

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 a revision from the Office of Management and Budget (OMB) for the Survey of State Underage Drinking Prevention Policies and Practices (the “*State Survey*”). This data collection is approved under OMB No. 0930-0316, which expires on October 31, 2018.

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 was passed in 2006 and reauthorized in 2016.² The STOP Act established the Intergovernmental Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), composed of 15 federal agencies with underage drinking prevention programs or activities (Attachment 1).³ SAMHSA has been designated as the lead agency to work in concert with ICCPUD in fulfilling the Congressional mandates in the STOP Act.

The STOP Act contains four primary elements:

- 1) The award of community grants for underage drinking prevention activities;
- 2) A national media campaign aimed at adults to reduce underage drinking, and an annual report to Congress evaluating the campaign;
- 3) An annual report to Congress summarizing federal prevention activities and the extent of progress in reducing underage drinking nationally, including data from national surveys conducted by federal agencies;
- 4) An annual report to Congress “on each State’s performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking” (the “State Report”). The State Survey that is the subject of this request gathers data used to develop the state-by-state report on prevention and enforcement activities related to underage drinking.

The three reports in bullets 2, 3, and 4 above are published together in the *Annual Report to Congress on the Prevention and Reduction of Underage Drinking* (“*Report to Congress*”).⁴

Underage Drinking and Its Consequences

Underage drinking and associated problems have profound negative consequences for underage drinkers, their families, their communities, and society as a whole. Underage drinking

¹ Public Law 109-422.

² Public Law 114-255.

³ Members of ICCPUD are listed on Attachment 1 and can also be found in Appendix A of the 2016 *Report to Congress on the Prevention and Reduction of Underage Drinking*.

⁴ The current *Report to Congress*” can be found on the ICCPUD website: www.stopalcoholabuse.gov.

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.⁵

Alcohol continues to be the most widely used substance of abuse among America's youth, and a higher proportion use alcohol than use tobacco or other drugs.⁶ According to federal data in the most recent *Report to Congress*, just under 23 percent of 12 to 20 year old youths reported using alcohol in the previous month.⁷ Although youth generally consume alcohol less frequently than adults and consume less alcohol overall than adults, when they do drink they are much more likely to binge drink. In 2014, approximately 5.3 million youths 12 to 20 years old (13.8 percent) reported binge drinking in the past month.⁸ Data indicate a reduction in underage drinking over the past several years, particularly among the 12- to 17-year-old age group, but new and concerning trends are emerging, such as the erosion of the traditional gender gap in binge drinking rates,⁹ and the increasing preference for distilled spirits among underage drinkers.¹⁰ Furthermore, the rates of binge drinking and alcohol abuse or dependence increase rapidly with age, raising concerns that 18- to 20-year-olds are at greater risk of harmful consequences.¹¹

Efforts focused on underage drinking reduction can be expected to 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.¹² 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.¹³

The Annual Report to Congress on States and the State Survey

In response to the health risks associated with underage drinking, the 50 states and the District of Columbia have adopted numerous policies and practices to alter the individual and environmental factors that contribute to underage drinking and its consequences. 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 data sources, other than the *State Survey*, that have gathered information on state-level underage drinking policies and practices in a uniform and meaningful way.

To monitor progress toward effective responses to underage drinking, the STOP Act directs the U.S. Department of Health and Human Services (HHS) to develop the state-by-state report on

⁵ September 2016 *Report to Congress*, pages 64-65.

⁶ September 2016 *Report to Congress*, page 3.

⁷ September 2016 *Report to Congress*, page 38.

⁸ September 2016 *Report to Congress*, p. 43.

⁹ September 2016 *Report to Congress*, pages 51-52.

¹⁰ September 2016 *Report to Congress*, pages 58-59.

¹¹ September 2016 *Report to Congress*, page 46.

¹² September 2016 *Report to Congress*, pages 70-71.

¹³ September 2016 *Report to Congress*, page 71.

prevention and enforcement activities related to underage drinking.¹⁴ More specifically, the STOP Act requires HHS to report on each state’s performance in “enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking.” The annual state reports are to be issued “with input and collaboration” from states, among other groups.

The STOP Act lists nine separate categories of “best practices” that are required to be used in developing state performance measures. These have been collapsed into four categories for data collection purposes. Several of the items listed are publicly available and are collected independently so as to reduce the burden on the states. The collapsed categories are:

Category #1: Enacting Laws and Regulations. The 50 states and the District of Columbia have enacted a significant number of laws and regulations that affect underage drinking. The STOP Act lists sixteen 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), and ten additional policies have been added pursuant to Congressional appropriations language or the Secretary’s authority under the STOP Act. SAMHSA uses existing sources of data to track the states’ performance in enacting these 26 legal policies through statute or regulation. Data regarding these policies are collected 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. The APIS data are augmented with original legal research.

