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INDIANA 'ENFORCING UNDERAGE DRINKING LAWS' NEEDS ASSESSMENT

The Indiana Criminal Justice Institute commissioned a needs assessment to serve as a foundation to guide the strategic direction of the State of Indiana's efforts to address the harms of underage drinking and to meet the statutory requirements of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Enforcing Underage Drinking Laws (EUDL) grant program.

Table of Contents

EXECUTIVE SUMMARY....4
NATIONAL OVERVIEW....4
The Cost of Underage Drinking....4
EUDL Program....6
RATIONALE FOR THE INDIANA EUDL NEEDS ASSESSMENT....7
Strategic Use of Indiana EUDL Funding....8
Unique Capacity to Mobilize Every County....8
SPF-SIG....9
Youth-Led Efforts to Reduce Underage Drinking....10
Indiana State Excise Police....10
Higher Education....10
UNDERAGE DRINKING IN INDIANA—WHAT WE KNOW....10
INDIANA DATA ON UNDERAGE DRINKING....11
Review of Data Collection and Analysis Efforts in Indiana....18
ANALYSES OF INDIANA STATUTES, LAWS, AND ORDINANCES RELATED TO UNDERAGE DRINKING....25
INDIANA STAKEHOLDERS THAT TARGET UNDERAGE DRINKING....36
SUMMARY OF INTERVIEWS, FOCUS GROUPS, AND SURVEYS....43
STRENGTHS....51
RECOMMENDATIONS AND KEY ACTION STEPS....56
APPENDICES....64
NEED ASSESSMENT TEAM....64
Sagamore Institute for Policy Research....64
Team Members....64
METHODOLOGY OF NEEDS ASSESSMENT....65
SURVEY INSTRUMENTS....77
FOCUS GROUP QUESTIONS....78
KEY INFORMANT INTERVIEW QUESTIONSTOOL KIT FOR ASSESSING COMMUNITY UNDERAGE DRINKING....79
TOOL KIT FOR ASSESSING COMMUNITY UNDERAGE DRINKING....80

RESOURCE LIST OF UNDERAGE DRINKING DATA FOR THE STATE OF INDIANA 90
ANALYSIS OF LCC COMPREHENSIVE COMMUNITY PLANS 91
EUDL NEEDS ASSESSMENT ADVISORY GROUP PARTICIPANT LIST 94

EXECUTIVE SUMMARY

Underage drinking is a major public health challenge with serious injury and social consequences that affects the adolescent brain and the potential for future alcohol dependence.[1] **It is also against the law.**

The federal government, states, and local communities have adopted public policies that support the enforcement of underage drinking laws aimed at reducing the sale to and consumption of alcohol by those under the age of 21 years in an effort to address the harms caused by underage drinking.

This needs assessment provides:

- ✓ an overview of the underage drinking problem in Indiana,
- ✓ an analysis of the statutory and legal parameters unique to the state,
- ✓ the existing infrastructure and key stakeholders in place to respond,
- ✓ the level of current programs and efforts targeting underage drinking,
- ✓ the strengths of Indiana's current efforts, and
- ✓ gaps or opportunities that need to be addressed to improve outcomes.

NATIONAL OVERVIEW

The Cost of Underage Drinking

Underage drinking costs America nearly $62 billion a year according to *"Societal Costs of Underage Drinking,"* published in the Journal of Studies on Alcohol in July 2006. "The problems caused by underage drinking are a devastating tidal wave of alcohol harm," said Ted Miller, Ph.D., lead author of the cost study.

Alcohol-related traffic crashes, violence, teen pregnancies, STDs, burns, drownings, alcohol poisoning, property damage and other risks take a human and economic toll that's much greater than illegal drugs. Each year, underage drinking leads to almost 3,200 deaths and 2.6 million other harmful events, from serious injury to high-risk sex among youth.[2]

Figure 1: Costs of Alcohol Attributable Youth Problems, 2001 (in 2001 dollars)[3]

Harm	Cost (in millions)
Motor Vehicle Crashes	$13,699

[1] National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2003). Underage Drinking: A Major Public Health Challenge Alcohol. Alert No. 59. Rockville, MD: NIAAA.
[2] Levy, D., Miller, T. Spicer, R., Taylor, D. Societal Costs of Underage Drinking, Journal of Studies on Alcohol, 67(4), 519-528,
[3] Ibid.

Burns	$ 221
Drownings	$ 571
Interpersonal Violence	$34,747
Property Crime	$3,198
Suicide	$1,039
Fetal Alcohol Syndrome	$926
High Risk Sex	$4,807
Alcohol Poisoning and Psychosis	$883
Treatment for Alcohol Dependence and Abuse	$1,811
TOTAL	$61,902

Source: Pacific Institute for Research and Evaluation, 2007.

In a typical month in 2001, an estimated 13.2 million underage drinkers drank alcohol. Of American youth ages 14-20, 47% imbibed. YRBS data indicated that 63% of the underage drinkers drank heavily.[4]

In 2004, 65,902 youth 12- 20 years old were admitted for alcohol treatment in the United States, accounting for 9% of all treatment admissions for alcohol abuse in the nation.[5]

According to the National Institute for Alcohol Abuse and Alcoholism (NIAAA), youth who drink before the age of 15 are 4 times more likely to develop alcohol dependence sometime in their lives compared with those who have their first drink at age 20 or older.[6]

In addition, the effect of alcohol on the brain development of adolescents may interrupt key processes of brain development, possibly leading to mild cognitive impairment as well as to further escalation of drinking.[7]

Data on college-aged drinking behavior is sometimes difficult to sort out based on those under the age of 21 years. But the College Alcohol Study, conducted by Harvard researcher Henry Wechsler provides some interesting insights:

- 73 percent of fraternity and 57 percent of sorority members are binge drinkers.
- 59 percent of male athletes and 47 percent of female athletes are binge drinkers.
- Frequent binge drinkers constitute less than one-quarter of all students (23 percent) but consume three-quarters (72 percent) of all the alcohol college students drink.
- A ring of bars and liquor stores surrounds most colleges. At one college we found 185 alcohol outlets within two miles of campus.[8]

[4] Ibid.
[5] Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set (TEDS). (2004). Substance Abuse Treatment by Primary Substance of Abuse, According to Sex, Age, Race, and Ethnicity.
[6] National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2003). Underage Drinking: A Major Public Health Challenge Alcohol. Alert No. 59. Rockville, MD: NIAAA.
[7] Ibid.
[8] Wechsler, H., Wiethrich, B., Dying to Drink, (2002). Rodale, United States.

Nearly half (48 percent) of all of the alcohol consumed by students attending 4-year colleges is consumed by underage students. [9] Over two out of every five of all college students are binge drinkers.[10] One out of every four college students who drink report having forgotten where they were or what they did while drinking during the school year. The incidence of blackout was doubled (54 percent) among frequent binge drinkers.[11]

Data from the CORE Alcohol and Drug Survey conducted nationally by Southern Illinois University Carbondale from a sample of 33,379 undergraduate students from about 53 colleges in the United States. These colleges conducted the Core Survey during 2005.[12] Some key results:

- 84.5% of college students used alcohol in the last year.
- 72.8% of college students used alcohol in the last 30 days.
- 83.2% of students who experienced unwanted sex were under the influence at the time of the experience.
- 62.1% of students who experienced actual physical violence were under the influence at the time of the experience.
- 33.3% of freshmen, 32.6% of sophomores, 29% of juniors, and 25.7% of seniors identified themselves as heavy drinkers (five of more drinks in one sitting a least once during the two weeks prior to completing the survey).

Based on the data, underage drinking is a costly public health and public safety issue that affects taxpayers and individual young people and their families. The federal government has responded by incentivizing states to raise the legal drinking age to 21 years. States who do not raise the drinking age to 21 years do not receive federal highway transportation funding. In addition, Congress has funded the 'Enforcing Underage Drinking Laws (EUDL) grant program to provide training and support to states to address underage drinking.

EUDL Program

Historically, congress has appropriated $25 million annually to Office of Juvenile Justice and Delinquency Prevention (OJJDP) for its EUDL program from FY 1998 to FY 2006. EUDL funds are appropriated to each state through the Office of the Governor. Governor Mitch Daniels has designated the Indiana Criminal Justice Institute (ICJI) as the single state agency that administers

[9] Wechsler, Henry, et al. "Underage College Student's Drinking Behavior, Access to Alcohol, and the Influence of Deterrence Policies: Findings from the Harvard School of Public Health College Alcohol Study. Journal of American College Health, 50, vol. 2 (2002), 223-236. http://www.hsph.harvard.edu/cas/Documents/underminimum/

[10] Substance Abuse and Mental Health Services Administration. "Findings from the 2005 National Household Survey on Drug Use," Washington, DC: Department of Health and Human Services, Office of Applied Studies, 2006. http://oas.samhsa.gov/NSDUH/2k5NSDUH/2k5results.htm#Ch3

[11] Wechsler, Henry, et al. "Underage College Students' Drinking Behavior, Access to Alcohol, and the Influence of Deterrence Policies: Findings from the Harvard School of Public Health College Alcohol Study." Journal of American College Health 50.5 (2002): 223-36. http://www.hsph.harvard.edu/cas/Documents/underminimum/

[12] CORE Survey Results. 2005. Southern Illinois University Carbondale website: http://www.siu.edu/~coreinst/.

federal money from the Department of Justice, including the EUDL funds made available through OJJDP. EUDL funds are designated to support and enhance underage drinking prevention efforts by state and local jurisdictions to prohibit the sale of alcohol beverages to minors and to reduce the purchase and consumption of alcoholic beverages by minors. (Minors are defined as individuals less than 21 years of age.)

The existing Enforcing Underage Drinking Laws funding, available through the OJJDP, allows for spending and activities in the following three areas:

1. Statewide task forces of state and local law enforcement and prosecutorial agencies.
2. Public advertising programs to educate establishments about statutory prohibitions and sanctions.
3. Innovative programs to prevent and combat underage drinking.

EUDL funding is available to the state of Indiana through block grants and discretionary grants:

1. Block Grants: Although the annual allocations have been $25 million, block grants to each state have varied: $360,000 in FYs 1998–2000 and 2002, $359,208 in FY 2001, $357,660 in FY 2003, $356,211 in FY 2004, and $350,000 in FY 2005.

2. Discretionary Grants: From 1998-2002, the agency designated in each state to implement EUDL efforts has been invited to compete for up to $400,000 of EUDL discretionary funding to implement local programs over a grant period of 24 months. In 2003, the same agencies were invited to compete for up to $960,000 of EUDL discretionary funding to implement local programs over a grant period of 36 months that would be evaluated with a community trials design. In 2004 and 2005, the same agencies were invited to compete for up to $1,050,000 of EUDL discretionary funding to implement rural community based programs over a grant period of 36 months and be evaluated by the National Institute of Alcohol Abuse and Alcoholism (NIAAA). The number of states receiving discretionary grants has varied with each fiscal year: FY 1998—10 states, FY 1999—7 states, FY 2000—11 states, FY 2001—8 states, FY 2002—5 states, FY 2003—5 states, FY 2004—4 states, FY 2005—3 states, FY 2006—3 states. In FY2006, the same agencies were invited to compete for discretionary monies to implement and evaluate programs targeting underage drinking and the military.

RATIONALE FOR THE INDIANA EUDL NEEDS ASSESSMENT

Many factors in Indiana contribute to the timeliness and value of conducting a focused needs assessment and the development of a strategic plan to reduce underage drinking through the enforcement of underage drinking laws. These include:

- the opportunity for Indiana to better utilize existing EUDL resources;
- the need to position Indiana to apply for future discretionary EUDL funding;

- the infrastructure of the Governor's Commission for a Drug Free Indiana and Local Coordinating Councils (LCC's) to mobilize a coordinated response to underage drinking statewide and build the capacity of local substance abuse coalitions to assess the problem, select and implement evidence-based practices, and assess results;
- the emergence of the Strategic Prevention Framework State Incentive Grant (SPF SIG) which focuses the majority of its resources on underage drinking in twelve target communities;
- the presence of strong youth-led efforts to address underage drinking through Point of Youth, Safe and Drug Free Schools, PRIDE and SADD;
- strong leadership from the Indiana State Excise Police to consistently enforce underage drinking laws statewide;
- the potential of Indiana colleges and universities to address underage drinking through the Indiana Collegiate Action Network (ICAN) and the Indiana Collegiate Advocacy Teams (ICAT), the student mechanism

Strategic Use of Indiana EUDL Funding

The Indiana Criminal Justice Institute (ICJI), the recipient of EUDL funding for the State of Indiana, has a balance of funding from multiple years that it is seeking to allocate as strategically as possible and with the greatest potential to strengthen the infrastructure statewide to reduce underage drinking. The needs assessment provides the foundation for effective planning and decision-making about how to deploy limited resources effectively and to provide a baseline for measuring progress toward specific goals. In the future, Indiana is seeking to position itself to be competitive in seeking discretionary EUDL funding in order to expand and strengthen its overall capacity to reduce underage drinking.

ICJI's mission to serve as the state's planning agency for criminal justice, juvenile justice, traffic safety, substance abuse prevention and victim services uniquely positions the agency to effectively address the enforcement and judicial issues related to underage drinking. In addition, ICJI develops long-range strategies for the effective administration of the criminal and juvenile justice systems, administering federal and state funds to carry out these strategies.

Unique Capacity to Mobilize Every County

The Governor's Commission for a Drug-Free Indiana (DFI) was established in 1989 by an Act of the General Assembly in an effort to accelerate Indiana's fight against substance abuse. IC 5-2-6-16(c) "The commission's purpose is to improve the coordination of alcohol and other drug abuse efforts at both the state and local levels in an effort to eliminate duplication of efforts while ensuring that comprehensive alcohol and other drug programs are available throughout Indiana."

The Commission works in a collaborative capacity with 92 local coordinating councils (LCCs) representing each of Indiana's (92) counties.

> IC 5-2-11-1.6 "Local coordinating council" defined
>
> Sec. 1.6. As used in this chapter, "local coordinating council" means a countywide citizen body approved and appointed by the commission for a drug free Indiana to plan, monitor, and evaluate comprehensive local alcohol and drug abuse plans.
>
> *As added by P.L.44-2006, SEC.5*

Each year, LCCs are charged with implementing comprehensive community plans which address substance abuse challenges through treatment, prevention and enforcement. The Commission provides leadership, capacity building and accountability in the development of these comprehensive strategies to ensure that the county drug free community fund resources are effectively targeted.

At the state policy level, the Commission: (1) addresses administrative and legislative needs to effectively use all resources; and (2) advises the governor and the General Assembly on strategies and policies needed to improve Indiana's response in the fight against alcohol and drug abuse through public forums and reports.

At the local level, the Commission: (1) works to strengthen local coordinating councils and assists them in developing comprehensive plans and funding strategies; (2) mobilizes communities to wage local and coordinated battles against alcohol, tobacco and other drug issues; and (3) coordinates the efforts of state agencies through the interagency council on drugs. [13]

This infrastructure provides a powerful capacity to impact systems locally and at a state level, to improve and coordinate efforts to enforce underage drinking laws, educate alcohol distributors and retailers, and implement innovative policies and programs aimed at preventing underage drinking.

