

2010

1105

2010
November 10, 2010
11:05 AM
11:05 AM
11:05 AM
11:05 AM

0 1 0 0 0 0

0 1 0 0 0 0

Foreword by Calvin Hill



Join Together's mission is to help community coalitions throughout the nation be more successful in their struggles to reduce the harm from substance abuse. Join Together is located at the Boston University School of Public Health and is supported by The Robert Wood Johnson Foundation.

We convened the national policy panel on underage drinking in direct response to demands for action. Leaders in more than 1,500 communities throughout the nation told us in our 1992 survey that underage drinking and inadequate attention to alcohol policy were major impediments to their success.

The challenge we made to Governor Brennan and the members of this panel was simple and direct: Review the consequences of underage drinking in our communities. Study the constructive steps that have been taken around the country to address this problem. Listen to community leaders' requests and recommendations. Provide the nation with clear and concise recommendations for policies that will reduce underage drinking and save lives.

I thank Governor Brennan for the leadership he has provided. He and the members of the panel have been generous with their time, energy and expertise. On behalf of Join Together, and the thousands of community leaders who asked for these recommendations, I extend our gratitude and appreciation.

The best thanks to the panel will be the rapid adoption of these recommendations throughout the nation. Join Together is publishing a companion guide to this report to assist community groups in implementing the recommendations. We urge community leaders and leaders of other national organizations to unite in pressing for the policies recommended by this panel.

A handwritten signature in cursive script that reads "Calvin Hill". The signature is written in dark ink and is positioned above the printed name and title.

Calvin Hill
Chairman
National Advisory Committee

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Join Together

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

NCJRS

JAN 17 1995

ACQUISITIONS

*Save
Lives!*

**Report and
Recommendations
of the Join Together
Public Policy Panel
on Underage Access
to Alcohol**

Table of Contents

| | |
|-------------------------------|---------------------------|
| Foreword by Calvin Hill..... | <i>inside front cover</i> |
| Chairman's Introduction | <i>iv</i> |
| Members of the Panel..... | <i>iv</i> |
| Background..... | <i>1</i> |



| | |
|-------------------------------|----------|
| Recommendation 1 | 5 |
|-------------------------------|----------|

It should be illegal for individuals under age 21 to drive with any measurable amount of alcohol in their bodies.



| | |
|-------------------------------|----------|
| Recommendation 2 | 9 |
|-------------------------------|----------|

There should be a 5-cent per-drink increase on the current federal excise tax on all alcoholic beverages.



| | |
|-------------------------------|-----------|
| Recommendation 3 | 11 |
|-------------------------------|-----------|

All retail outlets and private individuals should be held liable for negligently providing alcohol to a minor.



| | |
|-------------------------------|-----------|
| Recommendation 4 | 13 |
|-------------------------------|-----------|

Each television, radio, and cable operator who runs advertisements promoting alcoholic beverages should be required to provide equal time for counter advertisements about the health risks associated with alcohol consumption.



| | |
|-------------------------------|-----------|
| Recommendation 5 | 17 |
|-------------------------------|-----------|

Local government officials and community coalitions around the country should systematically assess teen access to alcohol in their communities and examine ways to reduce this access.

| | |
|-----------------|-----------|
| References..... | <i>19</i> |
|-----------------|-----------|

| | |
|---|-----------|
| List of Participants in the Join Together Policy Panel Hearings | <i>23</i> |
|---|-----------|

| | |
|-----------------|-----------|
| Appendix A..... | <i>25</i> |
|-----------------|-----------|

Chairman's Introduction

MEMBERS OF THE PANEL

Honorable Joseph L. Brennan
Chairman

Governor of Maine
1979 to 1987

Member of the House of
Representatives 1987
to 1991

Verner, Leipfert, Bernhard,
McPherson & Hand
Washington, D.C.

Charles Austin
Chief

Columbia Police Department
Columbia, SC

Jane Callahan
Project Director

Fighting Back
Vallejo, CA

Diane Figueroa
Student

St. Elizabeth's College
Perth Amboy Partnership
for Youth
Perth Amboy, NJ

Milo Kirk
National President

Mothers Against Drunk
Driving (MADD)
Dallas, TX

Alex Rodriguez
Chairman

Cambridge License
Commission
Cambridge, MA

Alex Wagenaar
*Director, Alcohol and Drug
Epidemiology Project*

Associate Professor,
Division of Epidemiology
University of Minnesota at
Minneapolis, School of Public
Health
Minneapolis, MN

Every day, young Americans die or have their lives ruined because of alcohol — despite the fact that it's illegal to sell alcohol to minors in all 50 states. Every single year, at least 6,000 young people die from alcohol-related accidental deaths, murders and suicides in this nation. We all know that many of these deaths are clearly preventable. As Governor of Maine from 1979 through 1987, I saw these senseless tragedies repeatedly rob families of their loved ones and knew that we must act as a state and as a nation to prevent underage drinking.

Young people face enormous social pressures to drink alcohol, both from their peers and from constant exposure to advertising that promotes alcohol consumption.

We send very mixed messages to young people by our inconsistent laws and erratic enforcement. Compounding the problem are many loopholes in the age 21 legislation. Many states do not prohibit adults from serving alcohol to minors or prohibit minors from drinking. And many states don't have a lower legal blood alcohol content (BAC) for drivers under age 21.

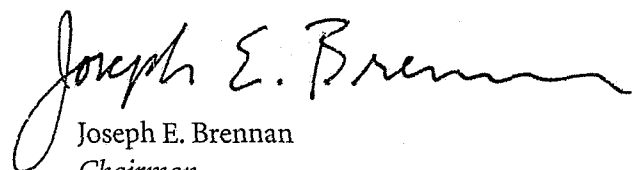
In 1983, during my term as governor, Maine was the first state to lower the legal blood alcohol content to .02 percent for drivers under 21. The result has been a sharp decline over the past decade in alcohol-related car crashes involving youth. If we can be more effective in reducing underage drinking across the nation, experts tell us that we can cut the alcohol-related death rate from automobile crashes involving young people by thirty-five percent.

Our panel took the charge from Join Together seriously. We studied and listened. More than 100 people from throughout the nation came forward to testify or make concrete proposals.

We believe the recommendations we made will help communities save lives. We urge their rapid adoption.

On a personal note, I want to thank all the members of the panel for their contribution of time and energy. Democracies work only when people are willing to do the hard work that produces consensus and action.

I also want to acknowledge and thank members of the Join Together staff who provided support to the panel and who helped prepare the materials for our recommendations and report. All of us on the panel are grateful to Tom Delaney, Ralph Hingson, Jonathan Howland, Ronda Zakocs, Diane Barry, Adele Pollis, and Bob Downing.



Joseph E. Brennan
Chairman

*Join Together National Policy Panel
on Underage Drinking*

Background

WHY THE ISSUE OF UNDERAGE ACCESS TO ALCOHOL IS IMPORTANT TO COMMUNITIES

PROBLEMS POSED BY UNDERAGE ACCESS TO ALCOHOL

Teenage Drinking Patterns

Despite a legal alcohol purchase age of 21 in all 50 states, many teenagers continue to drink. Drinking to get drunk—five or more drinks at one setting—is actually increasing in some places. According to a recent national survey of high school seniors, 90 percent of the seniors had consumed alcohol, 30 percent within the past 2 weeks.¹ In a 1991 Massachusetts statewide survey of 16-19-year-olds, 80 percent said they drank alcohol in the past year and 25 percent said they typically consumed 5 or more drinks on each drinking occasion, up from a 1987 survey.²

Factors Encouraging Underage Access to Alcohol

Adolescents face enormous social pressures to drink, not only from their peers, but also from the media. The alcohol industry spends over \$2 billion dollars per year in advertising and promotion. One major brewer spends more money each year promoting its brands of beer than the entire amount budgeted for the National Institute on Alcoholism and Alcohol Abuse.⁶ Alcohol advertising glamorizes alcohol, associating it with success, sophistication, athletic ability and sex.⁵

Whether or not alcohol advertising and television programming is intentionally aimed at young people, they are continually bombarded with visual images that tell them alcohol, especially beer, is an essential component of a good life. There is almost no information presented about the negative effects of alcohol to balance the pro-alcohol messages they are exposed to.

