



Alcohol Use Among Youth

Andrew R. Sommers

Analyst in Public Health and Epidemiology

Ramya Sundararaman

Analyst in Public Health

January 30, 2008

Congressional Research Service

7-5700

www.crs.gov

RL34344

CRS Report for Congress

Prepared for Members and Committees of Congress

Summary

Alcohol use by persons under age 21 has been identified as a major public health problem. Studies report that it increases the risks for disability and may be detrimental to the developing brain. Minors who drink are more likely to commit suicide, break the law, or be victims of violence. Alcohol is implicated in nearly one-third of youth traffic fatalities. The total annual cost of underage drinking is estimated at \$62 billion. On March 6, 2007, the Office of the U.S. Surgeon General issued an official call to increase efforts to curb underage drinking.

The prevalence of alcohol consumption by minors is measured by three federally funded national surveys: the National Survey on Drug Use and Health (NSDUH), the Youth Risk Behavior Survey (YRBS), and Monitoring the Future (MTF). There are an estimated 10.8 million underage drinkers in the United States. More than 2 million are classified as heavy drinkers, and nearly 7.2 million are classified as binge drinkers, meaning that they have had more than five drinks on one occasion.

Although the consumption of alcohol by youth has dropped steadily over the past decade, recent data suggest that 74.3% of individuals in grades 9-12 have used alcohol on multiple occasions, 43.3% regularly consume alcohol, and 25.5% engage in binge drinking. Underage drinking remains a far more prevalent problem than the use of illicit drugs or tobacco products.

While most underage drinking prevention laws are passed by states, there has been legislative activity and interest at the federal level to support states' efforts to curb the problem. Issues of concern to policy makers include the ineffective enforcement of "zero-tolerance" laws prohibiting underage drinking, and the online sale of alcohol to minors. According to recent research, millions of minors either buy alcohol online or know an underage friend who has done so. In recent years, state and national policy makers have proposed restrictions on home delivery of alcohol ordered from Internet sites.

This report describes the extent of alcohol use by youth, federal surveillance systems for monitoring underage drinking, judicial and legislative activity on this issue, and various policy implications. As new data become available, this report will be updated.

Contents

Introduction	1
Surveillance	2
National Survey on Drug Use and Health (NSDUH).....	2
Youth Risk Behavior Survey (YRBS).....	2
Monitoring the Future (MTF)	2
Prevalence	3
Legal Perspectives	5
Online Sales of Alcohol	5
Judicial Activity Regarding Internet Wine Sales	6
Policy Perspectives.....	7
Legislative Activity	7
Institute of Medicine Recommendations.....	9
Prohibit Alcohol Advertisements from Targeting Youth.....	9
Increase Alcohol Prices Through Excise Taxes	9
Public Awareness	10
Enforcement.....	10

Figures

Figure 1. Underage Use of Alcohol, 1991-2005.....	4
---	---

Contacts

Author Contact Information	10
----------------------------------	----

Introduction

On March 6, 2007, the Office of the U.S. Surgeon General issued an official call to increase efforts to curb underage drinking.¹ “We can no longer ignore what alcohol is doing to our children,” said Acting Surgeon General Kenneth Moritsugu. “Alcohol,” he continued, “is the most heavily abused substance by America’s youth.”² The nation, he implored, must “attempt to change attitudes toward drinking.”

In light of recent research demonstrating that alcohol may harm the adolescent brain and that individuals who start drinking before the age of 15 are five times more likely to have alcohol-related problems later in life, the Acting Surgeon General announced six basic goals:

- Fostering changes in American society that facilitate healthy adolescent development and help prevent and reduce underage drinking.
- Engaging youth and all social systems that interface with youth in a coordinated effort to prevent and reduce drinking and its consequences.
- Promoting understanding of underage drinking in the context of development and maturation that considers individual adolescent characteristics and environmental, ethnic, cultural, and gender differences.
- Conducting additional research on adolescent alcohol use and its relationship to development.
- Improving surveillance on underage drinking and its risk factors.
- Ensuring that all policies are consistent with the goal of preventing and reducing underage alcohol consumption.

Although drinking by persons under the age of 21 is illegal in all states, people aged 12-20 drink almost 20% of alcohol consumed in the United States.³ In 2004, there were more than 142,000 emergency room visits by youth aged 12-20 as a result of injuries and other conditions linked to alcohol consumption.⁴ Each year, data suggest, approximately 5,000 young people under the age of 21 die as a result of underage drinking.