SPF-SIG

The SPF SIG, a five year cooperative agreement from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA/CSAP) has been awarded to the Office of the Governor to reduce substance use and abuse across the lifespan of Indiana citizens. With the administration of the initiative being awarded to the Division of Mental Health and Addiction (DMHA), a five year cooperative agreement involving assessment, capacity building, strategic planning, implementation and evaluation has begun. The SPF SIG Advisory Council, appointed by Governor Daniels, has been organized to advise and assist in implementing the strategic planning process as required by CSAP. In addition, the State Epidemiological Outcomes Workgroup (SEOW) has been created to collect and analyze data. The SPF SIG Advisory Council has identified the prevention and reduction of underage drinking and binge drinking among 18 – 25 year olds as their alcohol priority, within a larger context of establishing priorities to address substance abuse of all kinds from birth to death. Specifically, their focus has been targeting college age students underage drinking and binge drinking prevalence rates.

The SPF SIG has now awarded 12 communities planning grants to assess the extent of their substance abuse problems. Eight of the original twelve communities targeted alcohol and underage drinking, three targeted cocaine and one targeted methamphetamine. Since the completion of the assessment phase, some of the target communities focusing on illegal drugs have shifted to alcohol and underage drinking based on their needs assessments. The SPF-SIG process has clearly enlightened and built the capacity of local communities to understand and respond to underage drinking. SPF-SIG provides an opportunity to leverage and coordinate efforts to address underage drinking through local and state systems change.

[13]Indiana Criminal Justice Institute website: http://www.in.gov/cji/2425.htm.

This document strives to demonstrate comprehensive analyses of data and resources allocated across the State of Indiana focused on addressing the challenge of underage drinking. Intended outcomes of this document include but are not limited to; anticipated coordination among state programs that have potential to address underage drinking issues, identification of gaps in data collection related to underage drinking, implementation of effective, evidence-based strategies targeting data supported focus areas, and continued emphasis on the evaluation and strategic planning necessary to continue the successful expenditure of EUDL funds in Indiana as one component of a comprehensive strategy to address underage drinking.

Youth-Led Efforts to Reduce Underage Drinking

Indiana has a wide range of youth-led, adult supported efforts to address underage drinking. These include the Point of Youth (POY) program operated by ICJI to engage youth statewide in developing a substance abuse policy and program agenda to reduce the use of alcohol and other drugs by youth. POY efforts to address underage drinking have resulted in a statewide campaign to reduce the sale of alcohol to youth under age 21 through a project called "Serve Youth, Serve Time" that has been embraced by the LCC's and Excise Police statewide. In addition to POY, other youth prevention efforts such as SADD and PRIDE focus on underage drinking issues.

Indiana State Excise Police

The Indiana State Excise Police agency has developed and launched a six phase plan Survey for Alcohol Compliance (SAC) that tracks the number of compliance checks, monitors results, and uses the data to develop and refine enforcement strategies. This data driven effort described in more detail later in the document, provides specific local information across all 92 counties related the sale of alcohol to minors.

Higher Education

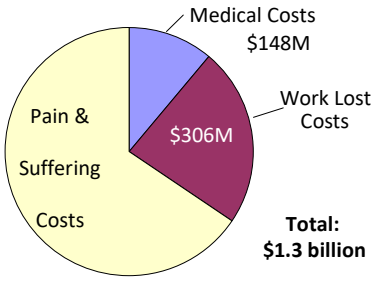
The Indiana Collegiate Action Network (ICAN) and the Indiana Collegiate Action Teams (ICAT) are mechanisms that seek to mobilize Indiana-based university and college administrations and students to address the issues of underage and problem drinking. The Indiana Coalition to Reduce Underage Drinking (ICRUD) serves as the secretariat for collegiate coordination efforts in Indiana. While much has been done, there is an opportunity to expand the impact and capacity of these two groups to address college-aged drinking issues.

UNDERAGE DRINKING IN INDIANA—WHAT WE KNOW

Underage drinking cost the citizens of Indiana $1.3 billion in 2005. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth. This translates to a cost of $2,124 per year for each youth in the State. Indiana ranks 28th highest among the 50 states for the cost per youth of underage drinking. Excluding pain and suffering from these costs, the direct costs of underage drinking incurred through medical care and loss

of work cost Indiana $454 million each year.[14] Figure 2 illustrates the way the costs are broken out between direct and indirect costs. Figure 3 breaks out the costs by individual factors used to calculate the overall cost of underage drinking in the State of Indiana.

Figure 2: Costs of Underage Drinking
Indiana 2005



Source: International Institute for Alcohol Awareness, 2007.

Figure 3: Costs of Underage Drinking by Problem, Indiana 2005

Problem	Total Costs (in millions)
Youth Violence	$677.9
Youth Traffic Crashes	$338.6
High-Risk Sex, Ages 14-20	$118.5
Youth Property Crime	$60.6
Youth Injury	$36.1
Poisonings and Psychoses	$9.5
Fetal Alcohol Syndrome Among Mothers Age 15-20	$22.7
Youth Alcohol Treatment	$57.7
Total	**$1,321.6**

Source: International Institute for Alcohol Awareness, 2007.

INDIANA DATA ON UNDERAGE DRINKING

A great deal of work has already been done in Indiana to document the degree and nature of underage drinking. The State Epidemiology Work Group (SEOW) funded by the SPF-SIG has provided a thorough review of all the available national and state data that addresses alcohol, including underage drinking. This needs assessment does not duplicate that work, but incorporates the key information relevant to underage drinking and how Indiana compares nationally.

[14] Pacific Institute for Research and Evaluation (PIRE). (2006). Underage Drinking in Indiana: The Facts. Calverton, MD.

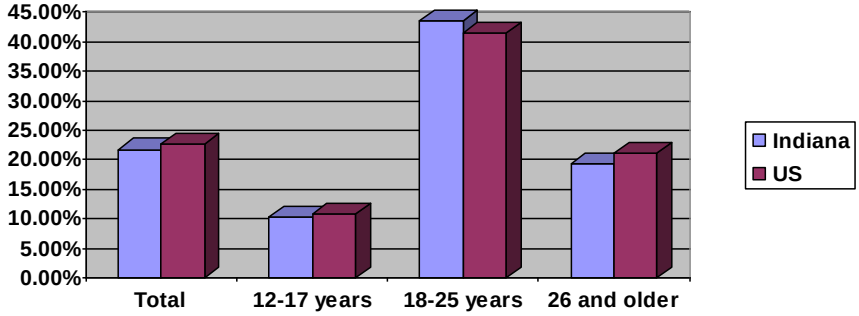
This review will serve two functions: 1) an examination of the most useful data related to underage drinking in Indiana, and 2) an analysis of the data sources available.

PREVALENCE RATES

Alcohol is the most frequently used drug in both Indiana and the United States. According to estimates from the 2004 National Survey on Drug Use and Health, NSDUH (Substance Abuse and Mental Health Services Administration, SAMHSA, 2006), 47.37% of Indiana residents 12 years and older currently consume alcohol (U.S.: 50.71%). Risky consumption patterns, such as binge and heavy drinking, as well as underage drinking, are of particular interest. The most recent 2004 NSDUH estimates report, 21.70% of Hoosiers 12 years and older engaged in binge drinking in the past month, i.e., they had five or more drinks on the same occasion (U.S.: 22.69%); and 40.60% reported heavy use, or consumption of five or more drinks on the same occasion on at least 5 different days in the past 30 days (U.S.: 41.30%).[15]

Young adults between the ages of 18 and 25 seemed to be more at risk, with 43.47% stating to have engaged in binge drinking within the last 30 days (U.S.: 41.39%; see Figure 4).

Figure 4: Percentage of Indiana and U.S. Population, 12 Years and Older, Reporting Binge Drinking in the Past Month, Based on 2003 and 2004 Averages (NSDUH, 2003 - 2004)



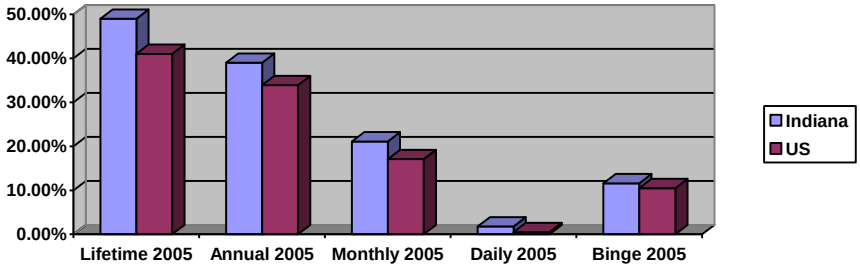
Source: Substance Abuse and Mental Health Services Administration, 2006.

According to the Youth Risk Behavior Surveillance System, YRBSS (CDC, 2006a), 41.4% of Indiana high school students had consumed at least one alcoholic beverage in the past 30 days.[16]

Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents Survey, ATOD (Indiana Prevention Resource Center, IPRC, 2006) and Monitoring the Future Survey, MTF (National Institute on Drug Abuse, 2006a) report that in 2005, alcohol consumption in Indiana for 8th, 10th, and 12th grade students combined was as follows: lifetime use 49.0% (U.S.: 41.0%), annual use 39.0% (U.S.: 33.9%), monthly use 21.1% (U.S.: 17.1%), daily use 1.8% (U.S.: 0.5%), and binge drinking 11.6% (U.S.: 10.5%; see Figure 2).[17] **This data indicates that Indiana has higher rates of alcohol use by high school students compared to the national average across all categories.[18]**

[15] SEOW (get correct citation)
[16] Ibid.
[17] State of Indiana Strategic Plan. SPF-SIG.
[18] Ibid.

Figure 5: Percent of Indiana and U.S. Middle and High School Students (8th, 10th, and 12th Grades Combined) Reporting Alcohol Use, for 2005 (ATOD and MTF, 2005)



Source: Indiana Tobacco Prevention and Cessation, n.d.; National Institute on Drug Abuse, 2006a

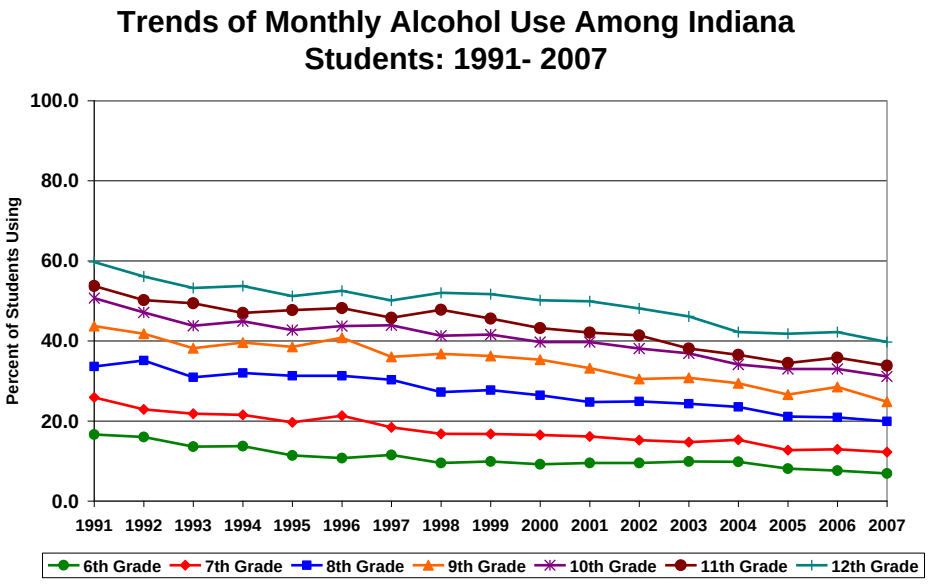
In 2007, according to self-reports by Indiana students in grades 9-12 (with US average in parenthesis):[19]

- 75% (75%) had at least one drink of alcohol on one or more days during their life.
- 22% (24%) had their first drink of alcohol, other than a few sips, before age 13.
- 44% (45%) had at least one drink of alcohol in the past 30 days.
- 28% (26%) had five or more drinks of alcohol in a row in the past 30 days.
- 4% (4%) had at least one drink of alcohol on school property in the past 30 days.

While underage drinking rates remain at or slightly above the national average, the trend over time is good. Overall use of alcohol in the past 30 days according to the Indiana Prevention Resource Center, has improved by 20% for 12th graders, moving from 60% to 40% between 1991 and 2007.

Figure 6: Trends of Monthly Alcohol Use Among Indiana Students 1991-2007.

[19] Center for Disease Control (CDC). Youth Risk Behavior Surveillance System (YRBSS)



Source: Indiana Prevention Resource Center at Indiana University, 2007

INSERT CORE SURVEY DATA (COLLEGES)

TREATMENT DATA

Treatment data for alcohol admissions for clients under the age of 21 in Indiana is going in the opposite direction from the national data. The national numbers are declining in all categories, whereas the Indiana numbers are increasing as it pertains to underage drinkers seeking or accessing treatment for alcohol abuse. Twenty-eight percent more youth under 21 years of age are accessing treatment for alcohol related problems compared to 15 years ago in Indiana.

This data points out a need to better understand why more youth in Indiana are being admitted into treatment for alcohol abuse. The difference may be more a function of access to treatment beds for youth vs. an increase in the need for treatment. The fact that higher numbers of youth under the age of 21 years are receiving treatment is good news and bucks the national trend.

Figure 7: Percent of Alcohol Only Admissions That Were Under the Age of 21 When Admitted

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006

IN	6.0	3.9	4.0	-----	5.9	7.3	7.0	7.7	7.7	7.9	8.3	7.1	8.3
US	6.9	6.2	6.0	5.9	6.0	6.1	6.3	6.2	6.1	6.3	6.5	6.1	6.6

Figure 8: Percent of Alcohol with Secondary Drug Admissions That Were Under the Age of 21 When Admitted

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
IN	9.2	7.3	7.0	-----	11.2	11.4	11.2	12.1	12.3	12.7	12.1	11.3	11.2
US	11.7	11.6	12.2	12.6	13.1	13.0	12.8	12.6	12.3	11.6	11.7	11.0	11.2

Figure 9: Number of Alcohol Only Admissions That Were Under the Age of 21 When Admitted

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
IN	219	-----	358	604	778	636	630	675	775	595	715
US	28,412	26,296	27,762	28,153	28,633	26,891	27,390	27,158	27,186	24,629	26,584

Figure 10: Number of Alcohol with Secondary Drug Admissions That Were Under the Age of 21 When Admitted

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
IN	334	-----	592	739	1,083	873	944	971	1,103	1,041	965
US	43,836	44,223	47,888	47,204	45,915	44,706	44,861	40,048	39,449	36,053	36,577

Figure 11: Total Number of Alcohol Only and Alcohol with Secondary Drug Admissions Under the Age of 21 When Admitted

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
IN	553	-----	950	1343	1861	1509	1574	1646	1878	1636	1680
US	72,248	70,519	75,650	75,357	74,548	71,597	72,251	67,206	66,635	60,682	63,161

ENFORCEMENT DATA

The Indiana State Excise Police launched the Survey for Alcohol Compliance (SAC) in 2007 and created a baseline by which to track the compliance of alcohol beverage outlets with restricting the sale of alcohol to minors. The Indiana State Excise Police SAC provides a breakdown of the

results of the survey by county. This county level data is very useful information for local prevention specialists in assessing the priorities to address in their communities.

While the baseline survey indicates a 32% non-compliance rate, it is the first time the state has had a reliable statewide database measuring compliance. The survey does establish a starting point for targeting enforcement assets and measuring progress. There are currently no other state or national databases that can serve as comparisons for the Indiana data. But in future years, Indiana will be able to measure its progress against the baseline.

