Survey of State Underage Drinking Prevention Policies and Practices

Supporting Statement:

A. Justification

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval from the Office of Management and Budget (OMB) for the new collection Survey of State Underage Drinking Prevention Policies and Practices (the "State Survey").

Congress has recognized that a "coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress" in addressing the problem of underage drinking in the United States. The *Sober Truth on Preventing Underage Drinking Act* (the "STOP Act")[1] (Attachment 1) was passed in 2006 and requires the "Secretary [of Health and Human Services…to] annually issue a report on each State's performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking" (the "State Report"). SAMHSA has been designated as the lead Agency to fulfill this Congressional mandate in concert with the Intergovernmental Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)[2] (Attachment 2). The STOP Act mandates consultation with ICCPUD, which includes representatives from Federal agencies with underage drinking prevention programs or activities. The State Survey will support the production of the State Report to be submitted annually to Congress.

Underage drinking and associated problems have profound negative consequences for underage drinkers, their families, their communities, and society as a whole. Underage drinking contributes to a wide range of costly health and social problems, including motor vehicle crashes (the greatest single mortality risk for underage drinkers); suicide; interpersonal violence (e.g., homicides, assaults, rapes); unintentional injuries such as burns, falls, and drowning; brain impairment; alcohol dependence; risky sexual activity; academic problems; and alcohol poisoning.

Alcohol is the most pervasive substance of abuse used by youth 12 to 20 years of age in the United States. In 2009, 43.5 percent of 12th graders reported past-month alcohol use versus cigarettes (20.1 percent) or marijuana (20.6 percent)[3]. In 2008, 38 percent of 20-year-olds reported binge drinking[4] (drinking at levels substantially increasing the risk of injury or death) in the past 30 days; about 15 percent of 20-year-olds had, in those 30 days, binged five or more

[1] Public Law 109-422.
[2] Members of ICCPUD can be found in the STOP Act text in Appendix D.
[3] Johnston, L.D., O'Malley, P.M., Bachman, J.G., Schulenberg, J.E. (2009). Teen marijuana use tilts up, while some drugs decline in use. University of Michigan News Service: Ann Arbor, MI.
[4] Binge drinking is the consumption of a large amount of alcohol over a relatively short period of time. No common terminology has been established to describe different drinking patterns. Based on National Survey on Drug Use and Health (NSDUH) data, SAMHSA defines "binge drinking" as five or more drinks on one occasion on at least one day in the past 30 days.

times. Data support a reduction of underage drinking in general, but new and concerning trends are emerging, such as the erosion of the traditional gender gap in binge drinking rates.

Efforts focused on underage drinking reduction should have long-term positive effects on problem drinking in adulthood. Early-onset alcohol use (≤ 14 years of age) is associated with alcohol problems later in life. More than 40 percent of persons who initiated drinking before age 13 were diagnosed with alcohol dependence at some time in their lives[5]. By contrast, rates of alcohol dependence among those who started drinking at age 17 or 18 were 24.5 percent and 16.6 percent, respectively[6].

In response to the health risks associated with underage drinking, States are increasingly adopting comprehensive policies and practices to alter the individual and environmental factors that contribute to underage drinking and its consequences; these can be expected to reduce alcohol-related death and disability and associated health care costs. These efforts can potentially reduce underage drinking and its consequences and change norms that support underage drinking in American communities. Currently, there are no State or federally sponsored databanks that have gathered information on State-level underage drinking policies and practices in a uniform and meaningful way.