The economic toll of underage drinking in the United States in 2001 was an estimated \$61.9 billion.⁵ It has been reported that medical care, work loss, and pain and suffering directly

¹ U.S. Department of Health and Human Services, *The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking*, United States Department of Health and Human Services, Office of the Surgeon General, 2007, at <http://www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf>.

² U.S. Department of Health and Human Services Press Office, *Acting Surgeon General Issues National Call to Action on Underage Drinking*, Office of the Surgeon General, March 6, 2007, at <http://www.hhs.gov/news/press/2007pres/20070306.html>.

³ Susan E. Foster et al., “Alcohol Consumption and Expenditure for Underage Drinking and Adult Excessive Drinking,” *Journal of the American Medical Association*, vol. 289, no. 8 (2003), pp. 989-95.

⁴ Office of Applied Studies, “Emergency Department Visits Involving Underage Drinking,” *The New DAWN Report*, Issue 1, Rockville, MD: SAMSHA, 2006, at <https://dawninfo.samhsa.gov/files/tndr02underagedrinking.htm>.

⁵ Excluding pain and suffering from these costs, the direct costs of underage drinking incurred exceed \$20.3 billion each year; Ted R. Miller, David T. Levy, Rebecca S. Spicer, and Dexter M. Taylor, “Societal Costs of Underage Drinking,” *Journal of Studies on Alcohol*, vol. 67 (2006), pp. 519-528.

associated with underage drinking cost \$2,207 annually for each young person in the United States.⁶

Low educational achievement and high absenteeism rates are common among underage students who drink alcohol. These youth often have problems with social integration, are more prone to fighting, and are often disinclined to participate in healthier activities such as intramural sports. They have a higher risk of being engaged in illegal activities and participating in unprotected sex.⁷

Surveillance

Although many national surveys collect information about alcohol consumption, three federally funded studies most comprehensively cover aspects of underage drinking.

National Survey on Drug Use and Health (NSDUH)

NSDUH is the primary source of statistical information on illegal drug use by the U.S. population. Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH collects data in interviews at each respondent's place of residence. Survey items aim to provide the drug prevention, treatment, and research communities with current, relevant information on the status of the nation's drug usage, including national and state-level estimates of the past month, past year, and lifetime use of alcohol. NSDUH tracks trends in the use of alcohol and helps identify the consequences of underage alcohol use and the groups who are at greatest risk.

Youth Risk Behavior Survey (YRBS)

The YRBS monitors health risk behaviors, including underage drinking, that contribute to mortality, disability, and social problems among youth in the United States. The YRBS is a national school-based survey fielded by the Centers for Disease Control and Prevention (CDC) and supplemented with data collected by state and local education and health agencies. It is conducted every two years during the spring semester and provides data representative of 9th- through 12th-grade students in public and private schools throughout the United States.

Monitoring the Future (MTF)

Funded by the National Institute on Drug Abuse, MTF annually surveys 8th, 10th, and 12th graders about substance use, including alcohol consumption. Respondents are asked about daily and monthly alcohol use, the quantity of alcohol consumed, and the number of episodes of heavy drinking in the past month. Unlike NSDUH or YRBS, MTF also explores issues of risk and ethics

⁶ For alcohol-related fatalities, the costs of pain and suffering were computed based on the monetary values that people ascribed in experimental settings to not being killed. Similarly, the pain and suffering costs of nonfatal injuries were based on the values associated with different dimensions of functioning, cognition, mobility, sensation, and pain. Methodology details are outlined at <http://www.udetc.org/documents/UnderageMethods.pdf>.

⁷ See http://www.cdc.gov/alcohol/quickstats/underage_drinking.htm.

by asking, “How much do you think people risk harming themselves (physically or in other ways)” if they drink daily or if they drink heavily on the weekends. Similarly, survey participants are asked whether they “disapprove” of these behaviors. Each year, a random sample of 12th-grade MTF participants is selected for follow-up studies. These individuals are surveyed by mail every other year until age 30, then every fifth year until age 45. Data from these follow-up surveys allow researchers to investigate questions about the effects of alcohol use over time, such as the following:

- How do different social contexts (e.g., military service, civilian employment, college, unemployment) and social roles (e.g., marital status, parenthood) affect alcohol use by individuals?
- How does the life course of individuals who used alcohol as teens differ from those who did not?

