

2023

STATE PERFORMANCE & BEST PRACTICES FOR THE PREVENTION AND REDUCTION OF UNDERAGE DRINKING REPORT

ICCPUD

The Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)

ICCPUD

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2023

This *State Performance & Best Practices for the Prevention and Reduction of Underage Drinking Report (SPBP)* is required by the Sober Truth on Preventing (STOP) Underage Drinking Act (Pub. L. 109-422), which was enacted by Congress in 2006 and reauthorized in December 2022 as part of the Consolidated Appropriations Act, 2023 (Pub. L. 117-328). The STOP Act directs the Secretary of the Department of Health and Human Services, working with the Interagency Coordinating Committee on the Prevention of Underage Drinking, chaired by the Assistant Secretary for Mental Health and Substance Use, U.S. Department of Health and Human Services, to develop a set of performance measures for evaluating the states' use of best practices in preventing underage drinking.

To meet this requirement, the *SPBP Report* provides an overview of the STOP Act and the multifaceted effort to address the problem of underage drinking through prevention, intervention, treatment, recovery, enforcement, and research; describes identification, evaluation, and implementation of evidence-based practices; and reviews evidence-based and promising policies, programs, and practices to prevent and reduce underage drinking. Further, it summarizes state and District of Columbia responses to an annual survey about underage drinking enforcement practices, prevention programs, and expenditures. Finally, it includes state and national data on alcohol-related outcomes for nine performance measures.

Time period covered by the 2023 SPBP Report: State legal data reflect the status of the law as of January 1, 2022. State survey data, collected in 2022, were drawn from the most recent 12-month period in which the states maintained the data. Data presented in the nine performance measures were drawn from the Substance Abuse and Mental Health Administration's National Survey on Drug Use and Health estimates for 2021, and from 2021 data from the National Highway Traffic Safety Administration's Fatality Analysis Reporting System.

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Chapter 1

Introduction

CHAPTER 1: INTRODUCTION

The harmful consequences of underage drinking are widespread and affect individuals under age 21 as well as their families and their communities. The role of the states in preventing underage drinking is critical, particularly as regulators of the alcohol market. State legislatures adopt laws that directly or indirectly regulate underage alcohol use and availability, including those directed at the use of false identification, drivers' licenses for young people, and adult responsibility for underage access. Enforcement of underage drinking laws and regulations takes place at the state and local levels. State substance misuse agencies develop and support prevention, intervention, treatment, and recovery programs and activities in communities and schools. In many states and jurisdictions, public health agencies are involved in monitoring alcohol and drug use and are helping design and evaluate effective community-based prevention strategies as well.

Congress recognized the essential function that states play in the national efforts to reduce underage drinking when it enacted the Sober Truth on Preventing (STOP) Underage Drinking Act (Pub. L. 109-422) in 2006 and reauthorized the Act in December 2016 as part of the 21st Century Cures Act (Pub. L. 114-255) and the Consolidated Appropriations Act, 2023 (Pub. L. 117-328), as codified into law under 42 USC 290bb-25b: Programs to reduce underage drinking. The Act's 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.

The STOP Act states the need for a “multi-faceted effort” and a “coordinated approach” to addressing underage drinking. The key activities of prevention, intervention, treatment, recovery, enforcement, and research, and are reliant on multiple entities for execution (Exhibit 1.1).

This document—*State Performance & Best Practices for the Prevention and Reduction of Underage Drinking Report (SPBP Report)*—is intended to provide guidance to decision-makers about how to identify and select the intervention(s) that will best serve their state or community, as required by the STOP Act.¹ The STOP Act also requires the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) to include in the report measures of states' use of best practices in preventing and reducing underage drinking.

In determining “best practices” to be included in the *SPBP Report*, ICCPUD sought to identify evidence-based policies, programs, and practices that are effective in preventing or reducing underage alcohol use. In so doing, ICCPUD relied upon the expertise of its members and upon reports and recommendations by the Centers for Disease Control and Prevention (CDC), Office of the Surgeon General (OSG), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the Community Preventive Services Task Force, among others. ICCPUD's review of best

¹ The material in this report is not intended as legal advice and is not a substitute for the services of a practicing attorney. Those in need of information about the application of law to their circumstances are encouraged to consult a qualified attorney.

practices is an ongoing process of evaluating and assessing the strength and quality of evidence for policies, programs, and practices directed at preventing and reducing underage drinking.

Exhibit 1.1: STOP Act Multifaceted Approach to the Prevention and Reduction of Underage Drinking



Chapter 2 of this document describes evidence-based policies, programs, and practices with varying levels of effectiveness for underage drinking prevention; enforcement of laws regulating access to alcohol; interventions (e.g., screening for alcohol use); and treatments. Chapter 3 presents a summary and analysis of the 2022 STOP Act *Survey of State Underage Drinking Prevention Policies, Programs, and Practices*, including states' responses to questions about their enforcement and prevention activities, collaboration and best practices, participation in media campaigns, and expenditures on preventing and reducing underage drinking. Finally, Chapter 4 provides charts showing state performance as measured by federal data for nine key areas related to underage alcohol use: (1) any past-month alcohol use; (2) past-month binge alcohol use; (3) perception of risk of excessive alcohol use; (4) prevalence of alcohol use disorder; (5) receipt of treatment for alcohol use disorder; (6) traffic crash fatalities involving underage drivers with a blood alcohol concentration (BAC) greater than zero; (7) participation in alcohol, tobacco, or drug prevention programs outside of school; (8) seeing drug or alcohol prevention messages in school; and (9) average age of initiation of alcohol use.

The STOP Act

Section 2 of the STOP Act directs the Secretary of the Department of Health and Human Services (HHS), working with ICCPUD, to develop a set of performance measures for evaluating the states' use of best practices in preventing and reducing underage drinking (42 USC 290bb-25b(c)(2)).²

“(I) Whether or not the State has comprehensive anti-underage drinking laws such as for the illegal sale, purchase, attempt to purchase, consumption, or possession of alcohol; illegal use of fraudulent ID; illegal furnishing or obtaining of alcohol for an individual under 21 years; the degree of strictness of the penalties for such offenses; and the prevalence of the enforcement of each of these infractions.

“(II) Whether or not the State has comprehensive liability statutes pertaining to underage access to alcohol such as dram shop, social host, and house party laws, and the prevalence of enforcement of each of these laws.

“(III) Whether or not the State encourages and conducts comprehensive enforcement efforts to prevent underage access to alcohol at retail outlets, such as random compliance checks and shoulder tap programs, and the number of compliance checks within alcohol retail outlets measured against the number of total alcohol retail outlets in each State, and the result of such checks.

“(IV) Whether or not the State encourages training on the proper selling and serving of alcohol for all sellers and servers of alcohol as a condition of employment.

“(V) Whether or not the State has policies and regulations with regard to direct sales to consumers and home delivery of alcoholic beverages.

“(VI) Whether or not the State has programs or laws to deter adults from purchasing alcohol for minors; and the number of adults targeted by these programs.

“(VII) Whether or not the State has enacted graduated drivers licenses and the extent of those provisions.

“(VIII) Whether or not the State has adopted any other policies consistent with evidence-based practices related to the prevention of underage alcohol use, which may include any such practices described in relevant reports issued by the Surgeon General and practices related to youth exposure to alcohol-related products and information.

“(IX) A description of the degree to which the practices of local jurisdictions within the State vary from one another.”

To meet this requirement, the *SPBP Report* describes policies that are deemed known or potential best practices and provides a summary of the current status of adoption of these policies across the states. Further, it summarizes state and District of Columbia (hereinafter collectively referred to as “the states”) responses to an annual survey about underage drinking prevention programs, media campaigns, collaborations and best practices, and enforcement practices.

² The text that follows reflects changes made to the STOP Act when reauthorized by the Consolidated Appropriations Act of 2023 (Pub. L.117-328).

The STOP Act also requires an annual report on each state’s performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking.³ To meet this requirement, a report has been created for each of the states; the *2023 State Reports – Underage Drinking Prevention and Enforcement (2023 State Reports)* are available at stopalcoholabuse.gov. These reports are reviewed and approved by each state’s Single State Agency (SSA) representative. The report on each state’s annual survey responses is contained within the *State Report* and was reviewed and approved by each state’s Governor’s appointee.

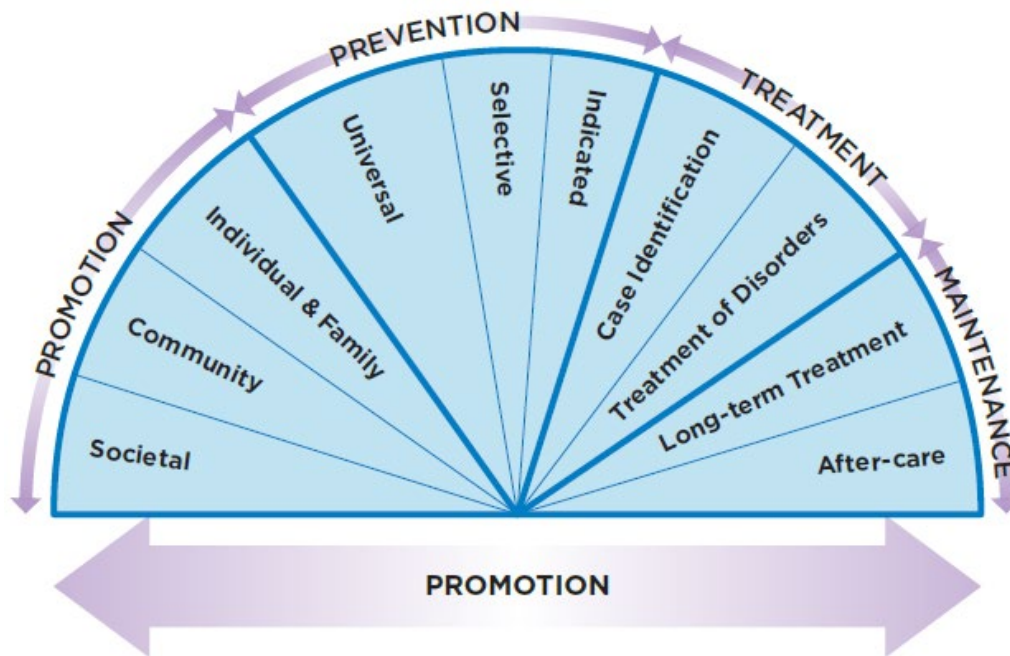
The *SPBP Report* is intended to place the 51 individual *State Reports* in a national context.

Prevention and the Continuum of Care

The provisions of the STOP Act are consistent with a public health approach to preventing and reducing substance use disorders, which can be viewed as biopsychosocial conditions influenced by various social determinants of health. A public health approach mainly focuses on primary prevention but also addresses the full prevention continuum focused on the preventing and reducing the overall impact of substance use and misuse within communities. People with substance use disorders can be identified and treated early on, with support provided throughout treatment and recovery. The involvement of families, caregivers, the community, and other stakeholders is expected and supported. Prevention, early intervention, treatment, continuing care, and recovery are expected to occur in partnership with other disciplines, such as mental health services, social services, and the primary care system. Data are used to evaluate and monitor problems, measure program progress and successes, and engage in ongoing improvement. This approach fits within a broader continuum of care model. Formulated by the Institute of Medicine (IOM; now referred to as the National Academies, Sciences, Engineering, and Medicine), the continuum of care model (Exhibit 1.2) was an integrated system of care intended to guide and track patients over time through a comprehensive array of health services covering varying levels of intensity (Evashwick, 1989). As a public health template for behavioral health issues, this model encompasses the following elements (Institute of Medicine [US] Committee on Prevention of Mental Disorders, 1994; National Research et al., 2004; Substance Abuse and Mental Health Services Administration [SAMHSA], 2018):

- **Promotional** strategies to (1) create conditions supportive of behavioral health (which includes mental health and substance use conditions, life stressors and crises, stress-related physical symptoms, and health behaviors); and (2) reinforce the entire continuum of services for behavioral health;
- **Prevention** interventions to prevent or reduce the risk of developing a behavioral health problem (such as excessive alcohol use or an alcohol use disorder);
- **Treatment** services for those diagnosed with a substance use disorder or another disorder; and
- **Recovery** services designed to support individuals in recovery, helping them to live productive lives and to continue abstaining from substance use.

³ The STOP Act also requires the Secretary of HHS and ICCPUD to produce an annual Report to Congress on the Prevention and Reduction of Underage Drinking (RTC), which provides national data on underage drinking and describes federal prevention activities. The 2022 RTC is available at stopalcoholabuse.gov.

Exhibit 1.2: Continuum of Care for Health, Wellness, and Wellbeing

National Academies of Sciences, Engineering, and Medicine 2019. *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25201>.

Implicit in the description of a continuum is the understanding that some elements may overlap. For example, promotion and prevention strategies may share similar approaches (Council, 2009; National Academies of Sciences & Medicine, 2019; SAMHSA, 2018). Together, these elements are part of a comprehensive approach to preventing underage alcohol consumption. Further, prevention of underage drinking should be understood as influencing the risk of excessive alcohol use (e.g., binge drinking) and the development of substance use disorders throughout the lifespan. Because early initiation of alcohol use is associated with the development of an alcohol use disorder later in life, the use of effective prevention strategies for underage drinking can have a long-term effect on the entire continuum of care. Reductions in the care cycle timeline help reduce the economic cost of excessive alcohol use and related harms in the United States, which was estimated to be \$249 billion (\$2.05 per drink) in 2010 (Edwards et al., 2015; Flewelling et al., 2013; Hingson & Zha, 2009; Holder, 2002; Sacks et al., 2015).⁴

The drinking behavior of adults can have a substantial effect on the drinking behavior of youth (Fisher et al., 2007; Nelson et al., 2009; Nelson et al., 2005). Drinking by adults is strongly correlated with the drinking behavior of underage youth (e.g., high school students) living in the same state, and the drinking behavior of both youth and adults is strongly influenced by state

⁴ It is estimated that reducing alcohol use among youth ages 12–17 alone could result in an overall savings of \$52.9 billion annually. This estimate was derived from the product of (1) the number of high-school-aged youth ages 12–17 years old in 2016 (25.01 million) and (2) the per-participant benefit (from implementing effective nationwide prevention programming for school-aged children and youth) minus cost associated with alcohol use. The estimate was reduced by 25 percent to account for reduced intervention effectiveness as the implementation moves from demonstration to full implementation (Greenwood et al., 1996; Miller and Levy, 2000; Aos et al., 1999). Assumptions: Only savings from existing school-based programs are included in these estimates. Cost savings accrue over a multiyear period. Future costs were converted to present value using a 3 percent discount rate. Costs due to youth substance misuse decline at the same rate as the number of initiators.

alcohol control policies (Nelson et al., 2013; Xuan, Blanchette, et al., 2015). Xuan, et al. (2013) found that a 5 percent increase in binge drinking among adults in a community was associated with a 12 percent increase in the chance of underage drinking (Xuan et al., 2013).

Many of the most effective interventions for reducing drinking by those under 21 are universal interventions that also reduce drinking among adults (e.g., increasing alcohol taxes, regulating alcohol outlet density). Therefore, a comprehensive approach to preventing underage drinking that also emphasizes the prevention of excessive drinking by adults is likely to have the greatest impact on reducing underage drinking and related harms ("The Guide to Community Preventive Services" [The Community Guide]; SAMHSA, 2019).⁵

Identifying and Implementing Statewide Policies

Research indicates that effective prevention initiatives must be both multilevel (coordinating efforts among governments and agencies) and multifaceted (employing both environmental and individual-level approaches; Edwards et al., 2015; Flewelling et al., 2013; Holder, 2002). Prevention strategies must also be targeted strategically. The IOM describes three categories of prevention interventions: (1) universal (aimed at all members of a given population), (2) selective (aimed at a subgroup determined to be at high risk for substance use), and (3) indicated (targeted to individuals who are already using substances but have not developed a substance use disorder (National Research et al., 2004)). As noted in the 2016 Surgeon General's Report, *Facing Addiction in America: The General's Report on Alcohol, Drugs, and Health*, "...research has not yet been able to suggest an optimal mix" (SAMHSA [US] & Office of the Surgeon General [US], 2016).

As the Surgeon General's Report states, the process of choosing where to target a strategy is complex (Substance Abuse and Mental Health Services Administration [US] & Office of the Surgeon General [US], 2016):

Communities must choose from ...types of preventive interventions, but research has not yet been able to suggest an optimal mix. Communities may think it is best to direct services only to those with the highest risk and lowest protection or to those already misusing substances. However, a relatively high percentage of substance misuse-related problems come from people at lower risk, because they are a much larger group within the total population than are people at high-risk. This follows what is known as the Prevention Paradox: "a large number of people at a small risk may give rise to more cases of disease than the small number who are at a high risk." By this logic, providing prevention interventions to everyone (i.e., universal interventions) rather than only to those at highest risk is likely to have greater benefits.

Given these different factors, communities and governments wishing to address underage drinking are faced with multiple choices that require an understanding of the specific conditions of their community and what is feasible within the limits of their resources. An important first step in determining the appropriate policy, practice, or program to implement is conducting a capacity assessment (to identify and define strengths in the community) and a needs assessment (to identify gaps in current prevention activities). These assessments will help communities

⁵ Excessive alcohol use is defined by the Centers for Disease Control and Prevention (CDC) as including binge drinking, heavy drinking, any consumption of alcohol by pregnant women, or consumption by individuals under 21 (<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm>).

determine the specific factors that contribute to underage alcohol use, where the problem is occurring, what data are available to help identify the issue, and what resources and partnerships already exist that can be leveraged to address the issue.

Additional considerations must include whether specific interventions are culturally appropriate, especially when targeted toward diverse populations, or whether adaptations are necessary. Further, adaptations of an evidence-based intervention must be measured against preservation of the fidelity of the intervention; a strategy is only as effective as its implementation allows (HHS, 2016). Therefore, researchers stress that evaluation of the implementation process is a key component to putting any evidence-based strategies and programs into practice and that both ensuring fidelity and adaptation (when appropriate) are critical to the ultimate effectiveness of the program (Fixsen, 2005; SAMHSA [US] & OSG [US], 2016).

Implementation has been defined as a specified set of activities designed to put into practice an activity, policy, or program (Fixsen, 2005). Quite simply, effectiveness research looks at whether a practice works, implementation research looks at how best to help people or places conduct the practice, and implementation strategies are the approaches taken to help people achieve the practice (Curran, 2020). Implementation requires “deliberate and strategic efforts to facilitate collaboration, communication, and relationship-building among researchers, implementers, and policymakers” (Sturke et al., 2014). Similarly, sustainable implementation is supported by “a bi-directional model, where researchers work with, and learn from, people on the ground rather than coming to dictate what will be done” (Fogarty International Center, 2013). Recent studies support the idea that successful implementation in the behavioral health field involves collaborative efforts, such as learning collaboratives or communities, which bring together teams from different organizations with experts who provide technical assistance for implementation and measurement of outcomes. These studies also provide evidence that such multicomponent strategies are more effective at improving outcomes because process improvement is integrated with implementation (Gotham et al., 2022; Gotham et al., 2023).

Researchers have suggested guidelines for promoting state and national policies to implement transformative practices and programs that are particularly relevant to the best practices discussed in Chapter 2 of this document:

1. Policymakers and planners need to understand how to implement policies and guidelines that impact human services.
2. Governments need to invest in the development and use of implementation strategies and methods that are grounded in research and elaborated through accumulated experience.
3. Successful funding strategies are critical to implementation of well-defined practices and programs (Fagan et al., 2019; Fixsen, 2005).

A significant component of successful policy implementation is the capacity to enforce the policies once they are in effect. Enforcement encompasses all actions taken by public entities to increase compliance. Laws may or may not specify sanctions or enforcement practices. Further, a law’s success in changing behaviors may depend on the extent to which the policy is enforced.

Framework of State Performance and Best Practices

Many of the best practices described in the following chapters are environmental. That is, they seek to alter physical, economic, and social environments, which may be focused on entire populations or a subpopulation. The main mechanisms for environmental change include state

laws and local ordinances and their enforcement, institutional policies, and changing norms. In contrast, individual-level approaches include programs designed to impart knowledge, change attitudes and beliefs, or teach skills to youth and adults. The *State Reports* also describe many of the individual-level programs being used in each state.

Chapter 2

Policies, Programs, and Practices for Underage Drinking Prevention

CHAPTER 2: POLICIES, PROGRAMS, AND PRACTICES FOR UNDERAGE DRINKING PREVENTION

Introduction

This chapter addresses policies and practices (including programs and interventions) related to underage drinking prevention that have evidence or possible evidence supporting their efficacy.

The general concept of an evidence-based policy, program, or practice is clear: scientific evidence must support the proposed practice, 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 the practice must have a significant effect on the outcome(s) to be measured. A best practice, on the other hand, can be defined as “an intervention that has shown evidence of effectiveness in a particular setting and is likely to be replicable to other situations” (Ng & De Colombani, 2015). Such interventions are validated as evidence-based practices through documented scientific testing for efficacy. The gold standard of scientific evidence is the randomized controlled trial, but it is not always possible to conduct such trials, particularly in the policy arena. Many strong, widely used, quasi-experimental designs have produced and will continue to produce credible, valid, and reliable evidence—these should be relied on when randomized controlled trials are not possible.

It is also important to recognize that the science and evidence base for best practices continue to expand and change. One of the key principles of evaluating policy is the ongoing gathering of data on what works, under what circumstances, and at what cost. Accordingly, the recommended policies, programs, and practices for addressing underage drinking will also evolve over time. The Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) continues to identify evidence-based policies, programs, and practices in prevention, intervention, treatment, and enforcement.

This chapter describes ICCPUD’s current recommendations of evidence-based and promising (1) underage drinking **prevention** policies, (2) **enforcement** policies, (3) **intervention** best practices, and (4) principles for **treatment and recovery** best practices. In many cases, these recommendations draw from resources created by ICCPUD member agencies, including the National Institute on Alcoholism and Alcohol Abuse (NIAAA), the National Institute on Drug Abuse (NIDA), the Centers for Disease Control and Prevention (CDC), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Prevention Policies

This section provides details on underage drinking prevention policies that have been identified as evidence based or as promising practices appropriate for ongoing evaluation. These policies, for which there is mixed, promising, or strong evidence of effectiveness, fall into five categories: (1) underage possession or purchase of alcohol, (2) underage drinking and driving, (3) alcohol availability, (4) sales and delivery to consumers at home, and (5) alcohol pricing. Two more policies are discussed under “Enforcement Policies” below. Seventeen of these policies were included in the original Sober Truth on Preventing Underage Drinking (STOP) Act or in congressional report language. The remaining 10 policies were added by ICCPUD following input from various stakeholders and review of the relevant literature.

Each of the underage drinking prevention policies analyzed below was determined to be a best or potential best practice by ICCPUD. Additionally, the majority of these policies were identified as best practices by one or more of the following five sources:

1. Community Preventive Services Task Force (*Community Preventive Services Task Force, 2016*)
2. Office of the Surgeon General: *The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking* (OSG, 2007).
3. Institute of Medicine (IOM) (National Research Council & IOM, 2004)
4. NIAAA: *CollegeAIM: Alcohol Intervention Matrix* (NIAAA, n.d.)
5. Office of the Surgeon General: *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health* (SAMHSA [US] & Office of the Surgeon General [US], 2016)

The prevention policies are listed in Exhibit 2.1. An “X” indicates that a given policy is identified as a best practice by ICCPUD or by one of the five sources listed above.

Each policy summary describes the policy’s key components, the status of the policy across states, and trends over time. Research citations on each policy’s effectiveness for reducing underage drinking are included after each policy description.

Exhibit 2.1: Underage Drinking Prevention Policies—Best Practices

Source Identifying Policy as a Potential Best Practice						
Underage Drinking Prevention Policies	ICCPUD Determination Based on Input from Stakeholders and Literature Review	Community Preventive Services Task Force ⁶	Surgeon General’s Call to Action	IOM Report, <i>Reducing Underage Drinking: A Collective Responsibility</i>	CollegeAIM (Alcohol Intervention Matrix; NIAAA)	<i>Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health</i>
Policies addressing underage possession or purchase of alcohol						
Possession by underage person	X		X	X	X	
Consumption by underage person	X		X	X	X	
Internal possession by underage person	X					
Purchase or attempt to purchase alcohol by underage person	X		X	X	X	

⁶ The Community Preventive Services Task Force provides evidence and findings about community preventive services, programs, and other interventions aimed at improving population health. It has reviewed only a select number of strategies on the prevention of excessive alcohol use.

Source Identifying Policy as a Potential Best Practice						
Underage Drinking Prevention Policies	ICCPUD Determination Based on Input from Stakeholders and Literature Review	Community Preventive Services Task Force ⁶	Surgeon General's Call to Action	IOM Report, Reducing Underage Drinking: A Collective Responsibility	CollegeAIM (Alcohol Intervention Matrix; NIAAA)	Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health
False identification (ID)/Incentives for retailers to use ID scanners or other technology	X		X	X	X	
Policies targeting underage drinking and driving						
Youth blood alcohol concentration (BAC) limits (zero tolerance)	X		X	X	N/A ⁷	X
Loss of driving privileges for alcohol violations by people under age 21 (use/lose law)	X				N/A	X
Graduated driver's licenses	X		X	X	N/A	
Policies targeting alcohol availability						
Furnishing or sale to a person under age 21	X		X	X	X	
Mandatory/voluntary server-seller training (responsible beverage service programs)	X		X	X	X	
Minimum age for off-premises server	X					
Minimum age for on-premises server	X					
Outlet siting near schools ⁸	X					
Dram shop liability	X	X		X	X	X
Social host liability	X			X	X	X

⁷ CollegeAIM did not address traffic crashes.

⁸ Outlet Siting Near Schools was addressed at a more general level by three of the sources: The Community Preventive Services Task Force, the NIAAA CollegeAIM, and the 2016 Surgeon General's Report. These sources included restrictions on alcohol outlet density as a best practice without specifically endorsing the reduction of alcohol outlet density near schools.

Source Identifying Policy as a Potential Best Practice						
Underage Drinking Prevention Policies	ICCPUD Determination Based on Input from Stakeholders and Literature Review	Community Preventive Services Task Force ⁶	Surgeon General's Call to Action	IOM Report, <i>Reducing Underage Drinking: A Collective Responsibility</i>	CollegeAIM (Alcohol Intervention Matrix; NIAAA)	<i>Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health</i>
Hosting underage drinking parties	X		X	X	X	X
Keg registration	X		X	X	X	
High-proof grain alcoholic beverages	X					
Policies addressing sales and delivery to consumers at home						
Retailer interstate shipment	X					
Direct sales/shipment from producer	X					
Home delivery	X			X		
Direct to consumer	X			X		
Policies affecting alcohol pricing						
Increasing alcohol tax rates	X	X		X	X	X
Restrictions on drink specials	X		X	X	X	
Wholesaler pricing provisions	X					
Enforcement Policies						
Compliance checks	X	X	X	X	X	X
Penalty guidelines for violations of furnishing laws by retailers	X					

Policies Addressing Underage Possession or Purchase of Alcohol

Underage Possession, Consumption, and Internal Possession

Policy Description

As of January 1, 2022, all states prohibit possession of alcoholic beverages (with certain exceptions) by those under age 21.⁹ In addition, 36 states have statutes that specifically prohibit the consumption of alcoholic beverages by those under age 21.

Nine states have enacted laws prohibiting “internal possession” of alcohol by persons under 21. These provisions typically require evidence of alcohol in the underage drinker’s body but do not require any specific evidence of possession or consumption. Internal possession laws are especially useful to law enforcement in making arrests or issuing citations when breaking up underage drinking parties. Internal possession laws allow officers to bring charges against underage individuals who are neither holding nor drinking alcoholic beverages in the presence of law enforcement officers.

Exceptions

Some states allow exceptions to possession, consumption, or internal possession prohibitions when a family member consents 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.

Some states allow exceptions to possession, consumption, or internal possession prohibitions 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 states, a location exception is conditional on the presence or consent of a parent, legal guardian, or spouse. In other states, both family and location exceptions exist and apply separately.

With respect specifically to consumption laws, some states prohibit underage consumption on licensed premises only.

Status of Underage Possession Policies

As of January 1, 2022, all states prohibit possession of alcoholic beverages by those under age 21. Sixteen states have exceptions to possession for permission by parents or guardians. Nine states have exceptions for spousal permission. Six states have exceptions in private locations, and one state has an exception for possessing alcohol in a private residence (Exhibit 2.2).

Trends in Underage Possession Policies

Between 1998 and 2022, the number of states with family exceptions rose from 23 to 26, and the number with location exceptions rose from 20 to 21.

Status of Underage Consumption Policies

As of January 1, 2022, 36 states prohibit consumption of alcoholic beverages by those under age 21. Eight states have an exception for permission by parents or guardians, six states have a spousal permission exception, two states have an exception in any private location, one state has an exception for private residences, and two states have an exception to consumption in a parent or guardians’ home only (Exhibit 2.3).

⁹ Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

Trends in Underage Consumption Policies

Between 1998 and 2022, the number of states that prohibit underage consumption under at least some circumstances increased from 27 to 36.

Exhibit 2.2: Exceptions to Minimum Age of 21 for Possession of Alcohol as of January 1, 2022

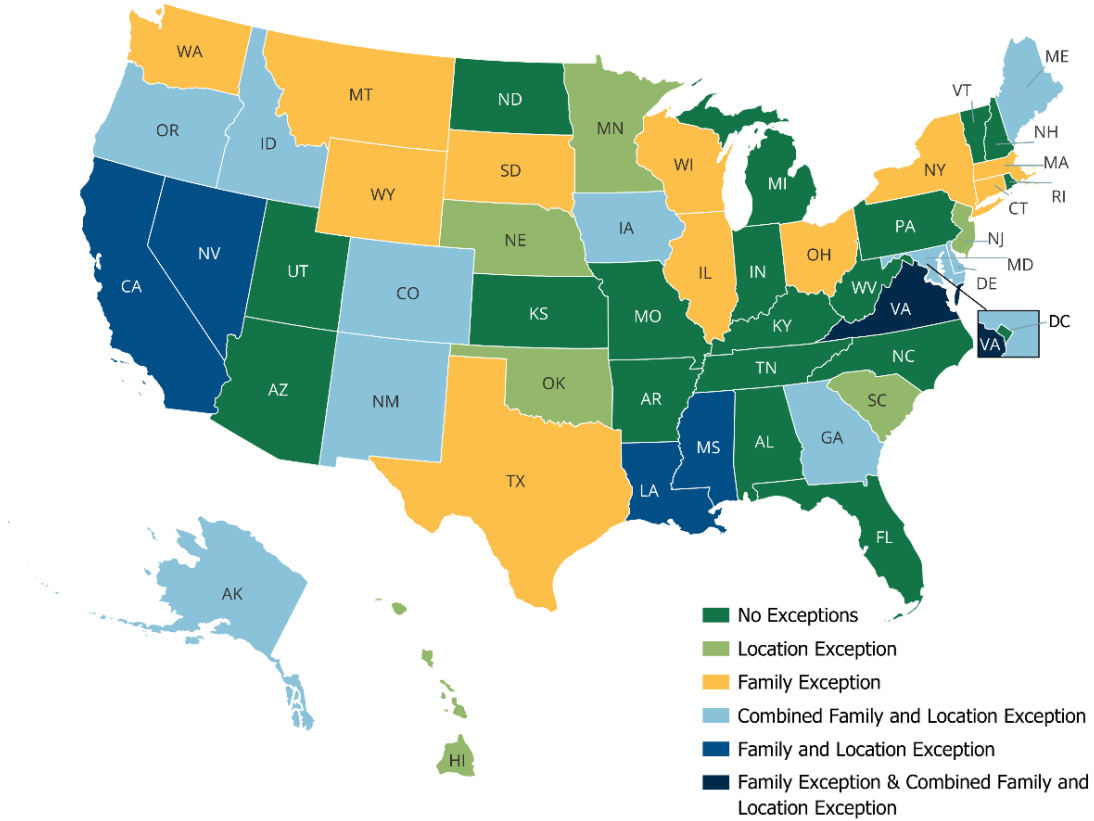
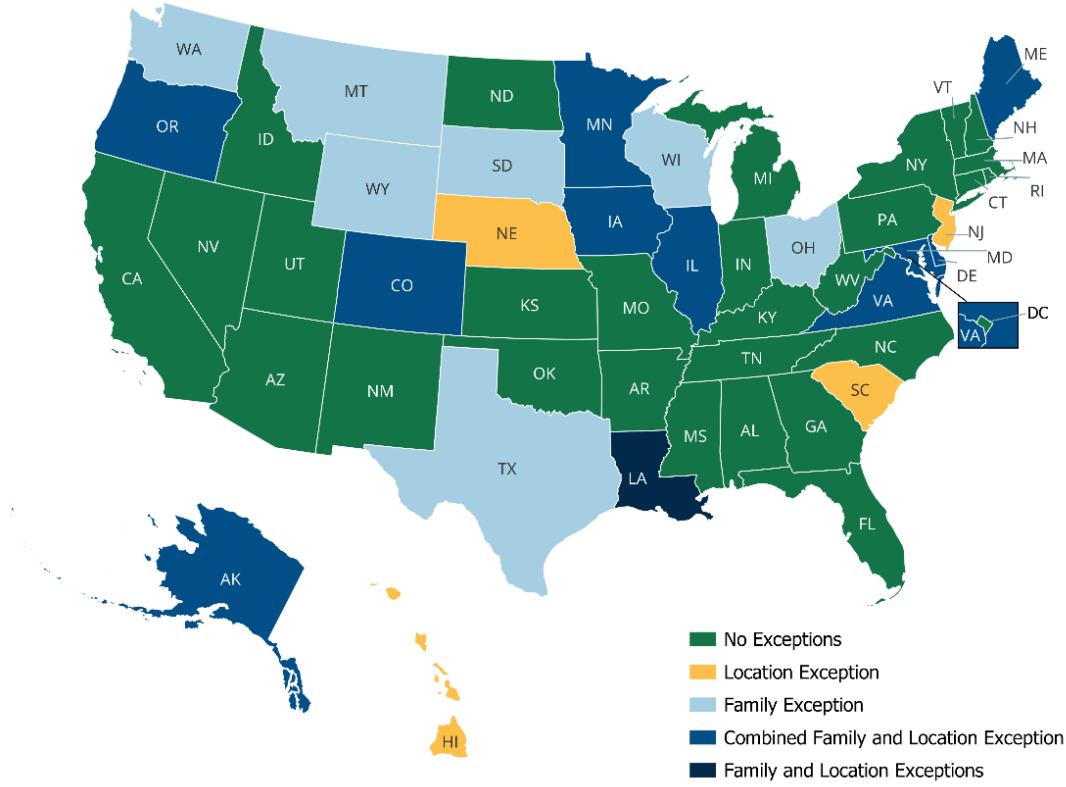


Exhibit 2.3: Exceptions to Minimum Age of 21 for Consumption of Alcohol as of January 1, 2022



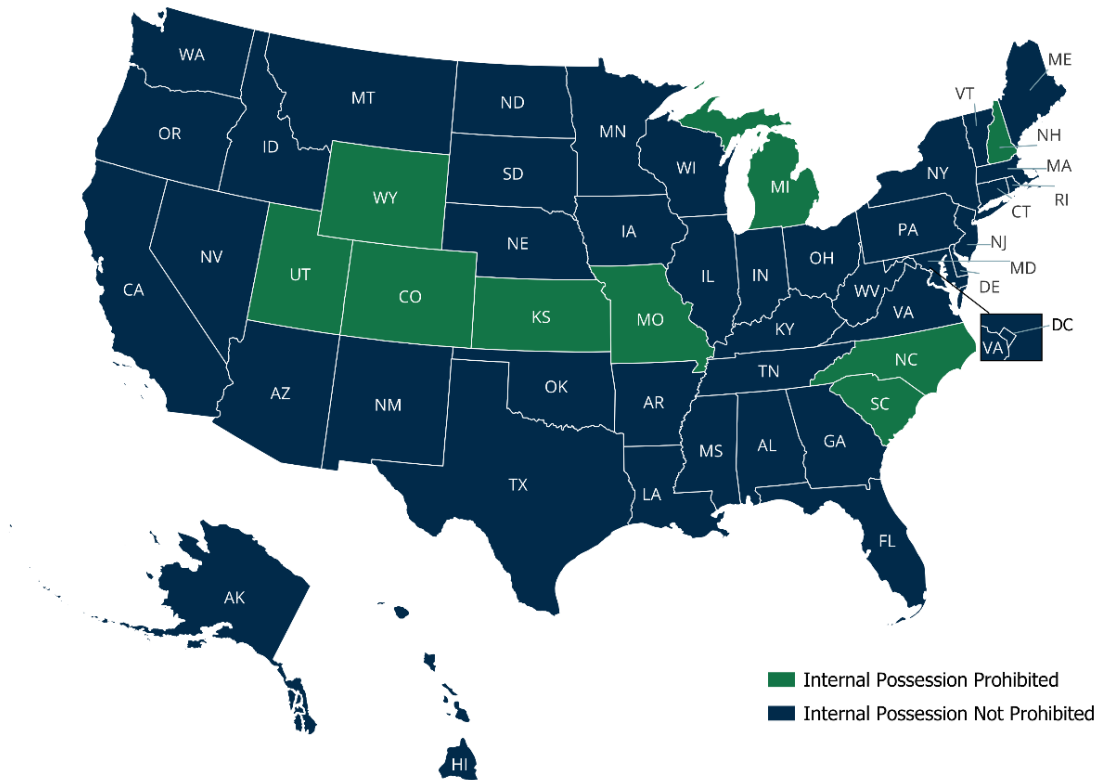
Status of Underage Internal Possession Policies

As of January 1, 2022, nine states prohibit internal possession of alcoholic beverages for anyone under age 21 (Exhibit 2.4). One state has an exception for permission of a parent or guardian, one state has a spousal exception, and one state has an exception to internal possession in a parent or guardian’s home only.

Trends in Underage Internal Possession Policies

Between 1998 and 2022, the number of states that prohibit underage internal possession grew from two to nine. The most recent state to enact a prohibition on internal possession was Wyoming in 2010.

**Exhibit 2.4: Prohibition of Internal Possession of Alcohol
by Persons Under Age 21 as of January 1, 2022**



Data Sources and Citations

All data for the underage possession, consumption, and internal possession policy topics were obtained from the NIAAA Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/possessionconsumptioninternal-possession-of-alcohol/42>. APIS provides further descriptions of this set of policies and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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Underage Purchase and Attempted Purchase

Policy Description

Most states prohibit people under age 21 from purchasing or attempting to purchase alcoholic beverages. An underage person who purchases alcoholic beverages can be prosecuted for possession because once a sale is completed, there is possession on the part of the purchaser. Purchase and possession are separate offenses. An underage youth who purchases alcoholic beverages could be liable for two offenses in states that have both prohibitions (see the “Underage Possession/Internal Possession/Consumption” policy above for further discussion).¹⁰ A significant minority of youth purchase or attempt to purchase alcohol for themselves, sometimes using falsified ID (see the “False ID” policy below).

Such purchases increase the availability of alcohol to underage persons, which in turn increases underage consumption. Prohibitions and associated sanctions on underage alcohol purchases can depress rates of and attempts to purchase by raising the monetary and social costs of this behavior. These 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 a law enforcement action. Most commonly, these actions are checks on merchant compliance or stings to identify merchants who illegally sell alcoholic beverages to underage buyers. This allowance for purchase in the law enforcement context may exist even though a state does not have a law specifically prohibiting underage purchase.

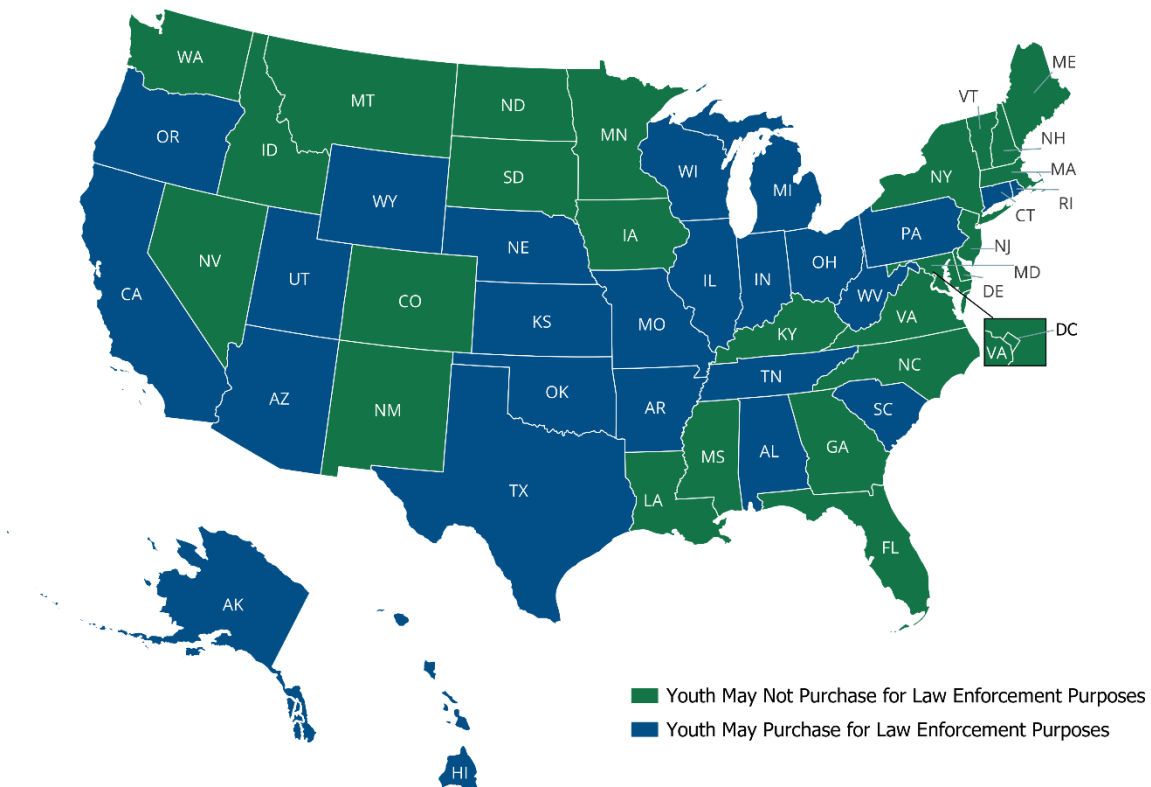
Status of Underage Purchasing Policies

As of January 1, 2022, 46 states prohibit underage purchase or attempted purchase of alcohol; the remaining five states do not (Exhibit 2.5). Underage persons are allowed to purchase alcohol for law enforcement purposes in 25 states.

