laws**

Social host law is specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Preventive action by the host negates the violation (see note)

*Notes: The “preventive action” provision in Florida requires the prosecution to prove that the host failed to take preventive action.*

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

Direct sales/shipments from producers to consumers are not permitted.

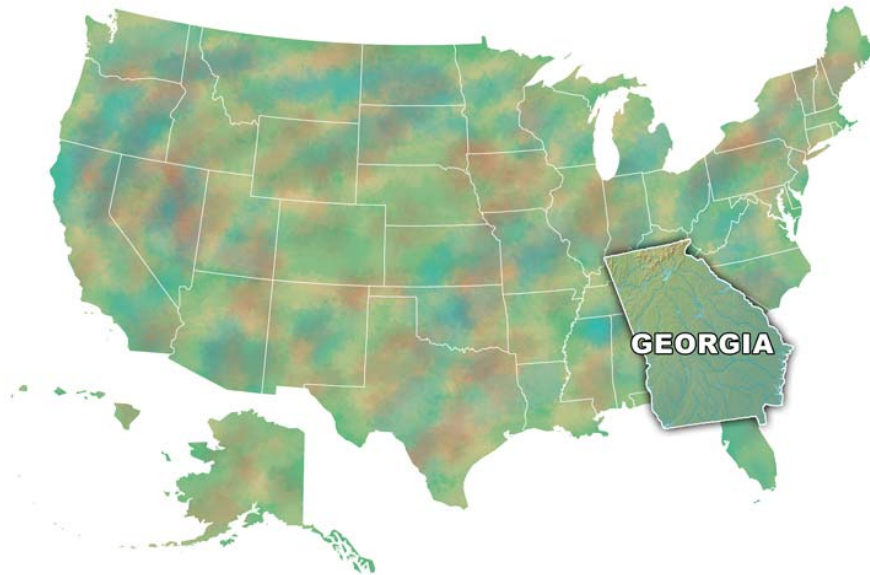
*Notes: Although current law suggests that direct shipments of alcoholic beverages are prohibited, the Florida Department of Business and Professional Regulation's informal policy allows out-of-state wineries to make direct shipments of wine to Florida consumers. Florida statutes that purport to ban direct shipments are not being enforced pursuant to a stipulation entered into by the State in a law suit challenging the Constitutionality of the law. Fla. Stat. Ann. §§ 561.54, 561.545.*

*[http://www.flsenate.gov/data/Publications/2006/Senate/reports/interim\\_reports/pdf/2006-146rilong.pdf](http://www.flsenate.gov/data/Publications/2006/Senate/reports/interim_reports/pdf/2006-146rilong.pdf)*

### **Keg Registration**

Registration is not required.





## GEORGIA

### State Profile and Underage Drinking Facts<sup>43</sup>

<b>State Population</b>		9,685,744	
<b>Population-Ages 12-20</b>		1,234,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use		23.6	292,000
Past-Month Binge Alcohol Use		14.4	178,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use		5.0	19,000
Past-Month Binge Alcohol Use		1.2	4,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use		20.7	91,000
Past-Month Binge Alcohol Use		12.3	54,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use		43.2	182,000
Past-Month Binge Alcohol Use		28.3	119,000

<sup>43</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		156
<b>Years of Potential Life Lost (under 21)</b>		9,322
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	19.0	45

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian’s home AND
- Parent/guardian presence and consent

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Retailers are permitted to seize apparently false IDs
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

*Notes: In Georgia, the prohibition against furnishing to a minor does not apply when a retailer has been provided with “proper identification,” defined as “any document issued by a governmental agency containing a description of the person, such person’s photograph, or both, and giving such person’s date of birth.” When a reasonable or prudent person could reasonably be in doubt as to whether a customer is of legal drinking age, the retailer has a duty to request to see and to be furnished with proper identification in order to verify the customer’s age, and the failure to make such request and verification in the case of an underage person may be considered by the trier of fact in determining whether the retailer furnishing the alcoholic beverage did so knowingly. See Ga. Code Ann. § 3-3-23(d), (h).*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit:
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase

#### ***Authority to impose driver’s license sanction:***

- Mandatory

#### ***Length of suspension/revocation:***

- Minimum: 180 days
- Maximum: 180 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 12 months
- Minimum supervised driving requirement: 40 hours—6 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - First 6 months, immediate family only
  - Second 6 months, no more than one passenger under 21 who is not immediate family
  - After 1 year, no more than 3 passengers under 21 who are not immediate family
  - There is no primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 18

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian’s home AND
- Parent/guardian (details not specified)

## **Responsible Beverage Service**

No beverage service training requirement.

## **Minimum Ages for Off-Premises Sellers**

- Beer Not specified
- Wine Not specified
- Spirits Not specified

## **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

## **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Service with knowledge that customer was a minor and would soon be operating a motor vehicle.

*Notes: Consumption, not the sale or furnishing or serving, is the proximate cause of an injury.*

## **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Service with knowledge that customer was a minor and would soon be operating a motor vehicle.

*Notes: Consumption, not the furnishing or serving, is the proximate cause of an injury.*

## **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Producer must verify age of purchaser
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: Producer must record/report purchaser's name
- Shipping label statement: Contains alcohol and Recipient must be 21

*Notes: Wineries that hold a Federal basic wine manufacturing permit, regardless of whether they are licensed by the State of Georgia, may also ship wines directly to consumers. The consumer must purchase the wine while physically present on the premises of the winery, and the winery must verify that the consumer is of the age to do so. Ga. Code Ann. § 3-6-32.*

## **Keg Registration**

Keg definition: more than 2 gallons.

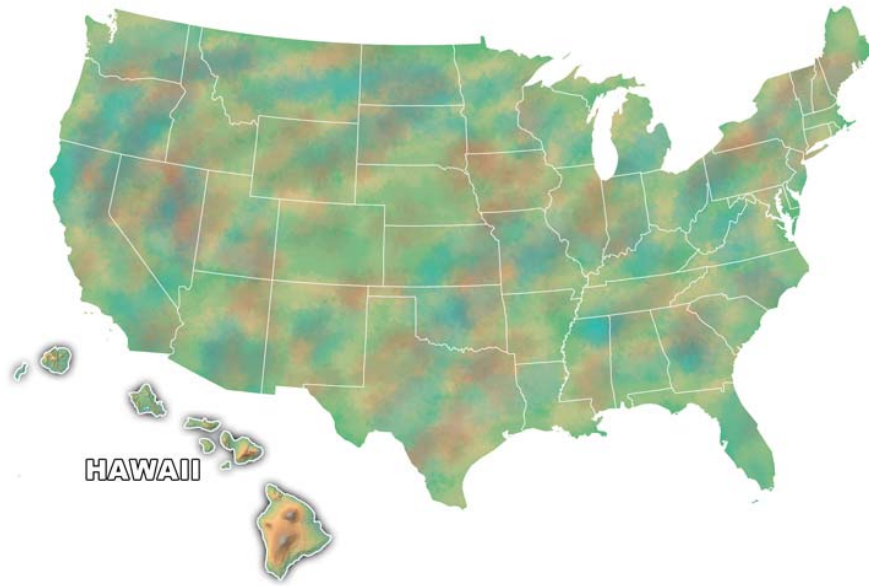
### ***Prohibited***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$1000 or 12 months
- Destroying the label on a keg—max. fine/jail: \$1000 or 12 months

### ***Purchaser information collected***

- Purchaser's name and address: verified by a government-issued ID
- Address where keg will be consumed
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit: not required
- Provisions do not specifically address disposable kegs

*Notes: Although Georgia does not require a retailer to record the number of a keg purchaser's ID, it does require the retailer to record the form of identification presented by the purchaser, as well as the purchaser's name, address, and date of birth.*



## HAWAII

### State Profile and Underage Drinking Facts<sup>44</sup>

<b>State Population</b>		1,288,198	
<b>Population-Ages 12-20</b>		143,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	23.4		34,000
Past-Month Binge Alcohol Use	16.0		23,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	4.7		2,000
Past-Month Binge Alcohol Use	2.1		1,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	22.4		11,000
Past-Month Binge Alcohol Use	14.8		7,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	44.5		20,000
Past-Month Binge Alcohol Use	32.4		15,000

<sup>44</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		11
<b>Years of Potential Life Lost (under 21)</b>		687
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	17.0	3

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

*Notes: Although Hawaii does not prohibit Internal Possession, beginning on June 19, 2006, it has a statutory provision that states that, “[n]o minor shall consume or purchase liquor and no minor shall consume or have liquor in the minor’s possession or custody in any public place, public gathering, or public amusement, at any public beach or public park, or in any motor vehicle on a public highway” and that “‘consume’ or ‘consumption’ includes the ingestion of liquor.” Haw. Rev. Stat. § 281-101.5.*

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- General affirmative defense: the retailer came to a good faith or reasonable decision that the purchaser was 21 years or older; inspection of an identification card not required

*Notes: In Hawaii, the retailer has a defense to a charge of furnishing to a minor if, in making the sale or allowing the consumption of liquor by a minor, the retailer was misled by the appearance of the minor and the attending circumstances into honestly believing that the minor was of legal age, and if the retailer can prove that he or she acted in good faith.*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

#### ***Authority to impose driver’s license sanction***

- Mandatory

#### ***Length of suspension/revocation***

- Minimum: 180 days
- Maximum: Not specified

Use/lose penalties apply to minors under age 18:

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession
- Underage consumption

#### ***Authority to impose driver’s license sanction***

- Discretionary

#### ***Length of suspension/revocation***

- Minimum: 180 days
- Maximum: Not specified

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours – 10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 11 p.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:



- No more than one passenger under 18, except household members, unless accompanied by parent or guardian
- Primary enforcement of the passenger restriction rule

**License stage**

- Minimum age to lift restrictions: 17

**Laws Targeting Alcohol Suppliers**

**Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian (details not specified)

**Responsible Beverage Service**

No beverage service training requirement

**Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

*Notes: Liquor can be sold by persons 18 to 20 years of age only in licensed establishments where selling or serving the intoxicating liquor is part of the minor’s employment, and where there is proper supervision of these minor employees to ensure that the minors shall not consume the intoxicating liquor.*

**Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

*Notes: Liquor can be sold or served by persons 18 to 20 years of age only in licensed establishments where selling or serving the intoxicating liquor is part of the minor’s employment, and where there is proper supervision of these minor employees to ensure that the minors shall not consume the intoxicating liquor. Persons below the age of 18 years may sell or serve liquor in individually specified licensed establishments found to be otherwise suitable by the liquor commission in which an approved program of job training and employment for dining*

*room waiters and waitresses is being conducted in cooperation with the University of Hawaii, the state community college system, or a federally sponsored personnel development and training program, under arrangements that ensure proper control and supervision of employees.*

### **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

### **Social Host Liability**

Statutory liability exists.

*Notes: Defendant must be 21 years or older to be held liable.*

### **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): family

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

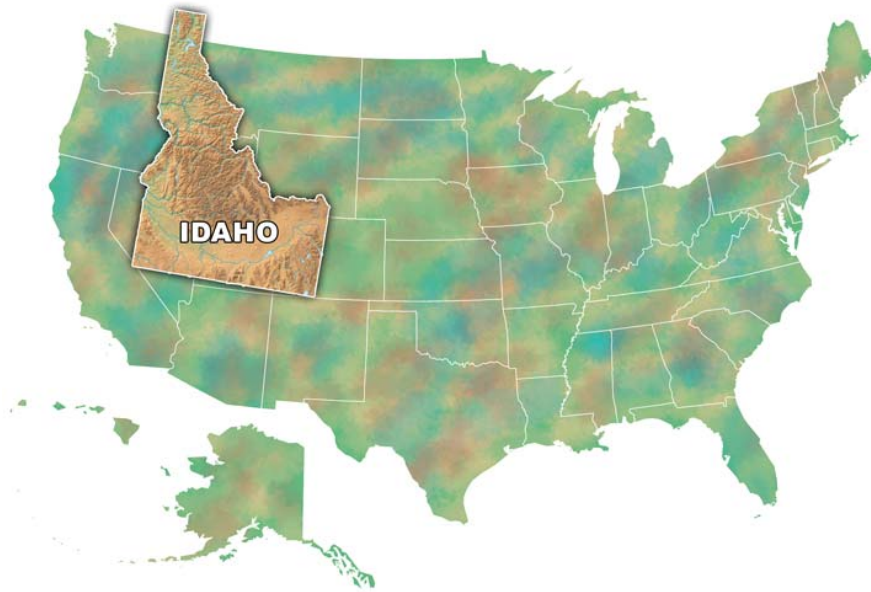
Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: None
- Shipping label statement: Contains alcohol and Recipient must be 21

*Notes: Any adult may obtain a State permit to receive one shipment of beer, wine or distilled spirits per year for personal use from outside the State, not to exceed five gallons. Only one permit is allowed per household.*

### **Keg Registration**

Registration is not required



## IDAHO

### State Profile and Underage Drinking Facts<sup>45</sup>

<b>State Population</b>		1,523,816	
<b>Population-Ages 12-20</b>		194,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	21.5		42,000
Past-Month Binge Alcohol Use	15.5		30,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	6.1		4,000
Past-Month Binge Alcohol Use	1.6		1,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	22.1		14,000
Past-Month Binge Alcohol Use	17.1		11,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	37.6		23,000
Past-Month Binge Alcohol Use	28.9		18,000

<sup>45</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		24
<b>Years of Potential Life Lost (under 21)</b>		1,405
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	29.0	13

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND
- Parent/guardian presence and consent

*Notes: Idaho’s exceptions relate specifically to the possession of beer or wine.*

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

*Notes: Although Idaho does not prohibit Internal Possession, beginning on July 1, 2000, it has a statutory provision that makes it unlawful “[f]or any person under the age of twenty-one (21) years to purchase, attempt to purchase, possess, serve, dispense, or consume beer, wine or other alcoholic liquor” such that “[a] person shall also be deemed to “possess” alcohol that has been consumed by the person, without regard to the place of consumption.” Idaho Code § 23-949.*

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- No statutory affirmative defense: statutes do not provide an affirmative defense related to retailer’s belief that the minor was 21 years of age or older

*Notes: As of March 8, 2007, retailers are only required to deliver documents to law enforcement that have been lost or voluntarily surrendered; however, when presented with identification*

*documents that appear to be mutilated, altered, or fraudulent, they must contact law enforcement and refuse service.*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

#### ***Authority to impose driver’s license sanction:***

- Mandatory

#### ***Length of suspension/revocation:***

- Minimum: Not specified
- Maximum: 365 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 15
- Unsupervised night driving:
  - No unsupervised driving ½ hour after sunset
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - Any licensee under 17 shall have no more than one passenger under 17, except relatives
  - Primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 16
- Passenger restrictions expire 6 months after issuance of license
- Unsupervised night driving restrictions remain until age 16

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

No beverage service training requirement.

### **Minimum Ages for Off-Premises Sellers**

- Beer 19
- Wine 19
- Spirits 19

### **Minimum Ages for On-Premises Sellers**

- Beer 19 for both servers and bartenders
- Wine 19 for both servers and bartenders
- Spirits 19 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists.

### **Social Host Liability**

Statutory liability exists.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: Producer and common carrier must record/report purchaser's name
- Shipping label statement: Contains alcohol and recipient must be 21

### **Keg Registration**

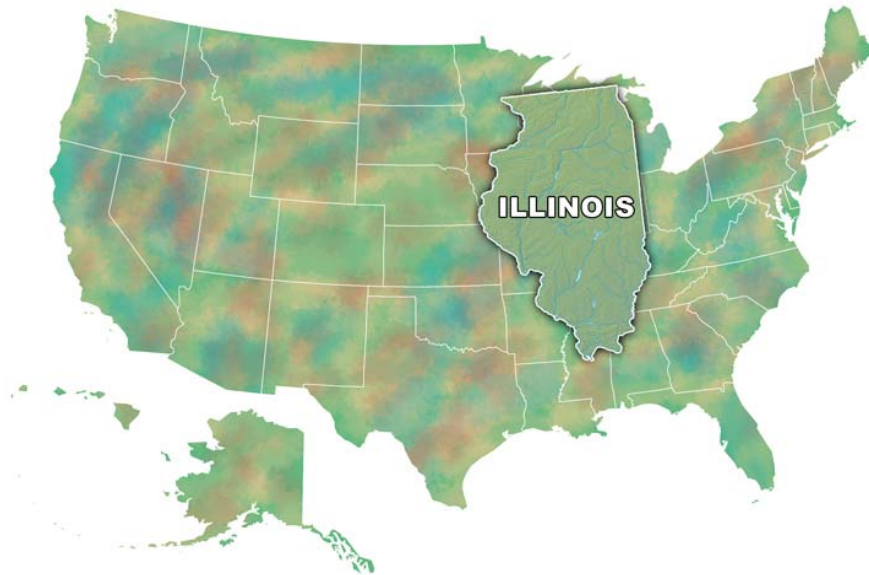
Keg definition: 7.75 gallons or more.

#### ***Prohibited:***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$1000 or 6 months

#### ***Purchaser information collected***

- Purchaser's name and address
- Warning information to purchaser: not required
- Deposit: not required
- Provisions do not specifically address disposable kegs



## ILLINOIS

### State Profile and Underage Drinking Facts<sup>46</sup>

<b>State Population</b>		12,901,563	
<b>Population-Ages 12-20</b>		1,647,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use		28.1	462,000
Past-Month Binge Alcohol Use		19.4	319,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use		6.2	32,000
Past-Month Binge Alcohol Use		2.8	15,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use		26.2	148,000
Past-Month Binge Alcohol Use		17.5	99,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use		50.8	282,000
Past-Month Binge Alcohol Use		37.0	206,000

<sup>46</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		207
<b>Years of Potential Life Lost (under 21)</b>		12,272
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	32.0	52

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND
- Parent/guardian presence and consent

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND
- Parent/guardian presence and consent

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through an administrative procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21



## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession
- Underage consumption

### ***Authority to impose driver’s license sanction***

- Discretionary

### ***Length of suspension/revocation:***

- Minimum: 0 days
- Maximum: 365 days

## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 9 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 10 p.m.—11 p.m. on Friday and Saturday
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one passenger under 20, except for siblings and children
  - Primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 18
- Passenger restrictions expire 12 months after issuance of license
- Unsupervised night driving restrictions remain until age 18

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

#### ***Voluntary beverage service training:***

- Applies to both on-sale and off-sale establishments
- The law does not specify new or existing outlets

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$45,000 limit for injury to person or property and \$55,000 limit for loss of means of support. Both amounts indexed to inflation rate since 1998.

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

The state has two Host Party Laws. Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: consumption
- Property type(s) covered by liability law: residence
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): family

*Notes: Until August 31, 2007, under 235 Ill. Comp. Stat. 5/6-16(a-1), a person committed a social host offense if one was a parent or guardian and permitted one's residence to be used by an underage invitee of one's child or ward in a manner that violated the statute. An offense under 235 Ill. Comp. Stat. 5/6-16(a-1) was deemed to have occurred if a parent or guardian knowingly authorized, enabled, or permitted the prohibited use to occur by failing to control access to either the residence or the alcoholic liquor maintained in the residence. Thus, the "preventive action" provision in Illinois required the prosecution to prove that the host failed to take preventive action. This preventive action provision was eliminated as of August 31, 2007. The prohibition continues to be limited to parents and guardians.*

## **Host Party Laws**

The state has two Host Party Laws. Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: consumption
- Property type(s) covered by liability law: other
- Standard for hosts' knowledge or action regarding the party: OVERT ACT—host must have actual knowledge and commit an act that contributes to the occurrence

*Notes: Under 235 Ill. Comp. Stat. 5/6-16(d), a person commits a social host offense by renting a hotel or motel room for the purpose of or with the knowledge that such room be used for the consumption of alcoholic liquor by underage persons.*

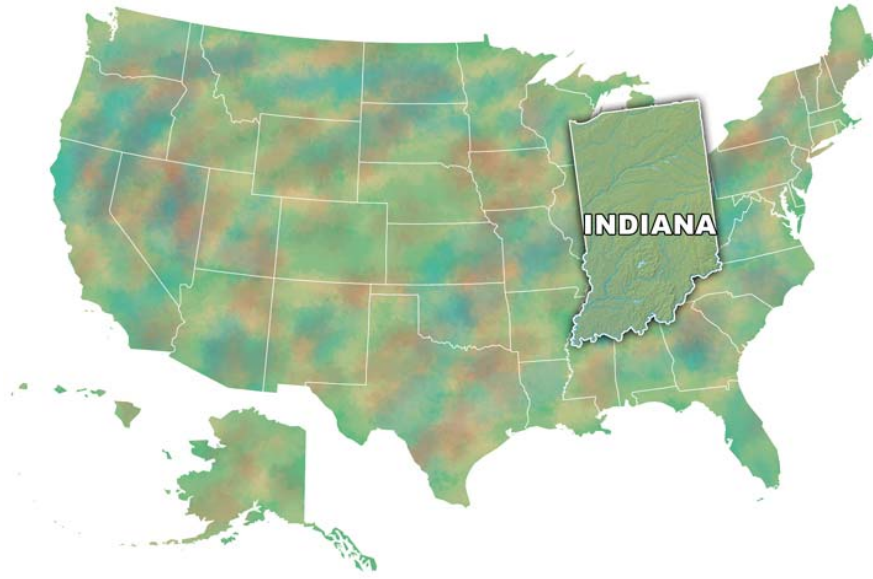
## **Direct Sales/Shipments From Producers to Consumers**

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: Producer and common carrier must record/report purchaser's name
- Shipping label statement: Contains alcohol and Recipient must be 21

## **Keg Registration**

Registration is not required.



## INDIANA

### State Profile and Underage Drinking Facts<sup>47</sup>

<b>State Population</b>		6,376,792	
<b>Population-Ages 12-20</b>		826,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	25.1		207,000
Past-Month Binge Alcohol Use	17.7		146,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	5.2		14,000
Past-Month Binge Alcohol Use	2.0		5,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	23.4		65,000
Past-Month Binge Alcohol Use	16.3		45,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	45.1		128,000
Past-Month Binge Alcohol Use	33.5		95,000

<sup>47</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		100
<b>Years of Potential Life Lost (under 21)</b>		6,006
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	24.0	39

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- General affirmative defense: the retailer came to a good faith or reasonable decision that the purchaser was 21 years or older; inspection of an identification card not required

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession

***Authority to impose driver’s license sanction***

- Mandatory

***Length of suspension/revocation***

- Minimum: 90 days
- Maximum: 365 days

**Graduated Driver’s License**

***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 2 months
- There is no minimum supervised driving requirement

***Intermediate stage***

- Minimum age: 16 years, 30 days
- Unsupervised night driving:
  - Prohibited after 11 p.m. on weekdays
  - Prohibited after 1 a.m. on Saturday and Sunday
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No passengers, unless accompanied by parent or a licensed driver at least 21 years old
  - Primary enforcement of the passenger restriction rule

***License stage***

- Minimum age to lift restrictions: 18
- Passenger restrictions expire 90 days after issuance of intermediate license
- Unsupervised night driving restrictions remain until age 18

**Laws Targeting Alcohol Suppliers**

**Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

**Responsible Beverage Service**

***Mandatory beverage service training for licensees, managers, servers:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

**Minimum Ages for Off-Premises Sellers**

- Beer 19
- Wine 19
- Spirits 19

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

#### **Minimum Ages for On-Premises Sellers**

- Beer 19 for servers and 21 for bartenders
- Wine 19 for servers and 21 for bartenders
- Spirits 19 for servers and 21 for bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

#### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of intoxication.

#### **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of intoxication.

#### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Consumer must make at least one trip to producer's place of business to verify age before any direct shipments are permitted.

