



April 14, 2010

Representative Kurt Olson, Chairman
House Labor and Commerce Committee
Alaska State Capitol Building, Room
Juneau, Alaska 99801

Re: SB 234 — Opposition to Repeal of AS 04.16.049(f) and AS 04.16.060(f)

Dear Representative Olson,

On behalf of the Advisory Board on Alcoholism and Drug Abuse, I express our opposition to the changes made to SB 234 that would repeal those statutes which authorize compliance checks for licensee sales of alcohol to minors. While we support the remainder of the bill, we cannot support Section 4 of the bill. Discontinuing compliance checks of licensees – the only way to ensure that sales of alcohol to minors are not being made by licensees – is directly contradicted by Alaska's Plan to Reduce and Prevent Underage Drinking (p.11).

Youth who begin drinking before age 15 are four times more likely to develop alcohol dependence and two and a half times more likely to abuse alcohol. According to 2009 Youth Risk Behavior Survey data, Alaska's adolescents continue to use, and misuse, alcohol at alarming rates:

- **33%** of traditional high school students surveyed reported drinking alcohol in the month prior to the survey;
- **22%** of traditional high school students surveyed reported drinking 5 or more alcoholic drinks in one sitting on at least 1 day in the month prior to the survey;
- **57%** of alternative high school students surveyed reported drinking alcohol in the month prior to the survey;
- **43%** of alternative high school students surveyed reported drinking 5 or more alcoholic drinks in one sitting on at least 1 day in the month prior to the survey.

Underage drinking costs the state of Alaska in many ways. Estimates for the total financial cost of underage drinking, and the myriad of problems associated with it (traffic crashes, injuries, fetal alcohol syndrome among children born to teen mothers, lost work productivity, etc.), are estimated to exceed \$300 million per year. Alcohol is a major factor in youth suicide. Of alcohol treatment services provided in Alaska, youth accounted for 11% of clients served in 2003.

Alaska's Plan to Reduce and Prevent Underage Drinking was developed with significant public input received from 25 town hall meetings held in 22 communities all over Alaska. The

planning committee included representatives from the Alcoholic Beverage Control Board, Alaska Native Justice Center, Alaska Parole Board, Department of Education and Early Development, Department of Transportation, the Judiciary, and the Department of Health and Social Service's Divisions of Juvenile Justice and Behavioral Health. The plan is the result of a rigorous public process combined with research and Alaska specific data, and should be regarded as an expression of the commitment of Alaskans statewide to reducing and preventing underage drinking.

The scope of the problem of underage drinking should not be minimized, nor should the tools we have to prevent underage drinking be reduced simply to ease the fear of a "sting" for licensees, especially when those fears are easily allayed by simply carding every customer. It is for this reason that the Advisory Board on Alcoholism and Drug Abuse opposes Section 4 of SB 234.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kate Burkhart", with a stylized flourish at the end.

J. Kate Burkhart
Executive Director

cc: Members of the House Labor and Commerce Committee

Attachments: Alaska's Plan to Reduce and Prevent Underage Drinking
2009 Youth Risk Behavior Survey Fact Sheets

State of Alaska

Plan to

Reduce & Prevent Underage Drinking

October 2009



With the able leadership of MaShelle Atherton Hess, Chair of the Alaska Interagency Coordinating Committee on the Prevention of Underage Drinking, this plan grew from a concept to a reality.

A special thanks to Jeannette Lacey Dunn, MSW for integrating all of the public comments into the draft report in addition to checking endnotes, proofreading, editing and finalizing the report narrative.

Contents

Background	4
Executive Summary	5
Recommendations	
Media Campaign	8
Alcohol Advertising	9
Limiting Access	10
Youth Oriented Interventions	13
Community Interventions	15
Governmental Assistance and Coordination	16
Alcohol Excise Taxes	17
Research and Evaluation	18
Next Steps	19
Appendix A: CSAP Prevention Strategies	20
Committee Members	23
Endnotes	26

State of Alaska Plan to Reduce & Prevent Underage Drinking

October 2009

Alcohol remains the most heavily abused substance by America's youth. We can no longer ignore what alcohol is doing to our children. This Call to Action is exactly that - a call to every American to join with the Surgeon General in a national effort to address underage drinking early, continuously, and in context of human development. Underage drinking is everybody's problem - and its solution is everyone's responsibility.

*Acting Surgeon General
Kenneth P. Moritsugu, M.D., M.P.H.*

U.S. Surgeon General's Call to Action to Reduce and Prevent Underage Drinking



Background

Underage drinking in the United States has long been a concern by health professionals, educators, treatment providers, and prevention specialists. In 2002, Congress responded by asking the National Research Council and the Institute of Medicine of the National Academies of Science (IOM/NAS) to develop a national strategy to reduce and prevent underage drinking. The IOM/NAS created a committee that conducted a broad review of federal, state, and non-governmental programs. During the review the committee utilized scientific literature, research, public input, and the expertise of the selected members. In 2004, *Reducing Underage Drinking: A Collective Responsibility*ⁱ (widely referred to as the IOM/NAS Report) was published outlining several components for action by national, state, and local governments; the alcohol and entertainment industries; retailers, restaurants and bars; colleges and universities; schools; law enforcement agencies; community organizations; and parents and other adults.

The goal of the national strategy as outlined in the IOM/NAS Report is to reduce and prevent childhood and underage alcohol use through the creation and sustainability of broad societal commitment. Such commitment will require the active participation of multiple individuals and organizations at the national, state, and local levels, as stated in the report and supported again by Congress in 2004.

In 2004, as part of Consolidated Appropriations Act, Congress directed the Secretary of Health and Human Services (HHS) to establish an Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). The ICCPUD was charged with submitting a report to Congress which outlined a plan for combating underage drinking.

In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within HHS, and the federal ICCPUD planned a national meeting of the states. Each state's Governor's Office was responsible for determining the lead agency for the national meeting and the make up of the team to be sent. Alaska's governor appointed the Department of Health and Social Services, Division of Behavioral Health as the lead agency. A team of seven was created with representatives from the Alaska Court System; the Department of Education and Early Development; Department of Transportation/Highway Safety Office; Department of Health and Social Services, Division of Juvenile Justice; Department of Health and Social Services, Division of Behavioral Health/Prevention; Department of Health and Social Services, Division of Behavioral Health/Alcohol Safety Action Program and

the Department of Public Safety/Alcoholic Beverage Control Board. A representative from the Alaska Native Justice Center was asked to join the team upon the team's return from the national meeting.

The meeting was held in Washington, D.C. to address the serious problem of underage alcohol use and to provide participants with the most recent information on the scope and consequences of underage alcohol use as well as evidence-based strategies for addressing the issue. Teams were encouraged to assist communities in their states in hosting Town Hall meetings in March 2006 in an effort to "Start Talking Before They Start Drinking", also the name of a national PSA campaign, which kicked off in November 2005.

Alaska's team committed to supporting the national Town Hall meeting event in Alaska and chose the temporary name: Alaska Interagency Coordinating Committee on the Prevention of Underage Drinking (Committee). The new media campaign entitled "Start Talking Before They Start Drinking" was introduced to Alaska communities starting with Anchorage on November 15, 2005 at a Town Hall meeting. To date, 25 Town Hall meetings have been held across the state in 22 communities including Anchorage, Juneau, Valdez, Fairbanks, Galena, Yakutat, Nome, Akiak, Kotzebue, Wasilla, Ouzinkie, Sitka and others. The Committee believes that the Town Hall meeting process is invaluable in terms of gathering information and feedback on reducing and preventing underage drinking and therefore, has incorporated it as one tool in the state strategy addressed in this report.

As the Committee received feedback from the various Town Hall meetings, it became increasingly clear that Alaska needed to develop its own strategy to reduce and prevent underage drinking. The Committee also acknowledged that federal H.R. 864, commonly referred to as the STOP Act (Sober Truth on Preventing Underage Drinking Act) became Public Law 109-422 on December 20, 2006 and should be held in consideration during the drafting of the state strategy, as well as the Surgeon General's Call to Action to Reduce and Prevent Underage Drinking.

In February 2007, the Committee met for two days in Juneau to work on Alaska's strategy to reduce and prevent underage drinking. Recommendations for each of the components for action called for by the IOM/NAS Report were included in a draft plan which was available for public comment between November 2007 and May 2008. Comments received from individuals as well as through Town Hall meetings have been taken into consideration. The following pages contain the final plan.

Executive Summary

Childhood and underage drinking has been shown to be a causal factor in homicide, suicide, traumatic injury, traffic fatalities, drowning, burns, violent and property crime, high risk sex, fetal alcohol syndrome, alcohol poisoning and the need for treatment for alcohol abuse and dependence.ⁱⁱ The research shows that early onset alcohol use is strongly associated with adult alcohol dependence.ⁱⁱⁱ While there are no significant differences between national and Alaskan trends for heavy drinking^a, the prevalence of binge drinking^b among Alaska's adults is consistently higher than the national average.^{c iv}

Further, excessive alcohol use by youth causes damage to the developing brain.^v There exists a perception that adolescents can easily recover from drinking because their bodies are more resilient; however, the opposite is true. According to the American Medical Association, alcohol can seriously damage long and short term growth processes of the brain during adolescence. Frontal lobe development and the refinement of pathways and connections continue until the age of 16, and a high rate of energy is used as the brain matures until the age of 23. Damage from alcohol prior to age 23 can be long-term and irreversible. Furthermore, even moderate drinking impairs learning and memory in youth.^{vi}


A myriad of catastrophic health, social and economic problems resultant from underage drinking has impacted Alaska's youth. In 2000, the Alaska Department of Health and Social Services, Division of Juvenile Justice sponsored an assessment of underage drinking in Alaska. Investigators examined statewide efforts and data and conducted more detailed inquiries by interviewing 203 key informants from 17 rural and urban sample communities. The consequences of underage drinking in Alaska are reflected in an increase in the number of alcohol-related accidents among youth requiring hospitalization of 66.3 percent between 1991 and 1998. Over this period, Alaska averaged 30 suicide attempts annually among youth where alcohol was a factor.^{vii}

The cost of underage drinking to the citizens of Alaska was \$317 million in 2005, inclusive of medical care, work loss, and pain and

suffering.^{viii} This is equivalent to \$3,944 per year for each youth in the State. Based on these figures, per capita, Alaska is second among the fifty states for the cost of underage drinking.

As demonstrated in the table below, the largest costs to the State of Alaska can be attributed to youth violence and traffic crashes by underage youth under the influence of alcohol. Furthermore, a multitude of other problems contribute significantly to the overall cost. For example, among teen mothers, fetal alcohol syndrome (FAS) costs Alaska \$4.6 million. Young people who begin drinking before age 15 are four times more likely to develop alcohol dependence and are two and a half times more likely to become abusers of alcohol

Costs of Underage Drinking by Problem, Alaska 2005



Problem	Total Costs (in millions)
Youth Violence	\$225.5
Youth Traffic Crashes	\$24.9
High Risk Sex, Ages 14-20	\$18.4
Youth Property Crime	\$7.2
Youth Injury	\$16.8
Poisonings and Psychoses	\$1.6
FAS Among Mothers Age 15-20	\$4.6
Youth Alcohol Treatment	\$17.5
Total	\$316.5

Source: Pacific Institute for Research and Evaluation (PIRE), November, 2008.
Posted at <http://www.udetc.org/UnderageDrinkingCosts.asp>

than those who begin drinking at age 21.^{ix} In 2003, 366 youth 12-20 years old were admitted for alcohol treatment in Alaska, accounting for 11 percent of all treatment admissions for alcohol abuse in the State.^x

The Alaska Departments of Education and Early Development and Health and Social Services conduct a biannual statewide student survey on health behavior. Alaska uses the Alaska Youth Risk Behavior Survey (YRBS), based upon the U.S. Centers for Disease Control and Prevention's (CDC) epidemiological surveillance system.^{xi} This survey was established to monitor the prevalence of behaviors that not only influence adolescent health, but also put youth at risk for the most significant health and social problems. Participating school

^a Defined as 2 drinks per day for men and 1 drink for women.