Trends in Underage Purchasing Policies

The number of states with allowances for underage purchase for enforcement purposes has increased, from eight in 1998 to 23 in 2022.

¹⁰ Some states have laws that specifically prohibit both underage purchase and attempted purchase of alcohol. An attempted purchase occurs when a person under age 21 takes concrete steps toward committing the offense of purchasing, whether or not the purchase is consummated. The two offenses are not treated separately in this report.

Exhibit 2.5: Underage Purchase of Alcohol for Law Enforcement Purposes as of January 1, 2022

Data Sources and Citations

All data for the “Underage Purchase of Alcohol” policy were obtained from the NIAAA’s Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/underage-purchase-of-alcohol/43>. 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.

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False ID

Policy Description

Alcohol retailers are responsible for ensuring that sales of alcoholic beverages are made only to individuals who are legally permitted to purchase alcohol. Inspecting government-issued ID (i.e., driver's license, non-driver ID card, passport, and military ID card) is one major mechanism for ensuring that buyers meet minimum age requirements. To circumvent these safeguards, underage people may obtain and use apparently valid ID cards that falsely state their age as 21 or over. Age may be falsified by altering the birthdate on a valid ID card, obtaining an invalid ID card that appears to be valid, or using someone else's ID card.

Compliance check studies suggest that underage people who drink may have little need to use false ID because retailers make sales without any ID inspection. However, concerns about false ID remain high among law enforcement officials, retailers, and government officials. Current technology has made false ID cards easier to fabricate, and the internet provides ready access to a large number of false ID vendors.

All states prohibit use of false ID by underage people to obtain alcohol.¹¹ In addition to basic prohibitions, states have adopted a variety of legal provisions pertaining to false ID for obtaining alcohol. These can be divided into three basic categories:

1. Provisions that target underage youth who possess and use false ID cards to obtain alcohol;
2. Provisions that target those who supply underage youth with false ID cards, either through lending of a valid ID card or production of invalid (“fake”) ID cards; and
3. Provisions that help retailers avoid sales to possible buyers who present false ID cards. For further discussion of policies pertaining to the purchase of alcohol by people under age 21, see the “Underage Purchase and Attempted Purchase” policy above; for policies that mandate training of servers to detect false ID, see the “Responsible Beverage Service” policy below; and for policies on license suspension or revocation, see the “Loss of Driving Privileges for Alcohol Violations by Underage Youth” policy below.

Status of False ID Policies

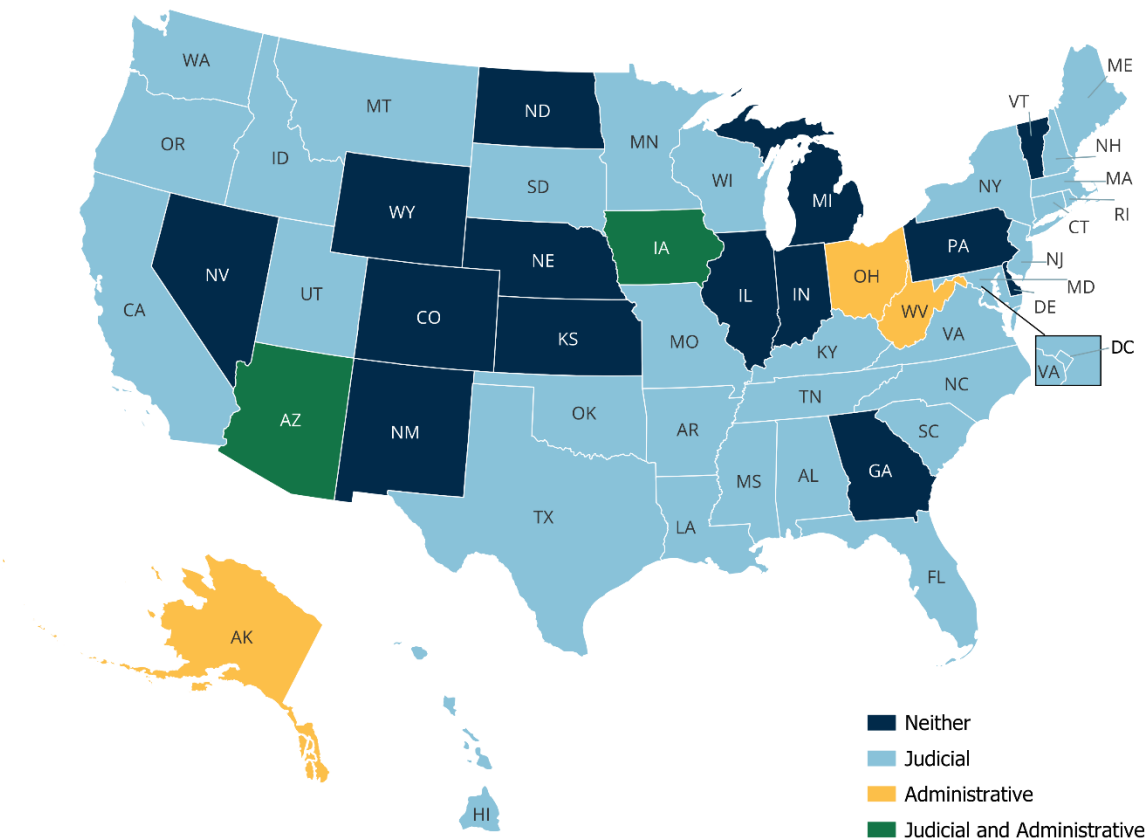
Provisions That Target Underage Youth

As of January 1, 2022, all states prohibit people under age 21 from using false ID cards to obtain alcohol. Thirty-seven states authorize suspension of their driver's licenses for using false ID in the purchase of alcohol through judicial proceedings, administrative proceedings, or both (Exhibit 2.6).

Provisions That Target False ID Suppliers

As of January 1, 2022, 25 states have laws that target suppliers of false ID cards; 24 prohibit lending, transferring, or selling false ID cards to underage youth for the purpose of purchasing alcohol; and 13 prohibit manufacturing such IDs.

¹¹ Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

Exhibit 2.6: Procedure for Imposing License Sanction for Use of False ID as of January 1, 2022

Provisions That Support Alcohol Retailers

Retailer support provisions vary widely across the states. For prosecutions involving an illegal underage alcohol sale, 45 states provide for some type of affirmative defense (e.g., the retailer shows that he/she reached a good faith or reasonable conclusion that the false ID was valid); 43 states have statutes or regulations requiring distinctive licenses for persons under age 21;¹² 12 states permit retailers to seize apparently false IDs; 13 states provide incentives for the use of scanners; four states allow retailers to detain underage youth; and five states permit retailers to sue underage youth for damages.

Trends in False ID State Policies

State false ID policies that target underage youth and suppliers have been relatively stable since 1998. In 1998, four states had license suspension via administrative determination. By 2022, only two states did so. In 1998, 33 states permitted license suspension via judicial review. By 2022, that number rose to 34.

Data Sources and Citations

All data for the “False Identification for Obtaining Alcohol” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/false-identification-for-obtaining-alcohol/39>.

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Policies Targeting Underage Drinking and Driving

Youth Blood Alcohol Concentration (BAC) Limits (Underage Operators of Non-Commercial Motor Vehicles)

Policy Description

BAC limit policies establish the maximum amount of alcohol that underage drivers can have in their 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 of alcohol per 10,000 parts of 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 state specify the preferred or required types of tests used for measurement.¹³

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 determining when the operator of a vehicle is sufficiently impaired to constitute a threat to public safety and is therefore violating the law. Currently, 50 states mandate a BAC limit of 0.08 g/dL for drivers over age 21. In 2018, Utah became the first state to lower the BAC limit to 0.05 g/dL.

Underage drivers' ability to safely operate a motor vehicle may be impaired at a lower BAC than that of adults because of lower body mass, lack of physiological development, and lack of driving experience. Partly due to financial incentives established by the federal government, all states in the United States have enacted low BAC limits for underage drivers. Laws establishing very low legal BAC limits of 0.02 g/dL or less for drivers under the legal drinking age of 21 are widely referred to as zero-tolerance laws.

A per se BAC statute stipulates that if the operator has a BAC level at or above the per se limit, a violation has occurred without regard to other evidence of intoxication or sobriety (e.g., how well or poorly the individual is driving). In other words, exceeding the BAC limit established in a per se statute is itself a violation.

Status of Youth BAC Limit Policies

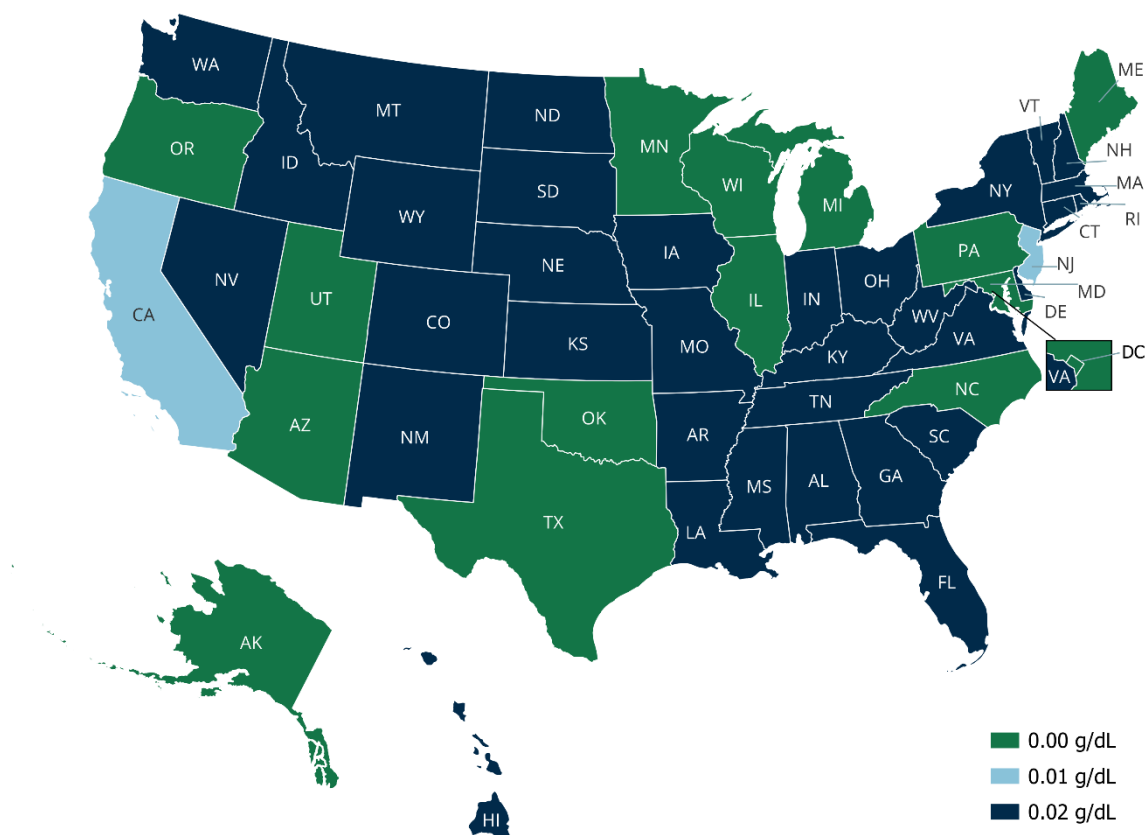
As of January 1, 2022, all states have per se youth BAC statutes. Thirty-four states set the driving BAC limit for underage persons at 0.02 g/dL (Exhibit 2.7). Fifteen states consider any underage alcohol consumption while driving to be a violation of the law and have set the limit to 0.00 g/dL. Two states (California and New Jersey) have set the underage BAC limit to 0.01 g/dL.

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 period between 1999 and 2022, the number of states mandating specific BAC limits for underage drivers remained constant except for Maryland, which lowered its underage BAC limit from 0.02 g/dL to 0.00 g/dL.

¹³ Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

Exhibit 2.7: BAC Limits for Youth Operators as of January 1, 2022



Data Sources and Citations

All data for the “Underage Operators of Non-Commercial Motor Vehicles” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) website:

<https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/youth-underage-operators-of-noncommercial-motor-vehicles/13>. 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.

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Loss of Driving Privileges for Alcohol Violations by Underage Youth (Use/Lose Laws)

Policy Description

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 these statutes 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.¹⁴ In most states, use/lose laws make it mandatory to impose driver's license sanctions in response to underage alcohol violations; other states give discretion to the judge or other decision maker. 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.

State laws specific to people under age 21 (purchase, possession, and consumption of alcoholic beverages) are described in the "Underage Purchase of Alcohol" and "Underage Possession/Consumption/Internal Possession of Alcohol" policies.

Status of Loss of Driving Privileges Policies

Thirty-two states have made license suspension or revocation mandatory or discretionary in cases of underage alcohol violations. Nineteen states have no use/lose laws.

Upper Age Limits

Twenty-four states set age 21 as the upper limit for use/lose laws for either possession or consumption of alcohol. In these states, the law is either mandatory or is based on discretion of the judge or other decision maker. Thirteen states set the upper limit at age 18, and one state (Wyoming) sets the limit at age 19.

Authority to Impose License Sanctions

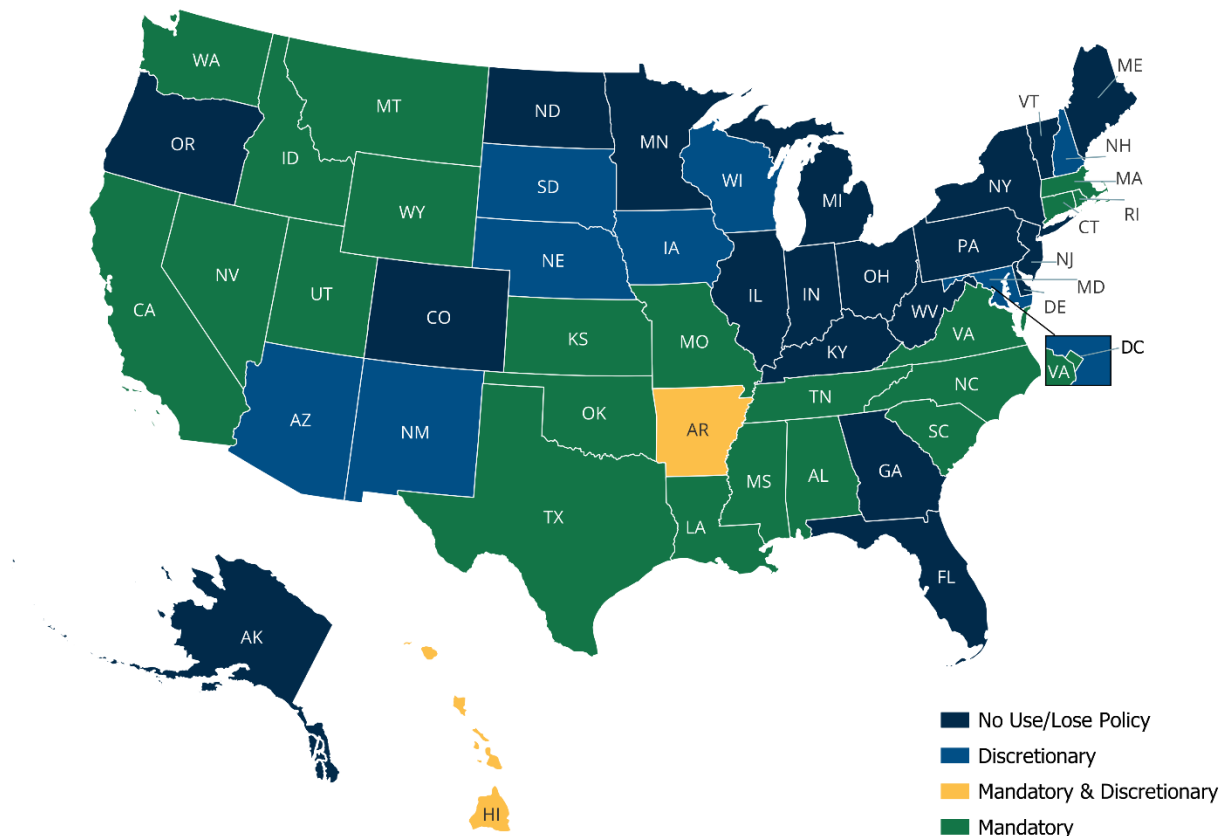
In a majority of states with use/lose laws (24 states), license suspension or revocation is mandatory (Exhibit 2.8). Ten states have made this a discretionary penalty for such violations. Two states have both mandatory and discretionary penalties.

Trends in Loss of Driving Privileges Policies

Between 1998 and 2019, the number of states that made license suspension or revocation mandatory in at least some cases of underage alcohol violations increased from 25 to 29. In 2020, the number decreased to 26, as Delaware, Florida, and Pennsylvania repealed their use/lose laws. In 2021, two additional states (Illinois and New Jersey) repealed these laws, reducing the total number of states making license suspension or revocation mandatory to 24. There were no changes in 2022.

¹⁴ Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

Exhibit 2.8: License Suspension/Revocation for Alcohol Violations by Underage Youth as of January 1, 2022



Data Sources and Citations

All data for the “Use/Lose: Driving Privileges” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/uselose-driving-privileges/44>. 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.

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Graduated Driver's Licenses

Policy Description

Graduated driver licensing (GDL) is a system designed to delay full licensure for teenage automobile drivers, thus allowing beginning drivers to gain experience under less risky conditions. Teenagers are targeted because they are at the highest risk for motor vehicle crashes, including alcohol-related crashes. In fact, motor vehicle crashes are the leading cause of death among teenagers. By imposing restrictions on driving privileges, GDL reduces fatal crashes among newly licensed teen drivers.

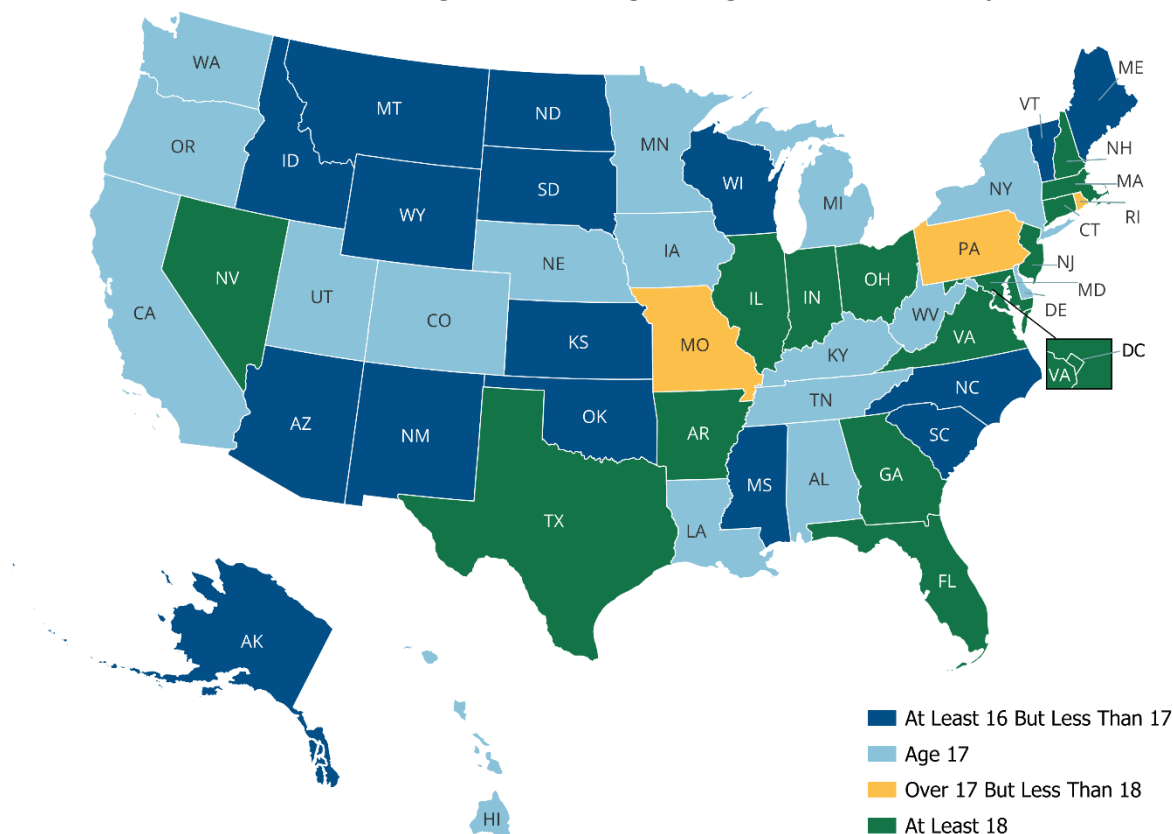
Comprehensive GDL systems, which are associated with the greatest benefits, have three stages: (1) a minimum supervised learner's period, (2) an intermediate license (once the driving test is passed) that limits unsupervised driving in high-risk situations (e.g., nighttime driving and driving with teen passengers), and (3) a full-privilege unrestricted driver's license after completion of the first two stages. Beginners must remain in each of the first two stages for set minimum time periods.

“Primary enforcement” refers to the authority given to law enforcement officers to stop drivers for the sole purpose of investigating possible violations of night driving or passenger restrictions. Law enforcement officers in states without primary enforcement can investigate possible violations of these provisions only as part of an investigation of some other offense.¹⁵ Primary enforcement greatly increases the chance that violators will be detected.

Status of GDL Policies

All 51 states have some form of GDL policy, and all have full three-stage criteria. The minimum age for each stage and the extent to which the other restrictions are imposed vary across states. An important GDL provision related to traffic safety is the minimum age for full licensure. Full licensure is allowed by 15 states on the 18th birthday; three states permit full licensure above age 17 but under age 18; 17 states permit full licensure on the 17th birthday; and 16 states permit full licensure at age 16 (Exhibit 2.9). All but one state have night-driving restrictions. Forty-seven states place passenger restrictions on drivers with less than full licensure.

¹⁵ Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

Exhibit 2.9: Minimum Age of Full Driving Privileges Laws as of January 1, 2022

Trends in GDL Policies

On January 1, 1996, only one state (Maryland) had a three-stage GDL law. However, by 2000, 23 states had enacted three-stage GDL laws, and by 2012, that number had risen to the current level of 51.

Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit stopalcoholabuse.gov. Historical data for the years 1996–2004 were obtained from Chen, Baker, and Li (2006). Data from January 1, 2005, to December 31, 2008, were obtained from the Insurance Institute for Highway Safety (<https://www.iihs.org/topics/teenagers/graduated-licensing-laws-table>).

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Policies Targeting Alcohol Availability

Furnishing Alcohol to People Under Age 21

Policy Description

All states prohibit furnishing alcoholic beverages to underage people.¹⁶ Most underage persons obtain alcohol from adults, including parents, older siblings, peers, or strangers solicited to purchase alcohol. However, some underage persons purchase alcohol directly from merchants who fail to comply with laws prohibiting sale to people under age 21 or by using false ID (see the “False ID” policy). These sources increase the availability of alcohol to youth, which in turn increases underage consumption. Prohibitions and associated sanctions on furnishing to underage persons 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:

1. Family exceptions permit parents, guardians, or spouses to furnish alcohol to underage people; some states specify that the spouse must be of legal age and others do not; and
2. Location exceptions permit furnishing alcohol in specified locations and may limit the extent to which family members can furnish to underage youth. 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 person under age 21. Under these provisions, a retailer who provides alcohol to an underage person will not be in violation of the furnishing law if he or she establishes one of these defenses. This policy topic tracks one such defense: Some states require that the underage person who initiated a transaction be charged with possessing or purchasing alcohol before the retailer can be found in violation of the furnishing law (see the “False ID” policy for information on defenses associated with underage youth using false ID). Many states also have provisions that mitigate penalties imposed on retailers who have participated in responsible beverage service (RBS) programs (see the “RBS” policy 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” policy). Hosts of underage drinking parties who also supply alcohol consumed or possessed by people under age 21 may be in violation of two distinct laws: (1) furnishing alcohol to underage people and (2) allowing underage drinking to occur on property they control.

Also addressed later in this chapter are social host liability laws, which impose civil liability on hosts for injuries caused by their underage guests. Although related to party hosting laws, social host liability laws are distinct. They do not establish criminal or civil offenses but allow injured parties to recover civil damages by suing social hosts of events at which underage youth consumed alcohol and later caused injuries. The commercial analog to social host liability laws is dram shop laws, which prohibit commercial establishments—bars, restaurants, and retail sales outlets—from furnishing alcoholic beverages to people under age 21. See the “Social Host Liability” and “Dram Shop Liability” policies for further discussion.

¹⁶ Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

Status of Underage Furnishing Policies

Exceptions to Furnishing Prohibitions

As of January 1, 2022, all states prohibit the furnishing of alcoholic beverages to people under age 21. Twenty states have no family or location exceptions to this prohibition (Exhibit 2.10). Nineteen states have only a family exception. The remaining states have a family exception limited to certain locations, such as any private residence or the parents' homes.

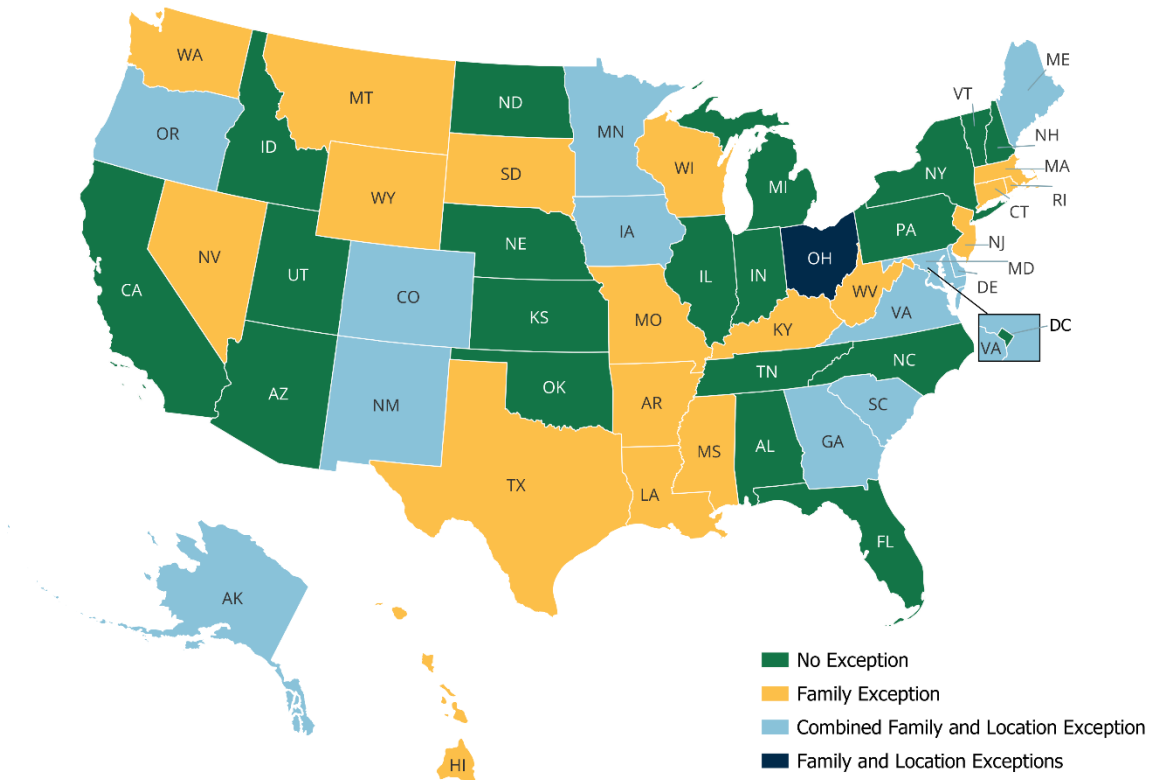
Affirmative Defense for Sellers and Licensees

As of January 1, 2022, the underage furnishing laws of two states (Michigan and South Carolina) include provisions requiring that a seller/licensee be exonerated of charges of furnishing alcohol to an underage person unless the underage person is also charged.

Trends in Underage Furnishing Policies

As of January 1, 1998, all states prohibited underage furnishing and still do so, although a few states have added exceptions since then.

Exhibit 2.10: Exceptions to Prohibitions on Furnishing Alcohol to Persons Under Age 21 as of January 1, 2022



Data Sources and Citations

All data for the “Furnishing Alcohol to People Under Age 21” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/furnishing-alcohol-to-minors/40>. 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.

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Responsible Beverage Service (RBS) Training

Policy Description

RBS training policies require or provide incentives to retail alcohol outlets to train licensees, managers, and servers/sellers to effectively implement policies and procedures that prevent alcohol sales and service to underage and intoxicated persons.

Server/seller training focuses on procedures for serving, selling, and checking age ID, along with techniques for recognizing signs of intoxication and intervening with intoxicated patrons.

Manager training includes server/seller training, policy and procedures development, and staff supervision. RBS programs typically have distinct training curricula for on- and off-premises establishments because of the differing characteristics of these retail environments. All RBS programs focus on preventing sales and furnishing to people under age 21.

RBS training can be mandatory or voluntary. A program is mandatory if state provisions require at least one specified category of individual (i.e., 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 licensees 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 underage 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 underage youth or intoxicated persons, and (4) protection against license revocation for sales to underage or intoxicated persons.

See the “Dram Shop Liability” policy for further discussion. The “Furnishing of Alcohol to People Under Age 21” policy discussion has additional information regarding prevention of alcohol sales to underage people, and the “False ID” policy discussion includes materials related to age ID policies.

Status of RBS Training Policies

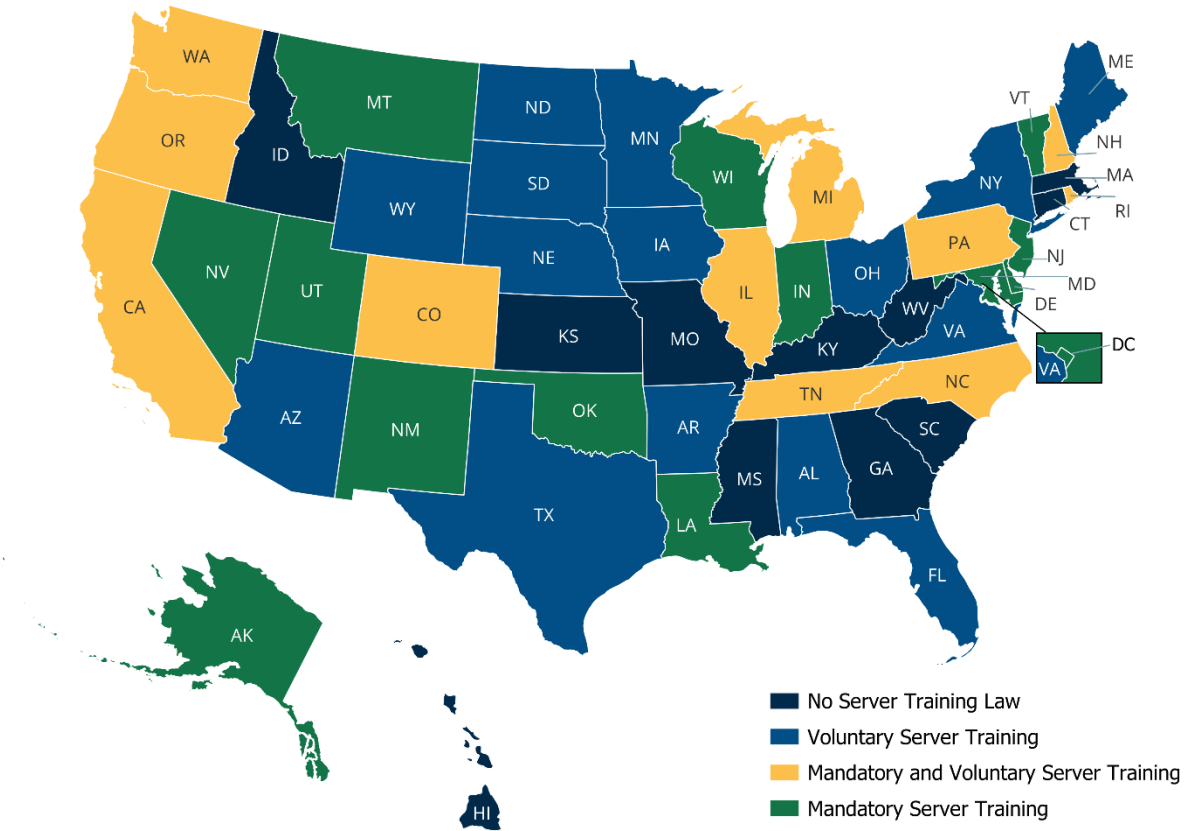
As of January 1, 2022, 40 states have some type of RBS training provision (Exhibit 2.11). Of these, 14 states have mandatory provisions, 15 states have voluntary provisions, and 11 states have both.

Of the 25 states with mandatory provisions, some apply their provisions to both on-premises (e.g., bars and restaurants) and off-premises (e.g., liquor stores) establishments, whereas some apply to either on-premises or off-premises establishments. Some of the mandatory states apply their provisions to both new and existing establishments, whereas others apply them to either existing or new establishments.

Trends in RBS Policies

Between 2003 and 2022, the number of states with mandatory policies increased from 15 to 25, and the number of states with voluntary policies rose from 17 to 26. The number of states with no RBS training policy decreased from 22 to 11.

Exhibit 2.11: RBS as of January 1, 2021



Data Sources and Citations

All data for the “Beverage Service Training and Related Practices” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/beverage-service-training-and-related-practices/26>. 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.

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Minimum Ages for Off-Premises Sellers

Policy Description

Most states have laws that specify a minimum age for employees who sell alcoholic beverages in off-premises establishments, such as liquor or grocery store. In some states, the minimum age for sellers is 21. In many states, however, off-premises sellers may be younger than 21, and in a few states, no minimum age is specified.

In some cases, persons under 21 may be allowed to sell alcohol only in certain types of off-premises establishments (e.g., grocery stores, convenience stores) or may be allowed to sell only some beverage types (e.g., beer, wine). In some cases, sellers of alcohol must be at least 18, but younger employees may be allowed to stock coolers with alcohol or to bag purchased alcohol.

Several states place conditions on off-premises sellers under 21 years old. These include requirements that a legal-age manager or supervisor be present when the underage person is selling alcoholic beverages.

State laws specifying the minimum age for employees who sell alcoholic beverages for on-premises consumption are described in the “Minimum Ages for On-Premises Servers and Bartenders” policy.

Status of Age of Seller Policies

Minimum Age of Sellers and Types of Beverages

Most states specify the same minimum age for sellers of all types of alcoholic beverages. As of January 1, 2022, six states specify that off-premises sellers be 21 or older for all beverage types. Two states require off-premises sellers to be at least 19 years old for all beverage types. Eighteen states have set the minimum age at 18 across beverage types. Six states allow all three beverage types to be sold by youth ages 16–17; this is an increase of one state from the previous year (West Virginia lowered its minimum age of off-premises seller from 18 to 16 years old). For an example of how these policies affect a specific beverage, please see Exhibit 2.12, showing the minimum allowed age to sell beer by state.

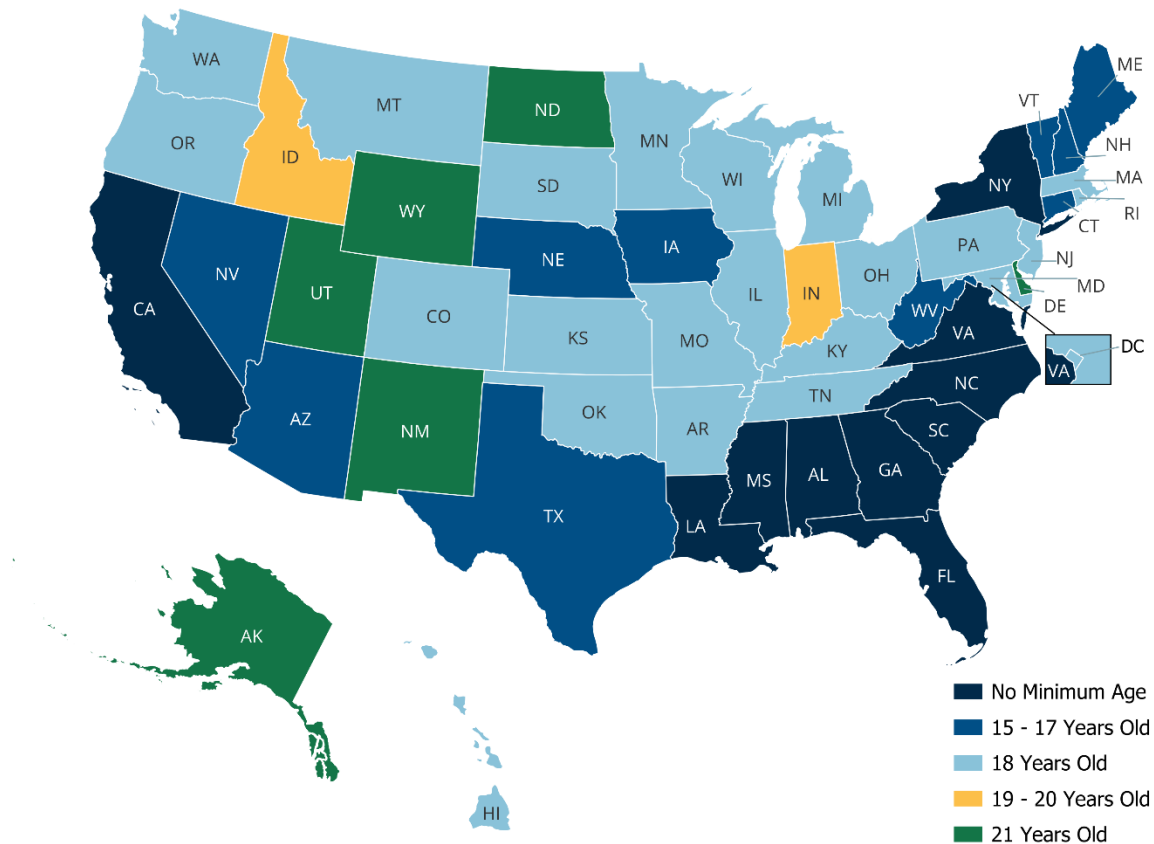
Among states with requirements, the minimum age varies by type of alcohol, with age requirements generally higher for the sale of distilled spirits and lower for beer.

Manager or Supervisor Presence

Fifteen states require that a supervisor or manager be present when an underage seller conducts an alcoholic beverage transaction. This is an increase of one state from the previous year, as West Virginia added this requirement to law.

Trends in Age of Seller Policies

There were no changes in age of seller policies across states between 2003 and 2015. Thereafter, five states reduced the stringency of their laws from 2016–2022.

Exhibit 2.12: Minimum Age to Sell Beer for Off-Premises Consumption as of January 1, 2022

Data Sources and Citations

All data for the “Minimum Ages for Off-Premises Sellers” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) website:

<https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/minimum-ages-for-off-premises-sellers/37>.

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Minimum Ages for On-Premises Servers and Bartenders

Policy Description

All states specify a minimum age for employees who serve or dispense alcoholic beverages.¹⁷ Generally, the term “servers” refers to waitpersons, and “bartenders” refers to those who dispense alcoholic beverages. These restrictions recognize that underage employees, particularly those who are unsupervised, may lack the maturity and experience to verify age and to resist pressure from 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 employee 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” policy.

Status of Age of Server Policies

Age of Servers

As of January 1, 2022, three states specify that on-premises alcohol servers of beer, wine, or distilled spirits must be 21 or older. Only one state allows 17-year-olds to be servers. Seven states specify that servers be at least 19 or 20, and the remaining states allow 18-year-old servers. For an example of how these policies affect a specific beverage, please see Exhibit 2.13, showing the minimum allowed age to serve beer by state.

Age of Bartenders

Minimum ages for bartenders are generally higher than for servers. Twenty states limit bartending to persons 21 or older. Twenty-five states allow 18-year-olds to bartend for at least some beverage types, whereas only one state (Maine) allows 17-year-olds to bartend and one state (West Virginia) allows 16-year olds to bartend. Three states set the minimum age for bartenders at either 19 or 20 years old.

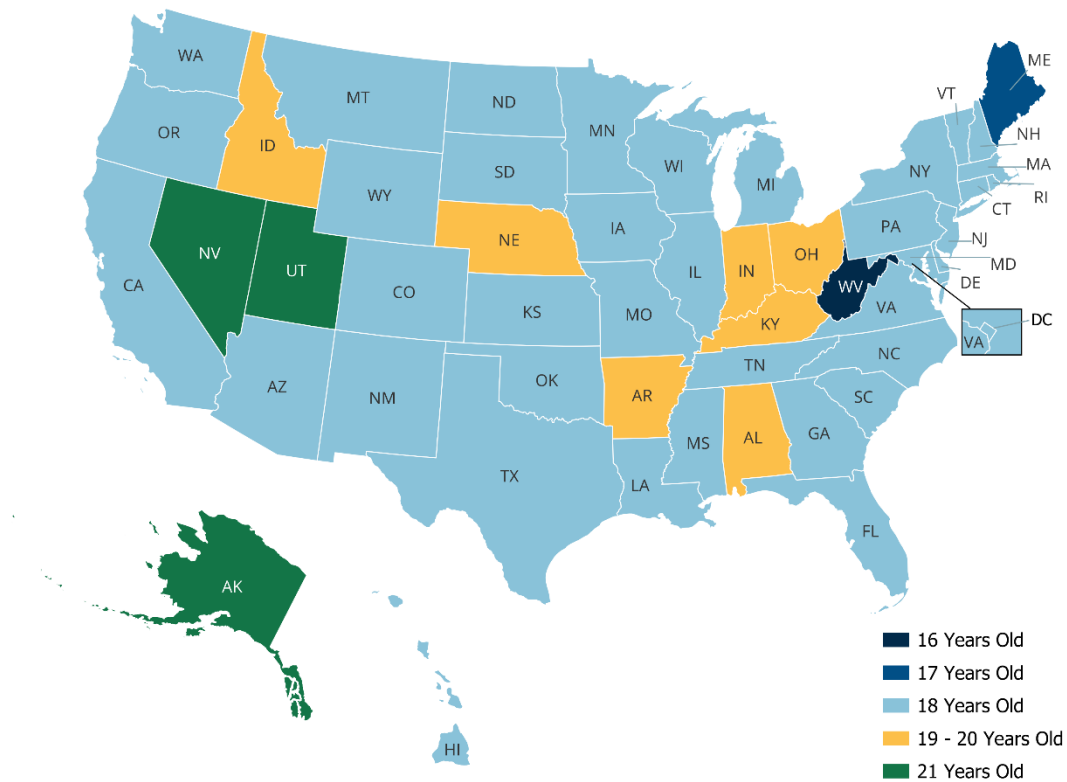
Manager or Supervisor Presence

Nine 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 generally stable over the past decade. Between 2003 and 2022, six states lowered their minimum age for servers; two states lowered their age of server requirements during 2021 (New Mexico and West Virginia).