Survey for Alcohol Compliance Non-Compliance Rate for 2007*

Total Checks – 1802

Total Non-Compliance – 583

Statewide Non-Compliance Rate – 32%

*In 2007, the Indiana State Excise Police conducted a baseline survey for alcohol compliance (SAC). The Alcohol, Tobacco Commission (ATC) partnered with Indiana University- Purdue University Indianapolis (IUPUI), in generating a random list of alcoholic beverage permit holders across the state of Indiana in all 92 counties. These checks included grocery stores, convenience stores, big box stores and restaurants. Compliance checks of liquor stores and bars are not included in this non-compliance rate.

Insert county compliance survey data (coming from Excise Police).

DRINKING AND DRIVING DATA[20]

The drinking and driving data on underage drivers (under the age of 21 years) is pulled from the May 2007 *Indiana Traffic Safety Facts: Young Drivers 2006* fact sheet. The data indicates that only 11.2% of driver fatalities for under age 21 had been drinking and only 10.1% were intoxicated at the time of collision. Only 1% of all collisions involving drivers under 21 years were intoxicated.

Figure 12: Indiana Drinking and Driving Collision and Fatality Data for 2006

	Drivers under 21	Had Been Drinking	Intoxicated
All Collisions	51,887	1,539 (3%)	530 (1%)

[20] Indiana Criminal Justice Institute. *Traffic Safety Facts: Young Drivers*. ICJI Website: http://www.in.gov/cji/files/2007Traffic_YoungDrFinal.pdf

Driver Fatalities	89	10 (11.2%)	9 (10.1%)

Figure 13: Operating While Intoxicated Citations Issued to Young Drivers in Collisions for 2006

Number Issued to Young Drivers	Citation Rate (per 100,000 for Young Drivers	Citation Rate (per 100,000 for Over 21 Year Old Drivers
843	271	138

ALCOHOL RELATED DISEASE IMPACT (ARDI)[21]

The Alcohol Related Disease Impact (ARDI) provides a perspective on the impact of alcohol abuse on morbidity for those under 21 years. This information can be used to extrapolate the total number of years lost.

- 101 alcohol attributable under 21 deaths; yearly average during 2001-2005
- 6,072 total years of potential life lost due to alcohol exposure among under 21; yearly average during 2001-2005

GAPS IN UNDERAGE DRINKING DATA

HOSPITAL AND EMERGENCY ROOM DATA

- The Drug Abuse Warning Network (DAWN) administered by SAMHSA compiles data on drug related emergency visits in the US. There is DAWN data for Indiana, but we were unable to track down underage drinking related emergency visits for this report. It is unclear whether this data exists. If it does exist, it is very inaccessible. This information would be very important to know in order to have a full picture of the costs and health consequences of underage drinking in communities throughout Indiana.
- The ICJI may want to encourage hospitals throughout Indiana to document emergency room and hospital visits relating to underage drinking and to make this information easily accessible. ICJI may create a template reporting mechanism for hospitals to report this information.

ARREST AND CITATION DATA FOR UNDERAGE DRINKING

Many of the counties in the Comprehensive Community Plans discuss the difficulty in obtaining arrest and citation data on underage drinking at the local level from local police departments. This information is important to know the extent of the underage drinking problem that communities face throughout Indiana. There is a real need for local and state law enforcement to work with epidemiologists in their

[21] Center for Disease Control. *Alcohol Related Disease Impact Report*

communities to track arrest and citation data and then share this data with local prevention specialists. ICJI could play a role in coordinating this data sharing effort.

Statewide implementation of JATC and CJAC for the collection and tracking of offenses through the justice system would prove to be beneficial at the state and local planning level.

Review of Data Collection and Analysis Efforts in Indiana

Indiana has a robust data collection and analysis infrastructure in tracking use and consequences of underage drinking as well as enforcement of underage drinking laws. Some of these efforts are more established and rigorous than others. However, there is a growing consensus in Indiana that data collection and analysis is a vital component for any efforts to be effective in enforcing underage drinking laws and preventing underage drinking. Over time these data collection and analysis efforts are becoming more sophisticated and effective at tracking underage drinking and its consequences. Important recent developments in Indiana include the movement to provide local, community level data and for more effective coordination among researchers and policymakers to best utilize the data for prevention and enforcement efforts.

1. 2007 Indiana State Epidemiological Profile, State Epidemiology and Outcomes Workgroup

Overview: The State Epidemiological Profile is produced by the Indiana State Epidemiology and Outcomes Workgroup (SEOW). The SEOW was established by CSAP's Strategic Prevention Framework State Incentive Grant (SPF SIG) Program in order to facilitate data-based decision-making regarding substance abuse prevention programming across the state. The Profile contains a section on *Youth Consumption Patterns* as it pertains to alcohol use and abuse. This section documents the latest state level consumption survey data in Indiana on youth, trends of consumption use, and comparisons to national youth consumption data. The Profile examines and reports findings from the Youth Risk Behavior Surveillance System, or YRBSS (CDC, 2007b), the NSDUH (SAMHSA, 2007), the Monitoring the Future Survey, or MTF (University of Michigan, n.d.), and the Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents Survey, or ATOD (Indiana Prevention Resource Center, IPRC, 2007), a non-random survey of Indiana students modeled after the MTF.[22]

Analysis:

- The Profile provides a good overview of the State level underage drinking consumption data in Indiana and comparison to national consumption data. However, there is little or limited underage drinking specific data as it relates to consequences, attitudes, traffic safety, treatment, or enforcement.

[22] Information obtained for this section from the Center for Health Policy website at: http://www.policyinstitute.iu.edu/health/index.aspx

- Local level data is not provided and so the usefulness of this data for local enforcement, prevention, or treatment efforts is limited. Currently, there is considerable effort in Indiana to create and organize Local Epidemiology and Outcomes Workgroups (LEOW) modeled on the SEOW at the state level. The Indiana SEOW is providing guidance and leadership in organizing these LOEWs. These Local Workgroups would be responsible for collecting, analyzing, managing, and reporting substance abuse related data at their community or county level. This is important in Indiana since the Local Coordinating Councils (LCCs), which are organized at the county level, are the primary substance abuse prevention groups in Indiana. Presumably, the LCCs would either themselves become the LEOWs or would lead the effort to establish the LEOWs in their communities. The ICJI should continue to facilitate and coordinate this effort to establish LEOWs at the local level throughout Indiana and link the LEOWs with the LCCs.

2. Indiana Youth Survey, Indiana Prevention Resource Center (IPRC)

Overview: The IPRC has conducted the Indiana Youth Survey since 1991. This project is administered through a contract with the Division of Mental Health and Addiction (DMHA) of the Indiana Family and Social Services Administration (FSSA). The purpose of this project is to provide data for state and local planning. In 2007, local school officials administered surveys to students in grades 6 through 12 in 478 schools throughout Indiana. A total of 175,712 youth from both public and nonpublic schools completed a written survey that asked about their use of various drugs and alcohol, the age of onset of first use of various drugs and alcohol, and risk and protective factors. 31% of Indiana students, 15% of Indiana schools, and 47% of Indiana School Corporations participated in the survey. These rates have increased significantly over recent years and it is expected to continue to increase into the future. The Survey is non-random and there is variation of participation across counties in Indiana.

In addition to consumption data, the Survey asks a variety of questions relating to risk and protective factors, attitudes and perceptions concerning alcohol use, and consequences of use. Questions include – how did you usually get your alcohol and what have been the most important reasons for your drinking alcoholic beverages? Participants in the Indiana Survey receive National Outcome Measures (NOMs) data on their own schools and communities. The Indiana Survey collects NOMs data on alcohol for the following measures: thirty day prevalence of use, perceived risk of harm, age of first use, and perception of peer disapproval. By capturing, tracking, and analyzing these NOMs at the local level, local communities are able to satisfy the requirements of federal and state agencies that require the NOMs for needs assessments and evaluation of local prevention programs that they fund.

The advantage of Indiana Survey is its ability to describe alcohol use, attitudes, and risk and protective factors at the local level. This reporting facilitates local needs assessment, planning,

and evaluation of underage drinking prevention activities. The IPRC provides a report of local results to each participating school corporation.[23]

Analysis:

- There is discussion currently taking place on how to better coordinate the results of the Youth Survey with local prevention efforts such as the Comprehensive Community Plans implemented by the Local Coordinating Councils (LCCs) in each County in Indiana. The goal is to continue to increase the participation among school corporations and then to better coordinate the results of the surveys with the efforts of the LCCs so that the LCCs can continue their progress in utilizing local data to inform and drive their prevention efforts at the local level.
- Many LCCs utilize the results of the Youth Survey to inform and drive their Comprehensive Community Plans. This coordination of local data collection and analysis with local prevention efforts should be encouraged and supported by the ICJI and other State stakeholders.
- The Indiana Youth Survey includes many questions concerning risk and protective factors that are very helpful for local prevention specialists in devising strategies to prevent underage drinking.

3. Survey for Alcohol Compliance, Indiana State Excise Police

Overview: The Survey for Alcohol Compliance (SAC) developed through an initiative by the Indiana State Excise Police who began developing new enforcement strategies to identify problem alcohol sales outlets, areas where youth could easily gain access to alcoholic beverages, and strategies that would be effective for retailers to become more responsive in assisting in reducing the sale of alcoholic beverages to minors. According to the Indiana Excise Police, the SAC is now a part of ongoing enforcement efforts. The program costs approximately $125,000 a year about half of which comes from grants from the State. They received $50,000 from EUDL funds in 2008.

The Survey for Alcohol Compliance (SAC) is a six phase process. During Phase 1, the ATC Chairman drafted a letter that was sent to all permit holders identifying the process and informing them that the Excise Police would conduct training to assist them in identifying underage patrons, fraudulent documents, and how to sell responsibly. In addition, the ATC partnered with Indiana University- Purdue University Indianapolis (IUPUI), in generating a random list of alcoholic beverage permit holders across the state of Indiana. This initial list contained permit locations to be checked by the Excise Police, utilizing the SAC protocol during

[23] Information obtained for this section is from the Indiana Prevention Resource Center website at: http://www.drugs.indiana.edu/

Phase 2 of the process. The results of these checks provided statistical data related to the serving of alcoholic beverages to minors.

In January of 2007 the Excise Police initiated Phase 2, the process of conducting a Survey for Alcohol Compliance (SAC). During this phase, the only locations surveyed were those indicated on the list provided by IUPUI, and the establishments where it is lawful for the youth to patronize. By the close of 2007, the Excise Police had conducted 1803 SAC inspections in the 92 counties. From that number, 1220 of the establishments passed the inspections and 603 failed the inspection. Thus, the rate of non-compliance for this phase is 32%. These checks included grocery stores, convenience stores, big box stores and restaurants. Liquor stores and bars are not included in this non-compliance rate, but will be implemented during Phase 3 of the project. Therefore, the statewide non-compliance rate could change.

In January of 2008, Phase 3 of the process was initiated. During this phase, the ATC has presented the initial findings to the state legislature for review and development of legislation. Additionally, this information is being provided to the Indiana Criminal Justice Institute for additional research and support for enforcement of underage drinking laws. Also during this phase, compliance checks will be initiated in liquor stores and other locations that minors are not permitted to patronize. During Phase 3, the results from the compliance checks will be used to provide statistical data related to the service of alcohol to minors in restricted locations.

Later this year, the Excise Police will begin Phases 4, 5 and 6 of the SAC process. During Phase 4, each of the six regional Excise districts will begin conducting 150- to 200 compliance checks per month. Also, officers will begin issuing violations for non-compliance with the law. During Phase 5, Excise officers will utilize minors to initiate "Shoulder Tap" enforcement, focusing on those willing to purchase alcoholic beverages for minors. Consistent with the other phases of the SAC process, during Phase 5 the initial response to a failure is to provide a warning and utilize the data for statistical purposes. However, Phase 6 is the process in which all violations could result in administrative and/or criminal charges.[24]

Analysis:

a. The Survey for Alcohol Compliance is an exemplary initiative to enforce underage drinking laws providing the Indiana EUDL program an opportunity to fulfill its mission to "support and enhance underage drinking prevention efforts by state and local jurisdictions to prohibit the sale of alcoholic beverages to minors and to reduce the purchase and consumption of alcoholic beverages by minors".

[24] Information obtained for this section is from the Indiana Excise Police website at: http://www.in.gov/atc/isep/index.htm

b. This Survey initiative was presented at the National Leadership Conference focused on Underage Drinking in August of 2008 and has served as a model for other states to incorporate into their EUDL program.

c. The data results of the survey are broken down at the county level. A random list of retailers from all 92 counties in Indiana is used for the survey. This information provides valuable information for targeted efforts in local communities to create prevention strategies to reduce and prevent underage drinking.

d. Local Coordinating Councils (LCCs) and local law enforcement agencies can utilize this data in determining the level of the problem each of their communities are facing in regard to enforcing underage drinking laws; and if so to develop strategies to improve the enforcement of underage drinking laws in their communities.

4. Core Alcohol and Drug Survey, ICRUD, CORE Institute

Overview: The Core Alcohol and Drug Survey was developed at the CORE Institute, part of the Southern Illinois University at Carbondale, to measure alcohol and other drug usage, attitudes, and perceptions among college students at two and four-year institutions. Development of the survey was funded by the U.S. Department of Education. The survey includes several types of items about drugs and alcohol. One type deals with students' attitudes, perceptions, and opinions about alcohol and other drugs, and the other deals with the students own use and consequences of use. There are also several items on students' demographic and background characteristics as well as perception of campus climate issues and policy.[25]

Over 7,500 students at institutions of higher education in Indiana participated in the CORE survey in 2006. Institutions agreed to participate on the grounds that they would not be identified as having participated or that the data specific to students on their respective campuses would not be released. As indicated, the survey focuses on more broad risk behaviors but 64.9% of underage students reported consuming alcohol in the previous 30 days. The remaining questions targeted behaviors and perceptions related to alcohol use for students across the age spectrum, with 30% being freshmen, 21.2% sophomores, 18.6% juniors and 19.1% were seniors.[26]

Analysis:

- The Core Survey is a great tool for communities that have large populations of college students. It also can be utilized by university officials to drive their programs and policies to reduce and prevent underage drinking and the consequences of alcohol abuse on their campuses.
- However, the survey does not provide a breakdown of ages in its analysis and so there is very little information specifically on underage drinking. For the most part, underage

[25] Information for this section was obtained from the Indiana Coalition to Reduce Underage Drinking (ICRUD)
[26] Information for this section was obtained from the Indiana Coalition to Reduce Underage Drinking (ICRUD)

drinkers are grouped together with the rest of the university population. This is problematic for researchers and prevention specialists who try to target underage drinkers.

- It would be very helpful in the future for the survey to provide a separate category for underage drinking in its analysis. Among other benefits, this would allow a comparison, if any, of drinking patterns, attitudes, and consequences between underage and overage drinkers on college campuses.

5. Indiana electronic Vehicle Crash Reporting System (eVCRS), Indiana State Police

Overview: The eVCRS was created and initially launched in 2003. The Indiana State Police (ISP) was charged with the responsibility of maintaining a crash records database, with system operations being managed by a contracted technology firm. The Traffic Safety Division of the ICJI creates *Traffic Safety Fact Sheets* based on the data pulled from the eVCRS as well as other sources. They have fact sheets on Alcohol and Young Drivers. Both fact sheets report data on underage drinking. The Traffic Safety Division continues to assist and facilitate the efforts by the state police to investigate and report the facts surrounding crashes such as the age of the driver, whether it is alcohol related, the BAC of the driver if the driver has been found to be drinking, and how many people are injured or killed.