#### ***Age verification requirements***

- Producer must verify age of purchaser
- Common carrier must verify age of recipient

#### ***State approval/permit requirements***

- Producer/shipper must obtain State permit
- State must approve common carrier

#### ***Reporting requirements***

- Producer must record/report purchaser's name

#### ***Shipping label statement***

- Contains alcohol
- Recipient must be 21

*Notes: Brewers who manufacture not more than 20,000 barrels of beer in a single calendar year may ship up to one-half barrel of beer directly to Indiana consumers without being subject to the restrictions placed on wine shipments. Ind. Code § 7.1-3-2-7*

## **Keg Registration**

Keg definition: at least 7 3/4 gallons.

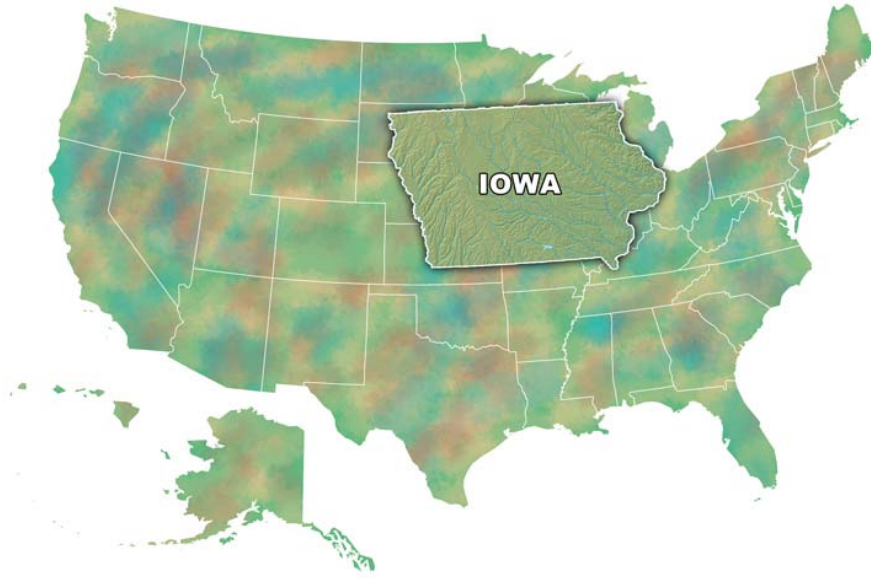
### ***Prohibited***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$1000

### ***Purchaser information collected***

- Purchaser's name and address—verified by a government-issued ID
- Warning information to purchaser: not required
- Deposit: not required
- Provisions do not specifically address disposable kegs





## IOWA

### State Profile and Underage Drinking Facts<sup>48</sup>

<b>State Population</b>		3,002,555	
<b>Population-Ages 12-20</b>		373,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	29.6		110,000
Past-Month Binge Alcohol Use	21.2		79,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	5.6		7,000
Past-Month Binge Alcohol Use	2.3		3,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	26.4		33,000
Past-Month Binge Alcohol Use	17.9		22,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	55.2		71,000
Past-Month Binge Alcohol Use	42.0		54,000

<sup>48</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		36
<b>Years of Potential Life Lost (under 21)</b>		2,154
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	16.0	11

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND
- Parent/guardian presence and consent

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

*Notes: CONSUMPTION: Iowa law does not specifically prohibit consumption of alcohol by persons under 21. Iowa does, however, have a general statute prohibiting the use or consumption of alcohol by any person in a public place. In addition, Iowa law provides that if a child, defined as a person under 18 years of age, is found to have violated the general prohibition against consumption of alcohol in a public place, the child's driver's license or operating privilege may be suspended or revoked for a period of one year. For more information, see Loss of Driving Privileges for Alcohol Violations by Minors ("Use/Lose" Laws).*

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial or administrative procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Retailers are permitted to seize apparently false IDs
- General affirmative defense: the retailer came to a good faith or reasonable decision that the purchaser was 21 years or older; inspection of an identification card not required

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 18.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage consumption

#### ***Authority to impose driver’s license sanction***

- Discretionary

#### ***Length of suspension/revocation***

- 365 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 14
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 20 hours—2 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12:30 a.m.
  - Primary enforcement of the night driving rule
- There are no passenger restrictions

#### ***License stage***

- Minimum age to lift restrictions: 17

*Notes: In addition to the supervised driving requirement at the learner’s stage, Iowa requires an intermediate license holder to complete 10 hours of supervised driving with two of these hours being at night.*

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND
- Parent/guardian (details not specified)

## **Responsible Beverage Service**

No beverage service training requirement.

## **Minimum Ages for Off-Premises Sellers**

- Beer 16
- Wine 16
- Spirits 18

## **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

## **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Server should have known that minor was intoxicated or was going to become intoxicated.

## **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Social host should have known that minor was intoxicated or was going to become intoxicated.

## **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: None
- Reporting requirements: None
- Shipping label requirements: Contains alcohol

*Notes: Direct sales/shipments permitted only for wineries in States that afford Iowa wineries a reciprocal shipping privilege.*

## **Keg Registration**

Keg definition: at least 5 gallons.

Prohibited:

- Destroying the label on a keg—max. fine/jail: \$625 or 30 days

### ***Purchaser information collected:***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: passive—no purchaser action required
- Deposit: not required
- Provisions specifically address disposable kegs



## KANSAS

### State Profile and Underage Drinking Facts<sup>49</sup>

<b>State Population</b>		2,802,134
<b>Population-Ages 12-20</b>		356,000
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	30.0	107,000
Past-Month Binge Alcohol Use	21.2	75,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	8.0	9,000
Past-Month Binge Alcohol Use	3.4	4,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	26.8	33,000
Past-Month Binge Alcohol Use	19.2	23,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	53.1	65,000
Past-Month Binge Alcohol Use	39.1	48,000

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<sup>49</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		47
<b>Years of Potential Life Lost (under 21)</b>		2,834
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	31.0	21

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

*Notes: Kansas has an exception permitting persons under 21 years of age to possess alcohol but the exception applies only to cereal malt beverages (defined as any fermented but undistilled liquor brewed or made from malt or from a mixture of malt or malt substitute, but not including any such liquor which is more than 3.2 percent ABW).*

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

*Notes: Kansas has an exception permitting persons under 21 years of age to consume alcohol but the exception applies only to cereal malt beverages (defined as any fermented but undistilled liquor brewed or made from malt or from a mixture of malt or malt substitute, but not including any such liquor which is more than 3.2 percent ABW).*

### **Internal Possession by Minors**

Internal possession is prohibited—no explicit exceptions noted in the law.

*Notes: Kansas has an exception permitting persons under 21 years of age to possess or consume alcohol but the exception applies only to cereal malt beverages (defined as any fermented but undistilled liquor brewed or made from malt or from a mixture of malt or malt substitute, but not including any such liquor which is more than 3.2 percent ABW).*

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- No driver’s license suspension procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.0
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession
- Underage consumption

### ***Authority to impose driver’s license sanction***

- Mandatory

### ***Length of suspension/revocation***

- 30 days

## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 14
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Night driving is not restricted
- There are no passenger restrictions

### ***License stage***

- Minimum age to lift restrictions: 16

*Notes: Kansas has a “restricted license” which allows unsupervised 15 year olds to drive to and from school or work using the most direct route possible. They must have completed driver’s education, held an instruction permit for 6 months, completed 25 hours of supervised driving with an additional 25 hours of driving prior to age 16, and obtained parental consent. They must not operate the vehicle with nonsibling minor passengers.*

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

*Notes: Kansas has an exception permitting the furnishing by a parent or legal guardian to a child or ward but the exception only applies to cereal malt beverages (defined as any fermented but undistilled liquor brewed or made from malt or from a mixture of malt or malt substitute, but not including any liquor which is more than 3.2 percent ABW).*

### **Responsible Beverage Service**

No beverage service training requirement.

### **Minimum Ages for Off-Premises Sellers**

- Beer 21
- Wine 21
- Spirits 21

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

### **Dram Shop Liability**

There is no dram shop liability.

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

Social host law is specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): family, resident

*Notes: As of May 24, 2007, Kansas's "unlawful hosting" provision applies to possession or consumption by minors, which is any person under 21 years of age. Prior to May 24, 2007,*



*Kansas's "unlawful hosting" provision only applied to possession or consumption by persons under the age of 18.*

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

Direct sales/shipments from producers to consumers are not permitted.

**Keg Registration**

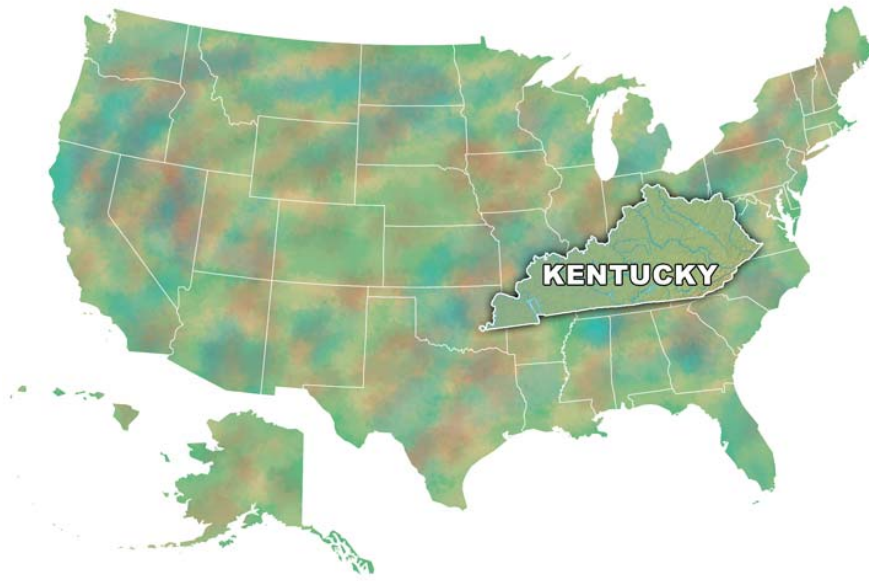
Keg definition: 4 or more gallons.

***Prohibited***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$1000 or 6 months
- Destroying the label on a keg—max. fine/jail: \$1000 or 6 months

***Purchaser information collected***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: not required
- Deposit: not required
- Provisions specifically address disposable kegs



## KENTUCKY

### State Profile and Underage Drinking Facts<sup>50</sup>

<b>State Population</b>	4,269,245	
<b>Population-Ages 12-20</b>	508,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	26.7	136,000
Past-Month Binge Alcohol Use	17.9	91,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	5.5	9,000
Past-Month Binge Alcohol Use	2.6	4,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	22.4	40,000
Past-Month Binge Alcohol Use	16.0	29,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	51.4	87,000
Past-Month Binge Alcohol Use	34.4	58,000

<sup>50</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		75
<b>Years of Potential Life Lost (under 21)</b>		4,453
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	9.0	13

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Underage licenses are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

No use/lose law.

## **Graduated Driver's License**

### ***Learner stage***

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 60 hours—10 of which must be at night

### ***Intermediate stage***

- Minimum age: 16 years, 6 months
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one passenger under 20, unless supervised by instructor
  - There is no primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian (details not specified)

### **Responsible Beverage Service**

No beverage service training requirement.

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 20
- Spirits 20

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

*Notes: Although 20 years of age is the minimum age requirement to sell alcoholic beverages at both off-sale and on-sale establishments, 18-year-olds may stock, arrange displays, accept payment for, and sack malt beverages by the package, under the supervision of a person 20 years of age or older.*

### **Minimum Ages for On-Premises Sellers**

- Beer 20 for both servers and bartenders
- Wine 20 for both servers and bartenders
- Spirits 20 for both servers and bartenders

### **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

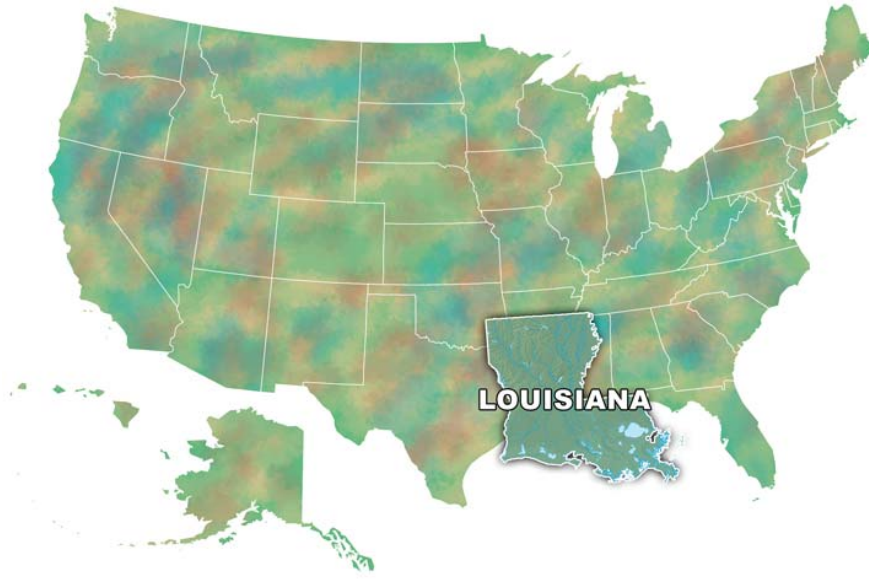
Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit and State must approve common carrier
- Reporting requirements: None
- Shipping label statement: None

*Notes: Kentucky's laws permitted direct wine shipments provided the customer purchased the wine at the producer's place of business. This provision was ruled unconstitutional as violating the U.S. Constitution's interstate commerce clause. The remainder of the statutory scheme was upheld. Cherry Hill Vineyards, LLC v. Hudgins (W.D.Ky. 2006) 488 F.Supp.2d 601, affirmed by Cherry Hill Vineyards, LLC v. Lilly, 553 F.3d 423, 424+ (6th Cir.(Ky.) Dec 24, 2008) (NO. 07-5128).*

### **Keg Registration**

Registration is not required.



## LOUISIANA

### State Profile and Underage Drinking Facts<sup>51</sup>

<b>State Population</b>		4,410,796	
<b>Population-Ages 12-20</b>		584,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	29.5		172,000
Past-Month Binge Alcohol Use	17.5		102,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	7.5		14,000
Past-Month Binge Alcohol Use	4.3		8,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	27.7		53,000
Past-Month Binge Alcohol Use	16.6		32,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	51.0		105,000
Past-Month Binge Alcohol Use	30.2		62,000

<sup>51</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		123
<b>Years of Potential Life Lost (under 21)</b>		7,300
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	23.0	34

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence OR
- Parent/guardian presence and consent OR
- Spouse

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence OR
- Parent/guardian presence and consent OR
- Spouse

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

*Notes: In Louisiana, beginning January 1, 2000, and thereafter, special identification cards issued to applicants less than twenty-one years of age shall contain a highly visible distinctive color to clearly indicate that the card has been issued to an applicant less than twenty-one years of age. Special identification cards are to be accepted as valid identification of the person to whom it was issued but does not enable the person to whom it is issued to operate a motor vehicle. La. Rev. Stat. Ann. § 40:1321.*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession
- Underage consumption

#### ***Authority to impose driver’s license sanction***

- Mandatory

#### ***Length of suspension/revocation***

- Minimum: 90 days
- Maximum: 365

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 35 hours

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 11 p.m.
  - Primary enforcement of the night driving rule
- There are no passenger restrictions

#### ***License stage***

- Minimum age to lift restrictions: 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse



## **Responsible Beverage Service**

### ***Mandatory beverage service training for managers, servers:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

### **Minimum Ages for Off-Premises Sellers**

- Beer Not specified
- Wine Not specified
- Spirits Not specified

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Permitted for wine with the following restrictions:

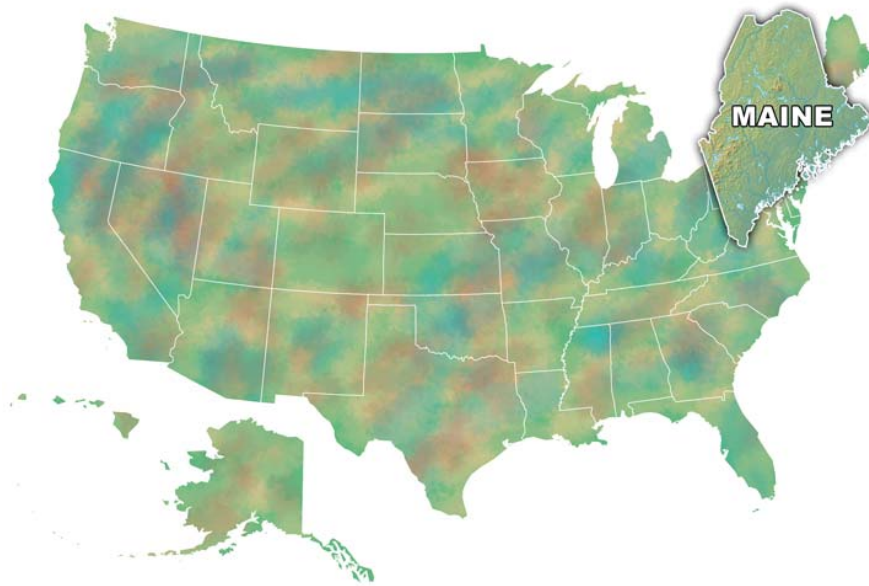
- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: Producer and common carrier must record/report purchaser's name
- Shipping label statement: Contains alcohol and Recipient must be 21

### **Keg Registration**

Keg definition: 4 or more gallons.

### ***Purchaser information collected:***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit: not required
- Provisions do not specifically address disposable kegs



## MAINE

### State Profile and Underage Drinking Facts<sup>52</sup>

<b>State Population</b>		1,316,456	
<b>Population-Ages 12-20</b>		162,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	30.8		50,000
Past-Month Binge Alcohol Use	20.5		33,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	6.3		3,000
Past-Month Binge Alcohol Use	2.9		2,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	29.0		15,000
Past-Month Binge Alcohol Use	16.3		9,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	54.9		31,000
Past-Month Binge Alcohol Use	40.6		23,000

<sup>52</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		14
<b>Years of Potential Life Lost (under 21)</b>		853
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	28.0	5

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND
- Parent/guardian presence

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND
- Parent/guardian presence

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Retailers are permitted to seize apparently false IDs
- No statutory affirmative defense: statutes do not provide an affirmative defense related to retailer's belief that the minor was 21 years of age or older

*Notes: In Maine, the Provisions Targeting Suppliers apply to acts prohibited by minors. The more general laws that address adults are not collected here as they are not specific to the lending, transfer, sale, or production of false identification for a minor's obtaining alcoholic beverages.*

## Laws Targeting Underage Drinking and Driving

### BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)

No Use/Lose law.

### Graduated Driver’s License

#### *Learner stage*

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 35 hours—5 of which must be at night

#### *Intermediate stage*

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - Immediate family members only, unless accompanied by licensed driver who is at least 20 years old
  - Primary enforcement of the passenger restriction rule

#### *License stage*

- Minimum age to lift restrictions: 16 years, 180 days

## Laws Targeting Alcohol Suppliers

### Furnishing of Alcohol to Minors

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND
- Parent/guardian (details not specified)

### Responsible Beverage Service

#### *Voluntary beverage service training:*

- The law does not specify on- or off-sale establishments
- The law does not specify new or existing outlets

#### *Incentive for training:*

- Defense in dram shop liability lawsuits

### Minimum Ages for Off-Premises Sellers

- Beer 17
- Wine 17
- Spirits 17

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

### **Minimum Ages for On-Premises Sellers**

- Beer 17 for both servers and bartenders
- Wine 17 for both servers and bartenders
- Spirits 17 for both servers and bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$250,000 plus medical care and treatment costs.

*Notes: 28-A MRSA 2515 includes a responsible beverage service defense.*

### **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$250,000 plus medical care and treatment costs.

### **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): family

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

Direct sales/shipments from producers to consumers are not permitted.

### **Keg Registration**

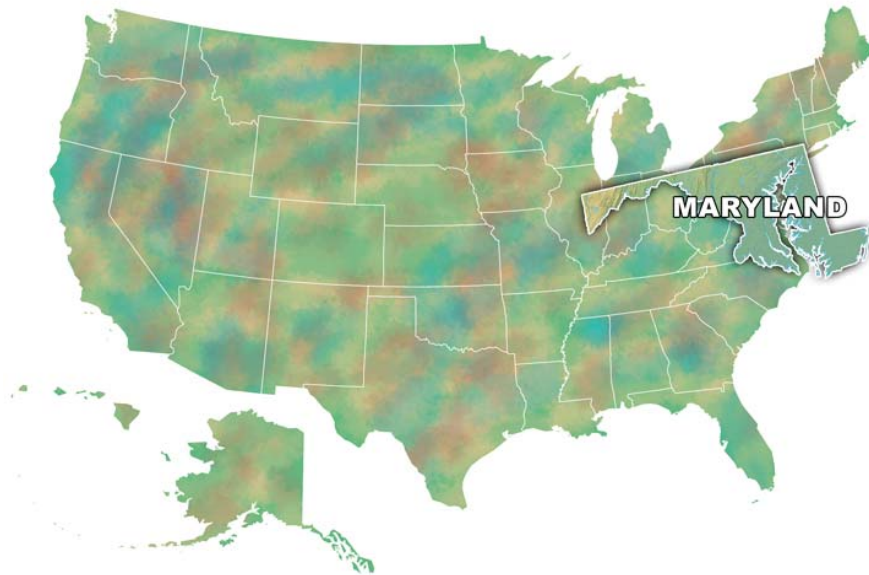
Keg definition: at least 7.75 gallons.

#### ***Prohibited***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$500
- Destroying the label on a keg—max. fine/jail: \$1000 or 6 months

#### ***Purchaser information collected***

- Purchaser's name and address
- Warning information to purchaser: passive—no purchaser action required
- Deposit: not required
- Provisions do not specifically address disposable kegs



## MARYLAND

### State Profile and Underage Drinking Facts<sup>53</sup>

<b>State Population</b>		5,633,597	
<b>Population-Ages 12-20</b>		711,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use		27.3	194,000
Past-Month Binge Alcohol Use		17.0	121,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use		6.0	15,000
Past-Month Binge Alcohol Use		2.9	7,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use		23.6	54,000
Past-Month Binge Alcohol Use		15.5	36,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use		53.7	125,000
Past-Month Binge Alcohol Use		33.6	78,000

<sup>53</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		99
<b>Years of Potential Life Lost (under 21)</b>		5,869
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	15.0	16

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian consent

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and youth cannot purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

*Notes: In Maryland, a licensee or employee of the licensee may not be found guilty of underage furnishing if the person establishes to the satisfaction of the jury or the court sitting as a jury that the person used due caution to establish that the person under 21 years of age was not, in fact, a person under 21 years of age if a nonresident of the State. This constitutes a general affirmative. In contrast, if the person is a resident of the State of Maryland, the licensee or employee of the licensee may accept, as proof of a person's age, the person's driver's license or identification card as provided for in the Maryland Vehicle Law. In addition, beginning October 1, 2006, the licensee or employee of the licensee may accept, as proof of a person's age, a United States military identification card. See Md. Ann. Code, Art. 2B, § 12-108(a)(3)(ii)-(iii).*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 18.

### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage possession

### ***Authority to impose driver’s license sanction***

- Discretionary

### ***Length of suspension/revocation***

- Minimum: 30 days
- Maximum: 90 days

## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 15 years, 9 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 60 hours—10 of which must be at night

### ***Intermediate stage***

- Minimum age: 16 years, 3 months
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No passengers under 18, except relatives
  - There is no primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 17 years, 9 months
- Passenger restrictions expire 151 days after issuance of intermediate license
- Unsupervised night driving restrictions remain until age 17 years and 9 months if full licensure is obtained

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

*Notes: Maryland’s exception allows furnishing of alcohol to minors by members of their “immediate family” when the alcoholic beverage is furnished and consumed “in a private residence or within the curtilage of the residence.” See Md. Code Ann., Crim. Law § 10-117(c)(1) beginning October 1, 2002, and Md. Ann. Code 1957 art. 27, § 401A(c)(1) prior to October 1, 2002.*



## **Responsible Beverage Service**

### ***Mandatory beverage service training for licensees, managers:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 21

*Notes: Maryland statutes allow for exceptions by specific localities within Maryland that may have more or less restrictive laws on the age to sell or serve alcoholic beverages.*

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for servers and 21 for bartenders

*Notes: Maryland statutes allow for exceptions by specific localities within Maryland that may have more or less restrictive laws on the age to sell or serve alcoholic beverages.*

## **Dram Shop Liability**

There is no dram shop liability.

## **Social Host Liability**

There is no social host liability.

## **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): family

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

Direct sales/shipments from producers to consumers are not permitted.

## **Keg Registration**

Keg definition: at least 4 gallons.

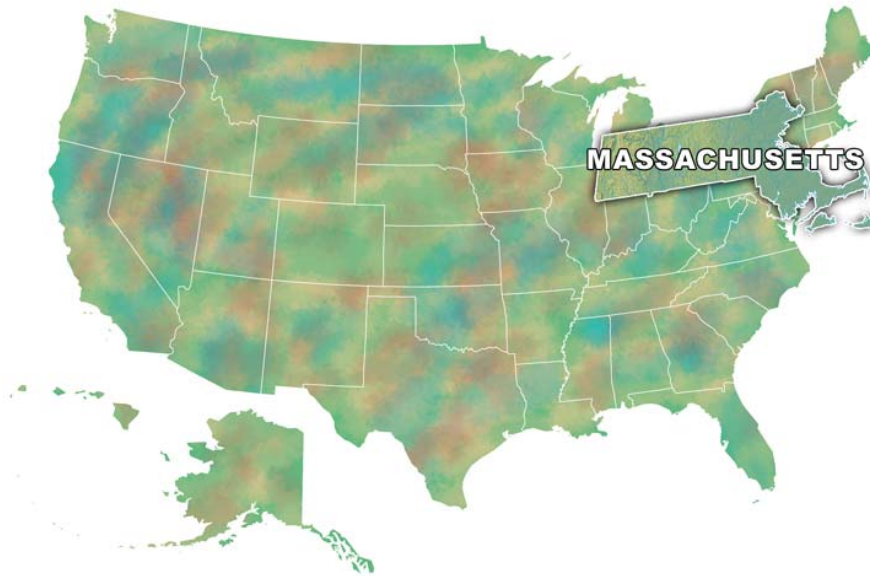
### ***Prohibited:***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$500 (\$1000 if repeat violation)
- Destroying the label on a keg—max. fine/jail: \$500 (\$1000 if repeat violation)

***Purchaser information collected:***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: not required
- Deposit: not required
- Provisions specifically address disposable kegs

*Notes: Although Maryland does not require a retailer to record the number of a keg purchaser's ID, it does require that the purchaser's name and address be recorded as they appear on the purchaser's identification. Effective July 1, 2008, retailers in Prince George's County must also record the purchaser's identification number.*



## MASSACHUSETTS

### State Profile and Underage Drinking Facts<sup>54</sup>

<b>State Population</b>		6,497,967	
<b>Population-Ages 12-20</b>		796,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use		33.2	264,000
Past-Month Binge Alcohol Use		23.5	187,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use		4.5	11,000
Past-Month Binge Alcohol Use		1.5	4,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use		31.0	80,000
Past-Month Binge Alcohol Use		19.8	51,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use		60.2	173,000
Past-Month Binge Alcohol Use		46.1	133,000

<sup>54</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		55
<b>Years of Potential Life Lost (under 21)</b>		3,274
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	35.0	24

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian presence and consent

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and youth cannot purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

The state has two Use/Lose Laws.

Use/lose penalties apply to minors under age 21.

***Type(s) of violation leading to driver's license suspension, revocation, or denial:***

- Underage possession

***Authority to impose driver's license sanction***

- Mandatory

***Length of suspension/revocation***

- 90 days

Use/lose penalties apply to minors under age 21.

***Type(s) of violation leading to driver's license suspension, revocation, or denial***

- Underage purchase

***Authority to impose driver's license sanction***

- Mandatory

***Length of suspension/revocation***

- 180 days

**Graduated Driver's License**

***Learner stage***

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement:
  - 40 hours
  - 30 hours of supervised driving if applicant completes driver skills program

***Intermediate stage***

- Minimum age: 16 years, 6 months
- Unsupervised night driving:
  - Prohibited after 12:30 a.m.
  - Primary enforcement of the night driving rule—Exception: secondary enforcement between 12:30 a.m. and 1:00 a.m. and between 4:00 a.m. and 5:00 a.m.
- Passenger restrictions exist:
  - No unrelated passengers under 18, unless supervised by licensed driver over 21
  - Primary enforcement of the passenger restriction rule

***License stage***

- Minimum age to lift restrictions: 18
- Passenger restrictions expire 6 months after issuance of intermediate license
- Unsupervised night driving restrictions remain until full licensure is obtained

**Laws Targeting Alcohol Suppliers**

**Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse

## **Responsible Beverage Service**

No beverage service training requirement.

## **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

## **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

## **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

## **Social Host Liability**

There is no statutory liability. The courts recognize common law social host liability.

## **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): family

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient
- State approval/permit requirements: Producer/shipper must obtain State permit; State must approve common carrier.
- Reporting requirements: Producer and common carrier must record/report purchaser's name
- Shipping label statement: Contains alcohol and Recipient must be 21

*Notes: Current law provides that a winery that produces 30,000 gallons of wine or more may obtain a direct shipment only if the winery has not contracted with or has not been represented by a Massachusetts wholesaler licensed for the preceding 6 months. There is no such requirement on wineries producing less than 30,000 gallons, which includes all wineries in the state of Massachusetts. This provision was ruled unconstitutional in a Federal District Court on November 19, 2008, and has been appealed to the 1st Circuit U.S. Court of Appeals.*

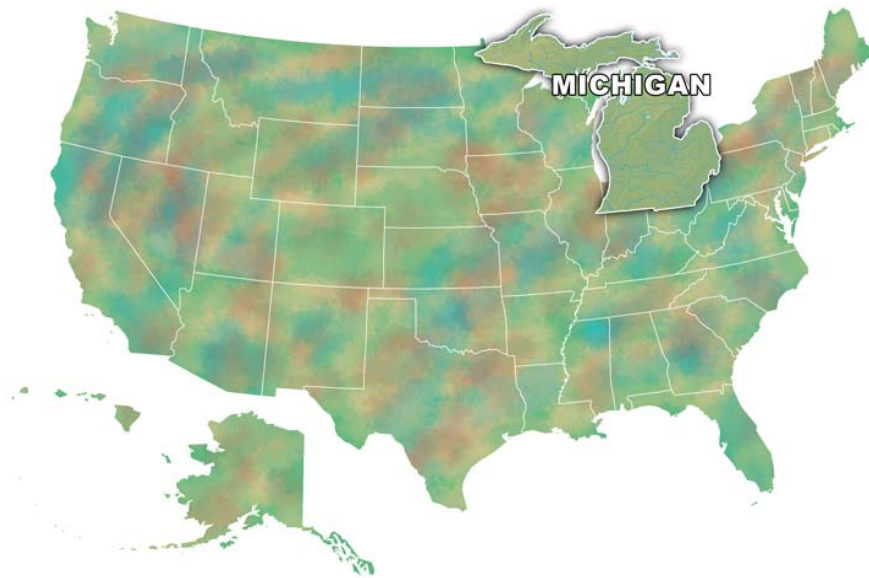
## **Keg Registration**

Keg definition: more than 2 gallons.

### ***Purchaser information collected:***

- Purchaser's name and address
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit required: \$5
- Provisions do not specifically address disposable kegs

*Notes: The deposit provisions in Massachusetts require that a purchaser pay the following: (a) a container fee of not less than \$10.00 for each keg having a capacity of six or more gallons and of not less than \$1.00 for each container having a capacity of less than six gallons; and (b) a registration fee of \$10.00 for each keg having a capacity of six or more gallons and of \$4.00 for each keg having a capacity of less than six gallons. The comparison tables display the minimum required amount.*



## MICHIGAN

### State Profile and Underage Drinking Facts<sup>55</sup>

<b>State Population</b>	10,003,422	
<b>Population-Ages 12-20</b>	1,323,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	28.7	380,000
Past-Month Binge Alcohol Use	19.0	252,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	6.3	27,000
Past-Month Binge Alcohol Use	2.7	12,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	24.7	111,000
Past-Month Binge Alcohol Use	15.5	70,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	55.1	241,000
Past-Month Binge Alcohol Use	39.0	171,000

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<sup>55</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.



<b>Alcohol-Attributable Deaths (under 21)</b>		143
<b>Years of Potential Life Lost (under 21)</b>		8,565
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	27.0	48

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is prohibited—no explicit exceptions noted in the law.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

*Notes: Prior to July 1, 2003, Michigan's operator's licenses and official state personal identification cards issued to a person who at the time of application was 20-1/2 years of age or less, indicated that the cardholder was less than 21 years of age.*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

No Use/Lose law.

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 14 years, 9 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - Primary enforcement of the night driving rule
- There are no passenger restrictions

#### ***License stage***

- Minimum age to lift restrictions: 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law. There is an affirmative defense if the minor is not charged.

### **Responsible Beverage Service**

#### ***Mandatory beverage service training for managers, servers:***

- Applies only to on-sale establishments
- Applies only to new outlets

#### ***Voluntary beverage service training***

- Applies only to on-sale establishments
- Applies only to existing outlets

#### ***Incentives for training***

- Defense in dram shop liability lawsuits
- Discounts in dram shop liability insurance

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists.

### **Social Host Liability**

Statutory liability exists. The courts recognize common law social host liability.

*Notes: The common law affirms that the statute applies to social hosts.*

### **Host Party Laws**

Social host law is specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Preventive action by the host negates the violation (see note)
- Exception(s): family, resident

*Notes: Michigan's social host statute does not apply if all individuals attending the social gathering are members of the same household or immediate family, or if a minor's use, consumption, or possession of an alcoholic beverage is for religious purposes. The "preventive action" provision in Michigan allows the prosecution to establish guilt by proving that the host failed to take preventive action.*

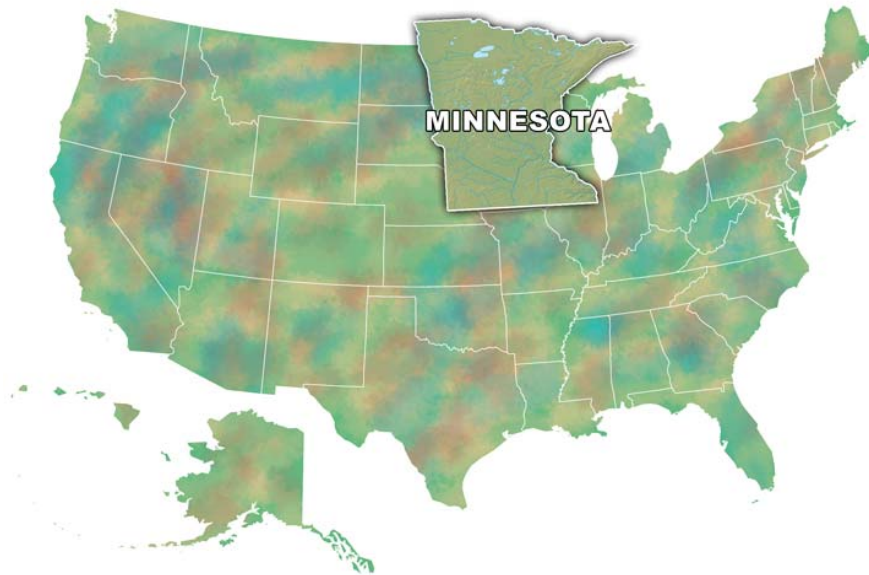
### **Direct Sales/Shipments From Producers to Consumers**

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Producer and common carrier must verify age of purchaser
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: Producer must record/report purchaser's name
- Shipping label statement: Contains alcohol and Recipient must be 21

### **Keg Registration**

Registration is not required.



## MINNESOTA

### State Profile and Underage Drinking Facts<sup>56</sup>

<b>State Population</b>		5,220,393	
<b>Population-Ages 12-20</b>		629,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	29.9		188,000
Past-Month Binge Alcohol Use	21.9		138,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	6.3		13,000
Past-Month Binge Alcohol Use	3.7		8,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	27.0		61,000
Past-Month Binge Alcohol Use	18.4		42,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	58.2		114,000
Past-Month Binge Alcohol Use	45.3		88,000

<sup>56</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		63
<b>Years of Potential Life Lost (under 21)</b>		3,741
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	22.0	17

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian’s home

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian’s home AND
- Parent/guardian consent

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

*Notes: Although Minnesota does not prohibit Internal Possession, it has a statutory provision that makes it unlawful “[f]or any person under the age of 21 years to consume any alcoholic beverages” and further defines “consume” to “[include] the ingestion of an alcoholic beverage and the physical condition of having ingested an alcoholic beverage.” Minn. Stat. § 340A.503.*

### **Underage Purchase of Alcohol**

Purchase is prohibited and youth cannot purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Retailers are permitted to seize apparently false IDs
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

No Use/Lose law.

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 30 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - For first 6 months, no more than one unrelated passenger under 20
  - For second 6 months, no more than 3 unrelated passengers under 20
  - Primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 17
- Passenger restrictions expire 12 months after obtaining intermediate license
- Unsupervised night driving restrictions expire 6 months after issuance of intermediate license

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian’s home AND
- Parent/guardian (details not specified)

### **Responsible Beverage Service**

No beverage service training requirement.

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

*Notes: In Minnesota, the minimum permitted age to sell 3.2 percent malt liquors for off-premises consumption is not specified.*

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

*Notes: Prior to July 1, 2007, minors who had reached the age of 17 could be employed to provide waiter or waitress service in rooms or areas where the presence of 3.2 percent “malt liquor” was incidental to food service or preparation. Minnesota defines “3.2 percent malt liquor” as any beer, ale, or other malt beverage containing not more than 3.2 percent alcohol by weight. Beginning on July 1, 2007, minors who have reached the age of 16 may be so employed.*

### **Dram Shop Liability**

Statutory liability exists. The courts recognize common law dram shop liability.

*Notes: Minn. Stat. 340A.801(6) states that nothing “precludes common law tort claims against any person 21-years-old or older who knowingly provides or furnishes alcoholic beverages to a person under the age of 21 years.”*

### **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowingly or recklessly serving alcohol to a minor or permitting consumption by a minor.
- The courts recognize common law dram shop liability

*Notes: Minn. Stat. 340A.801(6) states that nothing “precludes common law tort claims against any person 21-years-old or older who knowingly provides or furnishes alcoholic beverages to a person under the age of 21 years.”*

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: None
- Reporting requirements: None
- Shipping label statement: Contains alcohol and recipient must be 21

## **Keg Registration**

Keg definition: not less than 7 gallons.

### ***Prohibited:***

- Destroying the label on a keg—max. fine/jail: \$1000 or 90 days

### ***Purchaser information collected***

- Verified by a government-issued ID
- Warning information to purchaser: passive—no purchaser action required
- Deposit: not required
- Provisions do not specifically address disposable kegs





## MISSISSIPPI

### State Profile and Underage Drinking Facts<sup>57</sup>

<b>State Population</b>		2,938,618	
<b>Population-Ages 12-20</b>		407,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use		22.4	91,000
Past-Month Binge Alcohol Use		15.4	63,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use		5.6	7,000
Past-Month Binge Alcohol Use		2.8	4,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use		20.8	27,000
Past-Month Binge Alcohol Use		12.1	15,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use		38.5	58,000
Past-Month Binge Alcohol Use		29.2	44,000

<sup>57</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		73
<b>Years of Potential Life Lost (under 21)</b>		4,391
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	23.0	28

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location OR
- Parent/guardian presence and consent

*Notes: Mississippi's Parent/Guardian exception applies to those persons at least 18 years old and only for possession of light wine or beer. The Location exception is not limited to persons between 18 and 21, and only applies to alcoholic beverages, not including light wine or beer.*

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

*Notes: Mississippi permits persons between 18 and 21 to consume light wine or beer with the consent and in the presence of their parents or legal guardians.*

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and youth cannot purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession

### ***Authority to impose driver’s license sanction***

- Mandatory

### ***Length of suspension/revocation***

- Minimum: Not specified
- Maximum: 90 days

## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- There is no minimum supervised driving requirement

### ***Intermediate stage***

- Minimum age: 15 years, 6 months
- Unsupervised night driving:
  - Prohibited after 10 p.m.
  - Primary enforcement of the night driving rule
- There are no passenger restrictions

### ***License stage***

- Minimum age to lift restrictions: 16

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse

### **Responsible Beverage Service**

No beverage service training requirement.

### **Minimum Ages for Off-Premises Sellers**

- Beer 21
- Wine 21
- Spirits 21

**Minimum Ages for On-Premises Sellers**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

**Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

**Social Host Liability**

There is no social host liability.

**Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are not permitted.

**Keg Registration**

Registration is not required.



## MISSOURI

### State Profile and Underage Drinking Facts<sup>58</sup>

<b>State Population</b>		5,911,605	
<b>Population-Ages 12-20</b>		747,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	28.7		214,000
Past-Month Binge Alcohol Use	20.2		151,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	4.9		11,000
Past-Month Binge Alcohol Use	1.7		4,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	25.5		66,000
Past-Month Binge Alcohol Use	17.8		46,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	53.3		137,000
Past-Month Binge Alcohol Use	39.1		101,000

<sup>58</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		117
<b>Years of Potential Life Lost (under 21)</b>		6,950
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	26.0	51

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is prohibited—no explicit exceptions noted in the law.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession

### ***Authority to impose driver's license sanction***

- Mandatory

### ***Length of suspension/revocation***

- 30 days

*Notes: Although Missouri does not authorize a Use/Lose penalty for all underage consumption, a law that became effective on August 28, 2005 imposes the mandatory license sanction on an underage person who “has a detectable blood alcohol content of more than two-hundredths of one percent or more by weight of alcohol in such person’s blood.” See Mo. Rev. Stat. §§ 311.325(1), 577.500(2).*

## **Graduated Driver's License**

### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 40 hours—10 of which must be at night

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 1 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - First 6 months, no more than one unrelated passenger under 19
  - After 6 months, no more than 3 unrelated passengers under 19
  - Primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 17 years, 11 months

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian (details not specified)

### **Responsible Beverage Service**

No beverage service training requirement.

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

### **Dram Shop Liability**

Statutory liability exists.

*Notes: Only on-sale premises can be held liable.*

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Preventive action by the host negates the violation (see note)
- Exception(s): family

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient
- State approval/permit requirements: Producer/shipper must obtain State permit; State must approve common carrier
- Reporting requirements: Common carrier must record/report purchaser's name
- Shipping label statement: Contains alcohol and Recipient must be 21

### **Keg Registration**

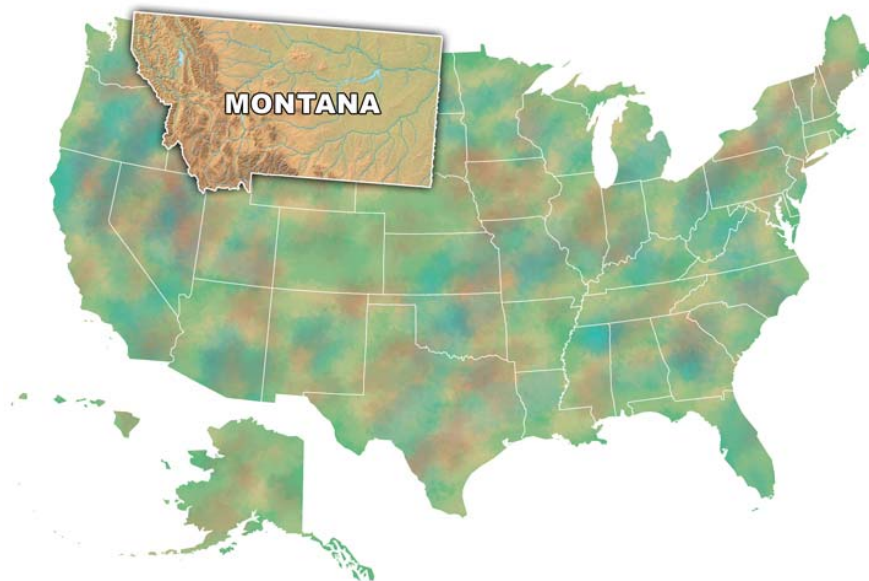
Keg definition: 4 gallons or more.

#### ***Purchaser information collected***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit required: \$50
- Provisions specifically address disposable kegs

*Notes: Although Missouri does not require a retailer to record the number of a keg purchaser's ID, it does require the retailer to record the form of identification presented by the purchaser, as well as the purchaser's name, address, and date of birth.*





## MONTANA

### State Profile and Underage Drinking Facts<sup>59</sup>

<b>State Population</b>		967,440	
<b>Population-Ages 12-20</b>		119,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	34.7		41,000
Past-Month Binge Alcohol Use	25.7		31,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	9.4		4,000
Past-Month Binge Alcohol Use	4.5		2,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	33.6		13,000
Past-Month Binge Alcohol Use	25.3		10,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	59.1		24,000
Past-Month Binge Alcohol Use	45.7		19,000

<sup>59</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		19
<b>Years of Potential Life Lost (under 21)</b>		1,126
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	34.0	12

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian consent

*Notes: The parental exception to Montana’s possession statute only applies to alcohol supplied and consumed in a “nonintoxicating quantity.” In Montana, “intoxicating quantity” is a quantity “sufficient to produce ... a blood, breath, or urine alcohol concentration in excess of 0.05 ... or substantial or visible mental or physical impairment.” Mont. Code Ann. §§ 16-6-305, 45-5-624.*

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian consent

*Notes: The parental exception only applies to alcohol supplied and consumed in a “nonintoxicating quantity.” In Montana, “intoxicating quantity” is a quantity “sufficient to produce ... a blood, breath, or urine alcohol concentration in excess of 0.05 ... or substantial or visible mental or physical impairment.” See Mont. Code Ann. §§ 16-6-305, 45-5-624.*

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and youth cannot purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 18.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage possession
- Underage consumption

#### ***Authority to impose driver’s license sanction***

- Mandatory

#### ***Length of suspension/revocation***

- 30 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 14 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 15
- Unsupervised night driving:
  - Prohibited after 11 p.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - For first 6 months, no more than one unrelated passenger under 18 unless supervised by a driver at least 18 years old
  - For second 6 months, no more than 3 unrelated passengers under 18 unless supervised by a driver at least 18 years old
  - Primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 16

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian (details not specified)

## **Responsible Beverage Service**

### ***Voluntary beverage service training:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

### ***Incentive for training:***

- Mitigation of fines or other administrative penalties for sales to minors

## **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

## **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

## **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$250,000 non-economic damages and \$250,000 punitive damages.

## **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$250,000 non-economic damages and \$250,000 punitive damages.

## **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for beer and wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: None
- Shipping label statement: None

*Notes: An out-of-state brewer or winery desiring to ship beer or wine to an individual in Montana shall register with the Montana Department of Revenue. An individual seeking to receive such a shipment for personal consumption must obtain a Connoisseur's License. The Licensee must forward to the out-of-state brewer or winery a distinctive address label, provided by the Department, clearly identifying any package shipped as a legal direct-shipment package to the holder of a Connoisseur's License. Mont. Code Ann. §§ 16-4-901, 16-4-903, 16-4-906.*

## **Keg Registration**

Keg definition: not less than 7 gallons.