¹⁷ Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

Exhibit 2.13: Minimum Ages for On-Premises Servers (Beer) as of January 1, 2022

Data Sources and Citations

All data for the “Minimum Ages for On-Premises Servers and Bartenders” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) website:

<https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/minimum-ages-for-on-premises-servers-and-bartenders/38>. 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.

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Distance Limitations Applied to New Alcohol Outlets Near Universities, Colleges, and Primary and Secondary Schools

Policy Description

Policies that limit retail alcohol outlets near colleges and schools are intended to make alcohol less accessible by keeping alcohol sales physically distant from locations where underage people congregate. In addition, such policies aim to reduce the social availability of alcohol by limiting youth exposure to consumption.

Outlets Near Colleges and Universities

Types of Outlet Density Restrictions

Outlet density restrictions require that alcohol outlets be located a certain distance from a school. Such restrictions may regulate the location of retail outlets near colleges and universities, near primary and secondary schools, or both categories. Some restrictions limit the sale of alcohol directly on university campuses. Outlet density restrictions may apply to either off- or on-premises retailers or both types of retailers. Restrictions may also apply to the sale of beer, wine, spirits, or some combination of the three.

Distance requirements vary from 100 feet to 1.5 miles. The intent of these requirements is to create greater distances between alcohol sales and underage individuals and to reduce their access to alcohol products and exposure to alcohol marketing.

Distance restrictions apply to the issuance of new licenses, and retail alcohol outlets that were in business prior to the enactment of the restriction may still be allowed to operate within the restricted zone. In these cases, the distance restriction would prevent increased alcohol outlet density without necessarily reducing density or eliminating the presence of retail establishments in restricted zones.

Alcohol outlet density in general is linked to excessive alcohol consumption and related harms according to research collected and evaluated by the Community Preventive Services Task Force and presented in the *Community Guide* (Campbell et al., 2009; Task Force on Community Preventive Services, 2009). The *Community Guide* recommends the use of regulatory authority—for example, through zoning and licensing—to reduce alcohol outlet density.

Limiting the number of retail outlets near colleges and universities, with their high concentrations of underage people, is one way to implement this recommendation in a high-risk setting. The NIAAA publication *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* also includes limiting alcohol outlet density as an evidence-based, recommended strategy for reducing college drinking (NIAAA, 2002).

Status of Outlet Density Restrictions

Colleges and Universities

Twelve states have some type of restriction on outlet density near colleges and universities compared to 39 states with no restrictions.¹⁸ Of the 12 states with restrictions, 10 have restrictions that apply to both on- and off-premises outlets. Kansas' restriction applies only to off-premises outlets, and Nebraska's restriction applies only to on-premises outlets.

Nearly all the restrictions apply to beer, wine, and spirits, although two states have restrictions that apply to wine and spirits only. North Carolina's restriction applies to beer and wine, and

¹⁸ Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

West Virginia's applies only to beer. Exhibit 2.14 identifies those states with restrictions on colleges and universities and whether these restrictions apply to off- or on-premises outlets.

Primary and Secondary Schools

Thirty-one states have some restriction near primary and secondary schools compared to 20 states that have none. Of the 31 states restricting outlet location near schools, 25 apply restrictions to both off- and on-premises locations. Further, in some states, restrictions apply only to on-premises locations and in others, they apply only to off-premises locations. Exhibit 2.15 displays the states with restrictions on primary and secondary schools and identifies whether the restrictions apply to off- or on-premises outlets.

Exhibit 2.14: States With Restrictions on Placement of Retail Outlets Near Colleges and Universities as of January 1, 2021

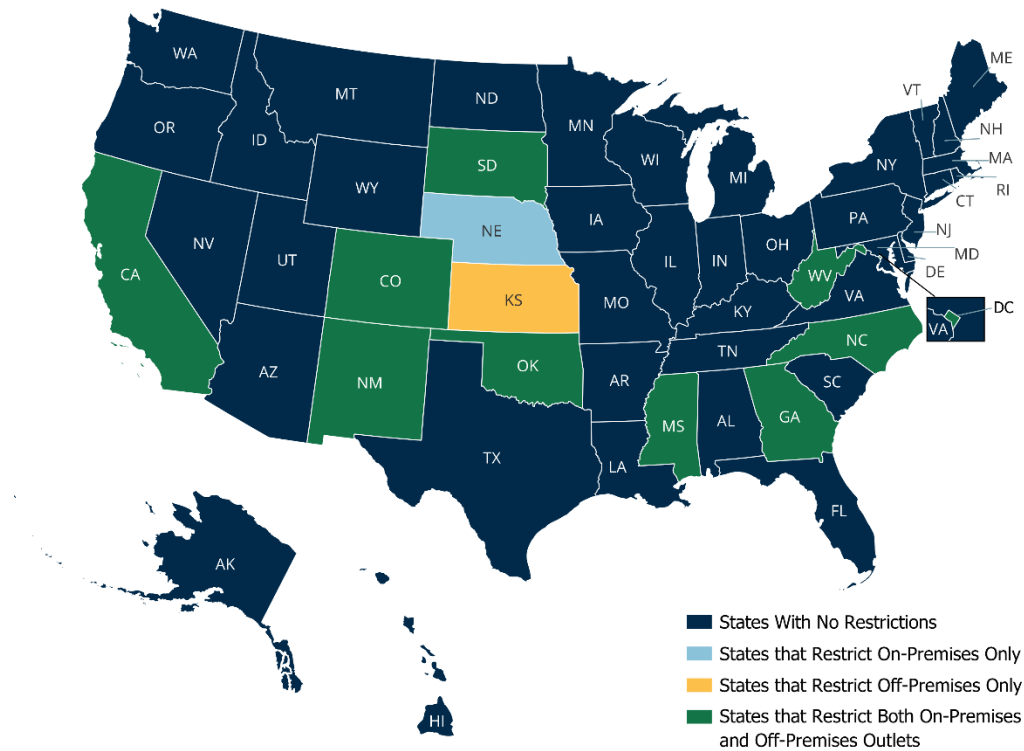
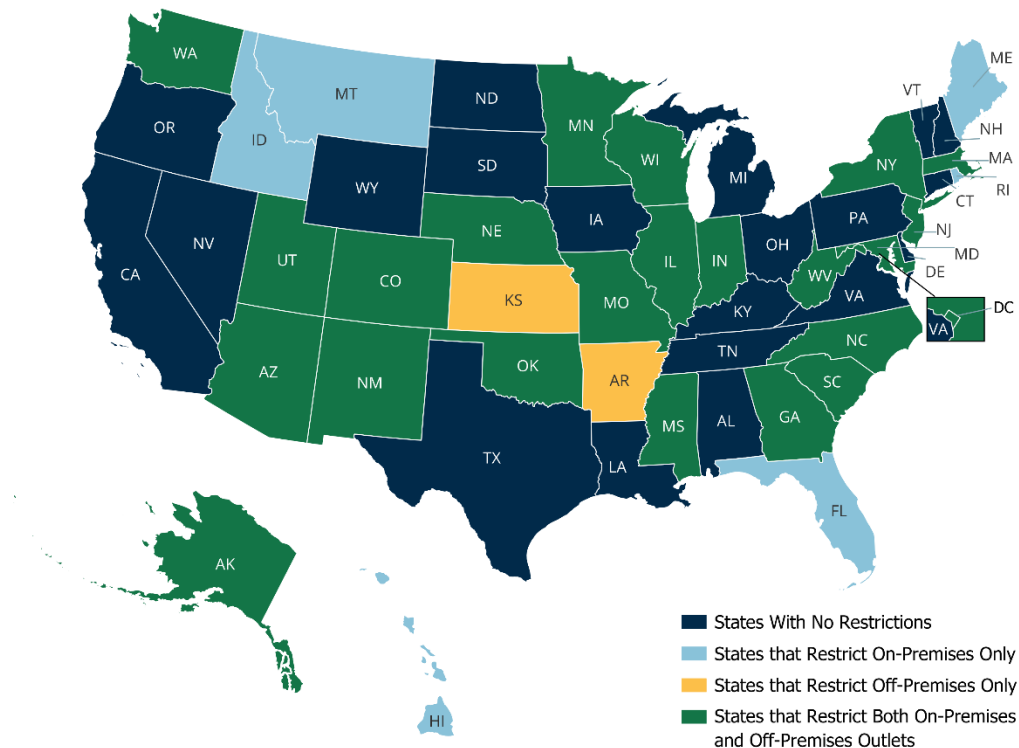


Exhibit 2.15: States With Restrictions on Placement of Retail Outlets Near Primary and Secondary Schools as of January 1, 2021



Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit stopalcoholabuse.gov.

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Dram Shop Liability

Policy Description

Dram shop liability refers to the civil liability that commercial alcohol providers face for injuries or damages caused by their intoxicated or underage drinking patrons.¹⁹ The analysis of this policy topic in this document is limited to alcohol service to underage people. The most common scenario in legal cases arising from dram shop liability is a licensed retail alcohol outlet furnishing alcohol to an underage person 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 may be able to sue the retailer (as well as the underage person who caused the crash) for monetary damages.²⁰ Liability is relevant 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 is closely related to the policy on furnishing alcohol to underage people, but the two topics are distinct. Retailers who furnish alcohol to underage youth may face fines or other punishment imposed by the state as well as dram shop liability lawsuits filed by parties injured in 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 non-commercial alcohol providers.

Dram shop liability serves two purposes: (1) it creates a disincentive for retailers to furnish to people under age 21 because of the risk of litigation leading to monetary losses, and (2) it enables parties injured due to an illegal sale to a person under age 21 to gain compensation from those responsible. The underage person 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 underage person does not have the funds 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 so that an injured person can seek redress against the person or entity that caused injury. Courts can establish these rules only when the state legislature has not enacted its own statutes, in which case the courts must follow the legislative dictates. Thus, dram shop statutes normally take precedence over dram shop common law court decisions.

A common law liability designation signifies that the state allows lawsuits by injured third parties against alcohol retailers for the negligent service or provision of alcohol to a person under age 21. Common law liability assumes several procedural and substantive rules to establish negligence.

Statutory liability designation indicates that the state has a dram shop statute. Statutory provisions can alter the common law rules, restricting an injured party's ability to make successful claims. Statutory limitations can restrict circumstances that can give rise to liability or

¹⁹ Dram shops were retail establishments that sold distilled spirits by the "dram," a liquid measure that equals 1 ounce. This form of liability is also known as "commercial host liability."

²⁰ Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

greatly diminish a plaintiff’s chances of prevailing in a dram shop liability lawsuit, thus reducing the likelihood of a lawsuit being filed. Other restrictions may also apply.

Some states have enacted RBS affirmative defenses. That is, in these states, a defendant may avoid liability if it can establish that its retail establishment implemented an RBS program and was adhering to RBS practices at the time of the service.

See the “RBS Training” policy topic for more information.

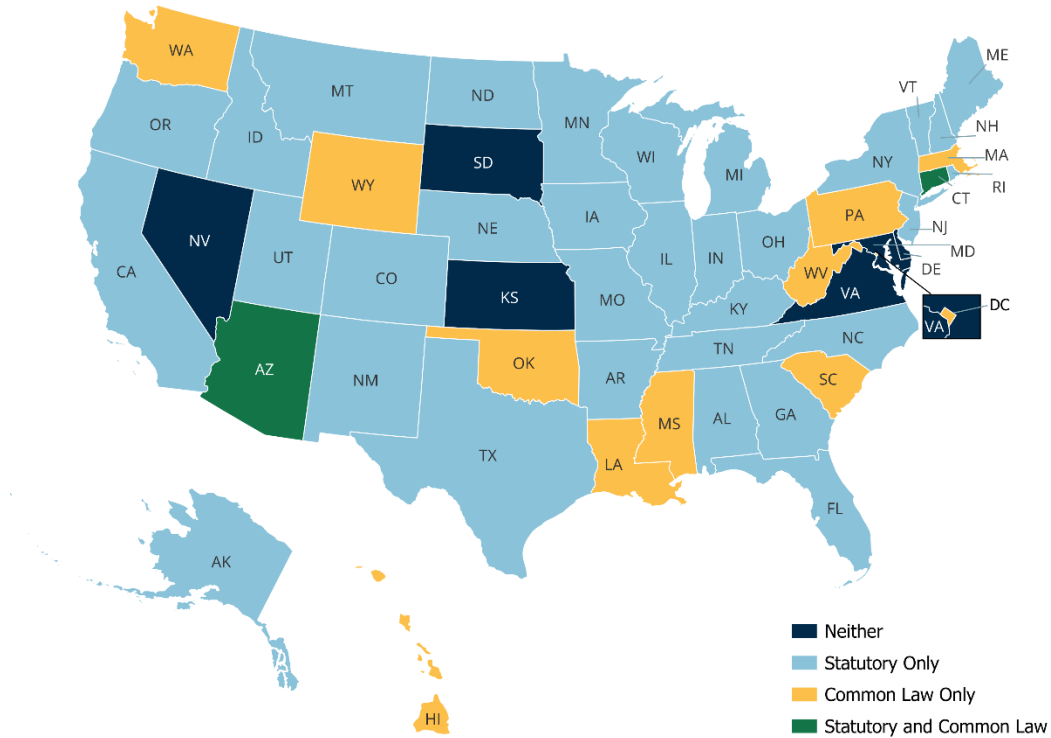
Status of Dram Shop Liability

As of January 1, 2022, 45 states imposed dram shop liability as a result of statutory or common law or both (Exhibit 2.16). Sixteen states with statutory dram shop liability impose one or more limits on liability, including limits on the damages that may be recovered, limits on who may be sued, and stricter standards for proof of wrongdoing than for usual negligence.

Trends in Dram Shop Liability for Furnishing Alcohol to a Person Under Age 21

Between 2009 and 2022, the number of states that permit dram shop liability has remained constant.

Exhibit 2.16: Common Law/Statutory Dram Shop Liability as of January 1, 2022



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Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit stopalcoholabuse.gov.

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Social Host Liability

Policy Description

Social host liability refers to the civil liability that non-commercial alcohol providers face for injuries or damages caused by their intoxicated or underage drinking guests. The analysis in this policy topic does not address social host liability for serving adult guests.

The most common scenario in legal cases arising from social host liability involves an underage drinking party at which the party host furnishes alcohol to an underage person who in turn injures a third party in an alcohol-related incident such as a motor vehicle crash. In states with social host liability, injured third parties may sue social hosts (as well as the underage person who caused the crash) for monetary damages.²¹ Liability is triggered 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 elsewhere in this report, this distinguishes social host liability from underage furnishing and host party policies, which can result in criminal liability imposed by the state and are discussed under "Furnishing Alcohol to Persons Under Age 21" above and "Hosting Underage Drinking Parties".)

Social host liability is related to the underage furnishing and host party policies, but the three are distinct. Underage furnishing policies and host party policies allow the state to impose fines or other punishment on social hosts who furnish alcohol to underage youth or allow underage drinking parties on their property. In contrast, social host liability policies allow injured parties to file lawsuits against social hosts for damages stemming from the same conduct. Social host liability and dram shop liability (presented elsewhere in this report) are identical policies except that the former involves lawsuits brought against non-commercial alcohol retailers, and the latter involves lawsuits filed against commercial alcohol providers.

Social host liability serves two purposes: (1) it creates disincentives for social hosts to furnish to underage persons due to the risk of litigation and possible substantial monetary losses, and (2) it allows those injured as a result of illegal furnishing of alcohol to underage youth to gain compensation from the person(s) responsible. Underage people causing injuries are the primary and most likely parties to be sued. Typically, social hosts are sued through social host liability claims when the underage persons do not have the resources to 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 so that injured parties can seek redress against persons or entities that 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. Thus, social host statutes normally take precedence over social host common law court decisions.

Many states require evidence that social hosts furnished 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 furnish 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.

²¹ Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

A common law liability designation signifies that the state allows lawsuits by injured third parties against social hosts for the negligent service or provision of alcohol to people under age 21 in non-commercial settings, according to a set of procedural and substantive rules.

A statutory liability designation indicates that a state has a social host liability statute. Statutory provisions can alter the common law rules, restricting an injured party’s ability to make successful claims. These limitations can limit the circumstances that can give rise to liability or greatly diminish plaintiffs’ chances of prevailing in a social host liability lawsuit, thus reducing the likelihood of a lawsuit being filed. Additional restrictions may also apply. For example, many states do not allow “first-party claims,” cases brought by the person who was furnished alcohol for his or her own injuries.

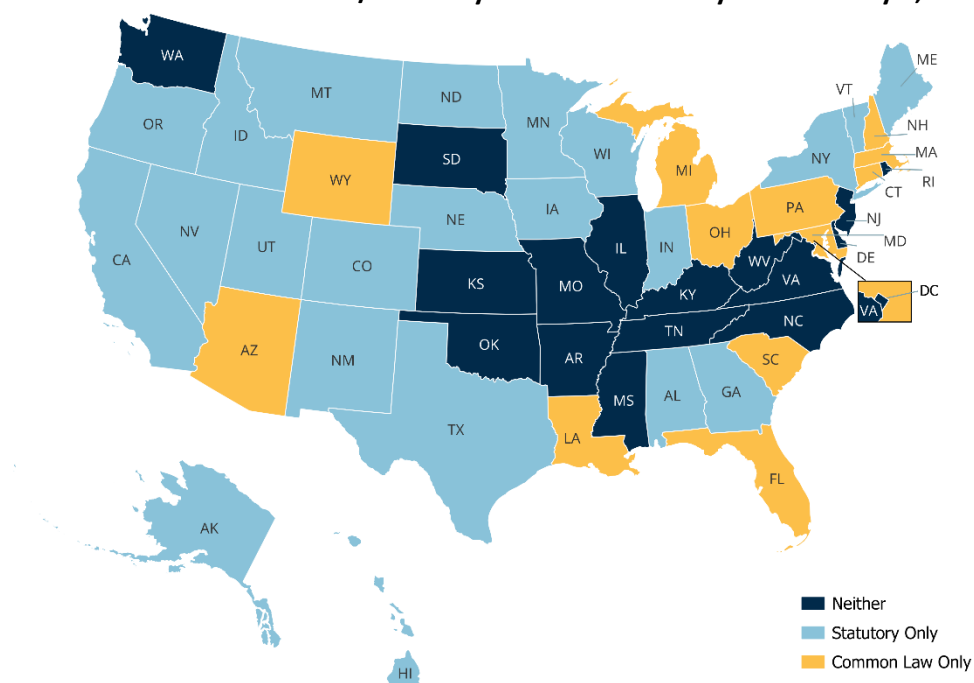
Status of Social Host Liability

As of January 1, 2022, 34 states impose social host liability through statutory or common law; 15 states do not impose social host liability (Exhibit 2.17). In two states, there is no statutory liability, and common law liability is unclear. Fifteen states with statutory social host liability impose one or more limits on liability, including limits on the damages that may be recovered, limits on who may be sued, and standards of proof of wrongdoing that are stricter than usual negligence standards.

Trends in Social Host Liability for Furnishing Alcohol to a Person Under Age 21

In the years between 2009 and 2022, the number of states that permit social host liability increased by two.

Exhibit 2.17: Common Law/Statutory Social Host Liability as of January 1, 2022



Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit stopalcoholabuse.gov.

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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.²² The purpose of these laws is to deter underage drinking parties by raising the legal risk for individuals who allow underage drinking events.

Underage drinking parties pose significant public health risks. They are high-risk settings for binge drinking and associated alcohol problems, including impaired driving. Young people who drink are often introduced to heavy drinking behaviors at these events. If the adult responsible for the private property upon which an underage drinking party occurred was not present at the party, or if this adult cannot be shown to have furnished the alcohol, host party laws provide a legal basis for holding adults responsible for such parties on their property whether or not they provided alcohol to underage people.

Host party laws often are closely linked to laws prohibiting the furnishing of alcohol to underage people (analyzed elsewhere in this report), although laws that prohibit hosting 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 underage people may be in violation of two distinct laws: (1) furnishing alcohol to a person under age 21 and (2) 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. The second, 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 an underage person to drink alcohol, after which that person 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 dimensions, including the following:

1. States may limit the laws' application specifically to underage drinking parties (e.g., by requiring a certain number of underage people 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.
2. Underage drinking on any of the host's properties may be included, or the laws may restrict their application to residences, outbuildings, or outdoor areas.
3. The laws may apply only when hosts make overt acts to encourage the party, or they may require only that hosts knew about the party or were negligent in not realizing that parties were occurring (i.e., should have known based on the facts available).

²² Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

4. A defense may be available for hosts who take specific preventive steps to end parties (e.g., contacting police) once they become aware that parties are occurring.
5. The laws may require differing types of behavior on the part of the underage people at the party (i.e., possession, consumption, intent to possess or consume) before a violation occurs.
6. States have varying exceptions in their statutes for family members or others or for other uses or settings involving the handling of alcoholic beverages.

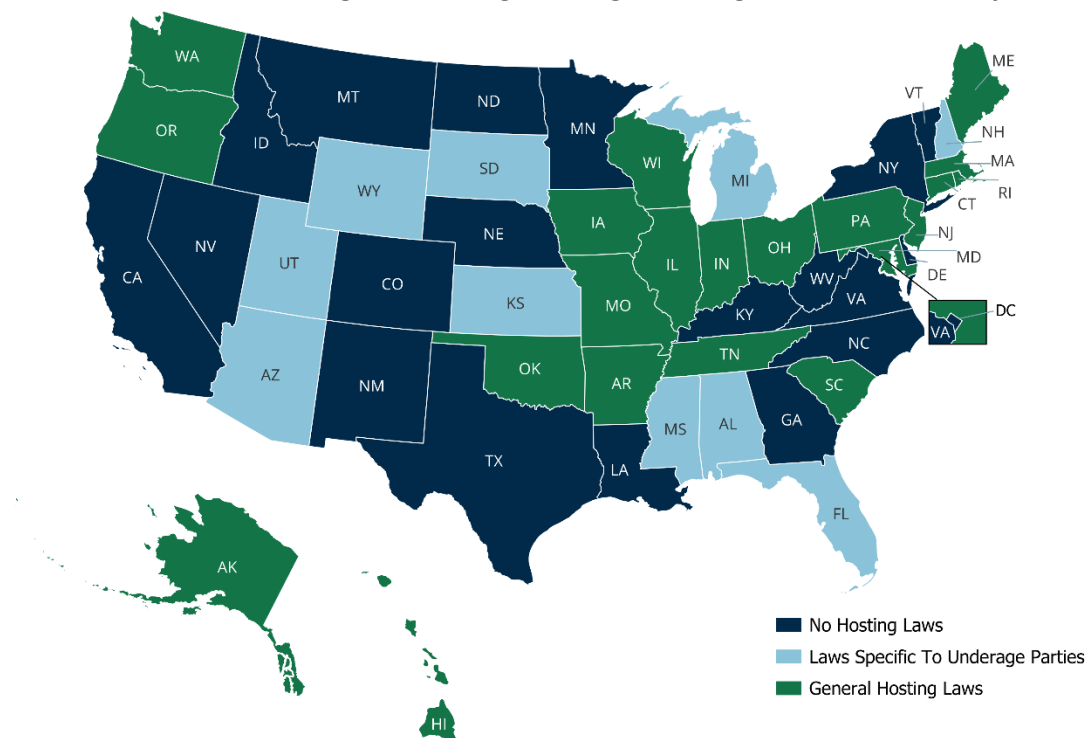
Status of Host Party Laws

As of January 1, 2022, 21 states have general host party laws, 10 have specific host party laws, and 20 have no laws of either sort (Exhibit 2.18). Of the states with host party laws, most apply to both residential and outdoor property and only four apply to residential property but not outdoor property. Of the 31 states with host party laws, 24 require that the host knew about the party to trigger liability; in the remaining states, the standard varies. Finally, the majority of states with host party laws have family exceptions.

Trends in Host Party Law Policies

Between 1998 and 2022, the number of states that enacted specific host party laws rose from five to 10, and the number that enacted general host party laws rose from 11 to 21. In 1998, there were 16 states with host party laws of both types; in 2022, there are 31.

Exhibit 2.18: Prohibitions Against Hosting Underage Drinking Parties as of January 1, 2022



Data Sources and Citations

All data for the “Prohibitions against Hosting Underage Drinking Parties” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/prohibitions-against-hosting-underage-drinking-parties/41>.

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Keg Registration

Policy Description

Keg registration laws (also called keg tagging laws) require wholesalers or retailers to attach tags, stickers, or engravings with an ID number to kegs exceeding a specified capacity. Recently, online keg tracking capacity using sensors has been developed. 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.²³ 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 tappers are returned with ID numbers intact. These deposits create an incentive for the purchaser to keep track of the whereabouts of the keg because a financial penalty may result if the keg is not returned.

Some states collect information (e.g., location where the keg contents are to be consumed, tag number of the vehicle transporting the keg) to aid law enforcement efforts, further raising the chances that illegal furnishing to people under age 21 will be detected. Some states also require retailers to provide warning information at the time of purchase about laws prohibiting service to underage youth and 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 non-disposable kegs, although some have modified keg registration provisions to accommodate this container type.

Status of Keg Registration Policies

Keg Registration Laws

As of January 1, 2022, 28 states require keg registration, and 23 states do not require keg registration (Exhibit 2.19). In 2021, two states ended their keg registration laws: Oregon and Wyoming. Minimum keg sizes subject to keg registration requirements range from 2 gallons to 7.75 gallons, with the exception of South Dakota, where the requirements are 8 gallons or 16 gallons. Utah alone prohibits keg sales altogether, making a keg registration law irrelevant.

Prohibited Acts

Separately from requiring retailers to register kegs, some states prohibit anyone from possessing unregistered kegs or destroying keg labels or both.

Purchaser Information Collected

All 28 states with keg registration laws require retailers to collect some form of purchaser information, such as purchaser's name and address, a driver's license, or other government-issued ID. Five states also require purchasers to provide the address where the keg will be consumed.

²³ Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

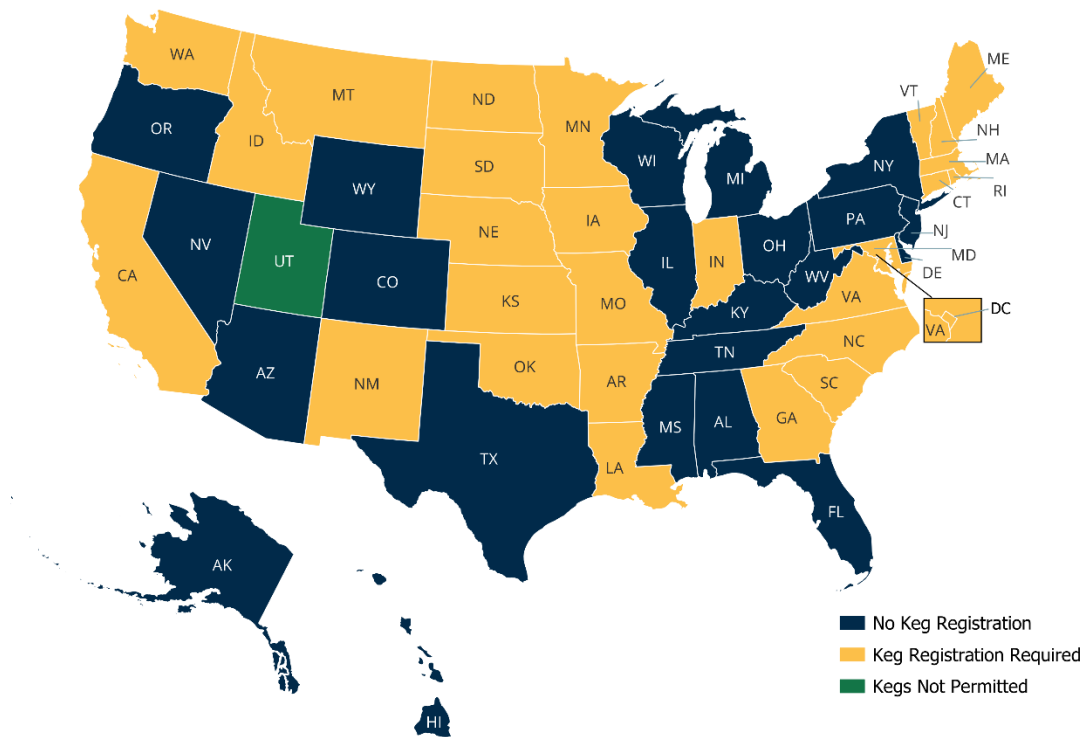
Warning Information to Purchasers

Of the 28 states with keg registration laws, 21 states require that warning information be presented to purchasers about the violation of laws related to keg registration. Warnings are either “active” (requiring an action on the part of the purchaser, such as signing a document), or “passive” (requiring no action on the part of the purchaser). Seven states do not require that any warning information be given to purchasers.

Trends in Keg Registration Policies

The number of states enacting keg registration laws rose steadily between 2003 and 2008, with an increase from 20 to 30 states. As of January 1, 2022, 28 states have keg laws. Michigan eliminated its keg registration law in 2018. Oregon and Wyoming eliminated their keg registration laws in 2021.

Exhibit 2.19: Keg Registration Laws as of January 1, 2022



Data Sources and Citations

All data for the “Keg Registration” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/keg-registration/27>. 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.

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High-Proof Grain Alcoholic Beverages

Policy Description

This policy addresses state laws that prohibit or restrict the retail availability of high-proof grain alcoholic beverages as a strategy for reducing underage drinking, particularly underage binge drinking.

High-proof grain alcoholic beverages, such as Everclear or Gem Clear, represent a type of “neutral spirit” that is odorless, colorless, and contains a high percentage of alcohol. The federal Alcohol and Tobacco Tax and Trade Bureau (TTB) defines “neutral spirits or alcohol” as “spirits distilled from any material at or above 95 percent alcohol by volume (190 proof), and if bottled, bottled at not less than 40 percent alcohol by volume (80 proof)” (TTB, 2007).²⁴ Grain spirits are neutral spirits distilled from a fermented mash of grain and stored in oak containers.

High-proof grain alcoholic beverages pose risks for underage persons. They have little or no taste, odor, or color and are often added to cocktails, soft drinks, and fruit punch. This can result in an easy-to-consume concoction with very high alcohol content that is difficult to detect.

Types of Restrictions on Sale of High-Proof Grain Alcoholic Beverages

Some states prohibit or restrict retail sale of high-proof grain alcoholic beverages. State statutes or regulations may restrict the types of such beverages that can be sold in the state.

Control states may also regulate high-proof grain alcoholic beverages through internal policies that are not reflected in statute or regulation (i.e., by determining administratively that the beverages will not be made available at state-run wholesale and/or retail outlets).²⁵

States that regulate grain alcohol through internal policy, rather than by statute or regulation, are reported as restricting sales only if their internal policies are published in writing. Counties or municipalities may also regulate the sale of high-proof grain alcoholic beverages by local ordinance. Such restrictions are not included in this report.

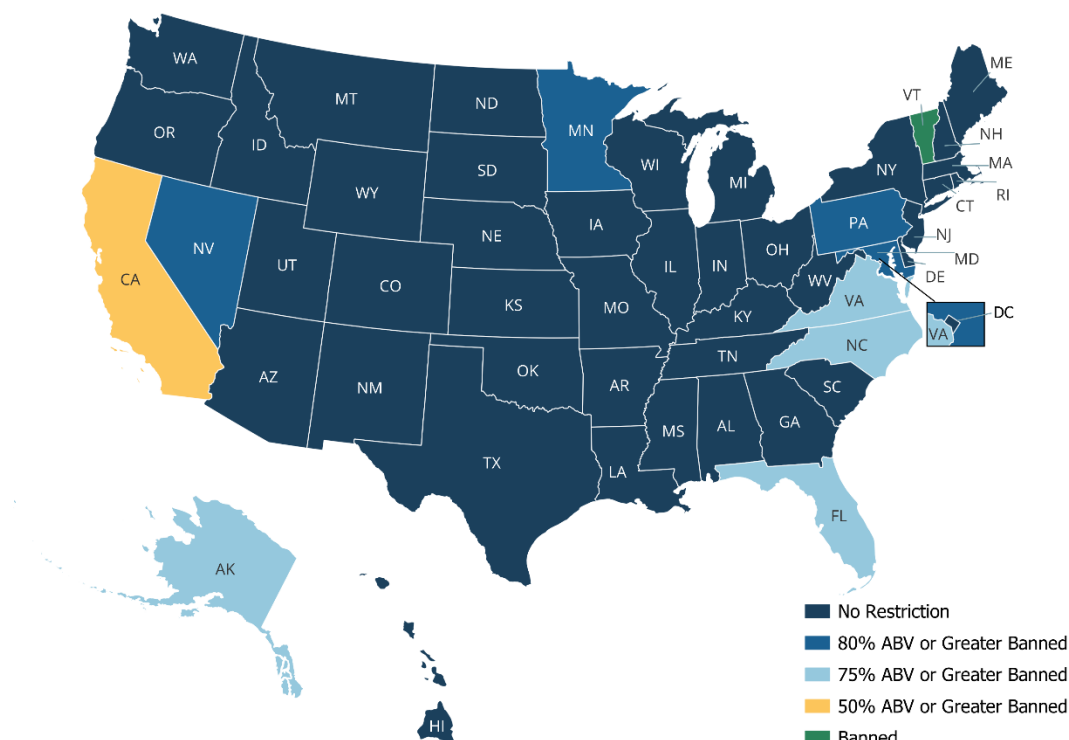
Current Status of Sale of High-Proof Grain Alcoholic Beverages

Ten states regulate the sale of high-proof grain alcoholic beverages through statute, regulation, or written policy (Exhibit 2.20). Six of these are license states. The other four are control states. Two of the 10 states offer exceptions to the restrictions.

Five states define the restrictions in terms of ABV. For example, Maryland makes it illegal to sell grain alcohol with 95 percent ABV or more. Four states define the restriction in terms of proof. For example, Pennsylvania restricts sales of alcohol at 190 (95 ABV) proof or greater.

²⁴ Proof is a method of measuring the alcohol content of spirits calculated by multiplying the percent of alcohol by volume (ABV) by two.

²⁵ Control states are those states in which the state government maintains direct control over the distribution and sale of alcoholic beverages at the wholesale and/or retail levels.

Exhibit 2.20: Restrictions on High-Proof Grain Alcohol as of January 1, 2022

Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit stopalcoholabuse.gov.

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Policies Addressing Sales and Delivery to Consumers at Home

The policies described below reflect the changing landscape of alcohol sales over the past two decades. The rise of online commerce and large internet retailers, coupled with a trend in court cases to limit the powers of states to control alcohol sales that cross state lines, may change the way alcohol is purchased by consumers. Relaxing laws governing the sale of alcohol during the COVID-19 pandemic has accelerated these changes, which have yet unknown but possibly significant effects on the ability of people under age 21 to obtain alcohol. Accordingly, ICCPUD is in the process of developing a new analysis and summary of state laws governing all the current methods for selling alcohol to consumers at home. This section describes four distinct but related current policies: Retailer Interstate Shipments of Alcohol, Direct Sales/Shipment from Producers to Consumer, Home Delivery of Alcohol, and Direct-to-Consumer Alcohol Delivery.

Retailer Interstate Shipments of Alcohol

Policy Description

This policy addresses state laws that prohibit or permit retailers to ship alcohol directly to consumers located across state lines, usually in response to alcohol orders placed over the internet. Related but distinct policies include:

- The direct shipment policy, which addresses alcohol shipments to consumers by alcohol producers;
- The home delivery policy, which prohibits or limits the purchase from and delivery by off-premises retailers of alcoholic beverages to customers who are not physically present at retail outlets; and
- The direct-to-consumer alcohol delivery policy, which addresses the delivery of alcohol to consumers by on-premises retailers or third-party delivery companies.

Retailer interstate shipments may be an important source of alcohol for underage people who drink. Research suggests that there are more than 5,000 internet alcohol retailers and that the retailers make conflicting claims regarding the legality of shipping alcohol across state lines to consumers. There were also conflicting claims regarding the role of common carriers.²⁶ This suggests confusion regarding state laws addressing interstate retail shipments (Williams & Ribisl, 2012).

The National Research Council and Institute of Medicine (NRC & IOM, 2004) report on reducing underage drinking recognized that underage persons may obtain alcohol over the internet. It recommended that states either ban such sales or require alcohol labeling on packages and signature verification at the point of delivery.

Several possible barriers to implementing and enforcing bans on retailer interstate alcohol sales include:

1. States may have difficulty securing jurisdiction over out-of-state alcohol retailers.
2. States may have little incentive to use limited enforcement resources to address in-state alcohol retailers that are shipping out of state because they are not violating state law, taxes are being collected, and any problems occur out of state.
3. Enforcing bans on retailer interstate shipments may prompt online retailers to locate outside the country, creating additional jurisdictional and enforcement problems.

²⁶ Common carriers would include such companies as United Parcel Service, Federal Express, and other delivery companies.

- Direct shipments from out-of-state prohibited; Direct shipment of alcoholic beverages into State, N.C. Gen. Stat. § 18B-102.1; N.C. Gen. Stat. § 18B-109. https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_18B/GS_18B-109.pdf
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Direct Sales/Shipments From Producers to Consumers

Policy Description

State proscriptions against direct sales and shipments of alcohol from producers to consumers date back to the repeal of Prohibition. The reason for the proscriptions was to ensure that the pre-Prohibition era “tied house system” (under which producers owned or controlled retail outlets directly or both) 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. What emerged was a three-tier production and distribution system with separate production, wholesaling, and retail elements. Thus, producers must distribute products through wholesalers rather than sell directly to retailers or consumers, wholesalers must purchase from producers, and consumers must purchase from retailers.

Modern marketing practices, particularly internet sales that link producers directly to consumers, have led many states to create laws with exceptions to general mandates that alcohol producers distribute their products only through wholesalers. Some states permit producers to ship alcohol to consumers using a delivery service (usually a common carrier).²⁷ In some cases, these exceptions are responses to legal challenges by producers or retailers arguing that state law unfairly discriminates between in-state and out-of-state producers. The U.S. Supreme Court has held that state laws permitting in-state producers to ship directly to consumers while barring out-of-state producers from doing so violate the U.S. Constitution’s Interstate Commerce Clause and that this discrimination is neither authorized nor permitted by the 21st Amendment.²⁸

One central concern emerging from this controversy is 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.

Underage 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. These concerns were validated by a study that found that internet alcohol vendors use weak, if any, age verification, thereby allowing people under age 21 to successfully purchase alcohol online (Williams & Ribisl, 2012). In response to these concerns, several states that permit direct sales/shipments have included provisions to deter youth access. These may include requirements that:

1. Consumers have face-to-face transactions at producers’ places of business (and show valid age ID) before any future shipments to consumers can be made;²⁹
2. Producers/shippers and deliverers verify recipient age, usually by checking recipients’ ID;
3. Producers/shippers and deliverers obtain permits or licenses or be approved by the state;
4. Producers/shippers and deliverers maintain records that must either be reported to state officials or be open for inspection to verify recipients of shipments; and
5. Direct shipment package labels include statements that the package contains alcohol and that the recipient must be at least 21 years old.

State laws also vary on the types of alcoholic beverages (i.e., beer, wine, distilled spirits) that producers may sell directly and ship to consumers. These and other restrictions may apply to all

²⁷ Common carriers would include such companies as United Parcel Service, Federal Express, and other delivery companies.

²⁸ See, for example, *Granholm v. Heald*, 544 U.S. 460, 125 S.Ct. 1885 (2005).

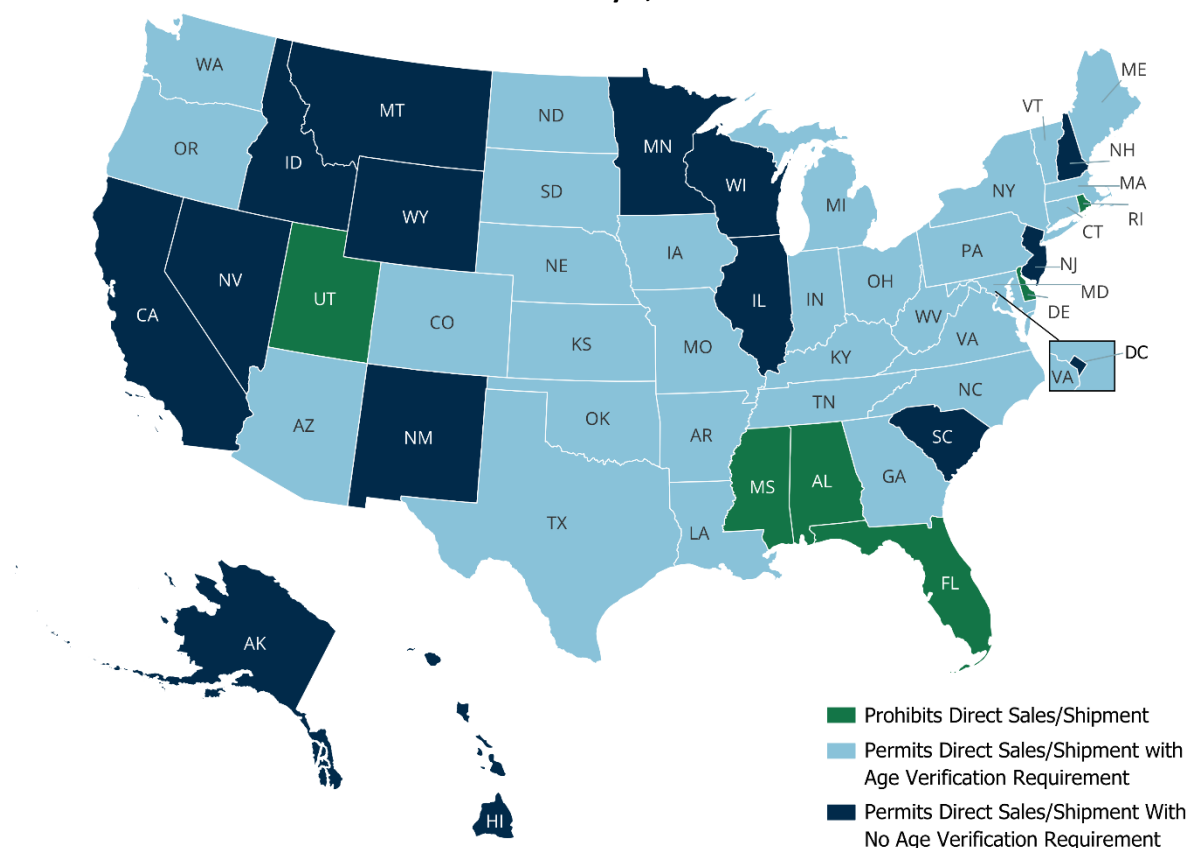
²⁹ Laws that require face-to-face transactions for all sales prior to delivery are treated as prohibitions on direct sales/shipments.

direct shipments. Only those requirements related to preventing underage sales are discussed here.³⁰

Status of Direct Sales/Shipment Policies

As of January 1, 2022, 45 states permit direct sales/shipments from producers to consumers, and six prohibit such transactions (Exhibit 2.22). Of the 45 states permitting direct sales or shipments, 30 require some form of age verification, whether by shippers, deliverers, or both. Fifteen states do not require any age verification. One state (Kentucky) requires face-to-face transactions at producers' places of business and verification of valid age ID before shipments to the consumer can be made.