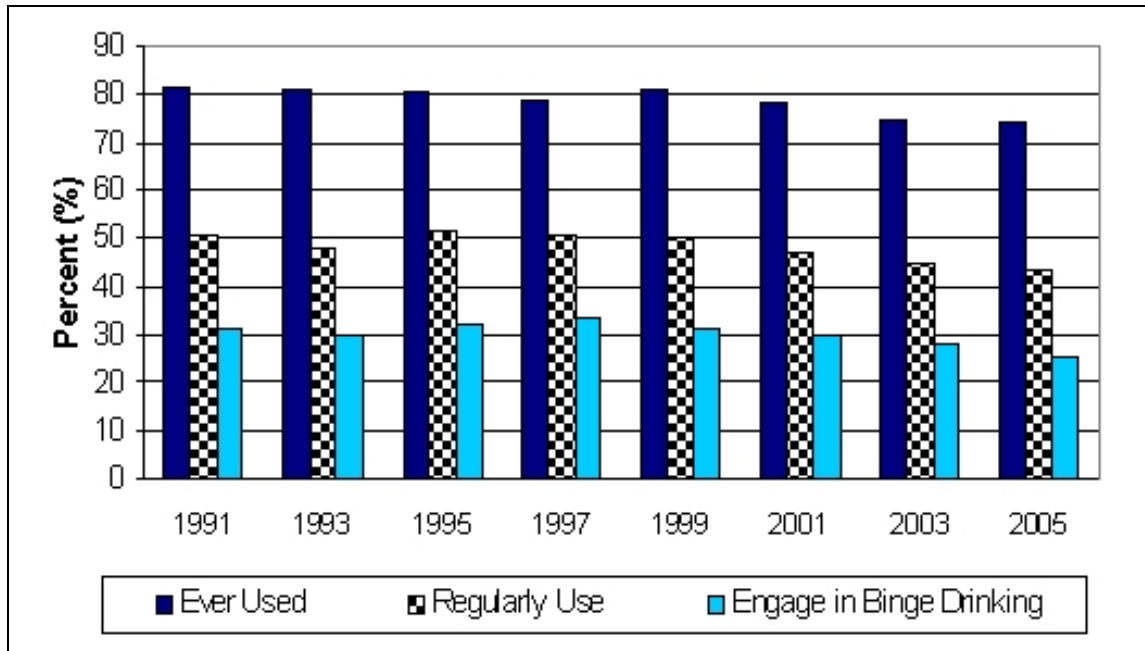
Prevalence

The consumption of alcohol by youth has dropped steadily over the past decade. Data from 2005 suggest that 74.3% of individuals in grades 9-12 have used alcohol on multiple occasions, 43.3% regularly consume alcohol, and 25.5% engage in binge drinking (see **Figure 1**).⁸ These figures represent absolute declines of 4.8, 7.5, and 7.9 percentage points, respectively, since 1997. Still, underage drinking remains a far more prevalent problem than the use of illicit drugs or tobacco products. According to *Monitoring the Future*, U.S. high school seniors are 50% more likely to have consumed alcohol more than once than to have ever tried illicit drugs or to have smoked tobacco.⁹

⁸ Centers for Disease Control and Prevention, 2005, *Youth Risk Behavior Survey*, available at <http://www.cdc.gov/yrbss>.

⁹ Lloyd D. Johnston, Patrick M. O’Malley, Jerald G. Bachman, et al., *Monitoring the Future national survey results on drug use, 1975-2005. Volume I: Secondary school students*, NIH Publication No. 06-5883, Bethesda, MD: National Institute on Drug Abuse, 2006.

Figure 1. Underage Use of Alcohol, 1991-2005



Source: Centers for Disease Control and Prevention, 2005 Youth Risk Behavior Survey; data available at <http://www.cdc.gov/yrbss>.