The ICJI hired a Traffic Records Coordinator to facilitate the improvement of the accuracy, timeliness, integration, and accessibility of the traffic records system. The Traffic Records Coordinator position is responsible for recruiting agencies to submit crash records electronically, monitoring electronic crash submission numbers, and for training agencies to use the eVCRS program. The Coordinator also serves as the chair person of the Traffic Records Coordinating Committee (TRCC).[27]

Analysis:

- The eVCRS is an extremely valuable data collection and analysis effort to get an accurate picture of the consequences of underage drinking on an annual basis.

6. Electronic Citation and Warning System, Indiana Supreme Court

Overview: The Judicial Automation and Technology Committee of the Indiana Supreme Court is working on an Electronic Citation and Warning System. This system was tested during the summer of 2007. The current plan is for all citations issued in Indiana to be electronically generated and transferred. Planned implementation is during the first quarter of calendar year 2008. This project plan allows the Bureau Motor Vehicle (BMV), courts, prosecutors, data-researchers, and others to have access to citations, warnings, and OWI citations statewide as soon as the citation is actually written. It is planned that the new citation system will work in conjunction with, and as a part of, the State wide case and docket management system

[27] Information for this section was obtained from the Indiana Criminal Justice Institute

currently being developed for all Indiana courts. This project is being headed up by the Indiana Supreme Court and in cooperation with the TRCC and other partners.

Analysis:

- This System will allow the data collection, management, and analysis of underage drinking and driving citations. The JTAC has made significant progress in getting all state law enforcement on board to report these citations into the System. Once it is fully implemented, it will be a great resource for prevention specialists to have an accurate picture of the extent of the problem of underage drinking in their communities, especially as it pertains to drinking and driving among youth.

ANALYSES OF INDIANA STATUTES, LAWS, AND ORDINANCES RELATED TO UNDERAGE DRINKING

Statutes: Pieces of the Puzzle of Enforcing Underage Drinking Laws

The enforcement, prosecution, and adjudication of the underage drinking laws are governed by a complex system. The alcohol laws and policies are intertwined with those that govern the more general legal process. The relationships between the relevant procedural and jurisdictional requirements laws and policies are not readily ascertained when assessing a state's laws and policies about underage drinking. An adequate assessment is a complex undertaking and reflects the conflicting community views about alcohol use. Merely reading the statutes does not inform one about the law as it is applied. The statutory language means what the courts say it means in their opinions.

This report sets out the law as it exists in statutory language, not as it is applied or enforced from county to county or within the various Indiana communities within a single county.[28] The federal statutes and regulations are excluded from this review which focuses on three primary categories of statutes. First examined are the statutes that are prosecuted and controlled by the prosecutors. Second to be examined are those statutes that are jurisdictional or procedural but have important effects on the management of underage drinking cases. The third group is the statute that governs the private causes of action known as tort claims. These cases are filed by or on behalf of someone who are injured by alcohol impaired persons. They are filed and the litigation is managed by the private attorneys for the parties.

Cases Prosecuted by the County Prosecutors

The first step is to examine the Indiana statutes creating alcohol violations. We exclude the local ordinances because the state statutes preempt most local ordinances for alcohol regulation in Indiana. Most of the enforceable local ordinances regarding alcohol are usually of the nature of prohibiting alcohol use on city or town parkland or in the graveyards. Also, the regulations promulgated by the Alcohol and Tobacco Commission (ATC) are discussed elsewhere in light of the work of the Indiana State Excise Police, the law enforcement division of the Commission. Some excellent advances have been made by the Excise police and the Commission in enforcement of their regulations and the data collection. Those improvements deserve specific attention in a separate part of the report.

The first set of relevant statutes are those defining civil violations or criminal offenses determined by age or family relationship that regulate the consumption, possession or sales of alcoholic beverages.

Statute	Definition of offense	Penalty
IC 7.1-5-7-1 False statements of age	A minor to make a false statement of the minor's age or to present or offer false or fraudulent evidence of majority or identity to a permittee for the purpose of ordering,	Class C misdemeanor Driver's license suspensions

[28] In an additional analysis, to be reported in a separate discussion, we sought to gain an understanding of how the law was actually being enforced across the state and to identify those polices that determined when, where, how and against whom the statutes would be enforced.

	purchasing, attempting to purchase, or otherwise procuring or attempting to procure an alcoholic beverage	[EFFECTIVE JULY 1, 2008]
IC 7.1-5-7-2 Furnishing false evidence of identification	A person to sell, give, or furnish to a minor false or fraudulent evidence of majority or identity	Class C misdemeanor
IC 7.1-5-7-3 Possession of false identity	A minor to have in his possession false or fraudulent evidence of majority or identity with the intent to violate	Class C infraction
IC 7.1-5-7-4 Statement of age	A permittee shall have the right to demand of a customer a signed written statement, on a form prescribed by the commission, that the customer is not a minor	Class C infraction
IC 7.1-5-7-7 Illegal possession	(1) possess an alcoholic beverage; (2) consume it; or (3) transport it on a public highway when not accompanied by at least one (1) of his parents or guardians.	Class C misdemeanor for a minor (b) If a minor is found to have violated subsection (a) while operating a motor vehicle, the court may order the minor's driver's license suspended for up to one (1) year. However, if the minor is less than eighteen (18) years of age, the court shall order the minor's driver's license suspended for at least sixty (60) days.
IC 7.1-5-7-8 Sales to minors prohibited.	(a) To recklessly sell, barter, exchange, provide, or furnish an alcoholic beverage to a minor (b) However, the offense described in subsection (a) is: (1) if the person has a prior unrelated conviction under this section; and (2) if the consumption, ingestion, or use of the alcoholic beverage is the proximate cause of the serious bodily injury or death of any person. ~~(b)~~ **(c)** This section shall not be construed to impose civil liability upon any postsecondary educational institution, including public and private universities and colleges, business schools, vocational schools, and schools for continuing education, or its agents for injury to any person or property sustained in consequence of a violation of this section unless such institution or its agent sells, barters,	Class B misdemeanor [EFFECTIVE JULY 1, 2008] a Class A misdemeanor a Class D felony

	exchanges, provides, or furnishes an alcoholic beverage to a minor.	
IC 7.1-5-7-9 Parent taking child into tavern prohibited	For a parent, guardian, trustee, or other person having custody of a child under eighteen (18) years of age to take that child into a tavern, bar, or other public place where alcoholic beverages are (b) for a permittee to permit the parent, guardian, trustee, or other person having custody of the child under eighteen (18) years of age to be in or around the prohibited place with the child.	Class C infraction
IC 7.1-5-7-10 Minors in taverns prohibited	A minor to recklessly be in a tavern, bar, or other public place where alcoholic beverages are sold, bartered, exchanged, given away, provided, or furnished. (b) For a permittee to recklessly permit a minor to be in the prohibited place beyond a reasonable time in which an ordinary prudent person can check identification to confirm the age of a patron.	Class C misdemeanor In addition, the minor's driver's license shall be suspended for up to one (1) year in accordance with IC 9-24-18-8 and IC 9-30-4-9.
IC 7.1-5-7-15 Aiding unlawful possession	A person twenty-one (21) years of age or older who knowingly or intentionally encourages, aids, or induces a minor to unlawfully possess an alcoholic beverage	Class C infraction.
IC 7.1-5-7-17 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]	Notwithstanding any other law, an enforcement officer vested with full police powers and duties may engage a person who is: (1) at least eighteen (18) years of age; and (2) less than twenty-one (21) years of age; to receive or purchase alcoholic beverages as part of an enforcement action under this article. (b) The initial or contemporaneous receipt or purchase of an alcoholic beverage under this section by a person described in subsection (a) must: (1) occur under the direction of an enforcement officer vested with full police powers and duties; and (2) be a part of the enforcement action.	
(b) The defenses set forth in IC 7.1-5-7-5.1 are available to a permit holder in an action under this section.	(c) Unless a person less than twenty-one (21) years of age buys or receives an alcoholic beverage under the direction of a law enforcement officer as part of an enforcement action, a permit holder that sells alcoholic beverages is not liable under this section unless the person less than twenty-one (21) years of age who bought or received the alcoholic beverage is charged for violating IC 7.1-5-7-7.	
IC 35-46-1-8 Contributing to the delinquency of a minor	A person at least eighteen (18) years of age who knowingly or intentionally encourages, aids, induces, or causes a person less than eighteen(18) years of age to commit an act of delinquency	Class A misdemeanor

	However, if the person committing the offense is at least twenty-one (21) years of age and knowingly or intentionally furnishes: (i) an alcoholic beverage to a person less than eighteen (18) years of age in violation of IC 7.1-5-7-8 when the person committing the offense knew or reasonably should have known that the person furnished the alcoholic beverage was less than eighteen (18) years of age; …and (B) the consumption, ingestion, or use of the alcoholic beverage, is the proximate cause of the death of any person;	Class C felony
IC 31-37-2-6 Delinquent act; violation concerning minors and alcoholic beverages	If, before becoming eighteen (18) years of age, the child violates IC 7.1-5-7 concerning minors and alcoholic beverages.	a delinquent act

As mentioned earlier, the philosophical and policy conflicts in views about alcohol are quite evident in the regulatory scheme for alcohol. To a large extent, the historical and primary reason alcohol is heavily regulated is that it is a source of revenue for the government. From the Code of Hammurabi to the Whisky Tax rebellion to beyond Prohibition, alcohol prices, taxes and revenue from fines and costs, have been the impetus for regulation. That importance is easy to spot in Indiana law in looking at the penalty sections for failing to pay alcohol taxes. Indiana treats the failure to pay the proper amount of alcohol taxes as a felony- a more serious crime than underage drinking or serving to a minor unless a death occurs.

Statute	Definition of Offense	Penalty
IC 7.1-5-4-3, 7.1-5-4-6, or 7.1-5-6-4 Unpaid Taxes; Counterfeit Permits	Defraud the state of tax money on alcohol	Class D felony

The next group of statutes contains those statutes where drinking creates an element of the offense. These statutes are those where alcohol consumption in excess of an allowed level, not age, is an element of the violation of the criminal law. However, age determined sentencing and sanctioning may be imposed by the court.

Statute	Definition of Offense	Penalty
C 7.1-5-1-3 Public intoxication prohibited	For a person to be in a public place or a place of public resort in a state of intoxication caused by the person's use of alcohol	Class B misdemeanor
C 7.1-5-1-6	For a person to be, or to become,	Class B misdemeanor

Intoxication upon common carrier prohibited	intoxicated as a result of the person's use of alcohol …in or upon a vehicle commonly used for the public transportation of passengers, or in or upon a common carrier, or in or about a depot, station, airport, ticket office, waiting room or platform	
IC 9-30-5-1 Operating a Vehicle While Intoxicated, Operating a Motorboat While Intoxicated.	A person who operates a vehicle with an alcohol concentration equivalent to at least eight-hundredths (0.08) gram of alcohol but less than fifteen-hundredths (0.15) gram of alcohol per: (1) one hundred (100) milliliters of the person's blood; or (2) two hundred ten (210) liters of the person's breath;	Class C misdemeanor
	A person who operates a vehicle with an alcohol concentration equivalent to at least fifteen-hundredths (0.15) gram of alcohol per: (1) one hundred (100) milliliters of the person's blood; or (2) two hundred ten (210) liters of the person's breath;	Class A misdemeanor
IC 9-30-5-3 A passenger less than 18 years of age when DUI	A person, at least twenty-one (21) years of age; (B) violates section 1(b) or 2(b) of this chapter; and (C) operated a vehicle in which at least one (1) passenger was less than eighteen (18) years of age	Class D felony
IC 9-30-5-8.5; person less than 21 years of age driving under the influence	A person who: (1) is less than twenty-one (21) years of age; and (2) operates a vehicle with an alcohol concentration equivalent to at least two-hundredths (0.02) gram but less than eight-hundredths (0.08) gram of alcohol per: (A) one hundred (100) milliliters of the person's blood; or (B) two hundred ten (210) liters of the person's breath	Class C infraction (b) In addition to the penalty imposed under this section, the court may recommend the suspension of the driving privileges of the operator of the vehicle for not more than one (1) year.
C 9-30-5-5 Causing the death of another person when operating a motor vehicle	A person who causes the death of another person when operating a motor vehicle: (1) with an alcohol concentration equivalent to at least eight-hundredths	Class C felony

	(0.08) gram of alcohol per: (A) one hundred (100) milliliters of the person's blood; or (B) two hundred ten (210) liters of the person's breath; or (3) while intoxicated; If the person has a previous conviction of operating while intoxicated within the five (5) years preceding the commission of the offense, or if the person operated the motor vehicle when the person knew that the person's driver's license, driving privilege, or permit is suspended or revoked for a previous conviction for operating a vehicle while intoxicated.	Class B felony
(continued from above)	(b) A person at least twenty-one (21) years of age who causes the death of another person when operating a motor vehicle: (1) with an alcohol concentration equivalent to at least fifteen-hundredths (0.15) gram of alcohol per: (A) one hundred (100) milliliters of the person's blood; or (B) two hundred ten (210) liters of the person's breath;	Class B felony
IC 7.1-5-10-21 Visiting or maintaining place unlawfully selling alcoholic beverages; violation	(a) A person who knowingly or intentionally visits a building, structure, vehicle, or other place when it is being used by any person to buy an alcoholic beverage (if the sale is in violation of section 5 of this chapter) commits visiting a common nuisance (b) A person who knowingly or intentionally maintains a building, structure, vehicle, or other place that is used for the sale of alcoholic beverages (if the sale is in violation of section 5 of this chapter) commits maintaining a common nuisance,	a Class B misdemeanor a Class D felony.
IC 7.1-5-10-14 Sales to habitual drunkards prohibited	It is unlawful for a permittee to sell, barter, exchange, give, provide, or furnish an alcoholic beverage to a person whom he knows to be a habitual drunkard.	
IC 7.1-5-10-15 Sale to intoxicated person prohibited	(a) It is unlawful for a person to sell, barter, deliver, or give away an alcoholic beverage to another person who is in a state of	

	intoxication if the person knows that the other person is intoxicated. (b) In any civil proceeding in which damages are sought from a permittee or a permittee's agent for the refusal to serve a person an alcoholic beverage, it is a complete defense if the permittee or agent reasonably believed that the person was intoxicated or was otherwise not entitled to be served an alcoholic beverage. (c) After charges have been filed against a person for a violation of subsection (a), the prosecuting attorney shall notify the commission of the charges filed.	
IC 7.1-5-10-15.5 Person furnishing alcoholic beverage; civil liability for damages; "furnish" defined	. (a) As used in this section, "furnish" includes barter, deliver, sell, exchange, provide, or give away. (b) A person who furnishes an alcoholic beverage to a person is not liable in a civil action for damages caused by the impairment or intoxication of the person who was furnished the alcoholic beverage unless: (1) the person furnishing the alcoholic beverage had actual knowledge that the person to whom the alcoholic beverage was furnished was visibly intoxicated at the time the alcoholic beverage was furnished; and (2) the intoxication of the person to whom the alcoholic beverage was furnished was a proximate cause of the death, injury, or damage alleged in the complaint. (c) If a person who is at least twenty-one (21) years of age suffers injury or death proximately caused by the person's voluntary intoxication, the: (1) person; (2) person's dependents; (3) person's personal representative; or	

	(4) person's heirs; may not assert a claim for damages for personal injury or death against a person who furnished an alcoholic beverage that contributed to the person's intoxication, unless subsections (b)(1) and (b)(2) apply.	