### ***Prohibited:***

- Destroying the label on a keg—max. fine/jail: \$500 or 6 months

### ***Purchaser information collected:***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: passive—no purchaser action required
- Deposit: not required
- Provisions do not specifically address disposable kegs



## NEBRASKA

### State Profile and Underage Drinking Facts<sup>60</sup>

<b>State Population</b>		1,783,432	
<b>Population-Ages 12-20</b>		228,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	30.5		70,000
Past-Month Binge Alcohol Use	20.3		46,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	7.3		5,000
Past-Month Binge Alcohol Use	4.3		3,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	28.0		21,000
Past-Month Binge Alcohol Use	17.8		13,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	54.4		44,000
Past-Month Binge Alcohol Use	37.6		30,000

<sup>60</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		26
<b>Years of Potential Life Lost (under 21)</b>		1,528
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	27.0	14

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian’s home

*Notes: Nebraska makes an exception for persons who are at least sixteen years old to carry alcohol from licensed establishments when they are accompanied by any person who is not a minor.*

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian’s home

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

*Notes: Although Nebraska does not prohibit Internal Possession, beginning on April 4, 2001, it has statutory provisions that state that “...no minor may...consume, or have in his or her possession or physical control any alcoholic liquor...” and that “[c]onsume means knowingly and intentionally drinking or otherwise ingesting alcoholic liquor.” Neb. Rev. St. §§ 53-103, 53-180.02.*

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- No driver’s license suspension procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

No Use/Lose law.

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement:
  - None with driver education
  - 50 hours without (10 of which must be at night)

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one unrelated passenger under 19
  - There is no primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 17
- Passenger restrictions expire 6 months after issuance of intermediate license
- Unsupervised night driving restrictions remain until age 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

#### ***Voluntary beverage service training:***

- The law does not specify on- or off-sale establishments
- The law does not specify new or existing outlets



### **Minimum Ages for Off-Premises Sellers**

- Beer 19
- Wine 19
- Spirits 19

### **Minimum Ages for On-Premises Sellers**

- Beer 19 for both servers and bartenders
- Wine 19 for both servers and bartenders
- Spirits 19 for both servers and bartenders

### **Dram Shop Liability**

- There is statutory dram shop liability.

### **Social Host Liability**

- There is statutory social host liability.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for beer, wine, and distilled spirits with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: None
- Shipping label statement: None

### **Keg Registration**

Keg definition: 5 or more gallons.

### ***Prohibited***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$500 or 3 months
- Destroying the label on a keg—max. fine/jail: \$500 or 3 months

### ***Purchaser information collected:***

- Purchaser's name and address—verified by a government-issued ID
- Warning information to purchaser: passive—no purchaser action required
- Deposit: not required
- Provisions do not specifically address disposable kegs



## NEVADA

### State Profile and Underage Drinking Facts<sup>61</sup>

<b>State Population</b>		2,600,167	
<b>Population-Ages 12-20</b>		300,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	25.8		77,000
Past-Month Binge Alcohol Use	17.7		53,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	6.2		7,000
Past-Month Binge Alcohol Use	2.9		3,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	23.6		25,000
Past-Month Binge Alcohol Use	17.0		18,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	51.4		46,000
Past-Month Binge Alcohol Use	36.0		32,000

<sup>61</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		40
<b>Years of Potential Life Lost (under 21)</b>		2,369
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	23.0	12

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location OR
- Parent/guardian presence OR
- Spouse presence

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- No driver's license suspension procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 18.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession

#### ***Authority to impose driver’s license sanction***

- Mandatory

#### ***Length of suspension/revocation***

- 90 days minimum
- 730 days maximum

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 10 p.m.
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No unrelated passengers under 18
  - There is no primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 18
- Passenger restrictions expire after 6 months
- Unsupervised night driving restrictions remain until age 18

*Notes: Driver’s education course requirement for persons under 18 - exception: If a drivers education course is not offered within a 30-mile radius of a person’s residence, the person may instead complete an additional 50 hours of supervised driving. [Nev. Stat. Ann. § 483.2521]*

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian (details not specified)

### **Responsible Beverage Service**

#### ***Mandatory beverage service training for servers/sellers:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

*Notes: Although the effective date of Nevada's enacting legislation establishing a beverage service training program was June 17, 2005 (see 2005 Nev. Stat. 497), by its terms the program will not be fully implemented and enforceable until July 1, 2007 (with a 30-day grace period). The applicability of Nevada's "alcoholic beverage awareness program" to off-sale retailers is limited to establishments in counties whose populations are 400,000 or more. In addition, the applicability to both on and off-sale retailers is limited to establishments located in a jurisdiction that: (a) is located in a county whose population is 100,000 or more; or (b) is located in a county whose population is less than 100,000, if the governing body of the jurisdiction has, by the affirmative vote of a majority of its members, agreed to be bound by the provisions of section 9 of the act.*

### **Minimum Ages for Off-Premises Sellers**

- Beer 16
- Wine 16
- Spirits 16

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

### **Minimum Ages for On-Premises Sellers**

- Beer 21 for both servers and bartenders
- Wine 21 for both servers and bartenders
- Spirits 21 for both servers and bartenders

### **Dram Shop Liability**

There is no dram shop liability.

### **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: Actual damages, punitive damages, and attorney's fees and costs
- Limitations on elements/standards of proof: Knowingly serving a minor or allowing a minor to consume alcohol on premises that social host controls

**Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

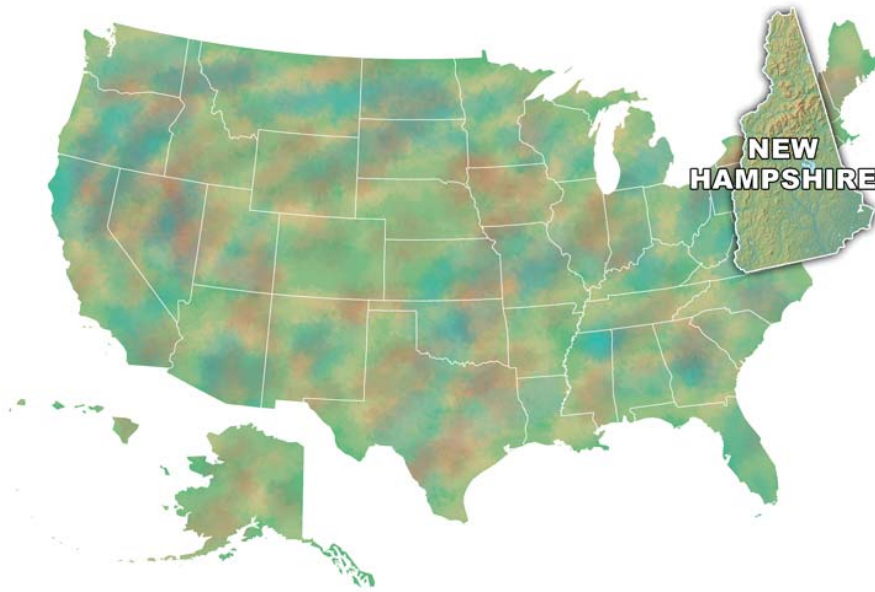
**Direct Sales/Shipments From Producers to Consumers**

Direct sales/shipments from producers to consumers are permitted for beer, wine, and distilled spirits with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: Producer and common carrier must record/report purchaser's name
- Shipping label statement: Contains alcohol-applies to internet orders

**Keg Registration**

Registration is not required.



## NEW HAMPSHIRE

### State Profile and Underage Drinking Facts<sup>62</sup>

<b>State Population</b>	1,315,809	
<b>Population-Ages 12-20</b>	169,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	33.6	57,000
Past-Month Binge Alcohol Use	24.2	41,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	4.5	2,000
Past-Month Binge Alcohol Use	1.7	1,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	30.5	17,000
Past-Month Binge Alcohol Use	20.4	12,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	64.2	37,000
Past-Month Binge Alcohol Use	49.1	28,000

<sup>62</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		12
<b>Years of Potential Life Lost (under 21)</b>		686
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	27.0	7

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is prohibited—no explicit exceptions noted in the law.

### **Underage Purchase of Alcohol**

Purchase is prohibited and NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid
- Retailers have the right to sue a minor who uses a false ID to purchase alcohol for any losses or fines suffered by the retailer as a result of the illegal sale

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21



## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial***

- Underage purchase
- Underage possession

### ***Authority to impose driver’s license sanction***

- Discretionary

### ***Length of suspension/revocation***

- Minimum: 90 days
- Maximum: 365 days

*Notes: Although New Hampshire does not authorize a Use/Lose penalty for all underage consumption, a law that became effective on January 1, 2003, imposes a discretionary license sanction on minors who are “intoxicated by consumption of an alcoholic beverage,” and provides that an alcohol concentration “of .02 or more shall be prima facie evidence of intoxication.” See N.H. Rev. Stat. Ann. §§ 179:10(I), 263:56-b.*

## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: none
- Minimum supervised driving requirement: 20 hours

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 1 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No unrelated passengers under 25, unless accompanied by driver over 25
  - Primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 18
- Passenger restrictions expire after 6 months
- Unsupervised night driving restrictions remain until age 18

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

## **Responsible Beverage Service**

### ***Mandatory beverage service training for managers:***

- Applies to both on-sale and off-sale establishments
- Applies only to new outlets

### ***Voluntary beverage service training***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

### ***Incentives for training***

- Defense in dram shop liability lawsuits
- Mitigation of fines or other administrative penalties for sales to minors

## **Minimum Ages for Off-Premises Sellers**

- Beer 16
- Wine 16
- Spirits 16

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

*Notes: To act as a cashier in a selling capacity, a minor is required to be at least 16 years of age, providing a person at least 18 years of age is in attendance and is designated in charge of the employees and business.*

## **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

## **Dram Shop Liability**

Statutory liability exists.

*Notes: N.H. Rev. Stat. § 507-F:6 includes a responsible beverage service defense.*

## **Social Host Liability**

There is no statutory liability. The courts recognize common law social host liability.

## **Host Party Laws**

Social host law is specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: intention, possession, consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: OVERT ACT—host must have actual knowledge and commit an act that contributes to the occurrence

- Preventive action by the host negates the violation (see note)
- Exception(s): family

*Notes: In New Hampshire, an “underage alcohol house party” means a gathering of five or more people under the age of 21 at any occupied structure, dwelling, or curtilage, where at least one person under the age of 21 unlawfully possesses or consumes an alcoholic beverage. A person is guilty of a misdemeanor if he or she owns or has control of the occupied structure, dwelling, or curtilage where an underage alcohol house party is held and he or she knowingly commits an overt act in furtherance of the occurrence of the underage alcohol house party knowing persons under the age of 21 possess or intend to consume alcoholic beverages. The “preventive action” provision in New Hampshire allows the defendant to avoid criminal liability by establishing, as an affirmative defense, that he or she took preventive action with respect to the underage alcohol house party.*

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

Direct sales/shipments from producers to consumers are permitted for beer, wine, and distilled spirits with the following restrictions:

#### ***Age verification requirements***

- None.

#### ***State approval/permit requirements***

- Producer/shipper must obtain State permit
- State must approve common carrier—All shipments from direct shippers into the State shall be made by a licensed carrier. Unlicensed common carriers shall only deliver alcohol within NH which has been shipped by holders of NH direct shipper permits.

#### ***Reporting requirements***

- Common carrier must record/report purchaser’s name

#### ***Shipping label statement***

- Contains alcohol and Recipient must be 21

### **Keg Registration**

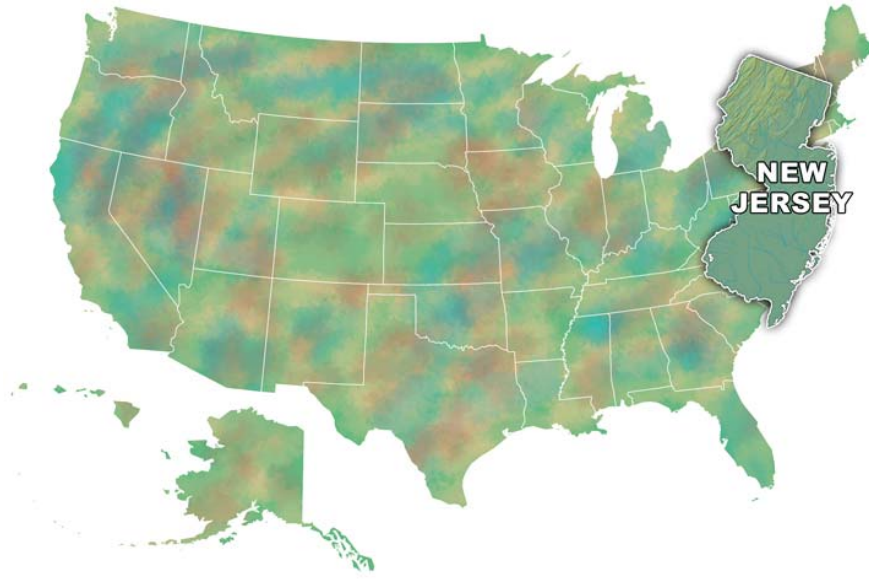
Keg definition: more than 7 gallons.

#### ***Prohibited:***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$1000
- Destroying the label on a keg—max. fine/jail: \$1000

#### ***Purchaser information collected:***

- Purchaser’s name and address—verified by a government-issued ID
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit: not required
- Provisions do not specifically address disposable kegs



## NEW JERSEY

### State Profile and Underage Drinking Facts<sup>63</sup>

<b>State Population</b>		8,682,661	
<b>Population-Ages 12-20</b>		1,056,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	29.9		316,000
Past-Month Binge Alcohol Use	18.9		199,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	6.6		22,000
Past-Month Binge Alcohol Use	2.0		7,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	28.4		111,000
Past-Month Binge Alcohol Use	18.6		73,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	55.8		183,000
Past-Month Binge Alcohol Use	36.6		120,000

<sup>63</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		83
<b>Years of Potential Life Lost (under 21)</b>		4,686
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	13.0	14

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.01
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

***Type(s) of violation leading to driver's license suspension, revocation, or denial:***

- Underage purchase

***Authority to impose driver's license sanction***

- Mandatory
- Length of suspension/revocation: 180 days

**Graduated Driver's License**

***Learner stage***

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- There is no minimum supervised driving requirement

***Intermediate stage***

- Minimum age: 17
- Unsupervised night driving:
  - Prohibited after 12:01 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one unrelated passenger under 21, unless one other passenger is at least 21
  - Primary enforcement of the passenger restriction rule

***License stage***

- Minimum age to lift restrictions: 18

**Laws Targeting Alcohol Suppliers**

**Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian (details not specified)

**Responsible Beverage Service**

***Mandatory beverage service training for licensees, managers:***

- Applies only to off-sale establishments
- Applies only to new outlets

**Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

**Minimum Ages for On-Premises Servers and Bartenders**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists.

### **Social Host Liability**

There is no social host liability.

*Notes: Comonile v. Maybee (1994) held that a social host who serves excessive amounts of alcoholic beverages to a visibly intoxicated minor, knowing the minor is about to drive a car on the public highways, may be liable to a third party injured in an automobile accident.*

### **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

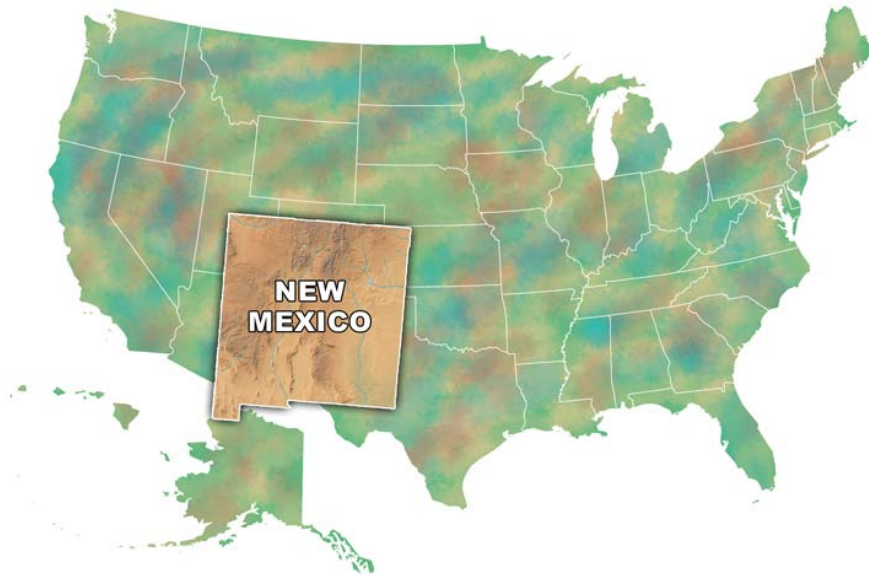
- Action by underage guest that triggers violation: consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: OVERT ACT—host must have actual knowledge and commit an act that contributes to the occurrence
- Exception(s): family

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

Direct sales/shipments from producers to consumers are not permitted.

### **Keg Registration**

Registration is not required.



## NEW MEXICO

### State Profile and Underage Drinking Facts<sup>64</sup>

<b>State Population</b>		1,984,356	
<b>Population-Ages 12-20</b>		258,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	28.3		73,000
Past-Month Binge Alcohol Use	18.8		49,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	7.6		6,000
Past-Month Binge Alcohol Use	4.3		4,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	25.2		22,000
Past-Month Binge Alcohol Use	17.1		15,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	51.0		45,000
Past-Month Binge Alcohol Use	34.4		30,000

<sup>64</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.



<b>Alcohol-Attributable Deaths (under 21)</b>		47
<b>Years of Potential Life Lost (under 21)</b>		2,800
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	21.0	12

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location AND EITHER
- Parent/guardian presence and consent OR
- Spouse

*Notes: POSSESSION: In New Mexico beginning July 1, 2004, possession of alcoholic beverages by a person under 21 is specifically allowed when “a parent, legal guardian or adult spouse of a minor serves alcoholic beverages to that minor on real property, other than licensed premises, under the control of the parent, legal guardian or adult spouse.”*

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- No driver’s license suspension procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 18.

Type(s) of violation leading to driver’s license suspension, revocation, or denial:

- Underage purchase
- Underage possession

#### ***Authority to impose driver’s license sanction***

- Discretionary
- Length of suspension/revocation: 90 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 15 years, 6 months
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one unrelated passenger under 21
  - Primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 16 years, 6 months

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location AND EITHER
- Parent/guardian OR
- Spouse

## **Responsible Beverage Service**

### ***Mandatory beverage service training for managers, servers:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

## **Minimum Ages for Off-Premises Sellers**

- Beer 21
- Wine 21
- Spirits 21

## **Minimum Ages for On-Premises Servers and Bartenders**

- Beer 19 for servers and 21 for bartenders
- Wine 19 for servers and 21 for bartenders
- Spirits 19 for servers and 21 for bartenders

## **Dram Shop Liability**

Statutory liability exists.

*Notes: Limitations on damages in N.M. Stat. Ann. § 41-11-1(I) held unconstitutional by the New Mexico Supreme Court.*

## **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Alcohol must be provided recklessly in disregard of the rights of others, including the social guest.

*Notes: Limitations on damages in N.M. Stat. Ann. § 41-11-1(I) held unconstitutional by the New Mexico Supreme Court.*

## **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: State must approve common carrier
- Reporting requirements: None
- Shipping label statement requirements: Recipient must be 21

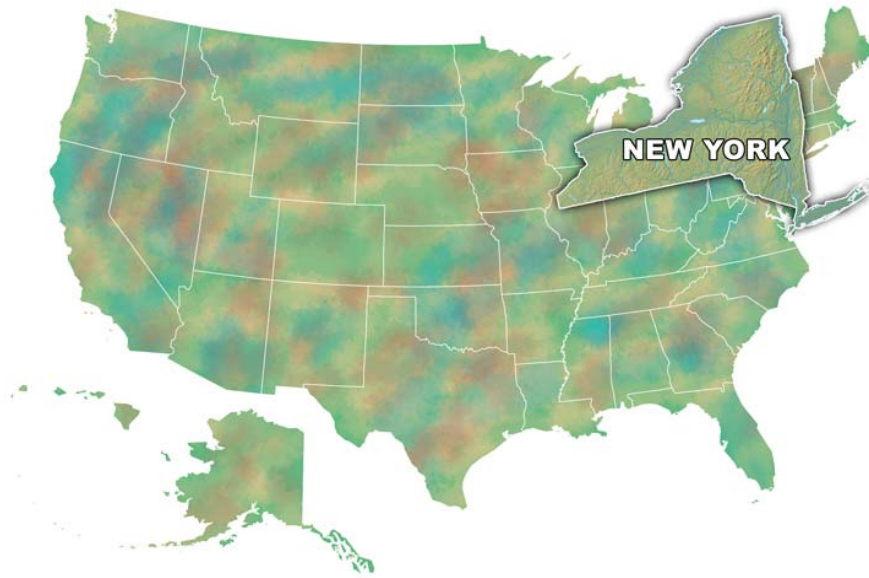
*Notes: Direct sales/shipments permitted only for wineries in States that afford New Mexico wineries a reciprocal shipping privilege.*

## **Keg Registration**

Keg definition: more than 6 gallons.

### ***Purchaser information collected:***

- Purchaser's name and address—verified by a government-issued ID
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit: not required
- Provisions do not specifically address disposable kegs



## NEW YORK

### State Profile and Underage Drinking Facts<sup>65</sup>

<b>State Population</b>		19,490,297	
<b>Population-Ages 12-20</b>		2,432,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	32.0		779,000
Past-Month Binge Alcohol Use	20.8		507,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	7.8		59,000
Past-Month Binge Alcohol Use	2.9		22,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	29.4		242,000
Past-Month Binge Alcohol Use	18.6		152,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	55.7		478,000
Past-Month Binge Alcohol Use	38.8		333,000

<sup>65</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		194
<b>Years of Potential Life Lost (under 21)</b>		11,499
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	23.0	42

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian consent

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is NOT prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

*Note: New York does not have a statute that specifically prohibits purchase, but it does prohibit purchasing or attempting to purchase alcohol by using false evidence of age. See N.Y. Alco. Bev. Cont. Law § 65-b.*

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- State provides incentives to retailers who use electronic scanners that read birth dates and other information digitally encoded on valid identification cards
- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

No Use/Lose law.

