

# **Strategic Planning for Research at the National Institute on Alcohol Abuse and Alcoholism (NIAAA)**

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Director, Division of Epidemiology and  
Prevention Research  
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***OJJDP's Enforcing Underage Drinking Laws (EUDL)  
10th National Leadership Conference:  
A Notable History: Forging the Future  
Nashville, TN  
August 21, 2008***



# Division of Epidemiology and Prevention Research: Strategic Plan

## Purpose:

- DEPR was a new Division at NIAAA
- Need to develop a mission statement for the Division
- Identify near-term research priorities in alcohol epidemiology and prevention
- Communicate our research priorities to alcohol researchers
  - Post-plan for public comment
  - Notified all DEPR grantees
  - NIAAA Extramural Advisory Board Review
  - Develop and Post
    - Program Announcements
    - RFAs



# Methods

- Identify alcohol attributable mortality and years of life lost to alcohol in the U.S.
- Examine alcohol-related morbidity and social problems
- Examine trends in alcohol-related morbidity and mortality
- Review recent research literature on major sources of alcohol related mortality, morbidity, and problems
- Review current research grant portfolio to see if research undertaken addressed major needs



# Division of Epidemiology and Prevention Research (DEPR)

## ■ **Mission Statement:**

- DEPR seeks to reduce alcohol-related mortality and morbidity and other alcohol-related problems and consequences through the application and integration of epidemiology and prevention science.

## ■ **Grant and Grant Dollar Allocation- Summer 2007**

- 245 projects
- \$100 million
- Half underage and college age drinking
- Half Epidemiology and half prevention
- 1/5 crime, violence, anti-social behavior



# DEPR Research Priorities

- 1) Enhance measurement and evaluation of trends in alcohol-related mortality and morbidity
- 2) Examine relations between alcohol and nutrition across the life span
- 3) Expand knowledge regarding screening and brief intervention in underage and young adult populations



## DEPR Research Priorities (cont.)

- 4) Expand comprehensive community interventions to reduce alcohol-related injuries and other problems
- 5) Continue emphasis on public policy research



# Division of Epidemiology and Prevention Research (DEPR)

## Research Priorities

1. Enhance Measurement and Evaluation of Trends in Alcohol Related Mortality and Morbidity
  - Refine estimates of
    - Alcohol Attributable Fractions
    - Disability Adjusted Life Years (DALYs)
    - Examine key sub-populations according to sex, age, race/ethnicity
  - Examine changes over time
  - Assess the feasibility and utility of testing all injury deaths for alcohol



# Alcohol Attributable Deaths in the United States 2001

- 75,000
- 3<sup>rd</sup> leading cause of preventable deaths
- Injury (including poisoning): 40,000
- Chronic disease: 35,000

(Source: Midanik, MMWR 2004)



- Injuries are the leading cause of deaths among youth in the U.S. ages 1-44
- Alcohol is the leading contributor to injury death
- Alcohol injury deaths account for twice as many years of life lost as chronic alcohol disease deaths

(Sources: CDC, Smith 1999)

# United States Alcohol and Non-Alcohol Related Traffic Fatalities Per 100,000 Population 1982-2006



Sources: Fatality Analysis Reporting System, National Highway Traffic Safety Administration, U.S. Census Bureau— Courtesy of R. Hingson, NIAAA <sup>10</sup>



- From 1982-2001 in the U.S, 153,168 lives were saved by decreased drinking and driving. This is more than the combined numbers of lives saved, 149,318, by increased seat belt use (129,207), airbag prevalence (4,305), increase use of motorcycle helmets (6,475) and by increased use of bicycle helmets (239).

Source: Cummings, Rivara, Olson, Smith. [Injury Prevention](#), 2006.



# Nationwide

All injury deaths in each state and community should be tested for alcohol



CADCA  
cadca.org  
-800-542-2322

109TH CONGRESS  
2D SESSION

# H. R. 864

## AN ACT

To provide for programs and activities with respect to the prevention of underage drinking.

1 *Be it enacted by the Senate and House of Represent-*  
2 *tives of the United States of America in Congress assemble*

Sec. 101. Sense of Congress.

### TITLE II—INTERAGENCY COORDINATING COMMITTEE; ANNUAL REPORT ON STATE UNDERAGE DRINKING PREVENTION AND ENFORCEMENT ACTIVITIES

Sec. 201. Interagency coordinating committee on the prevention of underage drinking.

Sec. 202. Annual report on State underage drinking prevention and enforcement activities.

Sec. 203. Authorization of appropriations.

### TITLE III—NATIONAL MEDIA CAMPAIGN

Sec. 301. National media campaign to prevent underage drinking.

### TITLE IV—INTERVENTIONS

Sec. 401. Community-based coalition enhancement grants to prevent underage drinking.

Sec. 402. Grants directed at preventing and reducing alcohol abuse at institutions of higher education.

### TITLE V—ADDITIONAL RESEARCH

Sec. 501. Additional research on underage drinking.

Sec. 502. Authorization of appropriations.

## 7 SEC. 2. DEFINITIONS.

8 For purposes of this Act:

- 9 (1) The term “alcohol beverage industry”  
10 means the brewers, vintners, distillers, importers,  
11 distributors, and retail or online outlets that sell or  
12 serve beer, wine, and distilled spirits.

•HR 864 EH



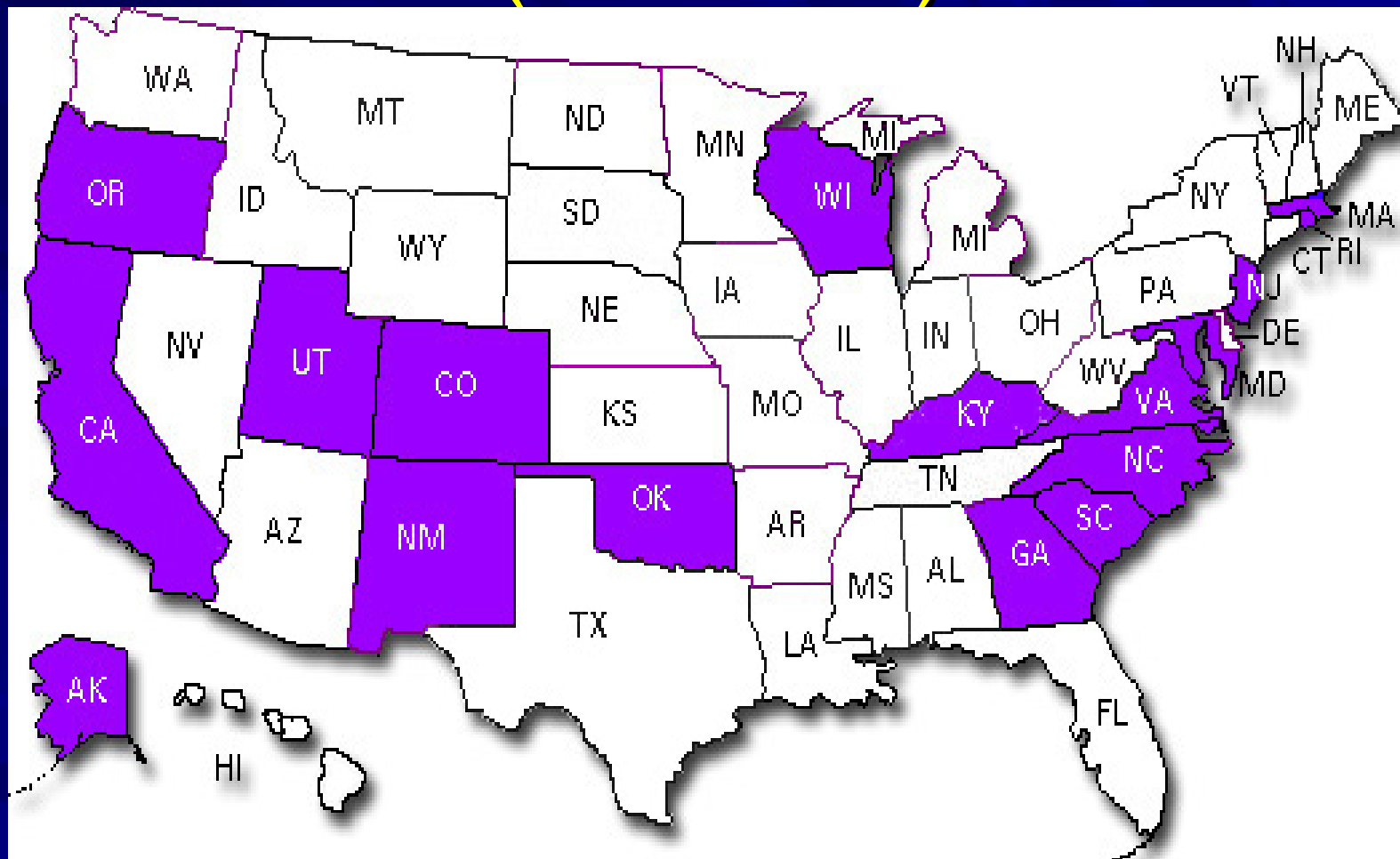
# The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking 2007