^b Defined as 5 or more drinks on one occasion.

^c Thirty-nine percent higher for women and 14 percent higher for men.

Executive Summary

districts may receive a full report of their local data, which can be the centerpiece of their own local needs assessments, adding other data such as the Alaska School Boards' School Climate and Connectedness survey and local law enforcement data.

In 2007, 43 high schools were scientifically selected to be included in the survey. Thirty-eight (88 percent) schools participated and 1,318 (68 percent) students (from a total of 1,952 selected) completed the survey resulting in an overall response rate of 60 percent (P. Owen, personal communication, October 27, 2008).

According to self-reports by Alaskan students in grades 9-12:^{xiii}

- 74% had at least one drink of alcohol on one or more days during their life.
- 20% had their first drink of alcohol, other than a few sips, before age 13.
- 40% had at least one drink of alcohol on one or more occasion in the past 30 days.
- 26% had five or more drinks of alcohol in a row (i.e. binge drinking) in the past 30 days.

The 2007 YRBS also shows that 10 percent of Alaska youth self-reported drinking and driving within the past 30 days. According to the Alaska Highway Safety Office 2006 Annual Report, a third

of alcohol impaired drivers and 47 percent of speeding drivers were under the age of 26.^{xiii} Additionally, in 2006 there were 102 traffic accidents with alcohol impaired youth drivers ages 11-20.^{xiv}

The state-wide YRBS demonstrates that underage drinking is widespread in Alaska, but it does not include all age appropriate youth. There are more youth at risk than are represented. Alaska state law requires that students have active consent^d from parents to participate in school surveys, which excludes students who do not return a signed permission slip. In addition, alternative high school students were excluded from the state-wide YRBS report and students who have dropped out of school were not represented. Studies have shown that alternative high school students are at significantly higher risk for engaging in risky behaviors^{xv} and substance use is correlated with school dropout.^{xvi} As such, the risk behaviors of youth are likely underrepresented with the Alaska state-wide YRBS.

However, in 2007, with support from community partners, the Anchorage School District was able to administer the YRBS in alternative schools.^{xvii} While they were not able to obtain the 60 percent response rate needed to generalize the findings to all alternative high school students,^e the findings are important to consider as we plan prevention measures. The table below compares the responses from the Anchorage traditional high schools that were included with the state-wide YRBS and those Anchorage students who participated in the alternative school YRBS.^f

Comparison of Traditional vs Alternative High Schools in Anchorage 2007

	Traditional High Schools	Alternative High Schools	McLaughlin High School
Percentage of students who had their first drink of alcohol other than a few sips before age 13	20.6%	30.8%	41.3%
Percentage of students who had at least one drink of alcohol on one or more of the past 30 days	40.8%	54%	76.4%
Percentage of students who had 5 or more drinks of alcohol in a row within a couple hours on one or more of the past 30 days	26.2%	37.3%	63.8%



Executive Summary

The alternative high schools participating in the 2007 Anchorage Youth Risk Behavior Survey included the following:

- *McLaughlin Secondary School* serves students who have been incarcerated at the McLaughlin Youth Center, a state detention center for juveniles.
- *AVAIL* (Anchorage Vocational Academic Institute of Learning) is an alternative high school program devoted to students who have dropped out of traditional schools.
- *Benson/Search* is an alternative school serving the educational needs of students who have been deemed “at risk.”
- *COHO* (Creating Optimal High School Opportunities) offers students in the Chugiak and Eagle River area an alternative to the traditional high school classroom.
- *Continuation Program* is a self-directed alternative education program for students who are expelled, on a long-term suspension, or are in need of a transitional education placement.
- *Crossroads* is the Anchorage School District’s school for pregnant and parenting teens.
- *SAVE* is an accredited comprehensive alternative high school that provides the opportunity for credit recovery, and is designed to meet the requirements for high school graduation.

These findings both highlight the need for further evaluation of alternative school students’ risk behaviors in an effort to better plan prevention measures for these students and illustrate the strong likelihood that current reports of underage drinking in Alaska are under representative of the actual trend.

Despite the toll that underage drinking brings to bear on all citizens of Alaska — be it physical, mental, social, or economic — social norms remain static leaving the overall impression that underage drinking in Alaska “isn’t a problem”. Alaska has made great strides in the prevention of underage tobacco use and the parallels between the two drugs, alcohol and tobacco, are remarkable. That being said, enforcement efforts within the Departments of Health and Social Services and Public Safety have been coordinated for both tobacco and alcohol. As a result, an interesting pattern has emerged, which clearly demonstrates exactly where social attitudes lie. For example, in FY 2007, 9.2 percent of all retailers investigated sold tobacco to underage buyers whereas 22 percent of all retailers investigated sold alcohol to underage buyers.



Holding youth solely responsible for underage drinking is unreasonable. As the national report concluded, “Youth drink within the context of a society in which alcohol use is normative behavior and images about alcohol are pervasive.” Efforts to reduce and prevent underage drinking, therefore, need to focus on a variety of environmental strategies that engage adults, youth, and the society at large. Alaska’s plan employs a variety of strategies, including, but not limited to: public awareness; alcohol advertising; education; limiting access; collaboration; governmental assistance; and research and evaluation.

The problem of underage drinking in Alaska is significant but not insurmountable. It will, however, require determination and commitment to a long-term effort on the part of our citizens, state and community leaders to get involved and to take the action necessary to make a difference.

The national and Alaska-specific information and recommendations contained herein provide a blueprint for a range of science-based state and community actions that are necessary in order to successfully reduce underage drinking in Alaska. These recommendations are based on the IOM/NAS Report: *Reducing Underage Drinking: A Collective Responsibility*. **Each recommendation is categorized as national (N), state (S), or local (L).** The national recommendations are numbered based on the location within the IOM/NAS report. The numbering of the state and local recommendations is specific to this plan.

^d Parents must sign a permission slip (versus passive consent in which the parent can exclude the student from participating with a written request).

^e There were 230 respondents from Anchorage alternative schools and 75 respondents from McLaughlin High School.

^f The Anchorage alternative school YRBS is only representative of those students who participated in the survey as the response rate was not high enough to generalize it to all alternative school students.

Recommendations

Strategy Component 1: Media Campaign

The IOM/NAS report highlights the importance of an adult focused media campaign to inform adults who are not fully aware of the consequences or prevalence of underage drinking or how they might be contributing to it, be it covertly or otherwise. It will also reinforce these issues to those who are already concerned about this problem. The media campaign should also provide information about national, state, and local policies related to alcohol and youth as well as the penalties for violating those policies.

IOM/NAS

N6-1: The federal government should fund and actively support the development of a national media effort as a major component of an adult-oriented campaign to reduce underage drinking.

N10-1: Intensive research and development of a youth-focused media campaign relating to underage drinking should be initiated at the national level.

N7-1: All segments of the alcohol industry that profit from underage drinking, inadvertently or otherwise, should join with other private and public partners to establish and fund an independent nonprofit foundation with the sole mission of reducing and preventing underage drinking.

State

S1-1: The state should allocate sufficient resources to mount an aggressive messaging campaign which should coincide with and enhance a national campaign.

S1-2: Develop/strengthen youth leadership in the creation of a messaging campaign.

S1-3: The state should coordinate, support and assist communities in localizing and enhancing the messaging campaign.

S1-4: Messaging efforts should focus on supporting the implementation of best-practice environmental strategies at the community and state levels.

S1-5: A website should be built and maintained; provide continuous updates of national, state and community developments; focus on providing model policies, ordinances and prevention strategies; include information about over-the-counter (OTC) products containing alcohol and include measures of youth exposure to alcohol advertising through a “Talk Back” format to assist in research and evaluation.

S1-6: All segments of the alcohol industry that profit from underage drinking should join with other private and public partners to establish and support an independent foundation with the sole mission of reducing and preventing underage drinking in Alaska. The foundation shall ensure that local communities have funding opportunities to implement local recommendations.

Local

L1-1: Encourage local messaging efforts to coordinate, coincide with, support and enhance the statewide media campaign. Community stakeholders, including youth, should work to close gaps and remedy deficiencies in the statewide dissemination strategy.

L1-2: Endorse local efforts to focus on localizing the messaging and facilitating community action to include writing letters to the editor; scheduling press conferences; hosting community forums such as town hall meetings; and placing radio or television, poster, and public service announcements throughout the community.

L1-3: Local coalitions should serve as the information source for members of the media for contact information on local underage drinking efforts and to provide feedback to the state campaign.

L1-4: Develop/strengthen youth leadership in the creation of local messaging campaigns.

Rationale

All Alaskans must be educated about the dangers to our youth when they consume alcohol and the subsequent impact their consumption has on everyone.

The IOM/NAS report provides an extensive review of the literature related to adult views on underage drinking. While it is reported that many adults are concerned about underage drinking, more than half cite lack of parental involvement as the primary cause of underage drinking. Further it has been found that parents significantly underestimate the amount of alcohol their children are drinking. For example, based on national data presented in the IOM/NAS report, 44 percent of youth ages 12-18 who drank in the past year were described by their parents as non-drinkers. Perhaps more concerning is that 27 percent of youth who said they had five or more drinks at one time in the past month were described as non-drinkers by parents.^{xviii}

Alaska’s most recent statewide effort to raise awareness about the criminal penalties to adults providing alcohol to youth occurred in 2002, with the “You Buy, You Lose” Campaign. The fact that Alaska is among the top states in the nation in several categories involving alcohol and youth including early consumption (by age 13), binge drinking and driving after drinking^{xix} is alarming. More efforts are needed to make the public aware of the underage drinking problem as well as the legal (both civil and criminal) penalties associated with supporting underage drinking to begin to curtail these practices.



Strategy Component 2: Alcohol Advertising

The alcohol industry maintains that its advertisements are not geared toward those who are under 21. However, the focus on young adults may also invariably influence those who are underage. There is a great deal of controversy regarding studies that suggest that the advertising does impact the amount of underage drinking because it is difficult to ascertain whether the advertisements influenced the underage drinking behavior or if the tendency to drink alcohol makes youth more aware of the advertisements. As the data is inconclusive, the IOM/NAS report recommends considering alcohol advertising in an effort to reduce the influence it may have on underage drinking.^{xx}

IOM/NAS

N7-2: Alcohol companies, advertising companies and commercial media should refrain from marketing practices (including product design, advertising and promotional techniques) that have substantial underage appeal and should take reasonable precautions in the time, place and manner of placement and promotion to reduce youthful exposure to other alcohol advertising and marketing activities.