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 20 hours

#### ***Intermediate stage***

- Minimum age: 16 years, 6 months
- Unsupervised night driving:
  - Prohibited after 9 p.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than 2 unrelated passengers under 21, unless accompanied by parent or instructor
  - Primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 17

*Notes: New York has certain regional restrictions that apply to the 5 boroughs of New York City and Nassau, Suffolk, Westchester, Rockland & Putnam counties. These restrictions are not provided here. The New York DMV will issue a limited-use junior license to a junior driver (under 18) who passes a road test during the first six months (i.e., within the mandatory 6-month holding period) after the learner permit was issued. A limited-use junior license allows the junior driver to drive without supervision between 5 a.m. and 9 p.m. and within specific geographical boundaries for purposes related to school, employment, medical care, or childcare. This would then convert to an intermediate stage license at the end of the mandatory 6-month holding period.*

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

#### ***Voluntary beverage service training:***

- Applies to both on-sale and off-sale establishments
- The law does not specify new or existing outlets

#### ***Incentive for training:***

- Mitigation of fines or other administrative penalties for sales to minors

*Notes: In certain proceedings to revoke, cancel or suspend a retail license based on furnishing to a minor, it can be an affirmative defense that at the time of the violation the person who committed the alleged violation held a valid certificate of completion or renewal from an entity authorized to give and administer an alcohol training awareness program, and that the licensee had diligently implemented and complied with all of the provisions of the approved training program. The licensee is required to prove each element of the affirmative defense by a preponderance of the credible evidence. N.Y. Alco. Bev. Cont. Law § 65(6).*

### **Minimum Ages for Off-Premises Sellers**

- Beer Not specified
- Wine Not specified
- Spirits 18

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

### **Minimum Ages for On-Premises Servers and Bartenders**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: Only actual damages allowed

### **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: Only actual damages allowed



## **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient at point of delivery
- State approval/permit requirements:
  - Producer/shipper must obtain State permit
  - State must approve common carrier
- Reporting requirements: Producer and common carrier must record/report purchaser's name
- Shipping label requirements:
  - Package contains alcohol
  - Recipient must be 21

*Notes: Direct sales/shipments permitted only for wineries in States that afford New York wineries a reciprocal shipping privilege.*

## **Keg Registration**

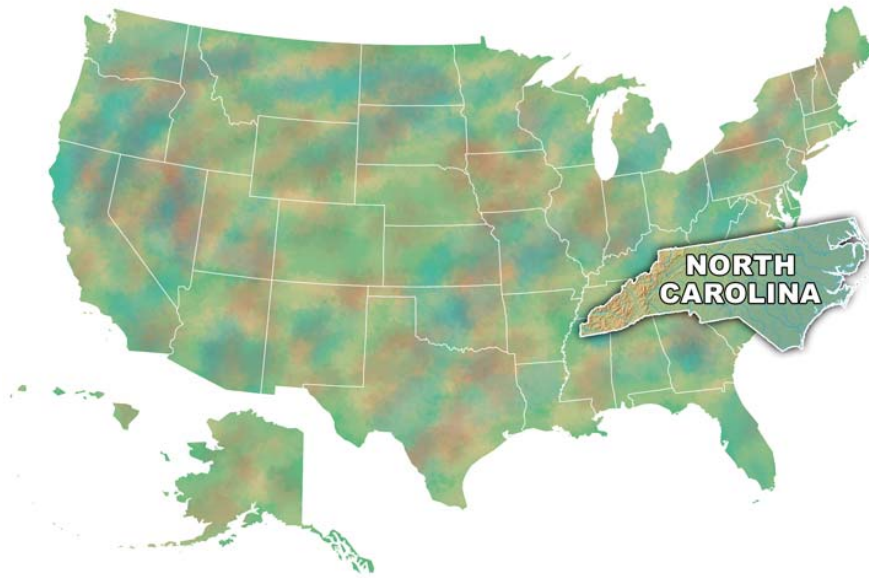
Keg definition: 4 or more gallons.

### ***Prohibited:***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$450
- Destroying the label on a keg—max. fine/jail: \$450

### ***Purchaser information collected:***

- Purchaser's name and address—verified by a government-issued ID
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit required: \$50
- Provisions do not specifically address disposable kegs



## NORTH CAROLINA

### State Profile and Underage Drinking Facts<sup>66</sup>

<b>State Population</b>		9,222,414	
<b>Population-Ages 12-20</b>		1,111,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use		23.8	265,000
Past-Month Binge Alcohol Use		14.9	166,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use		3.6	13,000
Past-Month Binge Alcohol Use		1.7	6,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use		24.5	90,000
Past-Month Binge Alcohol Use		14.5	54,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use		41.9	161,000
Past-Month Binge Alcohol Use		27.5	106,000

<sup>66</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		154
<b>Years of Potential Life Lost (under 21)</b>		9,166
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	20.0	51

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is prohibited—no explicit exceptions noted in the law.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

#### ***Provisions targeting retailers***

- State provides incentives to retailers who use electronic scanners that read birth dates and other information digitally encoded on valid identification cards
- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Retailers are permitted to seize apparently false IDs
- Specific affirmative defense - the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial:

- Underage purchase

### ***Authority to impose driver’s license sanction***

- Mandatory
- Length of suspension/revocation: 365 days

## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 12 months
- There is no minimum supervised driving requirement

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 9 p.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one unrelated passenger under 21
  - If a related passenger is under 21, then no unrelated passengers under 21
  - Primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 16 years, 6 months

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

#### ***Voluntary beverage service training:***

- The law does not specify on- or off-sale establishments
- The law does not specify new or existing outlets
- Incentive for training: Defense in dram shop liability lawsuits

### **Minimum Ages for Off-Premises Sellers**

- Beer      Not specified
- Wine      Not specified
- Spirits    18

### **Minimum Ages for On-Premises Servers and Bartenders**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$500,000 total award to all injured parties per occurrence.

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient at point of delivery
- State approval/permit requirements:
  - Producer/shipper must obtain State permit
  - State must approve common carrier
- Reporting requirements: None
- Shipping label requirements:
  - Package contains alcohol
  - Recipient must be 21

### **Keg Registration**

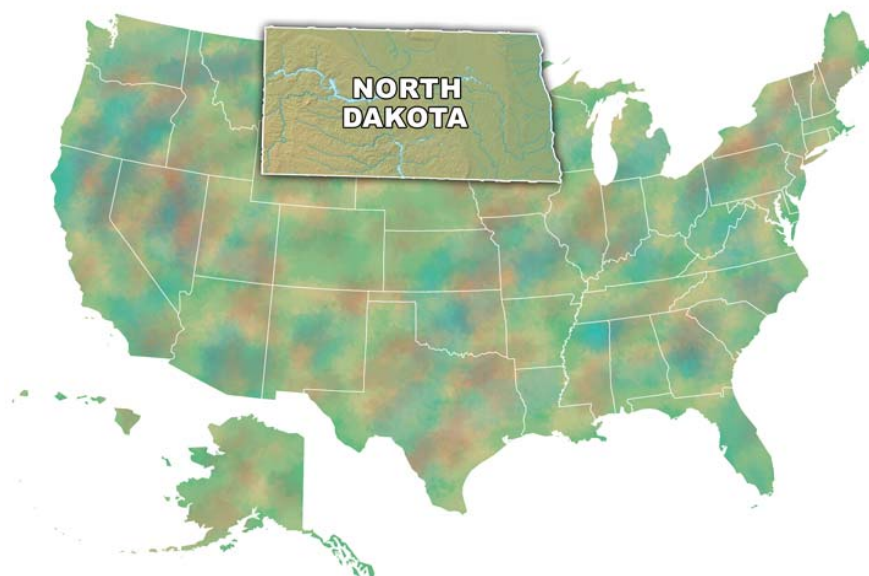
Keg definition: 7.75 gallons or more.

#### ***Prohibited:***

- Possessing an unregistered, unlabeled keg—max. fine/jail: discretionary fine or 45 days

#### ***Purchaser information collected:***

- Purchaser's name and address: verified by a government-issued ID
- Address where keg will be consumed
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit: not required
- Provisions do not specifically address disposable kegs



## NORTH DAKOTA

### State Profile and Underage Drinking Facts<sup>67</sup>

<b>State Population</b>	641,481	
<b>Population-Ages 12-20</b>	85,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	39.3	33,000
Past-Month Binge Alcohol Use	29.5	25,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	6.1	1,000
Past-Month Binge Alcohol Use	2.2	1,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	33.9	9,000
Past-Month Binge Alcohol Use	23.4	6,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	66.3	23,000
Past-Month Binge Alcohol Use	52.9	19,000

<sup>67</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		9
<b>Years of Potential Life Lost (under 21)</b>		556
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	42.0	8

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

*Notes: Although North Dakota does not prohibit Internal Possession, beginning on August 1, 1999, it has a statutory provision that prohibits an individual under 21 from having “recently consumed” an alcoholic beverage. N.D. Cent. Code § 5-01-08.*

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- No driver’s license suspension procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

No Use/Lose law.

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 14
- Minimum learner stage period: 6 months
- There is no minimum supervised driving requirement

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving: Night driving is not restricted
- There are no passenger restrictions

#### ***License stage***

- Minimum age to lift restrictions: 16

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

No beverage service training requirement.

### **Minimum Ages for Off-Premises Sellers**

- Beer 21
- Wine 21
- Spirits 21

### **Minimum Ages for On-Premises Servers and Bartenders**

- Beer 19 for servers and 21 for bartenders
- Wine 19 for servers and 21 for bartenders
- Spirits 19 for servers and 21 for bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

*Notes: Any person who is nineteen years of age or older but under twenty-one years of age may be employed by the restaurant to serve and collect money for alcoholic beverages, if the person is under the direct supervision of a person twenty-one or more years of age, but may not be engaged in mixing, dispensing, or consuming alcoholic beverages.*



### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of underage status.

### **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of underage status.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for Beer, Wine, Distilled Spirits with the following restrictions:

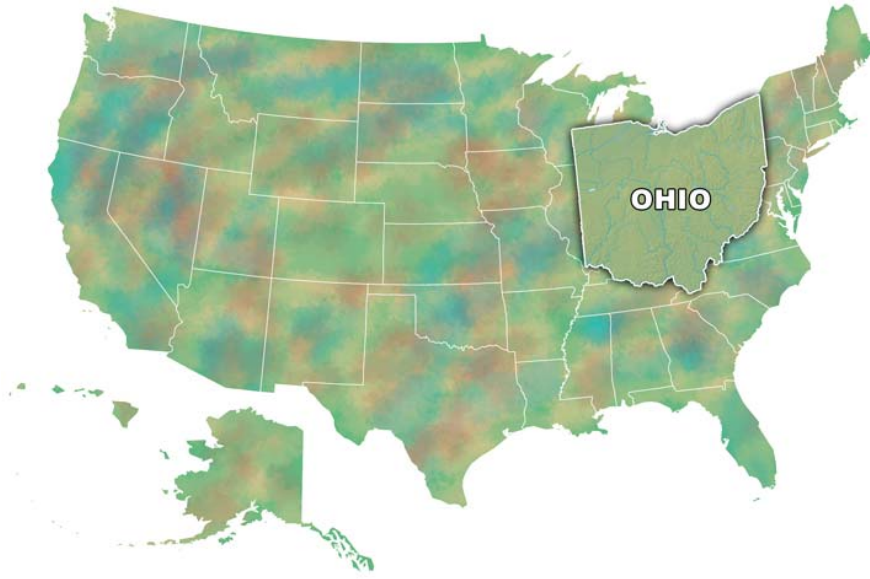
- Age verification requirements: Producer must verify age of purchaser at point of sale
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: None
- Shipping label statement: Recipient must be 21

### **Keg Registration**

Keg definition: greater than 6 gallons.

#### ***Purchaser information collected:***

- Purchaser's name and address—verified by a government-issued ID
- Warning information to purchaser: not required
- Deposit: not required
- Provisions do not specifically address disposable kegs



## OHIO

### STATE PROFILE AND UNDERAGE DRINKING FACTS<sup>68</sup>

<b>State Population</b>		11,485,910	
<b>Population-Ages 12-20</b>		1,475,000	
<b>Underage Alcohol Use</b>			
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	29.9		441,000
Past-Month Binge Alcohol Use	21.2		313,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	6.1		29,000
Past-Month Binge Alcohol Use	3.2		15,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	27.3		135,000
Past-Month Binge Alcohol Use	17.9		89,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	54.6		277,000
Past-Month Binge Alcohol Use	41.3		209,000

<sup>68</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references are available in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		154
<b>Years of Potential Life Lost (under 21)</b>		9,216
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	18.0	37

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian presence and consent OR
- Spouse

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian presence and consent OR
- Spouse

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through an administrative procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- State provides incentives to retailers who use electronic scanners that read birth dates and other information digitally encoded on valid identification cards
- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

No Use/Lose law.

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.—16 yrs. old
  - Prohibited after 1 a.m.—17 yrs. old
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one unrelated passenger, unless accompanied by parent
  - Primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 18
- Passenger restrictions are lifted at age 17
- Unsupervised night driving restrictions remain until age 18

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse

### **Responsible Beverage Service**

#### ***Voluntary beverage service training:***

- Applies to both on-sale and off-sale establishments
- The law does not specify new or existing outlets

#### ***Incentive for training:***

- Mitigation of fines or other administrative penalties for sales to minors

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

## **Minimum Ages for On-Premises Servers and Bartenders**

- Beer 19 for both servers and bartenders
- Wine 19 for servers and 21 for bartenders
- Spirits 19 for servers and 21 for bartenders

*Notes: Although employees must be at least 21-years-old in order to sell spirits, wine or mixed beverages across a bar, employees of any permit holder may sell beer across a bar if they are at least 19-years-old.*

## **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Know or have reason to know the person is under 21-years-of-age.

## **Social Host Liability**

There is no statutory liability. The courts recognize common law social host liability.

## **Host Party Laws**

The state has two Host Party Laws. Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): family

## **Host Party Laws**

The state has two Host Party Laws. Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: consumption
- Property type(s) covered by liability law: other
- Standard for hosts' knowledge or action regarding the party: NEGLIGENCE—host must have known or should have known of the event's occurrence
- Exception(s): family

*Note: "Other property" refers to hotels, inns, cabins, campgrounds, or restaurants.*

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

### ***Age verification requirements***

- Producer must verify age of purchaser at point of sale—Prior to shipping wine, the shipper must make a "bona fide" effort to ensure that the purchaser is at least twenty-one years of age
- Common carrier must verify age of recipient at point of sale

***State approval/permit requirements:***

- Producer/shipper must obtain State permit
- State must approve common carrier

***Reporting requirements:***

- Producer must record/report purchaser's name

***Shipping label requirements:***

- Package contains alcohol
- Recipient must be 21

**Keg Registration**

Registration is not required.



## OKLAHOMA

### State Profile and Underage Drinking Facts<sup>69</sup>

<b>State Population</b>		3,642,361	
<b>Population-Ages 12-20</b>		446,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	24.6		110,000
Past-Month Binge Alcohol Use	17.8		79,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	5.3		8,000
Past-Month Binge Alcohol Use	2.6		4,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	23.1		34,000
Past-Month Binge Alcohol Use	17.6		26,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	45.4		68,000
Past-Month Binge Alcohol Use	33.2		50,000

<sup>69</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		68
<b>Years of Potential Life Lost (under 21)</b>		4,048
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	29.0	45

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location

*Note: In Oklahoma, persons under twenty-one may possess with intent to consume low-point beer (defined as beer or malt beverages not more than 3.2 percent ABW) if under the direct supervision of their parent or guardian. Okla. Stat. tit. 37, § 246.*

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

*Note: Although Oklahoma law contains no prohibition against underage consumption of alcoholic beverages generally, the state does prohibit consumption of “low-point beer” (defined as containing not more than 3.2 percent ABW) by persons under twenty-one unless under the direct supervision of a parent or guardian. This exception does not allow persons under twenty-one to consume such beverages on premises licensed to dispense low-point beer. Okla. Stat. tit. 37, § 246.*

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

*Note: In Oklahoma, persons under twenty-one may purchase or attempt to purchase low-point beer (defined as beer or malt beverages not more than 3.2 percent ABW) if under the direct supervision of their parent or guardian. Okla. Stat. tit. 37, § 246.*

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- No statutory affirmative defense: statutes do not provide an affirmative defense related to retailer’s belief that the minor was 21 years of age or older



*Notes: Beginning July 1, 2006, Oklahoma provides retailers a defense in criminal prosecutions for furnishing minors with “low-point beer” (defined as all beverages containing more than 0.5 alcohol by volume and not more than 3.2 alcohol by weight). The defense takes the form of a rebuttable presumption that the retailer reasonably relied upon proof of age if (1) the minor presented what a reasonable person would have believed was a driver license or other government-issued photo identification purporting to establish that the individual was 21 years of age or older; or (2) the retailer confirmed the validity of the driver license or other government-issued photo identification presented by the individual by using a transaction scan device; and (3) if the retailer exercised reasonable diligence to determine whether the physical description and picture on the driver license or other government-issued photo identification was that of the individual who presented it.*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 18.

Type(s) of violation leading to driver’s license suspension, revocation, or denial:

- Underage possession

#### ***Authority to impose driver’s license sanction***

- Mandatory
- Length of suspension/revocation: 180 days

*Notes: In Oklahoma, the denial of driving privileges is a consequence imposed on those under 18 years who have possessed an intoxicating beverage or purchased, possessed, or consumed low-point beer (defined as containing not more than 3.2 percent ABW). The court shall order the Department of Public Safety to cancel or deny driving privileges for: a period of six (6) months for a first offense, from the date of the offense or from the date the person reaches sixteen (16) years of age, whichever period of time is longer; for other periods of time for second or subsequent offenses; or, in the discretion of the court, until the person attains twenty-one (21) years of age, if that period of time would be longer than the period otherwise provided.*

## **Graduated Driver's License**

### ***Learner stage***

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 40 hours—10 of which must be at night

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 11 p.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one unrelated passenger, unless accompanied by driver at least 21
  - Primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 16 years, 6 months

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

No beverage service training requirement.

### **Minimum Ages for Off-Premises Sellers**

- Beer 21
- Wine 21
- Spirits 21

### **Minimum Ages for On-Premises Servers and Bartenders**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

### **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

### **Social Host Liability**

There is no social host liability.

## **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): resident

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

Direct sales/shipments from producers to consumers are not permitted.

## **Keg Registration**

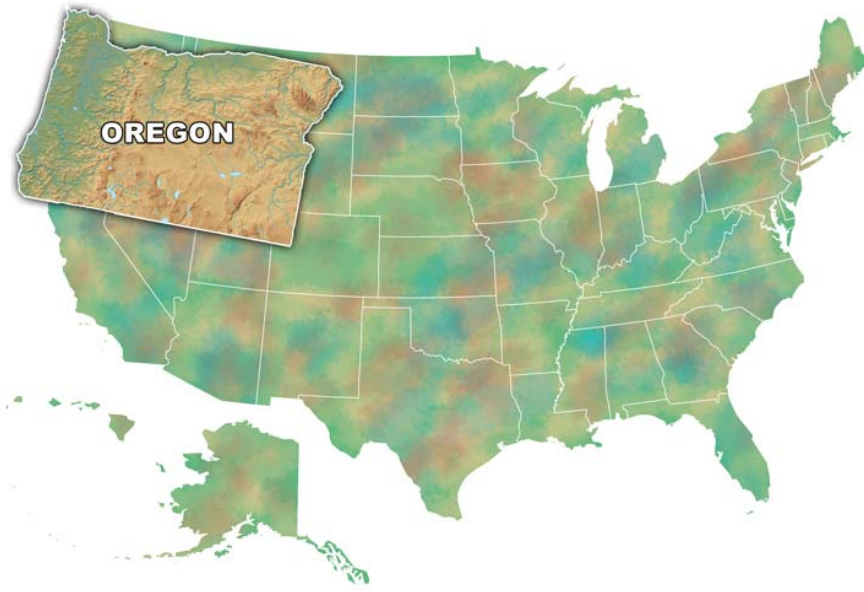
Keg definition: not less than 4 gallons.

### ***Prohibited:***

- Destroying the label on a keg—max. fine/jail: \$500 or 6 months

### ***Purchaser information collected:***

- Purchaser's name and address—verified by a government-issued ID
- Warning information to purchaser: passive—no purchaser action required
- Deposit: not required
- Provisions do not specifically address disposable kegs



## OREGON

### State Profile and Underage Drinking Facts<sup>70</sup>

<b>State Population</b>	3,790,060	
<b>Population-Ages 12-20</b>	468,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	30.9	144,000
Past-Month Binge Alcohol Use	20.4	95,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	9.1	14,000
Past-Month Binge Alcohol Use	6.1	9,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	26.4	39,000
Past-Month Binge Alcohol Use	15.5	23,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	53.8	92,000
Past-Month Binge Alcohol Use	37.2	64,000

<sup>70</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		43
<b>Years of Potential Life Lost (under 21)</b>		2,595
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	18.0	8

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND
- Parent/guardian presence and consent

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND
- Parent/guardian presence and consent

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

*Notes: Although Oregon does not prohibit Internal Possession, it does prohibit “personal possession” of an alcoholic beverage. “Personal possession” includes the “consumption of a bottle of such beverages, or any portion thereof or a drink of such beverages.” Or. Rev. Stat. § 471.430.*

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- State provides incentives to retailers who use electronic scanners that read birth dates and other information digitally encoded on valid identification cards
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid
- Retailer has the statutory right to sue a minor who uses a false ID to purchase alcohol for any losses or fines suffered by the retailer as a result of the illegal sale.

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial:

- Underage possession
- Underage consumption

#### ***Authority to impose driver’s license sanction***

- Mandatory
- Length of suspension/revocation: 365 days

*Note: Whenever a person who is 17 years of age or younger, but not younger than 13 years of age, is convicted of any offense involving the use or abuse of alcohol, the Department of Transportation shall impose a suspension for one year, or until the person so suspended reaches 17 years of age, whichever is longer.*

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement:
  - 50 hours—with driver education
  - 100 hours—without driver education

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - For first 6 months, no unrelated passengers under 20
  - For second 6 months, no more than 3 unrelated passengers under 20
  - Exception if accompanied by parent or instructor
  - Primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian

### **Responsible Beverage Service**

Oregon has two laws with regard to beverage service training:

#### ***Mandatory beverage service training for licensees, managers, servers:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

#### ***Voluntary beverage service training:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

#### ***Incentives for training:***

- Mitigation of fines or other administrative penalties for sales to minors
- Protection against license revocation for sales to minors

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

### **Minimum Ages for On-Premises Servers and Bartenders**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists.

### **Social Host Liability**

Statutory liability exists.

### **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): family

*Note: Oregon's social host provision states that its prohibitions apply only to a person who is present and in control of the location at the time underage consumption occurs. However, effective January 1, 2010, a person who exercises control over a private residence is not liable if the liquor consumed by the person under the age of 21 years is supplied only by an accompanying parent or guardian. See Or. Rev. Stat. § 471.410.*

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

Direct sales/shipments from producers to consumers are permitted for wine (or cider) with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient at point of delivery
- State approval/permit requirements:
  - Producer/shipper must obtain State permit
  - State must approve common carrier
- Reporting requirements: Producer and common carrier must record/report purchaser's name
- Shipping label requirements:
  - Package contains alcohol
  - Recipient must be 21

*Notes: While all Deliverers/carriers must record the name, signature, and delivery address of the person receiving the alcohol, a "for-hire" carrier must retain this information for 18 months. If the Shipper does not use a "for-hire" carrier, then the Shipper must retain the information for 18 months.*

### **Keg Registration**

Keg definition: more than 7 gallons.