To monitor progress toward more effective responses to underage drinking, the STOP Act directs the U.S. Department of Health and Human Services (HHS) to develop the *Annual Report on State Underage Drinking Prevention and Enforcement Activities* (the "State Report") which will assess "best practices". The STOP Act lists nine separate categories under "best practices". These have been collapsed into four categories for data collection purposes. Several of the items listed are publicly available and will be collected independently so as to reduce the burden on the States. Other items have been bundled together based on their relevance and relationship to each other. For example, the STOP Act includes enforcement activities in several of its categories. For data collection purposes, these will be bundled into a single category. This bundling will streamline data collection and avoid duplication. The collapsed categories are:

Category #1: Specific underage drinking laws/regulations enacted at the State level (e.g., laws prohibiting sales to minors; laws related to minors in possession of alcohol);
Category #2: Enforcement and educational programs to promote compliance with these laws/regulations;
Category #3: Programs targeted to youths, parents, and caregivers to deter underage drinking and the number of individuals served by these programs;
Category #4: The amount that each State invests, per youth capita, on the prevention of underage drinking.
(See Appendix A for table describing the relationship of the STOP Act categories to the collapsed categories.)

SAMHSA will use existing sources of data to the extent that they are available to complete each of the above categories. Data will be obtained for category 1 on State underage drinking laws

[5] Grant, B. & Dawson, D. (1997). Age at onset of alcohol use and its association with DSM-IV drug abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse*, *9*, 103-110
[6] Ibid.

and regulations from the National Institute of Alcohol Abuse and Alcoholism's (NIAAA's) Alcohol Policy Information System (APIS), an authoritative compendium of State alcohol-related laws. APIS data will be augmented with original legal research.

Data from categories 2, 3, and 4 do not currently exist in a complete or accessible form from secondary sources. Some States may be collecting some of the data, but not in a uniform fashion that allows meaningful cross-State comparisons.

Data from categories 2, 3, and 4 will be collected by the State Survey, an online survey tool with approximately 90 questions that each State and the District of Columbia will complete. There are four sections of questions: enforcement activities; underage drinking programs targeting youth, parents, and caregivers; State agency collaborations; and financial investment data. Many States are expected to complete fewer than 90 questions, as the Survey is specifically designed to only ask for data that has already been collected. The State Survey is further described in Section 2.

2. Purpose and Use of Information

The purpose of the data collection through the State Survey will be to create a compendium of the States' best practices and performances in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking. Congress mandated the collection of these data to provide policymakers and the public with currently unavailable but much-needed information regarding State underage drinking prevention policies and programs. SAMHSA and other Federal agencies that have underage drinking prevention as part of their mandate will use the results of the State Survey to inform Federal programmatic priorities and to track progress in the national effort to reduce underage drinking. The information gathered by the State Survey will establish a resource for State agencies and the general public that describes enforcement activities and funding priorities, assesses policies and programs in their own State, and familiarizes them with practices in other States. The Survey results may also be used as a first step in research to develop States' best practices guidelines for future Reports.

States will be asked to complete an annual Survey that comprises the following four sections:

1. Enforcement of underage drinking laws including, but not limited to:
    a. Random compliance checks;
    b. Shoulder tap programs;
    c. The number of compliance checks measured against the total number of alcohol retail outlets in each State; and
    d. The result of these checks.
2. Underage drinking prevention programs targeted to youth, parents, and caregivers, including data on State best practices standards and collaborations with Tribal Governments and the number of persons served by these programs.
3. State interagency collaborations used to implement the above programs.
4. Estimates of the State funds, per youth capita, invested 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 IDs for 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.

3. Use of Information Technology

As required by the STOP act, the unit of analysis for the State Survey is the State. Accordingly, there will be 51 total respondents (50 States and the District of Columbia). However, data to complete the survey will likely reside in a variety of State agencies, and multiple staff may thus be called on to provide specific data elements.

To ensure that the State Survey obtains the necessary data while minimizing the burden on the States, SAMHSA has conducted a lengthy and comprehensive planning process. It has sought advice from key stakeholders (as mandated by the STOP Act) by hosting an all-day stakeholders meeting, conducting two field tests with State officials likely to be responsible for completing the State Survey, and investigating and testing various State Survey formats, online delivery systems, and data collection methodologies.