The fact that alcohol is cheap and not difficult for adolescents to obtain contributes to the ease with which teens access alcohol. One six-pack of beer costs about \$5 and contains more than enough alcohol to make the average 18-year-old legally intoxicated. Many adolescents get alcohol at home, or have someone of legal purchase age buy it for them. However, two-thirds of those who say they personally tried to purchase alcohol were rarely or never asked for age identification.²

The Insurance Institute for Highway Safety asked teenagers to attempt to purchase alcohol in New York and Washington, D.C. In New York, 50 percent of the youth who attempted to purchase alcohol were successful, and in the nation's capital, 97 out of 100 attempts resulted in successful purchase.³ According to the study, *Monitoring the Future*, 64 percent of 6th graders and 83 percent of 10th graders report that it is fairly easy for them to obtain alcohol when they want it.⁴ Almost two-thirds of 7th to 12th graders say they buy alcohol themselves.⁵

Legislation at the state and local level doesn't help much either. There are numerous loopholes in state and local legislation regarding alcohol possession and consumption by teens. According to the Office of the Inspector General, Health and Human Services: twenty-one states do not have laws stating that consumption by minors is illegal⁷; sixteen states do not have laws prohibiting minors from

misrepresenting their age; nineteen states do not have laws against minors presenting false identification; and twenty-nine states do not have laws prohibiting adults from providing alcohol to minors.

In addition to the legal loopholes, current laws are poorly enforced. Suspension and revocation of liquor licenses can be effective deterrents but these penalties are rarely applied.⁷ Most states revoke licenses only in instances involving repeat violations, sales of illicit drugs or prostitution. In at least 10 states, vendors may pay increased fines in lieu of license suspension. In short, "21" is the law of the land but it is a law that is easy to subvert or to violate with impunity.⁴

Adverse Consequences of Teen Alcohol Use

Every year in the United States at least 6,000 young people die in an event linked to alcohol. Alcohol poses a major threat to the progress of young people (initial use of alcohol occurs at an early age; 11 years for boys and 12.7 for girls⁸) from adolescence to adulthood. Alcohol use is associated with all the leading causes of death among teenagers: traffic crashes, homicides and suicides. Alcohol is also a factor in unprotected sex resulting in unplanned pregnancies, sexually transmitted diseases and AIDS. Its association with other drugs, psychiatric comorbidity, school dropout and academic failure all underscore the fact that underage access to alcohol is one of the most pressing health and social problems faced by our nation's youth.

Unintentional Injuries

Motor vehicle crashes are the leading cause of death in the U.S. for people age 1-34.⁸ Though teenagers age 13-19 comprise only 10 percent of the population, they were involved in 14 percent of traffic crashes nationwide in 1991.⁸ In 1991, 47 percent, or 3,105 of the 6,630 traffic fatalities of people age 15-20 were alcohol-related.⁹

Alcohol is also a factor in many other unintentional injuries, especially drownings and fires. Seven hundred sixty-six people age 10-21 drowned in the U.S. in 1988, 15 percent of the 4,966 drownings nationwide.¹⁰ Alcohol has been connected to 27-47 percent of drowning deaths in recent studies.^{11,12} Two hundred ninety-six persons age 10-20 died as a result of fires and burns in 1988.¹² Alcohol has been linked to 12-61 percent of burn deaths in recent studies.¹² A particularly common link is to smokers who, after drinking, fall asleep while holding a burning cigarette. Alcohol consumption may also make people less likely to hear smoke alarms and may disorient them, preventing escape from fire.

Intentional Injuries

Alcohol is also linked to intentional injuries, such as murder and suicide. Homicide is the second leading cause of death among young adults age 15-34.¹³ Each year more than 20,000 people die in the U.S. and 2.2 million suffer non-fatal injuries from intentional violence.¹⁴ Eleven percent of homicide victims are age 10 to 19.¹⁵ One recent review found alcohol to be a factor in 30-60 percent of homicides.¹⁶

Suicide is the eighth leading cause of death in the United States with 30,407 deaths in 1988.¹⁷ Twelve percent of suicide deaths are among teens, age 10-19¹⁰ and suicide rates among male teenagers have tripled in the last 30 years.¹⁸ Alcohol use has been found to be a factor in 20-30 percent of suicides.¹⁶ Adolescents who commit suicide with a gun are five times more likely to have been intoxicated.¹⁷

Sexual Risk Taking and Alcohol

The AIDS epidemic has focused national attention on the sexual behavior of the nation's youth. The proportion of teenagers who are sexually active has been increasing for two decades.¹⁸

Teens report that they are more likely to have sex if they, or someone they are interested in sexually, has been drinking. Moreover, they are less likely to use condoms if they have sex after drinking than after not consuming alcohol.^{18,19} The consequences of unprotected sex among teens are considerable. Unprotected sex results in over one million teenage pregnancies and a half-million births to teenage mothers.²⁰ Many of these teenage mothers are unmarried and often do not have the social and financial support needed to raise a child. Sixty percent of children living in single parent households live below the poverty line.²⁰

In addition to pregnancy, unprotected sex contributed to teenagers accounting for one quarter of sexually transmitted diseases. By age 19, one teenager in four will have acquired a sexually transmitted disease (STD).²¹ Besides the dangers posed directly by these STD's, being infected increases the likelihood that someone can also become infected with human immunodeficiency virus (HIV), the virus that causes AIDS. To date 242,000 persons in the U.S. have been diagnosed with AIDS.²² One-fifth of those with the disease are age 16-29.²² Given the long incubation period, many of these persons probably became infected during their teenage years.^{18,19}

Use of Other Drugs with Alcohol

Alcohol is often a gateway drug for the use of other drugs. Adolescents who drink heavily are more likely to progress to polydrug abuse and to chronic alcoholism,²³ than are teens who do not drink.

Alcoholism and alcohol abuse do not occur in isolation from other health problems. Data from the National Epidemiology Catchment Area Study of the U.S. adult population indicate that (excluding drug disorders) comorbidities occur in 37 percent of the alcohol abuse/dependent population. Frequently observed comorbidities include anxiety disorder (19%), anti-social personality (14%), affective disorders (13%), and schizophrenia (4%).²⁴

A review by Zucker and Gomberg of longitudinal studies of adolescents that sought to identify factors associated with later alcoholism found that adolescent anti-social behavior, poor school performance, truancy, and school dropout were all independent risk factors for later onset alcoholism.²⁵

Teen Alcohol Use and School Performance

These latter findings are particularly important in light of a new study which shows that students of given academic ability and family circumstances who report heavy drinking in high school are less likely than their peers to matriculate into and graduate from college. Students in states with higher beer taxes and higher minimum purchase age are more likely to complete college.²⁶ In other words, alcohol use during adolescence may contribute to poorer school performance, which in turn, may contribute to heavier drinking and ultimately adult onset of alcoholism.

Effects of a Minimum Alcohol Purchase Age of 21

There is a precedent for believing that changes in policy can help to reduce underage drinking and its adverse health consequences. Raising the age of legal alcohol purchase to 21 has saved lives. Adopting new public policies to make these laws more effective will save even more lives.

In the 1970's many states lowered the legal drinking age from 21 to 18, 19 or 20.^{27,28} Studies of states that lowered the legal age found significant increases in adolescent traffic crash involvement including alcohol-related crashes, total crash involvement, total fatal and single vehicle crash involvement compared with other age groups within those states. Research also showed adolescent alcohol consumption increased in states that lowered the legal drinking age.^{27,28}

By 1988, all states adopted a 21-year-old minimum alcohol purchase age, partly in response to federal incentive legislation. Numerous research studies indicate that raising the legal drinking age to 21 has reduced adolescent fatal traffic crash involvement.³¹⁻³⁹ The National Highway Transportation Safety Administration estimates that raising the legal drinking age to 21 has saved 12,000 lives from fatal traffic crashes; 8,723 within the last decade.³⁹ Raising the legal drinking age to 21 has also reduced alcohol use among people under age 21.²⁷ It also lowered levels of drinking among people in the 21-25 age group, who as teenagers lived in states with a legal drinking age of 21, compared to people in the same age group who as teenagers lived in states where the drinking age was lower than 21.²⁷

Increasing the legal drinking age to 21 reduced six types of fatal injuries for youths in the United States between the ages of 15-24.⁴⁰ The higher legal drinking age reduced violence-related deaths among youth, particularly motor vehicle occupant and pedestrian deaths, as well as other unintentional injury deaths.

Recommendation



It should be illegal for individuals under age 21 to drive with any measurable amount of alcohol in their bodies.

*The Blood Alcohol Content (BAC) level measures the amount of alcohol a person has in his or her bloodstream. As a person consumes more alcohol, the amount of alcohol in the bloodstream increases. Adoption of this recommendation would mean that it is illegal for any person under 21 to drive after drinking any amount of alcohol.