Exhibit 2.22: Direct Sales/Shipment Policies and Age Verification Requirements as of January 1, 2022



Trends in Direct Sales/Shipments Policies

Between January 1, 2009, and January 1, 2022, 15 states amended their existing direct shipping policies. Twelve of these states added restrictions on direct shipment, such as requiring labels, collecting purchaser names, or adding age verification requirements, and three states removed restrictions. During the same time period, nine other states adopted permit systems allowing direct shipment of wine from producers to purchasers.

³⁰ These include caps on the amount that can be shipped; laws that permit only small producers to sell directly to consumers; reporting and taxation provisions unrelated to identifying possible 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).

Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit stopalcoholabuse.gov.

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Williams, R. S., & Schmidt, A. (2014). The sales and marketing practices of English-language Internet alcohol vendors. *Addiction*, 109(3), 432–439. <https://doi.org/10.1111/add.12411>

Home Delivery

Policy Description

Home delivery restrictions prohibit or limit the ability of off-premises alcohol retailers (e.g., liquor stores) to deliver alcoholic beverages to customers who are not present at the retail outlet. Delivery of alcohol may increase alcohol availability to youth by increasing opportunities for underage persons to subvert minimum age purchase requirements (Wagenaar et al., 2005). Ordering by phone, email, or the internet may facilitate deception. Delivery persons may have less incentive to check purchasers' age ID when they are away from the licensed establishment and cannot be watched by a surveillance camera, the liquor store's management, or other customers. Home delivery policies differ from the direct-to-consumer policies (detailed later) in that direct-to-consumer policies address deliveries from on-premises retailers (e.g., bars, restaurants) and delivery by third parties.

A state home delivery law may:

1. Specifically prohibit or permit the delivery of beer, wine, or spirits to residential addresses, hotel rooms, conference centers, and similar locations
2. Permit home delivery but with restrictions, including:
 - a. limits on the quantity that may be delivered;
 - b. limits on the time of day or days of the week when deliveries may occur; and/or
 - c. a requirement that the retail merchant obtain a special license or permit to deliver.

In some states that allow home delivery, local ordinances may restrict or ban home delivery in specific substate jurisdictions.

Status of Home Delivery Policies

Twenty-three states permit home delivery of beer, wine, and spirits; eight prohibit delivery of all three; and 13 have no law for any beverage. Seven states have differing laws for each of the three beverages. Of the states that permit home delivery, some place restrictions on retailers, including:

1. Requiring a state permit;
2. Restricting the volume that can be delivered; and/or
3. Requiring clearly marked delivery vehicles.

Alaska is the only state that requires that orders must be in writing and that written information on fetal alcohol syndrome accompany the delivered product. Washington requires a special license for internet orders. Exhibits 2.23–2.25 summarize the status of home delivery for beer, wine, and spirits as of January 1, 2022.

Trends in Home Delivery Policies

Between 2010 and 2022, six states changed their home delivery policies to permit delivery or to loosen restrictions on the types of beverage that may be delivered, and one state introduced restrictions on the delivery of spirits.

Exhibit 2.23: Home Delivery of Beer as of January 1, 2022

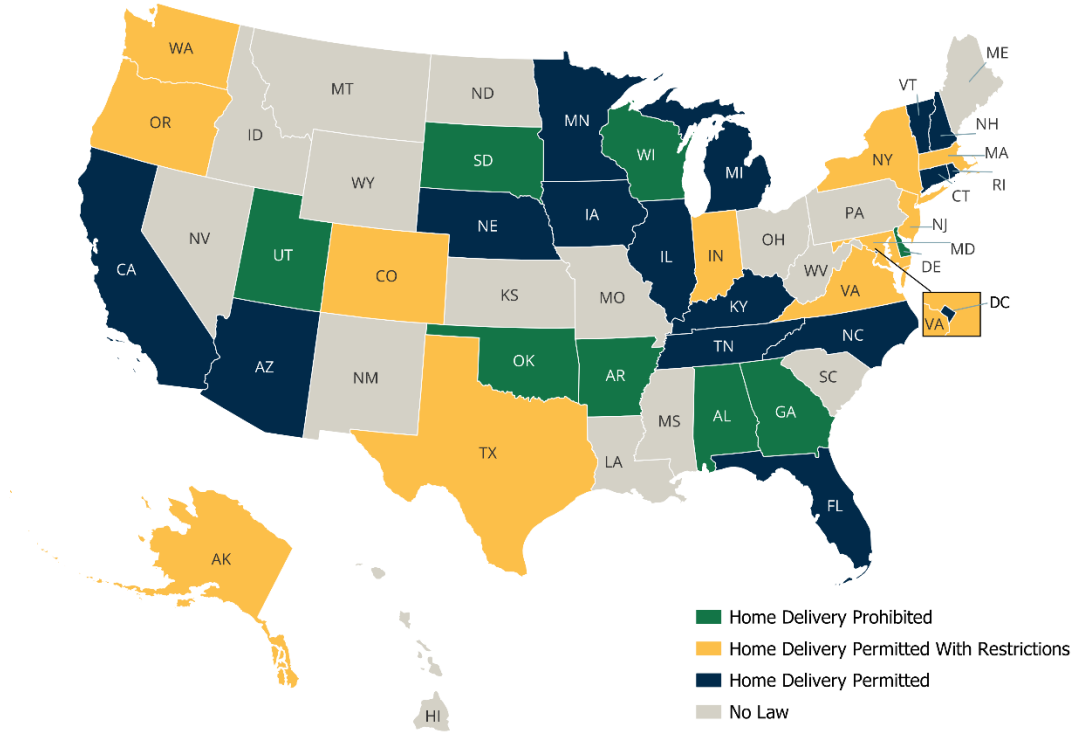


Exhibit 2.24: Home Delivery of Wine as of January 1, 2022

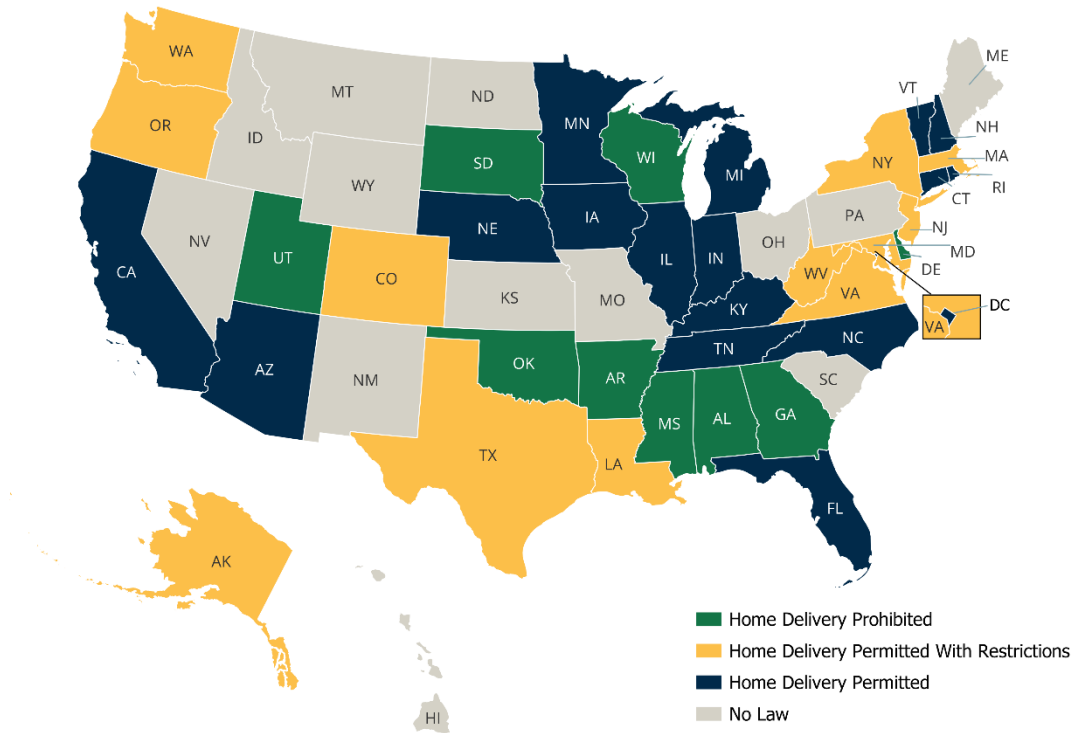
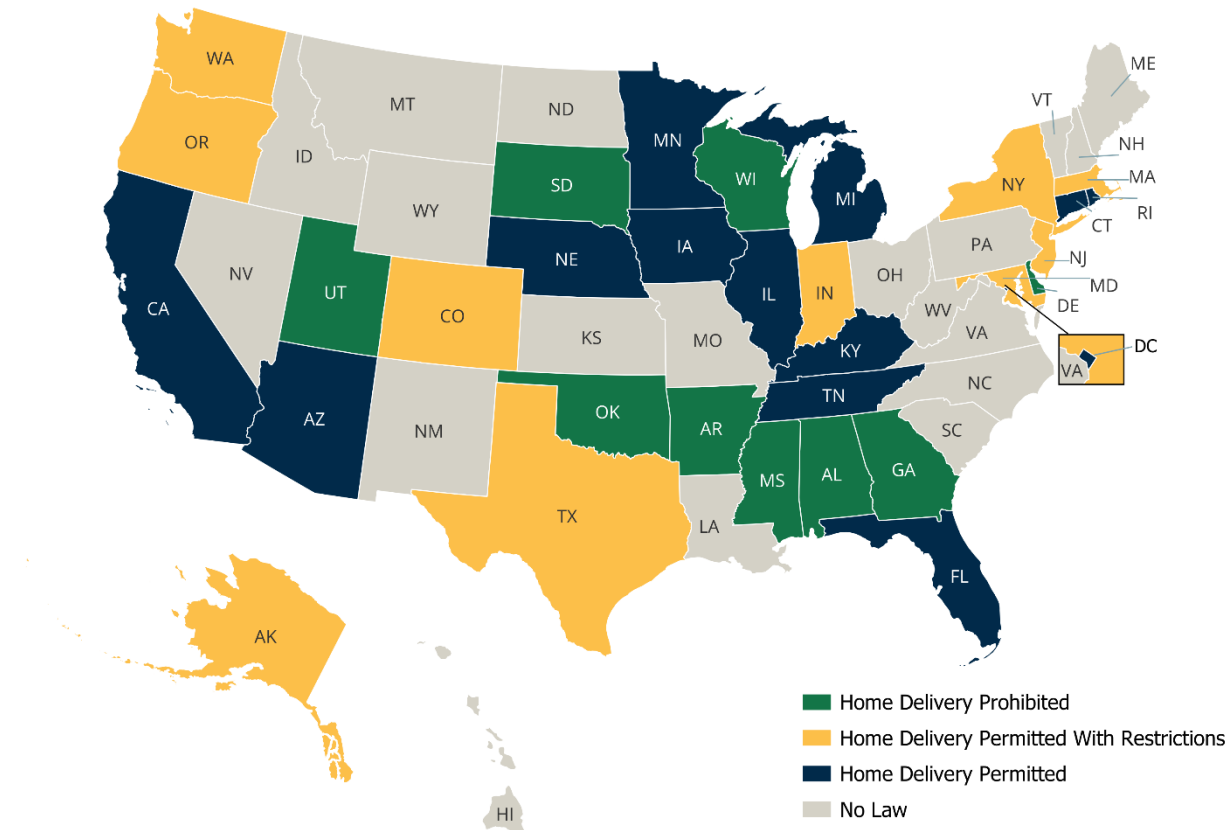


Exhibit 2.25: Home Delivery of Spirits as of January 1, 2022

Data Sources and Citations

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Direct-to-Consumer Alcohol Delivery

Policy Description

Beginning March 15, 2020, U.S. state governors began issuing shut-down orders to reduce the spread of COVID-19. These Executive Orders included shutting down “non-essential businesses” (as specifically defined in each state), which included on-premises alcohol retailers. At the same time that on-premises alcohol retailers were ordered to shut down in-person service to consumers, many states temporarily permitted them to deliver alcoholic beverages to consumers’ homes. Subsequently, some states made their direct-to-consumer policy permanent.

A consequence of laws that permit ongoing direct-to-consumer sales is increased alcohol availability. For example, checking that recipients of the alcohol delivery to each home or other location are age 21 or above is more difficult to monitor and enforce than purchases at bars or restaurants. Additionally, as alcohol outlets may use third-party delivery services rather than use their own employees to conduct deliveries, they have less control over whether delivery laws are followed. Further, retailers may be able to shield themselves from sales that violate state law without affecting the status of their liquor licenses, therefore, reducing the incentive to follow delivery laws.

Direct-to-consumer policies differ from three related but distinct policies addressed in this report:

1. Retailer interstate shipments of alcohol.
2. Home delivery of alcohol.
3. Direct sales/shipments from producers to consumers.

Retailer interstate shipments are laws that prohibit or permit retailers to ship alcohol directly to consumers located across state lines, usually by ordering alcohol over the internet. Home delivery laws prohibit or limit the purchase from and delivery by off-premises retailers of alcoholic beverages to customers who are not physically present at retail outlets. Direct sales/shipments from producers to consumers policies are state proscriptions against direct sales and shipments of alcohol from producers to consumers. Thus, producers must distribute products through wholesalers rather than sell directly to retailers or consumers, wholesalers must purchase from producers, and consumers must purchase from retailers.

Provisions Applicable to Sale

States that have enacted direct-to-consumer laws differ by the types of on-premises retailers that may deliver alcohol to consumers such as restaurants, bars, and third-party delivery firms. The types of products that may be delivered vary as well and include beer, wine, distilled spirits, and/or mixed beverages such as cocktails. States also differ according to whether a restaurant, bar, or third-party firm is required to have a state license authorizing delivery.

Provisions Applicable to Deliveries

States vary regarding provisions applicable to deliveries of alcoholic beverages by on-premises retailers to consumer’s homes. Some states specifically set the hours during which deliveries are permitted. Some limit the amount of alcohol that may be delivered with each order, and some determine whether food is required to be included with alcohol deliveries.

Provisions Applicable to Delivery Persons

States that permit direct-to-consumer deliveries have also enacted provisions applicable to delivery persons. Some states require that deliverers of alcohol be at least 21 years of age. Some require that delivery persons physically check age ID of recipients to complete deliveries. Finally, some states require that delivery persons receive payment for deliveries regardless of whether or not they are able to complete the delivery. This latter type of provision is important because without a guarantee of payment, delivery persons may ignore rules that are intended to prevent deliveries to underage persons.

Status of Direct-to-Consumer Policies

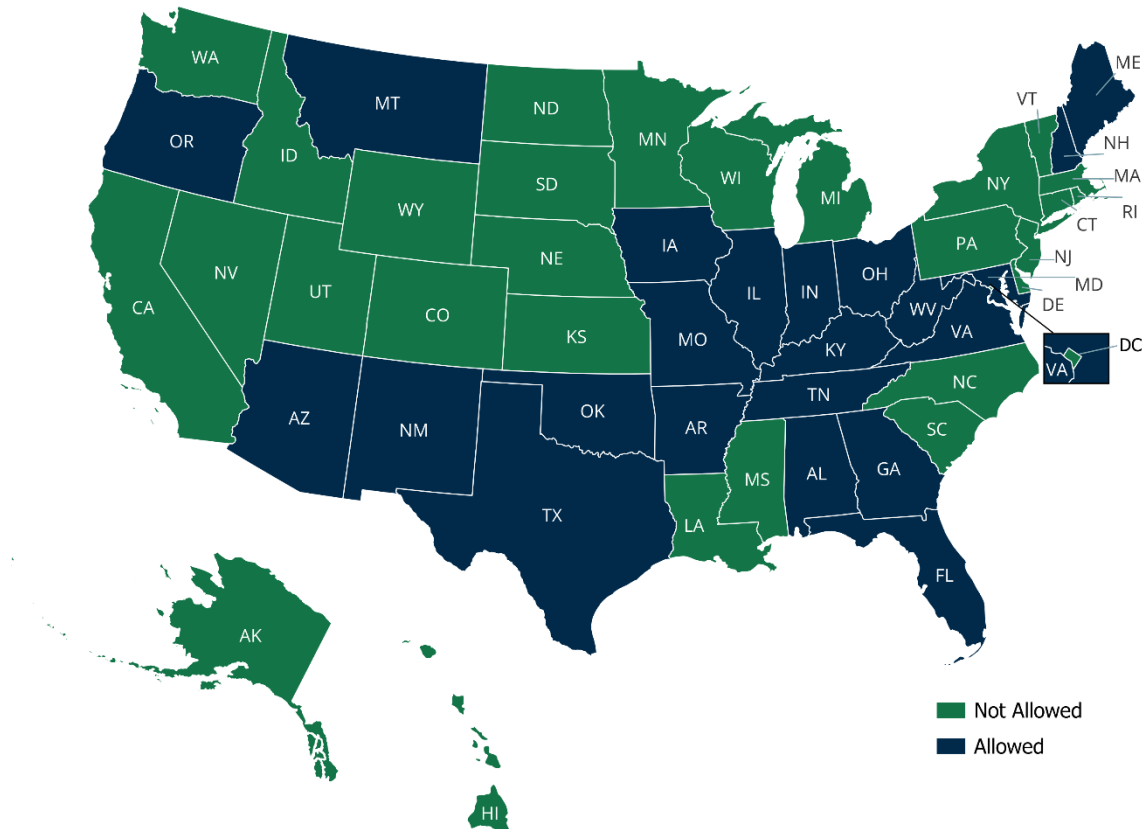
By January 1, 2022, 22 states had enacted laws permitting on-premises retailers to deliver alcoholic beverages to consumers' homes (Exhibit 2.26). Each of the 22 states permit delivery by restaurants, 16 permit delivery by bars, and 13 permit third parties to deliver alcohol from on-premises retailers directly to the homes of consumers.

Of the 22 states that permit restaurants to deliver directly to consumers:

- Twelve require state delivery permits to do so. Of the 16 states that permit delivery by bars, nine require state delivery permits. Of the 13 states the permit third-party delivery, eight require state delivery permits.
- All but two states permit beer to be delivered. All states that permit delivery allow wine to be delivered, and 14 allow distilled spirits to be delivered directly to consumers.
- Three states provide specific hours during which delivery may occur; 10 states limit the amount of alcohol that may be delivered at one time; and 15 states require food to be delivered along with alcohol.

Especially important to reducing availability of alcohol to minors, of the 22 states that permit deliveries, all but six require delivery persons to be age 21 or above. Ten states of the 22 that permit delivery require that age ID be shown to delivery persons. Only one state requires that payment be provided to delivery persons regardless of whether the delivery can be completed.

Exhibit 2.26: States that Permit Some Form of Direct-to-Consumer Delivery of Alcohol as of January 1, 2022



Trends in Direct-to-Consumer Policies

Consumer convenience and desire to continue delivery opportunities available during COVID-19 restrictions are likely to spur additional states to enact and expand direct-to-consumer laws. It is also foreseeable that states with existing laws will amend them to limit some of the unintended consequences of laws enacted quickly, such as increases in access to alcohol by underage persons.

Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit stopalcoholabuse.gov.

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Policies Affecting Alcohol Pricing

Alcohol Taxes

Policy Description

This policy addresses beer, wine, and distilled spirits taxes. Although some states have separate tax rates for other alcoholic products (e.g., sparkling wine, flavored alcohol beverages), these account for a small market share and are not addressed.

There is ample evidence that the “economic availability” of alcoholic beverages (i.e., retail price) affects underage drinking and a wide variety of related consequences. The *Surgeon General’s Call to Action* includes economic availability as a strategy in the context of increasing the cost of underage drinking (OSG, 2007). Taxes are a major way that alcohol prices are amended by policymakers, and increasing alcohol taxes has been recommended by the U.S. Community Preventive Services Task Force as a way to effectively reduce excessive drinking, including among adults and underage drinking.³¹

The effects of price on reducing underage drinking, college drinking, and binge drinking (including drinking among youth who show signs of alcohol use disorder) are considerable. There are also significant effects on youth motor vehicle crashes, violence on college campuses, and crime among people under 21.

Although alcohol taxes are an imperfect index of retail prices, tax rates are relatively easy to measure and provide a useful proxy for economic availability. Based on this and other research, the 2004 NRC/IOM report *Reducing Underage Drinking: A Collective Responsibility* (NRC & IOM, 2004) made the following recommendation: “[S]tate legislatures should raise excise taxes to reduce underage consumption and to raise additional revenues for this purpose.” However, alcohol excise taxes have not kept up with inflation, reducing their value since the 1970s because of insufficient tax increases and infrequent tax increases (Blanchette et al., 2020).

Status of Alcohol Taxation

As of January 1, 2022, all license states have a specific excise tax for beer, wine, and spirits. The federal government also levies a specific excise tax on beer, wine, and distilled spirits.³²

Like the federal-specific excise tax, state-specific excise taxes are generally highest for spirits and lowest for beer, roughly tracking the alcohol content of these beverages. The states with the highest excise taxes for one beverage may not be the states with the highest excise taxes for other beverages. States may control for one, two, or three categories (beer, wine, and spirits).

Exhibits 2.27–2.29 show the levels of excise taxes for beer, wine, and spirits in each state for on- and off-premises sales.

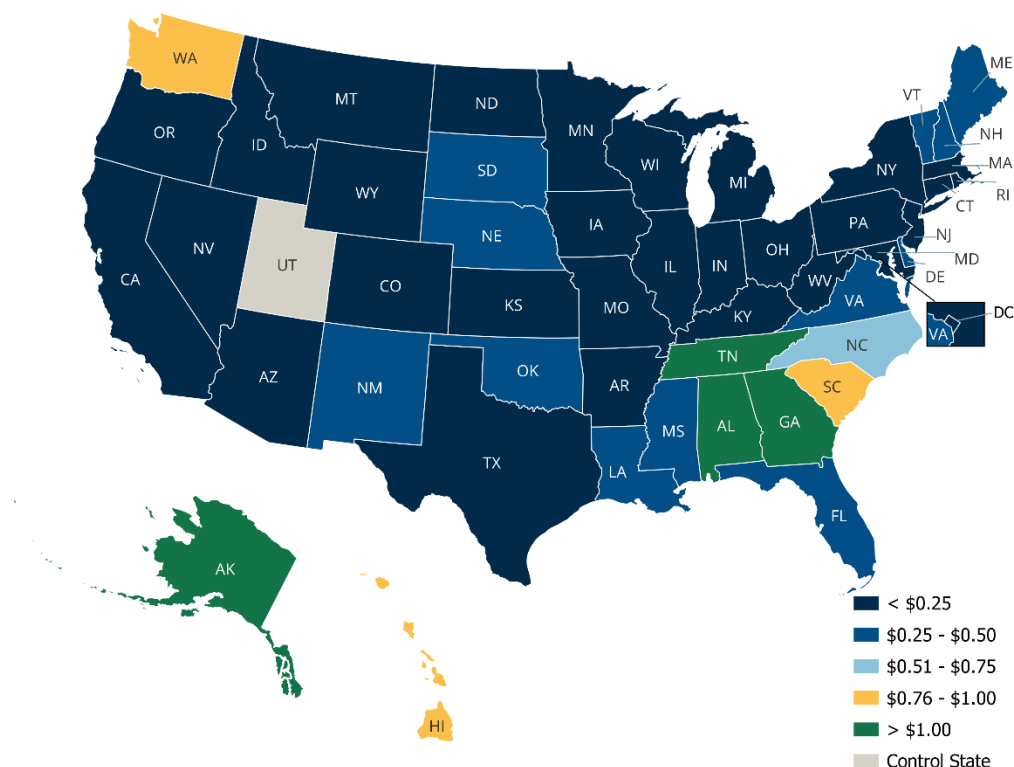
³¹ The Guide to Community Preventive Services (The Community Guide). (n.d.). Retrieved July 3, 2020, from <https://www.thecommunityguide.org/>

³² “Spirits are taxed at the rate of \$13.50 on each proof gallon and a proportionate tax at the like rate on all fractional parts of a proof gallon. A proof gallon is one liquid gallon of spirits that is 50 percent alcohol at 60°F. Distilled Spirits bottled at 80 proof (40 percent alcohol) would be 0.8 proof gallons per gallon of liquid and taxed at a rate of \$10.80 per gallon. Distilled Spirits bottled at 30 proof (15 percent alcohol) would be 0.3 proof gallons per gallon of liquid and taxed at a rate of \$4.05 per gallon.”

Trends in Alcohol Taxes

Exhibit 2.30 shows the number of tax increases or decreases in beer, wine, or spirits excise taxes since 2003. These changes do not reflect increases or decreases in sales tax-adjusted ad valorem excise tax rates that were caused only by a state’s change to its general sales tax.^{33,34} Changes also do not include the initial tax changes that occurred in 2011 when Washington changed from a control state to a license state. Measured in real-dollar terms to account for inflation, state alcohol excise taxes have declined about 30 percent since 1991 and now average about 5 cents per drink (Naimi et al., 2018). As a result, considering all types of taxes on alcohol, total alcohol taxes in 2010 accounted for just one-tenth of the costs due to excessive drinking in the United States (Blanchette et al., 2019).

Exhibit 2.27: Specific Excise Tax Per Gallon on Beer as of January 1, 2022



³³ Ad valorem taxes are based on the price of the alcoholic beverage.

³⁴ The retail ad valorem excise tax minus the sales tax; applicable only to states in which sales tax does not apply to alcoholic beverages in order to reflect the actual taxation rate.

Exhibit 2.28: Specific Excise Tax Per Gallon on Wine as of January 1, 2022

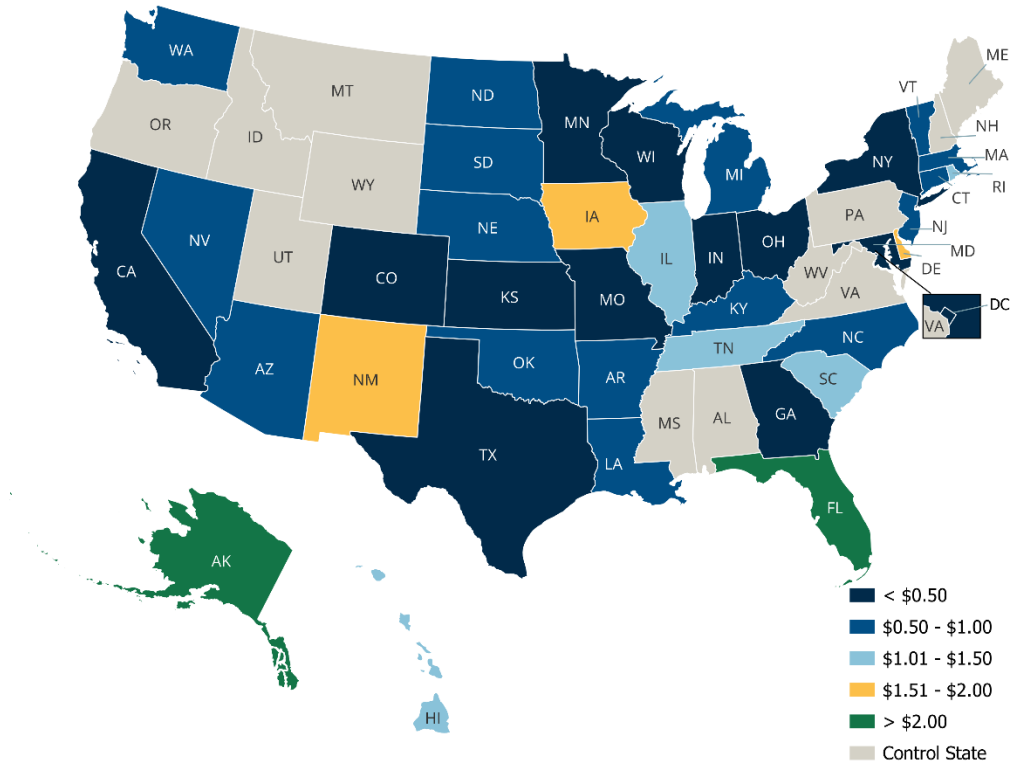


Exhibit 2.29: Specific Excise Tax Per Gallon on Distilled Spirits as of January 1, 2022

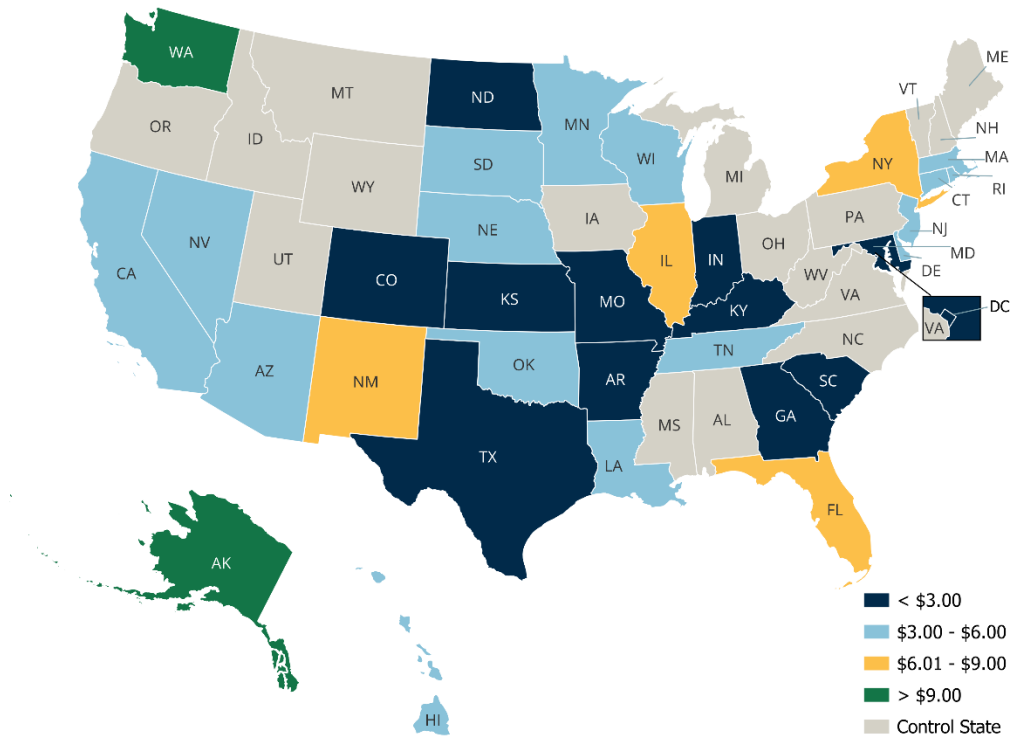


Exhibit 2.30: Alcohol Tax Changes 2003–2022

		Beer		Wine		Spirits		Total Number of Changes
		Specific Excise Tax	Ad Valorem Excise Tax	Specific Excise Tax	Ad Valorem Excise Tax	Specific Excise Tax	Ad Valorem Excise Tax	
Number of states that:	Increased rates	11	7	12	6	10	7	53
	Decreased rates	1	6	0	4	0	2	13

Data Sources and Citations

All data for the three components of the “Alcohol Beverages Taxes” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) websites:

<https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/beer/30>;

<https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/wine/32>; and

<https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/distilled-spirits/31>. 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.

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Low-Price, High-Volume Drink Specials

Policy Description

Restrictions on low-price, high-volume drink specials regulate on-premises retailers in their use of various price-related marketing tactics, such as “happy hours,” two-for-one specials, or free drinks, that encourage heavier consumption. These promotions are particularly prevalent in college communities, where large numbers of underage students are present.

Research has examined the effects of on-premises retail drink specials on binge drinking among college students. For example, one study that measured self-reported binge drinking rates among college students reported that price-related marketing promotions were significantly correlated with higher binge drinking and self-reported drinking and driving rates among students (Wechsler et al., 2003).

Based on this and other research, the *Surgeon General’s Call to Action* concluded that “increasing the cost of drinking can positively affect adolescent decisions about alcohol use” and recommended “[e]limination of low price, high-volume drink specials, especially in proximity to college campuses, military bases, and other locations with a high concentration of youth” (OSG, 2007).

A state law concerning low-price, high-volume drink specials may prohibit or restrict the following practices:

1. Providing customers with free beverages either as a promotion or on a case-by-case basis (e.g., on a birthday or anniversary, as compensation for poor services);
2. Offering additional drinks for the same price as a single drink (e.g., two-for-ones);
3. Offering reduced-price drinks during designated times of day (i.e., happy hours);
4. Instituting a fixed price for an unlimited number of drinks during a fixed period of time (i.e., “beat the clock” and similar drinking games);
5. Offering drinks with increased amounts of alcohol at the same price as regular-sized drinks (e.g., double shots for the price of single shots); and
6. Service of more than one drink to a customer at a time.

Status of Low-Price, High-Volume Drink Specials Law

As of January 1, 2022, 14 states prohibit free beverages. Two states prohibit multiple servings at one time. Nineteen states prohibit multiple servings for a single serving price. Twenty-four states prohibit unlimited beverages for a fixed price or period. Ten states prohibit increased volume without increase in price. As shown in Exhibit 2.31, seven states prohibit happy hours (reduced prices). Nine additional states allow happy hours but restrict the hours in which they may be offered.

Trends in Low-Price, High-Volume Drink Specials Law

Since 2011, five states have either repealed their drink specials laws or amended them to make them less stringent.

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Wholesaler Pricing Restrictions

The 21st Amendment to the Constitution repealed Prohibition and gave states broad authority to regulate alcohol sales within their borders.³⁵ Most states established a three-tier structure: producers, wholesalers, and retailers. Many states included restrictions on wholesaler pricing practices intended to strengthen the three-tier system, reduce price competition among wholesalers and retailers, and combat corruption and crime in the alcohol market.

Research suggests that the specific wholesaler pricing restrictions described below increase the price of alcohol to consumers. Research also shows that underage consumption and problems are strongly influenced by alcohol prices. One study has concluded that restrictions on certain wholesale pricing practices may have as strong an effect on alcohol pricing as alcohol taxes (Chaloupka, 2010).

Some states operate alcohol wholesale operations directly through a state agency, usually limited to distilled spirits, beer with high alcohol content, and wine with high alcohol content. In these cases, the state sets wholesaler prices as part of its administrative function, and statutory provisions are relevant only to that portion of the wholesaler market in the control of private entities. For this policy, an index beverage (defined by alcohol content) has been selected: beer (5 percent), wine (12 percent), and spirits (40 percent). If the index beverage is controlled, in whole or in part, by the state at the wholesale level, the state is defined as a “control” state. If an index beverage is not controlled by the state at the wholesale level, that state is defined as a “license” state.³⁶ For the purpose of describing wholesale pricing restrictions, a state may be both control and license, depending on the beverage. One state, Utah, is defined as a control state for all three beverage indexes because that state sets wholesaler prices for the index beverage (5 percent ABV for beer).

Types of Wholesaler Pricing Policies

In general, wholesaler pricing policies fall within four types:

1. Restrictions on volume discounts;
2. Restrictions on discounting practices;
3. Price posting requirements; and
4. Restrictions on the ability of wholesalers to provide credit extensions to retailers.

Policy categories are closely interrelated but may operate independently of each other. Each is described briefly below.

Volume Discounting Restrictions

Large retailers often have an advantage over smaller retailers due to the large volumes they can purchase at once. This purchasing power allows them to negotiate lower prices on most commodities and therefore offer items at lower prices to consumers. Many states have imposed restrictions on the ability of wholesalers to provide volume discounts—the same price must be charged for products regardless of the amount purchased by individual retailers. The primary purpose of these laws is to protect small retailers from predatory marketing practices of large-volume competitors and to prevent corruption. They have a secondary effect of increasing retail prices generally by making retail price discounting more difficult.

³⁵ Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

³⁶ For a state-by-state review of control state wholesaler systems and further discussion of license systems, see <http://www.apis.niaaa.nih.gov>.

Minimum Pricing Requirements

States may require wholesalers to establish a minimum markup or maximum discount for each product sold to retailers based on the producer's price for the product, or states may enact a ban against selling any product below cost. These provisions are designed to maintain stable prices on alcohol products by limiting price competition at both retail and wholesale levels. In most cases, this increases the retail price to consumers and thus affects public health outcomes.

Post-and-Hold Provisions

This policy requires wholesalers to publicly “post” prices of their alcohol products (i.e., provide a list of prices to a state agency for review by the public, including retailers and competitors) and hold these prices for a set amount of time, allowing all retailers the opportunity to make purchases at the same cost.

Post-and-hold requirements are typically tied to minimum pricing and price discounting provisions and enhance the states' ability to enforce those provisions. Post-and-hold provisions reduce price competition among both retailers and wholesalers because posted prices are locked in for a set amount of time. They also promote effective enforcement of other wholesaler pricing policies. Some states require wholesalers to post prices but have no “hold” requirement—that is, posted prices may be changed at any time. This is a weaker restriction.

Credit Extension Restrictions

Wholesalers often provide retailers with various forms of credit (e.g., direct loans or deferred payment of invoices). Many states restrict alcoholic beverage wholesalers' ability to provide credit to retailers, typically by banning loans and limiting the period of time required for retailers to pay invoices. The primary purpose of the restrictions is to limit the influence of wholesalers on retailer practices. When a retailer is relying on a wholesaler's credit, the retailer is more likely to promote the wholesaler's products and to agree to the wholesaler's demands regarding product placement and pricing. Restrictions have a secondary effect of limiting the retailer's ability to operate on credit, indirectly increasing retail prices.

Federal Court Challenges to State Wholesaler Pricing Restrictions

As noted earlier, in general, states have broad authority under the 21st Amendment to the Constitution to regulate alcohol availability within their boundaries. That authority has been constrained by U.S. Supreme Court and Federal Court of Appeals cases, which have interpreted the Interstate Commerce Clause and Sherman Antitrust Act to prohibit certain state restrictions on the alcohol market.^{37,38,39} These cases have led to considerable uncertainty regarding the validity of state restrictions on alcohol wholesaler prices, and additional challenges to those

³⁷ July 2, 1890, Ch. 647, 26 Stat. 209, 15 U.S.C. § 1-7.

³⁸ See, for example, *Tenn. Wine & Spirits Retailers Ass'n v. Thomas*, 139 S.Ct. 2449 (2019), finding that Tennessee's 2-year durational residency requirement for retail liquor store license applicants was unconstitutional as it violated the Commerce Clause and was not saved by the 21st Amendment.

³⁹ Several federal and state courts have addressed the constitutionality of selected wholesaler pricing practices, with conflicting results. For example, in *Costco Wholesale Corp. v. Maleng*, 522 F.3d 874 (9th Cir. 2008), the plaintiff challenged nine distinct Washington state restrictions governing wholesaler practices, including policies in all four categories described above. The court upheld the state's volume discount and minimum markup provisions but invalidated the post-and-hold requirements. In *Manuel v. State of Louisiana*, 982 So.2d 316 (3rd Cir. 2008), a Louisiana appellate court rejected six separate challenges to the Sherman Act, including the ban on volume discounts. It upheld the state's ability to regulate alcoholic beverages within the state and concluded that the Sherman Act had to yield to the state's authority granted under the 21st Amendment. Maryland's post-and-hold law and volume discount ban were challenged in *TFWS, Inc. v. Franchot*, 572 F.3d 186 (4th Cir. 2009), a complicated case involving multiple appeals and re-hearings. On Maryland's fourth appeal, the court upheld its previous decisions to strike down the two policies.

restrictions are anticipated. In the meantime, this uncertainty has prompted states to re-examine their alcohol wholesaler practices provisions.

Status of Wholesaler Pricing Restrictions

Federal Law

Federal law addresses restrictions on wholesaler credit practices:

The Federal Alcohol Administration Act provides for regulation of those engaged in the alcohol beverage industry and for protection of consumers (27 U.S.C. § 201 et seq). Under the Act, wholesalers may not induce retailers to purchase beverage alcohol by extending credit in excess of 30 days from the date of delivery (27 U.S.C. § 205(b)(6), 27 C.F.R. § 6.65).

Some states allow wholesalers to extend credit to retailers for a longer period than is permitted under federal law.

State Law as of January 1, 2022

Only two license states have no wholesaler pricing restrictions. Among the remaining states that are license states for one or more beverage types, the most common restriction is on extending retailer credit (28 states), followed by post-and-hold⁴⁰ (18 states), banning or restricting volume discounts (16 states), and minimum markup/maximum discount requirements (eight states).

Trends in Wholesaler Pricing Restrictions

Since 2016, four states have amended their post-and-hold provisions.

Exhibits 2.32–2.35 present detailed, state-by-state information for wholesaler pricing policies for beer.

⁴⁰ Excluding post-only.