In an interesting contrast to the foregoing statutes, the Indiana law, I.C. 14-15-8-8 regarding the operation of a boat while intoxicated has no age differentiated provisions.[29]

Third, we note that a number of crimes (often battery, rape, etc.) may be exacerbated by an underage defendants' use of alcohol but that a discussion of the penalties and sentencing for the crimes against persons are beyond the scope of underage drinking issues.

In considering the effectiveness of Indiana laws and policies in dealing with underage drinking, it is important to distinguish between the classifications of civil administrative penalties, infractions, misdemeanors, and felonies. Each classification has different connotations and effects for an individual's record. The penalties provided by the Indiana code for alcohol related actions that may be initiated by the state can be classified follows:

a. Infractions[30] are civil violations that can only be filed by the prosecutor. This means that several underage drinking or other offenses are *non criminal* civil violations. The historical and controlling policy reason for the creation of infractions as civil violations was to evade the requirement in the Constitution

[29] **C 14-15-8-8 Operation of motorboat while intoxicated**
Sec. 8. (a) Except as provided in subsections (b) and (c), a person who operates a motorboat:
(1) with an alcohol concentration equivalent (as defined in IC 9-13-2-2.4) to at least eight-hundredths (0.08) gram of alcohol per:
(A) one hundred (100) milliliters of the person's blood; or
(B) two hundred ten (210) liters of the person's breath; or
(2) while intoxicated;
commits a Class C misdemeanor.
(b) The offense is a Class D felony if:
(1) the person has a previous conviction under:
(A) IC 14-1-5 (repealed); or
(B) this chapter; or
(2) the offense results in serious bodily injury to another person.
(c) The offense is a Class C felony if the offense results in the death of another person.

[30] IC 35-41-1-6,
"Crime" defined
Sec. 6. "Crime" means a felony or a misdemeanor.
IC 35-41-1-19
"Offense" defined
Sec. 19. "Offense" means a crime. The term does not include an infraction.
As added by P.L.311-1983, SEC.7. and SEC.20.

of Indiana that all fines be placed in the state common school fund. Because infractions are civil they are punishable by penalties only; neither fines nor imprisonment may be imposed.

b. Misdemeanors are crimes punishable with imprisonment for one year or less, and fines and penalties.

c. Felonies are punishable by more than one year imprisonment and fines and penalties.

d. Administrative (civil) penalties from the Alcohol Beverage Commission or Indiana Department of Revenue

Statutes That Control Jurisdiction and Procedure, Not Specific to Alcohol

The additional statutes that determine jurisdiction, prosecutorial deferment and conditions for expunging records have significant effects on the management of the enforcement, prosecution and adjudication of underage drinking law violations. The importance of these statutes in analyzing the effectiveness of the state's laws and policies appears to be almost inverse to the level of awareness and understanding of these statues. The actual impacts of the statutes that do not appear to deal with under aged drinking should be thoroughly examined because they have allowed, facilitated a crazy quilt approach that most parents and youth do not understand even when they are caught up in the justice system. The prosecution of the underage drinking violations in Indiana varies from prosecutor to prosecutor and that variation appears to be greater than at the enforcement level or adjudication levels.[31]

Jurisdiction between Courts

In considering law and policy around underage drinking, the first analysis should be to determine where a case may be filed. Questions about forum shopping and monetary considerations to the cities, towns, and counties arise here. The local dimensions of the decisions determining in which courts underage drinking law cases might be filed are loosely governed by the statutes defining jurisdiction of the non constitutional courts. In the counties where there are city and town courts, the prosecutor has unfettered discretion to choose whether to file infraction and misdemeanor violations for those age 18 and over[32] in those courts or whether to file in the county, superior, or circuit court. It is interesting to note that town courts have exclusive jurisdiction of all town ordinance violations. This may help explain the state's preemption of alcohol related matters.

Another piece of the jurisdictional puzzle is found in answering the questions of when do the juvenile and adult courts have jurisdiction. A simplified table below provides a broad brush view of how confusing a lay person may find the current statutory scheme.

Statute	Age	Who	Court
IC 31-30-1-2	Under the age of 18	Proceedings in which a child, including a child of divorced parents, is alleged to be a delinquent child under IC 31-37[33]	A juvenile court has exclusive original

[31] The electronic record keeping systems should allow a more definitive analysis within the next 18 to 24 months.
[32] Additional limitations are discussed under the juvenile court jurisdiction.
[33] **31-37-1-2-Delinquent act**
Sec. 2. A child commits a delinquent act if, before becoming eighteen (18) years of age, the child commits an act

		Proceedings in which a child is alleged to have committed an act that would be an offense under IC 9-30-5 if committed by an adult.	jurisdiction
IC 31-30-1-2.	Under age 18	A child alleged to have committed a violation of a statute defining an infraction, except as provided under IC 7.1-5-7. **2)** A child who is alleged to have committed a violation of an ordinance. **(3)** A child who: (A) is alleged to have committed an act that would be a **felony** if committed by an adult; and (B) has previously been waived to a court having felony jurisdiction	Adult court
IC 31-30-1-4	The individual was at least sixteen (16)years of age	For any listed offense	Adult court
IC 31-30-3-2	A child under age 18 but at least 16	Under listed circumstances, waived	Adult court

Distinguishing the differences and the effects of those differences between the jurisdiction of adult courts and juvenile courts is worth the effort because of the following:

1. Juvenile courts often use a process called informal adjustment that engages the parents and child in an agreement about how to deal with the underage drinking so that it is not repeated.

2. The proceedings in juvenile court are shielded from the public scrutiny because the child's and family's names are not usually released to the public.

3. The juvenile probation staff and judges have clear authority to engage the parents and require parental participation in a dispositional plan for the child.

Juvenile court does not have jurisdiction in the following instances:

(1) A child at least sixteen (16) years of age who allegedly committed a violation of a traffic law, the violation of which is a misdemeanor, unless the violation is an offense under IC 9-30-5.

(2) A child who is alleged to have committed a violation of a statute defining an infraction, except as provided under IC 7.1-5-7.

(3) A child who is alleged to have committed a violation of an ordinance.

Expungement of Records

The Indiana statutes contain limited provisions for the expungement of records. The term means the deletion, removal, and destruction of a record of an arrest, stop, charge or filing or other action by a

that would be an offense if committed by an adult, except an act committed by a person over which the juvenile court lacks jurisdiction under IC 31-30-1.

public officer. The legal effect of expungement as contrasted with a pardon is that the expungement is though the incident never happened and the pardon is to remove further penalty effect of the punishment. Indiana has given the juvenile court broad discretion to grant expungement petitions in IC 31-39-8, Expungement of Records Concerning Delinquent Child or Child in Need of Services.

The adult "pardon" statue is not particularly useful in terms of rehabilitative effects and it does not appear to have wide use.[34] An additional concern that the Indiana statutes do not address is the electronic record keeping and the storage of the records. There are technical issues which should be addressed if expungement is to be fully exploited as a carrot and stick approach to underage drinking law violations.

Deferred Prosecution

The prosecuting attorneys in Indiana have total discretion in the determination of what cases are filed and, subject to the statutes defining the jurisdiction of the courts, equal discretion in determining in which court a case shall be filed. They are elected officials who can petition a court to dismiss a case and the court must grant the petition. The unfettered discretion is appropriate because the prosecutors know the evidence and whether charges can be proven.

In considering law and policy around underage drinking, the statutes determining the jurisdiction of the court to adjudicate the age related alcohol offences are also important.

Civil Causes of Action Filed by Individuals with Private Counsel

In addition, to the cases in which only the prosecutor has the statutory authority to file and prosecute[35], Indiana statutes give a private right of civil action (tort claim) to someone who has been injured by

[34] IC 35-38-5-1Expungement of Arrest Records
Petition; grounds; verification; filing; contents; service; notice of opposition; hearing
Sec. 1. (a) Whenever:
(1) an individual is arrested but no criminal charges are filed against the individual; or
(2) all criminal charges filed against an individual are dropped because:
(A) of a mistaken identity;
(B) no offense was in fact committed; or
(C) there was an absence of probable cause;
the individual may petition the court for expungement of the records related to the arrest.

[35] Felony, misdemeanor, or infraction prosecutions; other duties required by law
Sec. 5. Except as provided in IC 12-15-23-6(d)(Medicaid Fraud), the prosecuting attorneys, within their respective jurisdictions, shall:
(1) conduct all prosecutions for felonies, misdemeanors, or
infractions and all suits on forfeited recognizances;
(2) superintend, on behalf of counties or any of the trust funds,
all suits in which the the counties or trust funds may be
interested or involved; and
(3) perform all other duties required by law.
IC 34-28-5-1 Sec. 1. (a) An action to enforce a statute defining an infraction shall be brought in the name of the state of Indiana by the prosecuting attorney for the judicial circuit in which the infraction allegedly took place. However, if the infraction allegedly took place on a public highway (as defined in IC 9-25-2-4) that runs on and along a common boundary shared by two (2) or more judicial circuits, a prosecuting attorney for any judicial circuit sharing the common boundary may bring the action.

alcohol impaired drinker including those drinkers who are under the age of 21 years when the conditions of the statute are met. IC 7.1-5-10-15.5 This combines the social host liability and the dram shop act into one statute that is clearly intended to deter law suits against vendors or providers.

Recommendations

In reviewing the Indiana statutes, a fair conclusion is to say that it is time to write a new code. The statutes have been amended overtime and interpreted by the courts. As a result the statutes are inconsistent internally and very difficult to explain to a lay audience. The underage drinker should be warned by clear and coherent statutes of what they face if they violate the law. The legislative study committee on alcohol meeting this summer (2008) may want to address the shortcomings in the Indiana Code.

INDIANA STAKEHOLDERS THAT TARGET UNDERAGE DRINKING

Underage drinking enforcement, prevention and treatment is a complex issue in communities across the nation and in Indiana. This section highlights stakeholders at the federal, state, local and community level that are committed to addressing this issues and saving the lives of young persons in Indiana.

State Agencies

Indiana Criminal Justice Institute (ICJI)

About ICJI: Guided by a Board of Trustees representing all components of Indiana's criminal and juvenile justice systems, the Indiana Criminal Justice Institute serves as the state's planning agency for criminal justice, juvenile justice, traffic safety, and victim services. The Institute develops long-range strategies for the effective administration of Indiana's criminal and juvenile justice systems and administers federal and state funds to carry out these strategies.

Efforts to Address Underage Drinking:

1. Governor's Commission for a Drug Free Indiana. The Commission's mission is to provide the vision, expertise and leadership to develop comprehensive statewide strategies to address the complex problems associated with alcohol and other drugs within the State. A primary goal is to facilitate the necessary communication, collaboration and coordination on multiple fronts and manage state and local level coordination.
2. $360,000 for the Enforcing Underage Drinking Laws (EUDL) Program. EUDL is an OJJDP federal grant program that provides grant money to each state to reduce and prevent underage drinking.
3. The Indiana Point of Youth (POY) program. The POY is a youth advisory group to the State's decision-makers on substance abuse and public safety issues. The POY identified underage drinking as one of the three main problems facing youth in Indiana.

Indiana State Excise Police, Alcohol Tobacco Commission

About Indiana State Excise Police: The Indiana State Excise Police are the law enforcement division of the Alcohol and Tobacco Commission. State Excise police officers are empowered by statute to enforce the laws and rules of the Alcohol and Tobacco Commission as well as the laws of the State of Indiana. A primary goal is to reduce the access and availability of alcohol and tobacco products to minors.

Efforts to Address Underage Drinking:

1. $97,490 for Stop Underage Drinking and Sales (SUDS) and Cops in Shops (CIS). The funding for these two programs comes from NHTSA via the Traffic Safety Division in the Indiana Criminal Justice Institute. The primary goals of the CIS program are (1) enforcement of underage drinking statutes, and (2) targeting the retail outlets that sell alcoholic beverages to minors. Excise officers, on overtime grant funds from the TSD of the ICJI, observe a retail outlet, observing minors who exit the outlet and have purchased alcoholic beverages. The Excise officers make contact with the minor, and once confirmed, enter the store and affect an arrest on the clerk who made the sale. SUDS is a federally funded program that pays officers overtime for working details where there is a high concentration of underage drinking. The primary goal of SUDS is to reduce the acquisition of alcoholic beverages by those individuals who are not legally entitled to possess them.
2. $125,000 for the Survey for Alcohol Compliance (SAC). This funding comes from several sources including EUDL money, State money, and in house funding within the Excise Police. SAC is an enforcement strategy to identify problem alcohol sales outlets, areas where youth could easily gain access to alcoholic beverages, and strategies that would be effective for retailers to become more responsive in assisting in reducing the sale of alcoholic beverages to minors. The Excise Police accomplish these objectives through training, education, compliance checks, and warnings and penalties to those retailers not in compliance.

Indiana Division of Mental Health and Addiction

About DMHA: The DMHA certifies all community mental health centers, addiction treatment services, and managed care providers; administers federal funds earmarked for substance abuse prevention projects; licenses inpatient psychiatric hospitals; operates the State mental health hospitals; and provides funding support for mental health and addiction services to target populations with financial need through a network of managed care providers.

Efforts to Address Underage Drinking:

1 $33.2 million in Substance Abuse Prevention and Treatment Block Grants administered through the Substance Abuse and Mental Health Administration (SAMHSA)

- 77% is spent on treatment; 23% on prevention with no specific breakout of funding for underage drinking, it is not possible to determine exactly how much of this money is spent on underage drinking prevention and treatment.
- $5.8 million of the prevention block grant is spent on a drug prevention program for youth 10-14 years of age called - Afternoons R.O.C.K. The acronym "R.O.C.K." represents the mission of the Afternoons R.O.C.K. in Indiana program to provide Recreation, Object lessons, Culture and values and Knowledge via active and entertaining focused and supportive prevention activities designed to teach youth about social and media influences, conflict resolution and refusal/resistance skills, gang and violence prevention, and the structuring of leisure time to be free of alcohol, tobacco and other drug use.

2 $2.3 million in FY08 in Strategic Prevention Framework State Incentive Grant (SPF SIG) funding

- SPF SIG was awarded to Indiana in 2005 for five years to the Indiana Governor's Office in partnership with other State agencies to implement a comprehensive, integrated statewide substance abuse strategic prevention framework resulting in data-driven, community-based prevention activities for Indiana's citizens. The efforts focus on reducing youth access to alcohol and tobacco; reduce alcohol, tobacco, and marijuana use among youth and adults; reduce substance abuse related crime and problem behavior; and increase the capacity and effectiveness of Indiana's prevention system.
- Based on a statewide review of drug abuse and addiction, it was recommended that the prevention and reduction of underage drinking and binge drinking among 18 to 25 year olds should be one of the three priorities to be funded for prevention efforts in the State.
- In 2007, twelve community agencies in thirteen counties each received a $165,000 grant from the Indiana Family and Social Services Administration for drug prevention planning. Out of these twelve community agencies, eight focus on Alcohol, but do not specify whether they are focusing on underage drinking specifically.