There are an estimated 10.8 million underage drinkers in the United States. More than 2.0 million are classified as heavy drinkers, and nearly 7.2 million are classified as binge drinkers, meaning that they have had more than five drinks on one occasion.¹⁰ Rates of alcohol consumption differ by gender among individuals aged 12-20. In 2006, drinking was more common among boys than girls in this age category, with males reporting more current alcohol use (29.2% vs. 27.4% for girls), more frequent binge drinking (21.3% vs. 16.5%), and more frequent heavy drinking (7.9% vs. 4.3%). Racial and ethnic differences were also evident. Rates of binge drinking were highest among American Indian/Alaskan Native (23.6%) and white youth (22.7%), followed by Hispanic youth (16.5%), Asian American youth (11.8%), and African American youth (8.6%).¹¹

Underage drinking varies by geographic region. Since 2002, it has been higher in the Northeast (32.0%) and Midwest (29.7%) than in the West (28.1%) and South (25.8%).¹² According to the most recent NSDUH data, underage drinking rates in 2006 were similar in small metropolitan (28.9%), large metropolitan (27.8%), and non-metropolitan areas (29.1%).¹³ Unlike in previous

¹⁰ SAMHSA, *Results from the 2006 National Survey on Drug Use and Health: National Findings*, NSDUH Series H-30, HHS Pub. No. SMA 06-4194. Rockville, MD: SAMHSA, Office of Applied Studies, 2006.

¹¹ NSDUH, 2006, at <http://www.oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.pdf>.

¹² U.S. Census regions are defined as follows: *Northeast*—Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania; *Midwest*—Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas; *South*—Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, Texas; *West*—Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Alaska, Hawaii.

¹³ Large metropolitan (large metro) areas have a population of 1 million or more. Small metropolitan (small metro) areas have a population fewer than 1 million, but more than 2,500. Nonmetropolitan (nonmetro) areas are outside of “metropolitan statistical areas,” which are geographic clusters defined by the United States Census Bureau that have (continued...)

years, the rate in rural areas has increased to 28.2% and now exceeds the underage drinking rate seen in large metropolitan areas.¹⁴

While NSDUH and YRBS ask many similar questions regarding underage drinking, the Youth Risk Behavior Survey includes several unique, noteworthy findings. Among high school students surveyed in 2005, 26% had their first alcoholic drink before age 13; one in three had ridden with a driver who had been drinking alcohol; and over the course of the past month, 10% had consumed alcohol while operating a motor vehicle, and 4.3% had done so while on school property.¹⁵

Legal Perspectives

The 21st Amendment to the U.S. Constitution gives states the primary authority to regulate the sale and distribution of alcohol within their borders. Hence, most underage drinking prevention laws are passed by states. Today, all states have set the minimum legal drinking at age 21 and have passed zero-tolerance laws that make it illegal for people under age 21 to drive after drinking any alcohol. Despite their demonstrated benefits, legal drinking age laws and zero-tolerance laws generally have not been vigorously enforced.¹⁶ Alcohol purchase laws aimed at sellers and buyers also can be effective, but experts believe that more resources need to be made available for enforcing these laws.¹⁷

Online Sales of Alcohol

Millions of minors either buy alcohol online or know an underage friend who does, according to an April 2006 study conducted by Teen Research Unlimited (TRU).¹⁸ This survey analyzed a nationally representative sample of youth. Its findings suggest that at least 551,000 individuals (2%) aged 14-20 have purchased alcohol over the Internet; 3.1 million minors (12%) in this age bracket report having at least one friend who has purchased alcohol online. Moreover, nearly 8.9 million Americans (33%) aged 14-20 believe it is possible that they will make an online alcohol purchase before age 21.

The Wine and Spirits Wholesalers of America (WSWA), a trade association representing U.S. alcohol wholesalers, argues that the TRU study underscores the dangers of permitting wine and other alcoholic beverages to be sold online. It is important to note that WSWA has a vested interest in limiting Internet sales of alcohol and ensuring that wine and liquor continue to be sent

(...continued)

2,500 or more individuals and include either a city of at least 50,000 people or an urbanized area of at least 100,000 people.

¹⁴ NSDUH, 2006, at <http://www.oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.pdf>.

¹⁵ Centers for Disease Control and Prevention, *2005 Youth Risk Behavior Survey*, 2005.

¹⁶ Ralph K. Jones and John H. Lacey, *Alcohol and Highway Safety 2001: A Review of the State of Knowledge*, DOT HS 809 383, Washington, DC: National Highway Traffic Safety Administration, 2001, at <http://www.nhtsa.dot.gov/people/injury/research/AlcoholHighway>.

¹⁷ David F. Preusser, A.F. Williams, and H.B. Weinstein, "Policing Underage Alcohol Sales," *Journal of Safety Research*, vol. 25, pp. 127-133, 1994.