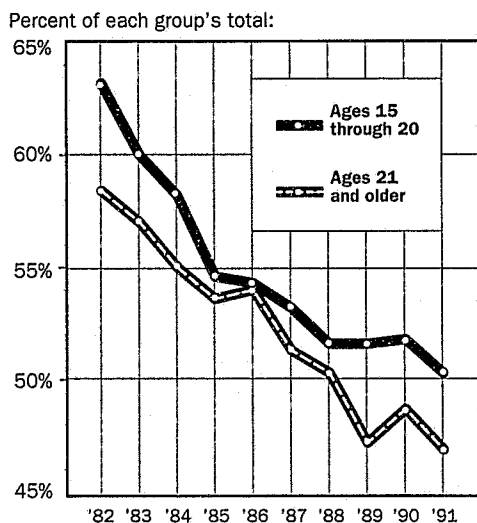
- Penalties for violation should include administrative driver's license suspension of at least six months, with no exemptions.
- A public information campaign should be launched to inform the general public about the law change. All driver's license applicants should also be provided with educational material about the zero tolerance level.
- The federal government should continue to provide states with incentives to encourage adoption of zero tolerance Blood Alcohol Content (BAC)* levels for youth and further consider withholding a fraction of federal highway funds from states that do not lower the legal BAC limit for young drivers.
- Law enforcement officials should use the most advanced technology to accurately detect a BAC level above .00 percent. They should be trained in how to properly use this equipment and how to accurately detect and measure BAC.

SUPPORTING ARGUMENTS

Adopting and enforcing appropriate standards will save lives.

Traffic deaths are the largest health problem directly attributable to teenage drinking. Alcohol-related traffic fatalities among youth, age 15-20, accounted for 3,105, or 47 percent, of all traffic fatalities in that age group in 1991.

Figure 1
Youth vs. Adult Motor Vehicle Fatalities
Alcohol-related percent of total fatalities



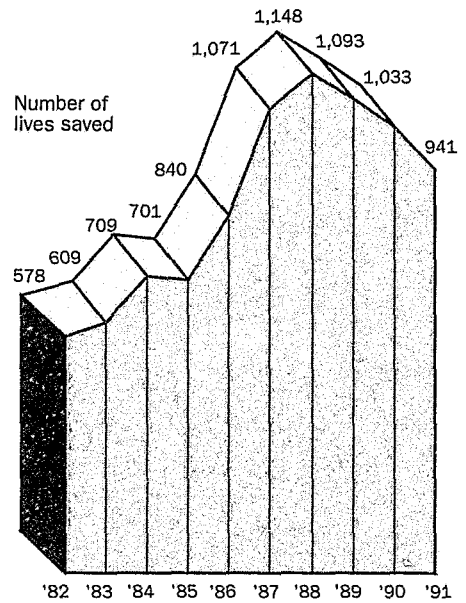
SOURCE: National Highway Traffic Safety Administration (NHTSA)

During the past decade 1,200 laws have been passed nationwide to reduce drunk driving. This has resulted in a 20 percent decline in alcohol-related traffic deaths, from over 25,000 in 1982, to 19,900 in 1991.³⁹ The steepest decline was among youth, (age 15-20), down 42 percent, from 5,380 in 1982, to 3,105 in 1991. (Figure 1)

A major reason for the steep decline in teenage fatal traffic crashes was the adoption of age 21 by all states as the legal purchase age for alcohol.^{37,38} The National Highway Traffic Safety Administration estimates that 12,000 lives have been saved, and that 8,723

fewer youth have died in alcohol-related traffic crashes over the last decade as a result of raising the legal drinking age to 21.³⁹ (Figure 2)

Figure 2
Estimated Lives Saved by Minimum Drinking Age Laws



SOURCE: National Highway Traffic Safety Administration (NHTSA)

Table 1
Teen Driving Behaviors After 5+ Drinks*

Driving behavior after 5+ drinks in past month:

| Behavior | NO N=957 | YES** N=63 |
|------------------------------------|-------------|---------------|
| Ran a red light in the past week | 10% | 27% |
| Made an illegal turn | 26% | 47% |
| Never wore a seat belt | 26% | 71% |
| Sped 20+ MPH over the limit | 35% | 86% |
| Past year tickets/moving violation | 20% | 67% |
| Driver in a crash | 19% | 46% |
| Injury crash | 4% | 18% |

* Massachusetts statewide random digit dial survey N=1010 licensed drivers age 16-19 < response rate 82%

** All differences between drivers who did and did not drive after 5+ drinks were significant p < .0001

SOURCE:
Boston University School of Public Health, Social and Behavioral Sciences Section, Massachusetts statewide survey data

Appropriate standards will help reduce the risks to the 25 percent of youth who drink to get drunk (more than five drinks at a single sitting), and who are at greater risk for fatal crashes and other bad health effects.

A comparison of Massachusetts teenagers who drive after consuming five or more drinks reveals they are twice as likely to drive 20+ miles over the speed limit, run red lights, and make illegal turns. They virtually never wear safety belts. They are three times more likely to have been ticketed for moving violations, twice as likely to have been involved in traffic crashes, and four times more likely to have been in a crash that resulted in injuries. (Table 1)

Inexperience in both driving and drinking places teenagers at a greater risk of being involved in a traffic crash for every drink consumed. On a miles driven basis, teens are four times as likely as adults to be involved in a fatal alcohol-related crash. Studies that compare alcohol breath tests given to drivers involved in single vehicle fatal crashes, to alcohol breath tests given to drivers in roadside surveys who weren't involved in fatal crashes, show that with each .02 increase in BAC level, the risk of a fatal crash is doubled. Moreover, the risk of a fatal crash increases more with each drink consumed by drivers under the age of 21, than for each drink consumed by drivers over 21.⁴¹ (Figure 3)

The 15 states that have already lowered the allowable BAC level for people under 21 are saving lives. (Table 2)

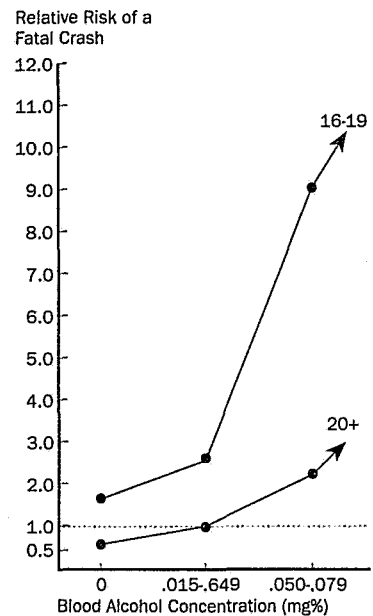
An analysis comparing the first four states to lower legal BAC limits, with four states that did not lower the limits, found a one-third *greater* decline in teenage nighttime and single vehicle nighttime fatal crashes, than in the states that did not lower limits.^{42, 43}

Subsequent analyses of the first eleven states to lower legal BAC limits for adolescents, reveal that the decline in night fatal crashes is more significant in states that lower the legal BAC limits to .00 percent or .02 percent.⁴⁴ These studies show that lowering the BAC level to .04 or .06 has little demonstrable effect.

Education and enforcement are critical to the success of lower BAC laws for youth.

Clear and consistent messages are a critical part of changing behavior. An education program for the public and for law enforcement officials should accompany passage of a .00 BAC law to ensure that youth are aware of the law and the penalties for breaking it. In Maine, the first state to pass a .02 BAC law, a statewide survey conducted three years after the law was passed revealed that one-third of the 16-19-year-olds interviewed did not know it was illegal for them to drive after consuming only one drink, and 40 percent did not know their licenses could be suspended for doing so.⁴² A study in Maryland has found that intensive educational programs can enhance the impact of lowering legal BAC limits.⁴⁵

Figure 3
Relative Risk of a Fatal Crash
Drivers Age 16-19 and 20+ as a Function of BAC



SOURCE: Simpson, H. (1989), MADD Youth Issues Compendium, Volume II

Table 2
States with Lower BAC's for Adolescents

| Effective Date | State | Age | Legal BAC Limit | Study Comparison |
|----------------|-------|-------|-----------------|------------------|
| 7/83 | ME | 16-21 | .02 | MA |
| 9/83 | NC | < 18 | .00 | VA |
| 7/84 | WI | < 19 | .00 | MN |
| 7/84 | NM | < 18 | .05 | AZ |
| 1/87 | CA | < 18 | .05 | TX |
| 6/89 | MD | 16-21 | .02 | PA |
| 10/89 | OR | < 18 | .00 | WA |
| 7/90 | OH | < 18 | .02 | IN |
| 7/90 | RI | < 18 | .04 | CT |
| 10/90 | AZ | 16-21 | .00 | NV |
| 1/91 | GA | < 18 | .06 | AL |
| 7/91 | VT | < 18 | .02 | |
| 7/92 | UT | 16-21 | .00 | |
| 1/93 | NH | 16-21 | .02 | |
| 4/93 | AR | < 21 | .02 | |

SOURCE: National Highway Traffic Safety Administration (NHTSA)

Young drivers in states with lower legal BAC limits report being stopped by the police after drinking, but not being requested to take a breath test.⁴² Currently, five of the 15 states that have lowered youth BAC limits have set the standard at .00. In each of these states, any measurable alcohol level beginning at either .005 percent or .01 percent is grounds for citation. If a law enforcement officer detects alcohol on a driver's breath, the offender is required to perform a sobriety check and/or take a preliminary breath test at the site of the arrest. Ultimately, a more sophisticated alcohol test is given at the police station, which is used as evidence in court against the offender. (Any instrument used to provide evidence of violation of the .00 BAC limit should meet federal and state standards. The penalty for refusing to take a BAC test should be equal to the penalty for failing a BAC test.)