N7-3: The alcohol industry trade associations, as well as individual companies, should strengthen their advertising codes to preclude placement of commercial messages in venues where a significant portion of the expected audience is underage, to prohibit the use of commercial messages that have substantial underage appeal, and to establish independent external review boards to investigate complaints and enforce the codes.

N7-4: Congress should appropriate the necessary funding for the U.S. Department of Health and Human Services to monitor underage exposure to alcohol advertising on a continuing basis and to report periodically to Congress and to the public. The report should include information on the underage percentage of the exposed audience and estimated number of underage viewers of print and broadcasting alcohol advertising in national markets and for television and radio broadcasting in a selection of large or regional markets.

State

S2-1: The state should establish guidelines for alcohol sponsorship and alcohol advertising for state-sponsored or state-funded events, especially in venues that include a large number of young people.

S2-2: The state should support and encourage local communities to review policies regarding alcohol sponsorship at events that include a large number of young people.

S2-3: The state should establish and/or strengthen its advertising statutes and/or regulations to preclude placement of alcohol messages in areas where large numbers of young people would be exposed; i.e., schools, youth organization sponsorship or hosting of alcohol events, websites, etc.

S2-4: The alcohol trade associations within the state, as well as

individual companies, should establish and/or strengthen their advertising codes to preclude placement of commercial messages in venues where a significant portion of the expected audience is underage, to prohibit the use of commercial messages that have substantial underage appeal, and to establish independent external review boards to investigate complaints and enforce the codes and make this process transparent to the public.

S2-5: The state should support and encourage alcohol counter-advertising efforts, related to underage drinking, focusing on image advertisements.

Local

L2-1: Local communities should strengthen their advertising codes to preclude placement of alcohol messages and alcohol industry sponsorship in venues where a significant portion of the audience is expected to be young people.

L2-2: Local communities should establish a process to investigate complaints and enforce the codes. The results of these complaints should be made available to the public on a regular basis.

L2-3: Local communities should engage youth to assist in designing local alcohol counter-advertisements related to underage drinking.

Rationale

To work toward changing the culture of acceptance among youth, parents, and community members that alcohol is an acceptable choice for those who are underage, alcohol advertising should be regulated at venues hosting events predominantly attended by youth. This includes college sporting events.

There is evidence that alcohol advertising increases total alcohol use (not specific to underage drinkers), however, research indicates that complete alcohol advertising bans in specific media will result in a substitution in other media. Unless alcohol advertising can be banned in all venues, it may not be effective. Strengthening advertising regulations will reduce youth exposure some of the time, but it is recommended that the focus should be on alcohol counter-advertising.^{xxi}

Research has found that adolescents prefer image advertisements (focusing on lifestyle of the user of the product) rather than product advertisements (focusing on the intrinsic value of the product). It has also been found that this preference diminishes as adolescents mature. Further, it is noted that adult men have shown no preference with regard to image versus product advertising. We could conclude that image advertising should be banned as adults seem to have no preference. However, this would be a short term remedy as advertisers would identify other ways to appeal to younger audiences. There is a culture of acceptance of underage drinking among youth peer groups and adults. Using the youth preference for image advertising could be one way to effectively counter-advertise in an effort to *deglamorize consumption and popularize abstinence*.^{xxii}

Recommendations

Strategy Component 3: Limiting Access

Minimum drinking age laws are created primarily to protect the health and development of youth. There are specific recommendations provided by the IOM/NAS report related to the purpose, scope and definition of underage drinking laws, public education regarding those laws and enforcement with both commercial and noncommercial entities.^{xxiii}

IOM/NAS

N9-1: The minimum drinking age laws of each state should prohibit: Purchase or attempted purchase, possession and consumption of alcoholic beverages by persons under 21; Possession of and use of falsified or fraudulent identification to purchase or attempt to purchase alcoholic beverages; Provision of any alcohol to minors by adults, except to their own children and in their own residences; and Underage drinking in private clubs and establishments.

N9-2: States should strengthen their compliance check programs in retail outlets using media campaigns and license revocation to increase deterrence. Communities and states should undertake regular and comprehensive compliance check programs including notification of retailers concerning the program and follow-up communication to them about the outcome (sale/no sale) for their outlet. Enforcement agencies should issue citations for violations of underage sales laws with substantial fines and temporary suspension of license for first offenses and increasingly stronger penalties thereafter, leading to permanent revocation of license after three offenses. Communities and states should implement media campaigns in conjunction with compliance check programs detailing the program, its purpose and its outcomes.

N9-3: The federal government should require states to achieve designated rates of retailer compliance with youth access prohibitions as a condition of receiving relevant block grant funding, similar to the Synar Amendment requirements for youth tobacco sales.

N9-4: States should require all sellers and servers of alcohol to complete state-approved training as a condition of employment.

N9-5: States should enact or strengthen dram shop liability statutes to authorize negligence-based civil actions against commercial providers of alcohol for serving or selling alcohol to a minor who subsequently causes injury to others, while allowing a defense for sellers who have demonstrated compliance with responsible business practices. States should include in their dram shop statutes key portions of the Model Alcoholic Beverage Retail Licensee Liability Act of 1985, including the responsible business practices defense.

N9-6: States that allow internet sales and home delivery of alcohol should regulate these activities to reduce the likelihood of sales to underage purchasers: Require all packages for delivery containing

alcohol to be clearly labeled as such; Require persons who deliver alcohol to record the recipient's age identification information from a valid government-issued document (such as a driver's license or ID card); and Require recipients of home delivery of alcohol to sign a statement verifying receipt of alcohol and attesting that he or she is of legal age to purchase alcohol.

N9-7: States and localities should implement enforcement programs to deter adults from purchasing alcohol for minors. States and communities should: Routinely undertake shoulder tap or other prevention programs targeting adults who purchase alcohol for minors, using warnings rather than citations for the first offense; Enact and enforce laws to hold retailers responsible, as a condition of licensing, for allowing minors to loiter and solicit adults to purchase alcohol for them on outlet property; and use nuisance and loitering ordinances as a means of discouraging youth from congregating outside of alcohol outlets in order to solicit adults to purchase alcohol.

N9-8: States and communities should establish and implement a system requiring registration of beer kegs that records information on the identity of purchasers.

N9-9: States should facilitate enforcement of zero tolerance laws in order to increase their deterrent effect. States should: Modify existing laws to allow passive breath testing, streamlined administrative procedures and administrative penalties; and implement media campaigns to increase young people's awareness of reduced BAC limits and of enforcement efforts.

N9-10: States should enact and enforce graduated driver licensing laws.

N9-11: States and localities should routinely implement sobriety checkpoints.

N9-12: Local police, working with community leaders, should adopt and announce policies for detecting and terminating underage drinking parties, including: Routinely responding to complaints from the public about noisy teenage parties and entering the premises when there is probable cause to suspect underage drinking is taking place; routinely checking, as a part of regular weekend patrols, open areas where teenage drinking parties are known to occur; and routinely citing underage drinkers and, if possible, the person who supplied the alcohol when underage drinking is observed at parties.

N9-13: States should strengthen efforts to prevent and detect use of false identification by minors to make alcohol purchases. States should: Prohibit the production, sale, distribution, possession, and use of false identification for attempted alcohol purchases; issue driver's licenses and identification cards that can be electronically scanned; allow retailers to confiscate apparently false identification for law enforcement inspection; and implement administrative penalties (e.g., immediate confiscation of a driver's license and issuance

Recommendations

of a citation resulting in a substantial fine) for attempted use of false identification by minors for alcohol purchases.

N9-14: States should establish administrative procedures and non-criminal penalties, such as fines or community service, for alcohol infractions by minors.

State

S3-1: Encourage the Alaska State Legislature to conduct an interim review of state statutes and regulations using this report and the members of the Committee as resources to reduce youth access to alcohol.

S3-2: Encourage the Alaska State Legislature to create a committee to review state by state comparison of alcohol laws as prepared by resources such as Century Council (www.centurycouncil.org), Alcohol Policy Information System (<http://alcoholpolicy.niaaa.nih.gov>), or Mothers Against Drunk Driving (<http://www.madd.org>).

S3-3: Strengthen Alaska's compliance check program in retail outlets, restaurants, and bars, using media campaigns and license revocations to increase compliance. The program should include regular notification and education of retailers and the public concerning the program and publicizing the outcome. (DOT & PF Alaska Strategic Highway Safety Plan, AL. 7, page C-15).

S3-4: In keeping with recommendations from the Alaska Rural Justice and Law Enforcement Commission, the state should strengthen enforcement of importation of alcohol (bootlegging and manufacture) in communities exercising local option laws and clarify language in sections of Title 4 that pertain to importation and manufacture of alcohol to "dry" villages.

S3-5: Alaska's education, prevention, and enforcement strategies should be reviewed and clarified.

S3-6: Create legislation for a system requiring the registration of beer keg sales.

S3-7: Create legislation and/or regulations for APSIN codes specific to underage drinking law violations in order to create a system for tracking underage alcohol offenses.

S3-8: Assess feasibility of making penalties for sales of alcohol to a minor consistent with penalties for sales of tobacco to a minor. If feasible, then create and encourage the application of penalties for selling alcohol to a minor consistent with penalties for selling tobacco to a minor.

S3-9: Require that mandatory evidence-based alcohol server education for employees of licensed alcohol establishments be paid for by employers and/or licensees and that employees are compensated for training time. Provide training to retailers at the licensee's expense on Title 4 that includes information on retailer liability for sales to underage persons and enforcement of license

suspension/revocation laws. Title 4 violators would have to retake any training at the employer's expense.

S3-10: Prohibit the production, sale, distribution, possession, and use of false identification for attempted alcohol purchase.

S3-11: Educate the public and all Criminal Justice system stakeholders on the false identification laws.

S3-12: Implement administrative penalties (e.g., immediate confiscation of a driver's license and issuance of a citation resulting in a substantial fine) for attempted use of a false identification by minors for alcohol purchases.

S3-13: Continue to monitor and control the number of alcohol outlets.

S3-14: Establish a system to control and monitor the density of alcohol outlets.

S3-15: Establish legislation that would regulate internet sales and home delivery of alcohol to reduce the likelihood of sales to underage purchasers: Require all packages for delivery containing alcohol to be clearly labeled as such; require persons who deliver alcohol to record the recipient's age identification information from a valid government-issued document (such as a driver's license or ID card); and require recipients of home delivery of alcohol to sign a statement verifying receipt of alcohol and attesting that he or she is of legal age to purchase alcohol.

S3-16: Increase variety of enforcement operations to include shoulder tap or other prevention programs targeting adults who purchase alcohol for minors, using warnings rather than citations for the first offense; enact and enforce laws to hold retailers responsible, as a condition of licensing, for allowing minors to loiter and solicit adults to purchase alcohol for them on outlet property; and use nuisance and loitering ordinances as a means of discouraging youth from congregating outside of alcohol outlets in order to solicit adults to purchase alcohol.

S3-17: Create legislation to enact and enforce strong administrative penalties for retailers (the licensees) who sell alcohol to minors. Provide information and education to retailers regarding these penalties.