¹⁸ This study was funded by the Wine and Spirits Wholesalers of America, Inc.

from distillers or brewers to the distributors it represents, not to the doorsteps of consumers—be they adults or teenagers. The TRU numbers suggest that in 2004 only 9% of teens had visited a website that sells alcohol. However, this 9% figure may be more substantial than is initially evident. Because only 34% of survey respondents reported knowing that it was “possible to purchase alcohol online,” another way to frame this finding is that more than 25% of 14-to-20-year-olds who knew alcohol could be purchased via the Internet visited websites that sell beer, wine, or liquor.

Viewed in this light, the TRU study’s estimate that 68% of 14-to-20-year-olds report that their parents make no attempt to control online activity, and the report that 75% say their parents are unable to control what they do online, leads some analysts to believe that more minors can be expected to purchase alcohol online in the future.¹⁹ This suggestion is consistent with a 2003 report by the Institute of Medicine, which found that underage individuals are increasingly buying alcohol online and concluded that greater use of the Internet in the future will likely exacerbate this problem.²⁰ It is also supported by the significant number of teenagers who are being given credit/debit cards by their parents (or guardians).²¹

In recent years, state and national policy makers have proposed restrictions on home delivery of alcohol ordered from Internet sites. It is unclear, however, whether debates over alcohol sales from the Internet are driven primarily by the desire to reduce youth access to alcohol, because prohibitions of home delivery from local retail outlets have not been included in the policy debates on Internet sales. This omission has led some political observers to conclude that policy attention to Internet sales of alcohol may reflect the varying economic interests of local versus national alcohol distributors and retailers—rather than concerns about teen access to alcohol.²²

Judicial Activity Regarding Internet Wine Sales

In May 2005, the Supreme Court issued a 5-4 opinion in *Granholm v. Heald* (03-1116) 544 U.S. 460 (2005), and consolidated cases.²³ This opinion held that Michigan’s and New York’s regulatory schemes, which permit in-state wineries to ship alcohol directly to consumers, but restrict the ability of out-of-state wineries to do so, violate the Constitution’s Commerce Clause. While the facts of these cases involved wine sales, the Court’s opinion has made it more difficult for states to regulate businesses that engage in Internet-based commerce.

¹⁹ David Carney, “Supreme Court Rules in Internet Wine Sales Case,” *Tech Law Journal*, May 17, 2005, available at <http://www.techlawjournal.com/alert/2005/05/17.asp>.

²⁰ Richard J. Bonnie and Mary Ellen O’Connell (eds.), *Reducing Underage Drinking: A Collective Responsibility*, Institute of Medicine, Committee on Developing a Strategy to Reduce and Prevent Underage Drinking, Washington, DC: National Research Council and the Institute of Medicine, 2003, at <http://www.nap.edu/catalog/10729.html>.

²¹ In 2005, 11.1% of teens had their own credit cards. Credit card ownership increases steadily with age. Only 6.2% of teens aged 13-14 own credit cards, compared with 13.1% of teens aged 17. Among teens 18 years of age and older, 20.5% have their own credit cards. See the Junior Achievement Interprise Poll on *Teens and Personal Finance 2005*, April 4, 2005, at http://www.ja.org/files/polls/personal_finance_2005.pdf.

²² Kelli A. Komro and Traci L. Toomey, “Strategies to Prevent Underage Drinking,” *Alcohol Research & Health*, vol. 26, no. 1 (2002), pp. 5-14.

²³ When two or more cases have common questions of law or arise of a common dispute, the Court may “consolidate” such cases and hear them simultaneously. In this instance, the Court consolidated *Granholm v. Heald* (03-1116), *Michigan Beer & Wine Wholesalers v. Heald* (03-1120), and *Swedenburg v. Kelly* (03-1274).

At issue was the 21st Amendment, which ended Prohibition in 1933 and granted states the authority to regulate alcohol sales. Nearly half the states subsequently passed laws requiring out-of-state wineries to sell their products through licensed in-state wholesalers, resulting in millions of dollars in state alcohol taxes. However, the Commerce Clause generally prohibits state laws that unreasonably discriminate against out-of-state businesses. That led to the challenges to the Michigan and New York laws.