U.S. Department of Health and Human Services



# National Violent Death Registry (17 states)



Source: National Center for Injury Prevention and Control, Division of Violence Prevention, July 2007

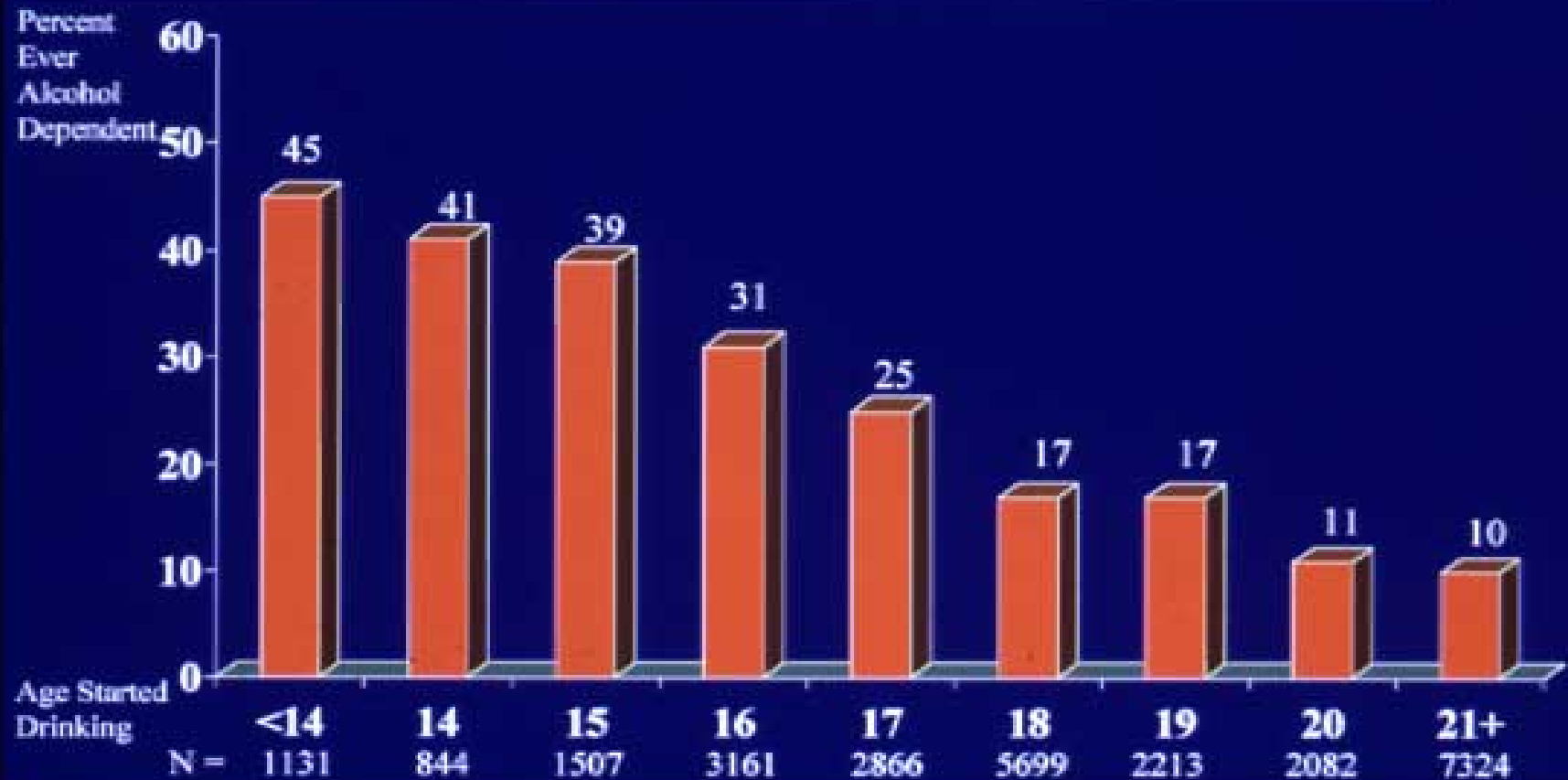


# DEPR Research Priority

3. Expand Knowledge Regarding Screening and Brief Intervention in Underage and Young Adult Populations
  - Need to develop screening for adolescent
    - Test screening and brief intervention in a variety of health care settings
    - Explore barriers to screening and brief interventions with adolescents
    - Assess strategies to remove barriers
    - Assess long-term benefits of early screening and interventions
    - Assess the related effectiveness of intervening early versus later in the life course



# Prevalence of Lifetime Alcohol Dependence According to Age of Drinking Onset



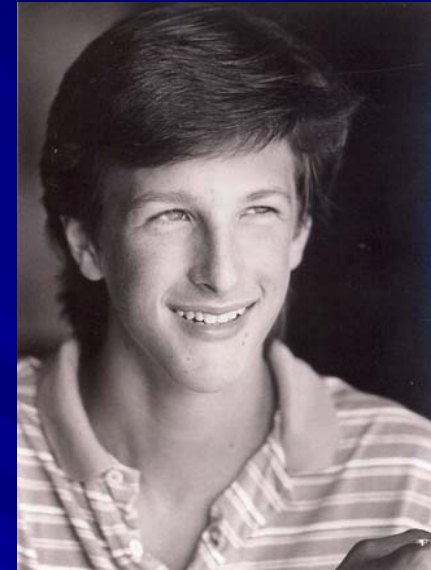
The younger people are when they start to drink, the greater the likelihood they will develop alcohol dependence.