S3-18: Strengthen Alaska's social host law by including property other than a residence and holding adults more accountable for knowing what is happening on the property they are responsible for.

S3-19: The state should support communities' efforts to develop culturally responsive enforcement techniques, including providing technical assistance as well as bringing services to the communities as needed.

S3-20: The state should maintain support for the Village Public Safety Officer program by continuing to increase funding, allowing for more VPSO positions.

Recommendations

Local

L3-1: Communities, including youth, should review existing resolutions and city ordinances related to underage drinking and strengthen them accordingly, including environmental focus on zoning, outlet density and related issues.

L3-2: Local police, working with community leaders, should adopt and announce policies for detecting and terminating underage drinking parties, including: Routinely responding to complaints from the public about noisy teenage parties and entering the premises when there is probable cause to suspect underage drinking is taking place; routinely checking, as a part of regular weekend patrols, open areas where teenage drinking parties are known to occur; and routinely citing underage drinkers and, if possible, the person who supplied the alcohol when underage drinking is observed at parties.

L3-3: Damp communities should consider establishing local distribution sites for alcohol to assure compliance with alcohol laws, specifically aimed at reducing bootlegging, compliance with probation conditions, and ordering over the legal allowable amount of alcohol per person.

L3-4: Local police, law enforcement, village public safety officers, or other designated entities should be provided support and training to enforce local and state policies related to preventing underage drinking.

Rationale

Alaska should continue its work to prevent youth access to alcohol by developing comprehensive environmental strategies that are directed toward the alcohol industry, our communities and our youth. As well, we must be culturally responsive in our efforts.

Alaska has a number of laws related to youth access to alcohol. However, there have been a number of questions and issues raised with respect to court jurisdiction, tracking of minor consuming offenses, increasing blood alcohol content in youth who repeatedly appear in court, etc. With respect to tracking of minor consuming offenses, APSIN, is the tool peace officers use in issuing citations and courts use in entering convictions. A review of practices throughout the state revealed that whereas there is a code in APSIN for “Alcohol Offenses” there is nothing specific to “underage alcohol offenses” and nothing tied to specific statutory codes. Therefore, when an individual is cited for underage drinking or possession, an officer has no indication as to the number of times a youth has been cited previously and it gets even more convoluted if the youth is from another community within Alaska. District Court clerks have an unreliable system of hand-tallying the number of times a minor comes before the court on a particular charge. Again, that is not entered into a statewide database, as would be the case with APSIN, because there is no specific code for underage alcohol offenses.

Additionally, administrative penalties for licensees who sell alcohol to minors should be implemented. Research has shown that when



these penalties are enforced, the sales of alcohol to minors can be reduced dramatically. For instance, Stratford, Connecticut saw a reduction of illegal sales to minors with a decrease from 70 percent to 10 percent within 6 months.^{xxiv} A pilot study using administrative penalties

was done in Concord, New Hampshire that showed a 64 percent reduction in retail sales to minors as well as declines in alcohol use and binge drinking among the Concord high school students.^{xxv}

More often than they purchase their own alcohol, underage drinkers often obtain alcohol from friends, parents, or at parties. This is related to the culture of acceptance of underage drinking. Mosher, Hingson, Bunker, and Bonnie (2004) explain how youth attitudes toward alcohol reflect those of adults. When adults are flexible about underage drinking, it sends the message to our youth that it isn't that important that they don't drink.^{xxvi}

Some environmental strategies that have the potential to affect the culture of acceptance of underage drinking include social host laws and keg registration laws. These laws focus on changing the culture by strengthening social norms against providing alcohol to persons who are underage, not only on licensed premises, but in more casual, social settings as well. Alaska did implement a social host law in 2008. However, this law could be strengthened to further decrease the acceptance of underage drinking. The current law, Chapter 26 SLA 07, states that “a person who is physically in possession and exercising dominion and control over dwelling may not knowingly permit a person under 21 years of age to possess an alcoholic beverage in the dwelling.”^{xxvii}

The law could be strengthened by clearly broadening the scope of dwelling to include residence, outdoor and other property types. In addition, the law could be modified to include instances when the person was not overtly aware of the situation, but should have been. There can be some protective factors included to negate the violation. This means that if a person could show that they took reasonable measures to prevent underage drinking in the dwelling or other property type, they could be held harmless.

Alaska does not currently have a keg registration law. This type of law is important because it requires the purchaser of the keg to provide identifying information and the keg is tagged with an identification number. If the keg is used to supply an underage party, the police can track the keg back to the buyer. In addition, the purchaser has to think more about whether they want to put their name on a keg that would provide alcohol to minors. Both the keg registration law and a strengthened social host law would increase the required responsibility of our communities and decrease the culture of acceptance of underage drinking.^{xxviii} Youth can be positively impacted when adults support the culture of preventing underage drinking.

Strategy Component 4: Youth Oriented Interventions

Youth oriented strategies are those that specifically focus on youth, such as a youth focused media campaign or interventions based in schools, colleges or universities, as well as the general community, ensuring inclusion of youth who do not attend college after high school.

IDM/NAS

N10-1: Intensive research and development for a youth-focused national media campaign relating to underage drinking should be initiated. If this work yields promising results, the inclusion of a youth-focused campaign in the strategy should be considered.

N10-2: The U.S. Department of Health and Human Services and the U.S. Department of Education should fund only evidence-based education interventions, with priority given to both those that incorporate elements known to be effective and those that are part of comprehensive community programs.

N10-3: Residential colleges and universities should adopt comprehensive prevention approaches including evidence-based screening, brief intervention strategies, consistent policy enforcement, and environmental changes that limit underage access to alcohol. They should use universal education interventions as well as selective and indicated approaches with relevant populations.

N10-4: The National Institute on Alcohol Abuse and Alcoholism and the Substance Abuse and Mental Health Services Administration should continue to fund evaluations of college-based interventions with particular emphasis on targeting of interventions to specific college characteristics and should maintain a list of evidence-based programs.

N10-5: The U.S. Department of Health and Human Services and states should expand the availability of effective clinical services for treating alcohol abuse among underage populations and for following up on treatment. The U.S. Department of Education, the U.S. Department of Health and Human Services and the U.S. Department of Justice should establish policies that facilitate diagnosing and referring underage alcohol abusers, and those who are alcohol dependent, for clinical treatment.

State

S4-1: Promote research-based positive school climate frameworks that develop school cultures which include alcohol prevention and intervention strategies.

S4-2: Identify prevention programs that show proven success in reducing alcohol use and encourage replication of the most appropriate prevention programs in Alaska.

S4-3: Encourage districts to initiate and to implement comprehensive health education programs as referenced in AS 14.30.360 which include alcohol and drug abuse education.

S4-4: Encourage the use of evidence-based approaches and best-practice prevention principles from SAMHSA and the National Research Council when designing, targeting and implementing programs and services to prevent underage drinking.^{xxix}

S4-5: Support the development of a statewide youth coalition that addresses underage drinking and other-related risk behaviors. The coalition with regional and local chapters empowers youth to become healthy role models and prevention advocates.

S4-6: Encourage activities that recognize youth who provide leadership and innovations in the prevention of underage drinking.

S4-7: Support efforts to intervene with students who are in need of early intervention services through in-school and/or community-based programs, such as *Prime for Life*.

S4-8: Encourage colleges and universities to provide education to members of the campus/community including parents, alumni, faculty and staff on the signs and symptoms of alcohol abuse; appropriate counseling and self-help referral information; underage drinking laws and policies; and non-judgmental ways to talk to college students about alcohol use and abuse.

Local

L4-1: Support the development of parent peer groups that would offer the following resources: information on civil and criminal liability when supplying alcohol to youth; tools to use when talking to children about the effects of alcohol; education on the adverse impact of alcohol on a child's developing brain; education on risk and protective factors associated with alcohol use; and parenting skills directed at youth alcohol use.

L4-2: Parent peer groups should also coordinate presentations, education and prevention measures specifically geared toward youth that can be provided in schools, with youth activities, such as sports teams, and other youth groups.

L4-3: Encourage local communities to focus prevention efforts on students in 5th through 9th grades, while continuing prevention education through high school, college, and the community at large.



Recommendations

L4-4: Support the development of local youth-led prevention advocacy groups (part of a statewide youth coalition) that provides education, support and skills training to their peers and younger children. Sponsored in school or community settings, youth groups also become advocates for selected environmental strategies to address underage drinking.

L4-5: Encourage local school districts to adopt and enforce policies related to underage drinking (and other drugs.) Participation in after-school activities should be contingent upon adherence to these policies.

L4-6: Use evidence-based approaches including best-practice prevention principles from SAMHSA and the National Research Council when designing, targeting and implementing programs and services to prevent underage drinking.

Rationale

Specific tactics with youth interventions have varying outcomes. Programs that focus on delaying initial use of alcohol are more effective with younger youth and should be started by age 11. Interventions with youth who have already started drinking need further consideration and evaluation as the question remains as to whether the focus should be on abstaining or engaging in less risky behavior. However, methods that are more likely to be successful are those that are comprehensive, continuous throughout the adolescent years, develop norms that support non-use, include parental monitoring and supervision, are interactive, are implemented with fidelity, include limitations to access within the community, and are institutionalized.^{xxx}

While research evaluating youth media campaigns is still being reviewed as a strategy to reduce and prevent underage drinking, it remains a potentially useful universal strategy. Therefore, it is recommended that youth media campaigns be researched further and pilot tested prior to implementing fully to ensure efficacy.

The Amethyst Initiative proposes lowering the drinking age to 18 as a means to reduce binge drinking on college campuses.^{xxxi} However, since the minimum legal drinking age has been 21 in all states (early 1980s), the number of people killed annually in crashes involving drunk drivers under the age of 21 has been reduced by half.^{xxxii} Additionally, if it is possible for high school students to obtain alcohol, greater numbers of younger youth will have easier access to it. Age of alcohol initiation is inversely related to the likelihood of dependence or abuse later in life. Those at greatest risk include youth under 15 years of age. In addition to the risk of dependence later in life, there is a strong risk of irreparable damage to the developing brain, which continues to develop into the early 20s.

Recent research has found a great deal of continuity between high school students' ^{xxxiii} drinking patterns and drinking patterns of college students. Therefore, interventions at the state and local level should include the university system and other areas of the community, as well as all of the school districts. If the institutions of higher education in the state only focus on the end result of the problem (i.e., when the student gets to college) we are missing a large piece of the intervention puzzle. Institutions of higher education should collaborate with state and local entities in the application of new and unique programming that would enhance already proven strategies to reduce this high-risk behavior.

What Can Protect Youth from Risk?

Research has shown that enhancing protective factors can reduce the impact of existing risk factors and subsequent substance use. Research has identified the following as protective factors:

- Connection to family
- Positive connection to other adults
- Social, emotional/employability skills
- Connection to school
- Engagement in meaningful activities
- Sense of cultural identity

State Behavioral Health Epidemiology Workgroup. (2007) *Influences on Substance Use in Alaska: Significant Risk and Protective Factors Influencing Adolescent Substance Use and their Indicators.*

Strategy Component 5: Community Intervention

Community interventions focus on the collaboration of national and state agencies with community-based agencies and services as well as involving community members through education, information, and the opportunity and expectation of involvement with local strategies.