Justice Anthony Kennedy, who wrote the majority opinion, stated, “States have broad power to regulate liquor. This power, however, does not allow States to ban, or severely limit, the direct shipment of out-of-state wine while simultaneously authorizing direct shipment by in-state producers.” The Majority continued, “The differential treatment between in-state and out-of-state wineries constitutes explicit discrimination against interstate commerce,” that is “neither authorized nor permitted by the Twenty-first Amendment.” Justice Kennedy’s opinion was joined by Justices Antonin Scalia, David H. Souter, Ruth Bader Ginsburg, and Stephen G. Breyer.

New York and Michigan defended their laws as necessary to prevent underage drinkers from buying wine without having to show proper proof of age, as well as to prevent tax evasion. The majority rejected these arguments, finding that the states “provide little concrete evidence for the sweeping assertion that they cannot police direct shipments by out-of-state wineries.” Justice Kennedy also said that the states’ concerns did not justify discrimination. “Minors are just as likely to order wine from in-state producers as from out-of-state ones.” Moreover, he noted, minors are no more likely to purchase and consume wine than beer or wine coolers or hard liquor. Finally, the Majority asserted that minors who choose to disobey laws governing alcohol purchase/consumption have more direct means of gaining access to alcohol than methods that involve direct shipping.

Given the decision in *Granholm*, it is anticipated that any effort to regulate online sales of alcohol will face considerable political and legal hurdles, because the Court has ostensibly ruled that the only way to limit Internet sales of alcohol is to treat out-of-state direct sellers (such as Internet-based sales) and in-state direct sellers equally.²⁴

Policy Perspectives

Legislative Activity

At the federal level, legislative activity has been aimed primarily at coordinating and supporting the states’ efforts. The following underage drinking prevention laws have been passed since the 106th Congress:

- Sober Truth on Preventing Underage Drinking Act (STOP Act), 2006: Mandates the Secretary of Health and Human Services to formally enhance the efforts of the Interagency Coordinating Committee on the Prevention of Underage Drinking.²⁵

²⁴ Carney, “Supreme Court Rules in Internet Wine Sales Case,” May 17, 2005.

²⁵ P.L. 109-422, Sec. 2(c)(1), 120 Stat. 2891.

- Science, State, Justice, Commerce, and Related Agencies Appropriations Act, 2006:²⁶ Provides \$25 million for grants to states to enforce minimum drinking age laws, and for technical assistance.
- Consolidated Appropriations Act, 2005:²⁷ Provides \$25 million for grants to states to enforce minimum drinking age laws, and for technical assistance.
- No Child Left Behind Act, 2001:²⁸ Authorizes the Substance Abuse and Mental Health Services Administration to award grants to local educational agencies to develop and implement programs to reduce alcohol abuse in secondary schools.
- National Police Athletic League Youth Enrichment Act, 2000:²⁹ Provides for expansion of Police Athletic League Chapters to conduct underage drinking prevention activities in non-school hours.
- District of Columbia Appropriations Act, 2001:³⁰ Provides \$25 million for grants to states to enforce minimum drinking age laws, and for technical assistance.
- Missing, Exploited, and Runaway Children Protection Act, 1999:³¹ Provides funding for community-based alcohol and drug abuse prevention and education services to street youth.

Although no legislation directly addressing the sale of alcohol over the Internet has been signed into law, the 106th Congress did consider a bill that indirectly dealt with this topic: S. 577, the Twenty-First Amendment Enforcement Act. Introduced by Senator Orrin Hatch (R-UT), this bill would have amended the Webb-Kenyon Act to authorize a state attorney general to deal with the consequences of new distribution channels for the sale of alcohol. S. 577 was concerned with “the interstate sale of alcohol,” which included purchases made on the Internet and delivered by direct mail. By permitting states to bring actions in federal court for violation of state alcohol laws, it sought to give state attorneys more power to enforce underage drinking laws and to ensure payment of state and local taxes on the sale of alcohol.

In addition, Senator Dianne Feinstein (D-CA) inserted into The Violent and Repeat Juvenile Offender Accountability and Rehabilitation Act of 1999 (S. 254/H.R. 1501, 106th Congress) a provision that would have amended liquor trafficking prohibitions to (1) require persons who ship alcoholic beverages in interstate commerce to label the packages as containing alcohol, (2) require shipping companies to obtain the signature of the person receiving delivery of packages containing alcohol, and (3) verify that that person is of legal age for the purchase of alcohol beverages within the receiving state. None of the aforementioned bills from the 106th Congress were signed into law.

Following the release of the Acting Surgeon General’s *Call to Action to Prevent and Reduce Underage Drinking* (March 2007),³² the 110th Congress has considered one bill directly

²⁶ P.L. 109-108, Sec. 5(c), 119 Stat. 2300.