Based on these investigations, SAMHSA has decided to collect the required data using an online survey instrument. The use of the online survey format offers three key advantages:

1. In most States, agencies providing data are unlikely to be co-located. In some States, agency offices may be geographically dispersed. The electronic format allows agencies to enter data sequentially or to distribute PDFs of relevant sections to the appropriate offices for completion. Either option facilitates efficiency and coordination and reduces burden.
2. The online survey allows automatic error checking and will be used to indicate a maximum length for text responses, thus increasing accuracy, eliminating the need to follow up on out-of-range values, and facilitating analysis.
3. Skip logic will direct respondents only to those questions relevant to their activities. States will vary in the amount of relevant data they have to report. When answering certain questions "No", the skip logic will move the participant multiple questions forward in the Survey. This will allow all States to provide comprehensive data while reducing complexity and burden for States with less to report.

4. Efforts to Identify Duplication

The STOP Act requires a 51-State assessment of the four categories of information discussed in Sections A.1 and A.2. SAMHSA is relying on existing data sources where they exist. SAMHSA will use data on State underage drinking policies (Category #1 of the four categories included in the STOP Act) from APIS, an authoritative compendium of State alcohol-related laws. APIS data will be augmented by SAMHSA with original legal research on State laws and policies addressing underage drinking to include all of the STOP Act's requested laws and regulations.

Data on programs (Category 3) and financial investments (Category 4) are available piecemeal, covering some topics for some States. Few of these data have been systematically collected, nor do they provide the longitudinal data required by the STOP Act. Many States are compiling

some of the data elements to be requested. In these cases, States can transcribe the data directly into the survey instrument.

NIAAA comprehensively analyzed alcohol policy enforcement databases (Category 2).[7] They conclude:

1. Data tend to be aggregated, making it difficult to differentiate between measures of enforcement that pertain to different alcohol policies and/or to different target populations, including those defined by factors such as age, which may be relevant to understanding the impact of enforcement on underage drinking.
2. Data collection may be limited to one or two years.
3. Sources used are not always consistent across years, raising issues of year-to-year comparability in longitudinal studies.
4. There are large gaps in the availability of data on significant measures. The available data are focused primarily on the actions of individual consumers (or violators of the law), whereas data on enforcement and compliance by alcohol merchants or retailers, institutions, or other corporate entities are much less available.
5. Data on enforcement resources (e.g., budgets, staffing levels, numbers of compliance checks conducted, etc.) are not readily available.
6. Databases often do not contain data from all 50 States and the District of Columbia, or data coverage varies from year to year.

In short, no databases were identified that approach meeting the requirements of the STOP Act.

5. Involvement of Small Entities

This data collection will have no impact on small entities.

6. Consequences if Information Collected Less Frequently

Each respondent must respond once annually. This is in accordance with the STOP Act, which mandates the production of an annual Report.

7. Consistency With the Guidelines in 5 CFR 1320.5(d)(2)

This information collection fully complies with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

a. Federal Register Notice

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on March 1, 2010 (75 FR page 9221). SAMHSA received four sets of comments to this notice (see Attachment 3). Below is a summary of the comments from the State of California's Department of Alcohol and Drug Programs (ADP), the Beer Institute, the State of Michigan's Department of Community Health, and the State of Georgia. SAMHSA's responses are in **bold**.

[7] http://alcoholpolicy.niaaa.nih.gov/uploads/Enforcement_and_Compliance_Data_Sources_12_18_07.pdf

The State of California's Department of Alcohol and Drug Programs had five comments. Page numbers refer to the *Federal Register* notice.

1. In reference to Page 9221, right column, Category # 4 refers to cost per capita for the prevention of underage drinking. The amount that each State invests, per youth capita, on the prevention of underage drinking may be difficult to measure because prevention programs throughout the state offer a comprehensive approach where multiple Alcohol and Other Drug (AOD) issues or youth development may be the focus.

The STOP Act provides that the State Report should include "the amount that the State invests, per youth capita, on the prevention of underage drinking," broken into four separate categories. SAMHSA recognizes that some States may not collect this data or may not be able to separate expenditures on underage drinking prevention from other State activities. For this reason, the introduction to this section includes the following instruction: "If you do not have access to relevant data, please check "These Data are Not Available in My State." In addition, the Survey provides space for respondents to "provide clarification of any of the information provided in this section of the questionnaire." To fulfill the Congressional intent expressed in the STOP Act, it is necessary to include the State fiscal investment questions. States that are unable to provide the necessary data will be able to explain why data is not available and their explanation will be included in the State Report.