Exhibit 2.32: Volume Discounts for Beer as of January 1, 2022

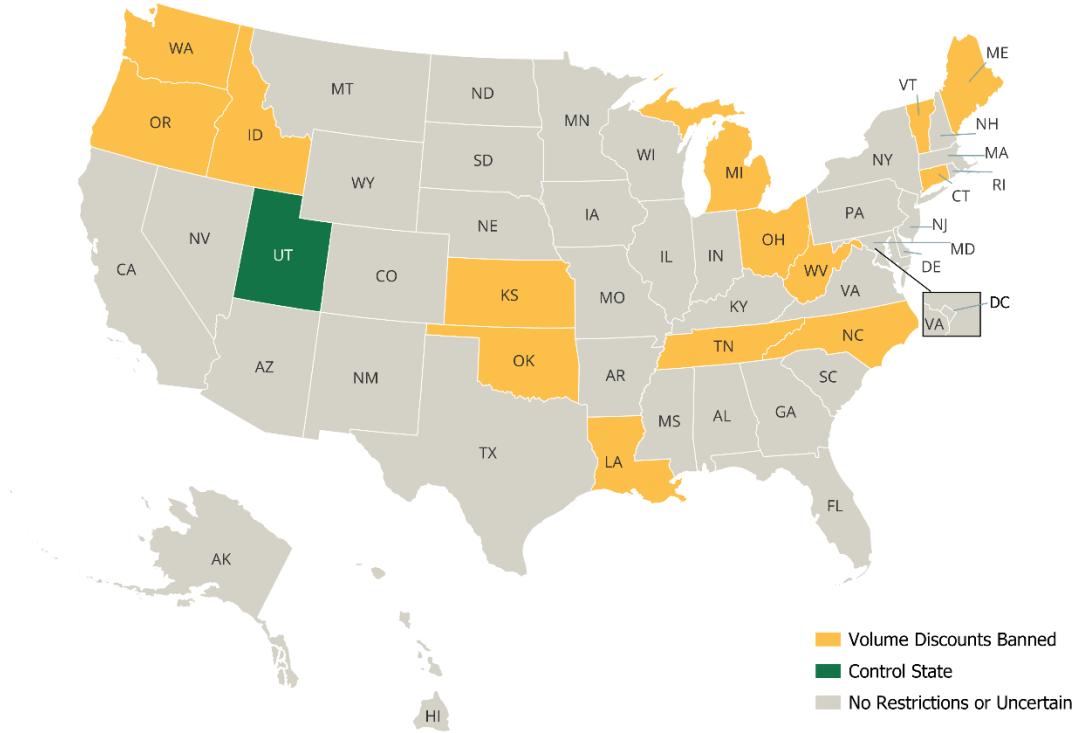


Exhibit 2.33: Minimum Markup, Maximum Discount for Beer as of January 1, 2022

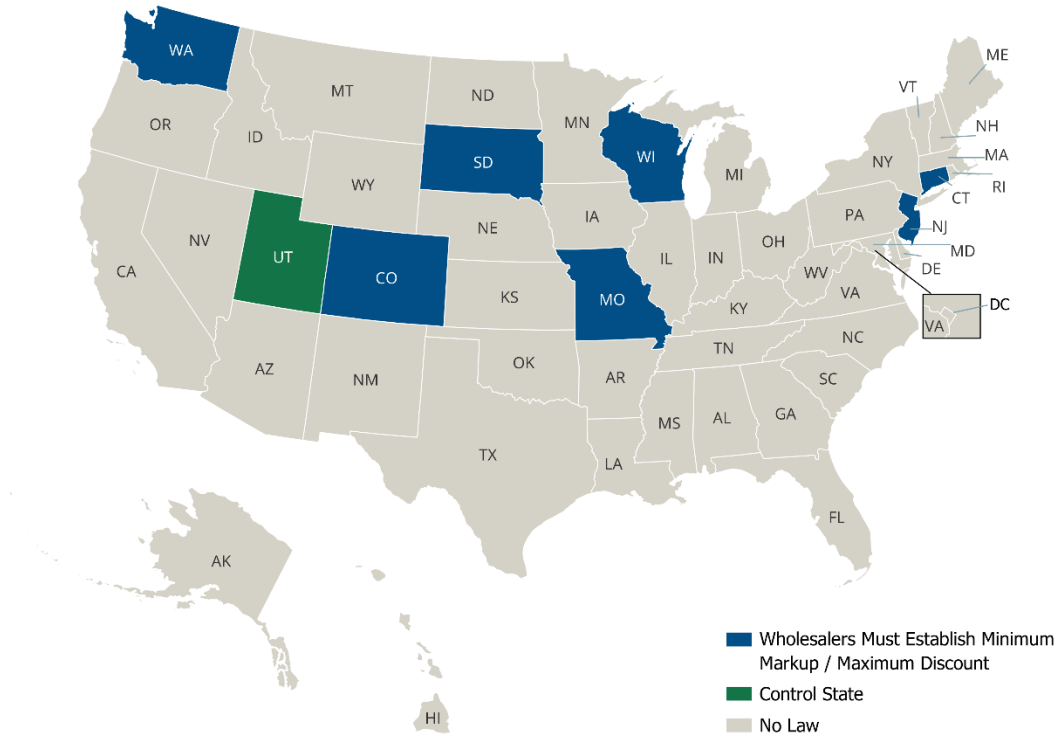


Exhibit 2.34: Post-and-Hold Requirements for Beer as of January 1, 2022

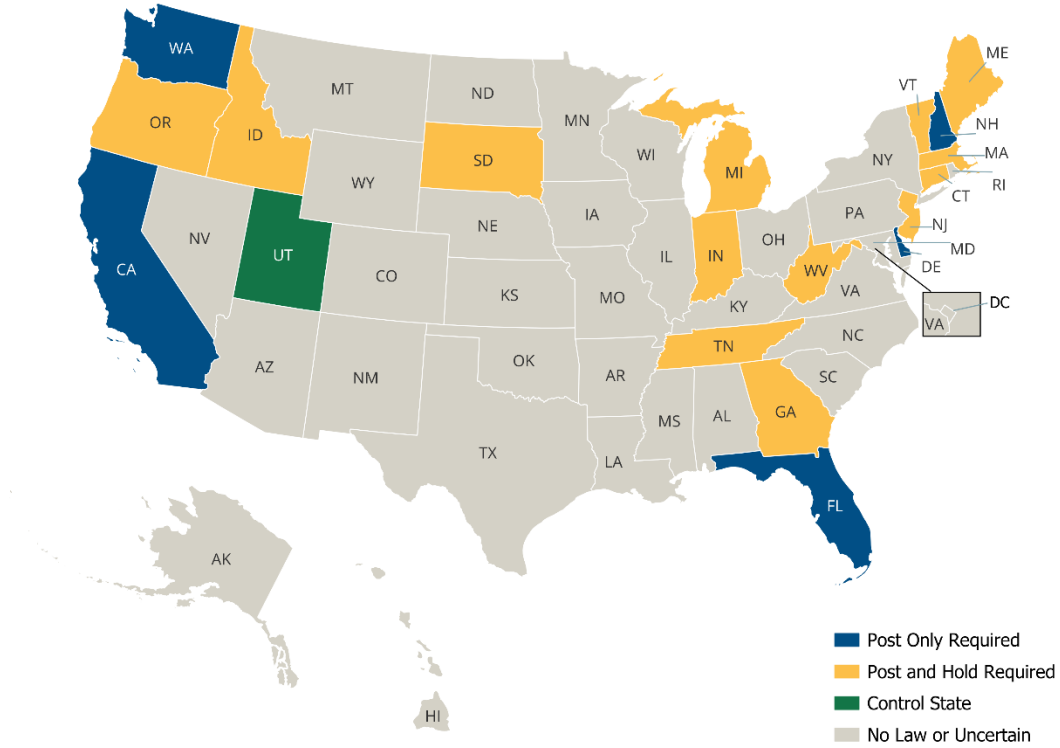
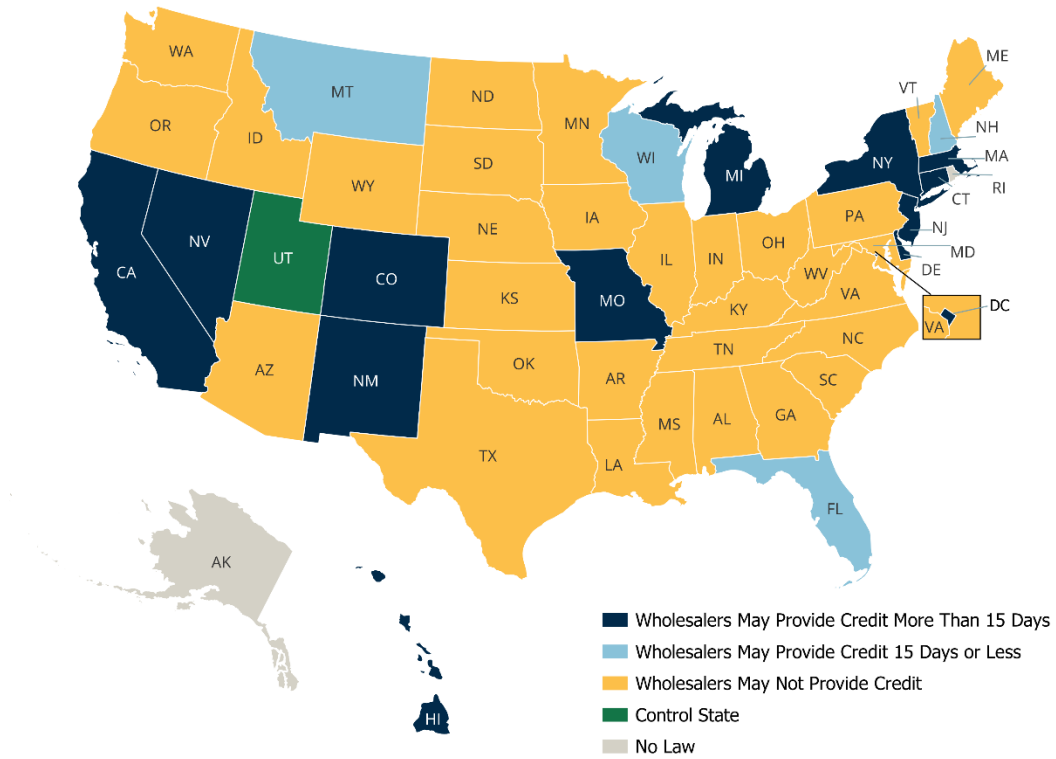


Exhibit 2.35: Retail Credit for Beer as of January 1, 2022



Data Sources and Citations

All data for the “Wholesale Pricing Practices and Restrictions” policy were obtained from the NIAAA Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/wholesale-pricing-practices-and-restrictions/3>. 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.

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Enforcement

The effectiveness of alcohol control policies depends heavily on how well they are implemented and whether they are enforced. Laws that prohibit sales to minors require strong enforcement to achieve desirable levels of compliance. Two effective enforcement strategies discussed below are (1) conducting compliance checks and (2) a system of administrative penalties, including fines and license suspensions, that increase in severity with repeat offenses.

Compliance Check Protocols

Policy Description

Compliance checks involve an underage operative (a “decoy”)—working either with local law enforcement officials or with agents from the state alcoholic beverage control (ABC) agency—who enters an alcohol retail establishment and attempts to purchase an alcoholic beverage from a server, bartender, or clerk.

Protocols for these compliance checks vary from state to state but, in general, follow a similar outline. An underage person (allowable ages vary by state) serves as a decoy. The decoy enters an alcohol retail outlet and attempts to purchase a pre-determined alcohol product. Typically, an undercover enforcement officer from a local police department or the state ABC agency observes the decoy. Audio and video recording equipment may also be used or required. State rules vary regarding a decoy’s use of legitimate ID cards (e.g., driver’s licenses), although a few states allow decoys to verbally exaggerate their age. If a purchase is made successfully, the establishment and the clerk or server may be subject to an administrative or criminal penalty.

Compliance checks have both educational and behavior change goals:

1. Reinforce social norms that underage drinking is not acceptable by publicizing enforcement efforts.
2. Educate the community—including parents, educators, and policymakers—about the ready availability of alcohol to youth, which many may not consider a major issue.
3. Increase alcohol retailers’ perception that violation of sales to underage persons laws will be detected and punished, creating a deterrent effect.
4. Decrease the likelihood that retailers will sell alcohol to people under age 21, thereby reducing youth access to alcohol.

Most, but not all, states permit law enforcement agencies to conduct compliance checks on a random basis. A few states permit the checks only when there is a basis for suspecting that a particular licensee has sold alcohol to a person under the age of 21. To ensure that state and local law enforcement agencies are following uniform procedures, most states issue formal compliance check protocols or guidelines designed to ensure that law enforcement actions are fair and reasonable and to provide guidelines to licensees for avoiding prosecution.

Compliance checks of off- and on-premises licensed alcohol retailers are an important community tool for reducing illegal alcohol sales to minors and promoting community normative change. The 2004 NRC/IOM report *Reducing Underage Drinking: A Collective Responsibility* (2004) calls for:

1. Regular, random compliance checks;
2. Administrative penalties, including fines and license suspensions that increase with each offense;

3. Enhanced media coverage for the purposes and results of compliance checks; and
4. Training for alcohol retailers regarding their legal responsibility to avoid selling alcohol to underage youth.

The 2016 *Surgeon General’s Report on Alcohol, Drugs, and Health* found that compliance checks are an effective strategy for reducing alcohol consumption by underage youth and can be implemented in conjunction with other population-level alcohol policies (SAMHSA, 2016).

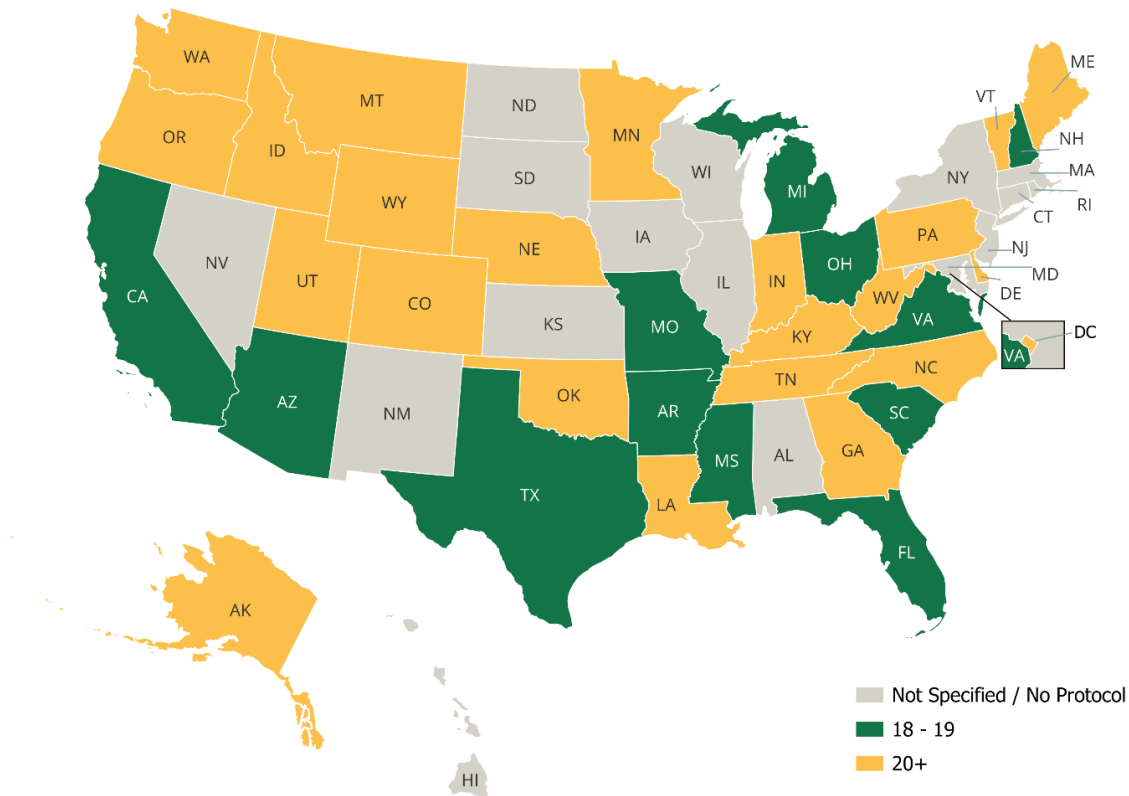
Status of Compliance Check Protocols

Data for this policy were coded from formal compliance check protocols or guidelines. A total of 38 states have formal written protocols. The remaining states either do not have these protocols or these protocols are not readily available to the public or were not available at the time the protocol data were collected.

The maximum age of the decoy varies from 18 to 21 (Exhibit 2.36). The minimum age of the decoy ranges from 15 to 19.

Thirty-three states have guidelines for the decoys’ appearance (e.g., appropriately dressed for age; no hats, excessive makeup, or facial hair). The majority (27) of the states prohibit decoys from verbally exaggerating their age. Decoy training is mandatory in 19 states. Nineteen states require decoys to have valid ID in their possession at the time of the check, whereas five states prohibit decoys from carrying ID with them during a compliance check.

Exhibit 2.36: Maximum Age of Compliance Check Decoys in 2022



Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit stopalcoholabuse.gov.

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Penalty Guidelines for Sales/Service to Underage Youth

Policy Description

An influential report by the Institute of Medicine recommended that “enforcement agencies should issue citations for violations of underage sales laws, with substantial fines and temporary suspension of license for first offenses and increasingly stronger penalties thereafter leading to permanent revocation of license after three offenses” (NRC & IOM, 2004).

Alcohol law enforcement seeks to increase compliance with laws by increasing the level of perceived risk of detection and sanctions. Such deterrence involves three key components:

1. Perceived likelihood that a violation will lead to apprehension and sanction;
2. Swiftness with which the sanction is imposed; and
3. Severity of the sanction (Ross, 1992).

Although alcohol law enforcement agencies may issue the citations, adjudication of the cases is usually handled by another division or agency, most often in a state ABC agency. States typically include administrative penalties in their statutory scheme for prohibiting sales to people under age 21. Penalties may include warning letters, fines, license suspensions, a combination of fines and suspensions, or license revocation. Agencies may consider both mitigating and aggravating circumstances as well as the number of violations within a given time period, with repeat offenders usually receiving more severe sanctions.

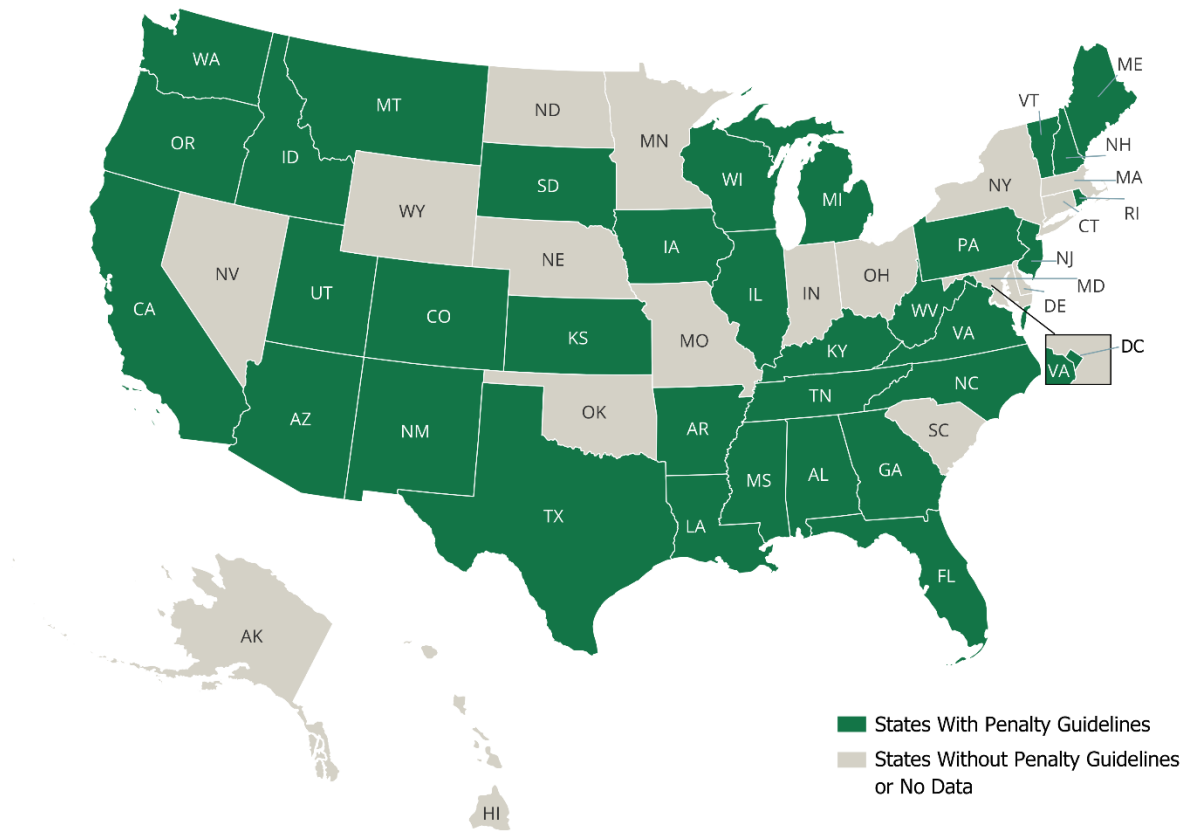
Many ABC agencies issue penalty guidelines to alert licensees to the sanctions that will be imposed for first, second, and subsequent offenses, providing a time period for determining repeat offenses. The agency may treat the guidelines as establishing a set penalty or range of penalties or may treat them as providing guidance, allowing for deviation at the agency’s discretion.

Penalty guidelines that establish firm, relatively severe penalties (particularly for repeat offenders) can increase the deterrent effect of the policy and its enforcement and can increase licensees’ awareness of the risks associated with violations (Ross, 1992).

Status of Penalty Guidelines for Sales/Service to People Under Age 21

Thirty-four states have defined administrative penalty guidelines for licensees that sell alcohol to an underage youth (Exhibit 2.37).⁴¹ Seventeen states either do not have penalty guidelines or do not make them readily available to the public or were not available at the time of data collection. The guidelines may be based on statute, regulations, and internal policies developed by the agency.

⁴¹ Oklahoma has a statute providing that the Alcoholic Beverage Laws Enforcement Commission must revoke the license of an outlet that “knowingly” sells alcohol to a person under age 21. 37A OK Stat § 37A-2-148(E) (2020). There are no penalties specified for sales that occur due to negligence or in circumstances other than “knowingly.” Oklahoma is therefore coded as having no penalty guidelines.

Exhibit 2.37: States With Penalty Guidelines in 2022

Guidelines vary widely across states. For example, although a few states may issue warning letters for first offenses if there are no aggravating circumstances, the majority of states impose fines or suspensions. Fines are typically in lieu of suspensions for first offenses, with some states allowing licensees to choose between the two sanctions. Three states (California, Florida, and New Mexico) have adopted the IOM recommendation that licenses should be revoked after three offenses, with an additional five states providing the option of revocation. Five states have guidelines that state that licenses are to be revoked for a fourth offense.

States also vary in the specificity of their guidelines. Many states list a set penalty or a relatively limited range of penalties. For example, Florida lists a \$1,000 fine and a 7-day suspension for a first offense, whereas Georgia's guideline provides for penalties ranging from a \$500 to \$2,500 fine and up to a 30-day suspension and a 12-month probation for first offenses. See Chapter 3 for a review of penalties imposed by states for selling to and serving people under age 21.

Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit stopalcoholabuse.gov.

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Intervention

The 2016 and 2023 reauthorizations of the STOP Act supported expanding the use of screening, brief intervention, and referral to treatment (SBIRT) in healthcare settings. The law defines screening as “using validated patient interview techniques to identify and assess the existence and extent of alcohol use in a patient” (Public Law No. 117-328). Brief intervention is defined as “after screening a patient, providing the patient with brief advice and other brief motivational enhancement techniques designed to increase the insight of the patient regarding the patient’s alcohol use, and any realized or possible consequences of such use, to effect the desired related behavioral change.”

The U.S. Preventive Services Task Force (USPSTF) recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. The USPSTF concluded in 2018 that the evidence was insufficient to assess the balance of benefits and harms of screening and brief behavioral counseling interventions for alcohol use in primary care settings in adolescents ages 12–17 years (Curry et al., 2018). However, considerable literature has been published indicating that SBIRT offered by a provider such as a physician, nurse, psychologist, or counselor can be effective in reducing adolescent drinking and related problems (Komro et al., 2017; Scott-Sheldon et al., 2014; Tanner-Smith & Lipsey, 2015). A recent article published in *JAMA Pediatrics* indicated that 5.6 percent of adolescents ages 12–17 developed alcohol use disorder (AUD) within 12 months of their first alcohol use (Volkow et al., 2021).

The American Academy of Pediatrics recommends that pediatricians become familiar with adolescent SBIRT practices and their potential to be incorporated into universal screening and comprehensive care of adolescents (Levy et al., 2016). NIAAA has developed a screening guide for healthcare providers titled *Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide* (NIAAA, 2011). The guide is aimed at healthcare professionals who care for young people ages 9–18 and provides empirically based advice and recommendations for conducting efficient and effective screening and follow-up.

For educators, SAMHSA offers *Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools*, which helps schools develop screening processes to identify students with possible mental health and substance use problems so that further assessment, monitoring, and/or support can be provided.

Treatment

The need for adolescent substance use treatment is urgent and ongoing. In 2021, 12.1 percent of adolescents (age 12-20) had a substance use disorder involving alcohol, cannabis, and/or illicit other drugs (including misuse of medication), and 5.4 percent of adolescents were diagnosed specifically with an AUD (Center for Behavioral Health Statistics and Quality [CBHSQ], 2022). Current substance use intervention and treatment programs are not addressing the needs of the majority of adolescents; 96.8 percent of adolescents who needed treatment in a specialized facility did not receive this treatment, according to the 2021 National Survey on Drug Use and Health (NSDUH) data (CBHSQ, 2023). Local treatment options are frequently unavailable to adolescents, and many individuals have little or no health insurance coverage for their treatment needs (Winters et al., 2018).

NIDA has created *Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide*. This guide describes 13 key principles of adolescent treatment:

1. Adolescent substance use needs to be identified and addressed as soon as possible.
2. Adolescents can benefit from a drug misuse intervention even if they are not addicted to a drug.
3. A relapse signals the need for more treatment or a need to adjust the individual's current treatment plan.
4. Routine annual medical visits are an opportunity to ask adolescents about drug use.
5. Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment.
6. Substance use disorder treatment should be tailored to the unique needs of the adolescent.
7. Behavioral therapies are effective in addressing adolescent drug use.
8. Families and the community are important aspects of treatment.
9. Effectively treating substance use disorders in adolescents requires also identifying and treating any other mental health conditions they may have.
10. Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed.
11. It is important to monitor drug use during treatment.
12. Staying in treatment for an adequate period of time and continuity of care afterward are important.
13. Testing adolescents for sexually transmitted infections like human immunodeficiency virus, as well as hepatitis B and C, is an important part of drug treatment.

The guide also includes a section entitled “Evidence-Based Approaches to Treating Adolescent Substance Use Disorders,” which discusses the following interventions:

- Behavioral approaches;
- Family-based approaches;
- Substance use disorder (SUD)/AUD medications; and
- Recovery support services.

Behavioral Approaches to Treatment

Behavioral interventions for treatment are generally most effective when combined with medication-assisted treatment (MAT), other behavioral interventions, and/or recovery support services (RSS) (OSG). Cognitive behavioral therapy (CBT), motivational interviewing and motivational enhancement therapy (MI/MET), contingency management (CM), and family therapy have the greatest empirical support for treating adolescents with AUD (Nash, 2020).

- CBT helps patients identify problem thoughts and actions and teaches new skills for overcoming them. Studies with young adults and adolescents have shown that CBT is effective in reducing (1) alcohol use and suicide attempts in adolescents (Hurzeler et al., 2021), (2) episodes of heavy drinking among college students with depression (Pedrelli et al., 2020), and (3) insomnia in actively drinking young adults (Miller et al., 2021).
- MI/MET helps patients resolve their ambivalence about alcohol use (SAMHSA [US] & OSG [US], 2016). In adolescents, MI + CBT has been demonstrated to be effective in

reducing overall substance use (Barrett et al., 2001; Dennis et al., 2004), and MI alone has been shown to reduce heavy alcohol use (Steele et al., 2020).

- CM changes behaviors associated with alcohol use through operant conditioning (a method of learning that uses rewards and punishment to modify behavior) by promoting abstinence and new behaviors with tangible rewards, vouchers that can be exchanged for goods and services (SAMHSA [US] & OSG [US], 2016). Some research has demonstrated that the CM voucher system in combination with CBT and other interventions is effective in adolescents and young adults in increasing treatment retention (Dalton et al., 2021), lengthening periods of abstinence, improving personal function (SAMHSA [US] & OSG [US], 2016) and reducing psychological and emotional distress (Hesse et al., 2021).
- AUD affects both the individual and the family (McCrary & Flanagan, 2021). Research on several types of family therapy has demonstrated their effectiveness for both adults and adolescents with AUD (McCrary & Flanagan, 2021; SAMHSA [US] & OSG [US], 2016). Data show that family-focused therapy, compared with treatment as usual, reduces alcohol use days in adolescents (Steele et al., 2020).

Recovery

Long-term recovery from AUD often results from a multicomponent, evolving, and highly individualized long-term plan that may include medical and behavioral interventions, RSS, and a commitment to wellness practices such as mindfulness and self-management. Although multiple pathways to achieving and maintaining recovery exist, the scientific literature and the recovery community generally concur that abstinence from alcohol and remission from AUD symptoms are necessary, but not sufficient, for recovery and that recovery requires behavioral changes and improvements in biopsychosocial function (Witkiewitz et al., 2020). The following are evidence-based treatments and services shown to facilitate recovery from AUD in adolescents and young adults.

Treatment in Early Recovery

Early interventions by healthcare professionals, RSS providers, and others can educate those with AUD about the risks of alcohol use, strategies to reduce or stop use, and treatment options. Medical withdrawal management through early abstinence can relieve withdrawal symptoms and prevent serious medical consequences (SAMHSA [US] & OSG [US], 2016). Other interventions in early recovery can include professional assessment of individuals with validated screening and assessment tools, such as S2BI or BSTAD, both of which have been validated for adolescents (Kelly et al., 2014; Levy et al., 2014); development of a long-term treatment plan with providers, the patient, and family; medication-assisted treatment (MAT); connecting the patient and family to behavioral treatments, residential facilities, or RSS; and engaging the family to support treatment (Mason & Heyser, 2021; SAMHSA [US] & OSG [US], 2016).

Behavioral Interventions

The evidence-based behavioral interventions for treating AUD and other SUDs described above have proven effective in helping to establish and maintain recovery, and should be continued for long-term recovery. In addition, the following strategies, 12-Step Facilitation (TSF) and the Community Reinforcement Approach (CRA), have shown promise for maintaining recovery for adolescents with AUD (Nash, 2020).

- TSF prepares individuals to understand and engage in Alcoholics Anonymous (AA) or a similar 12-step program. Research shows that TSF can be effective as a stand-alone intervention or as a complement to CBT or other treatments, largely due to the resulting increases in AA involvement and associated social support from a sober community (Nash, 2020; NIAAA, 1996; SAMHSA [US] & OSG [US], 2016).
- CRA is a psychosocial intervention that improves relationships, constructs social networks to support recovery, examines the positive and negative aspects of alcohol use and sobriety, and teaches skills for minimizing alcohol use. Adolescent CRA emphasizes building family, social, educational, and vocational support communities to maintain abstinence and achieve recovery.

Recovery Support Services

The term RSS encompasses a wide range of organizations, educational programs, and other resources for those establishing or maintaining recovery. Both adult and adolescent patients with AUD who engage in medical treatment alongside of RSS have overall improved outcomes compared with those receiving either alone (SAMHSA [US] & OSG [US], 2016). Several types of RSS with demonstrated positive effects on AUD outcomes in adolescents and young adults are outlined below. Research has demonstrated the efficacy of other forms of RSS (e.g., residential sober housing, recovery community organizations and centers, recovery coaches) among different age groups, and adolescents and young adults may benefit from these as well.

- *Mutual-Help Organizations.* Mutual-help organizations like AA, SMART, and Celebrate Recovery offer non-professional support to those in recovery. Studies have shown that 12-step programs reduce the likelihood of relapse and that adolescent involvement in 12-step programs can be a worthwhile complement to medical and behavioral treatment {Nash, 2020 #368}. Most research on mutual-help groups to date has focused on AA (SAMHSA [US] & OSG [US], 2016). Mutual-help subgroups have been organized better to address the needs of specific subpopulations, including adolescents and young adults.
- *Education-Based RSS.* Adolescents and young adults recovering from AUD may benefit from education-based RSS, either as programs within traditional high schools or universities or in some cases within a stand-alone institution established to educate and facilitate the recovery of students with SUDs. Recovery high schools provide traditional secondary education, offer RSS, and address issues threatening academic performance or recovery. Studies of recovery high schools have demonstrated high student satisfaction, increased abstinence from alcohol and other drugs, high rates of college enrollment among graduates, and strong attendance (Lanham & Tirado, 2011; Tanner-Smith et al., 2018). Collegiate Recovery Programs and Collegiate Recovery Communities offer recovery-oriented housing, counseling services, on-campus mutual-help group meetings, educational services, alcohol-free social events, and/or other support. Observational data from two model programs show low relapse rates and higher grade point averages and graduation rates among participants than among other undergraduates at the same institutions (SAMHSA [US] & OSG [US], 2016).
- *Social Media and Virtual RSS.* Health applications for mobile devices, telehealth tools, recovery support sites, and similar virtual RSS have increased RSS accessibility. Comprehensive research on the efficacy of these virtual applications is limited, but some studies, particularly of individual tools, have demonstrated improved outcomes, particularly for younger individuals familiar with the supporting technologies (SAMHSA [US] & OSG [US], 2016).

CHAPTER 3
2022 *State Survey* Results—
State Underage Drinking Prevention Policies,
Programs, and Practices

CHAPTER 3: 2022 STATE SURVEY RESULTS—STATE UNDERAGE DRINKING PREVENTION POLICIES, PROGRAMS, AND PRACTICES

Introduction

The Sober Truth on Preventing Underage Drinking (STOP) Act⁴² requires annual reporting of data from the 50 states and the District of Columbia on their performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking. The STOP Act *Survey of State Underage Drinking Prevention Policies, Programs, and Practices* (i.e., the “*State Survey*” or the “*Governor’s Survey*”) was developed to efficiently collect the portions of these data that were not available elsewhere.

Since 2011, the STOP Act *State Survey* has collected data on the following topics:

1. Programs targeted to youth, parents, and caregivers to deter underage drinking;
2. State interagency collaborations and best practices that address underage drinking prevention, including social marketing efforts intended to reduce underage drinking and increase parent/child communications about alcohol consumptions and collaborations with tribal governments;
3. The amount that each state invests in the prevention of underage drinking; and
4. Enforcement programs to promote compliance with underage drinking laws and regulations.

A key conclusion from *State Survey* responses is that states are committed to the reduction of underage drinking and its consequences. Evidence of this commitment can be seen by the following: (1) All states ($N = 51$) completed the 90-question survey, (2) most reported numerous program activities, and (3) in many cases, states provided substantial detail about those activities (see individual state summaries). Finally, the unique challenges presented by the Coronavirus disease (COVID-19) pandemic did not deter the states from completing the Survey and continuing the 100 percent response rate that the Survey has elicited for every year of its existence.

Results presented here must be viewed with caution. In many cases, missing data decrease the extent to which a meaningful conclusion can be drawn. Caution must also be exercised in interpreting changes from 2011–2022, given variations in data availability.

For more detailed discussions of the *Survey* instrument and the methods used for data collection, please see Appendices A and B.

Programs Targeted to Youth, Parents, and Caregivers

States reported implementing a wide variety of underage drinking prevention programs for youth, parents, and caregivers. Many well-known programs were reported, including those focused on life skills, refusal skills, media advocacy, community organizing, and environmental change. Fifty-one percent of the programs focused on individuals, whereas 20 percent of programs focused on environmental change.

Data on numbers of program participants were limited, owing perhaps to inherent difficulties in estimating program participation for programs focused on entire populations or subpopulations

⁴² Congress reauthorized the STOP Act in December 2016 as part of the 21st Century Cures Act (Pub. L. 114-255) and in 2023 as part of the Consolidated Appropriations Act of 2023 (Pub. L. 117-328).

(e.g., environmental change programs). Thirty-five percent of states reported implementing programs to measure or reduce youth exposure to alcohol advertising and marketing.

Evaluation of underage drinking prevention programs is not comprehensive. Forty-seven percent of the programs the states described have been evaluated, and evaluation reports are available for 49 percent of these.

Eighty-eight percent of the states reported having best-practice standards for underage drinking prevention programs. Seventy-eight percent of states with best-practice standards reported that a federal agency had contributed to establishing these standards, and 87 percent indicated that their standards were based on guidelines developed by a state agency.

Collaborations, Planning, and Reports

Sixty-three percent of states reported the existence of a state-level interagency body or committee to coordinate or address underage drinking prevention activities. However, of the states with such a committee, only 16 percent included the governor and 10 percent included a representative of the legislature. Forty-eight percent of the states with interagency committees included community coalitions, and 45 percent included college or university administrations, campus life departments, or campus police. Twenty-three percent of the states included local law enforcement, and none included youth. Overall, key decisionmakers (e.g., governors, legislatures) were underrepresented on interagency committees.

States were asked whether they had prepared a plan for preventing underage drinking or issued a report on underage drinking in the past 3 years. Forty-two percent of the states had prepared a plan, and 45 percent had issued a report.

State Expenditures on the Prevention of Underage Drinking

States were asked to estimate state expenditures for two categories of enforcement activities and five types of programs targeted to youth, parents, and caregivers. Responses indicate that the largest expenditure category is for community-based programs, followed by K–12 programs. The median of expenditures for programs targeted to youth, parents, and caregivers (\$210,013) is 11 times that for all enforcement activities (median = \$19,075), and the total dollar amount expended for these non-enforcement programs (\$157,476,564) is 24 times the total dollar amount spent on enforcement (\$6,468,505). Expenditure data reporting on the survey was incomplete, with response rates ranging from 38 percent to 93 percent (median = 69 percent) across the five expenditure categories for programs targeting youth, parents, and caregivers. However, these data may be difficult for states to assemble, given multiple funding streams and asynchronous fiscal years, among other issues. Thus, these results must be viewed with some caution.

It should be noted that the total dollar amount reported in the *State Survey*—for enforcement or other programs—reflects only funds from the state’s budget and represents only a relatively small portion of total state spending on substance use prevention. Each state receives substantial federal funding (through block grants and other sources) that is used for underage drinking prevention and treatment as well as substance misuse prevention generally. Each of the 51 *State Reports* includes a pie chart showing sources of funds spent by the state on substance misuse prevention and treatment.⁴³

⁴³ Individual State Reports are available on stopalcoholabuse.gov.

Enforcement Programs

The majority of states collect data on state compliance checks, minor in possession (MIP) charges, and penalties imposed on retail establishments. However, less than one-third of the states collect data on local enforcement efforts. Thus, the ability to draw conclusions about enforcement activities and effectiveness is limited because underage drinking law enforcement also occurs at the local level. Improvements in state enforcement data systems would increase the accuracy of these analyses in future years.

Overall, enforcement activities appear highly variable across states. Compliance checks and other enforcement activities related to furnishing alcohol to minors (e.g., party patrol operations, underage alcohol-related fatality investigations, and enforcement of direct shipment laws) are widely implemented, although not necessarily at both state and local levels. The total number of compliance checks is modest, however. Sixty-one percent of those states conducting compliance checks test 20 percent or fewer of their licensees. Sanctions for furnishing are predominantly fines, which are about six times more common than suspensions. Revocations are extremely rare: 88 percent of the states in which license revocation is an option reported revoking one or no licenses.

Data on MIP activities (an index of the enforcement of a variety of laws aimed at deterring underage drinking) revealed medians of 0.31 arrests per 1,000 underage drinking occasions and 339 arrests per 100,000 in a population of 16- to 20-year-olds.

Comment

The data reveal a wide range of activity in the areas studied in the survey, although the activities vary in scope and intensity from state to state. Clearly, all states have areas of strength and areas where improvements can be realized. A recurrent theme is the unavailability of some data requested in the survey, especially that pertaining to local law enforcement and statewide expenditures. Accurate and complete data are essential both for describing current activities to prevent underage drinking and for monitoring progress through future *State Surveys*.

Best Practices, Performance Measures, and the Survey

The STOP Act *Survey of State Underage Drinking Prevention Policies, Programs, and Practices* fulfills the STOP Act requirement for data collection and measurement of state performance and use of best practices for the prevention and reduction of underage drinking. Many of the Survey questions directly address best practice categories that appear in the STOP Act: prevention programs to deter underage drinking and provision of treatment services to youth, exposure of underage persons to alcohol advertising, enforcement of underage drinking laws and penalties for underage drinking offenses, regulation of direct sales, and expenditures on underage drinking prevention.

To best appreciate the Survey results, it is important to briefly review elements of best practices that have been identified through research into the evidence supporting the use of different practices and programs addressed in the Survey.

Prevention and Treatment Programs

Strategies for prevention and treatment programs that have been identified as best practices include:

- **Community strategies**—These may focus on reducing and preventing underage drinking through environmental strategies, such as policies or other community-wide activities.

- **School strategies**—These operate through student assistance programs designed to reduce risk factors and increase protective factors that impact underage drinking (Das et al., 2016).
- **Family strategies**—These support and encourage parental involvement and family interactions as a protective factor against underage alcohol use.
- **Extracurricular strategies**—These are designed to channel young people’s “discretionary” time into adult-supervised activities.
- **Multicomponent strategies**—Using more than one of these strategies has been shown to increase the impact of the individual approaches (Komro & Toomey, 2002).

As indicated above, the settings of programs may vary, but effective strategies generally contain one or more of the following components (Robertson et al., 2003):

- **Structural change**—Examples include environmental programs that produce change among populations (rather than individuals) through the development of policies or programs that encourage change in social norms related to underage drinking.
- **Transmission of information**—Examples include school-based curricula that provide information about how alcohol affects the body and brain development.
- **Skills development**—Examples include training to reduce risky behaviors by teaching self-management skills, social skills, and alcohol awareness and resistance skills.
- **Services**—Examples include counseling, health care, and treatment services.

Finally, effective programs demonstrate an awareness of the target “audience” and encourage interaction with appropriate mentors involved (Komro & Toomey, 2002; Robertson et al., 2003; Song et al., 2021):

- Programs are designed for a particular audience, taking into account gender, ethnicity, race, and other population characteristics to meet its needs more effectively.
- Programs support family relationships by engaging parents and caregivers in parenting skills and communications training.
- Programs support mentoring relationships by bringing trusted adults together with youth in their communities or by encouraging peer-to-peer activities.