Source: Grant and Dawson (1997) *J. Substance Abuse*



## ■ Early age of drinking onset associated with:

- Development of alcohol dependence (Grant and Dawson, *J Subst Abuse*, 1997)
- Dependence by age 25
  - Of those ever dependent, 47% before age 21 and 2/3 by age 25
- Chronic relapsing dependence
  - Longer episodes
  - Multiple episodes
  - More symptoms
  - Early dependents less likely to seek help



Brian Paul McKelvey

Sources: Hingson et al., *Archiv Ped Adol Med*, 2006  
Hingson et al., *Pediatrics*, 2006



# Gentilello

## Brief Motivational Alcohol Intervention in a Trauma Center

### Annals of Surgery, 1999

- 46% of injured trauma center patients age 18 and older screened positive for alcohol problems.
- Half (N=336) randomly allocated to receive 30 minute brief intervention to reduce risky drinking and offers links to alcohol treatment



# Gentilello

## Brief Motivational Alcohol Intervention in a Trauma Center

### Annals of Surgery, 1999

- Reduced alcohol consumption by an average 21 drinks per week at 1 year follow up
- 47% reduction in new injuries requiring treatment in ED
- 48% reduction in hospital admissions for injury over 3 years
- 23% fewer drunk driving arrests



# Systematic Review of Randomized Trials of Brief Interventions from 1992-2004

(Solberg et al., Am. J. Prev. Med, 2008)

- “Results make alcohol screening and counseling one of the highest ranking preventive services among 25 effective services.”
- Similar score as screening for
  - hypertension
  - colorectal cancer
  - vision for adults age 65 and older



# Sixteen Studies Provide Strong Support for the Efficacy of This Approach Among College Students (Larimer Addictive Behavior 2007)

- Marlatt, 1998
- Anderson et. Al., 1998
- Larimer, 2000
- D'Amico & Fromme 2000
- Dimeff, 1997
- Aubrey, 1998
- Monti, 1999
- Baer, 2001
- Barnett et al., 2004
- Borsari and Carey, 2005
- Labrie 2002
- Gregory 2001
- LaChance 2004
- Murphy and Colleagues 2001
- Murphy and Colleagues 2004
- Carey et al., 2006



# Implementation Gap

- Fewer than
  - ½ of pediatricians screen all adolescents for use of alcohol and drugs
  - ¼ screen for drinking and driving.
- Pediatric Medical Care Providers considerably underdiagnose alcohol use, abuse, and dependence among patients ages 14-18.
- 1.5 million 12-17 year olds need alcohol treatment
- Only 216,000 14% received treatment

Sources: American Academy of Pediatrics, 1997; Wilson, Sheritt, Gates, Knight Pediatrics, 2004; National Household Survey on Drug Use and Health, 2003



## Implementation Gap

19% of College Students 18-24 met DSM IV  
Alcohol Abuse or Dependence Criteria  
5% of them sought treatment in the past  
year

**Source: National Epidemiologic Study of Alcohol  
Related Conditions 2002**

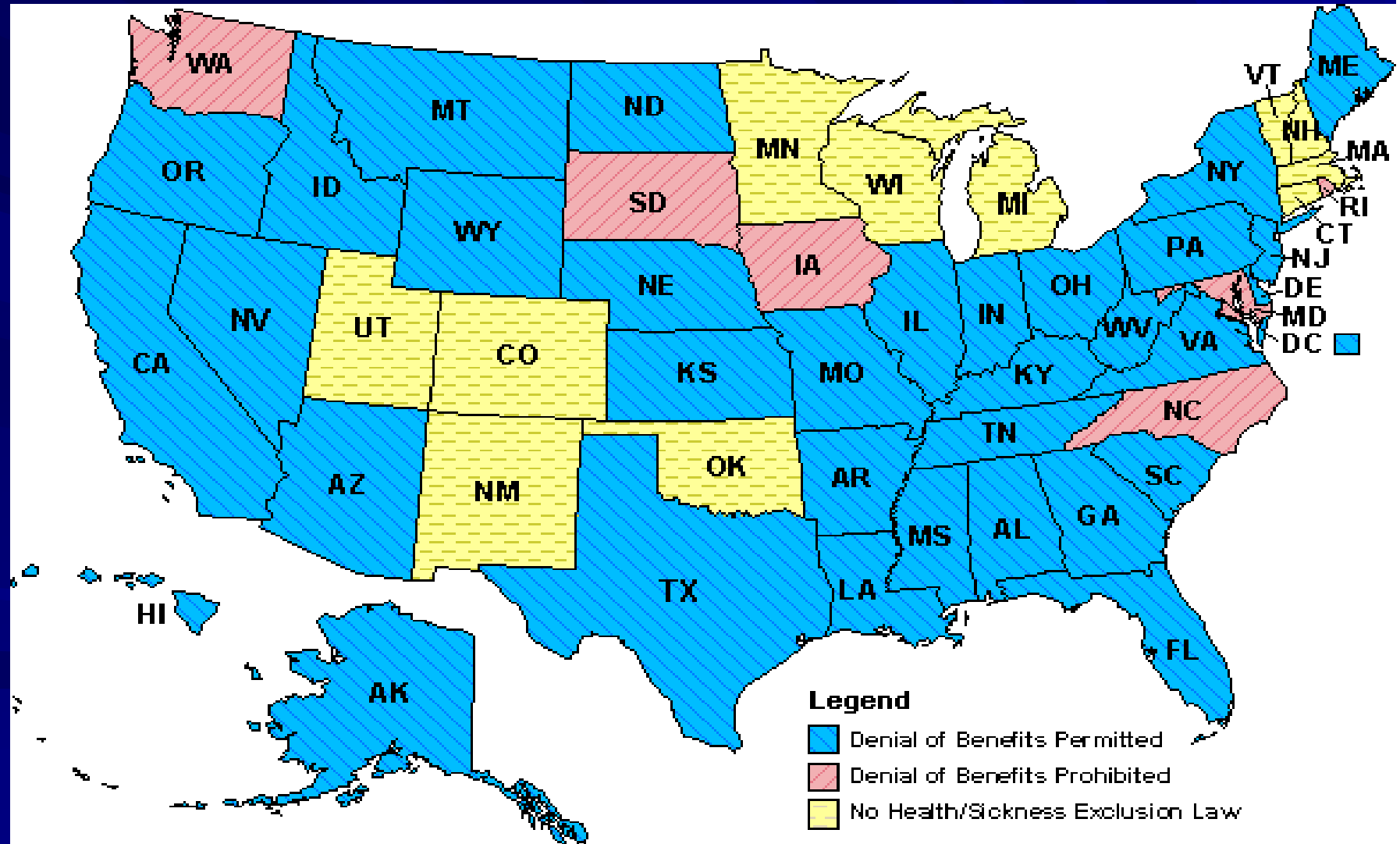


# Barriers to Screening

- Time to ask questions
- Time to respond to questions
- Lack of training
- Lack of treatment centers for referral
- Reimbursement issues



# Insurers' Liability for Health/Sickness Losses Due to Intoxication ("UPPL") as of January 1, 2006





# DEPR Research Priority

4. **Expand Comprehensive Community interventions to Reduce Alcohol Related Injuries and other Problems**
  - Assess the relative effectiveness of environmental oriented interventions vs. screening brief intervention, family intervention and treatment
  - Assess the impact of interventions that combine these approaches
  - Assess more outcomes than drinking, impaired driving, and traffic injuries
    - Alcohol related unintentional injuries
    - Homicide, suicide, sex assaults, child abuse
    - Academic and job performance
    - Illicit drug use
    - Chronic disease liver cirrhosis



# Comprehensive Community Interventions

- Involve multiple departments of city government and private citizens
- Use multiple program strategies
  - Education
  - Media advocacy
  - Community organizing and mobilization
  - Environment policy change
  - Heightened enforcement
  - Expand alcohol treatment



## Successful Comprehensive Community Interventions

- Saving Lives Program Hingson (1996)
- Project Northland Perry (1996)
- Communities Mobilizing for Change Wagenaar (2002)
- Community Trials Holder (2000)
- A Matter of Degree Weitzman (2004)
- Fighting Back Hingson (2005)
- Sacramento Neighborhood Prevention Project (Treno, 2007)
- State Coalitions to Reduce Underage Drinking, (Wagenaar, 2007)



## Key Unanswered Questions: Comprehensive Community Interventions to Reduce Youth Alcohol Problems

- 1) Will a combination of
  - environmental interventions to reduce alcohol availability and enforce alcohol policy, e.g. DWI laws
  - increase substance abuse screening and counseling achieve greater problem reduction than either alone?
- 2) Are programs that target persons of all ages more effective in reducing youth alcohol problems than youth oriented programs only?