Local Organizations

Local Coordinating Councils (LCCs)

About the LCCs: Each county has its own Local Coordinating Councils (LCCs), which is the

planning and coordinating body for addressing alcohol and other drug problems in a county. The Governor's Commission for a Drug Free Indiana provides funding through the Local Drug Free Communities Fund. The Commission also provides guidance for setting up prevention strategies. See the Appendix for analysis of LCC Comprehensive Community Plans and funds targeting underage drinking prevention, treatment, and enforcement.

Efforts To Address Underage Drinking In Indiana:

1 $5.7 million available in FY07 from the Indiana Local Drug Free Communities Fund. The money for the Fund comes from State drug abuse, prosecution, interdiction, and corrections fees. The LCCs are required to submit to the Commission a Comprehensive Community Plan (CCP), which consists of 1) an assessment of the local alcohol and other drug abuse problems in the county, including problem identification and supportive data; 2) a listing of proposed objectives to help alleviate the stated problems; and 3) an evaluation component designed to measure the success of the Plan's strategies. Once the Commission approves a Plan, a copy is sent to the County Commissioners for their use in allocating local funds.

A review of the LCC comprehensive plans to determine the level of focus on underage drinking and the level of funding committed to prevention, treatment, and enforcement was conducted. 80% of the plans identify underage drinking as one of the priority problems either separately or as a part of a larger problem of youth substance abuse. This analysis also suggests that communities across Indiana are making real efforts in gathering and analyzing local data on underage drinking and then using this data to inform their decision making. 71% of the plans include data specifically on underage drinking. 40% if the plans mention specific actions taken concerning underage drinking separate from other substances of abuse or alcohol abuse among the general population.

It was not possible to break out the amount of funding committed to underage drinking specifically based on the way that the LCC's currently construct and file their budgets.

Federal Agencies

Office of Safe and Drug Free Schools, U.S. Department of Education

About the Office of Safe and Drug Free Schools**:** The mission of the Office is to create safe schools, respond to crises, drug abuse and violence prevention, ensure the health and well being of students and promote development of good character and citizenship.

Efforts to Address Underage Drinking:

1 $4.7 million in FY07 for the Safe and Drug Free Schools and Communities State Grants

- The program provides support to SEAs for a variety of drug- and violence-prevention

activities focused primarily on school-age youths.

Center for Substance Abuse Prevention, SAMHSA, Department of Health and Human Services

About CSAP: CSAP works with States and communities to develop comprehensive prevention systems that create healthy communities in which people enjoy a quality life. This includes supportive work and school environments, drug- and crime-free neighborhoods, and positive connections with friends and family.

Efforts to Address Underage Drinking in the State of Indiana:

1 $1.5 million in drug Free Community grants in FY07 to local communities to develop comprehensive prevention systems to combat drug and alcohol abuse. Most of this money went towards youth programs. It is not possible to determine what percentage of this money went specifically towards preventing alcohol use among youth.

Non-governmental Organizations

Indiana Coalition to Reduce Underage Drinking (ICRUD)

About ICRUD: ICRUD, one of 12 coalitions funded by the Robert Wood Johnson Foundation, is a national project of the American Medical Association with a mission to mobilize communities to address underage drinking in order to change policies that govern the way alcohol is marketed to, sold to, and bought by underage persons.

Efforts to Address Underage Drinking**:**

1. Alcohol Compliance Enforcement (ACE): Working with the Pacific Institute of Research and Evaluation (PIRE), ICRUD provides training for local law enforcement agencies on conducting alcohol compliance checks. Law enforcement, working with youth 18-20 as well as community members, provide a fair opportunity for retailers to sell alcohol responsibly by sending a minor in to attempt a purchase.
2. Youth Advocacy: Our students partner with other student groups on initiatives such as: Youth Legislative Day at the Indiana Statehouse, Youth Legislative Breakfast, the Youth Summit, and many other exciting activities.
3. Orange Ribbon Campaign: This awareness and policy campaign, developed by ICRUD students, focuses on underage drinking prevention. April is Alcohol Awareness Month and schools and communities are encouraged to develop initiatives and activities to reduce underage drinking by participating in the Orange Ribbon Campaign.
4. College Initiatives: Coordinate campus initiatives in Indiana to reduce problem drinking on campuses through the Indiana Collegiate Action Network (ICAN) and the Indiana

College Advocacy Teams (ICAT)

5. Policy/Advocacy: The Coalition continues to educate and raise awareness about underage drinking and key policies to reduce youth access to alcohol.
6. Training: The Coalition continues to offer training opportunities for its members and the community, covering topics such as media advocacy, policy advocacy, local and statewide policy initiatives, and compliance checks.

Indiana Prevention Resource Center, Indiana University

About IPRC**:** The Indiana Prevention Resource Center strengthens prevention efforts through education, resources and research.

Efforts to Address Underage Drinking**:**

1 Indiana Youth Survey. The IPRC coordinates the annual survey of alcohol, tobacco and other drug (ATOD) use by children and adolescents in the state of Indiana. This survey allows for state and local entities to coordinate prevention programs by providing information regarding the prevalence of alcohol, tobacco and other drug (ATOD) use among children and adolescents in Indiana.

2 PREV-STAT: County Profiles Data. The Indiana Prevention Resource Center's free service called PREV-STAT uses GIS software and data from a variety of sources to create county profiles and customized project reports, including maps and tables. Analysis can be done at any level from the state to the county, block group, zip code, neighborhood, or based on any arbitrary selected boundaries. GIS empowers the prevention landscape by attaching threads to statistics and tying them to precise locations on earth.

3 Strategic Prevention Framework/State Incentive Grants Consulting Services. IPRC consultants are available to communities and agencies to interpret school survey data, understand current drug use trends and develop programs that work.

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Center for Health Policy, IUPUI

About The Center for Health Policy: The Center for Health Policy is a division of the Center for Urban Policy and the Environment at the School of Public and Environment Affairs at Indiana University. The mission of the CHP is to collaborate with state and local government, as well as public and private health care organizations in health policy and program development and to conduct high quality program evaluation and applied research on critical health policy-related issues.

Efforts to Address Underage Drinking:

1 The Center for Health Policy provides leadership and technical support for the State Epidemiology and Outcomes Workgroup (SEOW), and is responsible for developing, implementing, and coordinating a statewide program evaluation initiative to assess the impact of new prevention programs funded as part of Indiana's SPF SIG program. As a part of this responsibility, the Center produced a 2007 State Epidemiological Substance Abuse Profile which documented the known data surrounding substance abuse in Indiana.

Students Against Destructive Decisions (SADD)

About SADD: SADD provides students with the best prevention and intervention tools possible to deal with the issues of underage drinking, other drug use, impaired driving and other destructive decisions. SADD receives grant money from the ICJI and other donations for their programs. Indiana SADD provides support to 220 High School and 60 Middle School SADD Chapters, along with many other prevention programs and community groups across the state.

Efforts to Address Underage Drinking:

1 $147,408 for the SADD program in FY08. These funds come from NHTSA via the Traffic Safety Division at the Indiana Criminal Justice Institute. This project provides funds for a full-time coordinator and administrative assistant to formulate strategies and programs statewide aimed at strengthening Indiana's youth programs at the middle school and high school level. The SADD program focuses on reducing underage drinking and driving, as well as increasing seat belt usage rates among teens. SADD encourages schools throughout the state to implement a local SADD chapter where students become traffic safety advocates and teach their peers.

Insert Summary of Resources targeting Underage Drinking (in development)

SUMMARY OF INTERVIEWS, FOCUS GROUPS, AND SURVEYS

The results of the key informant interviews, focus groups and surveys have been analyzed to provide results and key learnings that inform the strengths of Indiana's EUDL efforts and recommendations for next steps. See appendices for more detailed analyses of needs assessment findings.

SURVEYS

Internet based surveys were designed and disseminated to collect data related to the definition of underage drinking, the perception of current strategies being implemented and the level of support for implementation of evidence-based strategies. Individual surveys targeted law enforcement officers, prosecutors, judges, safe and drug free school coordinators, local community council members and parents.

Summary Results:

TARGET POPULATION	RESULTS
Law Enforcement	• One hundred and twenty-eight officers responded to the survey, 78.3% of respondents were local police departments, 16.3% were with County Sheriff's Departments, 4.3% represented campus police departments and 1.1% state level enforcement representation. • The greatest percentage of officers (60.3%) indicated that 0 – 10% of their time is spent dealing with issues related to underage drinking, which is supported by the low response (0 – 10) of youth caught participating in underage drinking behaviors and the overwhelming majority (78.6%) indicating that only 0 – 20 hours of enforcement man hours are dedicated to addressing underage drinking related issues in a week. • Officers indicate that the most common consequences of underage drinking include; fights (with 88.8% of respondents indicating this is a problem), noise complaints (80%), vandalism and car crashes (with 76.8% each) and assaults (50.4%). • Officers indicate the enforcement of zero tolerance laws for drivers under the age of 21 as the top strategy with ticketing minors attempting to purchase alcohol and use of compliance checks or enforcement related to retailers selling to minors coming next on the list. • 80.8% of the respondents indicated that lack of funding is the greatest barrier to addressing the issue of underage drinking.
Judges	• Thirty-one judges submitted surveys. • Most judges are hearing less than 100 cases a year involving minor in possession or minor consuming alcohol. • A number of statutes related to underage drinking are not enforced

	or rarely enforced, including false identification. • There was general agreement from the judges that the statutes are adequate. • Majority of judges report having underage charges filed along with other charges running the range of commonly reported offenses.
Safe and Drug Free Schools Coordinators	• Seventeen Safe and Drug Free Schools Coordinators responded to the survey. • 64.7% of the respondents indicated that only 0 – 10% of their time is spent on underage drinking related issues but most indicate that greater than 50 youth in their school are engaging in underage drinking behaviors in an average week. • The greatest number of respondents (77%) indicated that the schools have adopted policies regarding alcohol use on school property and at school-sponsored events, with 100% of the respondents supporting said strategy. • Most of the respondents identify as being a rural school district (55.6%) • 100% selected funding as a barrier to efforts to address underage drinking.
Local Coordinating Council	• One hundred and twenty-eight community members responded to this survey. • Over 50% of the respondents indicated that between 25 – 50% of the youth in the community engage in underage drinking behaviors, with 31% of the respondents indicating that underage drinking is a large problem in their community. • Nearly 60% (59.1) of the respondents indicate that data is used to identify the problem and to determine prevention strategies to implement, with 74.7% identifying underage drinking as a priority in their community plan (91.2% commit resources to underage drinking). • The greatest amount of funding goes toward school-based programs, with enforcement efforts also receiving local dollars. • Community respondents indicate that currently there is an emphasis on the enforcement of laws against buying alcohol for minors, community sponsorship of alcohol-free activities for youth and clear school policies regarding alcohol use on school property or at school-sponsored events. • They also note the implementation of sobriety checkpoints for impaired drivers and other well-publicized enforcement of impaired driving laws. • 73.3% identify themselves as living in rural communities.
Parents	• Sixty-five parents invested their time in accessing and completing the survey. 45.3% are parents of 2 children, with 71% indicating that one of more of the children is between the ages of 10 and 21. • Most of the parents (47.3%) have spent greater than 5 hours speaking with their child/children about underage drinking. • Half of the parents perceive that 50 – 75% of youth engage in

	drinking behaviors and most agree (95.2%) that beer is the drink of choice when youth are drinking. • More than half the parents (66.1%) feel that when youth drink they consume approximately 4 – 6 drinks on an average Saturday evening. • When asked to select strategies that they would support to decrease underage drinking, each strategy received high scores which can be translated as a parents desire to support anything that will decrease youth drinking behavior. • The strategy with the highest support from parents is the enforcement efforts that target minors attempting to purchase alcohol. • As with previous surveys, 57.4% of the respondents indicated that they were from a rural community.
Prosecutors	• 16 Prosecutors responded on-line. • Most indicated that they prosecute 100 – 200 cases per year related to public intoxication. • 75% - 81% of the prosecutors indicate that they have seen 1 – 15 cases involving false identification of any type. • Nearly all the prosecutors indicate that less than 50 cases a year involve illegal possession under 21. • Greater than 75% of the prosecutors indicated that 1 -15 cases involve sales to minors. • Nearly all indicate that enforcement related to sales to minors is too low.

STRUCTURED INTERVIEWS

Interviews were conducted with the key stakeholders across the state. Whenever possible interview were conducted in person and when not possible were conducted over the phone. Each interview was structured to allow the participant to 1) define the problem of underage drinking from their professional and personal experience, 2) identify what is being done to prevent or decrease underage drinking, 3) identify strategic areas of focus for the future and 4) indicate any barriers or challenges to a coordinated state-wide effort to decrease underage drinking.

SUMMARY RESULTS:

INTERVIEWEES	KEY LEARNING'S SUMMARIZED
• Coordinator of Safe and Drug Free Schools – Indiana Department of Education • Substance Abuse Services Division	1. Each of these professionals has a full complement of responsibilities, with underage drinking merely one of the components. Funding for underage drinking prevention efforts are typically rolled into other more general prevention or public health efforts. 2. Enforcement, treatment and prevention efforts related to underage drinking must exist within the structure of the agency values as well as the community values in which they will be

Director – Indiana Criminal Justice Institute • Executive Director - Indiana Prevention Resource Center (IPRC) • Superintendent – Alcohol and Tobacco Commission Excise Police • Coordinator – Indiana Coalition to Reduce Underage Drinking • Professor of Toxicology – Indiana University Purdue University Indianapolis • Traffic Safety Division Director – Indiana Criminal Justice Institute • Director – Purdue University Student Health Center • Director – Drug Free Coalition • Director – Center for Health Policy • Division of Mental Health and Addiction – Family and Social Services Administration • Coordinator – Indiana State SADD Coordinator	implemented. 3. Historically "silo-ed" funding does not lend itself to comprehensive, state-wide efforts. 4. There is a core group of dedicated professionals with the passion, vision and flexible professional responsibilities which will allow them to participate in an advisory capacity, meeting quarterly throughout the year to develop and implement a state-wide strategy to address underage drinking. 5. Statewide data, as reported through the recently released SEOW report provides a foundation and justification for addressing underage drinking comprehensively. 6. Data, the collection, analysis and use of remains a driving component for resources and funding. For example, more efficient collection and analyses of data at the state level will save staff time and assist with disseminating resources out to the local communities more efficiently. State level agencies are requiring data driven strategic planning at the local level to justify fund allocation. Additionally, the demonstration of increase enforcement efforts and results justifies an increase in personnel and ultimately increased safety at the community level. 7. Underage drinking issues on campus communities across the state are compounded by issues related to enforcement jurisdiction, lack of administrative support, economic realities of increased alcohol sales and drinking "culture" portrayed in the media. 8. There is a lack of advocates for legislative and policy changes related to underage drinking due to the restriction of government funding requirements and a lack of state level policy agenda. 9. Utilizing existing structures such as the network of local community councils, the network of safe and drug free schools coordinators and the local SADD chapters allows for more effective program and policy implementation. 10. Participation in the structured interview process allowed the participants to think critically about underage drinking efforts, historically and currently; and to re-invest in the issues related to underage drinking as a priority area.

FOCUS GROUPS

Focus groups were conducted with the following constituencies:

- Students

- Local Community Consultants
- Judges
- Prosecutors
- Key Stakeholders

Each focus group was conducted similarly to the structured interview described above; participants were asked to describe the problem, share any efforts to address underage drinking, indicate any gaps or areas that could be improved upon, and to share who needs to be involved in the solution to decrease underage drinking.