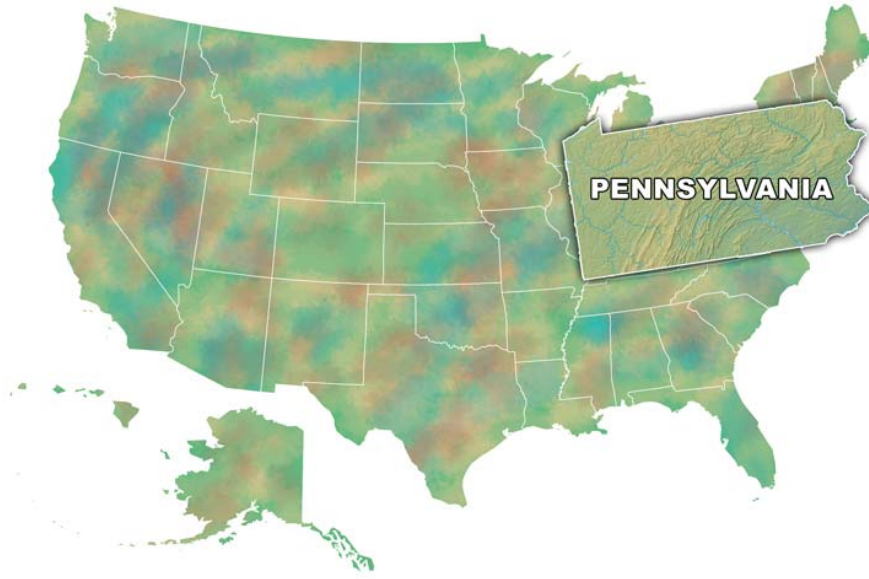
#### ***Prohibited:***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$6250 or 1 year

#### ***Purchaser information collected:***

- Purchaser's name and address—verified by a government-issued ID
- Address where keg will be consumed
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit: not required
- Provisions do not specifically address disposable kegs





## PENNSYLVANIA

### State Profile and Underage Drinking Facts<sup>71</sup>

<b>State Population</b>	12,448,279	
<b>Population-Ages 12-20</b>	1,575,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	28.3	445,000
Past-Month Binge Alcohol Use	18.7	294,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	5.5	27,000
Past-Month Binge Alcohol Use	2.1	10,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	24.4	127,000
Past-Month Binge Alcohol Use	15.8	82,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	51.9	291,000
Past-Month Binge Alcohol Use	36.0	202,000

<sup>71</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		191
<b>Years of Potential Life Lost (under 21)</b>		11,268
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	19.0	47

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- State provides incentives to retailers who use electronic scanners that read birth dates and other information digitally encoded on valid identification cards
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver's license suspension, revocation, or denial:

- Underage purchase
- Underage possession
- Underage consumption

***Authority to impose driver's license sanction***

- Mandatory
- Length of suspension/revocation: 90 days

**Graduated Driver's License**

***Learner stage***

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours

***Intermediate stage***

- Minimum age: 16 years, 6 months
- Unsupervised night driving:
  - Prohibited after 11 p.m.
  - Primary enforcement of the night driving rule
- There are no passenger restrictions

***License stage***

- Minimum age to lift restrictions: 17 years, 6 months

**Laws Targeting Alcohol Suppliers**

**Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

**Responsible Beverage Service**

***Voluntary beverage service training:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

***Incentive for training:***

- Mitigation of fines or other administrative penalties for sales to minors

**Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

*Notes: In Pennsylvania, a minor who is 17 years of age who is a high school graduate or who is declared to have attained his or her academic potential by the chief administrator of his or her*

*school district is deemed to be a minor of 18 years of age for purposes of the laws relating to the employment of minors by retail licensees.*

### **Minimum Ages for On-Premises Servers and Bartenders**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

### **Social Host Liability**

There is no statutory liability. The courts recognize common law social host liability.

### **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence

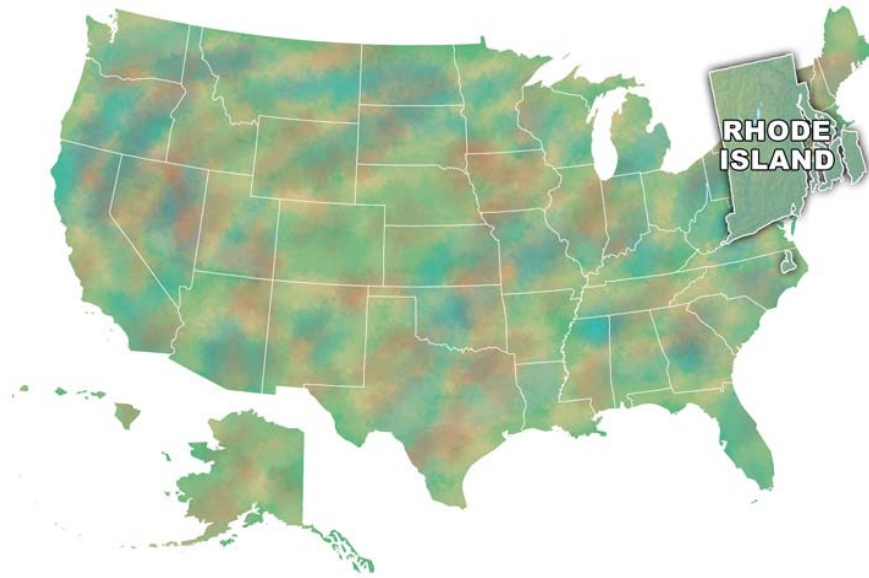
### **Direct Sales/Shipments From Producers to Consumers**

Direct sales/shipments from producers to consumers are not permitted.

*Notes: Limited wineries (wineries with a maximum output of 200,000 gallons per year that use fruit or agricultural commodities grown in the Commonwealth) may ship wine to retail customers via a transporter-for-hire or in a vehicle properly registered with the Board.*

### **Keg Registration**

Registration is not required.



## RHODE ISLAND

### State Profile and Underage Drinking Facts<sup>72</sup>

<b>State Population</b>		1,050,788	
<b>Population-Ages 12-20</b>		136,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	38.2		52,000
Past-Month Binge Alcohol Use	25.0		34,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	8.9		4,000
Past-Month Binge Alcohol Use	2.7		1,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	33.9		14,000
Past-Month Binge Alcohol Use	19.8		8,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	66.5		34,000
Past-Month Binge Alcohol Use	48.2		25,000

<sup>72</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		11
<b>Years of Potential Life Lost (under 21)</b>		650
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	23.0	2

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Retailers are permitted to seize apparently false IDs
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

## **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession

### ***Authority to impose driver’s license sanction***

- Mandatory
- Length of suspension/revocation: 30 days

*Notes: A mandatory minimum 60-day driver’s license suspension penalty for underage possession became effective on 7/2/2004.*

## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 16
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

### ***Intermediate stage***

- Minimum age: 16 years, 6 months
- Unsupervised night driving:
  - Prohibited after 1 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one unrelated passenger under 21
  - Primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 17 years, 6 months

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian consent
- OR Parent/guardian (details not specified)

### **Responsible Beverage Service**

Rhode Island has two laws with regard to beverage service training:

#### ***Mandatory beverage service training for managers, servers:***

- The law does not specify on- or off-sale establishments
- Applies to both new and existing outlets

***Voluntary beverage service training:***

- The law does not specify on- or off-sale establishments
- The law does not specify new or existing outlets

***Incentive for training:***

- Defense in dram shop liability lawsuits

**Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

**Minimum Ages for On-Premises Servers and Bartenders**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

**Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: Punitive damages allowed only when reckless conduct is established.

**Social Host Liability**

There is no social host liability.

**Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: consumption
- Property type(s) covered by liability law: residence, outdoor
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Exception(s): family

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

Direct sales/shipments from producers to consumers are not permitted.



## **Keg Registration**

Keg definition: Undefined.

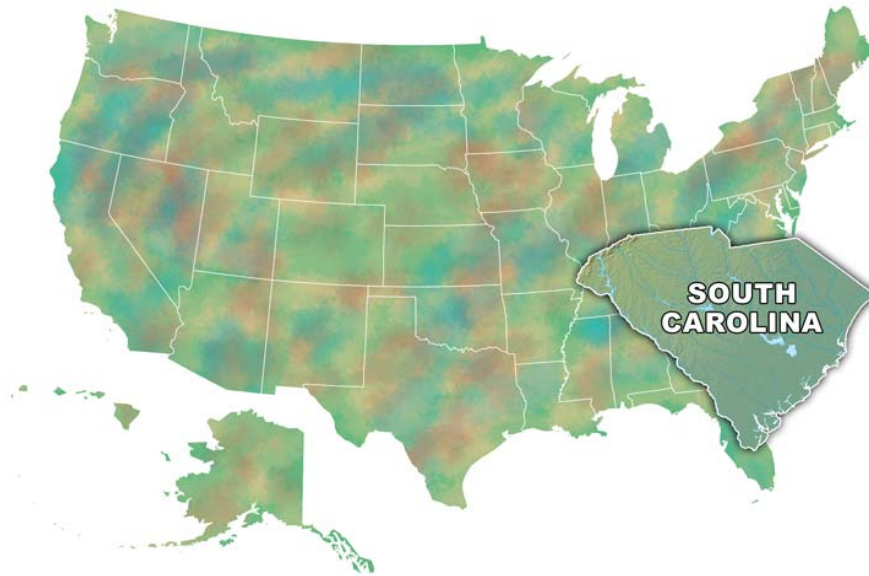
*Notes: No particular volume or range of volumes is specified for kegs in Rhode Island.*

### ***Prohibited***

- Destroying the label on a keg—max. fine/jail: \$500

### ***Purchaser information collected***

- Purchaser's name and address—verified by a government-issued ID
- Warning information to purchaser: passive—no purchaser action required
- Deposit: not required
- Provisions do not specifically address disposable kegs



## SOUTH CAROLINA

### State Profile and Underage Drinking Facts<sup>73</sup>

<b>State Population</b>		4,479,800
<b>Population-Ages 12-20</b>		538,000
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	22.3	120,000
Past-Month Binge Alcohol Use	13.3	72,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	4.7	8,000
Past-Month Binge Alcohol Use	1.2	2,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	20.9	39,000
Past-Month Binge Alcohol Use	11.3	21,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	41.2	73,000
Past-Month Binge Alcohol Use	27.5	49,000

<sup>73</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		84
<b>Years of Potential Life Lost (under 21)</b>		4,975
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	39.0	55

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian’s home

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian’s home

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- No statutory affirmative defense: statutes do not provide an affirmative defense related to retailer’s belief that the minor was 21 years of age or older

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

***Authority to impose driver’s license sanction***

- Mandatory

***Length of suspension/revocation:***

- 120 days

**Graduated Driver’s License**

***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 40 hours—10 of which must be at night

***Intermediate stage***

- Minimum age: 15 years, 6 months
- Unsupervised night driving:
  - Prohibited after 6 p.m.—nighttime is defined as starting at 6 p.m. EST or 8 p.m. EDT
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than 2 passengers under 21 unless supervised by driver at least 21 years (unless transporting students to school)
  - Primary enforcement of the passenger restriction rule

***License stage***

- Minimum age to lift restrictions: 16 years, 6 months

**Laws Targeting Alcohol Suppliers**

**Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

There is an affirmative defense if the minor is not charged.

South Carolina’s Parent / Guardian and Spouse exceptions apply when the alcohol is furnished in the home of the spouse or in the home of the parent or guardian.

**Responsible Beverage Service**

No beverage service training requirement.

**Minimum Ages for Off-Premises Sellers**

- Beer Not specified
- Wine Not specified
- Spirits 21

*Note: Although no minimum age is specified to sell beer and wine at off-sale establishments licensed to sell beer and wine, an employee of a retail liquor establishment must be at least 21 years of age.*

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

### **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

### **Social Host Liability**

There is no statutory liability. The courts recognize common law social host liability.

### **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: other
- Standard for hosts' knowledge or action regarding the party: OVERT ACT—host must have actual knowledge and commit an act that contributes to the occurrence

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: None
- Shipping label statement: Contains alcohol and Recipient must be 21

### **Keg Registration**

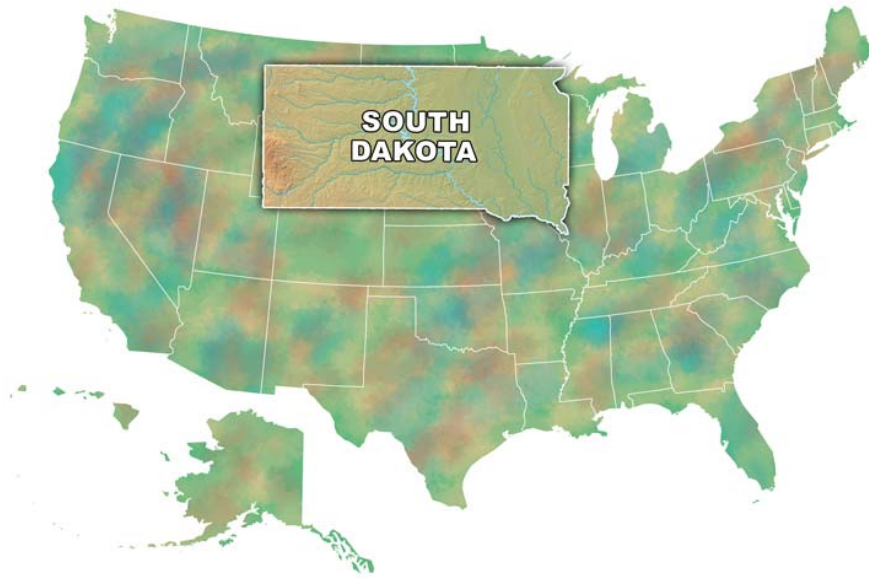
Keg definition: 5.16 gallons or more.

#### ***Prohibited***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$500 or 30 days
- Destroying the label on a keg—max. fine/jail: \$500 or 30 days

#### ***Purchaser information collected***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit: not required
- Provisions do not specifically address disposable kegs



## SOUTH DAKOTA

### State Profile and Underage Drinking Facts<sup>74</sup>

<b>State Population</b>	804,194	
<b>Population-Ages 12-20</b>	103,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	32.6	33,000
Past-Month Binge Alcohol Use	23.2	24,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	5.2	2,000
Past-Month Binge Alcohol Use	2.6	1,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	28.4	10,000
Past-Month Binge Alcohol Use	17.6	6,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	60.8	22,000
Past-Month Binge Alcohol Use	46.8	17,000

<sup>74</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		15
<b>Years of Potential Life Lost (under 21)</b>		906
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	26.0	6

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid
- Retailer has the authority to detain a minor suspected of using a false ID in connection with the purchase of alcohol

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

***Type(s) of violation leading to driver's license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

***Authority to impose driver's license sanction***

- Mandatory

***Length of suspension/revocation***

- Minimum: 30 days
- Maximum: 365 days

**Graduated Driver's License**

***Learner stage***

- Minimum entry age: 14
- Minimum learner stage period:
  - 3 months —with driver education
  - 6 months—without driver education
- There is no minimum supervised driving requirement

***Intermediate stage***

- Minimum age: 14 years, 3 months
- Unsupervised night driving:
  - Prohibited after 10 p.m.
  - Primary enforcement of the night driving rule
- There are no passenger restrictions

***License stage***

- Minimum age to lift restrictions: 16

**Laws Targeting Alcohol Suppliers**

**Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse

**Responsible Beverage Service**

***Voluntary beverage service training:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

***Incentive for training:***

- Mitigation of fines or other administrative penalties for sales to minors



### **Minimum Ages for Off-Premises Sellers**

- Beer Not specified
- Wine 21
- Spirits 21

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

### **Dram Shop Liability**

There is no dram shop liability.

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are not permitted.

*Notes: Exception: A farm winery license (any winery producing wines with a majority of the ingredients grown or produced in South Dakota) may ship no more than twelve cases of wine per person per calendar directly to a resident of another state, if the state to which the wine is sent allows residents of the state to receive wine sent from outside that state.*

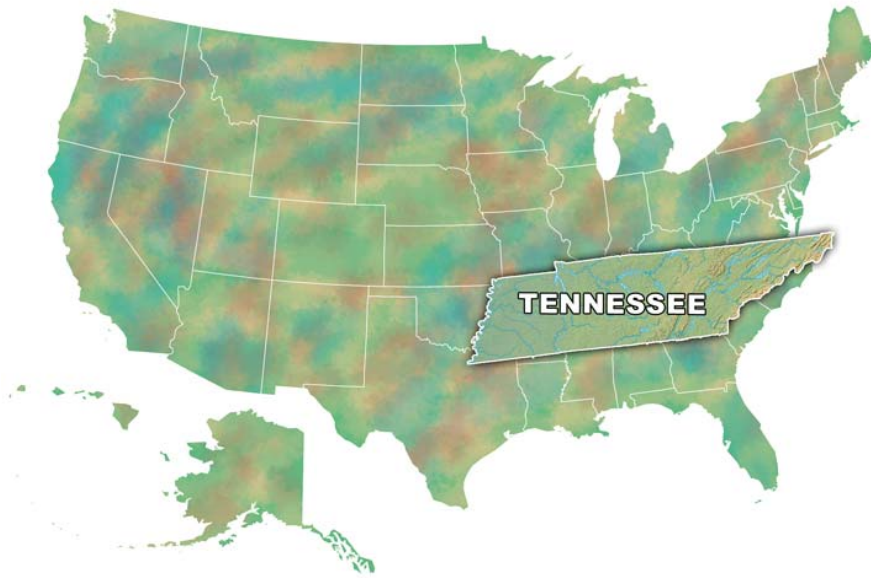
### **Keg Registration**

Keg definition: 8.00 or 16.00 gallons

*Note: A “keg” is defined as an eight or sixteen gallon reusable plastic or metal container.*

#### ***Purchaser information collected:***

- Purchaser’s name and address
- Warning information to purchaser: not required
- Deposit: not required
- Provisions do not specifically address disposable kegs



## TENNESSEE

### State Profile and Underage Drinking Facts<sup>75</sup>

<b>State Population</b>		6,214,888	
<b>Population-Ages 12-20</b>		721,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	21.7		157,000
Past-Month Binge Alcohol Use	14.5		105,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	4.8		12,000
Past-Month Binge Alcohol Use	1.7		4,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	18.5		45,000
Past-Month Binge Alcohol Use	11.9		29,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	43.3		99,000
Past-Month Binge Alcohol Use	31.0		71,000

<sup>75</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		112
<b>Years of Potential Life Lost (under 21)</b>		6,629
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	21.0	39

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

*Note: In Tennessee, the statute provides that no permit or license shall be revoked on the grounds that the operator or any person working for the operator sells beer to a minor over the age of 18 years if such minor exhibits an identification, false or otherwise, indicating the minor's age to be 21 or over, if the minor's appearance as to maturity is such that the minor might reasonably be presumed to be of such age and is unknown to such person making the sale. As of July 1, 2006, it is also an affirmative defense to criminal prosecution if any person accused of giving or buying alcoholic beverages or beer for a minor acted upon a reasonably held belief that the minor was of legal age.*

## Laws Targeting Underage Drinking and Driving

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC above the limit is *per se* (conclusive) evidence of a violation:
  - Applies to drivers age 16 or above
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

The state has two Use/Lose Laws.

Use/lose penalties that apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession

#### ***Authority to impose driver’s license sanction***

- Mandatory
- Length of suspension/revocation: 365 days

#### **Use/lose penalties that apply to minors under age 18**

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

#### ***Authority to impose driver’s license sanction***

- Mandatory
- Length of suspension/revocation: 365 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 11 p.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one unrelated passenger, unless accompanied by driver over 21
  - Primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

#### ***Mandatory beverage service training for servers:***

- Applies only to on-sale establishments
- Applies to both new and existing outlets

#### ***Voluntary beverage service training:***

- Applies only to off-sale establishments
- The law does not specify new or existing outlets

*Note: Although the approval date of Tennessee's enacting legislation establishing a voluntary beverage service training program applicable to off-premises sale of beer was June 5, 2006, the program did not become fully implemented and enforceable until July 1, 2007. Note that prior to June 5, 2006, Tennessee had only a mandatory beverage service training program applicable to on-premises sales of alcoholic beverages.*

#### ***Incentives for training:***

- Mitigation of fines or other administrative penalties for sales to minors
- Protection against license revocation for sales to minors

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Fact finder must determine that seller knew customer was a minor beyond a reasonable doubt.

**Social Host Liability**

There is no social host liability.

*Notes: Biscan v. Brown (2005) held that a property owner may be held liable to third parties if he/she knowingly allows minors to consume alcohol on his/her property and it is foreseeable that minors may then operate motor vehicles. Under Tenn. Code Ann. § 57-10-101, a social host that furnishes to alcohol minors is shielded from liability.*

**Host Party Laws**

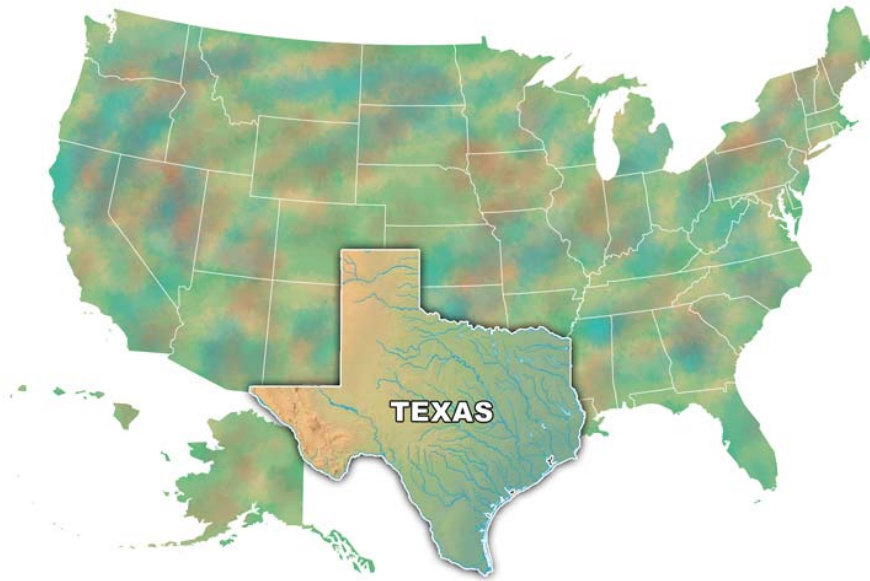
No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are not permitted.

**Keg Registration**

Registration is not required.



## TEXAS

### State Profile and Underage Drinking Facts<sup>76</sup>

<b>State Population</b>		24,326,974	
<b>Population-Ages 12-20</b>		3,140,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use		26.1	821,000
Past-Month Binge Alcohol Use		17.4	547,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use		6.2	63,000
Past-Month Binge Alcohol Use		3.3	33,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use		23.6	254,000
Past-Month Binge Alcohol Use		15.1	163,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use		48.2	504,000
Past-Month Binge Alcohol Use		33.7	351,000

<sup>76</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		405
<b>Years of Potential Life Lost (under 21)</b>		24,293
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	28.0	182

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian presence and consent OR
- Spouse

*Note: In Texas, a minor may possess an alcoholic beverage if the minor is in the visible presence of his adult parent, guardian, or spouse*

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian presence and consent OR
- Spouse

*Note: In Texas, a minor may consume an alcoholic beverage if it is in the visible presence of the minor's adult parent, guardian or spouse.*

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- State provides incentives to retailers who use electronic scanners that read birth dates and other information digitally encoded on valid identification cards
- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid



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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

Type(s) of violation leading to driver’s license suspension, revocation, or denial:

- Underage purchase
- Underage possession
- Underage consumption

### ***Authority to impose driver’s license sanction***

- Mandatory

### ***Length of suspension/revocation:***

- 30 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- There is no minimum supervised driving requirement

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one unrelated passenger under 21
  - There is no primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 16 years, 6 months

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse

*Note: In Texas, a person may purchase an alcoholic beverage for or give an alcoholic beverage to a minor if he is the minor's adult parent, guardian, or spouse, or an adult in whose custody the minor has been committed by a court, and he is visibly present when the minor possesses or consumes the alcoholic beverage.*

### **Responsible Beverage Service**

#### ***Voluntary beverage service training:***

- The law does not specify on- or off-sale establishments
- The law does not specify new or existing outlets

#### ***Incentive for training:***

- Protection against license revocation for sales to minors

### **Minimum Ages for On-Premises Sellers**

- Beer 16
- Wine 16
- Spirits 21

### **Minimum Ages for Off-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of underage status

*Notes: Alcohol provider must be 21 or over when providing alcohol to a minor under the age of 18. Any person may be held liable for providing alcohol to individuals 18 or older that are obviously intoxicated to the extent that they present a clear danger to themselves or others at the time of service. Licensees (but not their employees) are shielded from liability if the licensee required employee to attend Responsible Beverage Service training; the employee attended the training; and the licensee did not directly or indirectly encourage the employee to break the law.*

### **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on elements/standards of proof: Knowledge of underage status

*Notes: Social host must be 21 or over. Minor must be under the age of 18.*

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient
- State approval/permit requirements:
  - Producer/shipper must obtain State permit
  - State must approve common carrier
- Reporting requirements: Producer must record/report purchaser's name
- Shipping label statement:
  - Contains alcohol
  - Recipient must be 21

### **Keg Registration**

Registration is not required.