## Key Unanswered Questions: Comprehensive Community Interventions to Reduce Youth Alcohol Problems

- 3) Will programs that reduce youth consumption produce carry over alcohol problem reduction in adult life?
- 4) Is coordination of comprehensive community interventions more effective if located in city-government or private organizations?



## Key Unanswered Questions: Comprehensive Community Interventions to Reduce Youth Alcohol Problems

- 5) Will education programs about youth alcohol targeting parents enhance comprehensive community intervention effectiveness?
- 6) What role should parents have in expanded screening brief intervention, counseling, and treatment programs for youth?



## Key Unanswered Questions: Comprehensive Community Interventions to Reduce Youth Alcohol Problems

### 7) Comprehensive community interventions have reduced

- Underage Drinking
- Binge Drinking
- Motor Vehicle Crashes, Injuries, Death
- Assaults

### Can they also reduce

- Other unintentional injuries
- Homicides, suicides
- Risky sex, HIV/STDs, Unplanned Pregnancy
- Drug use related deaths
- Academic failure/poor school performance



## Key Unanswered Questions: Comprehensive Community Interventions to Reduce Youth Alcohol Problems

- 8) Will comprehensive community interventions have a greater impact on reducing alcohol problems among people with a family history of alcohol/drug dependence and a genetic risk for alcoholism?
- 9) How can effective comprehensive community interventions be sustained over time?
- 10) Which interventions are most effective in reducing alcohol problems (e.g. traffic injuries and deaths with the least cost)?



## DEPR Research Priority: Policy Research

5. Because public policies have been effective in reducing alcohol-related harms in the past, we propose to continue to emphasize research on public policy.



# Evidence of policy effect

- .08 per se laws  
(Hingson et al. 2000; Tippetts et al 2005;  
Voas et al. 2000)
- Zero tolerance  
(Hingson et al. 1994; Wagenaar et al. 2001;  
Shults et al. 2001, Voas et al. 2003; Hingson and  
Sleet 2006)



# Evidence of policy effect

- Minimum legal drinking age  
*(O'Malley and Wagenaar 1991; Shults et al. 2001; Wagenaar and Toomey 2002, Fell et al., 2008)*
- Alcoholic beverage price  
*(Fell et al., 2008; Chaloupka et al. 1998; Cook and Moore 2002; Kenkel and Manning 1996; Leung and Phelps 1993)*



# Environmental Approaches

## **! WARNING !** **CRIMINAL VIOLATION**

**ANY PERSON UNDER 21 YEARS**

- WHO - PURCHASES ALCOHOLIC BEVERAGES
- WHO - PROCURES OR ATTEMPTS TO PURCHASE ALCOHOLIC BEVERAGES IN ANY WAY
- WHO - WILLFULLY MISREPRESENTS HIS OR HER AGE
- WHO - ALTERS, DEFACES OR FALSIFIES IDENTIFICATION WITH INTENT TO PURCHASE ALCOHOLIC BEVERAGES
- WHO - LIES ABOUT ANOTHER PERSON'S AGE WITH INTENT TO PROCURE ALCOHOL

**SHALL BE PUNISHED BY A FINE OF \$300.00**

M.G.L. Ch. 138F34A LIQUOR CONTROL ACT

MASSACHUSETTS ALCOHOLIC BEVERAGES CONTROL COMMISSION





# THE SUN



**QB QUANDARY** MIKE PRESTON  
ROLLER VS. SMITH IS A BATTLE OF MEDIOCRITY

EILEEN AMBROSE >>>> BUSINESS, PG 7B  
**NO STIMULUS CHECK?**  
THOSE WHO JUGGLE MARRIED, MAIDEN NAMES RISK DELAYS

TODAY  
**ELDER EAGLE**  
WESTMINSTER MAN EARNS SCOUTING'S HIGHEST HONOR AT AGE 50

## Now Phelps tackles fame

Endorsements, interviews — and a rest



## LOWER DRINKING AGE IS BACKED

21 'is not working,' Md. college officials say

BY STEPHEN KIEHL  
(SUN REPORTER)

Top university officials in Maryland — including the chancellor of the state university system and the president of the Johns Hopkins University — say the current drinking age of 21 "is not working" and has led to dangerous binges in which students have harmed themselves and others.

Six college presidents in Maryland are among more than 100 college and university presidents nationwide who have signed a statement calling for a public debate on rethinking the drinking age.

"Kids are going to drink whether it's legal or illegal," said Johns Hopkins President William R. Brody, who supports lowering the drinking age to 18. "We'd at least be able to have a more open dialogue with students about drinking as opposed to this sham where people don't want to talk about it because it's a violation of the law."

The presidents of the University of Maryland, College Park; Towson University; the College of Notre Dame of Maryland; Goucher College; Washington College; and the University of Maryland, Baltimore are among the signatories.

# A CALL TO ACTION:

## CHANGING THE CULTURE OF DRINKING AT U.S. COLLEGES



### Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism

National Institutes of Health  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[www.collegedrinkingprevention.gov](http://www.collegedrinkingprevention.gov)

COLLEGE



## What Colleges Need to Know Now

### *An Update on College Drinking Research*

### College Drinking and Its Consequences: New Data

The comprehensive reports released by the National Institute on Alcohol Abuse and Alcoholism's (NIAAA's) Task Force on College Drinking turned a national spotlight on the problem of harmful drinking among college students. The central report, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, has proven influential in the college alcohol and other drug (AOD) prevention and treatment field. Statistics first introduced in the report are now routinely used to convey the magnitude of college drinking problems and their consequences. Policymakers, legal experts, and organizations that provide college programming assistance have modified their efforts to reflect the Task Force recommendations.

College drinking research remains a high priority for NIAAA, and ongoing projects continue to yield important new information. This bulletin summarizes these recent findings with updated statistics, analysis, and recommendations.

#### CONTENTS

- 1 College Drinking and Its Consequences: New Data
- 2 Interventions—What Is the New Research Telling Us?
- 2 Defining Binge Drinking
- 4 Are College Students at Higher Risk?
- 5 Treatment for Alcohol Problems: An Unmet Need
- 7 College Drinking—A Global Issue
- 8 Ongoing Research and Collaborative Efforts
- 9 Tracking Students' Drinking Patterns
- 9 A Word on Alcohol Poisoning
- 10 Questions Campus Leaders Should Ask
- 11 Keep an Eye on . . .

As national headlines attest, students continue to be seriously injured or die as a result of drinking. Are these attention-grabbing headlines designed to simply sell newspapers, or is the problem as extensive today as it was in 2002 when the NIAAA Task Force first reported its findings?

The news is mixed. Among college students and other 18- to 24-year-olds, binge drinking (see the textbox, page 2, for a definition) and, in particular, driving while intoxicated (DWI), have increased since 1998. The number of students who reported DWI increased from 2.3 million students to 2.8 million (1). The number of alcohol-related deaths also have increased. In 2001, there were an estimated 1,700 alcohol-related unintentional injury deaths among students 18–24, an increase of 6 percent among college students (that is, per college population) since 1998 (1). In addition, it is estimated that each year, more than 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking, and more than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape (1). Clearly, alcohol-related problems on campus still exist (1).