2. Page 9221, right column, paragraph 7 refers to the results of the State Survey informing Federal programmatic priorities. Guided by Strategic Prevention Plans, many of California's 58 counties have identified underage drinking as a priority based on their county needs assessment. Although the State Survey results may provide an additional measurement tool, it may also send mixed messages to counties asking them to realign their plans to meet state or federal mandated needs rather than staying true to the Strategic Prevention Framework (SPF) by making data-informed decisions.

SAMHSA recognizes that in many States, underage drinking prevention priorities are established at the local level and that the prioritization is guided by Strategic Prevention Plans and local needs assessments. Section 2 of the Survey, which requests States to provide information on their programs, includes this instruction: "Please DO include State funded or operated programs that serve as an "umbrella" for local initiatives. In such cases, please describe the umbrella program rather than the specifics of local activities." States are therefore invited to describe the type of effort and State structure that is the subject of this comment, which will in turn be included in the State Report. The Report can thus reinforce the local program planning process rather than sending "mixed messages." Note also that the data gathered by the State Survey is intended to report on what the States are actually doing regarding underage drinking prevention. The data will be presented without comment, recommendations or comparisons with other States or Federal expectations, further protecting against the potential for mixed messages being sent to local jurisdictions.

3. Page 9222, left column, Paragraph 2, refers to the State Survey assessing "best practices" and

emphasizing the importance of building collaborations with Federally Recognized Tribal Governments. California has not identified statewide Best Practice Standards. Also, ADP does not directly collaborate with recognized Tribal Governments. However, the state requires all 58 counties to use the SPF for planning and implementing prevention. As part of the planning process, counties determine the policies, practices, and/or programs that best suit their needs and populations.

The statements regarding "best practices" and the "importance of building collaborations with Federally Recognized Tribal Governments" found in the Federal Register are drawn directly from the STOP Act. The purpose of the Survey is to determine to what extent States are building such collaborations, as specified in the Act. The State Report will not comment on any decisions made by State governments in regard to Tribal (or any other) collaborations or best practices. As noted in #2 above, the States will also be able to provide a summary and explanation of their program priorities.

4. Page 9222, right column, regarding estimated annual response time and use of data that is readily available. Under the directive of ADP, counties are required to enter data into the California Outcomes Measurement Service for Prevention (CalOMS Pv) for all Substance Abuse Prevention and Treatment Block Grant-funded primary prevention services. Funding is tracked by the six primary prevention CSAP strategies and three IOM categories. Prevention data is not broken down by cost per service or identified by issues such as underage drinking; therefore, the data may not be readily available to SAMHSA in the form required for the *State Survey*.

The State Survey was designed by SAMHSA based on the requirements of the STOP Act, consultations with numerous stakeholders, and two separate pilot tests. Questions were designed based on this input. As noted in response to comment #1 above, SAMHSA recognizes that States will vary widely in their data collection and storage formats, and that some will not be able to deliver the information as requested. When this is the case, the Survey instructs respondents to indicate that the data is not available and provides space for States to explain its response. This comment would appear to be an appropriate entry into the Survey that can be included in the State Report.

5. There is some concern whether an 8-week period would be sufficient to complete the survey. Time may be needed to collect requested information from other state agencies and/or county AOD offices. Some offices may not have adequate resources to be able to respond in a timely manner.

Based on SAMHSA's pilot testing of the Survey, eight weeks was determined to be a sufficient amount of time for States to gather the data, review the data, and input it into the online form for submission. SAMHSA will provide technical support to States during this time period in order to ease the burden of filling out the Survey. If any States are found to be encountering difficulty finishing the Survey within the time constraints, SAMHSA will take every effort to assist them with additional time and/or other support.