²⁷ P.L. 108-447, Sec. 2, Division B, Title I, 118 Stat. 2866.

²⁸ P.L. 107-110, Title IV, Sec. 4129, 115 Stat. 1757.

²⁹ P.L. 106-367, Sec. 6(a)(2)(B)(I), 114 Stat. 1414.

³⁰ P.L. 106-553, Appendix B, Title I, 114, Stat. 2762A-65. P.L. 106-553.

³¹ P.L. 106-71, Sec. 3(b)(1), 113 Stat. 1042.

³² U.S. Department of Health and Human Services, 2007, at <http://www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf>.

addressing alcohol consumption by minors: H.R. 4453, the Underage Drinking Prevention Act of 2007. Sponsored by Representative Edolphus Towns (D-NY), this bill proposes a grant program to support enforcement of laws that prohibit underage drinking, to improve the collection and reporting of data on underage drinking, and to establish dedicated funding designed to increase parental involvement in school-based efforts to reduce alcohol consumption. H.R. 4453, however, does not address the commercial aspects of alcohol sales to minors. Rather, it concerns itself primarily with situations where minors are consuming alcohol that has been garnered by consenting parents or other adults. H.R. 4453 was referred to the House Committees on Education and Labor, and Energy and Commerce on December 11, 2007.

Institute of Medicine Recommendations

The 2003 Institute of Medicine (IOM) report on reducing underage drinking concluded that underage drinking cannot be successfully addressed by focusing on youth alone.³³ Because minors “usually obtain alcohol—directly or indirectly—from adults,” the IOM contended, efforts to reduce drinking among teens should also be aimed at adults and industry. The IOM’s recommendations, discussed below, included community-based interventions and policy options to limit or prevent underage alcohol consumption.

Prohibit Alcohol Advertisements from Targeting Youth

Long-term exposure to alcohol advertising and promotion increases the likelihood that children will drink. The IOM has called on the alcohol and entertainment industries to shield youth from unsuitable messages about drinking by ensuring that programs do not portray underage drinking in a favorable light. The IOM also suggested that Congress consider restrictions on the alcohol industry, analogous to those placed on the tobacco companies, to prevent marketing practices that disproportionately appeal to minors.

Increase Alcohol Prices Through Excise Taxes

The current tax on alcohol has not kept pace with inflation, observed the IOM, thus reducing the real price of alcohol over time. Thus, alcoholic beverages are cheaper today in real dollars than they were in the 1960s and 1970s. Research indicates that increases in alcohol price are associated with decreased underage drinking.³⁴ Increasing excise taxes on alcohol, according to the IOM, could provide revenue for strategies to reduce underage drinking.³⁵

³³ Richard J. Bonnie and Mary Ellen O’Connell (eds.), *Reducing Underage Drinking: A Collective Responsibility*, Institute of Medicine, Committee on Developing a Strategy to Reduce and Prevent Underage Drinking, Washington, DC: National Research Council and the Institute of Medicine, 2003, available at <http://www.nap.edu/catalog/10729.html>.

³⁴ Frank J. Chaloupka, Michael Grossman, and Henry Saffer, “The effects of price on alcohol consumption and alcohol-related problems,” *Alcohol Research and Health*, vol. 26, no. 1, pp. 22-34, 2002.

³⁵ If this policy option were pursued, the IOM emphasized that alcohol taxes would have to be indexed to the consumer price index to ensure that they keep pace with inflation.

Public Awareness

Educating the public about the consequences of underage drinking, as well as the existing laws regarding alcohol consumption by minors, could curtail underage drinking. The IOM recommended that the federal government fund and support development of a national media effort as a major component of an adult-oriented campaign to reduce underage drinking. For these public education efforts to be effective, said the IOM, they would need to be combined with better enforcement of existing laws.

Enforcement

The IOM suggested that states or the federal government could consider criminalizing the use of falsified or fraudulent identification in an attempt to purchase alcoholic beverages, as well as criminalizing the provision of any alcohol to minors by adults, except to their own children in their own residences.

Author Contact Information

Andrew R. Sommers
Analyst in Public Health and Epidemiology
asommers@crs.loc.gov, 7-4624

Ramya Sundararaman
Analyst in Public Health
rsundararaman@crs.loc.gov, 7-7285