



BEER INSTITUTE

April 20, 2010

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 7-1004, One Choke Cherry Road
Rockville, MD 20857

Re: FR Doc. 2010-411 - SAMHSA – Agency Information Collection Activities; Proposed Collection; Comment Request

Dear Ms. King:

The Beer Institute and its members appreciate the opportunity to respond to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Federal Register notice on its proposed Survey of State Underage Drinking Prevention Policies and Practices. The Beer Institute is a national trade association representing domestic and international brewers that produce more than 90% of the beer sold in the United States. The Institute also represents suppliers of ingredients, packaging materials, and other goods and services utilized by brewers.

The Beer Institute and member companies have long and persistently advocated only the responsible consumption of beer and actively discouraged underage drinking, drunk driving, and other forms of alcohol abuse.

The proposed survey seeks information from states for SAMHSA to complete an Annual Report on State Underage Drinking Prevention and Enforcement Activities as required by the Sober Truth on Preventing Underage Drinking Act (the "STOP Act"), enacted in December 2006. Beer Institute was pleased to be included in the groups solicited for comment on the earlier drafts of the survey and feels that the majority of changes to the document improved the survey.

According to the Federal Register notice on March 1, 2010, "Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology." There is one new item in this version of the proposed survey that the Beer Institute and its members believe should be removed as the proposed collection of the information is not necessary for SAMHSA to complete its task, the information requested will not have practical utility, and the question imposes a significant burden on respondents.

We recommend the 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?” First, the 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. Surveys and research on alcohol advertising have failed to establish that exposure to alcohol advertising leads to alcohol consumption. Instead, research, such as the annual GfK Roper Youth Report, does show that parents are the strongest influence on youth decisions about drinking. Even with this strong evidence, our members make a sustained, voluntary effort to limit exposure of young people to beer ads. All member media placements consequently follow the Beer Institute Advertising and Marketing Code, which requires beer ads be placed only in media where at least 70 percent of the audience is expected to be 21 and older.

Second, states do not have the capabilities needed to measure advertising exposure. This information is routinely gathered by media-monitoring companies (e.g., Nielsen for television; Arbitron for radio; MRI for radio; Scarborough for newspaper; Nielsen and comScore for online advertising). States would have to spend significant resources to answer this question, either by subscribing to the media-monitoring companies’ information or hiring additional staff to perform the function. This makes the question overly burdensome for the states.

Third, the 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.

Fourth, the annual report section of the STOP Act does not include any reference to alcohol advertising or its measurement. Thus, the collection of this information is not necessary for the proper function of SAMHSA in administering the survey and creating the annual report.

Additionally, in an effort to increase the clarity and in turn the usefulness of the information collected, we recommend changing the title of Part II B to “UNDERAGE DRINKING AND OTHER SUBSTANCE ABUSE PREVENTION PROGRAMS.” This change would make it immediately clear that prevention programs concerning multiple substances are eligible for inclusion and may increase the response rate for this section. 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.

We commend SAMHSA on creating the survey and look forward to seeing the final survey and the resultant annual report on states’ underage drinking activities. Thank you for your consideration of these comments.

Respectfully submitted,



Arthur J. DeCelle
Acting President & General Counsel

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95811-4037
TDD (916) 445-1942
(916) 324-4398



March 29, 2010

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 7-1044, One Choke Cherry Road
Rockville, Maryland 20857

Dear Ms. King:

Below please find the Department of Alcohol and Drug Programs (ADP), Prevention Services, response to the Federal Register dated February 19, 2010:

Comments in Response to the Proposed Project: Survey of State Underage Drinking Prevention Policies and Practices

Federal Register/Vol. 75, No. 39/Monday, March 1, 2010 – Pg. 9221-9222

1. Page 9221, right column, Category # 4, refers to cost per capita for the prevention of underage drinking.

Comment: 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.

2. Page 9221, right column, Paragraph 7, refers to the results of the State Survey informing Federal programmatic priorities.

Comment: 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.



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<http://www.fypower.org>

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.

Comment: 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.

4. Page 9222, right column, regarding estimated annual response time and use of data that is readily available.

Comment: 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*.

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.

Please direct any questions you may have regarding the Federal Register comments to Denise Bennett at (916) 327-4076.

Respectfully,

SHARON DAIS
Assistant Deputy Director
Prevention Branch
Program Services Division

May 2010 Comments from Georgia Regarding Stop Act Questionnaire

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.

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

P 12

Re the question

Has this program been evaluated?

If the respondent says "No" then ask him/her "Why not?"

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.

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.

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.



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

April 30, 2010

Summer King, Clearance Officer
SAMHSA Reports
One Choke Cherry Road, Room 7-1044
Rockville, MD 20857

Dear Ms. King:

This is to acknowledge our receipt and subsequent review of the proposed Survey of State Underage Drinking Prevention Policies and Practices, issued by the Substance Abuse Mental Health Services Administration, as published in the Federal Register Volume 75, Number 39, dated March 1, 2010.

Based on our review of the proposed survey, we offer the following comments:

- **Part I Enforcement: Section I.B – Specific State and Local Enforcement, *B.1a:** It may be helpful to ask for the total number of licensees to put the answer to the survey question in proper context.
- **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.”

If you have any questions regarding our feedback, please contact Larry Scott, by e-mail, at ScottLP@michigan.gov, or by phone, at 517-335-0174.

We appreciate the opportunity to review the proposed survey.

Sincerely,

Deborah J. Hollis, Director
Bureau of Substance Abuse and Addiction Services

DJH:ssb

c: Felix Sharpe
Larry P. Scott