If the lower legal BAC limits are to have the maximum effect, it is crucial that officers have access to the best technical equipment to detect alcohol consumption. The use of a passive alcohol sensor would be particularly helpful. The sensor is a device that resembles a flashlight, and when held close to a driver, can detect the presence of alcohol without the driver blowing directly into the sensor. The sensor can detect very low levels of consumption, which helps police establish probable cause of driving while impaired by alcohol. Sensor use also reduces the number of drivers asked to take sobriety tests who are not intoxicated, thereby cutting down on the unnecessary detainment of non-impaired drivers.⁴⁶

The law should call for licenses to be administratively suspended.

Administrative suspension has been shown to be an effective alternative to criminal penalties. It also benefits the offender who avoids having a criminal offense listed on their record. Further, administrative loss of license can be implemented at the time of the violation and ensures that the penalty will be certain for all apprehended violators. Studies of drunk driving laws that target drivers of all ages indicate that administrative license suspensions result in greater declines in alcohol-related traffic deaths than do criminal penalties.⁴⁷

Federal incentive legislation could influence states across the nation to lower legal BAC limits for youth. Similar legislation prompted states to raise the legal drinking age to 21.

In many states, it is possible for young people to drive to nearby states with less stringent laws or standards of enforcement. When this happens, the risks of drinking and driving are compounded. Varying laws and standards of enforcement send confusing messages to young people about what constitutes acceptable behavior. Setting and enforcing standard legal BAC limits will send a clear message that it is not acceptable to drive after drinking any amount of alcohol. The National Commission on Uniform Traffic Laws and Ordinances approved a lower legal BAC for youth in the 1992 Uniform Vehicle Code. A copy of their proposed legislation is included in this report as Appendix A.

Recommendation



There should be a 5-cent per-drink increase on the current federal excise tax on all alcoholic beverages.

- This tax should be indexed for future inflation.
- A portion of the revenues from this tax should be used for efforts to reduce alcohol use and also support state and/or municipal law enforcement sanctions targeted toward outlets that sell or serve alcoholic beverages to minors.
- Under existing law, the alcohol in beer or wine is taxed at a lower rate than the alcohol in other beverages. The approach recommended here would treat all forms of alcohol equally.

SUPPORTING ARGUMENTS

Increasing alcohol taxes will save lives by reducing consumption, especially among youth who drink heavily.⁴⁸

Coate and Grossman⁴⁹ used data from the second National Health and Nutrition Survey (conducted between 1976 and 1980) to study the effects of state excise taxes on beer consumption by youth age 16 to 21. They found that when taxes on beer were increased, consumption decreased. They found this effect was stronger for frequent drinkers than for infrequent drinkers.

They also found that the effect of state excise taxes on youth beer consumption was as strong as or stronger than, the effects of drinking age laws. These results suggest that the demand for alcohol by youth is more price sensitive than the demand by adults.

Taxing alcohol is a traditional method for controlling consumption and for raising revenue in almost every country.

Failure to raise alcohol taxes in line with inflation has weakened the role of taxation as an alcohol control policy and contributed to the growth of the federal deficit. During much of our history, alcohol taxes have provided a substantial portion of federal revenues. In 1910, about 80 percent of the government's income came from alcohol taxes. In 1941, alcohol taxes provided about 11 percent of the treasury's revenue. By 1987, alcohol taxes provided less than one percent of federal revenue.⁴⁸

The real price of alcohol has declined over recent decades because the federal excise tax on alcohol has not kept pace with inflation.

As a result of the decline in the price of alcohol, it is almost as cheap for young people to drink beer and wine as it is to drink soft drinks. Federal excise tax on beer and wine have been increased only once since 1951; a modest increase in the tax on

Figure 4

NEWSWEEK Poll

To raise more money for the fight against illegal drugs, how do you feel about the following measures?

| | SUPPORT | OPPOSE |
|--|---------|--------|
| Increase federal taxes on liquor and cigarettes | 73% | 26% |
| Add a 1 percent surtax to personal income taxes | 34% | 63% |
| Add a 1 percent surtax to corporate income taxes | 65% | 31% |

For this NEWSWEEK Poll, The Gallup Organization interviewed a national sample of 609 adults by telephone Sept. 7-8, 1989. The margin of error is plus or minus 4 percentage points. Some "Don't know" and other answers omitted. The NEWSWEEK Poll © 1989 by NEWSWEEK, Inc.

distilled beverages was enacted in 1985, and again in 1990.⁴⁸ By 1992, the federal excise tax on alcohol had fallen to 17 percent of the 1950 value. If these taxes had been indexed to consumer prices, the U.S. Treasury would have collected an additional \$100 billion or more in revenue. The failure to adjust taxes for inflation has resulted in keeping the relative price of alcoholic beverages artificially low.⁵⁰ Phillip Cook, a leading expert on alcohol abuse, has suggested that "it is safe to conclude that the sharp decline in alcohol prices during the last 20 years has exacerbated alcohol-related health problems."⁵¹

Increased alcohol taxes will help cover the societal costs of alcohol abuse and send a strong message, especially to youth, about the negative effects of alcohol abuse.

Currently, alcohol taxes do not cover the societal costs of drinking. Manning, et. al.⁵² estimated the societal costs of smoking and drinking by calculating the impact of these behaviors on the costs of health insurance, pensions, disability insurance, group life insurance, fires, motor-vehicle crashes, and the criminal justice system. These investigators found that drinkers do not pay their way. They estimate that current excise taxes on alcohol cover only about half the societal costs drinkers impose on others.

A 5-cent-per-drink federal excise tax on alcohol would yield approximately \$6 billion at 1991 consumption rates.*

Support for increasing taxes on alcohol is broad-based. The general public supports increased alcohol taxes as indicated by several polls conducted in recent years. A 1989 Newsweek⁵³ poll found that 73 percent of respondents supported increasing the federal excise tax on liquor and cigarettes. (Figure 4) Another 1989 poll conducted by the Wall Street Journal and NBC News⁵⁴ found that 63 percent of Americans favored using revenues from increased alcohol and tobacco taxes to fight the war on drugs. A review published in the Journal of the American Medical Association summarized findings from several national polls and found that overall, 76 percent of the population supported increased taxes on alcohol and tobacco to fund a national health insurance plan.⁵²

*To derive this estimate, we started with U.S. Department of Agriculture⁵⁵ consumption figures for beer, wine, and distilled spirits; to convert to drinks, we multiplied gallons by 128 to get ounces and divided by 12 for drinks of beer, 5 for drinks of wine, and one for drinks of distilled liquor. We then multiplied drinks by 5 cents yielding a total estimated annual revenue of \$5,924,545,280.

Recommendation



All retail outlets and private individuals should be held liable for negligently providing alcohol to a minor.

- People who negligently provide alcohol to minors or intoxicated persons should be subject to civil liability for the damages that result if the minor is involved in a subsequent car crash. A retailer or private individual who provides alcohol should not be considered negligent if, at the time of service, responsible service practices were being followed.
- Alcohol outlets that illegally sell to or serve underage youth should have their liquor licenses revoked or suspended.
- Minors also should bear responsibility for their actions in the area of underage drinking.
- There should be penalties for use of false IDs.
- There should be strict penalties for the manufacture of false IDs.

SUPPORTING ARGUMENTS

Imposing civil liability will save lives by deterring retail alcohol servers from serving alcohol to people under 21.

Retailers need a clear, consistent message that it is illegal to serve alcohol to minors. The 21 law is often poorly enforced because there are so few inspectors and because of ambiguous laws in many states. For example, in some states individuals can sue privately, while in other states they can not sue at all. Establishing standard civil liability legislation in all states that would allow individuals to sue retailers for damages incurred by intoxication, will help to clarify and properly enforce the 21 legal drinking age. It would also provide incentive for alcohol retailers to adopt server intervention and management practices. Outlets that train employees and enforce standards will be in a better position to defend against civil action.

Imposing civil liability on individuals who provide alcohol to minors will save lives.

Many young people are served alcohol in private homes or obtain it by asking someone of legal age to buy it for them. The threat of civil liability will deter private individuals from providing alcohol to minors.