Another line of research is examining how becoming intoxicated at a young age is linked to later drinking problems during the college years. The results showed that college students who first became intoxicated prior to age 19 were significantly more likely to be alcohol dependent and

*Continued on page 2*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • NATIONAL INSTITUTES OF HEALTH  
NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM



# Magnitude of Alcohol Problems on U.S. College Campuses



Dr. Margaret  
Moore



Jonathan  
Levy



Travis  
Stedman

Hingson et al. (2002) *J. Studies on Alcohol*



# Numbers of College Students 18-24 Experiencing Alcohol Problems 2001

<b>Alcohol Related Injury Deaths</b>	<b>1,700</b>
<b>Injured under influence of alcohol</b>	<b>599,000</b>
<b>Assaulted by another college student</b>	<b>690,000</b>
<b>Sex assault/date rape</b>	<b>97,000</b>
<b>Full time 4 year college students</b>	<b>6.4 million</b>

Sources: College Alcohol Survey, National Household Survey on Drug Use and Health



# Alcohol Related Behaviors and Consequences of 18-24 Year Olds in the U.S. 2005 (Estimates)

	College	Non College	Total
■ Drank 5+ on an occasion past month	4.4 million (45%)	7.9 million (40%)	12.3 million
■ Past year drove under the influence of alcohol	2.8 million (29%)	4.5 million (23%)	7.3 million
■ Died of alcohol-related unintentional injury	1,825	3,575	5,500



# College Alcohol Study

The younger college students were when first drunk, the more likely they will experience in college:

- Alcohol Dependence
- Drive after drinking
- Alcohol related injury
- Unplanned and unprotected sex after drinking

**Source: Hingson, Heeren, Winter. J. Studies on Alcohol 2003, Pediatrics 2003**



# Conclusion

In the U.S. there is an urgent need to expand and improve prevention, screening and treatment programs and policies to reduce alcohol related harm

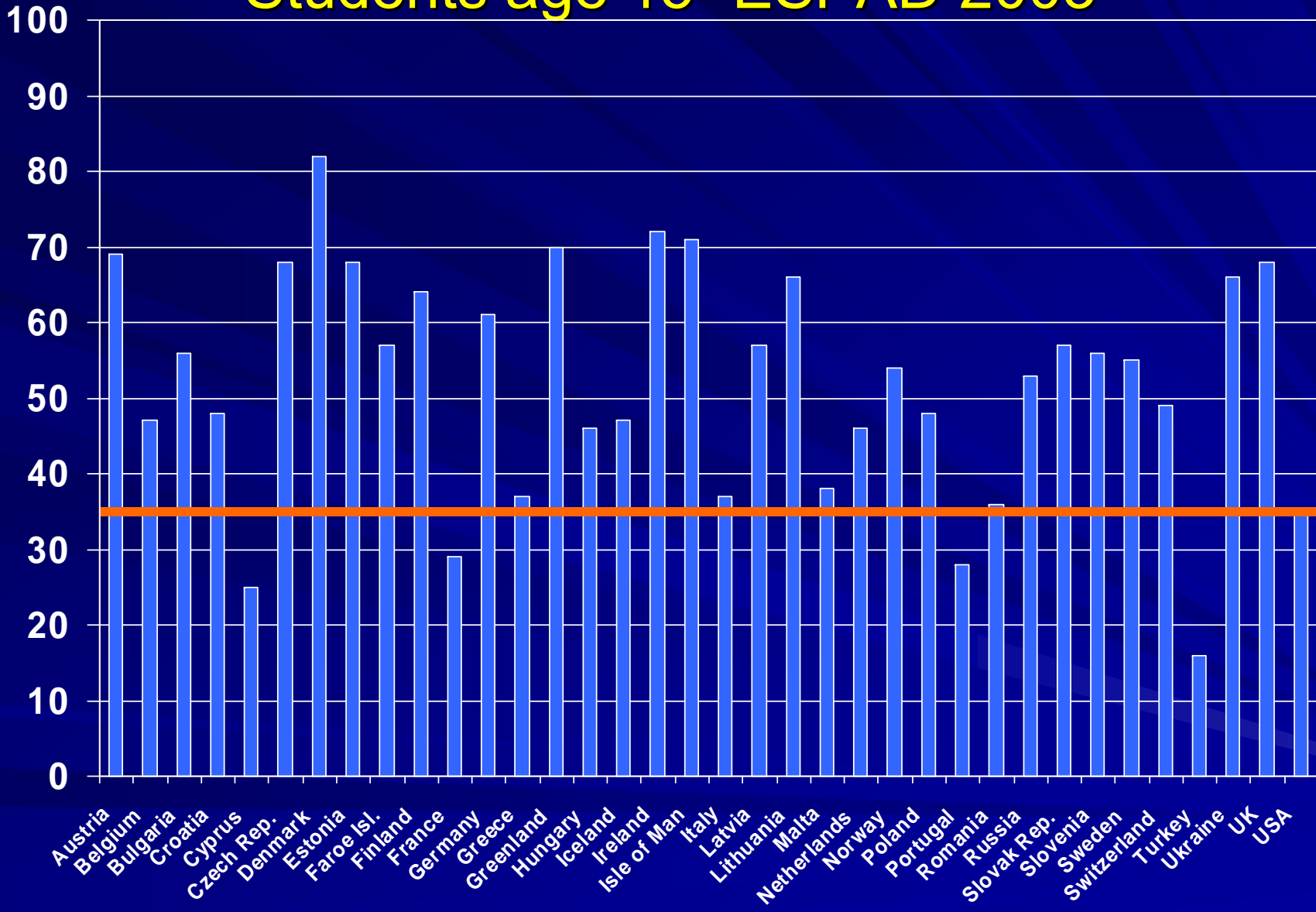
- Persons under 21
- Among college students
- Persons of similar ages not in college



NATIONAL INSTITUTE  
OF HEALTH

National Institute on Alcohol Abuse and Alcoholism

# Frequency of being drunk in last 12 months: Students age 15- ESPAD 2003



Comment: Of 35 European countries 31 had a higher percentage of 15 year olds than in the U.S. who reported being drunk in the past year



# DEADLY SERIOUS ABOUT NEED FOR URGENT ACTION

The problem of excess alcohol consumption among the nation's youth was the focus of a conference in Bristol. RUPERT JANISCH found out how bad the problem is and what is being done to combat it.

**Y**ou only have to go into the city centre late in a Friday or Saturday night to see how bad the problem of binge drinking is getting.

Hours of people in their 20s and 30s to be seen slumped over tables, vomiting or asleep, falling about and being sick - all in the space of a few days. It's the same every day for many years, it seems the city really needs a place to deal with those who drink to death.

But, how the nation is to take the lead on this? Of course, it's not just about the city.

It's a national problem, and it's one that is growing. In fact, it's growing so fast that it's now a national problem.

It's a national problem, and it's one that is growing. In fact, it's growing so fast that it's now a national problem.

**FREE METRO**  
Saturday November 18, 2006  
www.metro.co.uk  
Page 58

## Hospitals swamped by young drinkers

**HUNDREDS** more children are admitted to hospital after drinking than five years ago, it is revealed today.

Every day, at least 20 children are admitted to hospital because of 'harmful drinking', because of excessive drinking according to NHS figures.

It is a national problem, and it's one that is growing. In fact, it's growing so fast that it's now a national problem.

**WIN an Xbox and a home theatre system**



**Booze ruined my liver**

The middle daughter of Red Hot Chili Peppers frontman Anthony Kiedis is now in hospital because of liver damage.

“There is a very close and obvious link between the amount young people are drinking and how many are dying because of it”  
Professor Martin Plant



There is a very close and obvious link between the amount young people are drinking and how many are dying because of it, says Professor Martin Plant.