Data collected by the Survey provide some measures by which to evaluate the states’ performance in implementing prevention and treatment programs, including:

- Types of programs and their contents
- Settings in which programs are implemented
- Populations served
- Numbers of youth, parents, and caregivers reached by programs
- Whether the programs are evaluated, and if evaluation reports are available
- State expenditures on prevention programs

Enforcement

Studies that assess enforcement interventions in relation to outcomes (e.g., incidents of drinking and driving and underage drinking parties) make clear that enforcement results in greater

compliance and better public health outcomes (Preusser & Williams, 1992; Smith et al., 2014). However, enforcement of underage drinking policies is often uneven, inconsistent, and sporadic, and outcomes generally diminish over time (Ferguson et al., 2000; Forster et al., 1994; Montgomery et al., 2006; Mosher et al., 2002; Preusser & Williams, 1992; Voas et al., 1998; Wagenaar & Wolfson, 1995; Wolfson et al., 1995).

Of all enforcement practices, compliance checks (or decoy operations) have been most frequently studied. These practices, in which trained underage (or apparently underage) operatives (“decoys”) working with law enforcement officials enter retail alcohol outlets and attempt to purchase alcohol, are a way of reducing sales of alcohol to minors. The 2003 National Research Council (NRC)/Institute of Medicine (IOM) report on preventing underage drinking (NRC/IOM, 2004) includes the recommendation that compliance checks be carried out regularly and comprehensively at the state and local levels. The 2016 *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health* report from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of the Surgeon General (OSG) (2016) describes the use of compliance checks as “an effective way to reduce alcohol consumption by minors.”

Other underage drinking enforcement interventions may include enhanced enforcement of drinking and driving through roadside stops, the use of party patrol (or party dispersal) operations to identify underage drinking parties and issue citations, and strategies employed at the point of sale to prevent youth access to alcohol: Cops in Shops and shoulder tap operations.

Best practices for effective compliance checks and other enforcement interventions to reduce underage drinking require the consideration of these factors:

- **Consistency**—Without regular compliance or other checks, the impact on sales to minors and compliance with underage drinking laws will erode (Erickson et al., 2014b; Wagenaar, Toomey, et al., 2005a).
- **Frequency**—Increasing the number of compliance checks or other interventions results in lower rates of sales to minors and greater compliance with underage drinking laws (Barry, 2004; Grube, 1997).
- **Perception**—When compliance checks and other enforcement interventions are conducted together with a media campaign, this increases public perception of the likelihood that the law will be enforced and violators sanctioned, which can have a deterrent effect on violations (Barry, 2004; Hingson et al., 1996; Nagin, 2013).
- **Populations impacted by the enforcement**—Whereas enforcement actions such as compliance checks or penalties (license suspensions or revocations) target alcohol retailers, many interventions target young consumers of alcohol (MIP arrests, party dispersal operations, Cops in Shops). The target population should be considered when evaluating the efficacy of enforcement interventions.
- **Resources committed to enforcement**—Studies have found significant and inverse relationships between the funding of enforcement of underage drinking laws and outcomes such as the frequency of underage alcohol use and binge drinking rates (Nelson et al., 2005; Paschall et al., 2012). Conversely, the conservation of resources by targeting retailers that may need enhanced intervention and enforcement can result in higher compliance with underage drinking laws (Bosma, 2021).

Data collected by the Survey provide greater insight into the use of enforcement interventions by states and local jurisdictions, and provide some measures by which to evaluate the states' performance in implementing enforcement of underage drinking laws, including:

- The number of compliance checks conducted by the state and by local law enforcement, and the percentage of all licensed establishments in a state that are checked
- The failure rate of checks conducted
- Whether or not compliance checks are conducted randomly
- The use of strategies such as Cops in Shops and shoulder tap operations
- The number of MIP arrests
- Data on penalties (i.e., fines, license suspensions, revocations) imposed for sales to minor violations
- The numerical relationship between enforcement targeting youth and enforcement actions targeting alcohol retailers
- State expenditures on enforcement

Considerations for Equitable Implementation and Enforcement

The best practices and performance measures described above include some discussion of differences or inequalities among populations impacted by the programs, as in the following examples. A best practice for prevention and treatment programs is to design programs that specifically address the needs of the audience, considering gender, race, ethnicity, and other social or demographic indicators. A closer examination of institutionalized inequities in underage drinking prevention could inform and expand the definition of best practices and suggest new performance measures.

Studies of institutions that provide behavioral health services to youth or interact with youth in the juvenile justice system illustrate the need for institutional change that considers racial, ethnic, and other disparities among the youth served. The goal of redesigning and reconfiguring institutional infrastructure should be to “better accommodate best practices” (Nissen & Burney Curry-Stevens, 2012). These expanded best practices should recognize power imbalances and guide programs to redress these inequalities (Burke & Dalrymple, 2006; Burke et al., 2002; Dominelli, 2002).

Finally, community engagement in implementing evidence-based practices can encourage behavioral health equity by including community members who are representative of community demographics in the selection and implementation of interventions that are intended for them. Community involvement in all stages of the process—assessment, data collection, evaluation, and implementation—can ensure that structural and systems-level drivers of inequity are identified and addressed. Importantly, community engagement when discussing enforcement mechanisms may also help reduce disproportionate impacts of policy enforcement; agreed upon strategies should be written into law and included in implementation plans from the outset (SAMHSA, 2022).

Results

Individual *State Reports* (see individual state summaries on stopalcoholabuse.gov) present all survey data submitted by each state. This section provides summary information on all variables

amenable to quantitative analysis. It is important to keep in mind that each state determined how much information to provide and that the range of information respondents provided was highly variable. Comparisons of some datasets over the 12-year period of the survey are provided for general topic areas when significant or otherwise noteworthy. In all cases, where numerical estimates are reported, the reporting period is the most recent 12-month period for which complete data were available to the state. Average values are reported as medians.⁴⁴

Results are grouped under five broad headings:

1. Programs Targeted to Youth, Parents, and Caregivers
2. Collaborations, Planning, and Reports
3. Media Campaigns
4. State Expenditures on the Prevention of Underage Drinking
5. Enforcement Programs

Programs Targeted to Youth, Parents, and Caregivers

In keeping with the STOP Act’s requirement that prevention performance measures be collected on “[w]hether or not the State has programs targeted to youths, parents, and caregivers to deter underage drinking; and the number of individuals served by these programs,” states were asked to list general prevention programs that have underage drinking as one objective and are funded or operated directly by the state. The survey provided space for detailed descriptions of up to 10 programs plus additional space to briefly list any other programs the states wanted to highlight.

States were also asked:

1. The number of youth, parents, and caregivers served by each program (if the program was aimed at a specific, countable population);
2. Whether the program has been evaluated; and
3. Whether an evaluation report is available and where the report can be found.

Specific populations served were defined as follows:

- **Youth**—People younger than 21 years old.
- **Parents**—People who have primary responsibility for the well-being of a minor (e.g., biological and adoptive parents, grandparents, foster parents, extended family).
- **Caregivers**—People who provide services to youth (e.g., teachers, coaches, healthcare and mental healthcare providers, human services and juvenile justice workers).

In addition to program descriptions, states were asked whether they had programs to measure and reduce youth exposure to alcohol advertising and marketing and best-practice standards for selecting or approving underage drinking programs.

Program Content

States varied widely in the number of programs described, in part because some states provided detailed information on local variations of some program types (e.g., community coalitions) whereas others described umbrella programs. Many well-known programs were reported, including those focused on life skills, refusal skills, media advocacy, community organizing,

⁴⁴ The median is the numerical value separating the higher half of a sample from the lower half and is the best representation of the “average” value when (as is often the case with State Survey responses) the data include outliers (a data point that is widely separated from the main cluster of data points in a dataset).

and environmental change. Prevention initiatives developed by individual states were also well represented.

The types of programs states are implementing were coded into one of four categories:

- 1. Programs focused on individuals**—Including programs designed to impart knowledge, change attitudes and beliefs, or teach skills. These programs focus on individual youth or adults (usually parents) but are almost always conducted with groups (e.g., classrooms, Boys & Girls Clubs, parent–teacher associations, members of a congregation). Also in this category are programs for justice-involved individuals (e.g., youth charged with MIP or driving while intoxicated). Certain kinds of education and skills development were considered part of the environment, including training for alcohol sellers and servers, healthcare workers, public safety personnel, and others whose activities affect large numbers of people.
- 2. Programs focused on the environment**—Including programs that seek to alter physical, economic, and social environments that may be focused on entire populations (e.g., everyone in a state or community) or a subpopulation (e.g., underage people, youth who drive). The main mechanisms for environmental change include state laws and local ordinances and their enforcement; institutional policies (e.g., enforcement priorities or prosecutorial practice, how alcohol is to be served at public events, carding everyone who looks younger than 35 years old, alcohol screening of all emergency room injury admissions); and changing norms. These changes are generally designed to decrease physical availability of alcohol (e.g., home delivery bans, retailer compliance checks), raise economic costs (e.g., drink special restrictions, taxation), and limit social availability (e.g., policies that affect the extent to which alcohol and people who use alcohol are visible in the community, such as banning alcohol in public places and at community events or banning outdoor alcohol advertising).
- 3. Mixed**—Includes programs where both individual and environmental approaches are a substantive part of the effort. For example, community-wide prevention programs may employ multiple approaches, such as increased use of compliance checks, educational programs for youth, and media campaigns.
- 4. Media campaigns**—Includes campaigns conducted through television, radio, social media, and websites to provide information about underage drinking, promote social norms that discourage underage drinking, and increase awareness of underage drinking policies (e.g., social host laws). Media campaigns are often directed to specific audiences, including parents or college students, as well as to the general public.

In total, 300 programs (88 percent of all programs) were described in sufficient detail to allow coding. Results are presented in Exhibit 3.1. As shown, programs focused on individuals were more than twice as common as programs focused on the environment. States tended to adopt either individual or environmental approaches in the programs they described, and 59 percent of the states that reported any programs that could be coded focused exclusively on one or the other.

Exhibit 3.1: T Percentages of Program Types Implemented by States, 2022

Program Category	Percentage of Programs Implemented
Focused on individuals	48
Focused on the environment	19
Mixed focus	27
Media campaigns	6

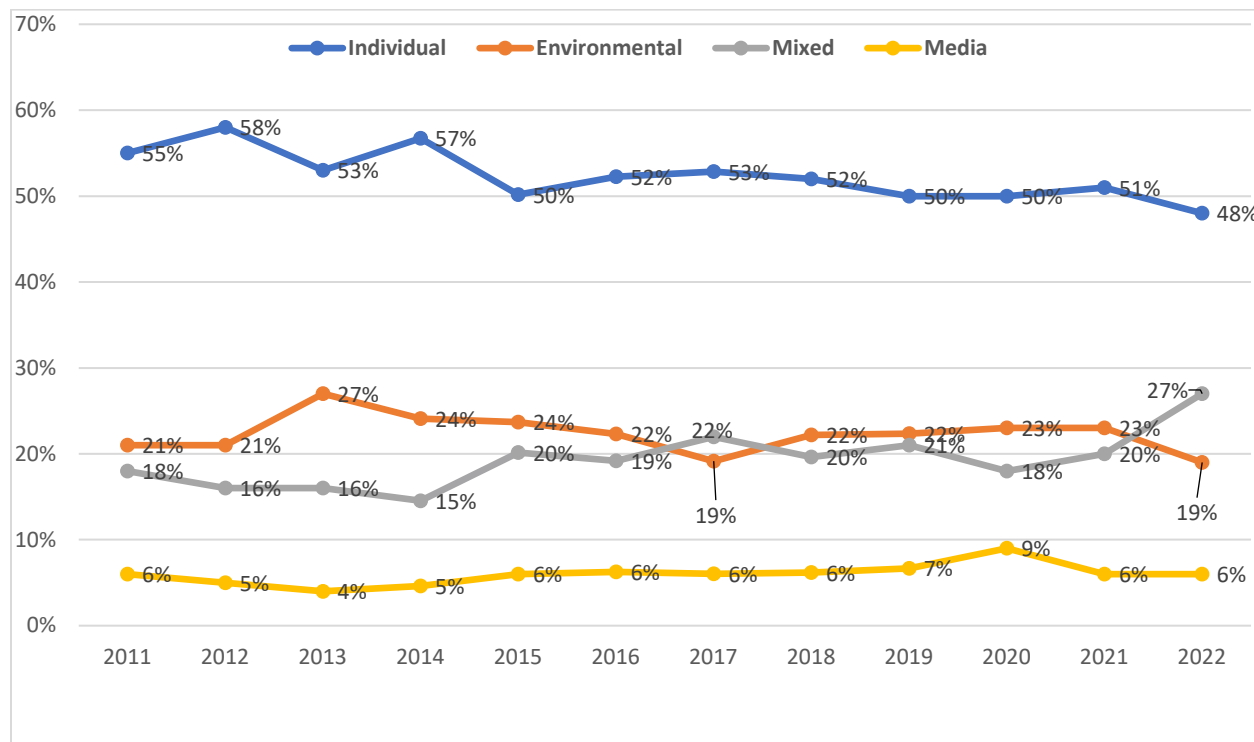
Source: STOP Act State Survey, 2022

While the survey asks the states to report on programs or campaigns that have underage drinking prevention as one objective, it should be noted that over one-third (39 percent) of the states described programs that include treatment and recovery among their objectives. The STOP Act specifically references treatment as a key component of the multifaceted and coordinated approach that is necessary for making progress in the prevention and reduction of underage drinking. Further, it requires gathering information on evidence-based best practices for providing treatment services to those youth who need them.

Prevention Program Types 2011–2022

As noted above, programs focused on individuals were far more common than programs focused on the environment. This pattern has remained consistent throughout the 12-year history of the survey as shown in Exhibit 3.2. Throughout the years, media campaigns have represented the smallest percentage of reported programs.

Exhibit 3.2: Percentages of Program Types Implemented by States From 2011–2022



Source: STOP Act State Survey, 2011–2022

Numbers Served

States were asked to estimate the number of youth, parents, and caregivers served by programs aimed at specific populations. These data were incomplete, with 67 percent of the states ($n = 34$) providing data for at least one program for youth served; 51 percent of states ($n = 26$) for parents served; and 33 percent of states ($n = 17$) for caregivers served. These data may be difficult for certain types of programs to estimate. In particular, the target populations for programs focused on the environment may be entire populations or subpopulations. Estimating the actual numbers reached is therefore problematic. Exhibit 3.3 provides the reported number of youth, parents, and caregivers served across all 34 states that provided data.

Exhibit 3.3: Numbers of Youth, Parents, and Caregivers Served by Reporting States ($n = 34$)

	Youth Served	Parents Served	Caregivers Served
Median	19,019	48	0
Minimum	0	0	0
Maximum*	1,841,503	5,610,572	1,750,456

*Maximum numbers served are high in those instances where states reported that a program served the entire state population or in those instances in which individuals may be served multiple times by a program or programs.

Source: STOP Act State Survey, 2022

Evaluation Data

For each program, states were asked whether the program had been evaluated and if an evaluation report was available. Summary data for these questions appear in Exhibit 3.4. (Note: Data should be viewed with the caveat that evaluation data were not reported for 26 percent of all programs.)

Exhibit 3.4: Evaluation Data for Underage Drinking–Specific Programs

	Percentage of State Programs Evaluated	Percentage of Evaluated Programs With Reports Available
Median	50	50
Minimum	0	0
Maximum	100	100

Source: STOP Act State Survey, 2022

Programs to Measure and Reduce Youth Exposure to Alcohol Advertising and Marketing

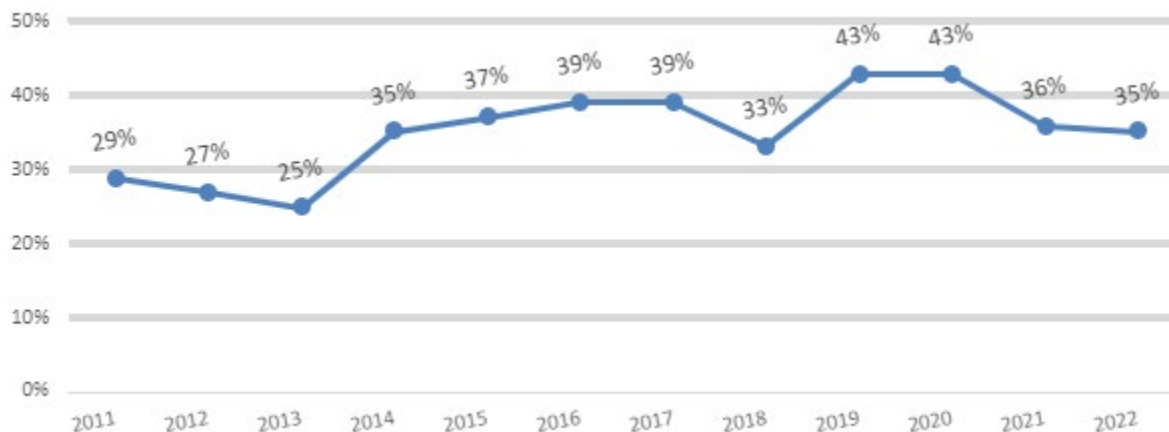
States were asked whether they have programs to measure or reduce youth exposure to alcohol advertising and marketing. Thirty-five percent ($n = 18$) of the states reported they had such programs, which tend to implement four approaches:

1. Environmental scans to assess the degree of youth exposure to alcohol advertising
2. Counter-advertising initiatives
3. Eliminating environmental advertising aimed at youth
4. Social marketing

Programs to Measure and Reduce Youth Exposure to Alcohol Advertising and Marketing 2011–2022

The number of states reporting that they had these programs has generally increased over the 12 years of the survey, as shown in Exhibit 3.5:

Exhibit 3.5: Percentages of States With Alcohol Advertising and Marketing Programs 2011–2022



Source: STOP Act State Survey, 2011–2022

Best-Practice Standards

States were asked whether they have adopted or developed best-practice standards for underage drinking prevention programs and, if so, the type of agency or organization that established the standards. Eighty-eight percent ($n = 45$) reported they had best-practice standards. As shown in Exhibit 3.6, state agencies play a significant role in their establishment, followed by federal agencies. Seventy-six percent of those states with best-practice standards reported that more than one type of agency was responsible for their establishment. Nearly three-quarters (73 percent) included SAMHSA and the Center for Substance Abuse Prevention in their list of agencies.

Exhibit 3.6: Agencies Involved in Establishing Best-Practice Standards

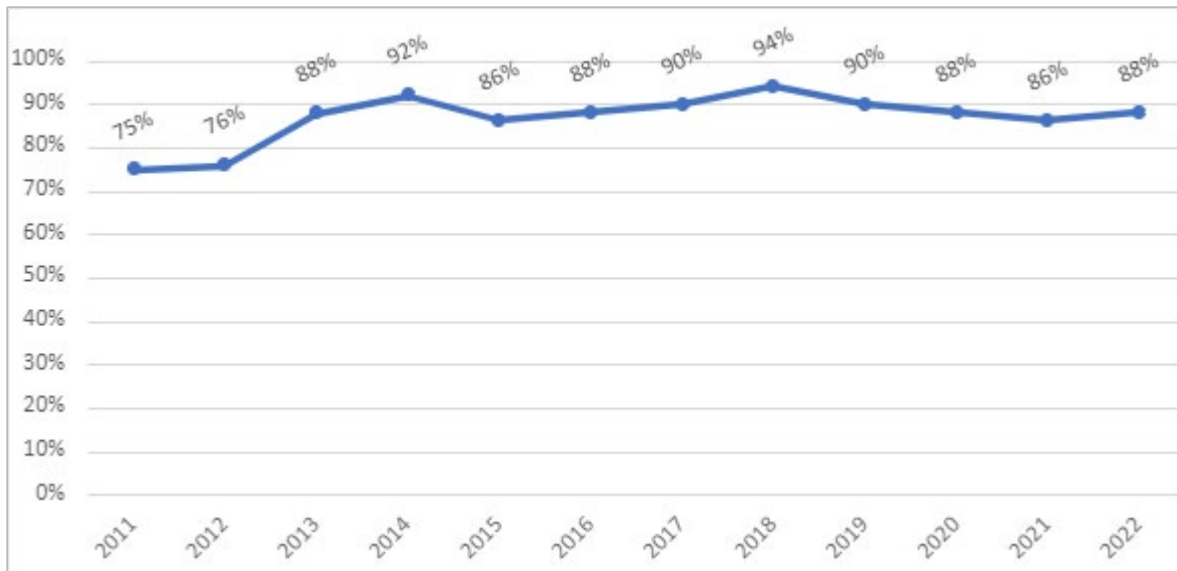
Type of Agency Establishing Best-Practice Standards ($n =$ number of states reporting)	Percentage of States ($n = 45$) Adhering to Best-Practice Standards
Federal ($n = 35$)	78
State ($n = 39$)	87
Non-governmental ($n = 12$)	27
Other ($n = 9$)	20

Source: STOP Act State Survey, 2022

Best-Practice Standards 2011–2022

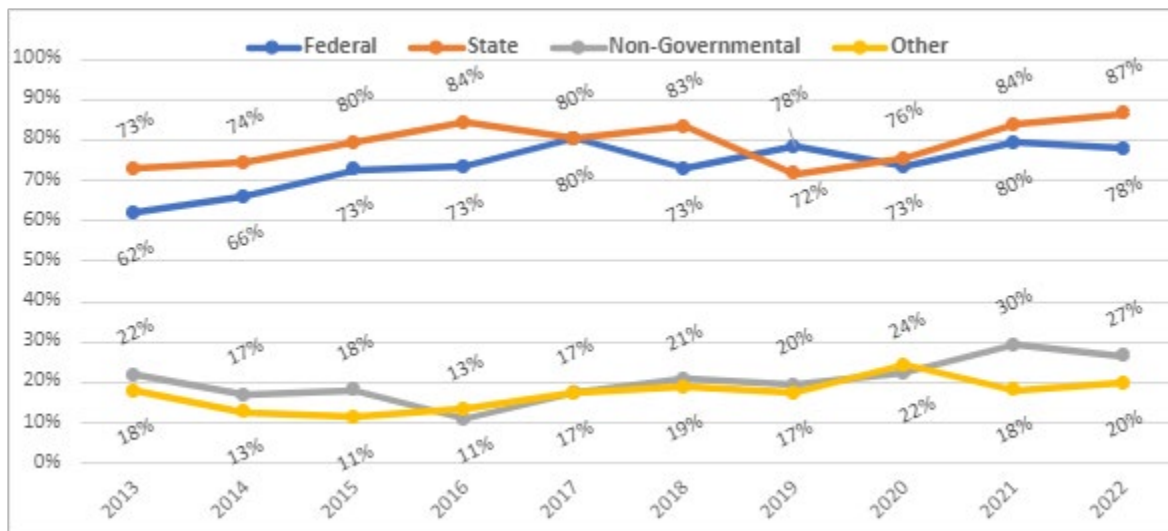
The number of states reporting the adoption of best-practice standards has remained high over the years, as shown in Exhibit 3.7. State and federal agencies consistently play a significant role in the development of these standards, as shown in Exhibit 3.8.

Exhibit 3.7: Percentages of States With Best-Practices Standards 2011–2022



Source: STOP Act State Survey, 2011–2022

Exhibit 3.8: Agencies Establishing Best-Practice Standards 2011–2022*



*This graph represents the states that reported having established best-practice standards, and of these states, the percentages each type of agency was involved with establishing the best-practice standards.

Source: STOP Act State Survey, 2013–2022 ⁴⁵

Collaborations, Planning, and Reports

The STOP Act *State Survey* included two questions about collaborations. The first question asked whether states collaborated on underage drinking issues with federally recognized tribal governments (if any). Forty-seven percent ($n = 24$) said they did collaborate, 31 percent ($n = 16$) said they did not collaborate, and 11 states reported no federally recognized tribes in their states.

The second question asked whether states had a state-level interagency body or committee to coordinate or address underage drinking prevention activities. Sixty-three percent of the states

⁴⁵ Detailed data on this topic were collected starting with the 2013 State Survey.

reported that such a committee exists, although the composition of the committees varied somewhat from state to state. Most states’ interagency committees included a variety of state agencies directly involved in underage drinking prevention policy implementation and enforcement, as well as educational and treatment program development and oversight. These include the states’ departments of health and human services and alcohol beverage control, their substance misuse agency, and their state police/highway patrol.

Of interest is the extent to which the interagency committees included representatives from the governor’s office, state legislature, and office of the attorney general, given that these individuals and offices are critical in setting priorities, providing funding, and generating political and public support. Exhibit 3.9 shows that 16 percent of the states with a committee included the governor, 10 percent included a legislative representative, and nearly one in four included an attorney general.

Exhibit 3.9: Composition of the Interagency Group—State Government Entities

	Percentage of States With Representation From One or More of These Offices		
	Office of the Governor	Legislature	Attorney General
Percentage of states with a committee (<i>n</i> = 31)	16%	10%	23%

Source: STOP Act State Survey, 2022

Exhibit 3.10 shows the extent to which the interagency committee included relevant entities and constituencies outside of state government. Forty-five percent of the states with interagency committees included college/university administrations, campus life departments, or campus police, and 48 percent included community coalitions or concerned citizens. About one in four states included local law enforcement, and 0 percent included youth. It should be noted that this is the first year in which no state interagency committee included youth representatives. While the percentage of youth representation has always been low, it is noteworthy that there are no representatives from this important stakeholder population in the current committees.

Exhibit 3.10: Composition of the Interagency Group—Other Entities

	Percentage of States With Representation From One or More of These Entities			
	Local Law Enforcement	College/University Administration, Campus Life Department, Campus Police	Community Coalitions/Concerned Citizens	Youth
Percentage of states with a committee (<i>n</i> = 31)	23	45	48	0

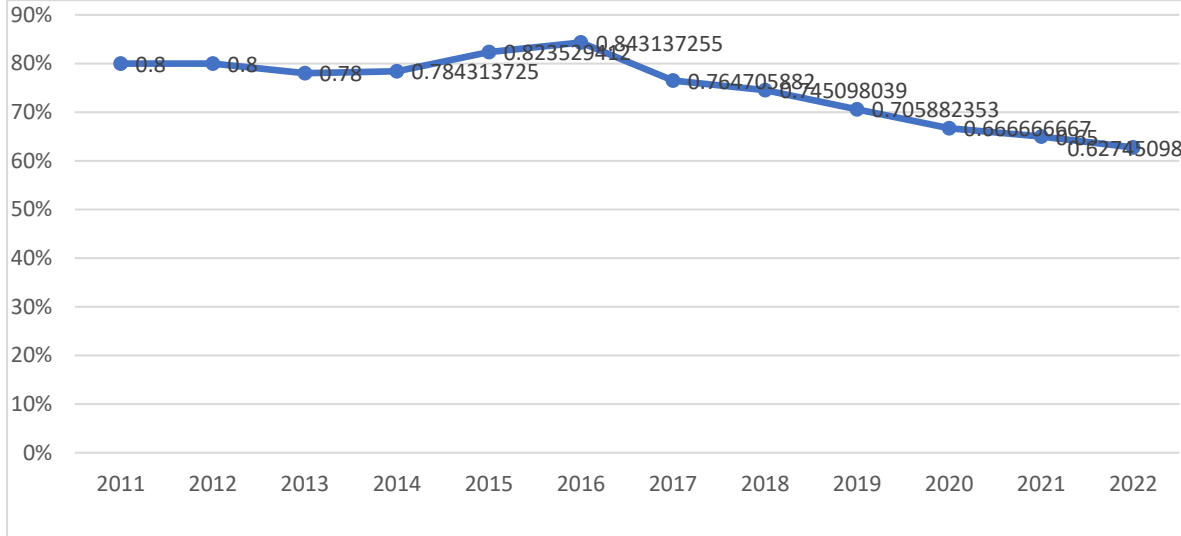
Source: STOP Act State Survey, 2022

State Interagency Committees to Address Underage Drinking Prevention: 2011–2022

The number of states reporting the presence of a state interagency committee has been in decline for the past 6 years, as shown in Exhibit 3.11. Although there has been some variation in the composition of these groups, some patterns remain consistent during the 12 years of the survey,

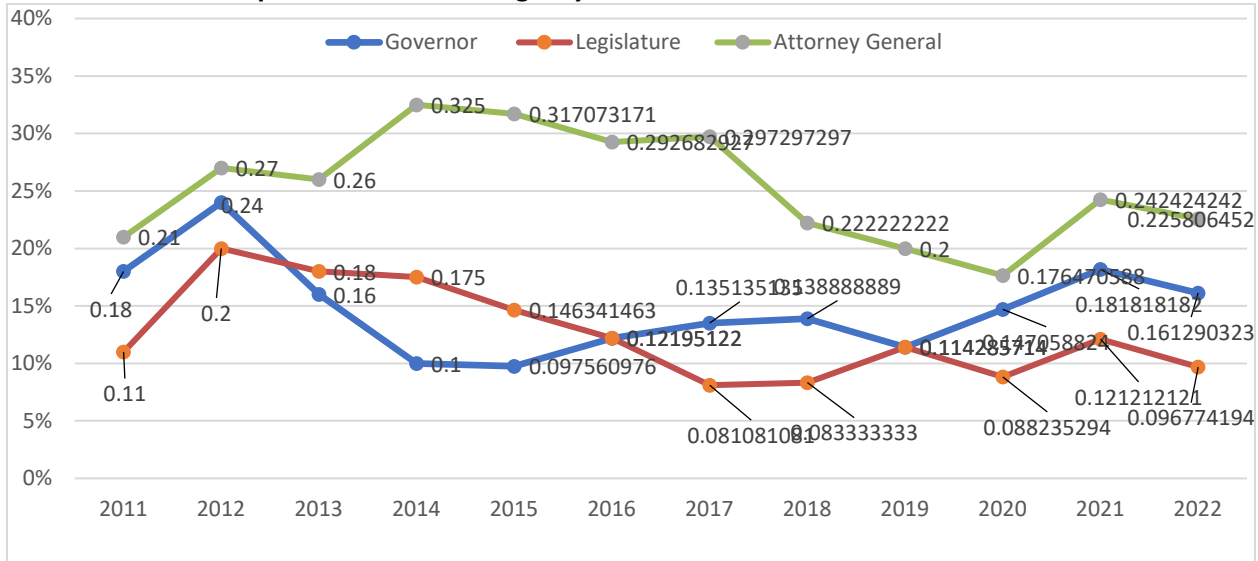
as shown in Exhibits 3.12 and 3.13. The office of the state attorney general has been the most-represented government entity on state committees, and colleges and community coalitions are represented more often than local law enforcement or youth.

Exhibit 3.11: Percentages of States Reporting the Presence of an Interagency Committee 2011–2022



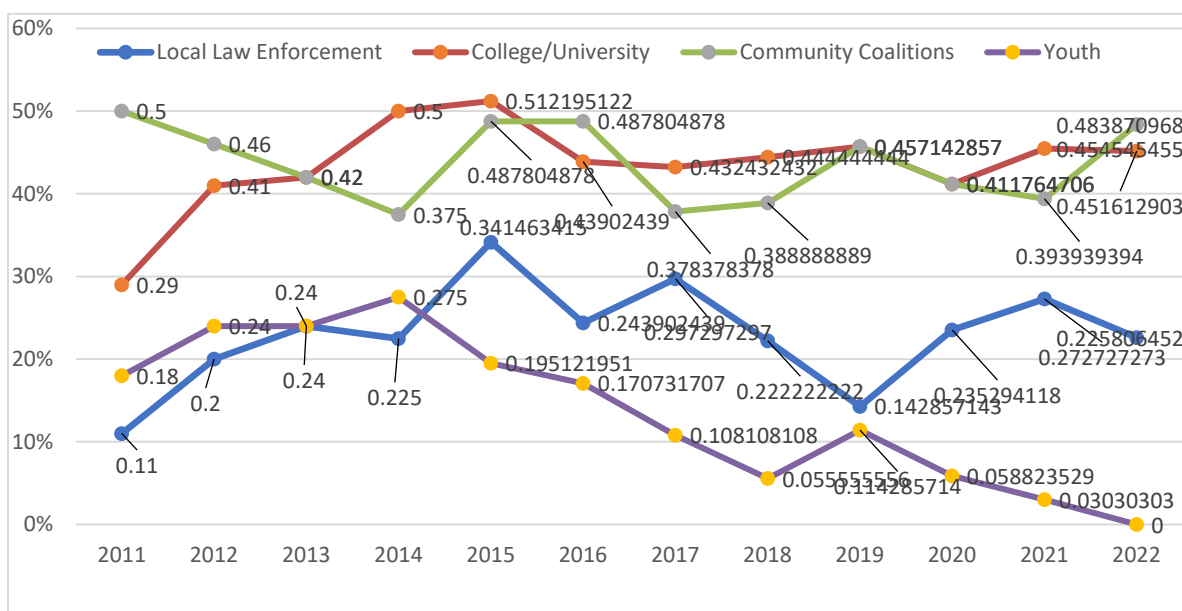
Source: STOP Act State Survey, 2011–2022

Exhibit 3.12: Composition of the Interagency Committee—State Government Entities 2011–2022



Source: STOP Act State Survey, 2011–2022

Exhibit 3.13: Composition of the Interagency Committee—Other Entities 2011–2022



Source: STOP Act State Survey, 2011–2022

State Plans and Reports for Preventing Underage Drinking

States were asked whether they had prepared a plan for preventing underage drinking or issued a report on underage drinking in the past 3 years. Forty-two percent ($n=50$) of all states that responded to this question had prepared a plan, and 45 percent ($n = 49$) had issued a report. The majority of states provided a source for obtaining the plans or reports (see individual *State Reports*).⁴⁶

Media Campaigns

The survey contains a series of questions about state participation in media campaigns and other social marketing efforts intended to reduce underage drinking and increase parent–child communications about alcohol consumption. Media campaigns have been shown to enhance efforts to reduce underage drinking and increase perception of the enforcement of underage drinking laws. States were asked whether they participated in or collaborated with a media campaign to prevent underage drinking. Eighty-two percent of the states indicated that they did participate in such a campaign. When asked what types of media campaign the states participated in, regional and local campaigns were the most popular, followed by federal campaigns (Exhibit 3.14).

States were specifically asked about their participation in SAMHSA’s national media campaign, “Talk. They Hear You.®” (TTHY). Eighty-three percent responded that they did, suggesting that they may think of it as more of a state campaign once adopted, rather than as a federal campaign. States participating in TTHY were asked to describe how they participated and which resources they devoted to the TTHY campaign. As indicated in Exhibit 3.15, the majority of states forward TTHY materials to local areas. Exhibit 3.16 illustrates these states’ responses to the question of

⁴⁶ These and other related reports can be found on www.stopalcoholabuse.gov.

how they procured funding for the TTHY campaign. Forty percent indicated that they did not procure funding for the campaign.

In the following Exhibits 3.14 through 3.16, “n” represents the number of states reporting their media campaign activities. For example, in Exhibit 3.14, 42 states indicated that they collaborated or had participated in any media campaign, and out of these, 76 percent reported that they had participated in federal campaigns.

Exhibit 3.14: Type of Media Campaigns

Media Campaigns State Collaborates With/Participates In (n = 42)	
Federal campaigns	76%
Regional and local media campaigns	83%
Local school district efforts	33%
Other	21%

Source: STOP Act State Survey, 2022

Exhibit 3.15: Participation in TTHY

How State Participates in TTHY Media Campaign (n = 35)	
State officially endorses TTHY efforts	43%
State commits state resources for TTHY	20%
State forwards TTHY materials to local areas	83%
Other	31%

Source: STOP Act State Survey, 2022

Exhibit 3.16: Procuring Funding for TTHY

How State Procures Funding for TTHY (n = 25)*	
Pro bono	8%
Donated airtime	8%
Earned media	12%
Other	40%
State does not procure funding for TTHY	40%

*Ten states that reported participating in the TTHY campaign did not respond to questions about funding.

Source: STOP Act State Survey, 2022

State Expenditures on the Prevention of Underage Drinking

States were asked to estimate state expenditures for two categories of enforcement activities and five types of programs targeted to youth, parents, and caregivers.⁴⁷ Exhibit 3.17 provides the data in \$1,000 units reported for (1) enforcement activities, (2) program activities, and (3) other

⁴⁷ The State Survey asks about expenditures only from state budget sources. Federal block grants and other federal funds make up approximately 80 percent of state substance misuse prevention expenditures.

activities. An entry of zero in the “Minimum reported” row means that at least one state that collects data reported no expenditures in that category.

Exhibit 3.17: 12-Month Expenditures (in \$1,000 Units) for Enforcement Activities; Programs Targeted to Youth, Parents, and Caregivers; and Other Programs†

	Enforcement Activities		Programs Targeted to Youth, Parents, and Caregivers					Other Programs
	Compliance Checks	Checkpoints and Saturation Patrols	Community-Based Programs	K–12 Programs	College/University Programs	Juvenile Justice System Programs	Child Welfare System Programs	
Number of states providing data	23	10	27	21	16	7	8	12
Median expenditure*	\$22	\$4	\$539	\$531	\$40	\$0	\$0	\$96
Minimum reported	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Maximum reported	\$470	\$4,141	\$38,444	\$33,983	\$3,500	\$350	\$350	\$3,011
Percentage of states providing data that invest in this category	87	70	93	81	69	43	38	75

†These data must be viewed cautiously. Response rates for prevention program expenditures ranged from 38 percent to 93 percent. Thus, the extent to which some of these data reflect national trends is unclear.

*The median is zero if more than half the responses are zero.

Source: STOP Act State Survey, 2022

The largest expenditure category is for community-based programs, followed by K–12 school programs. The median of expenditures for programs targeted to youth, parents, and caregivers (\$210,013) is eleven times that for all enforcement activities (median = \$19,075), and the total dollar amount expended for these non-enforcement programs (\$157,476,564) is 24 times the total dollar amount spent on enforcement (\$6,468,505).

States were also asked whether funds dedicated to underage drinking are derived from taxes, fines, and fees. Eighty-two percent of the states provided data for these questions. The use of these funding sources for underage drinking prevention activities is limited (Exhibit 3.18).

Exhibit 3.18: Sources of Funds Dedicated to Underage Drinking Prevention

Source	Number of States Providing Data	Percentage Reporting Yes*
Taxes	42	26
Fines	42	31
Fees	42	26

*Percentages reflect only the states that provided data for these questions.

Source: STOP Act State Survey, 2022

Enforcement Programs

The STOP Act calls for the development and reporting of state enforcement performance measures. To fulfill this requirement, the *State Survey* requested enforcement data in four areas:⁴⁸

1. State enforcement efforts to prevent and reduce underage access to alcohol at retail outlets, such as compliance checks and shoulder tap operations;
2. Local enforcement efforts to prevent and reduce underage access to alcohol;
3. Enforcement of selected state laws aimed at deterring underage drinking (e.g., MIP laws and laws prohibiting Internet sales and direct shipment of alcohol); and
4. Penalties (i.e., fines, license suspensions, and revocations) imposed on retail establishments for violation of these laws.

Exhibit 3.19 shows the percentages of states that collect data on compliance checks, MIP charges, and penalties levied against retail establishments for furnishing alcohol to minors. As illustrated in Exhibit 3.19, a majority of states collect these data. However, the number of states that collect data on local enforcement efforts is limited. Thus, it is likely that the enforcement statistics provided here underestimate the total amount of underage drinking enforcement occurring in the states.

Exhibit 3.19: Percentages of Jurisdictions That Reported Enforcement Data Collection at the State and Local Levels

	State Collects Data on Compliance Checks		State Collects Data on MIP Arrests/Citations	State Collects Data on MIP, Including Arrests/Citations by Local Law Enforcement Agencies	State Collects Data on Penalties Imposed on Retail Establishments		
	State Conducted	Locally Conducted			Fines	License Suspensions	License Revocations
Percentage	76	22	67	22	78	75	71

Source: STOP Act State Survey, 2022

Compliance Checks

Compliance checks (or decoy operations) are defined as those enforcement actions in which trained underage (or apparently underage) operatives (“decoys”)—working with law enforcement officials—enter retail alcohol outlets and attempt to purchase alcohol. States were asked to provide an estimate of the total number of retail licensees in their state so that the percentage of licensees checked annually could be measured. A median of 12 percent of licensed establishments are checked across all 36 states that conduct compliance checks and collect associated data.⁴⁹

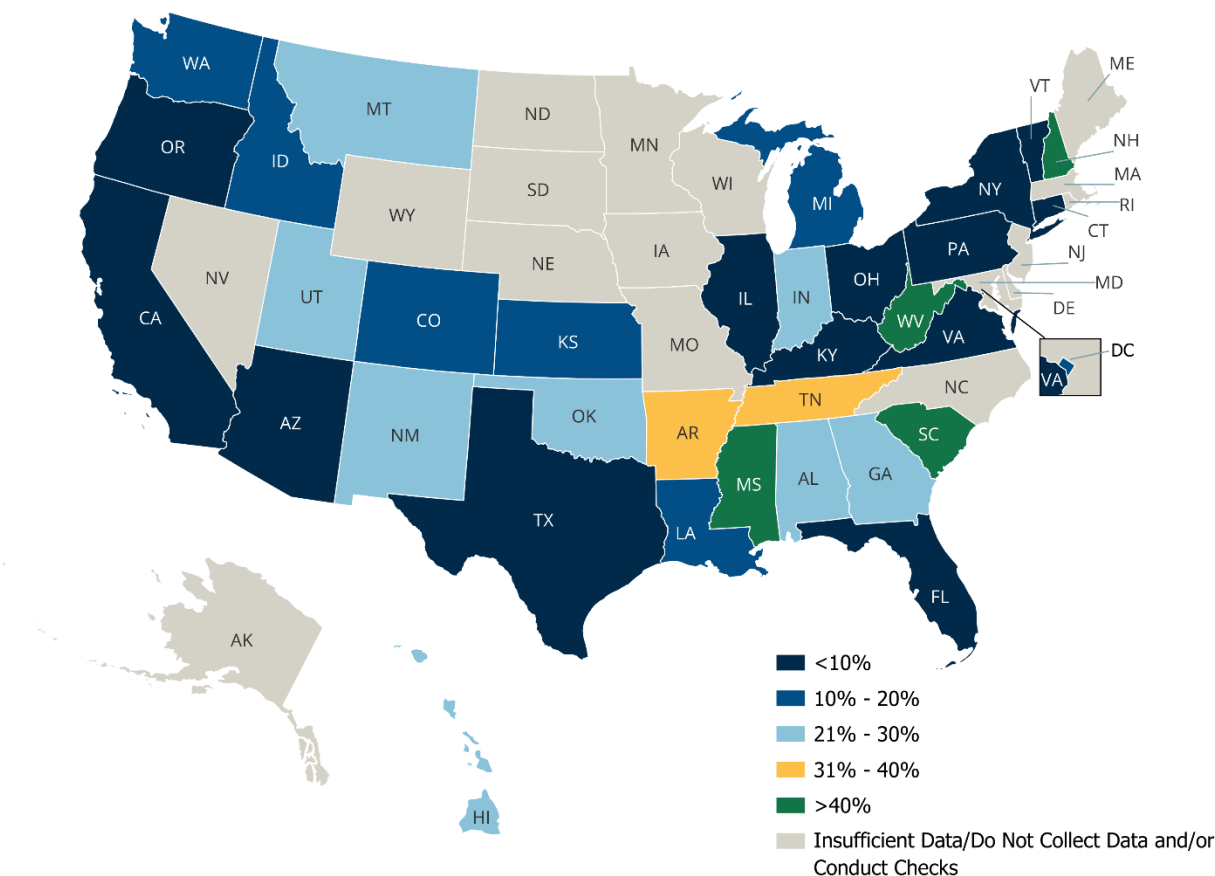
Exhibit 3.20 provides a state-by-state picture of the percentage of licensees checked. Sixty-one percent of those states conducting checks tested 20 percent or fewer of their licensees, indicating

⁴⁸ Charts showing individual state responses to all enforcement program questions on the 2022 State Survey are available by contacting underagedrinking@samhsa.hhs.gov.