IDM/NAS

N11-1: Community leaders should assess the underage drinking problem in their communities and consider effective approaches – such as community organizing, coalition building and the strategic use of the mass media – to reduce drinking among underage youth.

N11-2: Public and private funders should support community mobilization to reduce underage drinking. Federal funding for reducing and preventing underage drinking should be made available under a national program dedicated to community-level approaches to reduce underage drinking, similar to the Drug Free Communities Act which supports communities in addressing substance abuse with targeted prevention strategies.

State

S5-1: Step up meaningful collaboration among state and tribal agencies and other stakeholders to engage shared responsibility in addressing youth access to alcohol in the state of Alaska.

S5-2: Ensure statewide data collection of underage use and abuse of alcohol and other drugs through the Alaska Epidemiological Outcomes Workgroup, including a statewide survey and MIS on alcohol attitudes.

S5-3: Public and private funding resources should be made available to support community mobilization under every applicable strategy component to reduce underage drinking.

S5-4: Provide ongoing training and education for all stakeholders and policymakers to include evidence-based best practices and strategies in underage alcohol use reduction and prevention.

Local

L5-1: Provide literature for landlords (especially landlords in college communities and communities with transient populations) about liability and ramifications of the illegal use of alcohol on their property.

L5-2: Provide the faith community with underage drinking education information. (DOT & PF Alaska Strategic Highway Safety Plan, AL.1, page C-2).

L5-3: Partner with private driving schools and driver education classes to add and/or strengthen the alcohol education portion of the curriculum.

L5-4: Partner with local colleges and the university to develop strategies to change the drinking culture both on and off campus

that contributes to underage drinking and high-risk drinking.

L5-5: Assess the underage drinking problem in communities and consider effective approaches, such as community organizing, parent/adult education, coalition building and the strategic use of the media, to reduce the illegal use of alcohol by youth.

L5-6: Encourage representation and participation of all community stakeholders including health care providers, local businesses, parents, schools, colleges and the university and law enforcement in local coalitions, to achieve a more holistic approach to reducing underage drinking.

L5-7: Review existing resolutions and city ordinances related to underage drinking and strengthen them accordingly, including environmental focus on zoning, outlet density, and related issues.

L5-8: Encourage collaboration among families, schools, the courts, and treatment providers.

L5-9: Increase the use and role of School Resource Officers.

L5-10: Communities should provide alternative opportunities and healthy activities that are accessible to all youth as an alternative to substance use.

Rationale

At the state and local levels, community mobilization can be a powerful vehicle to implement and support interventions. People working together have a greater ability to educate many Alaskans about the dangers of alcohol use and abuse by Alaska's youth.

Coalitions provide a wonderful opportunity for youth voice in an issue that directly impacts them and affords a forum for multiple sectors of the community to come together to provide mentoring, citizenship development and peer-to-peer education while lending expertise in government, business, and medicine. At a grass-roots level, this structure provides a myriad of methods and strategies to address the issue of underage alcohol use.

Communities united can speak with one loud voice to advocate to policymakers to address and solve the consequences of underage drinking by incorporating information about social and economic costs. Through the work of the coalitions, communities will also be able to aggressively impact and alter social norms that have remained static for so long.

Research has shown that protective factors can reduce the impact of existing risk factors and subsequent youth alcohol use. Research identified protective factors include connection to family, connection to school, positive connection to other adults, engagement in meaningful activities, social, emotional, and employability skills, and cultural identity. ^{xxxiv}

Recommendations

Strategy Component 6: Government Assistance and Coordination

Collaboration between local communities and national and state governments is necessary to enact and enforce laws, provide funding and support for local strategies, provide the apparatus to monitor underage drinking trends, support related research, as well as other needed measures.

IDM/NAS

N12-1: A federal interagency coordinating committee on prevention of underage drinking should be established, chaired by the secretary of the U.S. Department of Health and Human Services.

N12-2: A National Training and Research Center on Underage Drinking should be established in the U.S. Department of Health and Human Services. This body would evaluate support and would monitor progress in implementing national goals.

N12-3: The secretary of the U.S. Department of Health and Human Services should issue an annual report on underage drinking to Congress summarizing all federal agency activities, progress in reducing underage drinking, and key surveillance data.

N12-4: Each state should designate a lead agency to coordinate and spearhead its activities and programs to reduce and prevent underage drinking.

N12-5: The annual report of the secretary of the U.S. Department of Health and Human Services on underage drinking should include key indicators of underage drinking.

N12-6: The Monitoring the Future Survey and the National Survey on Drug Use and Health should be revised to elicit more precise information on the quantity of alcohol consumed and to ascertain brand preferences of underage drinkers.

State

S6-1: Expand affordable assessment, treatment and prevention services to all youth and families including those children and families who are not involved in the court or social services systems.

S6-2: All segments of the alcohol industry should join with other private and public partners to establish and support an independent, non-profit foundation with the sole mission of preventing and reducing underage drinking. The foundation should ensure that local communities have funding opportunities to implement local recommendations.

S6-3: Encourage and support legislative hearings to address the issue of underage drinking as outlined in this report.

S6-4: Support legislation to fund the development of a statewide media effort.

S6-5: Designate an agency to monitor underage exposure to alcohol advertising to determine its impact on youth for the purposes of guiding policy decisions.

S6-6: Encourage and assist communities in the development and expansion of juvenile diversion programs such as youth court and

community diversion panels with an emphasis on alcohol.

S6-7: Continue to support and increase use of therapeutic courts.

S6-8: The state should not lower the drinking age below 21 years of age.

Local

L6-1: Adopt approaches that involve the entire family as well as youth in the treatment process, from assessment to aftercare, when a young person enters the system because of alcohol addiction. Encourage the use of telemedicine, telebehavioral health, and access to assessment and treatment for substance abuse.

L6-2: Adopt approaches that involve the community in which the youth lives including: schools, vocational agencies, local mental health professionals, and supportive peer network.

L6-3: Communities should develop culturally responsive enforcement techniques, specific to the locality based on community collaboration and recommendations. Some techniques might include using restorative justice models or Circle Peacemaking, diversion panels, or tribal youth court.

Rationale

In looking at the cost of underage drinking to Alaskans, the total is approximately \$317 million. Of that amount, \$17.5 million, or about 6 percent, is spent on youth treatment and the rest is spent on problems such as youth violence, FASD among teen mothers, traffic crashes, etc. By spending more to provide education and training to stakeholders on evidence-based policies, practices, strategies, programming, and resources available for prevention, intervention, and treatment, we can reduce the overall cost of underage drinking in Alaska.

Additionally, on a state level, Alaska must continue and increase utilization of enforcement and juvenile justice models that are effective in reducing underage drinking. As well, culturally appropriate or responsive methods should be used to enforce underage alcohol policy. Restorative justice models, circular sentencing and peacemaking circles have been successful with both Native and non-native youth and should be considered in all Alaskan communities. Based on Native American tradition, the peacemaking circle brings the individual and the community back to balance. Defined by Boyes-Watson (2005) "The circle process is a method for youth development, community organizing, emotional healing, conflict resolution, political dialogue, team building, collaboration, and organizational planning" (p. 193)^{xxxv}

An Alaska Judicial Council evaluation of Alaska therapeutic courts has shown that, overall, recidivism rates are lower for those who participate with the program, even if they do not graduate from the program. Both Native and Caucasian participants responded well to the therapeutic court programs (as a whole, other ethnic groups did not respond as well).^{xxxvi}

Recommendations

Strategy Component 7: Alcohol Excise Taxes

Alcohol excise taxes are calculated by the gallon. In Alaska, the rates are specific to alcohol type for beer, wine, and distilled spirits. The excise tax is the only tax on alcohol in Alaska. Funds derived from these taxes can be used to support prevention efforts.

Current excise tax rates: beer, \$1.07 per gallon; wine, \$2.50 per gallon; and distilled spirits, \$12.80 per gallon.

IDM/NAS

N12-7: Congress and state legislatures should raise excise taxes to reduce underage consumption and to raise additional revenues for this purpose. Top priority should be given to raising beer taxes. Excise tax rates for all alcoholic beverages should be indexed to the consumer price index to keep pace with inflation without the necessity of further legislation.

State

S7-1: Communities should be given the ability to levy taxes on all alcohol products at the local level as a revenue enhancement tool for funding best-practice strategies to reduce underage drinking.

S7-2: The state should review and raise the license fees.

S7-3: Allocate alcohol tax revenue to enforcement, prevention, treatment, and evaluation of underage alcohol use.

Local

L7-1: Increase community readiness to accept taxing alcohol products, if given the ability by the state. Allocate funds to youth strategies to prevent, intervene, and treat underage alcohol use and abuse.

L7-2: Revenue from alcohol taxes and fines collected should be allocated to local governments for funding best-practice strategies to reduce underage drinking.

Rationale

Alaska raised its alcohol tax most recently in 2002 and has the highest alcohol excise tax in the nation. However, as this is the only tax on alcohol in Alaska, we actually pay far fewer taxes than other states. Taxes other states place on alcohol sales include: general sales taxes, special alcohol sales taxes, and on-premises consumption of alcohol taxes which, combined, create a total tax far greater than in Alaska.^{xxxvii} The state does not allow municipalities to levy taxes on alcohol at this time. Furthermore, the commercial alcohol license fee for obtaining an alcohol license has not been raised for over 25 years.

Research has shown that higher alcohol taxes are associated with fewer traffic crashes, lower levels of alcohol consumption, alcohol dependence, liver cirrhosis, morbidity and mortality from unintentional injuries, and nonfatal industrial injuries. A very recent study examining the effects two excise tax increases in Alaska on alcohol-related disease mortality over a 29-year period found that the increases significantly reduced mortality immediately following the increase. The first increase was in 1983 which produced a 29 percent decrease in the number of deaths and the second increase in 2002 showed an 11 percent decrease in deaths. Concern regarding the plausibility of reducing mortality related to chronic conditions was addressed by the authors who noted that alcohol related conditions respond immediately to a reduction in consumption, thereby reducing the number of deaths, annually.^{xxxviii}

What influences underage drinking?

The following risk factors contribute to underage alcohol use and dependence:

- Accessibility to alcohol
- Life transitions i.e., graduating from middle to high school or obtaining a driver's license
- Behavior such as skipping school, difficulty controlling responses and impulsiveness
- Divorce and additional family problems
- Anxiety, depression and other mental disorders
- Family history of alcohol and other drug abuse

(The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking 2007)



Recommendations

Strategy Component 8: Research and Evaluation



igorous research and evaluation is necessary to ensure national, state, and local strategies are based on the most effective approaches.

IDM/NAS

N12-8: All interventions, including media messages and education programs, whether funded by public or private sources, should be rigorously evaluated. A portion of all federal grant funds for alcohol-related programs should be designated for evaluation.

N12-9: States and the federal government – particularly the U.S. Department of Health and Human Services and the U.S. Department of Education – should fund the development and evaluation of programs to cover all underage populations.

State

S8-1: All publicly funded prevention and intervention, including media messages and education should be evaluated (qualitative and quantitative) for effectiveness. A portion of all state grant funds for alcohol-related programs should be designated for evaluation. All evaluation findings should be posted publicly.

S8-2: Research and evaluation methods identifying prevalence of underage drinking, effectiveness of prevention programs and policy enforcement in rural areas should be improved and implemented in culturally responsive ways.