The Beer Institute (BI) made two comments:

1. The BI recommends removal of Question C.2 in Part II C of the Survey which asks, “Does your State have programs to measure and/or reduce youth exposure to alcohol advertising and marketing?”
    a. [T]he question falsely presumes a significant link between youth exposure to alcohol advertising and underage drinking and, therefore, any information provided in response to this question would not have practical utility.

SAMHSA does not make any assumptions or suggestions about causation in any of the questions in the State Survey. The questions ask States to record data they have collected and the State Report will display this data in a format that will not offer comparisons or suggest any type of desirable outcome or measureable goal. The STOP Act includes as one of its research priorities: “Information on the rate of exposure of youth to advertising and other media messages encouraging and discouraging alcohol consumption.” This question is designed to support this priority found in the Act by identifying any State programs that collect such information.

    b. [S]tates do not have the capabilities needed to measure advertising exposure. States would have to spend significant resources to answer this question…. This makes the question overly burdensome for the states.

The State Survey does not request data that States do not collect or is that not readily available. The instructions are explicit that no additional research should be done by States to answer any of the questions. If a State is not collecting these data, the respondent will respond no to this question and the skip logic will jump over related questions and therefore, in effect, reduce the burden.

    c. [T]he question asks about two concepts (programs to measure and programs to reduce) in a yes/no format. The results won’t identify which question respondents answered or provide insights into exposure. Again, any information provided in response would lack practical utility.

The Survey asks this question in a yes/no format in order to activate the skip logic feature of the survey tool. If a State does not have these programs, a “no” answer will skip over any additional related questions. If a State provides a “yes” answer, the next form asks them to describe the program(s). This will provide additional data from States that do collect this data without burdening the States that do not. As noted above, the STOP Act lists youth exposure to alcohol advertising as a priority research topic.

2. In an effort to increase the clarity and in turn the usefulness of the information collected, we [the BI] recommend changing the title of Part II B to “Underage Drinking and Other Substance Abuse Prevention Programs.”…The use of “Related” in the title of this section does not clearly state the survey’s intention, as explained later, to collect information on programs that address other substances “IN ADDITION to” alcohol.

SAMHSA agrees with this recommendation and has incorporated it into the Survey.

The Michigan Department of Community Health made two comments:

1. Part I Enforcement: Section I.B-Question B.Ia – It may be helpful to ask for the total number of licensees to put the answer to the survey question in proper context.

SAMHSA has determined that the number of licensees is available from a public source that is based on data reported by the States. Asking this would unnecessarily add to the burden on the States.

2. Part II A: Specific Underage Drinking Prevention Programs, A.1 – You may want to consider providing a clear definition of the term "program." Respondents to the survey may operationally define programs as "intervention" and/or "strategies."

Based on the pilot testing, SAMHSA decided to allow States to define for themselves what constitutes a program. SAMHSA considered that any definition of a program may vary from State to State and could limit what they would want to report.

The State of Georgia made six comments:

1. Part II B - P10: This section could define community stakeholders (alcohol retailers, law enforcement, business owners, local officials or any other groups that are not directly caregivers but those that have received services from the program.

2. P12. This section could also include the most recent annual data on the number of community stakeholders (alcohol retailers, law enforcement, business owners, local officials or any other groups that are not directly caregivers but those that have received services from the program. [*This comment appears to refer to the definitions provided in Part II A for youth, caregivers rather than in Part II B. See comment #5 for a similar recommendation regarding Part II B.*]

5. P. 16. This section could also define community stakeholders (alcohol retailers, law enforcement, business owners, local officials or any other groups that are not directly caregivers but those that have received services from the program.