Category #2: Enforcement and educational programs to promote compliance with these laws/regulations. The STOP Act states that information shall be included on whether each 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.” While the states’ laws and regulations are publicly available, data regarding the states’ performance in enforcing those laws and regulations, particularly the specific data described above, are not readily available.

Category #3: Programs targeted to youths, parents, and caregivers to deter underage drinking and the number of individuals served by these programs, and interagency and tribal collaborations. Each of the 50 states and the District of Columbia has created state-level programs aimed at preventing or reducing underage drinking. However, information about these programs is not available in a comprehensive way.

Category #4: Expenditures on prevention of underage drinking. The amount that each state invests, per youth capita, on the prevention of underage drinking is broken into five categories listed in the STOP Act: a) Compliance check programs in retail outlets; b) Checkpoints and saturation patrols that include the goal of reducing and deterring underage drinking; c) Community-based, school-based, and higher-education-based programs to prevent underage drinking; d) Underage drinking prevention programs that target youth within the juvenile justice and child welfare systems; and e) Any other state efforts or programs that target underage drinking. This information is not currently publicly available.

¹⁴ As noted above, HHS has delegated this responsibility to SAMHSA.

In summary, data from categories 2, 3, and 4 do not currently exist in a complete or accessible form from publicly available sources. Some states collect some of the data, but not in a uniform fashion that allows meaningful cross-state comparisons.

SAMHSA has found that the most efficient and effective way to seek “input and collaboration” from the states, as the STOP Act requires, is through an annual survey that seeks only information that has already been collected by and is readily available to the states. Accordingly, data from categories 2, 3, and 4 are collected by the *State Survey*, a survey tool administered electronically via an online platform, with approximately 90 questions that each state and the District of Columbia will complete. (Attachment 2). There are four sections of questions: 1) enforcement activities; 2) underage drinking programs targeting youth, parents, and caregivers; 3) state interagency collaboration, best-practice standards, collaborations with tribal governments, and 4) state financial expenditures on underage drinking. As the survey is specifically designed to only ask for data that has already been collected, many states complete fewer than 90 questions. 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* is 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 otherwise 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 currently 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* is an ongoing 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 to Congress*.

States are asked to complete an annual *Survey* that comprises the following four sections:

1. Enforcement of underage drinking laws including, but not limited to:
 - a. The number of compliance checks (random and non-random) measured against the total number of alcohol retail outlets in each State; and
 - b. The result of these checks;
 - c. Implementation of Shoulder Tap and Party Patrol operations;
 - d. The number of sanctions (fines, suspensions, revocations) imposed on retailers for violations of underage drinking laws.
2. Underage drinking prevention programs targeted to youth, parents, and caregivers, including data on the approximate number of persons served by these programs.
3. State best practices standards and collaborations with tribal governments and 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.

Changes:

This latest version of the *Survey* has been revised in the following ways:¹⁵

1. Part 2, Section A: Programs

- a. A question about underage drinking prevention programs has been eliminated. Previously, states were asked to define each program by whether it was aimed at the “general population” or a “specific countable population (e.g., at-risk high school students).” This question was misinterpreted by some respondents, leading to inconsistent data. It was not uncommon for states to provide specific population numbers for a program they had previously defined as being aimed at the general population. For this reason, it is being eliminated.
- b. Questions about the specific number of different populations (youth, parents, and caregivers) served by each prevention program have been reformatted as follows:
 - i. Definitions of each population category have been deleted from the introduction to Part 2, Section A and have been incorporated into the subsequent questions about each program, making it easier for respondents to answer these questions without referring back to the introduction.
 - ii. For the sake of efficiency and clarity, three separate questions about type of population served by each program have been collapsed into one question.
- c. References to “media campaigns” have been added to the introduction of this section to encourage respondents to include these among the prevention programs listed in their responses. As noted in the following description to changes in Part 2, Section B, the *Survey* is being amended to evaluate awareness of, and participation in the national media campaign mandated by the STOP Act.

2. Part 2, Section B: Collaborations and Best Practices

- a. New questions about the national media campaign aimed at adults to reduce underage drinking (as mandated by the STOP Act) have been added. The questions are intended to:
 - i. Evaluate awareness of and participation in the national media campaign, “Talk. They Hear You.” (TTHY), including questions about the commitment of state resources and funding to this effort. The STOP Act requires evaluation of the national media campaign, which is largely conducted by other survey instruments. However, adding a question on the campaign here is an efficient way to gather state-level data for the analysis.

¹⁵ See Attachment 2. Additions to the survey are indicated by yellow highlighting, while deletions are indicated by strikethrough.