## UTAH

### State Profile and Underage Drinking Facts<sup>77</sup>

<b>State Population</b>		2,736,424	
<b>Population-Ages 12-20</b>		387,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	16.0		62,000
Past-Month Binge Alcohol Use	12.2		47,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	3.3		4,000
Past-Month Binge Alcohol Use	1.4		2,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	15.3		19,000
Past-Month Binge Alcohol Use	11.1		14,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	26.5		39,000
Past-Month Binge Alcohol Use	21.7		32,000

<sup>77</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		32
<b>Years of Potential Life Lost (under 21)</b>		1,942
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	8.0	3

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is prohibited—no explicit exceptions noted in the law.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver's license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Retailers are permitted to seize apparently false IDs
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid
- Retailer has the authority to detain a minor suspected of using a false ID in connection with the purchase of alcohol

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation:
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

#### ***Authority to impose driver’s license sanction***

- Discretionary

#### ***Length of suspension/revocation:***

- 90 days

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 40 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No unrelated passengers, unless accompanied by driver over 21
  - There is no primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 17
- Passenger restrictions are lifted at age 16 years, 6 months
- Unsupervised night driving restrictions remain until age 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

#### ***Mandatory beverage service training for managers, servers:***

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

*Note: In Utah, the Off-Premises Establishments subject to mandatory training are “off-premise beer retailers.” “Off-premise beer retailers” are licensed to sell “beer,” which in Utah is any product that contains not more than 3.2 percent alcohol by weight (ABW) and is obtained by fermentation, infusion, or decoction of any malted grain.*

### **Minimum Ages for Off-Premises Sellers**

- Beer 21
- Wine 21
- Spirits 21

*Note: Although employees must be at least 21 years of age to sell “liquor” at off-sale establishments in Utah, persons between 16 and 21 years of age may sell “beer” (defined as containing not more than 4% ABV or 3.2% ABW) on the premises of a beer retailer for off-premise consumption if under the supervision of a person 21 years of age or older who is on the premises.*

### **Minimum Ages for On-Premises Sellers**

- Beer 21 for both servers and bartenders
- Wine 21 for both servers and bartenders
- Spirits 21 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$500,000 limit for one person and \$1,000,000 limit for all injured parties per occurrence. No punitive damages.

*Notes: Outlets that sell beer at retail for off-premise consumption are exempt. Liability is strictly imposed for sale of alcohol to an underage person. No weight is given to circumstances surrounding sale.*

### **Social Host Liability**

Statutory liability exists subject to the following conditions:

- Limitations on damages: \$500,000 limit for one person and \$1,000,000 limit for all injured parties per occurrence. No punitive damages.

*Notes: Social host must be 21 years of age or older.*

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

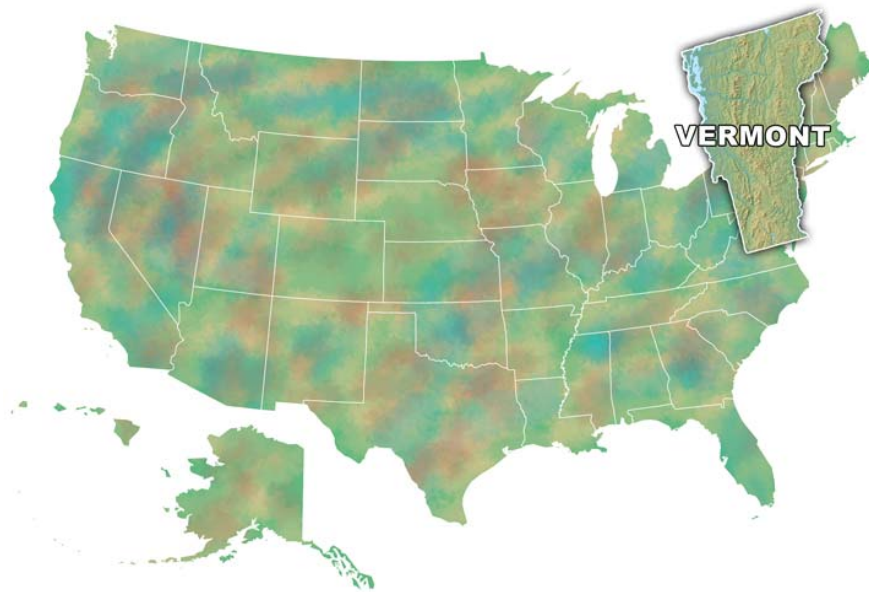
Direct sales/shipments from producers to consumers are not permitted.

### **Keg Registration**

- Keg sales prohibited.

*Note: Beer may not be sold, provided, or possessed for off-premise consumption in containers larger than two liters.*





## VERMONT

### State Profile and Underage Drinking Facts<sup>78</sup>

<b>State Population</b>		621,270	
<b>Population-Ages 12-20</b>		83,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	40.1		33,000
Past-Month Binge Alcohol Use	29.4		24,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	6.1		1,000
Past-Month Binge Alcohol Use	2.3		1,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	34.3		9,000
Past-Month Binge Alcohol Use	23.5		6,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	69.4		23,000
Past-Month Binge Alcohol Use	53.8		18,000

<sup>78</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		7
<b>Years of Potential Life Lost (under 21)</b>		437
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	2.0	0

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

*Note: Although Vermont does not prohibit Internal Possession, beginning on July 1, 2000, it has a statutory provision that makes it unlawful for a minor to “consume malt or vinous beverages or spirituous liquors. A violation of this subdivision may be prosecuted in a jurisdiction where the minor has consumed malt or vinous beverages or spirituous liquors, or in a jurisdiction where the indicators of consumption are observed.”*

### **Underage Purchase of Alcohol**

Purchase is NOT prohibited and there is no specific allowance for youth purchase for law enforcement purposes.

*Notes: Vermont previously had a law that made it a crime for a minor to “procure” alcoholic beverages. Beginning on July 1, 2000, however, Vermont only prohibits minors from procuring alcohol in connection with a false representation of age. See 2000 Vt. Acts & Resolves 160.*

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- No driver’s license suspension procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

*Notes: Vermont has two statutes regarding affirmative defenses. First, under Vt. Stat. Ann. tit. 7, § 658, an employee of a licensee or of a state-contracted liquor agency charged with underage furnishing may plead as an affirmative defense that the employee carefully viewed specified photographic identification, that an ordinary prudent person would believe the purchaser to be of legal age to make the purchase, and that the sale was made in good faith, based upon the*

*reasonable belief that the purchaser was of legal age to purchase alcoholic beverages. Second, Vt. Stat. Ann. tit.7, § 602 provides that selling or furnishing to a person exhibiting “a valid authorized form of identification,” which means a valid photographic operator’s license, enhanced driver’s license, or valid photographic nondriver identification card issued by Vermont or another state or foreign jurisdiction, a United States military identification card, or a valid passport bearing the photograph and signature of the individual is prima facie evidence of the licensee’s compliance with the law prohibiting the sale or furnishing of alcoholic beverages to minors. The first provision amounts to a specific affirmative defense for state store employees and employees of retail licensees. The second provision applies to licensees and appears to provide them at least limited protection from prosecution, although the statutory language is unclear regarding how the provision is to be applied.*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

No Use/Lose law.

### **Graduated Driver’s License**

#### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 12 months
- Minimum supervised driving requirement: 40 hours—10 of which must be at night

#### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving: not restricted
- Passenger restrictions exist:
  - During first 3 months, restricted to driving alone or with a licensed parent, instructor or person at least 25 years old.
  - During next 3 months, may also transport family members
  - There is no primary enforcement of the passenger restriction rule

#### ***License stage***

- Minimum age to lift restrictions: 16 years, 6 months

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited—no explicit exceptions noted in the law.

### **Responsible Beverage Service**

*Mandatory beverage service training for licensees, managers, servers:*

- Applies to both on-sale and off-sale establishments
- Applies to both new and existing outlets

### **Minimum Ages for Off-Premises Sellers**

- Beer 16
- Wine 16
- Spirits Not specified

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

### **Dram Shop Liability**

Statutory liability exists.

### **Social Host Liability**

Statutory liability exists.

*Notes: Requirement that alcohol be furnished by social host.*

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient
- State approval/permit requirements:
  - Producer/shipper must obtain State permit
  - State must approve common carrier
- Reporting requirements: Producer must record/report purchaser's name
- Shipping label statement:
  - Contains alcohol
  - Recipient must be 21

## **Keg Registration**

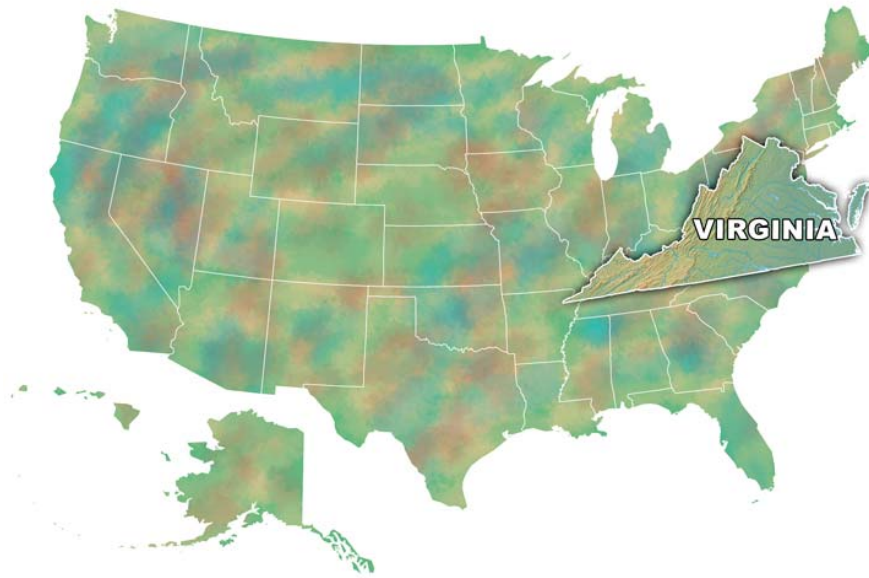
Keg definition: at least 5 gallons.

### ***Prohibited***

- Destroying the label on a keg—max. fine/jail: \$1000 or 2 years

### ***Purchaser information collected***

- Purchaser's name and address: verified by a government-issued ID
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit required: \$25
- Provisions do not specifically address disposable kegs



## VIRGINIA

### State Profile and Underage Drinking Facts<sup>79</sup>

<b>State Population</b>		7,769,089	
<b>Population-Ages 12-20</b>		918,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	26.0		239,000
Past-Month Binge Alcohol Use	17.5		161,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	6.0		17,000
Past-Month Binge Alcohol Use	2.5		7,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	21.4		70,000
Past-Month Binge Alcohol Use	13.8		45,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	50.2		151,000
Past-Month Binge Alcohol Use	36.1		109,000

<sup>79</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		111
<b>Years of Potential Life Lost (under 21)</b>		6,598
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	31.0	49

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND EITHER
- Parent/guardian presence and consent OR
- Spouse

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND EITHER
- Parent/guardian presence and consent OR
- Spouse

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

*Note: Virginia defines “bona fide evidence of legal age” as including “a valid motor vehicle driver’s license issued by any state of the United States or the District of Columbia, armed forces identification card, United States passport or foreign government visa, valid special identification card issued by the Virginia Department of Motor Vehicles, or any valid identification issued by any other federal or state government agency.” See 3 Va. Admin. Code § 5-50-20(B). In determining whether a licensee has reason to believe a purchaser is not of legal age, the Virginia Alcoholic Beverage Control Board considers whether an ordinary and prudent person would have reason to doubt that the purchaser is of legal age based on the general appearance, facial characteristics, behavior and manner of the purchaser, and whether the*

*seller demanded, was shown and acted in good faith in reliance upon bona fide evidence of legal age that contained a photograph and physical description consistent with the appearance of the purchaser. See 3 Va. Admin. Code § 5-50-20(A).*

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21

***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

***Authority to impose driver’s license sanction***

- Mandatory

***Length of suspension/revocation***

- Minimum: 180 days
- Maximum: 365 days

Use/lose penalties apply to minors under age 18

***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

***Authority to impose driver’s license sanction***

- Mandatory

***Length of suspension/revocation:***

- 180 days

### **Graduated Driver’s License**

***Learner stage***

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 9 months
- Minimum supervised driving requirement: 45 hours—15 of which must be at night

***Intermediate stage***

- Minimum age: 16 years, 3 months
- Unsupervised night driving:
  - Prohibited after 12 a.m.



- There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - For first year: no more than one unrelated passenger under 18
  - After first year: no more than 3 unrelated passengers under 18
  - There is no primary enforcement of the passenger restriction rule

***License stage***

- Minimum age to lift restrictions: 18

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private residence AND EITHER
- Parent/guardian OR
- Spouse

*Note: Prior to July 1, 2005, Virginia’s law allowing any person to keep or possess alcoholic beverages “in his residence for his personal use or that of his family” was not specific to minors and therefore did not meet the criteria for an exception in this policy topic. With the passage of legislation effective July 1, 2005, however, this exception was incorporated in a new underage furnishing provision and now meets the criteria for coding the Parent / Guardian and Spouse exceptions to underage furnishing, when the alcohol is provided by a person “in his residence.”*

### **Responsible Beverage Service**

***Voluntary beverage service training:***

- The law does not specify on- or off-sale establishments
- Applies only to existing outlets

***Incentive for training:***

- Mitigation of fines or other administrative penalties for sales to minors

### **Minimum Ages for Off-Premises Sellers**

- Beer Not specified
- Wine Not specified
- Spirits Not specified

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

*Note: Although bartenders are generally required to be at least 21 years old in Virginia, a person who is at least 18 years of age may sell or serve beer for on-premises consumption at a counter in an establishment that sells beer only.*

### **Dram Shop Liability**

There is no dram shop liability.

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for Beer, Wine with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient
- State approval/permit requirements:
  - Producer/shipper must obtain State permit
  - State must approve common carrier
- Reporting requirements: Producer and common carrier must record/report purchaser's name
- Shipping label statement:
  - Contains alcohol
  - Recipient must be 21

### **Keg Registration**

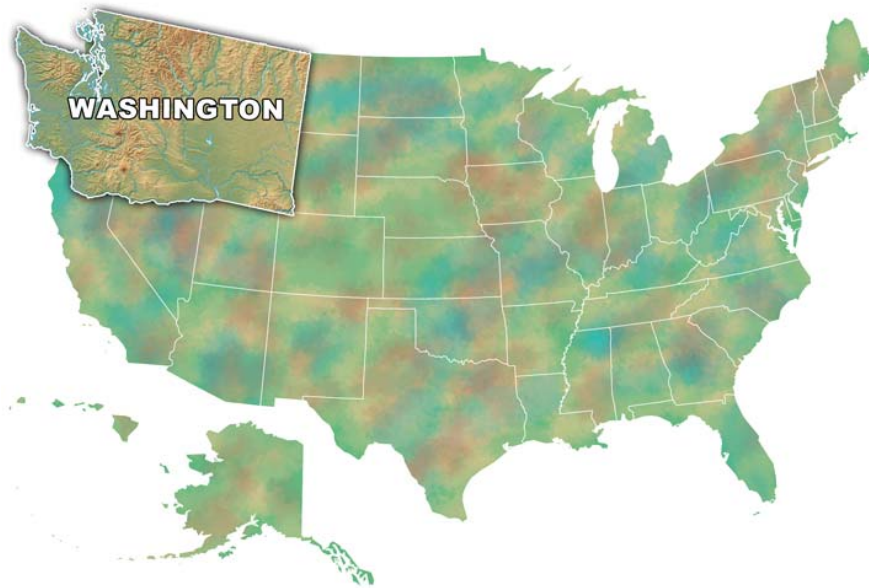
Keg definition: 4 gallons or more.

#### ***Prohibited***

- Possessing an unregistered, unlabeled keg
- Destroying the label on a keg

#### ***Purchaser information collected***

- Purchaser's name and address: verified by a government-issued ID
- Address where keg will be consumed
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit: not required
- Provisions specifically address disposable kegs



## WASHINGTON

### State Profile and Underage Drinking Facts<sup>80</sup>

<b>State Population</b>		6,549,224	
<b>Population-Ages 12-20</b>		823,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	30.7		253,000
Past-Month Binge Alcohol Use	19.3		159,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	7.0		19,000
Past-Month Binge Alcohol Use	4.3		11,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	27.0		72,000
Past-Month Binge Alcohol Use	15.4		41,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	55.6		162,000
Past-Month Binge Alcohol Use	36.5		107,000

<sup>80</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		75
<b>Years of Potential Life Lost (under 21)</b>		4,490
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	25.0	19

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian presence and consent

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian presence and consent

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and youth cannot purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 18.

#### ***Type(s) of violation leading to driver’s license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

***Authority to impose driver's license sanction***

- Mandatory

***Length of suspension/revocation:***

- 365 days

**Graduated Driver's License**

***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 1 a.m.
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - First 6 months: no one under the age of 20 not in the immediate family
  - After 6 months: no more than 3 passengers under age of 20 not in immediate family
  - There is no primary enforcement of the passenger restriction rule

***License stage***

- Minimum age to lift restrictions: 17

**Laws Targeting Alcohol Suppliers**

**Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian (details not specified)

**Responsible Beverage Service**

***Mandatory beverage service training for managers, servers:***

- Applies only to on-sale establishments
- Applies to both new and existing outlets

**Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 21

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

**Minimum Ages for On-Premises Sellers**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

### **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

### **Social Host Liability**

There is no social host liability.

*Notes: In Reynolds v. Hicks (1998) the court held that a social host who serves alcohol to a minor can be held liable for resulting harms to the minor who was served but is not liable for injuries caused by the minor to third parties.*

### **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: NEGLIGENCE—host must have known or should have known of the event's occurrence

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: None
- Shipping label statement: None

### **Keg Registration**

Keg definition: 4 gallons or more.

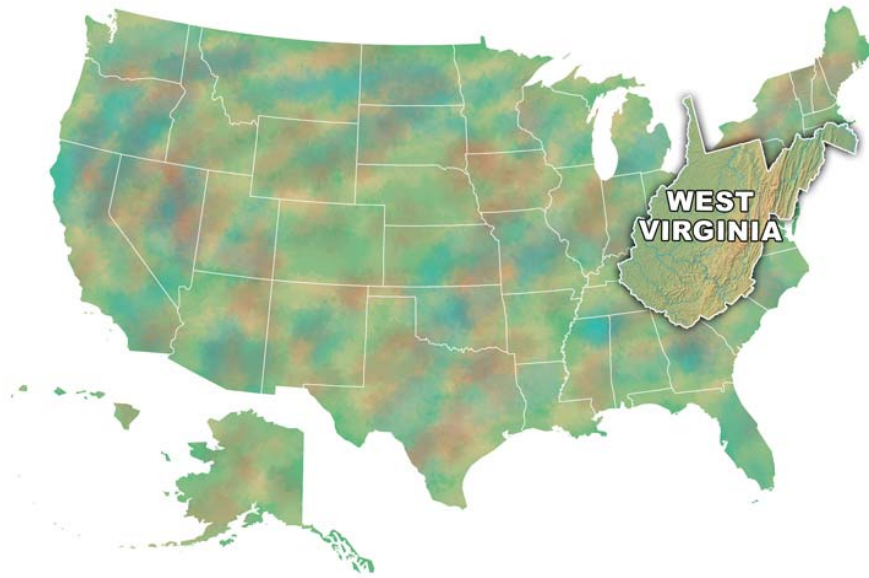
#### ***Prohibited***

- Possessing an unregistered, unlabeled keg—max. fine/jail: \$5000 or 1 year
- Destroying the label on a keg—max. fine/jail: \$5000 or 1 year

#### ***Purchaser information collected***

- Purchaser's name and address: verified by a government-issued ID
- Address where keg will be consumed
- Warning information to purchaser: active—purchaser action required (e.g., signature)
- Deposit: not required
- Provisions do not specifically address disposable kegs

*Note: Under a special endorsement from the liquor control board, a grocery store licensee may sell malt liquor in containers no larger than five and one-half gallons. Research revealed no similar container size restriction imposed on other licensees.*



## WEST VIRGINIA

### State Profile and Underage Drinking Facts<sup>81</sup>

<b>State Population</b>		1,814,468	
<b>Population-Ages 12-20</b>		210,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	26.8		56,000
Past-Month Binge Alcohol Use	18.6		39,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	6.9		5,000
Past-Month Binge Alcohol Use	3.5		2,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	23.7		16,000
Past-Month Binge Alcohol Use	15.4		10,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	48.0		36,000
Past-Month Binge Alcohol Use	35.2		26,000

<sup>81</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		32
<b>Years of Potential Life Lost (under 21)</b>		1,904
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	29.0	14

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

### **Underage Possession of Alcohol**

Possession is prohibited—no explicit exceptions noted in the law.

### **Underage Consumption of Alcohol**

Consumption is prohibited—no explicit exceptions noted in the law.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through an administrative procedure

#### ***Provisions targeting retailers***

- State provides incentives to retailers who use electronic scanners that read birth dates and other information digitally encoded on valid identification cards
- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- General affirmative defense: the retailer came to a good faith or reasonable decision that the purchaser was 21 years or older; inspection of an identification card not required

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
  - BAC at or above the limit is *per se* (conclusive) evidence of a violation
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

No Use/Lose law.



## **Graduated Driver's License**

### ***Learner stage***

- Minimum entry age: 15
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement:
  - None with driver education
  - 30 hours without driver education

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 11 p.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than 3 unrelated passengers under 19
  - Primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 17

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse

*Note: West Virginia's exception allows relatives by blood or marriage to furnish alcohol to minors.*

### **Responsible Beverage Service**

No beverage service training requirement.

### **Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

Condition(s) that must be met in order for an underage person to sell alcoholic beverages:

- Manager/supervisor is present

### **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

### **Social Host Liability**

There is no social host liability.

### **Host Party Laws**

No State-imposed liability for hosting underage drinking parties.

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: Common carrier must verify age of recipient
- State approval/permit requirements:
  - Producer/shipper must obtain State permit
  - State must approve common carrier
- Reporting requirements: Producer and common carrier must record/report purchaser's name
- Shipping label statement:
  - Contains alcohol
  - Recipient must be 21

### **Keg Registration**

Registration is not required.