Comments #1, #2 and #5 are closely linked and are therefore responded to as a unit. The purpose of this section of the Questionnaire is to collect information from the States regarding programs that are either specific or related to underage drinking prevention. The instructions make clear that the States may include any and all programs that it funds or operates, including those involving the community stakeholders listed in the question. The definitions for youth, parents, and caregivers are provided to guide respondents in answering questions in Part II A(1)(a), (b), and (c) regarding the number of youth, parents and caregivers involved in the programs. The STOP Act specifically requests information from the States regarding the number of participants from these three groups. It was determined that to ask for the number of other types of providers or recipients of program services (such as those listed in this comment) would not be advisable for four reasons: (1)

It would substantially increase the burden on the States; (2) Prioritizing which groups to include would be very difficult, since States may differ in where they place their emphasis in terms of community stakeholders; (3) Providing clear definitions of the groups that were included would be difficult and therefore poses a risk of confusing respondents; and (4) any resulting data that is collected would likely have only minimal utility to end users because of the difficulty in defining the groups and interpreting the data provided. It was therefore determined that the questions should be limited to the specific groups listed by Congress in the STOP Act.

3. P 12. Re the question "**Has this program been evaluated?"** If the respondent says "No" then ask him/her "Why not?"

4. P12. Some program evaluations may not be available via URL or on the agency website but may need a section to upload the Evaluation report.

These two comments involve the same question so will be addressed as a unit. The primary purpose of the evaluation question is to provide end users access to any available evaluations of the programs listed by State respondents. It was determined that it would not be advisable to ask why a program is not evaluated for two reasons: (1) It would add to the burden of the States – the structure of the question as currently drafted obviates the need for respondents to provide any written commentary, seeking only a web link to the program or other information on how it can be obtained; (2) Such a question will likely not result in useful information because the most likely response would involve the limitations regarding funding. Regarding comment #4, SAMHSA believes that providing the text of evaluation reports or summaries of those reports in its Report to Congress would be unwieldy and not be the most effective use of scarce resources. Moreover, Congress did not include such a task in the STOP Act. The question indicates the State can "provide URL or other source for report if available," thus minimizing the burden on the States.

6. P 18. This may not be directly tied to a program but could also be data that is collected and evaluated by the one program that is funded by the state. Yes, it might be better to say: "Does your State have programs THAT measure and/or reduce…" versus a specific "program TO measure and/or reduce…" per the current form of the question below: "**Does your State have programs to measure and/or reduce youth exposure to alcohol advertising and marketing?"** If a respondent answers "Yes" then ask her/him to describe how the program accomplishes this.

This comment appears to refer to Part B (C) (2). We agree with the commenter that the question would be improved by changing "to" to "that" as recommended and this revision will be made. For those who respond "yes", there is a follow up question that asks for a brief description of the program. The primary purpose of the question is to identify States with such programs. Seeking more specific information on how the program operates (beyond a brief description) would increase the burden on the States and go beyond the question's intended scope.

b. Consultations Outside of the Agency

SAMHSA consulted with numerous stakeholders (Attachment 4 and below) in the development of the State Survey as mandated in the STOP Act. Stakeholders included ICCPUD committee members and the State representatives who would be likely to complete the actual Survey. Based on these consultations, SAMHSA ensured that the data to be collected did not exist in another form, the Survey instrument was clearly written, and the online format was easy to complete.

Consultants from Pilot Test #1

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Pilot test #2 (States) consultants

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9. Payment to Respondents

No cash payments will be made to States for completing the online surveys.

10. Assurance of Confidentiality

As required by the STOP Act, all data will be reported by State. The questionnaire requests the names of contact persons in four places with the following instructions:

> Please provide the name and phone number or email of someone we can contact for additional clarification if needed.
> This person will NOT BE IDENTIFIED in any reports that result from this survey.

The sole purpose of requesting these names is to facilitate the process of seeking clarification when submitted data are ambiguous; no names will appear in the Report to Congress.

Survey data will be stored in password-protected, encrypted files. Access to these files will be limited to the data analyst and supervisor. Upon completion of data collection and clarification with contact persons of any ambiguities, the contact persons' names will be purged from the data files.

11. Questions of a Sensitive Nature

No questions of a sensitive nature will be included in the survey.

12. Estimates of Annualized Hour Burden

Table 1 indicates that the estimated total annual burden on each State for data collection will be 17.7 hours. This estimate includes time for reviewing instructions, searching existing data sources, gathering the necessary data, completing and reviewing the collection of information, and entering the data online. The wage rate was obtained by taking an average of the wages of the types of employees who were responsible for filling out the survey in the pilot states.