S8-3: Alaska schools will be encouraged to conduct district-wide/statewide surveys and evaluations (e.g. YRBS) to gather base-line data for alcohol prevention planning and evaluation for alcohol prevention efforts.

S8-4: Conduct annual statewide assessments of alcohol-related suspensions and expulsions in Alaska's public schools and report results to public.

Local

L8-1: All publicly funded prevention and intervention, including media messages and education should be evaluated (qualitative and quantitative). A portion of all state grant funds for alcohol-related programs should be designated for evaluation.

L8-2: Evaluation finds should be posted publicly.

Rationale

Rigorous research and evaluation are needed to assess the effectiveness of specific interventions and to ensure that future refinements of the strategy are grounded in evidence-based approaches. In addition, continued research and evaluation is necessary to develop new approaches aimed at reaching all segments of the underage population. Increased attention is needed for rural Alaska.

What is Screening, Brief Intervention, Referral and Treatment?

Many primary care centers and other community health settings provide opportunities for early intervention with at-risk substance users, before more severe problems arise. This is where SBIRT, a comprehensive, integrated, early intervention and treatment approach, is most often used. SBIRT includes:

- **Screening:** Quickly assesses the severity of substance use and identifies the appropriate level of treatment
- **Brief intervention:** Focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change
- **Referral to treatment:** Provides referral to treatment for those needing additional help

SBIRT may be effective in reducing or eliminating alcohol-impaired problems among some teens, particularly in the area of drinking and driving. Further research is needed to confirm the duration of effects and which adolescents are likely to benefit from this type of intervention.

The Committee has identified as priorities for the next 5 years the following recommendations for policy development regarding youth and alcohol issues.

Year 1

1. **S3-3:** Strengthen Alaska’s compliance check program in retail outlets, restaurants, and bars, using media campaigns and license revocations to increase compliance. The program should include regular notification and education of retailers and the public concerning the program and publicizing the outcome. (DOT & PF Alaska Strategic Highway Safety Plan, AL.7, Page C-15).
2. **S6-1:** Expand assessment, treatment and prevention services to all youth but not limited to those entering into courts for alcohol-related offenses.

Year 2

1. **S5-5:** Provide ongoing training and education for all criminal justice stakeholders and policymakers to include evidence-based best practices and strategies in underage alcohol use reduction and prevention.
2. **S3-8:** Assess feasibility of making penalties for sales of alcohol to a minor consistent with penalties for sales of tobacco to a minor. If feasible, then create and encourage the application of consistent penalties for selling alcohol to a minor.

Year 3

1. **S3-1:** Encourage the Alaska State Legislature to conduct an interim review of state statutes and regulations using this report as a blueprint to reduce youth access to alcohol.
2. **S1-4:** A website should be built and maintained, and should provide continuous updates of national, state and community developments. The website should also focus on providing model policies, ordinances and prevention strategies. The website should include information about over-the-counter (OTC) products containing alcohol and include measures of youth exposure to alcohol advertising through a “Talk Back” format to assist in research and evaluation.

Year 4

1. **S2-5:** The state should support and encourage alcohol counter-advertising efforts, related to underage drinking, focusing on image advertisements.
2. **S3-4:** In keeping with recommendations from the Alaska Rural Justice and Law Enforcement Commission, the state should strengthen enforcement of importation of alcohol (bootlegging and manufacture) in communities exercising local option laws and clarify language in sections of Title 4 that pertain to importation and manufacture of alcohol to “dry” villages.

Year 5

1. **S4-1:** Promote research-based positive school climate frameworks that develop school cultures which include alcohol prevention and intervention strategies.
2. **S7-3:** Allocate alcohol tax revenue to enforcement, prevention, treatment, and evaluation of underage alcohol use.

Appendix A

Center for Substance Abuse Prevention (CSAP) Prevention Strategies

There are six prevention strategies that address risk behaviors (e.g. alcohol/drug use, suicide, etc.) and increase resiliency. This list is also known as the CSAP prevention strategies. A community planning team decides which strategies best meet their needs to address the issue or problem. Communities at different *levels of readiness* may want to use different strategies. A community at the beginning stages of readiness may use strategies one and two (information and education). After the community is “more ready” to address the issues, other strategies may be selected. **Community efforts are most effective when a combination of strategies is used, together.¹**

1. Dissemination of Information

This strategy provides information about the nature and extent of the problem, its warning signs or its solutions. It may provide information about available prevention programs and activities within an agency. Dissemination of information is characterized by **one-way communication** between the source and the audience, with limited contact between the two. *Examples include:*

- Resource centers
- Pamphlets, posters, flyers
- Motivational events or speakers
- Newspaper and newsletter articles
- Radio and television PSAs (public service announcements)
- Community resource directories
- Health fairs & some wellness gatherings
- Information through websites
- Information-based media campaigns

2. Education*

This strategy involves **two-way communication**. It is different from strategy one (disseminating information) in that it's based on the interaction between the educator and the participants. Activities under this strategy often focus on life skills (e.g. problem solving, decision making, communication skills, stress management and coping strategies.) This strategy may also provide training in critical thinking skills and media literacy. *Examples include:*

- Classroom and small group sessions
- Peer leader and peer helper programs
- Education programs for youth groups
- Groups for children experiencing distress
- Life skills (bullying prevention, conflict resolution, and refusal skills)
- Community and volunteer workshops (e.g. workshops on youth development, Assets, FASD, or suicide)
- “Gatekeeper” trainings to prevent suicide for targeted groups (e.g. health aides, clergy, law enforcement)
- Parenting and family management classes
- Cross-age teaching or peer education
- Interactive technologies
- Social, emotional/employability skills



CSAP Prevention Strategies

3. Alternative (meaningful) Activities*

This strategy provides for the **active engagement** of the target audience in all phases of the **planning, organizing, carrying out and evaluation** of the activities. These efforts are most effective when a combination of the other strategies are used, together. *Examples include:*

- Community service activities
- Youth centers & community drop-in centers
- Intergenerational events and celebrations
- Culturally-based activities (subsistence activities, language, dance, arts instruction etc.)
- *Some* social & recreational activities (e.g. drug-free dances and parties)
- Recognition events that celebrate individual or group accomplishments
- Leadership activities
- Mentoring programs
- Job shadowing, internships, work place experiences

4. Community-based Processes

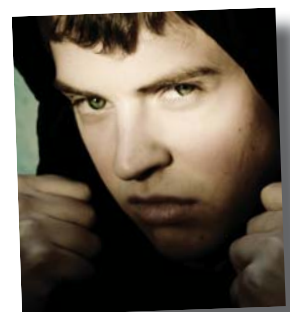
This strategy aims to **enhance community capacity** to more effectively provide prevention, early intervention and treatment services. Activities in this strategy include organizing, planning, training, building **coalitions, networking** and enhancing the effectiveness of programs. *Examples include:*

- Coalitions, collaborations and/or wellness teams
- Needs assessments & community readiness surveys
- Youth-Adult partnerships addressing community issues
- Efforts to decrease barriers to services (e.g. provide scholarships, transportation, or child-care; assure developmental needs & cultural sensitivity)
- Community team-building activities
- Cross-systems planning (e.g. schools, health, police)

5. Environmental Approaches*

This strategy seeks to **establish or change community conditions, policies (ordinances, laws standards/codes), practices and/or norms and attitudes**, thereby influencing community ownership of its problems and solutions. It may also include changes made in an organization's policies and practices that promote health and address the impacts of health behaviors. *Examples include:*

- Review and modification of tobacco or alcohol **policies** related to prices, taxing or advertising
- Establish and/or review **policies/practices** related to alcohol/drugs and firearms in the community. Examples:
 - 1) Number, location, hours of operation or criteria for licensing liquor stores or outlets
 - 2) Local ordinances related to the purchase of liquor (is the community dry, wet, or damp?)
 - 3) Local ordinances or policies related to the purchase of firearms, minor consuming, curfew hour, etc.



Appendix A

CSAP Prevention Strategies

- Increase local **enforcement and judicial sentencing** in specific health areas, for example:
 - 1) Availability or distribution of tobacco, alcohol or other drugs
 - 2) Underage drinking
 - 3) Driving while intoxicated
 - 4) Family and dating violence or juvenile delinquency offenses
- Changing **norms or attitudes** about alcohol, tobacco or illegal drugs, violence or bullying behavior, mental health, sexual orientation, cultural beliefs, etc.
- Changing community norms or attitudes about:
 - 1) Storing firearms in safe places (to prevent unintended injuries and suicide among those that are depressed)
 - 2) Helping a child/youth in need (cold, hungry, not adequate clothing)
 - 3) “Social responsibility” norms related to supporting all children & youth
- Changing **public perceptions** and norms about youth and their capabilities
- Changing **school norms, policies, programs and practices** to increase a positive school climate
- Work with the media to assure safe, responsible reporting about suicide, mental illness and substance abuse. Sensational suicide reporting can lead to “copy-cat” behaviors and a perception that suicide is a normal response to crisis
- Media strategies to assure balanced, responsible reporting about youth (and increase positive stories about youth)
- Vendor education or business practices that promote health (e.g. smoke-free policies, youth friendly practices)

6. Individual Support and Referral

This strategy **identifies** those who have begun displaying the warning signs or are experiencing problems as a result of **engaging in risk behaviors** (e.g. use of tobacco, alcohol or other drugs, skipping school, late to work, isolating themselves, giving personal items away). This strategy **also assesses if concerning behavior can be reversed** through education or referral of services. *Examples include:*

- | | |
|---|--|
| • Support groups, talking/healing circles | • Suicide survivors groups |
| • Driving while intoxicated education programs | • Alcohol information schools |
| • Student & employee assistance programs | • Crisis Lines or hotlines |
| • Depression and mental health screening programs | • Nicotine use and addiction screening |

Adapted from the Center for Substance Abuse Prevention, 1993. *Prevention Primer* by the Alaska Division of Behavioral Health, Section of Prevention & Early Intervention, 2008.

^{*} *These strategies lend themselves to building protective factors, resiliency and Developmental Assets.*

¹Springer, F. (2001) EMT. National Cross-Site Evaluation of (48) High Risk Youth Programs to Address Substance Abuse (CSAP);

Vincet, M. Clearie, A. & Schluchter, M. (1987) Reducing adolescent pregnancy through school and community based education. J.Am. Med Assoc. 257.(24)

Committee Members

FY 2006- FY 2007

MaShelle Atherton Hess, Chair
Department of Health and Social Services
Division of Behavioral Health
Prevention and Early Intervention Services

Todd Brocius
Department of Education and Early Development
Safe and Drug Free Schools

Candace Brower
Department of Health and Social Services
Division of Juvenile Justice
Enforcing Underage Drinking Laws

Cindy Cashen
Department of Transportation
Alaska Highway Safety Office

Judge Leonard Devaney
Alaska Court System
4th Judicial District Bethel

Doug Griffin
Department of Public Safety
Alcoholic Beverage Control Board

Brenda Horvath
Alaska Native Justice Center
Program Coordinator

Ronald Taylor
Department of Health and Social Services
Division of Behavioral Health
Alcohol Safety Action Program

Additional members in FY 2008- FY 2009

Jeannette Lacey
University of Alaska, Anchorage
MSW Practicum Student
Department of Health and Social Services
Division of Behavioral Health
Prevention and Early Intervention Services

Tony Piper
Department of Health and Social Services
Division of Behavioral Health
Alcohol Safety Action Program

Shari Paul
Department of Health and Social Services
Division of Juvenile Justice
Enforcing Underage Drinking Laws



Committee Members

Biographies

MaShelle Atherton Hess is a past Project Coordinator with Prevention & Early Intervention Services section for within the DHSS Division of Behavioral Health. Her duties included working with community prevention grants providing training and technical assistance in the development and implementation of the Strategic Prevention Framework. She joined Behavioral Health after serving for three years as the Associate Coordinator for the Enforcing Underage Drinking Laws and Juvenile Accountability Incentive Block Grant. She also worked in an Alaska juvenile detention center; worked as part of a team to develop and implement a juvenile treatment curriculum for Alaska Juvenile Justice; worked as part of a team to develop and implement a pre-treatment curriculum for felony adult probationers convicted of drunk driving in Alaska while working as an Adult Probation and Parole Officer with the Alaska Department of Corrections; and developed a gang-intervention program in Seattle, Washington.