Recommendation



Each television, radio, and cable operator who runs advertisements promoting alcoholic beverages should be required to provide equal time for counter advertisements about the health risks associated with alcohol consumption.

- **Air time for these counter advertisements should be paid for by the sponsors of the alcoholic beverage advertisements. A portion of the alcohol excise tax should be used for costs associated with producing the counter advertisements.**
- **The FDA and other appropriate federal agencies should be in charge of developing and implementing these advertisements.**
- **Prominent warning labels about the risks of alcohol consumption should appear on all alcohol advertising.**

SUPPORTING ARGUMENTS

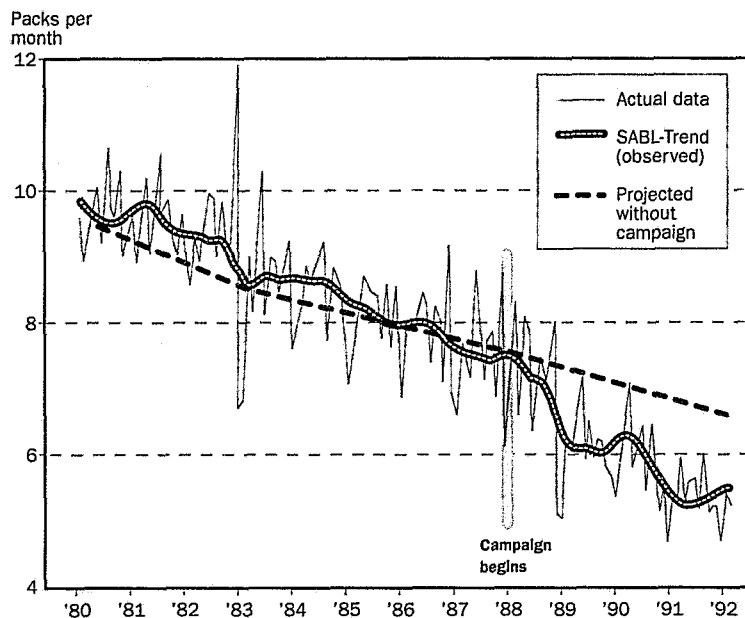
Counter advertising will save lives by providing children with a more balanced view of alcohol use by presenting the potential negative effects of alcohol consumption.

The majority of advertising messages youth receive today promote alcohol consumption by attributing “positive” benefits, such as social success, to consumption. The potential negative effects of alcohol consumption are rarely conveyed. Each year, the alcoholic beverage industry spends around \$2 billion to promote their products; \$820 million is spent for television advertising alone.⁵⁷ In recent years, alcohol advertising has increased dramatically. From 1976 to 1988, beer advertising doubled.⁵⁶ While the alcohol industry has sponsored “moderation” and safe driving messages, these messages still promote alcohol consumption.

Children are continually exposed to messages in advertisements, movies, and television shows promoting alcohol use. Almost half of all alcohol advertisements are on television and in any given week, 92 percent of all children watch television.⁵⁷ In houses where both parents work, the time children spend watching television exceeds time spent with both parents combined.⁵⁸ From early childhood through high school, children spend more time watching television than any other single activity except sleeping.⁵⁷ Teenagers watch an average of 24 hours of television per week, about the same amount of time they spend in school.⁵⁷

Content analyses of prime time television shows document that two-thirds to three-quarters of all episodes show at least one drinking incident involving characters ordering, pouring, holding, sipping, or talking about alcohol.⁵⁹ Fictional characters

Figure 5
Per Capita Consumption of Cigarettes in California



SOURCE: *Tobacco Use in California 1992*, California Dept. of Health Services, Tobacco Control Section
 SOURCE: Projected line, Join Together

masculinity/femininity, adventure, relaxation, and elegance.⁵⁹ Thus, alcoholic beverages are depicted as something of a magic elixir that can enhance social and physical pleasure, sexual performance and responsiveness, power and aggression, and social competence.⁶¹ In fact, alcohol consumption slows reflexes, acts as a depressant and reduces sexual capacity.

Counter advertising will reduce alcohol consumption among youth by contributing to a more realistic idea of both the benefits and the risks of drinking.

The members of the panel believe that most research suggests that advertising makes a modest contribution towards increasing consumption and has an impact in shaping how youth think about drinking and the consequences of alcohol use.⁵⁹ The way in which drinking is depicted in advertising and in the media in general may have important effects for how young people view alcohol; these perceptions may subsequently determine patterns of use as youngsters mature.

One study found that among teenagers and young adults, there was a positive association between exposure to television and magazine alcohol advertising and perceptions of drinking as attractive and rewarding.⁶² Another study of adolescent drinking found a positive relationship between amounts of television and magazine advertising viewed and drinking or the intention to drink in the future.⁶³ Other studies have found that youth with more exposure to alcohol advertising were more likely to view drinkers as having positive attributes (e.g., happy, relaxed, fun loving, etc.).⁵⁷ Accordingly, the panel believes that if advertising induces favorable images of alcohol use among youth, it seems reasonable to conclude that counter advertising will moderate these images and could thereby reduce alcohol consumption.

in television drama, sitcoms, and movies drink 10 times as many alcoholic beverages as soft drinks, even though real life Americans consume twice as many soft drinks as alcoholic drinks.⁵⁰ On prime time shows, leading characters drink 74 percent of the time when they are in personal crisis.⁵¹ Alcoholic beverage advertisers focus on promoting their products through association with desirable lifestyles.⁵⁹ One writer specializing in the psychology of advertising states that alcoholic beverage advertising "...isn't selling bottles, or glasses, or even liquor. It's selling fantasies."² Analyses of liquor ads show that the characters depicted tend to be youthful (but not underage) and display enjoyment (but not intoxication) in association with drinking. Among benefits frequently linked to alcohol products are social camaraderie, romance,

Counter advertising will save lives by reducing underage drinking.

In California, cigarette counter advertising funded by increased tobacco taxes depicting the health risks associated with tobacco use has contributed to a significant decline in smoking. (Figure 5) Based on these results, there is reason to believe that running similar counter advertising about alcohol-related health risks will reduce underage drinking and save lives.

Revenues from alcohol excise taxes should be used to produce counter advertisements.

In order to effectively communicate the health risks posed by alcohol, counter advertisements should be of comparable production quality to advertisements used to promote alcohol consumption. The counter advertisements should also be aired at appropriate times, to ensure that they are seen by young people. We recommend that a portion of revenues from the proposed alcohol excise tax be used to produce these advertisements. We further recommend that the Food and Drug Administration supervise the production and broadcast of the advertisements, as it has jurisdiction over the health claims made in advertising.

Recommendation



Local government officials and community coalitions around the country should systematically assess youth access to alcohol in their communities and examine ways to reduce this access.

- **Young people should be involved in each step of the decision-making process.**

SUPPORTING ARGUMENTS

Research provides evidence that community-based interventions save lives.

In the past decade, community-based interventions and coalitions focusing on a variety of health issues have become widespread. Community-based initiatives have focused on reducing a variety of adverse health issues including cardiovascular disease,⁶⁴ traffic safety,⁶⁵ substance abuse⁶⁶ and teen pregnancy.⁶⁷

Community-based coalitions, specifically focusing on reducing alcohol- and drug-related problems, have developed throughout the country within the past decade. An estimated 2,000 of these community coalitions exist today.⁶⁸

The community coalitions are supported by diverse organizations. The federal government has funded several programs—the Center for Substance Abuse Prevention (CSAP), the Office of Juvenile Justice and Delinquency Prevention, the National Highway Traffic Safety Administration and the Department of Education—to support the work of these coalitions. Private funding has come from fundraising and foundations, the Robert Wood Johnson Foundation, Junior League, the International Association of Chiefs of Police, 4-H and religious groups.⁶⁸ These community-based coalitions have a variety of objectives and methods, but most include a focus on the prevention of youth alcohol-related problems.⁶⁸

There are many effective strategies communities can use to reduce underage access to alcohol.

No single policy will meet the needs of all communities. The most effective approach will be a locally developed initiative, supported by the broad national policies called for in this report. The actual gap in policy and practice differs with each community. In some, liquor outlets may be willing to cooperate. In others, the schools may need to be cajoled. Parents may need special training or help. Suburban communities may need different approaches than rural communities.

Young people can help save their peers when involved in the decision-making process.

If young people are involved in developing strategies to reduce alcohol consumption among their peers, it is likely that these strategies and the messages that are developed will be more effective. This in turn, may lower the resistance of some teens to measures designed to reduce their alcohol consumption. It is likely that young people are more familiar with the ways their peers circumvent laws than are most adults. They may also be better able to appreciate and articulate the pressures placed on them to drink. For these reasons, they may be able to more readily identify effective strategies for reducing underage drinking than can adults. During the 1980's, studies of school-based programs designed to reduce substance abuse found that programs that involved peer leaders often delayed substance use among adolescents more effectively than programs that relied solely on adult leaders.⁶⁹

Examples of how communities involve young people in assessing the underage drinking problem and work to change local policies are provided in the companion guide to this report.