The burden estimate in Table 1 is based on a lengthy and comprehensive planning process and pretesting conducted by SAMHSA. To design the State Survey, advice from key stakeholders (as mandated by the STOP Act) was sought by hosting an all-day stakeholders meeting, conducting two pilot tests with State officials likely to be responsible for completing the State Survey, and investigating and testing various survey formats, online delivery systems, and data collection methodologies[8]. The second pilot test was conducted with five States of various size and demographics using the drafted State Survey. This draft had gone through an iterative process of review and revision with input by stakeholders and key informants, and was expected to look as close to the final draft as possible. The State agencies responsible for filling out each section of the Survey were asked to report the amount of time it took to complete the Survey. These times were averaged and a burden of 17.7 hours per response was calculated.

Table 1: Estimated Burden for Respondents

Instrument	No. of	Responses/	Total	Hrs. per	Total	Wage	Total hour

[8] For a complete outline of the procedures used to develop the State Survey see section B.4.

	respondents	respondent	responses	response	hour burden	rate	cost
State Survey	51	1	51	17.7	902.7	$23.55	$21,258.59

13. Estimates of Annualized Cost Burden to Respondents

There will be no capital, startup, operation, or maintenance of services costs to respondents.

14. Estimates of Annualized Cost to the Government

The estimated cost to the government for the data collection is $1,343,472. This includes approximately $1,327,922 for a 5-year contract for sampling, data collection, processing, reports, etc. and approximately $3,110 per year represents SAMHSA costs to manage/administrate the survey for 2% of one employee (GS-15). The total annualized cost is approximately $268,694.

15. Changes in Burden

This is a new data collection.

16. Time Schedule, Publication, and Analysis Plans

Time Schedule

The State Survey (5) will be administered to the States within 1 month following OMB clearance. Each State will have 60 days from the receipt of the instructions and online access to complete and submit the survey.

Analysis Plan

The analysis plan for the State Survey is designed to meet two goals:

1. Present each State's data in a clear, concise, and easily assessable fashion.
2. Allow each State to speak for itself by including unedited text responses.

All data from the State Survey are descriptive, and each response will constitute a separate entry in the proposed data tables (see publication plan). No data reduction is required, and no comparisons across States are appropriate to the purposes of the Report to Congress.

As discussed earlier, the State Survey instruments requests contact persons for each section. These individuals will be contacted if data are missing or if potential problems with text entries are identified (e.g., ambiguities, grammatical problems). States will be invited to rewrite these entries. Consistent with the goal of allowing States to speak for themselves, however, the State respondents will have the final say concerning text entries.

Publication Plan

The data obtained through the State Survey will be part of the State Report in the annual STOP Act Report to Congress. The State Survey data will be presented in four sets of tables for each State (Attachment 6) corresponding to the four major sections of the report. The attached tables present actual data collected during the second pilot test.

17. Display of Expiration Date

The expiration date will be displayed.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.

B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

The respondent universe includes all 50 states and the District of Columbia. The STOP Act mandates that the State Report include data for each of the 50 States. SAMHSA assumes that Congress intended to include the District of Columbia, which is typically included in such Surveys to promote inclusion of policies and programs that affect U.S. citizens. For example, the data from APIS that will supplement the State Survey includes District of Columbia underage drinking legal policies.

2. Information Collection Procedures

A letter with a link to the State Survey will be sent to each State Governor's office and the Office of the Mayor of the District of Columbia (Attachment 7). Based on the feedback received from stakeholders and field pilot testers, it is anticipated that the Governors will designate staff from State agencies that have access to the requested data (typically State Alcohol Beverage Control [ABC] agencies and State Substance Abuse Program agencies). SAMHSA will request that the Governors' offices provide SAMHSA with the contact information of the State agencies that have been directed to complete the State Survey.