Todd Brocious is an Education Specialist for the Department of Education and Early Development. He oversees the Drug Free Schools Program and is also a member of the Interagency Coordinating Committee on Fetal Alcohol Spectrum (ICFAS) and the Alaska Epidemiological Outcomes Workgroup.

Candace Brower is a Program Coordinator in the DHSS, Division of Juvenile Justice. Her duties include oversight of three federal grants: a Congressional Earmark to support youth courts statewide; the Juvenile Accountability Grant and the Enforcing Underage Drinking Laws. She has extensive experience working the criminal justice field through previous employment at McLaughlin Youth Center and the Johnson Youth Center. Much of her career has been in Adult Corrections as a probation officer, parole board administrator, and Legislative Liaison for the Department of Corrections.

Cindy Cashen is the Administrator for the Department of Transportation and Public Facilities, Alaska Highway Safety Office (AHSO) and is responsible for the federal funds which support transportation safety programs. “Over the Limit, Under Arrest”, and “Click It or Ticket” are only two of more than fifty impaired driving and seat belt enforcement projects supported by the AHSO. As one who lost a family member to drunk driving, she knows too well the importance of maximizing federal dollars with effective and sustainable programs that foster state and local ownership and respects community readiness levels. Ms. Cashen was a founding member and Executive Director of the MADD—Juneau Chapter. During that time she worked with legislators to lower the legal BAC limit to .08, participated in the Alaska Therapeutic Court program, and advocated for the Graduated Drivers License program and a Primary Seat Belt Law. She was a volunteer on the Drunk Driving Panel and spoke before classrooms, public hearings, and drunk driving offenders.



Committee Members

Judge Leonard Devaney is a Superior Court Judge in Bethel, Alaska. Judge Leonard Devaney was appointed to the superior court in Bethel in February 2002 and currently serves on the CINA Court Improvement Committee and as a member of the Alaska Interagency Coordinating Committee on Prevention of Underage Drinking as well as the Bethel Therapeutic Courts. Prior to being appointed to the bench, Judge Devaney practiced law in Nome Alaska. He spent time as a tribal lawyer, Assistant Attorney General/Assistant District Attorney as well as time in private practice. He is a 1990 graduate of the University Of Montana School Of Law..

Doug Griffin is the past Director of the Alaska Alcoholic Beverage Control Board. Prior government experiences included eight years as City Manager for the City of Valdez where he addressed local government challenges in 1989 as a result of the crude oil discharge from the grounding of the Exxon Valdez. Mr. Griffin began his government career as a Local Government Specialist with the Alaska Department of Community and Regional Affairs in 1977 and ended his service there as a Deputy Director in 1987. He graduated with a Bachelor of Science in Political Science and a Masters of Public Administration from American University in Washington, D.C. While attending college Doug worked on the staff of Alaska Senator Mike Gravel. Mr. Griffin has lived in Alaska since 1964 and has lived in Barrow, Wainwright, St. Michael, Sitka, Juneau, Valdez, and Anchorage.

Brenda Horvath is a past program coordinator for the Alaska Native Justice Center. Part of her responsibilities included working as part of a team in the restorative justice diversion program for Alaska Native youth and their families. Brenda came to the Alaska Native Justice Center from the clinical community having worked for five years with Volunteers of America youth programs and another five years with Southcentral Foundation and Cook Inlet Tribal Council as a core partner and coordinator in youth diversion efforts.

Ronald Taylor is currently the Executive Director of the Alaska Parole Board and past Program Manager for the Alaska Alcohol Safety Action Program (ASAP). For 11 years, he was responsible for providing overall statewide direction and supervision of both the adult misdemeanor probation and juvenile monitoring components of the ASAP program. Prior to this, he worked for over 5 years as an Adult Probation Officer providing case management and monitoring to offenders on misdemeanor probation with substance abuse and/or other behavioral health requirements. Additionally, Mr. Taylor serves as a liaison between professionals in the criminal justice and social service agencies, as well as the current president of the National Organization of State Impaired Driving Programs (NOSIP).

"According to the American Medical Association, alcohol can seriously damage long and short term growth processes of the brain during adolescence. Frontal lobe development and the refinement of pathways and connections continue until the age of 16, and a high rate of energy is used as the brain matures until the age of 23. Damage from alcohol prior to age 23 can be long-term and irreversible."



Endnotes

- ⁱ Bonnie, R. J., & O'Connell, M. E. (Eds.). (2004). *Reducing underage drinking: A collective responsibility*. Washington D.C.: The National Academies Press. Retrieved February 10, 2007 from: http://books.nap.edu/catalog.php?record_id=10729#toc
- ⁱⁱ Miller, T.R., Levy, D.T., Spicer, R.S., & Taylor, D.M. (2006). "Societal costs of underage drinking." *Journal of Studies on Alcohol*, 67(4) 519-528.
- ⁱⁱⁱ Grant, B.F., & Dawson, D.A. (1997). "Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the national Longitudinal Alcohol Epidemiologic Survey." *Journal of Substance Abuse*, 9, 103-110.
- ^{iv} Hull-Jilly DMC, Casto LD. (2008). *State Epidemiologic Profile on Substance Use, Abuse and Dependency* (Juneau, AK: Section of Prevention and Early Intervention Services, Division of Behavioral Health, Alaska Department of Health and Social Services).
- ^v Mosher, J., Hingson, R., Bunker, J. F., & Bonnie, R. J. (2004). "Reducing underage drinking: The role of the law." *The Journal of Law, Medicine, & Ethics*, 32(4) 38-41.
- ^{vi} American Medical Association. (2004). *Alcohol: Brain damage risks*. Retrieved December 18, 2005 from: <http://www.ama-assn.org/ama/pub/category/9416.html>
- ^{vii} Trani, B. L., & Hamilton, S. L. (2000). *Underage drinking in Alaska: Needs assessment*. Juneau, AK: C & S Management Associates.
- ^{viii} Miller, T.R., Levy, D.T., Spicer, R.S., & Taylor, D.M. (2006). "Societal costs of underage drinking." *Journal of Studies on Alcohol*, 67(4) 519-528.
- ^{ix} Grant, B.F., Dawson, D.A. (1997). Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the national Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse*, 9, 103-110.
- ^x Office of Applied Studies, Substance Abuse and Mental Health Services Administration. (2003). *Substance abuse treatment by primary substance of abuse, according to sex, age, race, and ethnicity*. Treatment Episode Data Set (TEDS).
- ^{xi} National Center for Chronic Disease Prevention and Health Promotion. (2003). *Youth risk behavior survey surveillance*. Retrieved from: <http://www.cdc.gov/healthyyouth/yrbs/index.htm>
- ^{xii} Alaska Department of Health and Social Services, Division of Public Health. (2007). *2007 Alaska youth risk behavior survey results*. Retrieved October 2008 from: <http://www.hss.state.ak.us/dph/chronic/school/YRBSresults.htm>
- ^{xiii} Alaska Department of Transportation and Public Facilities, Highway Safety Office. (2006). *2006 Alaska Highway Safety Office annual report*. Retrieved February 11, 2007 from: http://www.dot.state.ak.us/stwdplng/hwysafety/dui_stats.shtml#
- ^{xiv} Alaska Department of Transportation. (2006). [Traffic accidents]. Unpublished raw data, received October 2008.
- ^{xv} Grunbaum, J.A., Lowry, R., & Kann, L. (2001). "Prevalence of health-related behaviors among alternative high school students as compared with students attending regular high schools." *Journal of Adolescent Health*, 29: 337-343.
- ^{xvi} Hallfors, D., Cho, H., Brodish, P. H., Flewelling, R., & Khata-poush, S. (2006). "Identifying high school students "at risk" for substance use and other behavioral problems: Implications for prevention." *Substance Use and Misuse*, 41: 1-15.
- ^{xvii} Kerosky, M. E., Chaney, K., & Kendziora, K. (2007). *Anchorage school district 2007 youth risk behaviors survey (YRBS), Appendix B: Youth risk behaviors by school type*. The Anchorage School District Safe and Drug Free Schools. Retrieved October 29, 2008 from: http://www.asdk12.org/Depts/SDFS/Research/YRBS_2007.pdf
- ^{xviii} Bonnie, R. J., & O'Connell, M. E. (Eds.). (2004). *Reducing underage drinking: A collective responsibility* (p. 108-124). Washington D.C.: The National Academies Press. Retrieved February 10, 2007 from: http://books.nap.edu/catalog.php?record_id=10729#toc
- ^{xix} National Center for Chronic Disease Prevention and Health Promotion. *Youth Risk Behavior Survey Surveillance*. (2003). <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.
- ^{xx} Bonnie, R. J., & O'Connell, M. E. (Eds.). (2004). *Reducing underage drinking: A collective responsibility* (p. 132-143). Washington D.C.: The National Academies Press. Retrieved February 10, 2007 from: http://books.nap.edu/catalog.php?record_id=10729#toc
- ^{xxi} Saffer, H. (2002). "Alcohol advertising and youth." *Journal of Studies on Alcohol*, 63(14) 173-181.
- ^{xxii} Kelly, K. J., & Edwards, R. W. (1998). "Image advertising for alcohol products: Is their appeal associated with adolescents' intention to consume alcohol?" *Adolescence*, 33(129) 47-59.
- ^{xxiii} Bonnie, R. J., & O'Connell, M. E. (Eds.). (2004). *Reducing underage drinking: A collective responsibility* (p. 158-184). Washington D.C.: The National Academies Press. Retrieved February 10, 2007 from: http://books.nap.edu/catalog.php?record_id=10729#toc
- ^{xxiv} Underage Drinking Enforcement Training Center. (1999). *Police stings boost liquor law compliance*. Retrieved October 23, 2008 from: http://www.udetc.org/documents/success_stories/CT121799.pdf
- ^{xxv} Centers for Disease Control Prevention. (2004). "Enhanced enforcement laws to prevent alcohol sales to underage persons: New Hampshire, 1999-2004." *Morbidity and Mortality Weekly Report*, 53(21) 452-454. Retrieved October 23, 2008 from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5321a2.htm>