References

1. Johnston L., O'Malley P. and Bachman J.; *Drug Use, Drinking and Smoking: National Survey Results From High School, College and Young Adult Population 1975-1988*. Rockville, MD: National Institute on Drug Abuse, p.38, 1989.
2. Hingson R., Strunin L., and Berlin B.; *Five Years After Surgeon General Koop Called for Adolescent AIDS Education: Have Teen Beliefs and Behaviors Changed? A Massachusetts Study*. In preparation.
3. Preusser D. and Williams A.; *Sales of Alcohol to Underage Purchaser in Three New York Counties and Washington D.C.*, Insurance Institute for Highway Safety, 1991.
4. Klitzner M., Fisher D., and Stewart K.; *Reducing Underage Drinking and Its Consequence*, Alcohol Health and Research World (in press).
5. Office of Inspector General. *Youth and Alcohol: A National Survey, Drinking Habits, Access, Attitudes and Knowledge*. Washington, D.C.; U.S. Gov't. Printing Office, 1991. OE1-09-91-00652.
6. Kilbourne J., testimony to the Join Together Policy Panel on Teenage Access to Alcohol, December 14, 1992, Washington, D.C.
7. Office of Inspector General. *Youth and Alcohol: Laws and Enforcement. Is the 21 Year Old Drinking Age a Myth?*, Washington D.C.: U.S. Gov't. Printing Office. OE1-09-91-00650.
8. Insurance Institute for Highway Safety. *Facts*, 1992 Edition Arlington, VA: Author, 1992.
9. National Highway Traffic Safety Administration, U.S. Department of Transportation, Washington, D.C., 20590 *Fatal Accident Reporting System*, 1991.
10. National Safety Council. *Accident Facts*, 1992 Edition, Itasca, IL: Author, 1992.
11. Howland J., Hingson R.; *Alcoholism as a Risk Factor for Drowning: A Review of the Literature (1950-1985)*. *Accident Analysis and Prevention*, 29:19-25, 1988.
12. Hingson R., Howland J.; *Alcohol and Non-Traffic Unintentional Death and Injuries*, *British Journal of the Addictions*. In press.
13. U.S. Department of Health and Human Services. *The Prevention of Youth Violence: A Framework for Community Action, Draft*. Washington, D.C.: Centers for Disease Control, 1992.
14. Division of Injury Control, Center for Environmental Health and Injury Control, Centers for Disease Control. *Childhood Injuries in the United States*. *ADJC*, 144:627-646, 1990.
15. U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report*, Atlanta, GA: Center for Disease Control, May 29, 1992.
16. Department of Health and Human Services. *Seventh Special Report to the U.S. Congress on Alcohol and Health*, Washington D.C.: National Institute on Alcohol Abuse and Alcoholism, ADM-281-88-0002, p.168, 1990.
17. Brent D., Perper J., and Allman C.; *Alcohol, Firearms, and Suicide Among Youth*. *Journal of American Medical Association*, 257(24):3369-3372, 1987.
18. Stunin L., Hingson R.; *Alcohol, Drugs and Adolescent Sexual Behaviors*. *International Journal of the Addictions*, 27:129-146, 1992.
19. Hingson R., Strunin L., Berlin B., Heeren T.; *Beliefs About AIDS, Use of Alcohol and Drugs, and Unprotected Sex Among Massachusetts Adolescents*. *American Journal of Public Health*, 80:295-299, 1990.

20. *Final Report of the National Commission on Children. Beyond Rhetoric: A New American Agenda for Children and Families*, p.33, 1991.
21. Aral S. O., Holmes K.K., Eder R.A. and Gomberg E.S.C.; *Etiology of Alcoholism. Reconsidering the Case of a Biopsychosocial Process*, *American Psychologists*. 41(7)783-793, 1986.
22. AIDS Newsletter, Massachusetts Department of Public Health. 9:1, 1993.
23. New York State Division of Alcoholism and Alcohol Abuse. *A Double Danger: Relationship Between Use and Substance Abuse among Secondary School Students in New York*, 11984.
24. Regier D.A., Former M.E., Locke D.S., Keith B.Z., Judd L.L. and Goodwin F.K.; *Comorbidity of Mental Disorders with Alcohol and Other Drug Abuse*, *Journal of the American Medical Association*. 19:2511-2518, 1990.
25. Zucker R.A. and Gomberg E.S.C.; *Etiology of Alcoholism. Reconsidering the Case for a Biopsychosocial Process*, *American Psychologists*. 41(7)783-793, 1986.
26. Cook P., and Moore M.; *Drinking and Schooling*. Durnham, NC: Duke University, unpublished, 1992.
27. O'Malley P. and Wagenaar A.; *Effects of Minimum Drinking Age Laws on Alcohol Use, Related Behavior and Traffic Crash Involvement Among American Youth, 1976-1987*; *Journal of Studies on Alcohol*, 52:478-491, 1991.
28. Moskowitz J. M.; *The Primary Prevention of Alcohol Problems: A Critical Review of the Research Literature*, *Journal of Studies on Alcohol*, 50(1):54-88, 1989.
29. Wagenaar A. *Preventing highway crashes by raising the legal minimum age for drinking: An empirical confirmation*. *Journal of Safety Research*. 13:57-71, 1982.
30. Wagenaar A.; *Alcohol, Young Drivers and Traffic Accidents: Effects of Minimum Age Laws*; Lexington Mass., Lexington Books 1983.
31. Wagenaar A. *Preventing Highway Crashes by raising the legal minimum age for drinking: The Michigan Experience Six Years Later*. *Journal of Safety Research*. 17:101-109, 1986.
32. Klein, T. *The Effects of Raising the Minimum Legal Drinking Age on Traffic Accidents in the State of Maine*. National Highway Traffic Safety Administration Technical Report. Washington D.C., 1981.
33. Voas, R. and Mouldin, J. *Historical Trends in Alcohol Use and Driving by Young Americans*. In Wechsler H. (ed.) *Minimum Drinking Age Laws: An Evaluation*. Lexington Books: Lexington, MA. 1980. pg.59-72
34. Maxwell, D. *Impact Analysis of the Raised Legal Drinking Age in Illinois*. Prepared for the National Highway Traffic Safety Administration, Publication No. PB 83-105239, Springfield, VA: National Technical Information Service, 1981.
35. Hingson, R., Scotch, N., Mangione, T., Myers, A., Glanz, L. Heeren, T., Mucatel, M. and Pierce, G. *Impact of Legislation Raising the Legal Drinking Age in Massachusetts from 18 to 20*. *American Journal of Public Health*: 73(2):163-169, 1983.
36. Smith, R., Hingson, R., Morelock, S., Heeren, T., Mucatel, M. and Scotch, N. *Legislation Raising the Legal Drinking Age in Massachusetts from 18 to 20: Effect on 16 and 17 Year Olds*. *Journal of Studies on Alcohol*. 45:534-539, 1984.
37. General Accounting Office. *Drinking Age Laws: An Evaluation's Synthesis of the Impact on Highway Safety*, Washington D.C.; Author, 1987; GAO/PEMD 87-101.
38. Williams A., Zador P., Harris S., Karpf R.; *The Effects of Raising the Minimum Drinking Age on Involvement in Fatal Crashes*, *Journal of Legal Studies*. 12:169-79, 1983.
39. National Highway Traffic Safety Administration, National Center for Statistics and Analysis, 1991, *Alcohol Fatal Crash Facts*, p.4, Washington, D.C.; U.S. Gov't. Printing Office, 1991.