SAMHSA will provide both telephone and online technical support to State agency staff and will emphasize that the States are only expected to provide data that is readily available and are not required to provide data that has not already been collected. Along with the instructions, a link will be provided to a website that SAMHSA will maintain. This website will be an interactive forum where State officials can seek answers to questions, converse with officials in other States, and email questions to SAMHSA representatives. SAMHSA will answer these questions and post any that may be useful for others on the website. SAMHSA has also recruited key Stakeholders groups to encourage complete and accurate responses to the State Survey and to

identify issues that arise among respondents. In particular, the National Association of State Alcohol and Drug Agency Directors, the National Liquor Law Enforcement Association, the National Prevention Network, and the National Alcohol Beverage Control Association have agreed to serve in this role. These four organizations work closely with the State agencies most likely to be tasked by State Governors to complete the State Survey.

SAMHSA will monitor the States' online responses to the Survey weekly. At four weeks into the Survey timeline, an email will be sent to each agency offering technical support and a reminder of the deadline. At week 6, another email will be sent to the States that have not completed the Survey, again offering technical support and a reminder of the approaching deadline. At week 7, phone calls will be made to those State agencies that have not completed the Survey to determine the willingness to respond, any roadblocks they are facing, and to attempt to define a timeline for completion. Two weeks after deadline will be granted to those States that have not finished the survey but will be able to do so within the extra time allotment.

Data entered by State agencies will be available to SAMHSA online and will be downloaded into Excel spreadsheets.

3. Methods to Maximize Response Rates

SAMHSA will monitor the online responses of the States weekly and will maintain a running tally. Two reminder emails will be sent at 4 and 6 weeks into the data collection, and phone contact will be made at 7 weeks and again on the deadline. It is expected that most States will be motivated to complete the Survey based on the Congressional mandate, the usefulness of including their State in the compendium, the low hour burden, the ease of use of the online survey tool, and the administrative support provided by SAMHSA.

4. Tests of Procedures

The State Survey was drafted in accordance with the language defining the data required for the State Report in the STOP Act. This was reviewed and revised multiple times based on input from key experts. An outline of the process is listed below.

1. First draft of survey completed: 12/17/08

2. Pilot Test #1: 12/23/08 – 1/17/09
   a. Four representative States (Arizona, California, Ohio, Oklahoma)
   b. Comments compiled and analyzed for Stakeholders' Meeting

3. Stakeholders' meeting: 1/23/09
   a. Participants selected based on criteria established in the STOP Act
   b. Review and discussion of all key sections
   c. Comments recorded, compiled, and analyzed

4. Second draft of survey completed: 7/23/10
   a. Incorporated stakeholders and pilot testers' comments

b. Created online platform

5. ICCPUD review completed: 8/7/09
   a. Circulated second draft
   b. Received written comments
   c. Conducted conference call

6. Third draft of survey completed: 8/14/09
   a. Compiled, analyzed, and incorporated ICCPUD member comments

7. Stakeholder review of fourth draft: 8/14/09 – 8/27/09
   a. Prepared review instructions
   b. Compiled written comments
   c. Conducted stakeholder conference call to discuss comments

8. Fourth draft of survey completed: 9/11/09
   a. Reviewed, synthesized, and incorporated stakeholder comments

9. Completed pilot test #2: 9/11/09 – 11/25/09
   a. Five representative States (California, Georgia, Oregon, Pennsylvania, Wisconsin)
   b. Developed pilot testing instructions and guides, including instructions for estimating State burden
   c. Conducted conference calls with key State staff personnel
   d. Collaborated with National Association of State Alcohol and Drug Abuse Directors (NASADAD) and National Liquor Law Enforcement Association (NLLEA) in selecting pilot States and identifying key State personnel
   e. Provided technical assistance to pilot testers

10. Final draft of survey completed: 12/2/09

5. Statistical Consultants

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List of Attachments

Attachment 1 The STOP Act-Public Law 109-422

Attachment 2 The STOP Act –ICCPUD members- Appendix D

Attachment 3 Comments received after publication in the FRN

Attachment 4 Stakeholder and ICCPUD consultants

Attachment 5 Data collection instrument-State Survey

Attachment 6 Data tables

Attachment 7 Letter to Governors/Mayor of DC