## WISCONSIN

### State Profile and Underage Drinking Facts<sup>82</sup>

<b>State Population</b>	5,627,967	
<b>Population-Ages 12-20</b>	721,000	
	<b>Percentage</b>	<b>Number</b>
<b>Ages 12-20</b>		
Past-Month Alcohol Use	33.8	243,000
Past-Month Binge Alcohol Use	24.0	173,000
<b>Ages 12-14</b>		
Past-Month Alcohol Use	7.2	16,000
Past-Month Binge Alcohol Use	3.3	7,000
<b>Ages 15-17</b>		
Past-Month Alcohol Use	30.6	74,000
Past-Month Binge Alcohol Use	19.8	48,000
<b>Ages 18-20</b>		
Past-Month Alcohol Use	60.0	153,000
Past-Month Binge Alcohol Use	46.1	118,000

<sup>82</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		85
<b>Years of Potential Life Lost (under 21)</b>		5,078
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	25.0	29

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian presence and consent OR
- Spouse

### **Underage Consumption of Alcohol**

Consumption is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian presence and consent OR
- Spouse

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited and there is NO ALLOWANCE for youth purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- Penalty may include driver’s license suspension through a judicial procedure

#### ***Provision(s) targeting suppliers***

- It is a criminal offense to lend, transfer, or sell a false ID
- It is a criminal offense to manufacture or distribute a false ID

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Retailers are permitted to seize apparently false IDs
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.00
  - Any detectable alcohol in the blood is *per se* (conclusive) evidence of a violation.
  - Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 21.

***Type(s) of violation leading to driver's license suspension, revocation, or denial:***

- Underage purchase
- Underage possession
- Underage consumption

***Authority to impose driver's license sanction***

- Discretionary

***Length of suspension/revocation***

- Minimum: 30 days
- Maximum: 90 days

**Graduated Driver's License**

***Learner stage***

- Minimum entry age: 15 years, 6 months
- Minimum learner stage period: 6 months
- Minimum supervised driving requirement: 30 hours—10 of which must be at night

***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 12 a.m.
  - Primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one person under 21 who is not an immediate family member or instructor
  - Primary enforcement of the passenger restriction rule

***License stage***

- Minimum age to lift restrictions: 16 years, 9 months

**Laws Targeting Alcohol Suppliers**

**Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse

**Responsible Beverage Service**

***Mandatory beverage service training for licensees, servers:***

- Applies to both on-sale and off-sale establishments
- Applies only to new outlets

**Minimum Ages for Off-Premises Sellers**

- Beer 18
- Wine 18
- Spirits 18

*Note: No person, including a member of the licensee's or permittee's immediate family, other than the licensee, permittee or agent may serve fermented malt or alcohol beverages unless he or she has an operator's license or is at least 18 years of age and is under the immediate supervision of the licensee, permittee, agent or a person holding an operator's license, who is on the premises at the time of the service. Thus, if an 18-year-old held an operator's license, he or she would not require immediate supervision by a manager or supervisor.*

### **Minimum Ages for On-Premises Sellers**

- Beer 18 for both servers and bartenders
- Wine 18 for both servers and bartenders
- Spirits 18 for both servers and bartenders

*Note: No person, including a member of the licensee's or permittee's immediate family, other than the licensee, permittee or agent may serve fermented malt or alcohol beverages unless he or she has an operator's license or is at least 18 years of age and is under the immediate supervision of the licensee, permittee, agent or a person holding an operator's license, who is on the premises at the time of the service. Thus, if an 18-year-old held an operator's license, he or she would not require immediate supervision by a manager or supervisor.*

### **Dram Shop Liability**

Statutory liability exists.

### **Social Host Liability**

Statutory liability exists.

### **Host Party Laws**

Social host law is not specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence
- Preventive action by the host negates the violation

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit
- Reporting requirements: Producer must record/report purchaser's name
- Shipping label statement: Recipient must be 21

### **Keg Registration**

Registration is not required.



## WYOMING

### State Profile and Underage Drinking Facts<sup>83</sup>

<b>State Population</b>		532,668	
<b>Population-Ages 12-20</b>		65,000	
	<b>Percentage</b>		<b>Number</b>
<b>Ages 12-20</b>			
Past-Month Alcohol Use	33.5		22,000
Past-Month Binge Alcohol Use	24.1		16,000
<b>Ages 12-14</b>			
Past-Month Alcohol Use	8.1		2,000
Past-Month Binge Alcohol Use	3.9		1,000
<b>Ages 15-17</b>			
Past-Month Alcohol Use	32.0		7,000
Past-Month Binge Alcohol Use	22.4		5,000
<b>Ages 18-20</b>			
Past-Month Alcohol Use	57.7		13,000
Past-Month Binge Alcohol Use	43.8		10,000

<sup>83</sup> Overall population information is taken from 2008 population estimates based on 2000 Census data. Data about the portion of each State's population comprised of 12- to 20-year-olds is averaged from 2005, 2006, 2007, and 2008 NSDUHs (SAMHSA, CBHSQ, NSDUH, special data analysis, 2009), as are facts about past-month alcohol use and binge use. Additional references for data in this section can be found in Appendix C.

<b>Alcohol-Attributable Deaths (under 21)</b>		11
<b>Years of Potential Life Lost (under 21)</b>		679
<b>Traffic Fatalities, 15- to 20-Year-Old Drivers With BAC &gt;.01</b>	40.0	9

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

### **Underage Possession of Alcohol**

Possession is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Private location OR
- Parent/guardian presence

### **Underage Consumption of Alcohol**

Consumption is not explicitly prohibited.

### **Internal Possession by Minors**

Internal possession is not explicitly prohibited.

### **Underage Purchase of Alcohol**

Purchase is prohibited, but youth may purchase for law enforcement purposes.

### **False Identification for Obtaining Alcohol**

#### ***Provision(s) targeting minors***

- Use of a false ID to obtain alcohol is a criminal offense
- No driver's license suspension procedure

#### ***Provisions targeting retailers***

- Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older
- Specific affirmative defense: the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid

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

### **BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)**

- BAC limit: 0.02
- BAC at or above the limit is *per se* (conclusive) evidence of a violation
- Applies to drivers under age 21

### **Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)**

Use/lose penalties apply to minors under age 19.

Type(s) of violation leading to driver's license suspension, revocation, or denial:

- Underage possession

#### ***Authority to impose driver's license sanction***

- Mandatory

#### ***Length of suspension/revocation:***

- 90 days



## **Graduated Driver’s License**

### ***Learner stage***

- Minimum entry age: 15
- Minimum supervised driving requirement: 50 hours—10 of which must be at night

### ***Intermediate stage***

- Minimum age: 16
- Unsupervised night driving:
  - Prohibited after 11 p.m.
  - There is no primary enforcement of the night driving rule
- Passenger restrictions exist:
  - No more than one unrelated passenger under 18, unless accompanied by another driver at least 18
  - There is no primary enforcement of the passenger restriction rule

### ***License stage***

- Minimum age to lift restrictions: 16 years, 6 months

## **Laws Targeting Alcohol Suppliers**

### **Furnishing of Alcohol to Minors**

Furnishing is prohibited WITH THE FOLLOWING EXCEPTION(S):

- Parent/guardian OR
- Spouse

*Note: Wyoming’s exception allows members of the minor’s “immediate family” to furnish alcohol.*

### **Responsible Beverage Service**

#### ***Voluntary beverage service training:***

- Applies to both on-sale and off-sale establishments
- The law does not specify new or existing outlets

#### **Minimum Ages for Off-Premises Sellers**

- Beer 21
- Wine 21
- Spirits 21

#### **Minimum Ages for On-Premises Sellers**

- Beer 18 for servers and 21 for bartenders
- Wine 18 for servers and 21 for bartenders
- Spirits 18 for servers and 21 for bartenders

### **Dram Shop Liability**

There is no statutory liability. The courts recognize common law dram shop liability.

## **Social Host Liability**

There is no statutory liability. The courts recognize common law social host liability.

## **Host Party Laws**

Social host law is specifically limited to underage drinking parties:

- Action by underage guest that triggers violation: possession, consumption
- Property type(s) covered by liability law: residence, outdoor, other
- Standard for hosts' knowledge or action regarding the party: KNOWLEDGE—host must have actual knowledge of the occurrence

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

Direct sales/shipments from producers to consumers are permitted for wine with the following restrictions:

- Age verification requirements: None
- State approval/permit requirements: Producer/shipper must obtain State permit; State must approve common carrier
- Reporting requirements: None
- Shipping label statement: Contains alcohol

## **Keg Registration**

Keg definition: not less than 7 gallons.

### ***Prohibited***

- Destroying the label on a keg—max. fine/jail: \$500

### ***Purchaser information collected***

- Verified age by a government-issued ID
- Warning information to purchaser: passive—no purchaser action required
- Deposit: not required
- Provisions do not specifically address disposable kegs

# APPENDICES

# APPENDIX A: SURVEYS

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

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

## **National Survey on Drug Use and Health (NSDUH)**

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

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

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

### **Monitoring the Future (MTF) Study**

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

### **Youth Risk Behavior Survey (YRBS)**

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

## **Additional Surveys**

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

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

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

## **Association vs. Causation**

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

## **Additional Methodological Caveats**

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

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

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

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

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

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

## **Web Sites for Data on Underage Drinking**

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

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



# APPENDIX B: DEFINITIONS OF VARIABLES

## Underage Possession

### **1. Conduct Is Prohibited**

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

### **2. Exceptions Related to Parents/Guardians**

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

### **3. Location Limits to Exceptions**

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

### **4. Exceptions for Married Minors**

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

## Underage Consumption

### **1. Conduct Is Prohibited**

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

#### ***Exceptions related to parents/guardians***

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

#### ***Location limits to exceptions***

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

#### ***Exceptions for married minors***

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

## Internal Possession by Minors

### **1. Conduct Is Prohibited**

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

### **2. Exceptions Related to Parents/Guardians**

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

### **3. Location Limits to Exceptions**

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

## Underage Purchase and Attempted Purchase

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

### **Purchase Prohibited**

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

### **Exemption: Youth May Purchase for Law Enforcement Purposes**

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

## False Identification

### **1. Provisions That Target Minors**

#### ***Use of false id prohibited***

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

#### ***License suspension***

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

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

## **2. Provisions That Target Suppliers**

### ***Lend/transfer/sell***

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

### ***Produce***

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

## **3. Retailer Support Provisions**

### ***Scanner***

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

### ***Distinctive licenses***

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

### ***Seizure of an identification document***

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

### ***Affirmative defense***

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

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

### ***Right to sue minor***

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

### ***Detention of minor***

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

## Youth Blood Alcohol Concentration Limits

### **1. BAC Limit**

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

## Loss of Driving Privileges for Alcohol Violations by Minors

### **1. Type of Violations Leading to License Suspension or Revocation**

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

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

### **2. Upper Age Limit**

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

### **3. Authority To Impose License Sanction**

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

### **4. Length of Suspension/Revocation**

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

## Graduated Driver's Licenses

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

### **1. Learner Stage**

#### ***Minimum entry age***

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

#### ***Minimum mandatory holding period***

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

#### ***Minimum supervised driving***

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

## **2. Intermediate Stage**

### ***Minimum age***

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

### ***Unsupervised night driving prohibited***

The starting hour at which adult supervision is required.

### ***Primary enforcement of night driving restrictions***

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

### ***Passenger restrictions***

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

### ***Primary enforcement of passenger restrictions***

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

## **3. License Stage**

### ***Minimum age to lift restrictions***

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

## **Furnishing of Alcohol to Minors**

### **1. Prohibition Against Furnishing of Alcoholic Beverages to Minors**

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

#### ***Parent, guardian, or spouse exception***

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

#### ***Location limits to exceptions***

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

### **2. Affirmative Defense for Sellers and Licensees**

#### ***Minor not charged***

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

## Responsible Beverage Service

### **1. Law Type**

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

### **2. Mandatory States: Training Required**

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

### **3. Voluntary States**

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

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

### **4. Application of RBS Training**

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

## Minimum Ages for On-Premises Servers and Bartenders

### **1. Minimum Ages**

#### *To serve*

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

#### *To bartend*

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

### **2. Manager or Supervisor Must Be Present**

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

## Minimum Ages for Off-Premises Sellers

### **1. Minimum Age to Sell**

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

### **2. Manager or Supervisor Must Be Present**

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

## Dram Shop Liability

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

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

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

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

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

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

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

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

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

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

### Social Host Liability

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

Common law liability assumes the following procedural and substantive rules:

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

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

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

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

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

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



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

## Hosting Underage Drinking Parties

### **1. Statutes Specific to Underage Parties or General Statutes**

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

### **2. Action by Underage Guests**

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

### **3. Property Type**

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

### **4. Knowledge Standard**

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

### **5. Preventive Action Negates Violation**

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

### **6. Exceptions to Underage Guest Requirement**

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

## Direct Sales/Shipment

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

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

### **2. Age Verification Requirements**

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

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

### **3. State Approval/Permit Requirements**

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

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

### **4. Recording/Reporting Requirements**

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

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

### **5. Shipping Label Requirements**

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

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

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

## Keg Registration

### **1. Definition of a Keg**

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

### **2. Prohibited**

Some States stipulate that a person may not:

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

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

### **3. Purchaser Information Collected**

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

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

### **4. Warning Information to Purchaser**

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

### **5. Deposit Required by Statute or Regulation**

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

### **6. Disposable Kegs**

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

## APPENDIX C: STATE REPORT CITATIONS

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

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

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

Legal references for the following four policies are listed below:

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

## **Graduated Driver's Licenses**

### **Alabama**

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

### **Alaska**

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

### **Arizona**

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

### **Arkansas**

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

### **California**

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

### **Colorado**

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

### **Connecticut**

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

### **Delaware**

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

### **District of Columbia**

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

### **Florida**

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

### **Georgia**

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

### **Hawaii**

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

**Idaho**

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

**Illinois**

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

**Indiana**

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

**Iowa**

Iowa Code § 321.180B.

**Kansas**

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

**Kentucky**

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

**Louisiana**

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

**Maine**

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

**Maryland**

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

**Massachusetts**

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

**Michigan**

Mich. Comp. Laws § 257.310e .

**Minnesota**

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

**Mississippi**

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

**Missouri**

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

**Montana**

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

**Nebraska**

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

**Nevada**

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

**New Hampshire**

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

**New Jersey**

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

**New Mexico**

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

**New York**

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

**North Carolina**

N.C. Gen. Stat. § 20-11.

**North Dakota**

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

**Ohio**

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

**Oklahoma**

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

**Oregon**

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

**Pennsylvania**

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

**Rhode Island**

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

**South Carolina**

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

**South Dakota**

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

**Tennessee**

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

**Texas**

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

**Utah**

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

**Vermont**

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

**Virginia**

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

**Washington**

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



## **West Virginia**

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

## **Wisconsin**

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

## **Wyoming**

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

## **Dram Shop Liability**

### **Alabama**

AL Stat. § 6-5-71

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

### **Alaska**

AK Stat. § 04.21.020 (a)(1)

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

### **Arizona**

AZ Rev Stat 4-311

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

### **Arkansas**

Ark. Code 16-126-103

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

### **California**

Cal. Bus & Prof. Code 25602.1

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

### **Colorado**

COLO. REV. STAT. § 12-47-801

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

## **Connecticut**

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

## **Delaware**

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

## **District of Columbia**

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

## **Florida**

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

## **Georgia**

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

## **Hawaii**

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

## **Idaho**

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

## **Illinois**

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

## **Indiana**

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

## **Iowa**

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

## **Kansas**

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

## **Kentucky**

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

**Louisiana**

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

**Maine**

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

**Maryland**

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

**Massachusetts**

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

**Michigan**

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

**Minnesota**

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

**Mississippi**

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

**Missouri**

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

**Montana**

Mont. Code Ann. § 27-1-710 (2008).

**Nebraska**

Neb Rev. Stat. § 53-404(1) (2007).

**Nevada**

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

**New Hampshire**

N.H. Rev. Stat. § 507-F (2009).

## **New Jersey**

N.J. Rev. Stat. § 2A:22A-5 (2009).

## **New Mexico**

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

## **New York**

N.Y. Gen. Oblig. Law § 11-100.

## **North Carolina**

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

## **North Dakota**

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

## **Ohio**

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

## **Oklahoma**

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

## **Oregon**

Or. Rev. Stat. § 471.567(1) (2009).

## **Pennsylvania**

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

## **Rhode Island**

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

## **South Carolina**

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

## **South Dakota**

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

## **Tennessee**

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

## **Texas**

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

## **Utah**

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

## **Vermont**

Vt. Stat. Ann. Tit. 7 § 501 (2009).

## **Virginia**

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

## **Washington**

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

## **West Virginia**

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

## **Wisconsin**

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

## **Wyoming**

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

## Social Host Liability

### Alabama

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

### Alaska

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

### Arizona

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

### Arkansas

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

### California

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

### Colorado

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

### Connecticut

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

### Delaware

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

### District of Columbia

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

### Florida

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

### Georgia

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

## **Hawaii**

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

## **Idaho**

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

## **Illinois**

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

## **Indiana**

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

## **Iowa**

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

## **Kansas**

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

## **Kentucky**

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

## **Louisiana**

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

## **Maine**

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

## **Maryland**

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

## **Massachusetts**

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

## **Michigan**

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

**Minnesota**

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

**Mississippi**

No Citations.

**Missouri**

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

**Montana**

Mont. Code Ann. § 27-1-710 (2008).

**Nebraska**

Neb. Rev. Stat. § 53-404(3) (2007).

**Nevada**

No Citations.

**New Hampshire**

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

**New Jersey**

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

**New Mexico**

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

**New York**

N.Y. Gen. Oblig. Law § 11-100.

**North Carolina**

No citations.

**North Dakota**

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

**Ohio**

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



## **Oklahoma**

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

## **Oregon**

Or. Rev. Stat. § 471.567(1) (2009).

## **Pennsylvania**

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

## **Rhode Island**

No citations.

## **South Carolina**

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

## **South Dakota**

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

## **Tennessee**

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

## **Texas**

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

## **Utah**

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

## **Vermont**

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

## **Virginia**

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

## **Washington**

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

## **West Virginia**

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

**Wisconsin**

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

**Wyoming**

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

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

Ala. Code § 28-1-4.

**Alaska**

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

**Arizona**

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

**Arkansas**

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

**California**

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

**Colorado**

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

**Connecticut**

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

**Delaware**

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

**District of Columbia**

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

## **Florida**

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

## **Georgia**

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

## **Hawaii**

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

## **Idaho**

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

## **Illinois**

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

## **Indiana**

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

## **Iowa**

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

## **Kansas**

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

## **Kentucky**

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

## **Louisiana**

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

## **Maine**

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

## **Maryland**

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

## **Massachusetts**

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

## **Michigan**

Mich. Stat. Ann. § 436.1203.

## **Minnesota**

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

## **Mississippi**

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

## **Missouri**

Mo. Rev. Stat. § 311.185.

## **Montana**

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

## **Nebraska**

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

## **Nevada**

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

## **New Hampshire**

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

## **New Jersey**

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

## **New Mexico**

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

## **New York**

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

## **North Carolina**

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

## **North Dakota**

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

## **Ohio**

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

## **Oklahoma**

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

## **Oregon**

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

## **Pennsylvania**

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

## **Rhode Island**

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

## **South Carolina**

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

## **South Dakota**

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

## **Tennessee**

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

## **Texas**

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

## **Utah**

Utah Code Ann. § 32A-12-201.

## **Vermont**

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

## **Virginia**

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

## **Washington**

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

**West Virginia**

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

**Wisconsin**

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

**Wyoming**

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

## APPENDIX D: ICCPUD MEMBERS

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

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

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

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

**Michael L. Brown**

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

**Janet Collins, Ph.D.**

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

**Wilson Compton, M.D.**

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

**David Harris, Ph.D.**

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

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

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

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

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

**Warren E. Lockette, M.D.**

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

**John Manfreda, J.D.**

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

**David K. Mineta, M.S.W.**

Deputy Director of Demand Reduction  
Office of National Drug Control Policy

**Jessica Rich, J.D.**

Deputy Director  
Bureau of Consumer Protection  
Federal Trade Commission

**Bryan Samuels**

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

**Jeff Slowikowski**

Acting Administrator  
Office of Juvenile Justice and Delinquency  
Prevention  
U.S. Department of Justice



**Kenneth R. Warren, Ph.D.**

Acting Director

National Institute on Alcohol Abuse and  
Alcoholism

National Institutes of Health

U.S. Department of Health and Human  
Services

**Rose L. Weahkee, Ph.D.**

Director, Division of Behavioral Health

Office of Clinical and Preventative Services

Indian Health Service

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

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

## GOALS OF THE SURGEON GENERAL'S CALL TO ACTION

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

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

## STRATEGIES OF THE SURGEON GENERAL'S CALL TO ACTION

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

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

#### **For Parents and Other Caregivers**

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

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

### **For Colleges and Universities**

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

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

### **For Communities**

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

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

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

### **For the Criminal and Juvenile Justice Systems and Law Enforcement**

The justice system and law enforcement<sup>85</sup> can:

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

### **For the Alcohol Industry**

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

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

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

### **For the Entertainment and Media Industries**

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

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

### **For Governments and Policymakers**

Governments and policymakers can:

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

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

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

#### *For parents and other caregivers*

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

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

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

### Parental monitoring

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

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

### Factors that increase risk

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

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

### An ongoing dialog

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

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

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

### ***For Schools***

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

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

### ***For Colleges and Universities***

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

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



- Provide appealing, alcohol-free locations (e.g., coffeehouses and food courts) where students can gather with their friends to socialize or study.
- Expand opportunities for students to make spontaneous social choices that do not include alcohol (e.g., by providing frequent alcohol-free late-night events, extending hours of student center and athletics facilities, and increasing public service opportunities).
- Offer alcohol-free dormitories<sup>87</sup> that promote healthy lifestyles.
- Provide easy access to information about alcohol's effects, the risks of using alcohol, and the school's alcohol policies.
- Provide referral and facilitate access to brief motivational counseling and treatment for alcohol and mental health problems as appropriate.

### ***For Communities***

Communities can:

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

### ***For the Criminal and Juvenile Justice Systems and Law Enforcement:***

The justice system and law enforcement can:

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

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

### ***For Parents and Other Caregivers***

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

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

### **For Schools**

Schools can:

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

### ***For Colleges and Universities***

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

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

### ***For Communities***

Communities can:

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

### ***For the Criminal and Juvenile Justice Systems and Law Enforcement***

The justice system and law enforcement can:

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

### ***For the Health Care System***

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

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

### **Strategy 3: Raise the Cost of Underage Alcohol Use**

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

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

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

#### ***For Communities***

Communities can:

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

### ***For the Criminal and Juvenile Justice Systems and Law Enforcement***

The justice system and law enforcement can:

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

### ***For Governments and Policymakers***

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

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

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

### **For Parents and Other Caregivers**

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

### **For Schools**

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

### **For Communities**

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

### **For the Health Care System**

Health care practitioners can:

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

### **For the Criminal and Juvenile Justice Systems and Law Enforcement**

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

### **For Governments and Policymakers**

Governments and policymakers can:

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

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

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

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

##### **For Researchers**

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

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

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

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

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

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

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

### **For Parents and Other Caregivers**

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

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



### **For Schools**

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

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

### **For Colleges**

Colleges can:

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

### **For Communities**

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

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

### **For the Criminal and Juvenile Justice Systems and Law Enforcement**

The justice system and law enforcement can:

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

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

### **For Professional Health Care Associations**

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

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

### **For Governments and Policymakers**

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

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

# APPENDIX F: DSM-IV-TR DIAGNOSTIC CRITERIA FOR ALCOHOL ABUSE AND DEPENDENCE<sup>89</sup>

## ALCOHOL ABUSE

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

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

(B) Never met criteria for alcohol dependence.

## ALCOHOL DEPENDENCE

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

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

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

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

# APPENDIX G: ABBREVIATIONS AND ACRONYMS

## FEDERAL DEPARTMENTS AND AGENCIES

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

## FEDERAL PROGRAMS AND AGENCIES

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

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

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

## APPENDIX H: REFERENCES

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