⁴⁹ Three additional states indicated that they conducted state compliance checks and collected data but did not provide sufficient information to be included in this calculation.

that checking is generally not comprehensive. The majority (92 percent) of these states reported that checks were conducted at both on- and off-premises establishments.

Exhibit 3.20: Percentage of Licenses Checked by State



Source: STOP Act State Survey, 2022

In addition to questions about the number of state checks and the number of outlets that failed the checks, states were asked whether they conduct random compliance checks. Of the states that reported conducting and collecting data on compliance checks, 90 percent indicated that some or all of the checks conducted were done randomly, as opposed to being conducted in response to a complaint or as part of a convenience sample. For 59 percent of the states that reported conducting random checks (and for which data were available), all state checks were conducted randomly.

Exhibit 3.21 compares the numbers and failure rates of all state compliance checks, those state checks conducted randomly, and local compliance checks. Eleven states also collected data on compliance checks conducted by local law enforcement. Eight states reported conducting and collecting data for **both** state and local compliance checks; 42 states conducted and collected data on either state or local compliance checks; and nine states conducted neither state nor local checks. As shown in Exhibit 3.21, the number of licensees checked and licensee failures varies widely.

Exhibit 3.21: Compliance Checks

	Number of Licensees on Which Checks Were Conducted		Percentage of Licensees on Which Checks Were Conducted That Failed the Checks	
State agencies—all checks (<i>n</i> = 35)	Median for those that collected data	906	Median for those that collected data	17
	Minimum	0	Minimum	3
	Maximum	8,497	Maximum	100
State agencies—random checks only (<i>n</i> = 35)	Median for those that collected data	906	Median for those that collected data	15
	Minimum	0	Minimum	5
	Maximum	5,540	Maximum	44
Local agencies (<i>n</i> = 10)	Median for those that collected data	557	Median for those that collected data	11
	Minimum	141	Minimum	8
	Maximum	4,178	Maximum	27

Note: The “*n*” figures in this exhibit differ from the total numbers of states that answered “yes” to collecting and conducting state, random, and local compliance checks because some states provided incomplete data.

Source: STOP Act State Survey, 2022

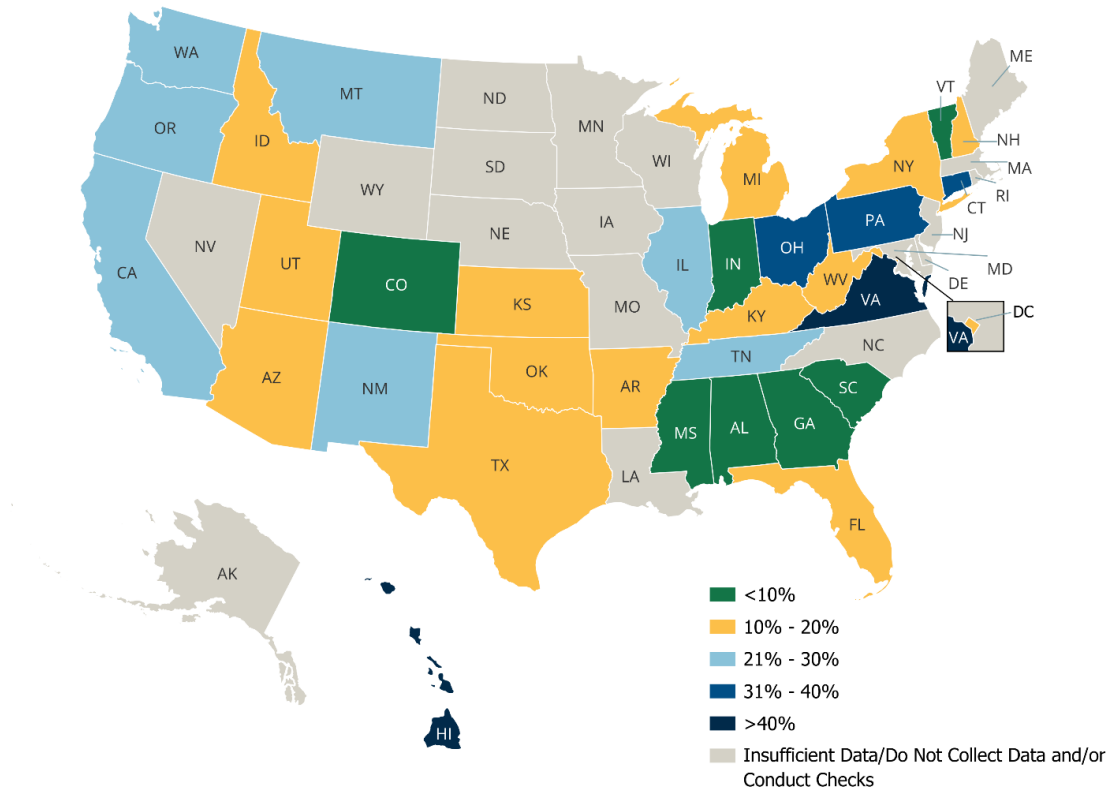
Exhibits 3.22 and 3.23 provide state-by-state licensee failure rates for all compliance checks conducted by state and local agencies based on data reported by the states. The majority of states (64 percent) reported failure rates of 20 percent or less for state-level checks, with 12 states reporting higher rates.

Exhibit 3.23 highlights the lack of data on local compliance checks for most states. Only 10 states reported any data from local compliance checks, and 80 percent of those states reported failure rates of 20 percent or less.

As noted above, there is great variation among the states in the percentage of the total number of outlets checked during this period. Some states indicated that they make multiple checks on single outlets during the year in question, and this may be true of other states. Compliance check protocols also vary by state. For example, states use differing procedures and requirements for choosing underage decoys (see Compliance Check Protocols, Chapter 2).

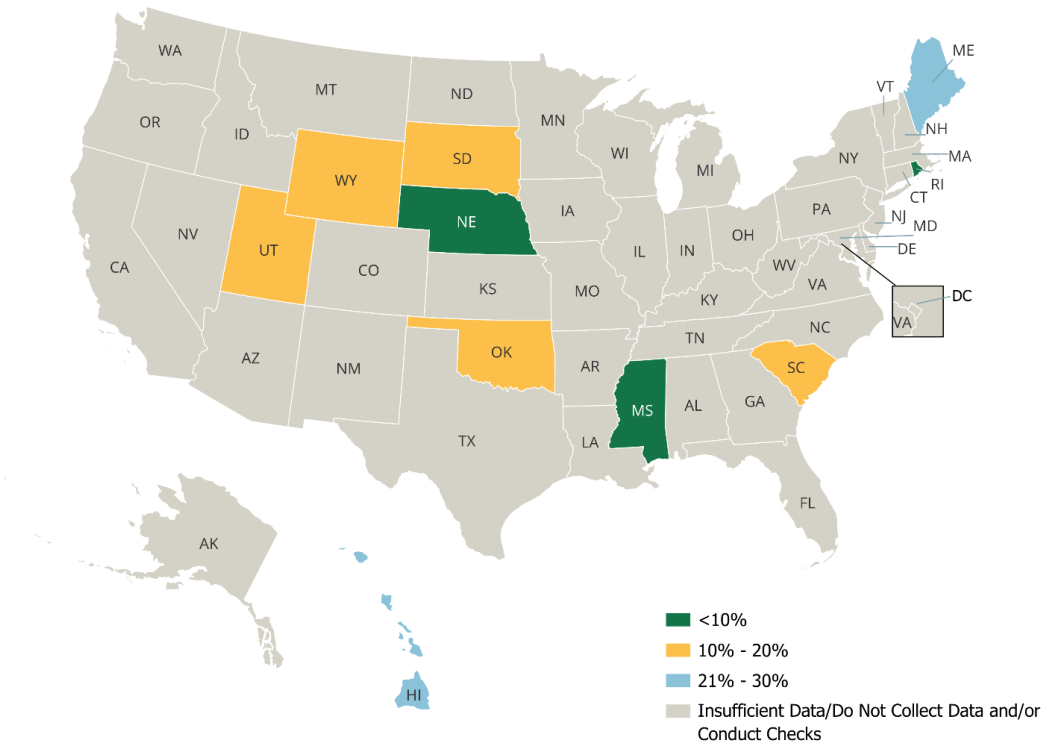
States may also conduct compliance checks randomly in response to complaints or as a result of a previous compliance check failure. Hence, differences in compliance check protocols may affect the number of outlets checked, the frequency of checks at a particular establishment, and the failure rates.

Exhibit 3.22: State Compliance Checks Failure Rate



Source: STOP Act State Survey, 2022

Exhibit 3.23: Local Compliance Checks Failure Rate



Source: STOP Act State Survey, 2022

Other Enforcement Strategies

States were asked to report on four other state and local strategies to enforce underage drinking laws: Cops in Shops, shoulder tap operations, party patrol operations or programs, and underage alcohol-related fatality investigations. Definitions of these enforcement strategies follow.

1. **Cops in Shops**—In this well-publicized enforcement effort, undercover law enforcement officers are placed in retail alcohol outlets to observe potential sales to minors.
2. **Shoulder tap operations**—Trained young people (decoys) approach individuals outside of retail alcohol outlets and ask them to make an alcohol purchase.
3. **Party patrol operations or programs**—Operations that identify underage drinking parties, make arrests and issue citations, and safely disperse participants.
4. **Underage alcohol-related fatality investigations**—These investigations are done to determine the source of alcohol ingested by fatally injured minors.

As shown in Exhibit 3.24, the most common enforcement activities at both state and local levels are party patrol operations or programs and underage alcohol-related fatality investigations.

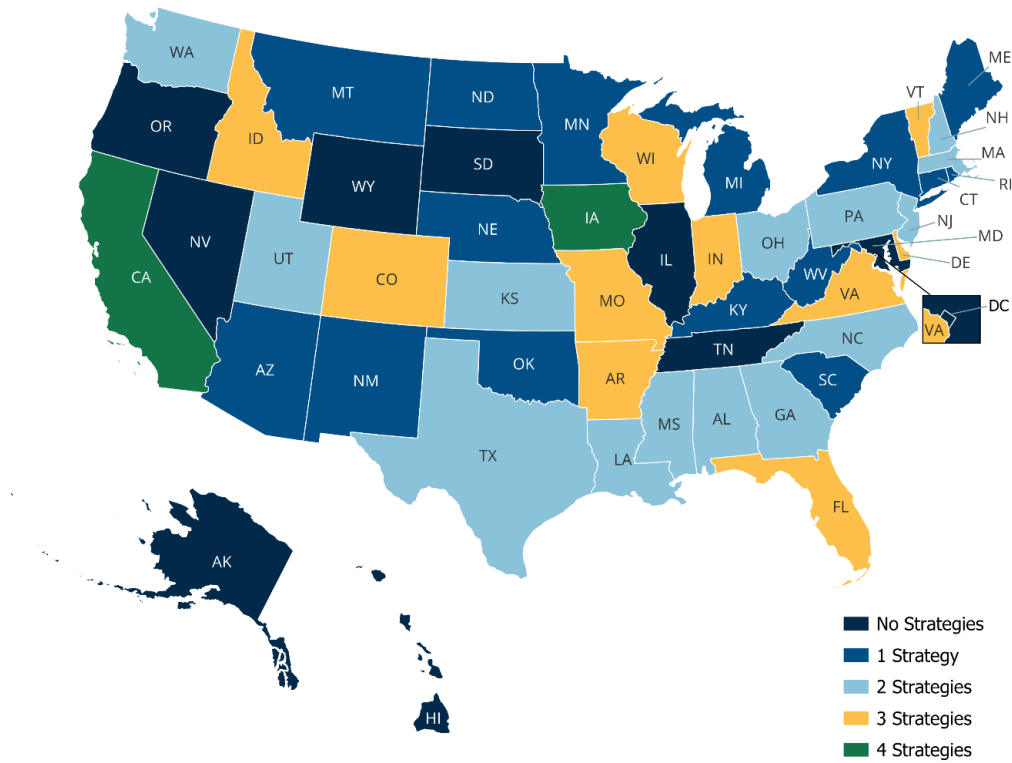
Exhibit 3.24: Implementation of Other Enforcement Strategies

State Enforcement: Percentages of States That Implement:				Local Enforcement: Percentages of States in Which Localities Implement:			
Cops in Shops	Shoulder Tap Operations	Party Patrol Operations or Programs	Underage Alcohol-Related Fatality Investigations	Cops in Shops	Shoulder Tap Operations	Party Patrol Operations or Programs	Underage Alcohol-Related Fatality Investigations
31	18	39	71	27	37	59	49

Source: STOP Act State Survey, 2022

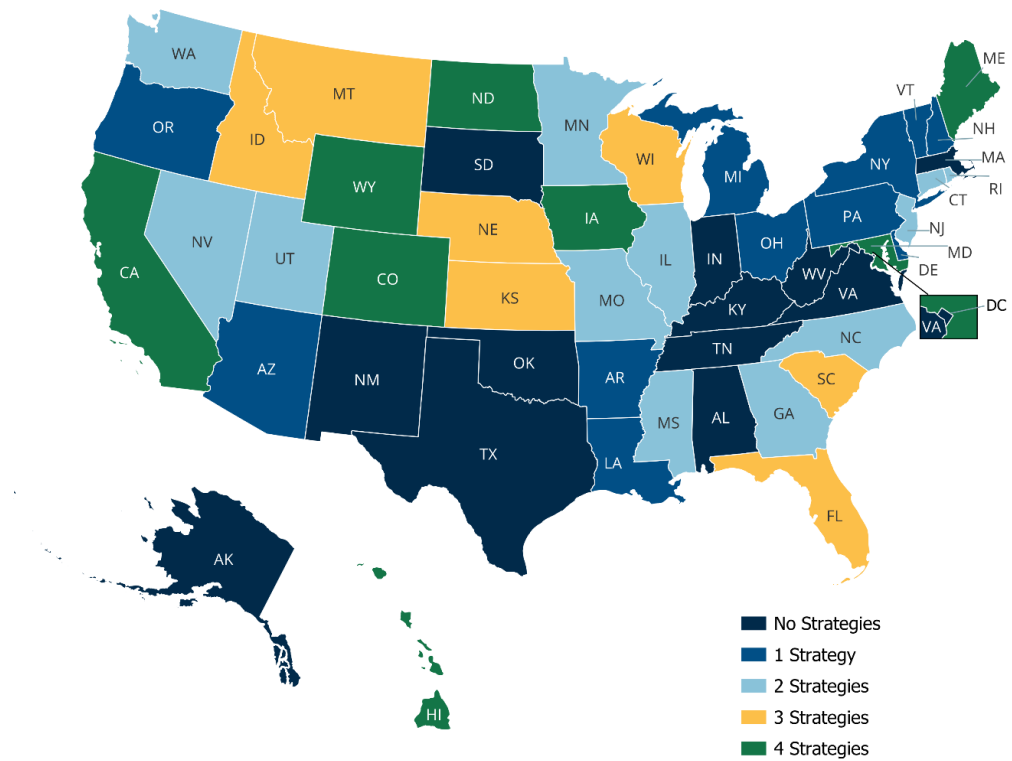
Exhibit 3.25 displays states that implement one to four of the strategies listed in Exhibit 3.24. Exhibit 3.26 displays states in which local law enforcement agencies implement one to four of the strategies.

Exhibit 3.25: Number of Enforcement Strategies Implemented by States



Source: STOP Act State Survey, 2022

Exhibit 3.26: Number of Enforcement Strategies Implemented by Local Law Enforcement Agencies



Source: STOP Act State Survey, 2022

All states regulate or prohibit direct sales and direct shipment of alcohol from producers to consumers, typically through internet orders and delivery by common carriers. (Note: These laws do not address home delivery or internet sales by retailers.) States were asked whether they have a program to investigate and enforce direct sales or direct shipment laws and whether these laws are also enforced by local law enforcement agencies. Exhibit 3.27 shows that 75 percent of the states reported having direct shipment enforcement programs but only 16 percent confirmed that local law enforcement enforces these laws.

Exhibit 3.27: Enforcement of Direct Shipment Laws, by Percentages Conducted Through State and Local Law Enforcement Efforts

	State Has a Program to Investigate and Enforce Direct Sales/Shipment Laws (%)	Laws Are Also Enforced by Local Law Enforcement Agencies (%)
Yes	75	16
No	16	37
Don't know/no answer	10	22

Source: STOP Act State Survey, 2022

Sanctions Imposed on Retail Establishments for Violations

The State Survey requested information on penalties imposed on retail establishments for furnishing to minors (Exhibits 3.28–3.32; note that the “n” figures in these exhibits differ from the total number of states that answered “yes” to collecting data on fines, suspensions, and revocations because some states provided incomplete data).

As would be expected, fines are the most common sanction, imposed about six times as often as suspensions. However, revocations are rare. Of the states that collected data on revocations, 88 percent revoked one or no licenses. Ninety-one percent of the states revoked fewer than six licenses.

Exhibit 3.28: Fines Imposed on Retail Establishments for Furnishing to Minors

	Number of Outlets Fined for Furnishing to Minors (n = 29)	Total Amount of Fines in Dollars Across All Licensees (n = 32)
Median for states that collect data	112	\$120,900
Minimum	0	\$0
Maximum	1,298	\$1,264,137

Source: STOP Act State Survey, 2022

Exhibit 3.29: Lowest and Highest Fines Imposed on Retail Establishments for Furnishing to Minors

Lowest Fine Imposed		Dollar Amount of Fines Across All Licenses	
Median for states that collected data (n = 31)		\$400	
Minimum		\$0	
Maximum		\$3,500	
Highest Fine Imposed		Dollar Amount of Fines Across All Licenses	
Median for states that collected data (n = 29)		\$3,000	
Minimum		\$260	
Maximum		\$18,610	

Source: STOP Act State Survey, 2022

Exhibit 3.30: License Suspensions Imposed on Retail Establishments for Furnishing to Minors

Number of Outlets Suspended for Furnishing (n = 22)		Total Days of Suspension Across All Licensees (n = 25)	
Median for states that collected data	6	48	
Minimum	0	0	
Maximum	235	540	

Source: STOP Act State Survey, 2022

Exhibit 3.31: Shortest and Longest License Suspensions Imposed on Retail Establishments for Furnishing to Minors

Shortest Suspension Imposed		Number of Days Across All Licenses	
Median for states that collected data (n = 26)		2	
Minimum		0	
Maximum		30	
Longest Suspension Imposed		Number of Days Across All Licenses	
Median for states that collected data (n = 25)		15	
Minimum		0	
Maximum		150	

Source: STOP Act State Survey, 2022

Exhibit 3.32: License Revocations Imposed on Retail Establishments for Furnishing to Minors

Number of Outlets Revoked for Furnishing	
Median for states that collected data (n = 32)	0*
Minimum	0
Maximum	231

*The median will be zero if more than half the responses are zero.

Source: STOP Act State Survey, 2022

The survey asked states to report the lowest and highest fines imposed and the shortest and longest number of suspension days. Exhibits 3.28–3.31 illustrate the great variation among the states in the number of fines and the length of license suspensions imposed.

Sanctions for furnishing to minors can be put into perspective by considering rates per 100,000 drinking occasions among youth who are 16–20 years old. Exhibit 3.33 presents these rates for 26 states that collect complete sanctions data (i.e., fines, suspensions, and revocations).

Exhibit 3.33: Retailer Sanctions for Furnishing to Minors

Sanctions Per 100,000 Drinking Occasions	
Median for states that collected data (<i>n</i> = 26)	4.81
Minimum	0
Maximum	27.82

Source: STOP Act State Survey, 2022

MIP Offenses

States were also asked to provide statistics on MIP offenses. As noted earlier, arrest data for MIP offenses provide an index of the enforcement of laws designed to deter underage persons from drinking. Some states reported data that included arrests/citations issued by local law enforcement agencies; others did not.

The first three rows of Exhibit 3.34 present the numbers of MIP arrests/citations reported by all states that collected such data. These data may not provide an accurate picture of MIP enforcement, as much of this enforcement was conducted at the local level and therefore was not represented in state data. The last three rows of Exhibit 3.34 present data only from those states that collected both state and local MIP data. When only those states that collected local data are considered, the median number of arrests/citations increases by 5 percent, highlighting the importance of local enforcement efforts and data.

Exhibit 3.34: Number of Minors Found in Possession of (or Having Consumed or Purchased Per State Statutes) Alcohol

	Number of Arrests/Citations
Median for all states that collected data (<i>n</i> = 34)	139
Minimum	0
Maximum	5,645
Median for states that collected both state and local data (<i>n</i> = 11)	146
Minimum	0
Maximum	5,645

Source: STOP Act State Survey, 2022

To explore the meaning of these data, two indices were calculated for states with both state and local MIP enforcement (Exhibit 3.35). The first index compares the rates of MIP arrests/citations

with an estimate of yearly drinking occasions among 16- to 20-year-olds.⁵⁰ The second index reflects arrests per 100,000 youth in each state who are 16–20 years old.

Exhibit 3.35: State and Local Arrests/Citations for Minors in Possession: 16- to 20-Year-Olds

	Number of Arrests/Citations	Arrests/Citations Per 1,000 Drinking Occasions	Arrests/Citations Per 100,000 Population 16–20
Median for those that collected data (<i>n</i> = 11)	146	0.31	339
Minimum	0	0	0
Maximum	5,645	1.61	1,742

Source: STOP Act State Survey, 2022

Sanctions Against Youth Versus Sanctions Against Retailers

A comparison of the rates of MIP arrests versus the rates of retailer sanctions (i.e., totals of fines, suspensions, and revocations) highlights enforcement priorities. Sixteen states provided the complete dataset needed for this analysis (Exhibit 3.36).

Exhibit 3.36: Ratio of State and Local MIP Arrests to Retailer Sanctions

	MIP Arrests Per Retailer Sanctions
Median for states that collect data (<i>n</i> = 18)	0.97
Minimum	0
Maximum	57

Source: STOP Act State Survey, 2022

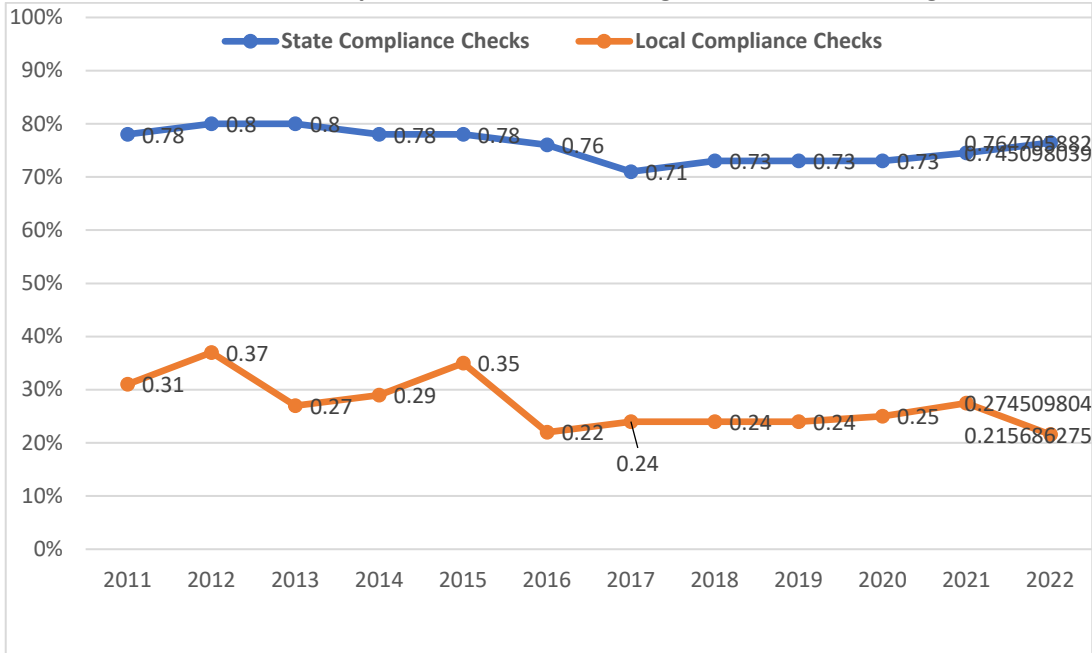
In previous years, MIP arrests greatly outnumbered retailer sanctions, indicating that priority was given to individual arrests over enforcement at the retail level. In 2022, 50 percent of the states reporting had a ratio of less than one MIP arrest to retailer sanctions (indicating a priority on retailer enforcement). It is possible that this change is more an artifact of pandemic-related slowdowns in MIP arrests, rather than an indication of greater parity between enforcement at the individual and retail levels.

Enforcement Data Collection Patterns 2011–2022

Data collection and reporting of enforcement data vary greatly from year to year among the states, so it is not possible to compare all states over these 12 years. These figures should be viewed with the caveat that numbers reported are impacted by variations in the availability and collection of data. Exhibits 3.37 and 3.38 demonstrate the variability in data collection on key enforcement variables by all states between 2011 and 2022. The collection of local compliance check and MIP arrest data has trended downwards since the 2011 survey. Trends for the collection of sanctions data (i.e., fines, suspensions, and revocations) vary across the different types of sanctions, as shown in Exhibit 3.39.

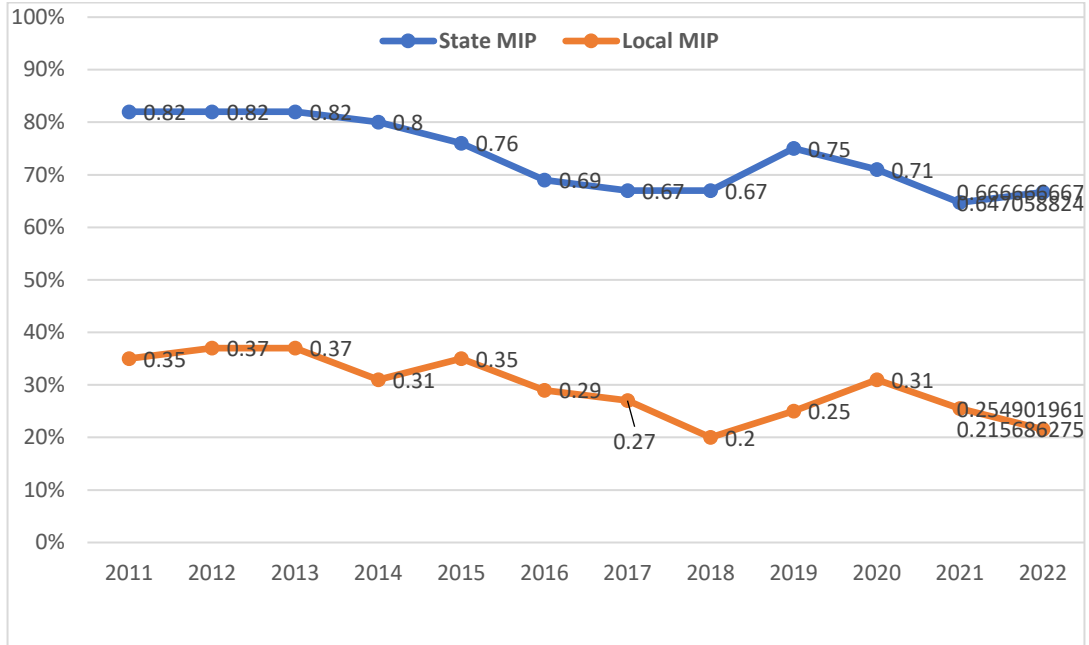
⁵⁰ This estimate is based on the calculations of Wagenaar and Wolfson (1994). Using Monitoring the Future data, they estimated a rate of 90 drinking occasions per 100 youth per month. To maintain consistency of analysis over the years, this formula is used in every year’s survey analysis.

Exhibit 3.37: State and Local Compliance Checks: Percentages of States Collecting Data 2011–2022



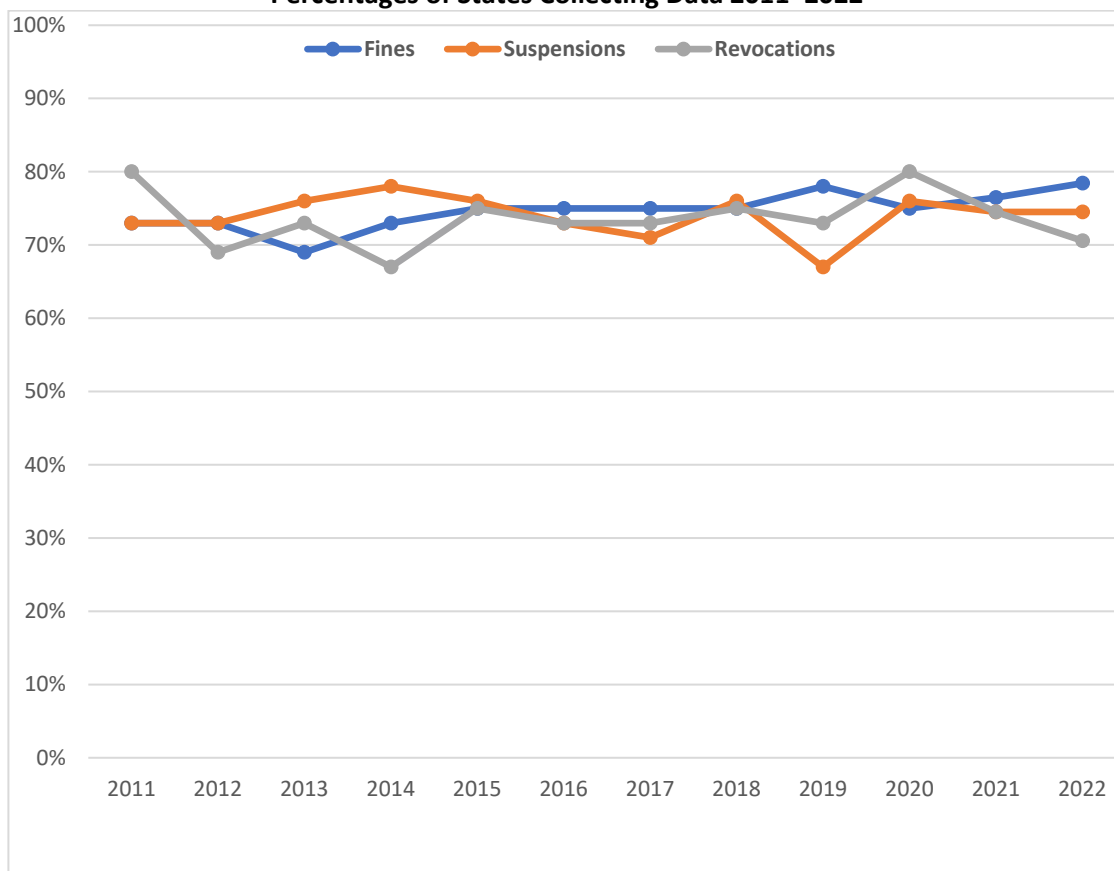
Source: STOP Act State Survey, 2011–2022

Exhibit 3.38: State and Local MIP Arrests: Percentages of States Collecting Data 2011–2022



Source: STOP Act State Survey, 2011–2022

Exhibit 3.39: Sanctions Imposed on Retail Establishments for Furnishing Alcohol to Underage Persons: Percentages of States Collecting Data 2011–2022



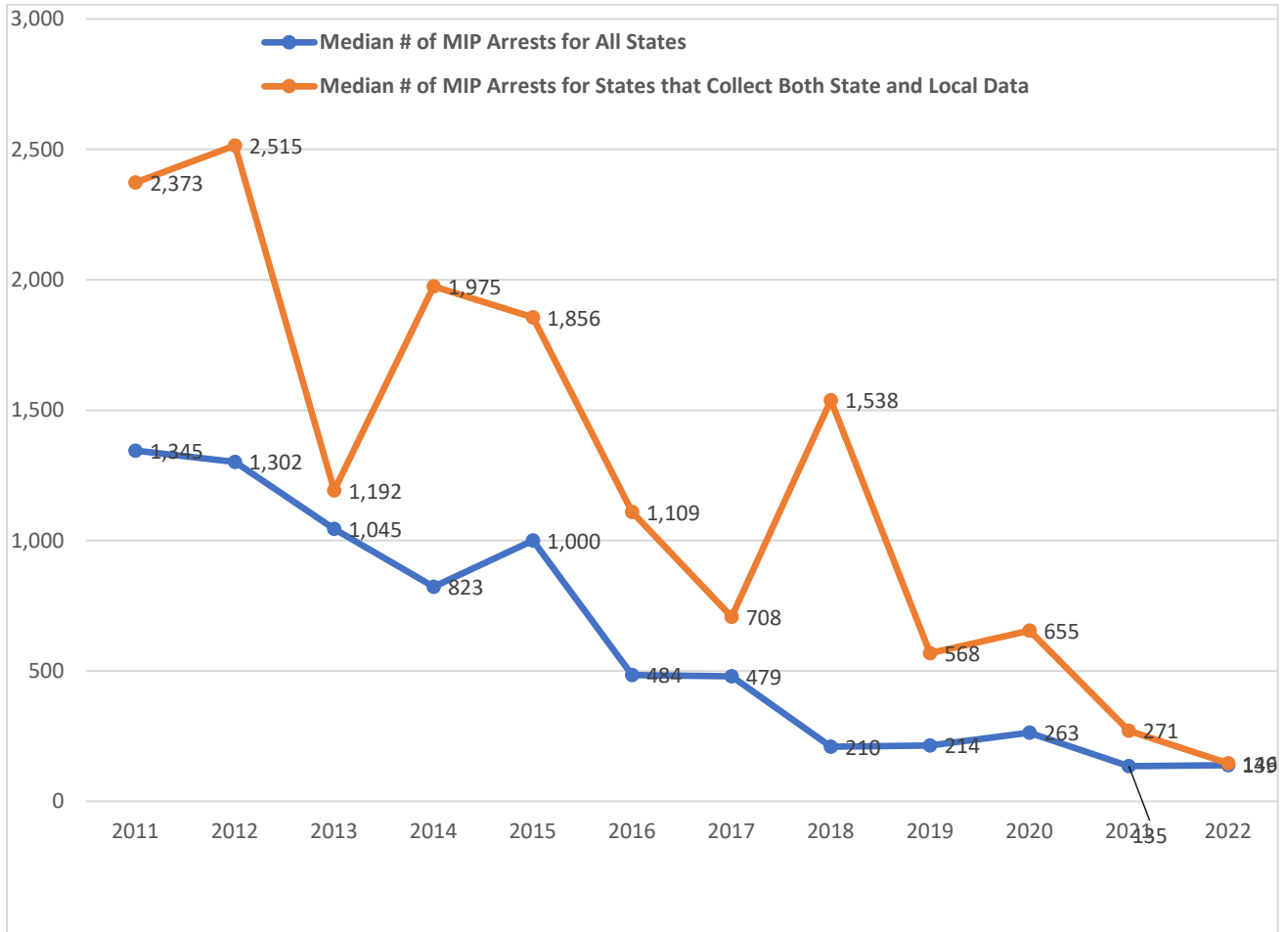
Source: STOP Act State Survey, 2011–2022

MIP Data: 2011–2022

As an indication of the inconsistency of data collection, only 12 percent of the states provided MIP data over all 12 years. Therefore, caution is warranted when interpreting these data.

Exhibit 3.40 shows the median number of MIP arrests reported by all states over the 12-year period, contrasting the median number of arrests reported by those states that included local arrest data with data from all states. The median number of arrests for those states including local data remained consistently higher than for that of all states, again demonstrating the importance of local enforcement efforts and data. However, numbers of both state and local MIP arrests have trended downward since 2012.

Exhibit 3.40: Median Number of MIP Arrests: With and Without Local Data 2011–2022

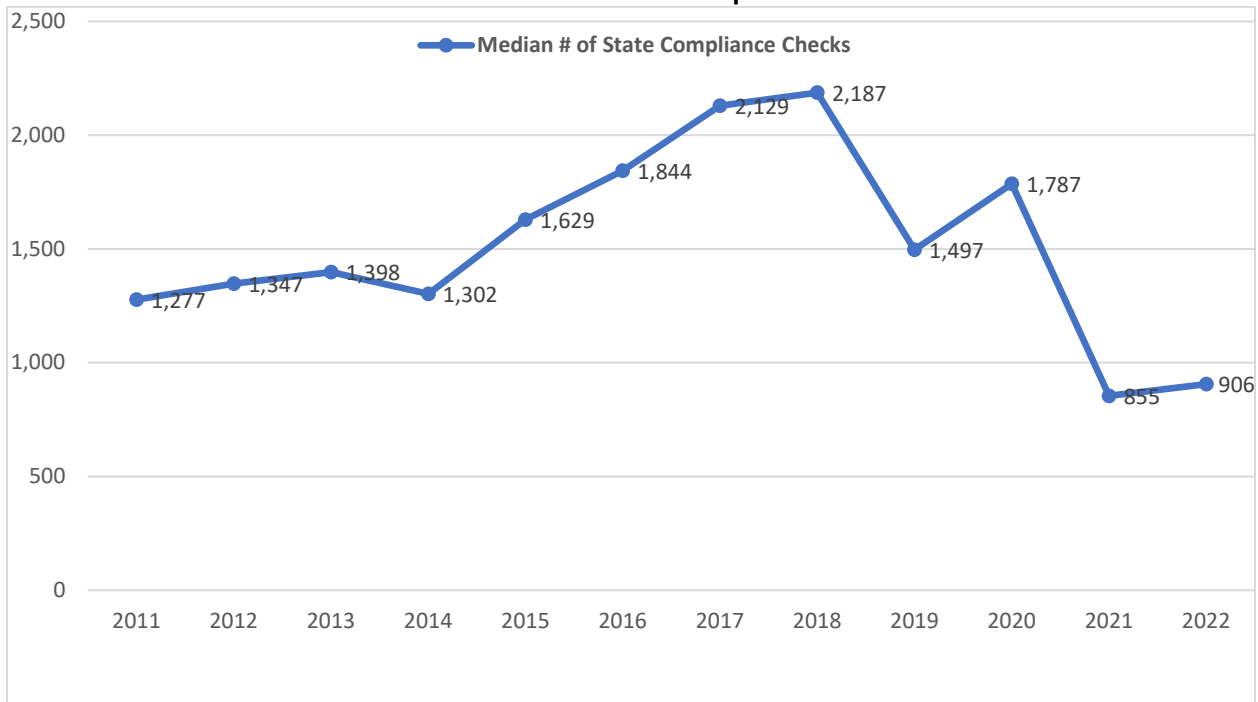


Source: STOP Act State Survey, 2011-2022

State Compliance Checks Data: 2011–2022

Reporting of compliance check data has been more consistent over the years than any other enforcement data category. Forty-three percent of the states reported these data over all 12 years. Exhibit 3.41 shows the median number of state compliance checks reported by all states over the 12-year survey period. The reduction in the number of states reporting compliance checks data over all 12 years indicates that these data should still be viewed with caution.

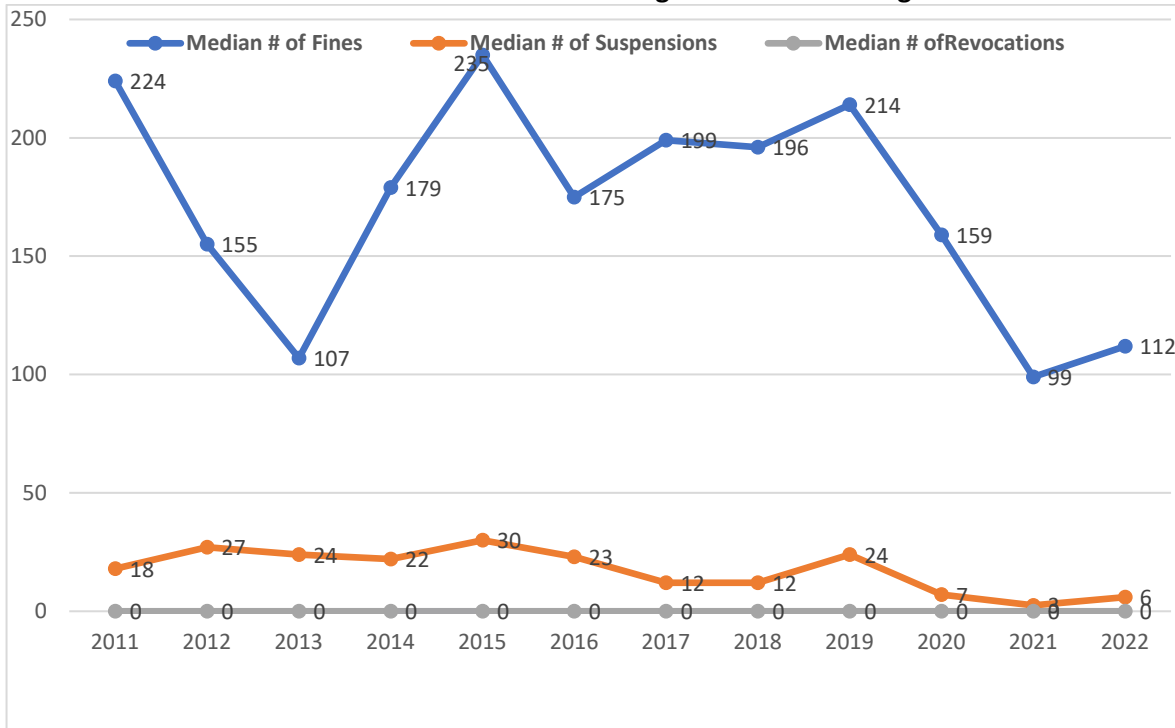
Exhibit 3.41: Median Number of State Compliance Checks 2011–2022



Source: STOP Act State Survey, 2011–2022

Retailer Sanctions Data: 2011–2022

Exhibit 3.42 shows the median number of sanctions reported by all states between 2011 and 2022. Fines are the most common sanction, and revocations are rare. As with the dataset above, the revocations median remains zero across all years; most states report one or zero revocations each year.