40. Jones N. E., Peiper C. F., and Robertson L. S.; *The Effects of Drinking Age on Fatal Injuries of Adolescents and Young Adults*; Am J of Public Health, 82:112-115, 1992.
41. Zador P.K.; *Alcohol Related Relative Risk of Fatal Driver Injuries in Relation to Driver Age and Sex*, Journal of Studies on Alcohol. 52:301-310, 1991.
42. Hingson R., Heeren T., Howland J., and Winter M.; *Reduced BAC Limits for Young People (Impact on Night Fatal Crashes)* Alcohol Drugs and Driving. 7:117-130, 1991.
43. Hingson R.; *Effects of Lower BAC Limits on Teenage Crash Involvement*, paper presented at the 71st Annual Meeting of the Transportation Research Board, Washington D.C., 1992.
44. Hingson R., Heeren T., and Winter M.; *Lower Legal Blood Alcohol Limits for Young Drivers*, (in review).
45. Blomberg R. *Lower BAC Limits for Youth: Evaluation of the Maryland .02 Law*, U.S. Department of Transportation 1992, DOT HS 806, 807.
46. Steven K., Lesting D., L. and A.L.; *Passive Alcohol Sensors in Law Enforcement Screening for Alcohol Impaired Drivers*, Washington D.C., Insurance Institute for Highway Safety, June 1991.
47. Zador P.K., Lund A.K., Fields M. and Weinberg K.; *Fatal Crash Involvement and Laws Against Alcohol Impaired Driving*, Journal of Public Health Policy. 10:467-485, 1989.
48. Center for Science in the Public Interest. *State Alcohol Taxes: Case Studies of the Impact of Higher Excise Taxes in 14 States and the District of Columbia*. Washington, D.C., February, 1990.
49. Coate D. and Grossman M.; *Effects of Alcoholic Beverage Prices and Legal Ages on Youth Alcohol Use*. Working Paper No. 1852. National Bureau of Economic Research, Cambridge, MA, March 1989.
50. Center for Science in the Public Interest. *Raise Federal Alcohol Taxes to help Finance Health Care Reform*, Washington, D.C., February 1993.
51. Cook, P.J. *Causes and Consequences of Alcohol Abuse*, Hearings before the Committee on Governmental Affairs, U.S. Senate, Part 2, pp.280-281.
52. Manning W.G., Keeler E.B., Newhouse J.P., Sloss E.M., Wasserman J. *The Taxes on Sin: Do Smokers and Drinkers Pay their Way?* Journal of the American Medical Association, 261:1604-1609, 1989.
53. *Newsweek*, September 18, 1989, p.23.
54. McQueen M., Shribman D. "Personal War: Battle Against Drugs is Chief Issue Facing Nation, Americans Say." *The Wall Street Journal*, September 22, 1989.
55. Statement by C. Everett Koop, M.D., Sc.D., Surgeon General. U.S. Public Health Services, press statement regarding release of the Surgeon General's Workshop on Drunk Driving: Proceedings, May 31, 1989.
56. Becker J., The Beer Institute, testimony to Join Together Public Policy Panel, December 1992, Washington, D.C.
57. Prevention Committee of Governor William Donald Schaefer's Drug and Alcohol Abuse Commission (Maryland). *The Impact of Alcohol Advertising and the Use of Alcohol in Television Programs and Films on Underage Drinking*, January, 1993.
58. Postman N, Nystrom C, Strate L, Wiengartner C. *Myths, Men and Beer: An Analysis of Beer Commercials on Broadcast Television*, 1987. AAA Foundation for Traffic Safety, Washington, D.C.
59. Atkins CK. *Mass Communication Effects on Drinking and Driving*, in Surgeon General's Workshop on Drunk Driving, Advertising Age, July 26, 1984.
60. Kilbourne J. testimony to the Join Together Policy Panel on Youth Access to Alcohol, December 14, 1992, Washington, D.C.

61. U.S. Department of Health And Human Services, Seventh Special Report to the U.S. Congress on Alcohol and Health. Rockville, Maryland, 1990.
62. Atkin C.K. and Block M. *Effectiveness of Celebrity Endorsers*. Journal of Advertising Research 23:58-61, 1983.
63. Atkin C.K. and Block M. *Content and Effects of Alcohol Advertising*. Pub. No. PB82-123142. Springfield, Virginia. National Technical Information Service, 1981.
64. Shea, S., Basch, D. *A Review of Five Major Community-based Cardiovascular Disease Prevention Programs. Part II: Intervention Strategies, Evaluation Methods, and Results*. American Journal of Health Promotion. 4:279-286, 1990.
65. Hingson, R. Howland, J., Schiavone, T., Damiata, M. *The Massachusetts Saving Lives Program: Six Cities. Widening the Focus from Drunk Driving to Speeding, Reckless Driving and Failure to Wear Seat Belts*. Journal of Traffic Medicine. 18:123-132, 1990.
66. Pentz, M., Dwyer, J., MacKinnon, D., et al. *A Multi-community Trail for Primary Prevention of Adolescent Drug Abuse*. Journal of the American Medical Association. 261(22):3259-3266, 1989.
67. Vincent, L., Clearie, A., and Schluchter, M. *Reducing Adolescent Pregnancy Through School and Community-based Education*.
68. Rosenbloom, D., Hingson, R., Dawkins, C. *Who Is Really Fighting the War on Drugs?, 1992 Join Together National Survey of Community Anti-Drug Activity*.
69. Klepp, K.I., Halper, A., Perry, C.L., *Efficacy of Peer Leaders on Drug Abuse Prevention*, Journal of School Health, Volume 56, pp. 407-411, 1986.

List of Participants in the Join Together Policy Panel Hearings

**The panel received testimony, suggestions or written statements
from the following:**

Bart Alexander, *Manager of Alcohol Issues*
Coors Brewing Company
Golden, CO

Billie Alexander, *President*
Project Rehab
Grand Rapids, MI

Eric Avery, *Director*
Office of Drug Policy
Nashville, TN

Chief Joseph Barry
Marlborough Police Department
Marlborough, MA

Marilyn Bassett, *Deputy Director*
Governor's Commission for a Drug-Free Indiana
Indianapolis, IN

Jeff Becker, *Vice President*
Alcohol Issues
The Beer Institute
Washington, D.C.

Pam Beer, *Executive Director*
Washington Regional Alcoholism Program
Vienna, VA

Carolyn Bell, *Chief Executive Officer*
Community Health Resources, Inc.
Memphis, TN

Richard D. Blomberg, *President*
Dunlap and Associates, Inc.
Norwalk, CT

Roxie S. Bratton, *Director*
CPHA Resource Center for Neighborhoods
Baltimore, MD

John Calfee, Ph.D.
Boston University, School of Management
Boston, MA

Kai Cameron, *Project Director*
Mayor's Council on Drugs & Alcohol
Providence, RI

Abel Chavarria, *Acting Director*
Dona Ana County Partners for Prevention
Las Cruces, NM

Victor Coleman, *Director*
Community Substance Abuse Partnership
Contra Costa County, CA

Phillip Cook
Duke University
Terry Sanford
Institute on Public Policy
Durham, NC

Nelson Cooney, Jr.
Community Anti-Drug Coalition of America
Alexandria, VA

Joyce Erdner
The Doorway
Pittsburgh, PA

Rene Gonzalez, *Student*
Plano High School
Richardson, TX

Janice Ford Griffin, *Director*
Houston Crackdown
Houston, TX

Beverly Hassell, *Executive Director*
Montgomery County Prevention Center
Rockville, MD

Bobby Heard, *Special Projects Coordinator*
Texans' War on Drugs
Austin, TX

Betty Herron, *Executive Director*
Arkansas for Drug Free Youth
Little Rock, AK

Ralph Hingson, *Chairman of Social
and Behavioral Sciences*
Boston University, School of Public Health
Boston, MA

Julie Kawahara Holl, *Planner and Program Analyst*
Department of Public Health
Community Substance Abuse Services
San Francisco, CA

Catherine Irwin, *Managing Director*
Living Stage Theatre Company
Washington, D.C.

William Jackson, *Assistant Program Director*
Alcohol and Drug Abuse Council
Baton Rouge, LA

Dr. Wesley James, *Senior Minister*
Franklin St. Baptist Church
Mobile, AL

David Johnston, *Executive Director*
Capital Area Substance Abuse Council
West Hartford, CT

Francine Katz, *Director*
Consumer Awareness and Education
Anheuser Busch, Inc.
St. Louis, MO

Maureen Ketchum, *Executive Director*
The Youth Leadership Institute
San Rafael, CA

Jean Kilbourne, Ed.D., *Educator*
West Newton, MA

Kem Louie
College of Mount St. Vincent
Graduate Nursing Program
Riverdale, NY

Christine Lubinski, *Director for Public Policy*
National Council on Alcoholism and Drug
Dependency
Washington, D.C.

Adrian Lund, *Senior Vice President
for Highway Safety*
Insurance Institute for Highway Safety
Arlington, VA

Adele V. MacDonald, *Vice President*
The Manocherian Foundation, Inc.
New York, NY

Henry Madrid-Mirabal,
Truant Officer/Bilingual Social Worker
North Platt, NE

Steve Meisburg, *City Commissioner*
City of Tallahassee
Tallahassee, FL

Annie Moody
5 East Unit
Grant Hospital
Chicago, IL

Dr. Olvin Moreland, Jr., *Program Supervisor*
Comprehensive Student Assistance
Seattle, WA

Jacqueline Morgan, *Research Associate*
Intergovernmental Health Policy Project
George Washington University
Washington, D.C.