- ^{xxvi} Mosher, J., Hingson, R., Bunker, J. F., & Bonnie, R. J. (2004). "Reducing underage drinking: The role of the law." *The Journal of Law, Medicine, & Ethics*, 32(4) 38-41.
- ^{xxvii} Alcohol Policy Information System. (2008). Retrieved October 2, 2008 from: <http://www.alcoholpolicy.niaaa.nih.gov/index.asp?SEC={D65EC56D-D907-4A83-A247-063D27196124}&Type=&TAXONOMYid={C52D81E7-92E2-4907-9AD4-DF95693B7E08}&GROUP=INDEPTH SINGLEDATE&action=Clear>
- ^{xxviii} Mosher, J., Hingson, R., Bunker, J. F., & Bonnie, R. J. (2004). "Reducing underage drinking: The role of the law." *The Journal of Law, Medicine, & Ethics*, 32(4) 38-41.
- ^{xxix} Substance Abuse Mental Health Services Administration. (2001) *A Guide to Science-based Substance Abuse Prevention*. National Research Council. (2002) Community Programs to Promote Youth Development.
- ^{xxx} Bonnie, R. J., & O'Connell, M. E. (Eds.). (2004). *Reducing underage drinking: A collective responsibility* (p. 185-214). Washington D.C.: The National Academies Press. Retrieved February 10, 2007 from: http://books.nap.edu/catalog.php?record_id=10729#toc
- ^{xxxi} Amethyst Initiative. (2008). Retrieved October 16, 2008 from: <http://www.amethystinitiative.org/statement/>
- ^{xxxii} Mothers Against Drunk Drivers (MADD). "Underage Drinking and the 21 Minimum Legal Drinking Age" (MLDA) Law. Retrieved December 1, 2008 from: http://www.madd.org/getfile/2ebe207e-b1d8-44c5-b192-f125fb96c97c/Underage-Drinking-Fact-Sheet_FINAL081908.aspx
- ^{xxxiii} Reifman, A., & Watson, W. K. (2003). "Binge drinking during the first semester of college: Continuation and desistance from high school patterns." *Journal of American College Health*, 52(2), 73-81.
- ^{xxxiv} State Behavioral Health Epidemiology Workgroup. (2007). "Influences on Substance Use in Alaska: Significant Risk and Protective Factors Influencing Adolescent Substance Use and Their Indicators." Retrieved December 2, 2008 from: http://hss.state.ak.us/dbh/prevention/publications/20071203prevent_indicat.pdf
- ^{xxxv} Boyes-Watson, C. (2005). "Seeds of change: Using peacemaking circles to build a village for every child." *Child Welfare*, 84(2) 191-208.
- ^{xxxvi} Justice Center, University of Alaska Anchorage. (2007). "Therapeutic Courts and Recidivism." *Alaska Justice Forum* 24(3): 2. Retrieved November 17, 2008 from: http://justice.uaa.alaska.edu/forum/24/3fall2007/b_therapeutic.html
- ^{xxxvii} undefined. (April 3, 2002). Alaska State Legislature's Majority Organization. "In Alaska Alcohol Tax Burden Nation's Lowest: Excise is Only One of Several Taxes Imposed by Other States." Retrieved December 1, 2008, from <http://www.akrepublicans.org/pastlegs/22ndleg/press/prmurkowski104032002.shtml>.
- ^{xxxviii} Wagenaar, C. A., Maldonado-Molina, M. M., & Wagenaar, B. H. (2009). "Effects of alcohol tax increases on alcohol-related disease mortality in Alaska: Time-series analyses from 1976 to 2004." *American Journal of Public Health*, 99(1) 1-8.



Sean Parnell
Governor
State of Alaska

Bill Hogan
Commissioner
Department of
Health and Social Services

Melissa W. Stone
Director
Division of Behavioral Health

P.O. Box 110620
Juneau, Alaska 99811-0620

<http://hss.state.ak.us/dbh/prevention>

October 2009

These risk behaviors among high school students¹ ...

Unintentional Injuries and Violence

- 12% Rarely or never wore a seat belt
- 21% Rode with a driver who had been drinking alcohol, during the past month
- 20% Carried a weapon during the past month
- 28% Were in a physical fight during the past year
- 9% Attempted suicide during the past year

Alcohol and Other Drug Use

- 33% Drank alcohol during the past month
- 22% Reported episodic heavy drinking during the past month²
- 23% Used marijuana during the past month
- 7% Ever used cocaine
- 10% Ever used inhalants
- 21% Ever used prescription drugs without prescription

Sexual Behaviors

- 44% Ever had sexual intercourse
- 11% Had sexual intercourse with ≥ 4 people
- 30% Had sexual intercourse during the past three months
- 38% Did not use a condom during last sexual intercourse³

Tobacco Use

- 48% Ever tried cigarette smoking
- 16% Smoked cigarettes during the past month
- 5% Smoked cigarettes on ≥ 20 days during the past month
- 14% Used smokeless tobacco during the past month
- 10% Smoked cigars during the past month

Dietary Behaviors

- 83% Ate fruits and vegetables < 5 times/day during the past 7 days
- 20% Drank soda or pop one or more times a day during the past 7 days (not including diet soda or pop)

Physical Activity

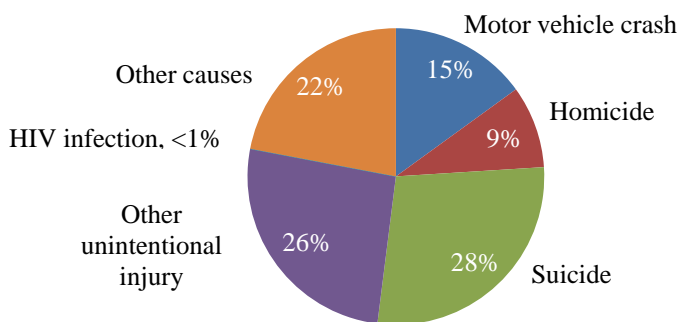
- 58% Did not meet currently recommended levels of physical activity⁴
- 54% Did not attend physical education class
- 82% Did not attend physical education class daily

Overweight

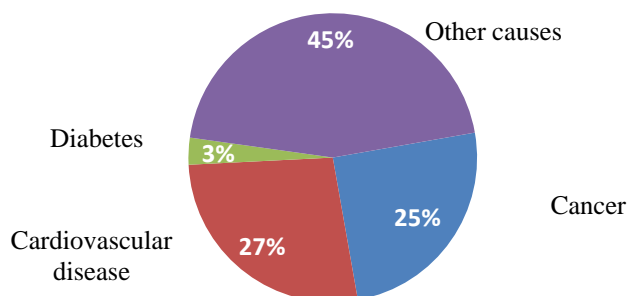
- 14% Were overweight⁵
- 12% Were obese⁶

... contribute to these leading causes of death⁷

Youth Aged 10-24 Years



Adults Aged 25 Years and Older



¹ High school students grades 9-12 in Alaska excluding alternative schools and boarding schools, weighted data.

² Students who had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the past 30 days

³ Among students who had sexual intercourse during the past 3 months.

⁴ Students who were not physically active for a total of at least 60 minutes per day on 5 or more days of the past 7 days.

⁵ Students who were at or above the 85th percentile but below the 95th percentile for body mass index by age and sex.

⁶ Students who were at or above the 95th percentile for body mass index by age and sex.

⁷ 2004-2006 Alaska mortality data, Centers for Disease Control and Prevention.

For more information visit www.hss.state.ak.us/dph/chronic
Or call 1-888-465-3140

The Alaska Youth Risk Behavior Survey is a joint project between the Department of Health and Social Services and the Department of Education & Early Development in cooperation with the Centers for Disease Control and Prevention



These risk behaviors among alternative high school students¹ ...

Unintentional Injuries and Violence

- 14% Rarely or never wore a seat belt
- 30% Rode with a driver who had been drinking alcohol, during the past month
- 28% Carried a weapon during the past month
- 46% Were in a physical fight during the past year
- 11% Attempted suicide during the past year

Alcohol and Other Drug Use

- 57% Drank alcohol during the past month
- 43% Reported episodic heavy drinking during the past month²
- 51% Used marijuana during the past month
- 29% Ever used cocaine
- 20% Ever used inhalants
- 49% Ever used prescription drugs without prescription

Sexual Behaviors

- 82% Ever had sexual intercourse
- 43% Had sexual intercourse with ≥ 4 people
- 66% Had sexual intercourse during the past three months
- 54% Did not use a condom during last sexual intercourse³

Tobacco Use

- 87% Ever tried cigarette smoking
- 58% Smoked cigarettes during the past month
- 34% Smoked cigarettes on ≥ 20 days during the past month
- 18% Used smokeless tobacco during the past month
- 28% Smoked cigars during the past month

Dietary Behaviors

- 80% Ate fruits and vegetables < 5 times/day during the past 7 days
- 31% Drank soda or pop one or more times a day during the past 7 days (not including diet soda or pop)

Physical Activity

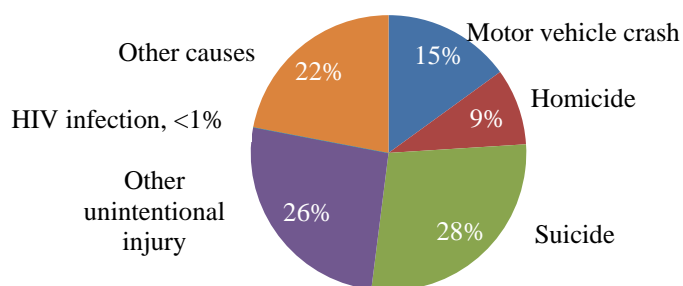
- 80% Did not meet currently recommended levels of physical activity⁴
- 71% Did not attend physical education class
- 87% Did not attend physical education class daily

Overweight

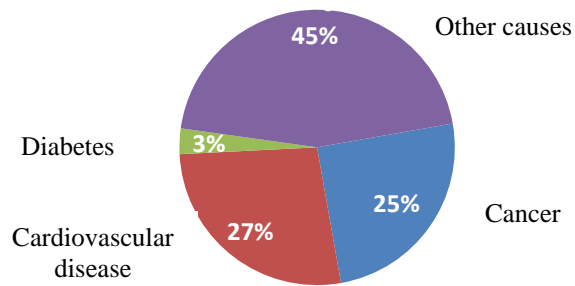
- 18% Were overweight⁵
- 19% Were obese⁶

... contribute to these leading causes of death⁷

Youth Aged 10-24 Years



Adults Aged 25 Years and Older



¹ Alternative high school students grades 9-12 in Alaska, weighted data.

² Students who had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the past 30 days

³ Among students who had sexual intercourse during the past 3 months.

⁴ Students who were not physically active for a total of at least 60 minutes per day on 5 or more days of the past 7 days.

⁵ Students who were at or above the 85th percentile but below the 95th percentile for body mass index by age and sex.

⁶ Students who were at or above the 95th percentile for body mass index by age and sex.

⁷ 2004-2006 Alaska mortality data, Centers for Disease Control and Prevention.

For more information visit www.hss.state.ak.us/dph/chronic

Or call 1-888-465-3140

The Alaska Youth Risk Behavior Survey is a joint project between the Department of Health and Social Services and the Department of Education & Early Development in cooperation with the Centers for Disease Control and Prevention