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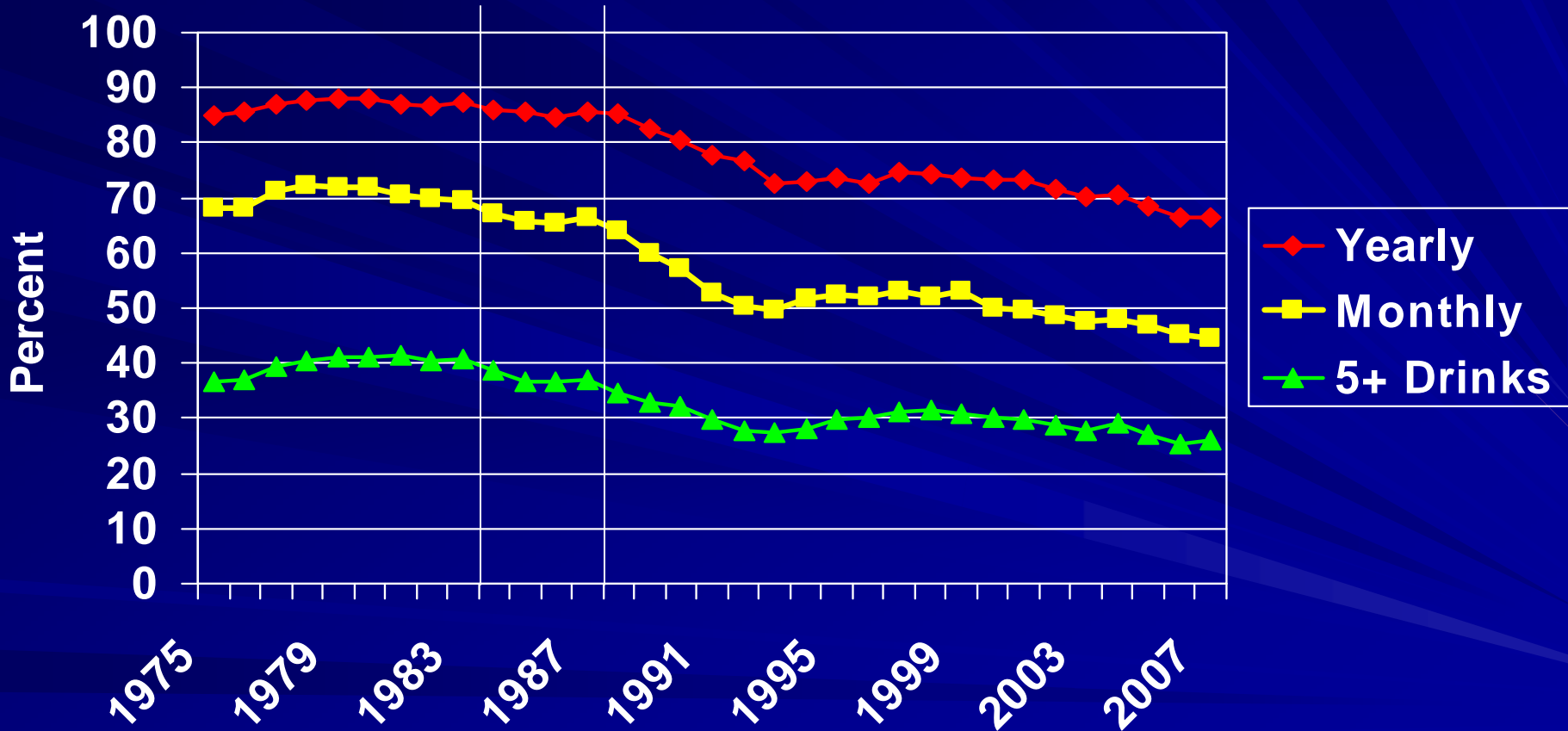
For more on this story, search for 'binge drinking' at [www.bristolpost.co.uk](http://www.bristolpost.co.uk)



# Drinking Trends Among High School Seniors, 1975-2007

Federal 21 drinking age  
Drinking age 21 in all States

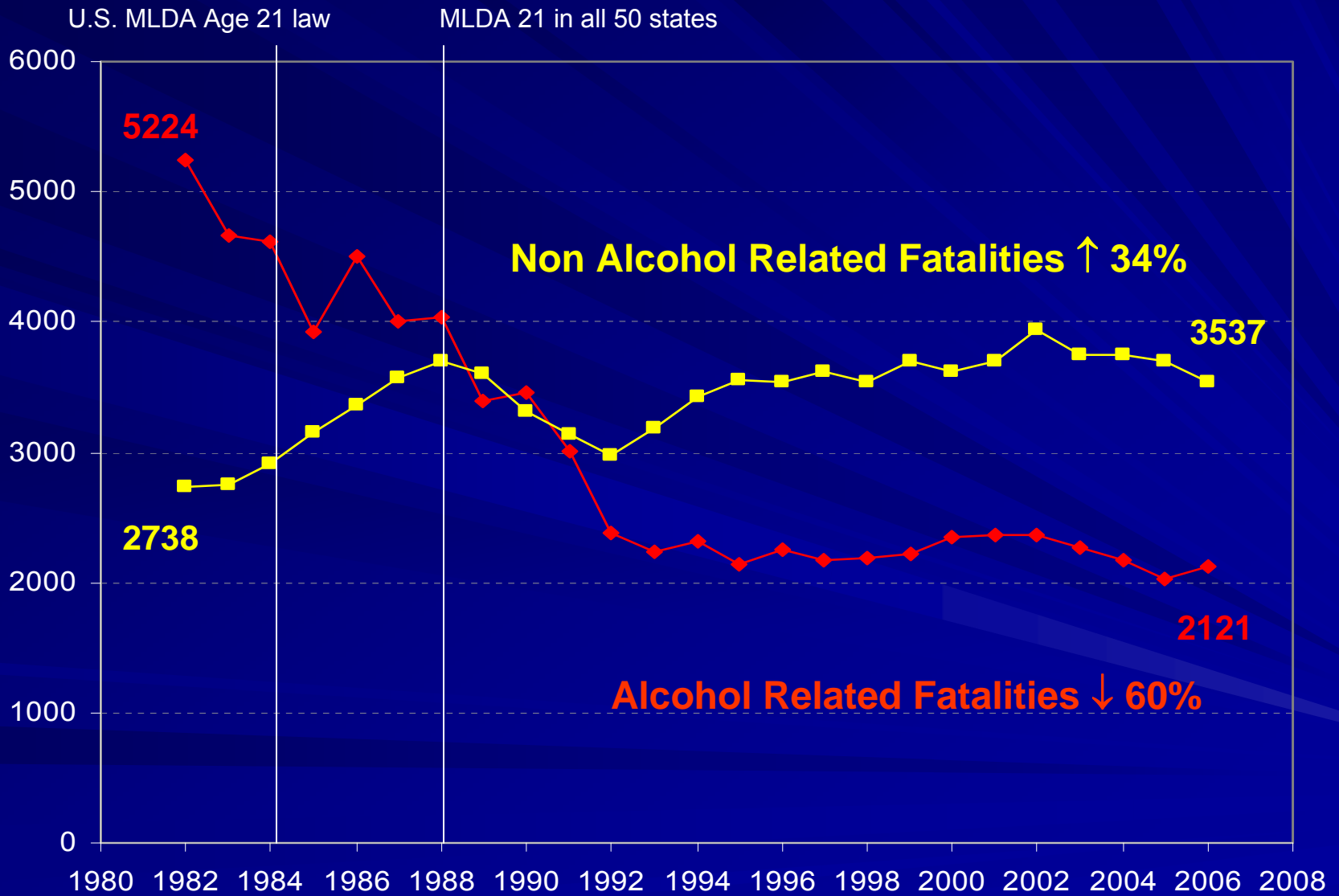
National Institute on Alcohol Abuse and Alcoholism