SUMMARY RESULTS:

FOCUS GROUP	KEY LEARNING'S
Students	Defining the problem- • Students begin drinking as early as 6th grade and by 7th grade they are talking about it openly • Drinking is tied to social status and "fitting in" • Older siblings increase the probability that students will drink • Party = Alcohol, if there is no alcohol it is not a party • Some parents supply the alcohol or stand up for kids to reduce the consequences • Sports are combined with alcohol – partying during and after games as a community What is being done? • Parents chose to home school kids to avoid social issues related to drinking • Some limited enforcement but there is little follow through – pay a fine, call parents or school • SUDS – Stop Underage Drinking and Sales – is a mechanism in local communities for persons to provide tips to law enforcement to prevent parties and create safer communities • Programs such as SADD, MADD, Smart Moves, POY Gaps or opportunities – • Increase education – learn about "real" stories and consequences • Increased family involvement • Focus on hope for college education • Faith-based or church programs • Put more kids in correctional facilities • Media needs to take responsibility
Local Community Consultants	Defining the problem- • Data exists through UCR, IPRC, local law enforcement arrests, campus arrest records, CORE survey, secondary school expulsions/suspensions, treatment data, telephone surveys, probation and detention records, SPF Sig and SEOW reports • Potential data sources include – urine drug screening, SAFER

	medical reporting from ER, Afternoon Rocks pre- and post-surveys, coroner's offices, emergency rooms What is being done? • Party Safe Home – programs create directory of safe homes • SUDS – Stop Underage Drinking and Sales – Report parties anonymously • Compliance Checks/Surveys • Party Crashers – identify parties, similar to crime stoppers or neighborhood watch programs • POY – youth leadership groups • Citizen Volunteer participation in prevention efforts • Parent groups • PRIDE programs • Treatment programs with a parent education component and an athlete education component • Afternoon Rocks – based on four evidence-based programs • School resource officers • Breathalyzer at High School events • Workplace Seminars – parents at work, payroll stuffers • Town Hall Meetings through CSAP • Campus Retailer Coalition
Judges	• Very few cases involve offenses related to underage drinking – it is a misdemeanor • Judges want to know that any programs or consequences "work" • Complicating factor is the manner in which citations are issued and the role that plays in the courthouse or judge that sees cases • In rural counties the "views" of the judge are more visible in the community • Diversion is a valuable "tool" for the judge and the court but they have concerns about the system in which diversion may become a "first" option • Judges are elected and they may not want to develop a reputation for convicting on misdemeanors related to underage drinking because there will be more negative consequences than positive impact • Judges were in agreement that underage offenses were minor but that as offenders age a high percentage of offenses involve alcohol use and logically they have determined that suggests decreasing underage drinking may impact more violent offenses
Prosecutors	• Underage drinking offenses are typically handled by the less experienced, "newer" prosecutors • The diversion option generates resources for the office • Prosecutor's "go with a gut feeling" when they make a decision related to diversion – they have often not had a conversation with the offender • Additional training, either as a part of law school or in continuing

	education opportunities, needs to help the prosecutor identify offenders who have a problem and need help vs. offenders who made a poor decision once • If the Prosecutor is new and may be closer in age to the youthful offender, they may be influenced by their personal experiences • The workload is so large that underage drinking offenses, as misdemeanors are often either "quicker" or settled by diversion so they can move on to the next case quickly • Prosecutor's indicated that a high percentage of cases involve alcohol use but very few cases are related to underage drinking

Key Stakeholders	• Underage drinking provides an opportunity to link outcomes to public health measures – should be a part of strategic planning for colleges, communities, medical facilities
	• The SPF Sig and SEOW work showcase data with a major focus on underage drinking
	• Resources to address underage drinking need to go to the local level to drive prevention activities
	• Legislative issues include educating legislators despite the barrier of the alcohol industry – example is the alcohol tax issue
	• Educating key decision-makers is essential
	  o Higher Education Administrators
	  o Principals
	  o Legislators
	• Identify REAL costs of underage drinking – economic cost to the state exceeds economic development (value vs. taxes earned)
	• Higher Education prevention efforts must include alcohol advertising near/on campus, alcohol sales practices and policies, evidence-based environmental strategies, parent involvement,
	• Accountability and Risk Management – report cards that incorporate alcohol and drug costs related to services provided, density of alcohol outlets, prevention efforts
	• Middle and High School efforts coordinated through Safe and Drug Free Schools include awareness, training, kick off events, connection to test scores and drop-out rates
	• Drug testing is disconnected from alcohol
	• Mobilize the Superintendents, Principals, School Board Members, School Attorney's
	• Juvenile Justice includes scattered underage drinking laws that are sporadically implemented
	• Need a collection of laws for judges and prosecutors to easily reference
	• Probation – implement a Risk/Needs Assessment Tool for alcohol
	• There are 6 Juvenile Drug Courts – the cost value is related to retention/completion
	• DCS – role in abuse/neglect case could be to order treatment
	• SPF Sig – 12 sites focused on underage drinking with 8 additional sites being added

	• Underage drinking has links to gambling on campus and areas identified as high meth use • Pilot assessment form developed between DMHA and DCS includes alcohol and when computer-based can be shared between agencies related to Medicaid funding – CANSI • Department of Health focus on Fetal Alcohol Syndrome and pre-natal substance abuse • Excise Police have a strong 6 step plan to implement compliance surveys and hold retailers who sell alcohol to underage buyers accountable – includes an education component for retailers and community leaders • Excise Police are concerned about direct sales on the internet • Military – Indiana has the highest deployment of soldiers to Iraq. The goal is to get them home and maintain a productive contribution to the local community without alcohol problems

STRENGTHS

Upon conducting this assessment, we have identified a number of areas of strength to be celebrated and expanded upon during the strategic planning phase of this process. These areas include:

- Consistent, coordinated and data-driven enforcement efforts thorough the Indiana State Excise Police.
- Current capacity of the Local Coordinating Councils to support enforcement, prevention and treatment efforts related to underage drinking.
- Investment in data collection and analyses efforts at the state and local levels.
- Existing infrastructure to engage colleges and universities in the necessary efforts to address underage drinking issues on campus and in the surrounding towns.
- A model for utilizing youth leadership as advocates in creating community and statewide change related to underage drinking efforts.

Strong State Level Enforcement Presence

The Indiana State Excise Police implementation of the Survey for Alcohol Compliance (SAC), developed to identify problem alcohol sales outlets, areas where youth could easily gain access to alcoholic beverages, and strategies that would be effective for retailers to become more responsive in assisting in reducing the sale of alcoholic beverages to minors, has strengthened the enforcement approach. These efforts are now a part of ongoing, coordinated, and data-driven enforcement efforts across the state.

The Survey for Alcohol Compliance (SAC) is a six phase process. During Phase 1, a letter that was sent to all permit holders identifying the process and informing them that the Excise Police would conduct training to assist them in identifying underage patrons, fraudulent documents, and how to sell responsibly. A random list of alcoholic beverage permit holders across the state of Indiana was generated allowing permit locations to be identified and checked by the Excise Police during Phase 2 of the process. The results of these checks provided statistical data related to the serving of alcoholic beverages to minors.

In January of 2007 the process of conducting actual surveys for alcohol compliance was begun. The only locations surveyed were those indicated on the random list and establishments where it is lawful for the youth to patronize. By the close of 2007, the Excise Police had conducted 1803 SAC inspections in the 92 counties. From that number, 1220 of the establishments passed the inspections and 603 failed the inspection. Thus, the rate of non-compliance for this phase was 32%. These checks included grocery stores, convenience stores, big box stores and restaurants. Liquor stores and bars were not included in this non-compliance rate, but were included during Phase 3 of the project.

In January of 2008, Phase 3 of the process was initiated, including compliance checks initiated in liquor stores and other locations that minors are not permitted to patronize. During Phase 3, the results from the compliance checks were used to provide statistical data related to the service of alcohol to minors in restricted locations.

Later this fall in 2008, the Excise Police will begin Phases 4, 5 and 6 of the SAC process. During Phase 4, each of the six regional Excise districts will begin conducting 150- to 200 compliance checks per month. Also, officers will begin issuing violations for non-compliance with the law. During Phase 5, Excise officers will utilize minors to initiate "Shoulder Tap" enforcement, focusing on those willing to purchase alcoholic beverages for minors. Consistent with the other phases of the SAC process, during Phase 5 the initial response to a failure is to provide a warning and utilize the data for statistical purposes. During Phase 6 all violations could result in administrative and/or criminal charges.

Implementation of this six phase process will result in more consistent enforcement efforts across the state and ongoing development of relationships between the state enforcement agency and the local agencies. It is not uncommon for the local police departments to request assistance from the Indiana State Excise Police upon determining that they may have a problem establishment which is providing alcoholic beverages to underage youth.

Capacity of the Local Coordinating Councils

The Indiana Criminal Justice Institute Serves as the state's planning agency for criminal justice, juvenile justice, traffic safety, substance abuse prevention and victim services. ICJI develops long-range strategies for the effective administration of Indiana's criminal and juvenile justice systems and administers federal and state funds to carry out these strategies. In May, 1989, by executive order and later by act of the Indiana General Assembly, the Governor's Commission for a Drug Free Indiana, within the Indiana Criminal Justice Institute was established. Its mission is to reduce the incidence and prevalence of substance abuse, and addictions among adults and children in Indiana. This is accomplished through increasing the capacities of local communities to organize and develop comprehensive solutions to local substance abuse addictions issues to create a safer, healthier Indiana.

Each of the 92 counties in Indiana has a Local Coordinating Council (LCC), established by statutes, and primarily funded through court assessed fees. The LCC's are countywide citizen bodies approved by the Governor's Commission for a Drug Free Indiana, to plan, monitor and evaluate comprehensive local alcohol and drug abuse plans. Each LCC serves as the substance abuse coalition for their county with responsibilities that include identifying community drug programs, coordinating community initiatives, designing comprehensive community strategies and monitoring anti-drug activities at the local level. LCC's are responsible for their community substance abuse planning process and serve as the steward of the County Drug Free Fund with accountability to their comprehensive plan. In this capacity, LCC's also serve as the local link to and with state government, through Community Consultants that coordinate regional efforts and communication amongst LCC's. A strong component of the comprehensive planning process and development of strategies to address local alcohol and drug abuse plans is the collection and dissemination of local data, and its analyses within the context of state-wide data.

The structure of the LCC's and their relationship to the Indiana Criminal Justice Institute, as well as a connection to the Governor's Commission for a Drug Free Indiana, provides a coordinated system to impact local communities and grassroots efforts related to enforcement, prevention and treatment of underage drinking. Through the Community Consultants, technical assistance is provided to communities at the local level allowing them access to evidence-based practices, data collection tools

and additional funding opportunities. Many of the LCC's have grown and expanded their efforts through Drug Free Communities grants and the SPF SIG funding opportunities, with the support of ICJI. In addition, this structure allows local communities access to an existing partnership between ICJI and the Excise Police, resulting in stronger enforcement messages at the local level.

Investment in Data Collection and Analysis

As described in the Data Analysis section of Underage Drinking in Indiana – What we Know, in this document, Indiana has a long history of collecting data and using that data to drive decision making related to underage drinking. In 2007 the Indiana State Epidemiology and Outcomes Workgroup (SEOW) produced a State Epidemiological Profile. The SEOW was established by CSAP's Strategic Prevention Framework State Incentive Grant (SPF SIG) Program in order to facilitate data-based decision-making regarding substance abuse prevention programming across the state. The Profile contains a section on *Youth Consumption Patterns* as it pertains to alcohol use and abuse and documents the latest state level consumption survey data in Indiana on youth, trends of consumption use, and comparisons to national youth consumption data. The Profile examines and reports findings from numerous data sources including the Youth Risk Behavior Surveillance System, or YRBSS (CDC, 2007b), the NSDUH (SAMHSA, 2007), the Monitoring the Future Survey, or MTF (University of Michigan, n.d.), and the Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents Survey, or ATOD (Indiana Prevention Resource Center, IPRC, 2007). This has served as a valuable tool for driving community and policy initiatives related to underage drinking. Future efforts to create and organize Local Epidemiology and Outcomes Workgroups, modeled upon the state level, would serve to further solidify data driven efforts at the local level.

Since 1991, the Indiana Prevention Resource Center has enjoyed a national reputation for excellence related to data collection and substance abuse prevention. The IPRC conducts the Indiana Youth Survey, a project administered through a contract with the Division of Mental Health and Addiction (DMHA) of the Indiana Family and Social Services Administration (FSSA). The project works to provide data for state and local planning related to substance abuse prevention. In 2007, local school officials voluntarily administered surveys to students in grades 6 through 12 in 478 schools throughout Indiana. A total of 175,712 youth from both public and nonpublic schools completed a written survey that asked about their use of various drugs and alcohol, the age of onset of first use of various drugs and alcohol, and risk and protective factors. 31% of Indiana students, 15% of Indiana schools, and 47% of Indiana School Corporations participated in the survey. The Survey is non-random and there is variation of participation across counties in Indiana. IPRC provides a report of local results to each participating school corporation. Currently, this survey provides a valuable resource for some of the LCC's as part of their data-driven planning process.

The data sources described above serve as foundational information which is then in turn supported by data collection efforts by the Indiana Excise Police, the CORE Alcohol and Drug Survey administered by Indiana Coalition to Reduce Underage Drinking (ICRUD), the eVCRS system and the Indiana State Police and to some degree data collection through an electronic citation and warning system implemented at the judicial level. Data collection efforts and instruments are a necessary part of the planning process

but Indiana's strengths lie in continuing to support data-driven decision making at the state and local level related to underage drinking prevention.

Infrastructure on Campus

Addressing underage drinking efforts on campuses is a complicated and difficult task. Factors such as strong alumni associations, a strong Greek presence, mixed messages from the administration and media messages promoting risky drinking behavior which often influence individual student behavior contribute to the complexity of the issue. In addition, campuses face a complicated enforcement dilemma, in that some universities employ campus police and others rely on local police departments to enforce underage drinking laws and ordinances. Universities and colleges across the nation universally claim that they either do not have a problem or that they have the resources and means to address the issue internally. Higher Education in Indiana is no exception to this rule.

Indiana has a well respected and strong system of public and private higher education institutions. Significant efforts have been made through the Indiana Collegiate Action Network (ICAN) and the Indiana College Advocacy Teams (ICAT) to engage administrators, faculty, staff and students in the issues related to underage drinking, including but not limited to decreased retention rates, higher crime and vandalism rates, increased negative health consequences and increased rates of failure. The Indiana Coalition to Reduce Underage Drinking and the Indiana Prevention Resource Center have worked together to collect data through the CORE survey. In addition, there is a taskforce of professionals dedicated to this effort on campuses across the state. These professionals work together to coordinate prevention messages, share updated research results, strategize best practices to implement on their unique campuses, determine potentially successful policy initiatives to support and serve to provide an infrastructure of professional support in a field often fraught with burn out and high turnover. The strength in utilizing the current infrastructure and relationships lies in being able to highlight successes and allows for expansion to include new partners such as stronger ties to enforcement efforts.

Youth Leadership and Empowerment

The Indiana Criminal Justice Institute supports Point of Youth (POY), a youth-led, adult-guided advocacy, leadership development and community service group dedicated to making Indiana communities safer. POY was established in 1998 following two successful Youth Summits that were sponsored by the Governor's Commission for a Drug-Free Indiana. Each year, as part of their membership, POY students develop and implement Statewide Action Plans (SWAPs) to be implemented under the guidance of their adult advisors. POY students have identified such issues as keg tracking, methamphetamine use, prescription and over-the-counter drug abuse, and underage drinking as priorities during this process. In fact, this group of student leaders was active in the effort to pass legislation related to keg tracking and currently is addressing youth access to alcohol through a media initiative entitled Serve Kids Serve Time.