Jane Morrison-Margulis, *Project Director*
Boston Against Drugs
Boston, MA

Barbara L. Norton, *Project Director*
Starting Right!
Community Council of Central Oklahoma
Oklahoma City, OK

Bill Pierce, *Firefighter*
Fairfax County, VA
Representing Northern Virginia Chapter, MADD
Manassas, VA

Barbara Poitra, *Director*
Native American Youth Alcohol Education
Belcourt, ND

Dr. Tom Radecki, *Executive Director*
Doctors and Lawyers for a Drug-Free Youth
Urbana, IL

Beatriz Roppe, *Community Health
Program Supervisor*
La Vida Project
San Diego, CA

Sue Rushe, *Executive Director*
National Families in Action
Atlanta, GA

Patrick M. Scott, *President and
Chief Executive Officer*
Fisher Broadcasting, Inc.
Seattle, WA

Carol Stone, *Executive Director*
Regional Drug Initiative
Portland, OR

Dr. Harry Strothers III, *Medical Section Chief*
C.M. Tucker Resources Center
Department of Mental Health
Columbia, SC

Barry M. Sweedler, *Director*
Office of Safety Recommendations
National Transportation Safety Board
Washington, D.C.

Marilynn Daily Swenson, *Executive Director*
FOCUS
Charles Town, WV

Patricia Taylor, *Director*
Alcohol Policies Project
Center for Science in the Public Interest
Washington, D.C.

Alberta Tinsley-Williams, *Urban
Environmental/Community Activist*
Coalition Against Billboard Advertising
of Alcohol and Tobacco
Detroit, MI

Jacquelin Washington, *President*
Pontiac Area Urban League, Inc.
Pontiac, MI

Henry Wexler, Ph.D., *Professor*
Department of Health and Social Behavior
Harvard School of Public Health
Cambridge, MA

Eddie Mae Williams, *Executive Director*
Compton Area Coalition
Community Partnership
Los Angeles, CA

Frances York, *Program Director*
S.N.A.P.
Brooklyn, NY

Appendix A

UNIFORM VEHICLE CODE
and
MODEL TRAFFIC ORDINANCE
1992



National Committee on Uniform Traffic Laws and Ordinances

Evanston, Illinois

§ 6-208—Revocation of license for refusal to submit to chemical test or having BAC of any measurable and detectable amount for person under age (21)

(a) The phrase "any measurable and detectable amount of alcohol" shall be defined as the alcohol concentration in a person's blood or breath which is 0.02 or more based on the definition of blood and breath units as defined in § 11-903 (a)(5).

(b) Any person under age (21) who drives or is in actual physical control of any vehicle upon the highways of this State shall be deemed to have given consent, subject to the provisions of § 11-903, to a test or tests of such person's blood, breath, or urine for the purpose of determining such person's alcohol concentration or the presence of other drugs. The test or tests shall be administered at the direction of a law enforcement officer who has probable cause to believe the person has been violating § 11-902 (a), and one of the following conditions exists:

1. The person under age (21) has been arrested for violating § 11-902 (a) or any other offense alleged to have been committed while the person was violating § 11-902 (a);
2. The person under age (21) has been involved in an accident;
3. The person under age (21) has refused to submit to the preliminary screening test authorized by § 6-209; or
4. The person under age (21) has submitted to the preliminary screening test authorized by § 6-209; which disclosed an alcohol concentration of any measurable and detectable amount.

The law enforcement agency by which such officer is employed shall designate which of the aforesaid tests shall be administered.

(c) Any person under age (21) who is dead, unconscious or who is otherwise in a condition rendering such person incapable of refusal, shall be deemed not to have withdrawn the consent provided by paragraph (b) of this section and the test or tests may be administered, subject to the provisions of § 11-903.

(d) A person under age (21) requested to submit to a test as provided above shall be warned by the law enforcement officer requesting the test that a refusal to submit to the test will result in revocation of such person's license to operate a vehicle for (six months) (one year). Following this warning, if a person under arrest refuses upon the request of a law enforcement officer to submit to a test designated by the law enforcement agency as provided in paragraph (b) of this section, none shall be given.

(e) If the person under the age (21) refuses testing or submits to a test which discloses an alcohol concentration of any measurable and detectable amount under this section, the law enforcement officer shall submit a sworn report to the department, certifying that the test was requested pursuant to subsection (b) and that the person refused to submit to testing or submitted to a test which disclosed an alcohol concentration of any measurable and detectable amount.

(f) Upon receipt of the sworn report of a law enforcement officer submitted under subsection (e), the department shall revoke the driver's license of the person for the periods specified in § 6-214.

(g) On behalf of the department, the law enforcement officer submitting the sworn report under subsection (e) shall serve immediate notice of the revocation on the person, and the revocation shall be effective (7) (10) (15) days after the date of service. If the person has a valid license, the officer shall take the driver's license of the person, and issue a temporary license valid for the notice period. The officer shall send the license to the department along with the sworn report under subsection (e).

In cases where no notice has been served by the law enforcement officer, the department shall give notice as provided in § 2-314 and the revocation shall be effective (7) (10) (15) days after the date of service. If the address shown in the law enforcement officer's report differs from that shown on the department records, the notice shall be mailed to both addresses. (NEW, 1992).

§ 6-209—Preliminary breath test

When a law enforcement officer has articulable grounds to suspect that a person may have been violating § 11-902(a), the officer may request the suspect to submit to a preliminary screening test of suspect's breath to determine such person's alcohol concentration using a device approved by the (State Department of Health) for that purpose. In addition to this test, or upon a refusal to submit to testing, the officer may require further testing under § 6-207. (NEW, 1984; RENUMBERED, 1986; REVISED AND RENUMBERED, 1992.)

§ 6-210—Chemical test of drivers in serious personal injury or fatal crashes

Notwithstanding the provisions of § 6-207, when the driver of a vehicle is involved in an accident resulting in death or serious personal injury of another person, and there is reason to believe that the driver is guilty of a violation of § 11-902(a), the driver may be compelled by a police officer to submit to a test or tests of driver's blood, breath, or urine to determine the alcohol concentration or the presence of other drugs. (NEW, 1984; RENUMBERED, 1986; REVISED AND RENUMBERED, 1992.)

DRIVERS' LICENSES

§ 6-211—Authority of department to suspend or revoke license

(a) The department is hereby authorized to suspend the license of a driver upon a showing by its records or other sufficient evidence that the licensee: (REVISED, 1975.)

1. Has committed an offense for which mandatory revocation of license is required upon conviction;
2. Has been convicted with such frequency of serious offenses against traffic regulations governing the movement of vehicles as to indicate a disrespect for traffic laws and a disregard for the safety of other persons on the highways;
3. Is an habitually reckless or negligent driver of a motor vehicle, such fact being established by the point system in subsection (b), by a record of accidents, or by other evidence;
4. Is incompetent to drive a motor vehicle;
5. Has permitted an unlawful or fraudulent use of such license;
6. Has violated driver's written promise to appear given to an officer upon the issuance of a traffic citation in this or any other state or has failed to appear in court in this or any other state at the time specified by the court; (NEW, 1971; REVISED, 1979, 1992.)
7. Has been convicted of fleeing or attempting to elude a police officer; or
8. Has been convicted of racing on the highways. (REVISED, 1968.)
9. Has failed to comply with the compulsory insurance or financial responsibility requirements of chapter 7, where license suspension is specifically authorized under that chapter. (NEW, 1992.)

(b) For the purpose of identifying habitually reckless or negligent drivers and habitual or frequent violators of traffic regulations governing the movement of vehicles, the department shall adopt regulations establishing a uniform system assigning demerit points for convictions of violations of chapter 11 of this code or of ordinances adopted by local authorities regulating the operation of motor vehicles. The regulations shall include a designated level of point accumulation which so identifies drivers.¹⁸ The department may assess points for convictions in other states of offenses which, if committed in this State, would be grounds for such assessment.

¹⁸In formulating the administrative point system authorized by this section, each department is urged to consider, in the interest of interstate uniformity, authorizing suspension for an accumulation of 12 or more points as a result of offenses committed during any consecutive 12-month period or 18 or more points as a result of offenses committed during any 24-month period; assigning six points for convictions of reckless driving (willful and wanton disregard for the safety of persons or property, as in § 11-901) and for convictions of speeding when the licensee drove at least 20 miles per hour over the lawful limit; four points for convictions of relatively serious offenses; and three points for less serious offenses.

Join Together
is funded by a grant from
THE ROBERT WOOD
JOHNSON FOUNDATION
to the
BOSTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH

JOIN TOGETHER
441 Stuart Street
Sixth Floor
Boston, MA 02116

Tel: (617) 437-1500

Fax: (617) 437-9394

Electronic Mail via HandsNet: HN1267