- ii. Determine whether the states participate in other media campaigns intended to reduce underage drinking.
- iii. Expand the scope of the *Survey* to include social marketing or counter-advertising efforts in the effort to reduce underage drinking. Currently, the *Survey* includes a question about whether states have programs to measure or reduce youth exposure to alcohol advertising and marketing. This question will remain, but the new questions will capture proactive efforts to counter this advertising and marketing.

No additional time burden should be placed on the respondents, as the added questions are balanced by the deletion and reformatting of others, with a small net reduction in the total number of questions. All questions continue to ask only for readily available data.

3. Use of Information Technology

As required by the STOP act, the unit of analysis for the *State Survey* is the state. Accordingly, there are 51 total respondents (50 states and the District of Columbia). However, data to complete the survey resides 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 conducted a lengthy and comprehensive planning process. It sought advice from key stakeholders (as mandated by the STOP Act) by hosting multiple stakeholders meetings, conducted two field tests with state officials likely to be responsible for completing the *State Survey*, and investigated and tested various *State Survey* formats, online delivery systems, and data collection methodologies.

Based on these investigations, SAMHSA collects the required data electronically, using an online survey data collection platform (SurveyMonkey). Links to the four sections of the *Survey* are distributed to states via email. The use of the electronic format offers a key advantage since 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 distribute copies of relevant sections to the appropriate offices for completion. During the last seven years of administering the *Survey*, SAMHSA has received feedback from states that this format facilitates efficiency and coordination and reduces burden.

4. Efforts to Identify Duplication

The STOP Act requires an assessment of the four categories of information discussed in Sections A.1 and A.2 for each of the 50 states plus the District of Columbia. SAMHSA is relying on existing data sources where they exist.

SAMHSA uses 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 is 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.

State enforcement data (Category 2) is, in contrast, not publicly available. NIAAA comprehensively analyzed alcohol policy enforcement databases in 2005¹⁶ and found:

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.

SAMHSA reviewed current literature and consulted with experts to determine whether any new sources of state underage alcohol enforcement data exist that could be used to prepare the state reports in lieu of conducting the survey. In addition, SAMHSA reviewed the databases described in the NIAAA 2005 document. SAMHSA determined that the conclusions drawn by NIAAA are still valid. No available sources exist for the enforcement data required by the STOP Act.

SAMHSA searched for sources of data on state underage drinking prevention programs (Category 3). In addition, SAMHSA reviewed numerous state government websites to determine if data on the states' underage drinking programs were available. Some data are available piecemeal, covering some topics for some states. Few of these data have been systematically collected, and they do not provide the longitudinal data required by the STOP Act. Most of the state websites did not provide data on all of the prevention programs the states reported in the survey in the previous year. For those states that do compile some of the data elements that are requested, they can transcribe the data directly into the survey instrument.

SAMHSA also searched for sources of data on state financial expenditures on underage drinking prevention (Category 4). No comprehensive source of data for underage drinking prevention expenditures by the 50 states and the District of Columbia was found. Some information is available online for some states' expenditures on behavioral health and/or prevention generally, but not to the degree of specificity required by the STOP Act, which seeks data on expenditures on compliance checks, checkpoints and saturation patrols, community and school programs, and programs within the juvenile justice and child welfare systems.

¹⁶ http://alcoholpolicy.niaaa.nih.gov/uploads/Enforcement_and_Compliance_Data_Sources_12_18_07.pdf

In conclusion, no data sources were identified that approach meeting the requirements of the STOP Act. Thus, the *State Survey* is not duplicative of any current data collections.

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 April 11, 2018 (83 FR 15588). SAMHSA did not receive any comments.

b. Consultations Outside of the Agency

SAMHSA consulted with several experts in the revision of the *State Survey*. In addition, SAMHSA incorporated feedback obtained from respondents over the course of administering the survey under the current OMB approval. 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 *Survey* was easy to complete.

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9. Payment to Respondents

No incentives are provided to states for completing the *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 five places with the following instructions:

Please provide the name and phone number or email of someone we can contact for additional clarification of the [type of data; e.g. enforcement, state expenditure, etc.] data reported in this section, 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. The contact persons' names are maintained in a confidential manner in compliance with contractual and regulatory requirements governing personally identifiable information (PII).

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 into the form. 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 was based on the 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. 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 respondents	Responses/ respondent	Total responses	Hrs. per response	Total hour burden	Wage rate	Total hour 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

There is no burden change.

16. Time Schedule, Publication, and Analysis Plans

Time Schedule

The *State Survey* is administered to the states in the spring of each year. Each state has 45 days from the receipt of the instructions 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* instrument 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-by-state report on underage drinking prevention and enforcement activities in the annual *STOP Report to Congress*. The *State Survey* data will be presented in a set of tables for each State (Attachment 3) corresponding to the four major sections of the report. The attached tables present actual data collected during the sixth *Survey* year.

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.