Source: Monitoring the Future, 2007



# Trends in Alcohol Related and Non Alcohol Related Traffic Fatalities, Persons Ages 16-20, United States, 1982-2006



Source: U.S. Fatality Analysis Reporting System



# Legal Drinking Age Changes

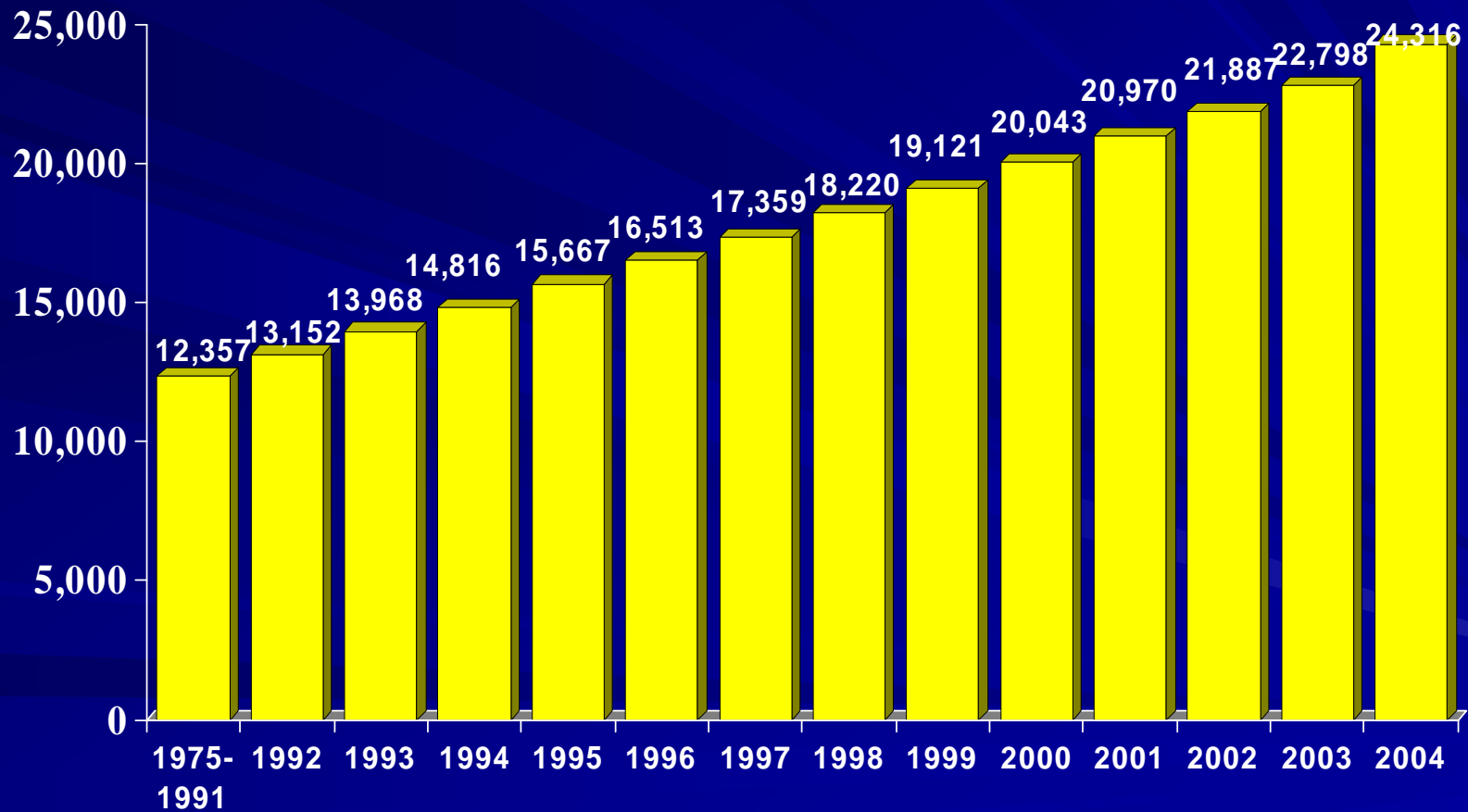
- CDC reviewed 49 studies published in scientific journals
- Alcohol-Related Traffic Crashes:
  - Increased 10% when the drinking age was lowered
  - Decreased 16% when the drinking age was raised

Source: Shults et al., [American Journal of Preventive Medicine, 2001](#)



# Cumulative Estimated Number of Lives Saved by the Minimum Drinking Age Laws, 1975-2004

National Institute on Alcohol Abuse and Alcoholism



Source: National Highway Traffic Safety Administration



# What is Illegal Underage Drinking?

- In all 50 states and the District of Columbia it is illegal:
  - For a person under 21 to **possess** alcohol.
  - To **furnish** alcohol to a person under 21.
  - To use a false ID to **obtain** alcohol.
  - For a person under age 21 to **drive** with a BAC  $\geq$  0.02 g/dl.
- But, it's more complicated than you think. For example, depending on the state it **CAN** be legal:
  - For persons under 21 to **possess** alcohol with parental/guardian consent and/or presence (24 States)
  - For a parent or guardian to **furnish** alcohol to a person under 21 (31 states)
  - In fact, only 31 States and DC **explicitly** prohibit **consumption** of alcohol by a person under age 21
- **It's important to know your state's laws.** This information is available from the NIAAA Alcohol Policy Information System at <http://www.alcoholpolicy.niaaa.nih.gov/stateprofiles//index.asp>



# New Tool

## Alcohol Policy Information System = APIS

[www.alcoholpolicy.niaaa.nih.gov](http://www.alcoholpolicy.niaaa.nih.gov)

(Online since 2003)

A project of the National Institute on Alcohol Abuse and Alcoholism

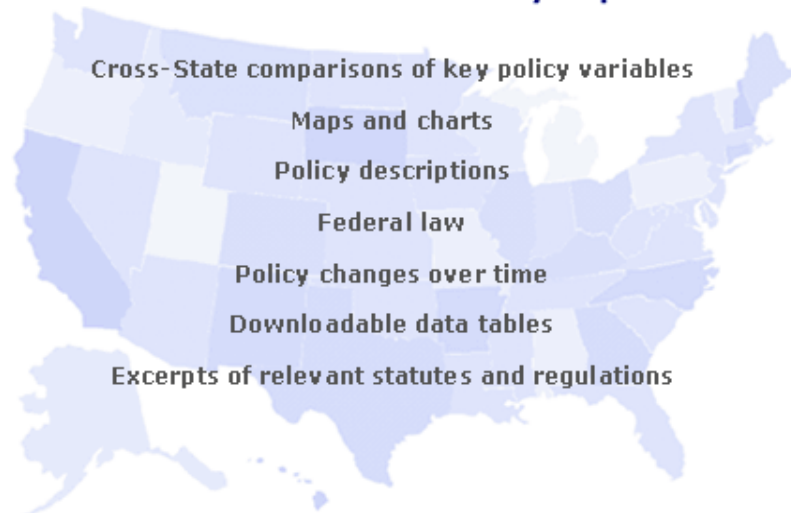


## Alcohol Policy Information System

The Alcohol Policy Information System (APIS) is an online resource that provides detailed information on a wide variety of alcohol-related policies in the United States at both State and Federal levels. It features compilations and analyses of alcohol-related statutes and regulations. Designed primarily as a tool for researchers, APIS simplifies the process of ascertaining the state of the law for studies on the effects and effectiveness of alcohol-related policies.

The principal research tools on this Web site are 36 sets of comparison tables and supporting materials for selected alcohol policies. The items listed below are available for each of these [APIS policy topics](#).

### Resources for APIS Policy Topics



In addition to these primary resources, the APIS Web site also contains a variety of other materials on alcohol policy.