Exhibit 3.42: Median Retailer Sanctions for Furnishing Alcohol to Underage Persons 2011–2022

Source: STOP Act *State Survey*, 2011–2022

Concluding Observations

A key conclusion from the STOP Act *State Survey* results is that all 50 states and the District of Columbia have demonstrated a commitment to the reduction of underage drinking and its consequences. This commitment is evident in the fact that all states completed the survey, reported numerous program activities, and in many cases provided substantial detail about those activities (see individual state summaries in stopalcoholabuse.gov).

Completion of the lengthy survey requires the cooperation of multiple state agencies, including those charged with enforcement of underage drinking laws and policies and those involved in prevention and reduction of underage consumption. The 100 percent response rate over the 12 years of the survey’s existence shows the states’ dedication to the task of preventing underage drinking. In particular, the unique challenges presented by the COVID-19 pandemic did not deter 100 percent of the states from completing the *Survey* in the past three years.

It should be noted that 43 percent of all states included comments on the 2022 survey describing the impact of the COVID-19 pandemic on both their underage drinking prevention activities and their ability to report on these activities. Forty-four percent of the comments were specific to the impact on enforcement activities, explaining the reduction or curtailment of compliance checks as a result of stay-at-home orders or out of concern for the safety of the underage “decoys.” Similarly, MIP arrests were impacted by stay-at-home orders. Enforcement agencies in some states also reported that regular activities were curtailed because of a required shift in focus to enforcement of state emergency orders pertaining to the operation of alcohol outlets during the pandemic. The drop-offs since 2019 in the number of MIP arrests, state compliance checks, fines, and suspensions displayed in the exhibits above are likely a reflection of the pandemic’s impact on enforcement efforts.

Over half (56 percent) of the pandemic-related comments referred to the impact on prevention programs, tribal collaborations, and expenditures. Not surprisingly, school closures had a distinct impact on school-based prevention programs. Although efforts were made to shift these programs to a virtual setting, it was not always possible to make this change.

The COVID-19 pandemic also inspired new prevention activities in some states, including (1) data collection and educational efforts to address increased alcohol availability (such as takeout, curbside service, and home delivery of alcohol products) resulting from the relaxation of state and local alcohol policies; and (2) public awareness campaigns to address increased alcohol consumption during the pandemic and to promote healthier coping strategies.

Although data provided by the *State Survey* are informative and useful, it should be noted that variability in data collection and availability continues to be a concern. For example, data on numbers of youth, parents, and caregivers served by prevention and other programs are often not reported. Data on state expenditures on underage drinking prevention are frequently described as being unavailable. Enforcement data are limited by the difficulty of obtaining data on local enforcement activities. These challenges should be met with greater coordination between state and federal agencies and collaboration among states and state agencies.

CHAPTER 4

State Performance Measures

CHAPTER 4: STATE PERFORMANCE MEASURES

Introduction

This chapter shows how the states compare to national averages for nine key measures:

1. Percentage of 12- to 20-year-olds who used alcohol in the last month.
2. Percentage of 12- to 20-year-olds who binge drank alcohol in the last month.
3. Percentage of 12- to 20-year-olds who perceived great risk from having five or more drinks of an alcoholic beverage once or twice a week.
4. Percentage of 12- to 20-year-olds meeting the criteria for a *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5)⁵¹ alcohol use disorder in the past year.
5. Percentage of 12- to 20-year-olds needing but not receiving treatment for an alcohol use disorder at a specialty facility in the past year⁵².
6. Percentage of traffic crash deaths involving a 15- to 20-year-old driver in which that driver had a blood alcohol content (BAC) of 0.01 or higher.
7. Percentage of 12- to 17-year-olds who participated in an alcohol, tobacco, or drug prevention program outside of school in the past year.
8. Percentage of 12- to 17-year-olds indicating drug or alcohol prevention messages were seen or heard in school in the past year.
9. Mean age of initiation of alcohol use among youth and young adults aged 12–20 years.

These measures are intended to assist in the evaluation of progress in underage drinking prevention. Each measure is based on data collected by the federal government.

Measures 1–5 and 7–9 incorporate state-specific data from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Survey on Drug Use and Health (NSDUH) on past-month underage alcohol use and binge use. All NSDUH-based measures in this chapter are based on data from 2021. Data for Measure 6 come from the National Highway Transportation Safety Administration’s Fatality Analysis Reporting System (FARS) for 2021.

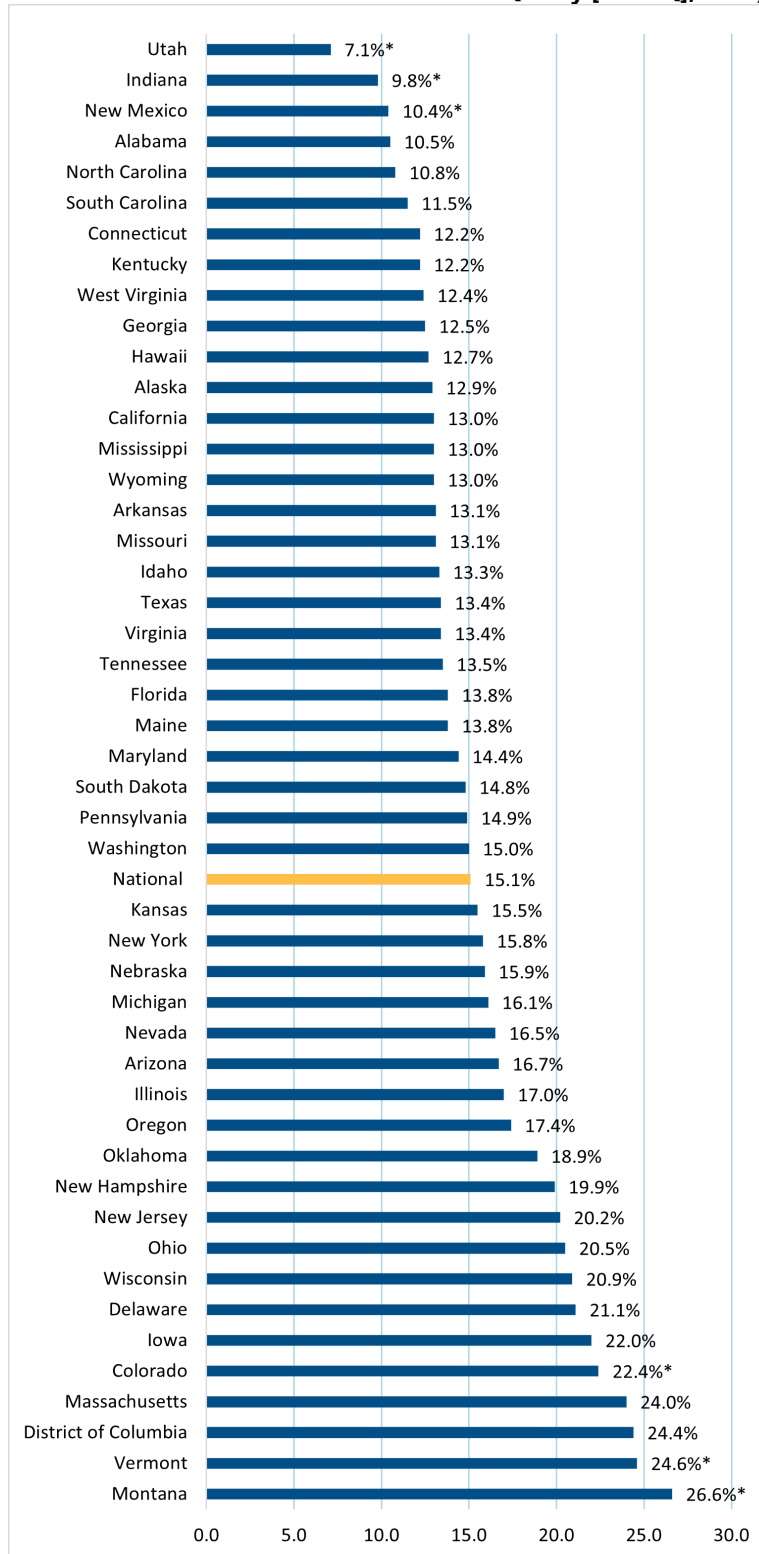
This chapter is not intended to provide a comprehensive ranking of the states’ performance in addressing underage drinking. Caution should be used in interpreting these charts, as a wide variety of factors may influence the data for a given state. In some cases, the total number of cases was low—for example, traffic crash fatalities in low-population states. When available, calculations were performed to determine whether a state’s variation from the national average was statistically significant. These nine measures may provide a useful starting point for state officials and engaged community members who seek to improve outcomes and wish to engage in planning for effective interventions.

⁵¹ NSDUH implemented the use of DSM-5 criteria for alcohol use disorder in the 2020 report.

⁵² Due to changes in criteria and small sample size in 2021, data for this measure is not available for 2021.

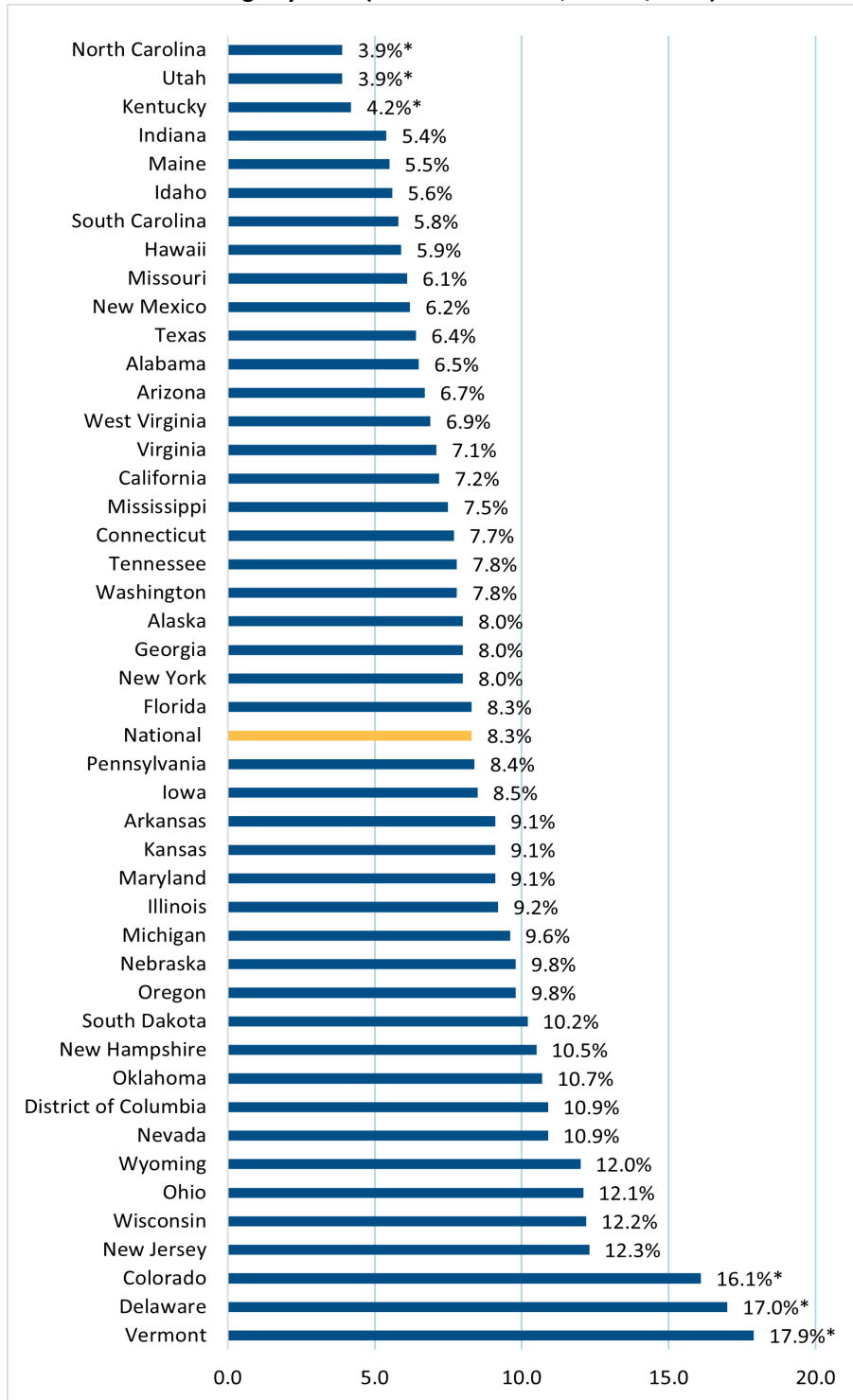
Measures

**Measure 1: Alcohol Use in Past Month Among People Aged 12 to 20
Percentage by State (2021 National Survey on Drug Use and Health [NSDUH] Data;
Center for Behavioral Health Statistics and Quality [CBHSQ], 2023)**



*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level. States not appearing in the chart (Rhode Island, North Dakota, Minnesota, Louisiana) had insufficient sample sizes for calculation of this measure.

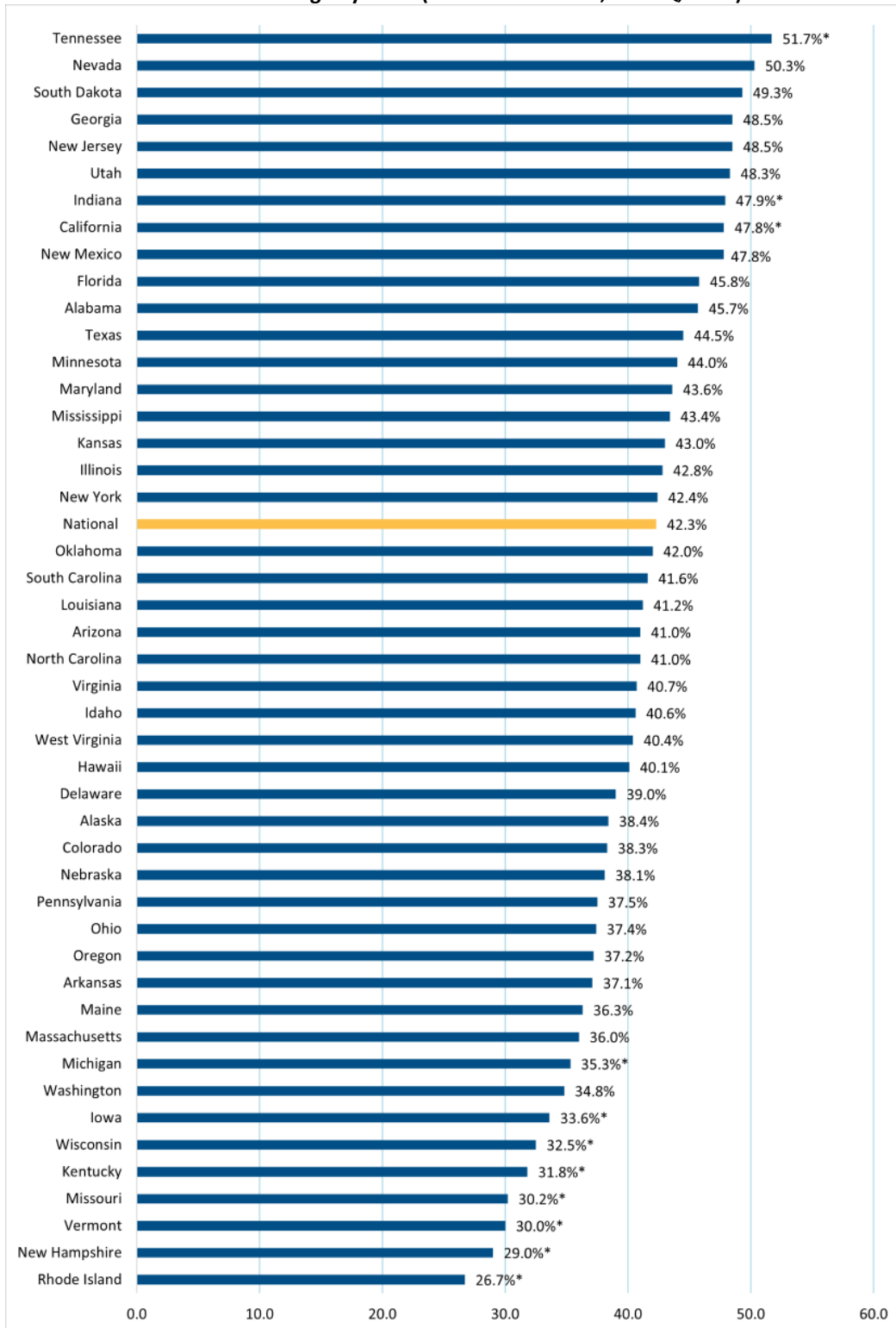
**Measure 2: Binge Alcohol Use⁵³ in the Past Month Among People Aged 12 to 20
Percentage by State (2021 NSDUH Data; CBHSQ, 2023)**



*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level
States not appearing in the chart (Rhode Island, North Dakota, Montana, Minnesota, Massachusetts, Louisiana) had insufficient sample size for calculation of this measure.

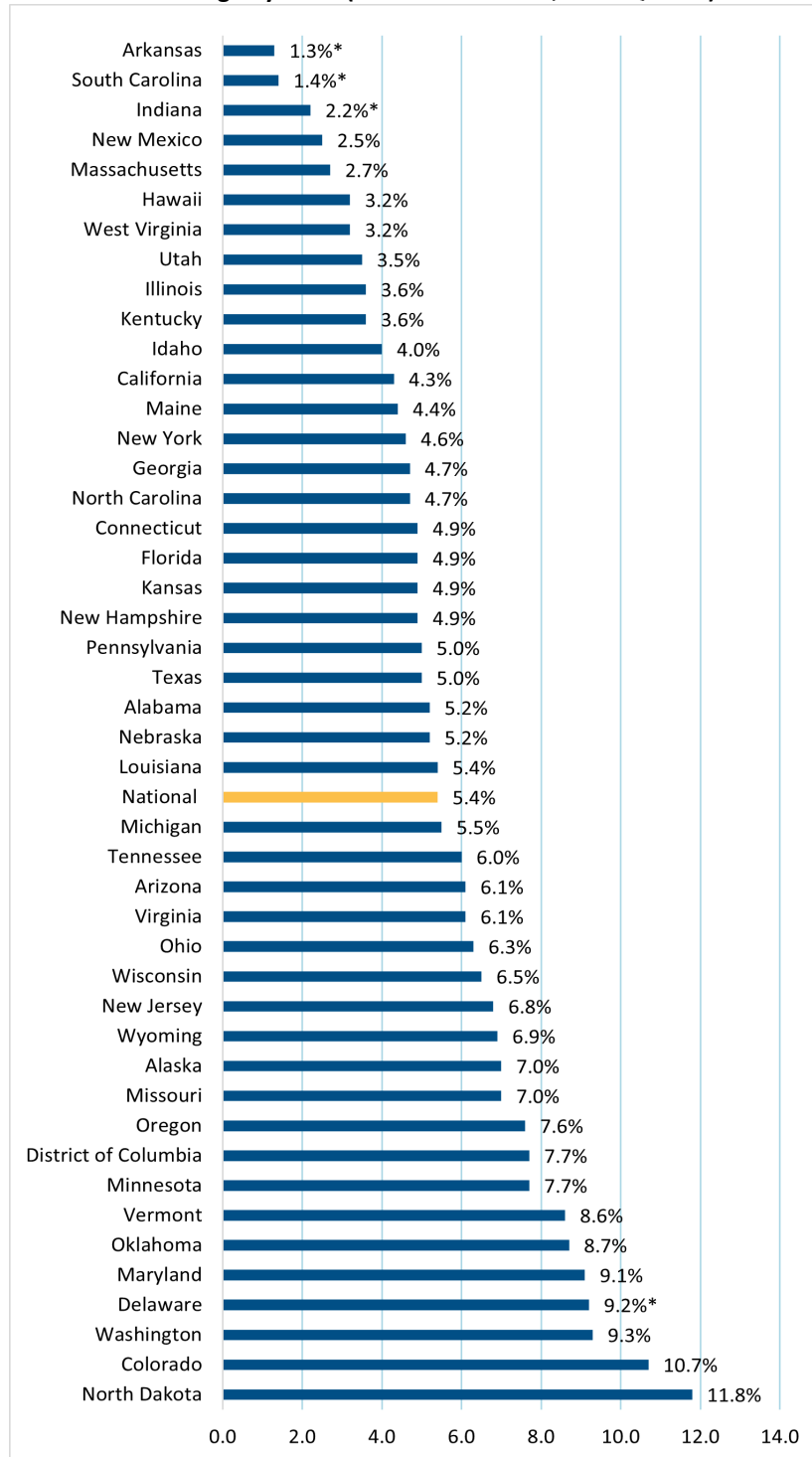
⁵³ Binge drinking is defined as four or more drinks on the same occasion for women and five or more drinks for men.

**Measure 3: Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage One or Two Times Per Week Among People Aged 12 to 20
Percentage by State (2021 NSDUH Data; CBHSQ, 2023)**



The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level
States not appearing in the chart (Connecticut, District of Columbia, Montana, North Dakota, Wyoming) had insufficient sample sizes for calculation of this measure.

**Measure 4: Alcohol Use Disorder⁵⁴ Among People Aged 12 to 20 in the Past Year
Percentage by State (2021 NSDUH Data; CBHSQ, 2023)**



*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level

States not appearing in the chart (Iowa, Mississippi, Montana, Nevada, Rhode Island, South Dakota) had insufficient sample sizes for calculation of this measure.

⁵⁴ AUD estimates are based on DSM-5 criteria.

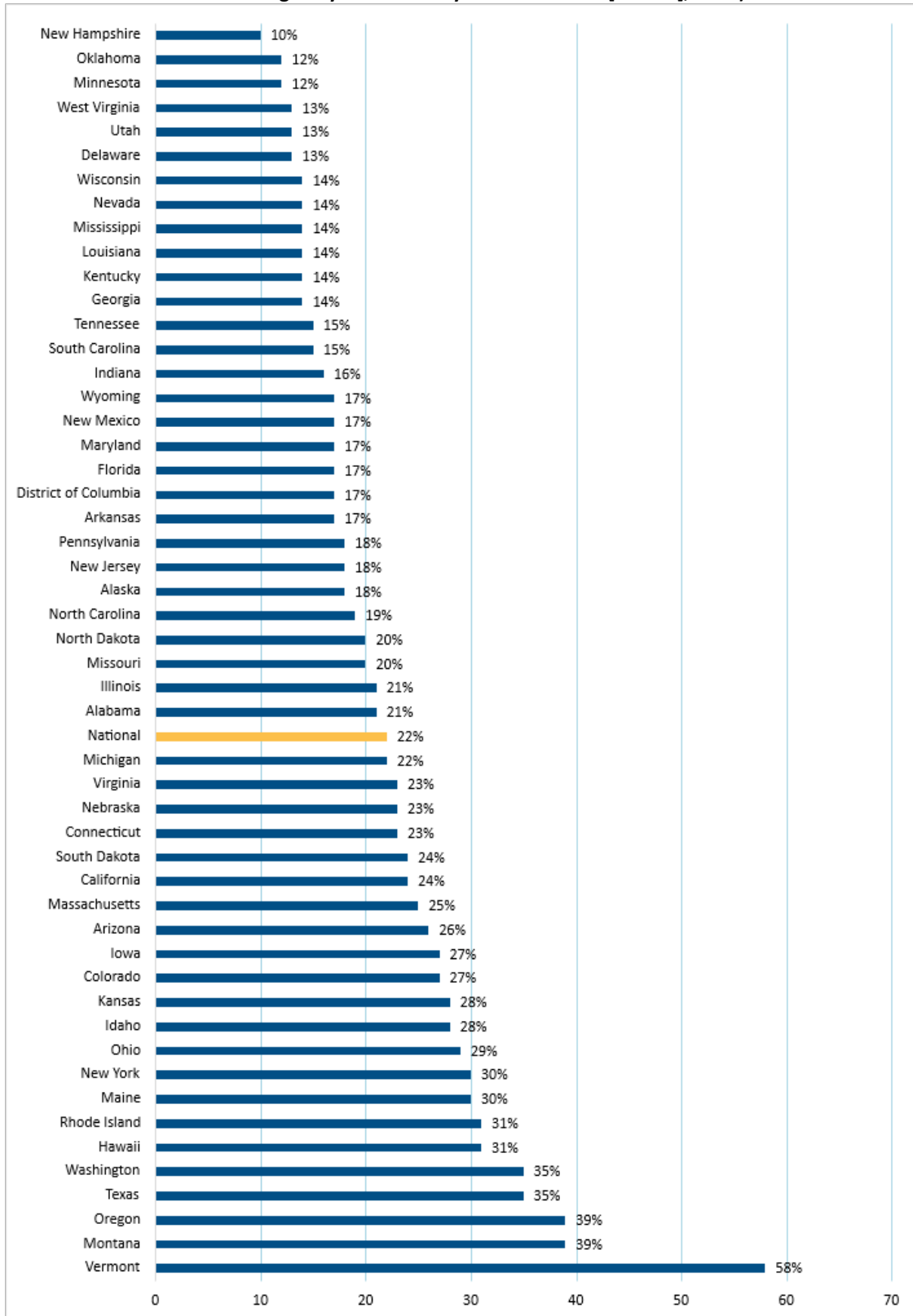
**Measure 5: Needing⁵⁵ But Not Receiving Treatment at a Specialty Facility for Alcohol Use⁵⁶ in the Past Year
Among Individuals Aged 12 to 20
Percentage by State (2021 NSDUH Data; CBHSQ, 2023)**

Note: Alcohol use disorder data is based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). 2021 NSDUH data do not have large enough sample sizes to produce this measure.

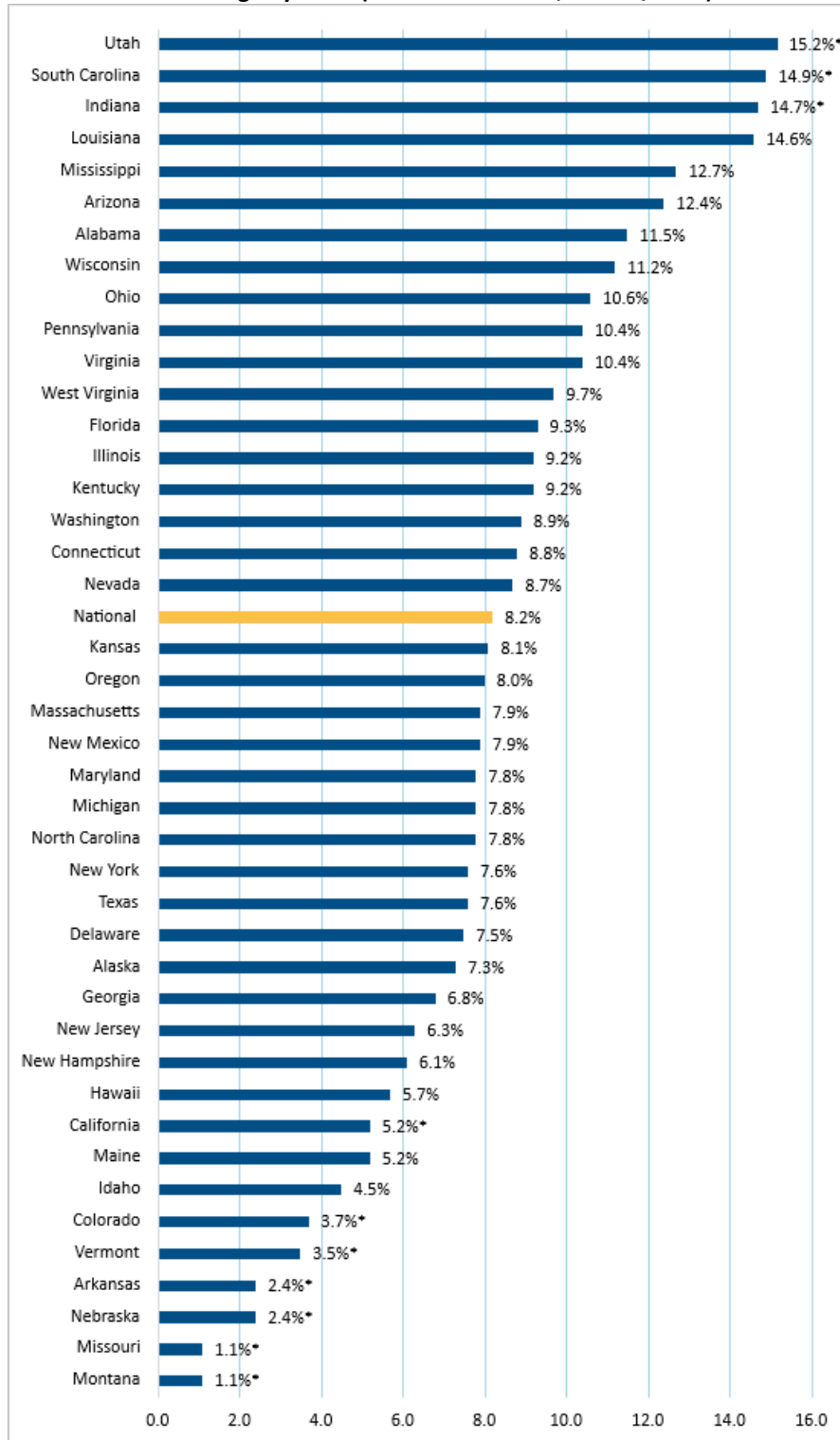
⁵⁵ Among people ages 12–20 classified as needing alcohol use treatment.

⁵⁶ Respondents were classified as needing alcohol use treatment if they met criteria for an alcohol use disorder or received treatment for alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center) as defined in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

**Measure 6: Traffic Crash Deaths Involving a 15- to 20-Year-Old Driver With a BAC of 0.01 or Higher
Percentage by State (2021 Fatality Analysis Reporting System [FARS] Data;
National Highway Traffic Safety Administration [NHTSA], 2023)**

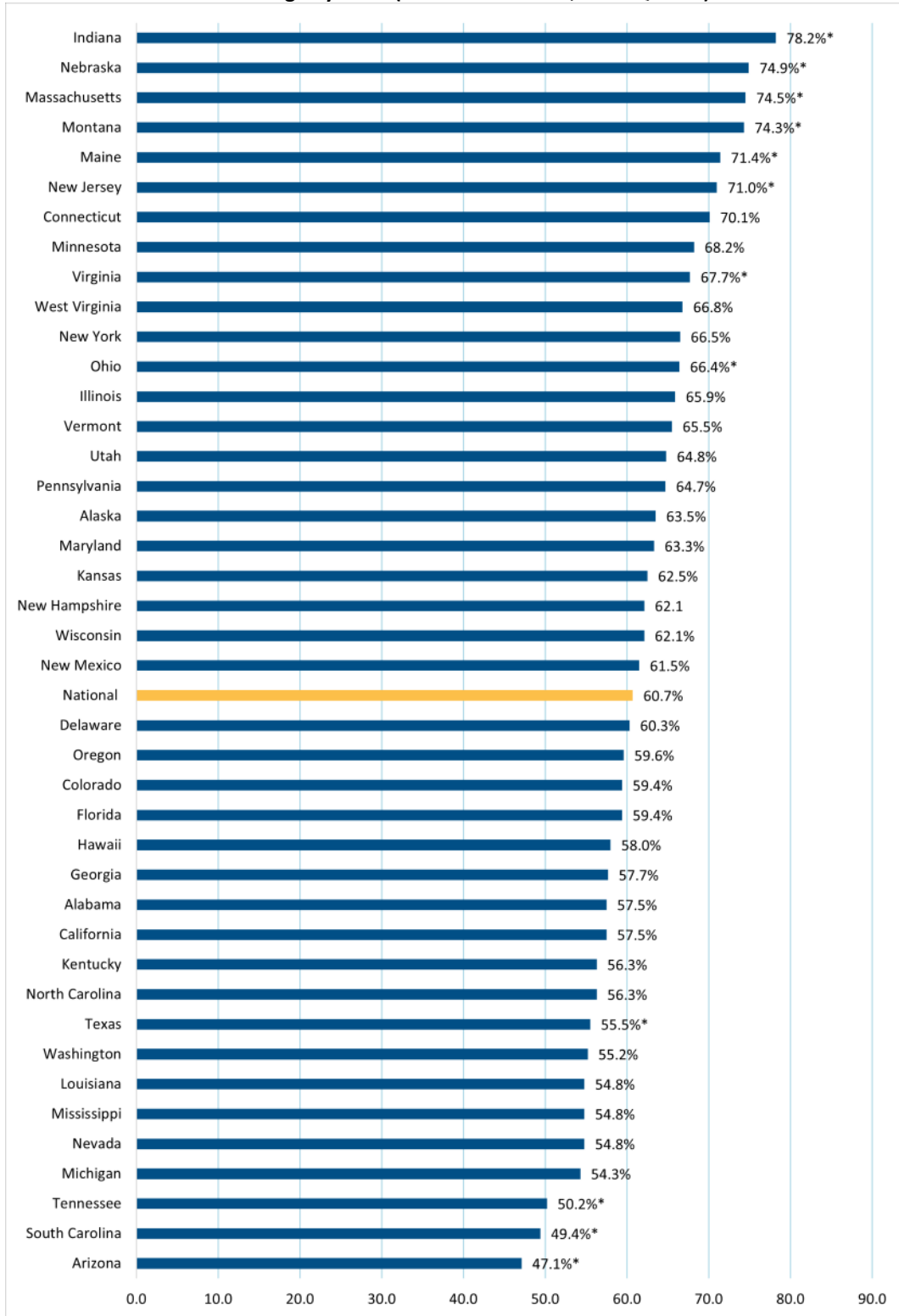


**Measure 7: Participation in Alcohol, Tobacco, or Drug Prevention Program in the Past Year (Outside of School)
Among People Aged 12 to 17
Percentage by State (2021 NSDUH Data; CBHSQ, 2023)**



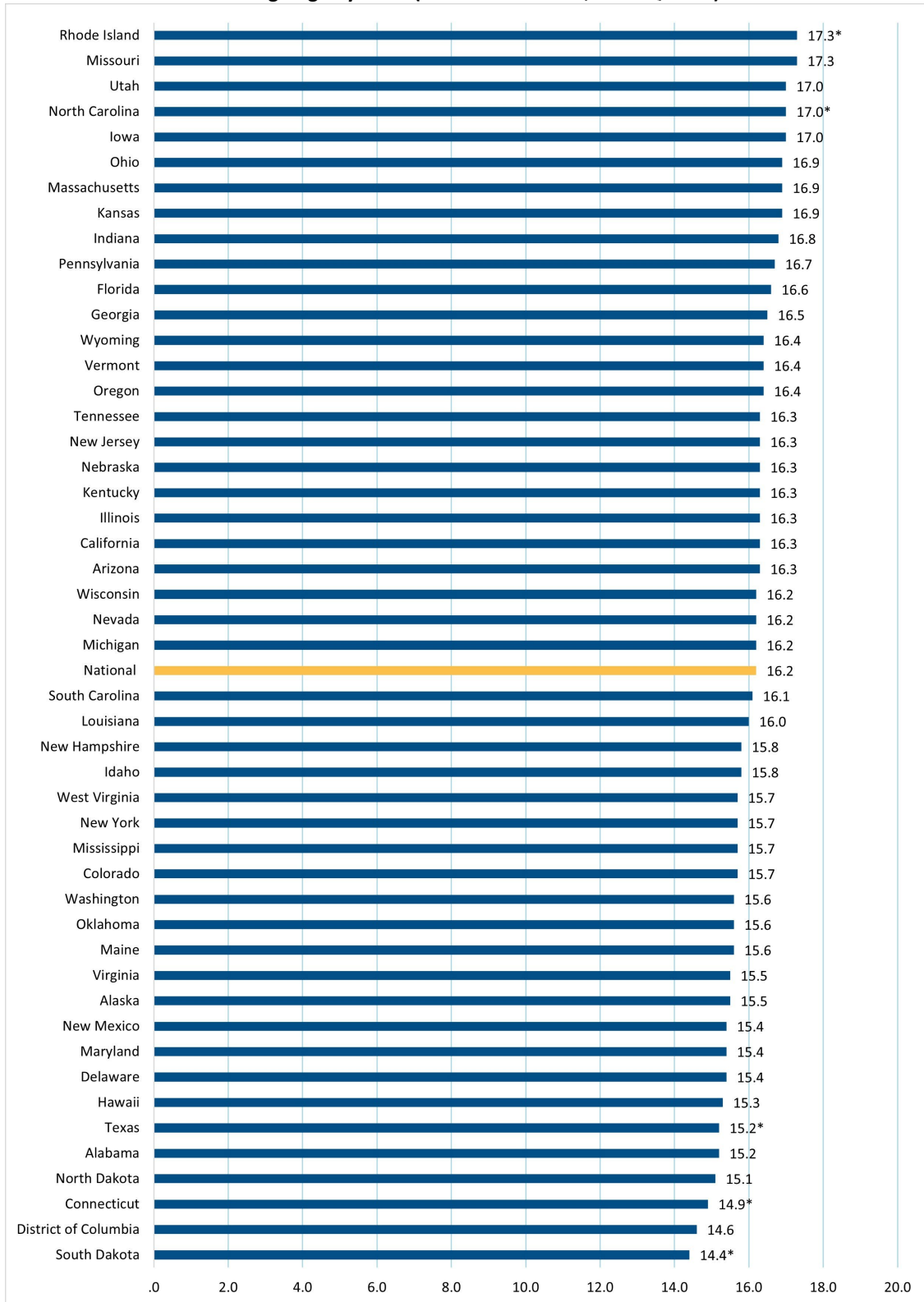
*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level
States not appearing in the chart (District of Columbia, Iowa, Minnesota, North Dakota, Oklahoma, Rhode Island, South Dakota, Tennessee, Wyoming) had insufficient sample sizes to allow calculations.

**Measure 8: Drug or Alcohol Prevention Messages Seen or Heard in School in the Past Year
Among People Aged 12 to 17
Percentage by State (2021 NSDUH Data; CBHSQ, 2023)**



*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level. States not appearing in the chart (Arkansas, District of Columbia, Idaho, Iowa, Missouri, North Dakota, Oklahoma, Rhode Island, South Dakota, Wyoming) had insufficient sample sizes to allow calculation of this measure.

**Measure 9: Initiation of Alcohol Use Among People Aged 12 to 20 Who Initiated Alcohol Use in Past Year
Average Age by State (2021 NSDUH Data; CBHSQ, 2023)**



*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level
States not appearing in the chart (Arkansas, Minnesota, Montana) had insufficient sample sizes to allow calculation of this measure.

APPENDIX A: SURVEY INSTRUMENT

The survey instrument consists of approximately 90 questions divided into the four sections described below, consistent with the topics and performance measures described in the STOP Act.⁵⁷

1. Enforcement of underage drinking laws, including:
 - a. The extent to which states implement checks of retail outlets to assess compliance with laws prohibiting the sale of alcohol to minors and the results of these checks;
 - b. The extent to which the states implement other strategies for underage drinking enforcement, including minor in possession (MIP), Cops in Shops, shoulder tap operations, party patrol operations or programs, and underage alcohol-related fatality investigations; and
 - c. Sanctions imposed for violations (e.g., fines, license suspensions, license revocations).
2. Underage drinking prevention programs targeted to youth, parents, and caregivers, including data on the number of people served by these programs and whether these programs are evaluated.
3. State collaborations on underage drinking prevention and reduction programs, including:
 - a. Collaborations with tribal governments;
 - b. Programs to reduce or prevent youth exposure to alcohol advertising and marketing;
 - c. State support of, and participation in, media campaigns to reduce underage drinking, including the “Talk. They Hear You.®” campaign, a national media campaign required by the STOP Act;
 - d. Implementation of best-practice standards;
 - e. Formation of state interagency coordinating body to address underage drinking prevention; and
 - f. Preparation of plans for underage drinking prevention.
4. State funds spent in the following categories, along with descriptions of any dedicated fees, taxes, or fines used to raise funds:
 - a. Compliance checks and provisions for technology to aid in detecting false identifications at retail outlets;
 - b. Checkpoints and saturation patrols;
 - c. Community-based, school-based, and higher education–based programs;
 - d. Programs that target youth within the juvenile justice and child welfare systems; and
 - e. Other state efforts as deemed appropriate.

Survey questions are structured to allow states maximum flexibility in deciding which initiatives to describe and how to describe them. Open-ended questions are used whenever possible to allow states to “speak with their own voices.” The survey provides the option to respond “Don’t Know” or “Data Not Available” in instances where requested information is not accessible.

⁵⁷ A copy of the survey instrument is available by contacting underagedrinking@samhsa.hhs.gov.

APPENDIX B: METHODS

State governors and the District of Columbia’s mayor were sent letters requesting confirmation of a designated representative to serve as the contact and be responsible for completing the survey. Designated contacts are typically staff members from state substance misuse program agencies or state alcohol beverage control (ABC) agencies.

A new website, stopactstatesurvey.com, was created in 2021 for states to represent the survey. This website was designed to make it easier for the designated contacts to complete the survey and included technical instructions, suggested resources, frequently asked questions, and links to the survey itself. The website also provided links to each state’s 2021 survey report so that data that remained unchanged between years could be readily copied into the web survey.

The online survey was available for completion by the states in mid-May 2022. Telephone and online technical support were available to *State Survey* contacts while the survey was in the field.

As with all STOP Act *State Surveys* since 2011, responses were received from all 50 states and the District of Columbia—a 100 percent response rate. Each state’s response was reviewed, and state contacts were queried when necessary about apparent omissions, ambiguities, or other content issues. Copyedited reports of survey responses were returned to each state by email. States provided any requested clarifications and either approved the proposed copyedits or submitted their own revised text/information.

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