### Additional APIS Resources

[About alcohol policy](#)

#### New on the Site

On June 23, 2006, ten underage drinking policy topics were updated to 1/1/2006. For more information, see [Latest Changes](#).

#### Underage Drinking

Eleven APIS policy topics are collected in a special [Highlight on Underage Drinking](#) section. State-by-State summaries of these policy topics are provided in the [State Profiles of Underage Drinking Laws](#) section.



#### Home

#### What's New

[Latest Changes](#)  
[Change Log](#)

#### About APIS

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[How to Search APIS Policy Topics](#)

#### Additional APIS Resources

[About Alcohol Policy](#)  
[Enacted Bills and Adopted Regulations](#)  
[Alcohol Policy Classification System](#)  
[Enforcement and Compliance](#)  
[NUTSA Alcohol](#)



# APIS Covers

- Laws and regulations
- 1998-2006
- Effective dates
- 50 states and DC
- 36 policy topics



# APIS Policy Topics

- Alcohol control systems (wholesale / retail x B,W,S)
- Alcohol beverage taxes (beer, spirits, coolers, wine x2)
- BAC limits (adults, youths, boating)
- Health insurance parity
- Insurers' liability for losses due to intoxication (UPPL)
- Vehicular insurance exclusions
- Open container laws



# APIS Policy Topics

- Underage Drinking Policies
  - (possession, consumption, purchase, furnishing to minors, minimum ages for sellers/servers, false IDs, use/lose, hosting underage parties)
- Keg registration
- Beverage service training and related practices
- Bans on Sunday sales of alcoholic beverages
- Alcohol and pregnancy
  - (posted warnings, limits on criminal prosecution, civil commitment, priority access to treatment, mandatory reporting, specialized treatment programs)

# Drinking Driving Laws From NHTSA added in 2006



# Key Policy Questions

- I. How do policies related to alcohol and underage drinking affect harmful outcomes?
  
- II. Do restrictive insurance policies reduce screening and referral to treatment?



**III.** How does enforcement (and other aspects of policy implementation such as education and public awareness) affect outcomes?

**IV.** What are the mechanisms through which public policy acts to reduce harmful outcomes?



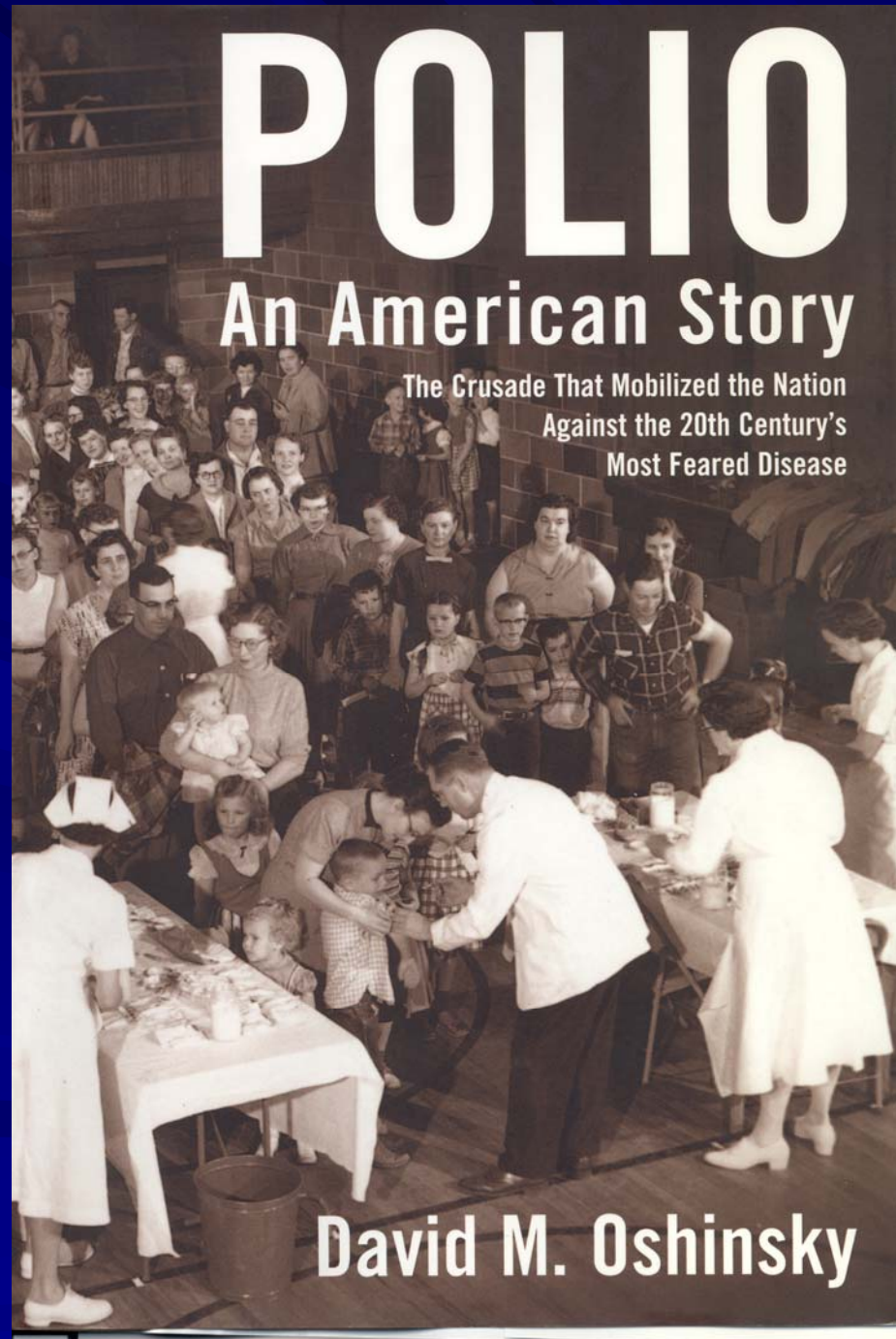
# Outcomes

- 4 new program announcements prepared.
- DEPR working with other Teams and Divisions to develop new RFAs.
- NIAAA is exploring ways to improve estimates of DALYs, AAFs, and trends over time in alcohol attributable deaths

# United States Alcohol and Non-Alcohol Related Traffic Fatalities Per 100,000 Population 1982-2006



Sources: Fatality Analysis Reporting System, National Highway Traffic Safety Administration, U.S. Census Bureau— Courtesy of R. Hingson, NIAAA





# THE SUN



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ROLLER VS. SMITH IS A BATTLE OF MEDIOCRITY

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**NO STIMULUS CHECK?**  
THOSE WHO JUGGLE MARRIED, MAIDEN NAMES RISK DELAYS

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**ELDER EAGLE**  
WESTMINSTER MAN EARNS SCOUTING'S HIGHEST HONOR AT AGE 50

## Now Phelps tackles fame

Endorsements, interviews — and a rest



## LOWER DRINKING AGE IS BACKED

21 'is not working,' Md. college officials say

BY STEPHEN KIEHL  
(SUN REPORTER)

Top university officials in Maryland — including the chancellor of the state university system and the president of the Johns Hopkins University — say the current drinking age of 21 "is not working" and has led to dangerous binges in which students have harmed themselves and others.

Six college presidents in Maryland are among more than 100 college and university presidents nationwide who have signed a statement calling for a public debate on rethinking the drinking age.

"Kids are going to drink whether it's legal or illegal," said Johns Hopkins President William R. Brody, who supports lowering the drinking age to 18. "We'd at least be able to have a more open dialogue with students about drinking as opposed to this sham where people don't want to talk about it because it's a violation of the law."

The presidents of the University of Maryland, College Park; Towson University; the College of Notre Dame of Maryland; Goucher College; Washington College; and the University of Maryland, Baltimore are among the signatories.