This model of identifying student leaders, providing concentrated training and education, engaging students in a facilitated strategic planning process and providing the resources and tools to accomplish their goals leads to successful efforts and future public health advocates. In addition, the existing infrastructure of the LCC's and Community Consultants serves to enhance and support the

implementation of POY initiatives at the community level across the state, facilitating interactions with other youth and civic groups with similar concerns. As a component of the ICJI efforts, POY is also in a position to access partners at the state level, such as the Excise Police to assist in implementing their initiatives.

In closing, these five areas are just a few of the successes to be celebrated in the state of Indiana. It may in the future serve ICJI well to utilize the infrastructure of the LCC's to document additional best practices and successes across the state.

RECOMMENDATIONS AND KEY ACTION STEPS

This section serves as the gap analysis portion of the needs assessment, reviewing key learnings from the surveys, focus groups, and key stakeholder interviews, the systems infrastructure overview, strengths and opportunities in Indiana and strategic next steps to improve EUDL outcomes. The format is organized into five strategic focus areas:

- Building Capacity
- Enforcement Efforts
- Judicial System
- Media
- Innovative Programs

Each focus area contains recommendations and key action steps to address the gaps and strengthen Indiana's efforts to meet the three priorities of the EUDL grant program.

Building Capacity
Recommendation 1: Formalize steps to create and implement a permanent statewide working taskforce or advisory group to address issues, strategic planning, and coordination related to underage drinking in Indiana.
Key Action Steps: • Place the Underage Drinking Task Force under the Governor's Commission for a Drug Free Indiana as a permanent task force to ensure coordination with the LCC's, SPF-SIG, and other related efforts. • Use EUDL funding to staff the task force. • Utilize existing EUDL advisory group as core members of the taskforce. • Increase representation of enforcement efforts; invite representatives from the Sheriff's Association, Chiefs of Police Association and the State Police. • Schedule three in person meetings per year with the option to rotate the meetings regionally, and monthly conference call updates to highlight successes and challenges.
Recommendation 2: Interface with existing federally grant funded programs and projects to tailor performance measures to include underage drinking prevention efforts.
Key Action Steps: • Identify and partner with existing SPF SIG sites, SEOW efforts and Drug Free Community Grantees to coordinate implementation of strategies identified in the EUDL strategic planning process and tracking funding dedicated specifically toward underage drinking. • Provide technical assistance to local communities seeking Community Oriented Policing grants

(COPS grants) through the Department of Justice to support local enforcement efforts driven by data demonstrating a need for increased enforcement related to underage drinking.

- Provide key underage drinking prevention strategies to Safe and Drug Free Schools Coordinators with the responsibility to implement effective substance abuse prevention at the local level.

Recommendation 3:

Support data collection efforts at the state and local level.

Key Action Steps:

- Identify statewide data systems that can be adapted to collect underage drinking data at the local or regional level (i.e., Criminal Justice Information System and Justice Technology and Automation Committee).
- Support local efforts to collect enforcement data.
- Examine existing national survey instruments such as the CORE and YRBS. Adopt consistent discretionary questions statewide to address underage drinking specifically.
- Strengthen existing local survey instruments such as the IPRC survey to:
    - Expand the number of valid questions specific to underage drinking.
    - To reach all youth including home-schooled youth, potentially high risk students such as alternative education, and homeless/transient youth.
- Increase local voluntary participation by schools in the IPRC survey and the YRBS survey in order to improve validity of the data for comparison purposes across the state.
- Explore innovative technologies to more effectively survey target populations related to underage drinking such as web surveys, cell phone/texting survey.

Recommendation 4:

Support and enhance underage drinking prevention efforts at the local level.

Key Action Steps:

- Enhance LCC's ability to collect data related to underage drinking at the local level.
- Require LCC's to specifically identify goals and objectives and resources allocated toward underage drinking in their comprehensive community plans and track funding committed for underage drinking in financial reports.
- Support implementation of effective environmental prevention efforts through the LCC's.
- Provide regional training and education opportunities through the Community Consultants regarding underage drinking prevention.

Enforcement Efforts
Recommendation 1: Expand statewide and local enforcement efforts around underage drinking related offenses.
Key Action Steps: • Continue to fund and support the six phase compliance survey initiative through the Indiana Excise Police. • Develop and implement training/curriculum materials specific to underage drinking enforcement for instruction in the Police Academy. • Identify local enforcement jurisdictions using Standard Operating Procedures and data to support underage drinking enforcement efforts, utilize these officers to provide quarterly regional training to local officers. • Partner with ICALEA and encourage campus security/enforcement efforts to work with and support local enforcement efforts.
Recommendation 2: Identify and support campuses and local communities that are willing to work together to implement strategic enforcement efforts.
Key Action Steps: • Implement a targeted enforcement effort in three "college towns" across the state. Include enforcement efforts targeting house parties, fake ID's, sales to minors, alcohol license violations, and drinking and driving violations. • Partner with local city council members, business owners, elected officials, fire departments and code enforcement officers to target problem establishments, writing up violations and enforcing any consequences. • Collect data and write up the yearlong effort for distribution to university administrators and police chiefs across the state. • Meet with university administrators twice a year to update them on the progress of the enforcement efforts surrounding the campus and the impact on the larger community. For example, provide documentation of risk assessment related to crime rates such as vandalism, fights, destruction of property, sexual assaults, crashes involving alcohol and other violent crimes. In addition, prepare summary of public health costs related to emergency room data, treatment admissions and other medical expenses. • Conduct annual trainings for university and college administrators about liability and risk management strategies related to problem drinking on college campuses.

Judicial System
Recommendation 1: Enhance and expand the knowledge of judges and prosecutors in supporting local enforcement efforts related to underage drinking.
Key Action Steps: • Expand training and education opportunities for young prosecutors traditionally taxed with cases related to underage drinking offenses. • Expand training and education opportunities for sitting judges interested in best practices with evidence-based results that can be implemented to deter or prevent future underage drinking behaviors. • Establish a mentor system which encourages prosecutors and judges with experience related to underage drinking offenses to mentor newer professionals.
Recommendation 2: **Improve the function of the courts, judges, and prosecutors to enforce underage drinking laws.**

Key Action Steps:
• Take steps to streamline or clarify the existing statutes related to underage drinking and support the writing of a new code.
• Support the increased capacity of the prosecutorial and judicial system to track and maintain data related to underage drinking offenses (i.e., Judicial Technology and Automation Committee, Criminal Justice Information System).
• Understand the role that deferred prosecution plays as an early intervention strategy.
  o Track the use of deferred prosecution for underage drinking cases
  o Monitor the future involvement of the clients processed as deferred cases in the justice system to better inform screening decisions by prosecutors

Media
Recommendation 1: Implement focused public advertising programs to educate establishments about statutory prohibitions and sanctions.
Key Action Steps: • Expand the Point of Youth (POY) partnership with the Excise Police to distribute and advertise the Serve Kids Serve Time initiative. • Invest in the development of concise talking points highlighting the statewide strategic plan to address underage drinking. Provide talking points to all key stakeholders and public information officers for inclusion in their media outreach at the local level. • Create a clearinghouse of media articles and efforts related to underage drinking in the State of Indiana. • Provide all education materials in English and Spanish.
Recommendation 2: Enhance the ICJI website to include specific targeted messages related to underage drinking.
Key Action Steps: • Identify key target audiences that access the website. For example, parents, educators, researchers, enforcement officers. • Identify key learning opportunities specific to the target audiences identified above. Create pages of information specific to the target audiences and post on the website. • Post resources, tools and available results specific to data collection efforts targeting underage drinking prevention. • Provide materials in English and Spanish.

Innovative Programs
Recommendation 1: Continue to promote and expand the role of youth leadership across the state regarding underage drinking prevention.
Key Action Steps: • Involve youth in expanded media efforts including website design and web presence. • Expand POY youth model to local level. Encourage school districts to have state representation on POY and a local group empowered to assist in implementing the state strategies selected.
Recommendation 2: Create a no use environment in athletics across the state.
Key Action Steps: • Create and implement required training for coaches related to underage drinking prevention and detection. • Implement a statewide no use policy with strict consequences impacting each team equally. • Ban alcohol advertising at all event facilities. • Ban alcohol sales and presence on school grounds or at sports venues.
Recommendation 3: Expand and enhance local ordinances related to underage drinking.
Key Action Steps: • Establish a repository of model local ordinances related to underage drinking that communities may consider adopting. • Provide training to LCC's and local elected officials related to the challenges and benefits of local model ordinances addressing underage drinking. • Explore stronger language for social host ordinances at the state and local level. • Limit the licenses or permits issued, less density. • Require education for licensees and owners. • Explore expanded public nuisance or disturbance ordinance. • Educate the public regarding ordinances through local business owners, elected officials and parents.

Recommendation 4:

Address the spectrum of prevention, treatment and recovery for individuals involved with underage drinking.

Key Action Steps:

- Involve families in all aspects of prevention, treatment and recovery.
- Create seamless systems inclusive of all cultural components.
- Educate and train professionals in issues specific to underage drinking.
- Identify available services and publish materials in a comprehensive directory.
- Provide training in and implement standardized brief intervention screening instruments in programs across the state.

CONCLUSION

The Indiana EUDL Needs Assessment lays out the costs of underage drinking in Indiana, prevalence rates, treatment, compliance and enforcement data, perceptions about the level of response to the problem, key stakeholders and infrastructure in place to address underage drinking, strengths and recommendations for next steps.

Over the last 15 years, progress has been made at reducing the level of underage drinking in Indiana by a third. However, Indiana remains higher than national averages on rates of underage and college age binge drinking with 49% lifetime use for students in 8th, 10th, and 12th grades compared to 41% nationwide.

Treatment for youth under the age of 21 years has increased. That may indicate greater access to treatment beds for youth, but it may also indicate increasing demand for treatment for alcohol dependence for those under the age of 31 years.

Documenting the actual enforcement of underage drinking laws remains challenging. Law enforcement and judicial data collection systems are just emerging to address the gaps in justice information, including underage drinking. CJIS and JTAC are both opportunities to improve information locally and statewide. Accurate data is critical for Local Coordinating Councils, Law Enforcement, prosecutors, judges, treatment, and prevention specialists to correctly diagnose and select appropriate interventions to reduce underage drinking.

One of the clear messages that emerged for the assessment team during the focus groups, surveys, and interviews was the sense that the level of local law enforcement and court involvement in underage drinking enforcement is sporadic and ambivalent. Many officers do not charge underage drinking crimes to begin with, many prosecutors dismiss or defer charges, and inconsistencies exist across judicial settings. There is a great deal of room to strengthen the awareness, understanding, and commitment of these key enforcement stakeholders to adopt and implement effective strategies to enforce underage drinking laws.

Increased enforcement should be coupled with an even greater emphasis on prevention and community mobilization efforts to impact community norms and standards related to underage drinking, particularly on college campuses. As the CORE Survey data indicates, college students drink more heavily in their early college years (freshmen-juniors), perceive that alcohol has many positive benefits, and binge drink at rates higher than the national average.

The role of the Governor's Commission for a Drug Free Indiana as the umbrella for interagency coordination around the prevention, intervention, and enforcement of alcohol and other drug abuse efforts statewide is a strong platform to support a statewide task force or working group on underage drinking. The close connection to all 92 Local Coordinating Councils is ideal to strengthen capacity and coordinate local and state efforts to address underage drinking.

Indiana has many strengths already in place to tackle underage drinking. The strategic use of EUDL funding can address critical gaps and leverage opportunities outlined in the recommendations section to build capacity, increase enforcement, improve retailer compliance, and implement innovative strategies locally and statewide.

APPENDICES

NEED ASSESSMENT TEAM

Sagamore Institute for Policy Research

The Sagamore Institute for Policy Research is a nonprofit, nonpartisan think tank headquartered in Indianapolis. Sagamore Institute is committed to what is known as "applied research"—research that actually puts theories and ideas to the test in the real world by working alongside practitioners, learning from them, and measuring the results of theories put into practice, rather than simply hypothesizing from an ivory tower. The mission of the Sagamore Institute is to provide high-quality, independent research and analysis, developing innovative and collaborative approaches to issues of public significance. The Sagamore Institute is nationally recognized for having made substantive contributions to the quality of life of residents of the City of Indianapolis and the State of Indiana, affecting as well the broader American and global communities.

Team Members

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METHODOLOGY OF NEEDS ASSESSMENT

Our goal was to assess the current status of skills, knowledge and resources available to address the enforcement of underage drinking in the state of Indiana. In addition, we determined a need to identify the existing perceptions, at the state and local level, related to the extent of underage drinking. Our process included the following:

- Identification and analyses of available data sources
- Identification and analyses of relevant statutes, laws and ordinances
- Identification of key stakeholders at the state and local level
- Development and implementation of instruments to determine current perceptions and practices related to underage drinking.

Each step of the process was done in consultation with key staff at the Indiana Criminal Justice Institute, who have not only informed the process but will have responsibilities related to implementing the strategic plan and recommendations related to said planning process. Their commitment to implementing data-driven, comprehensive efforts at the state and local level is evident at all levels of the assessment process.

The model we implemented included the following components:

1. Establish the requirements of EUDL by OJJDP
2. Lay out the historical context
3. Define the nature of the problem
4. Map the infrastructure and key stakeholders
5. Identify existing resources
6. Identify gaps
7. Identify opportunities
8. Make recommendations for next steps

The next step involved identifying key sectors and key stakeholders to assist in laying out the historical context, defining the nature of the problem, mapping the infrastructure, identifying the existing resource, gaps and opportunities. Bringing this group together also served the dual purpose of creating the foundation for a state-wide advisory group or task force as required by EUDL funding. The process involved bringing these constituents together, formalizing their role in enforcing or preventing underage drinking and empowering them to work together to identify realistic action steps. The EUDL state-wide advisory group consisted of representatives from local, state, federal and tribal law enforcement; court system representatives including judges and prosecutors; prevention and treatment professionals; education representatives at the K-12 and higher education levels; and community members. For a complete roster of invited participants, please refer to appendices. This group of key stakeholders provided an overview of the status of existing efforts and continued to update this status in a proactive manner at future meetings. They identified existing data sources, gave guidance on tools used to collect needs assessment data, provided key access points to data and target audiences and were instrumental

in validating draft materials. In fact, the advisory group itself served as a focus group, assisting to create ownership for the end result and future implementation of recommendations.

SAI worked with the key stakeholders to define and map the problem, including but not limited to exploring data about enforcement, use and perceptions; defining the systems in place to implement change; receiving attitudinal feedback and identifying perceptions of strengths and gaps in the effort to address underage drinking in the state of Indiana. As indicated above, this necessitated the development of and implementation of tools such as surveys, key informant interviews and focus groups.

TOOLS

The effort to collect information representative of the mulit-dimensional aspects of underage drinking included conducting focus groups, creating and implementing surveys, conducting structured interviews with key stakeholders and rigorous analyses of existing laws, statutes, ordinances and other data sources.

Surveys

Internet based surveys were designed and disseminated to collect data related to the definition of underage drinking, the perception of current strategies being implemented and the level of support for implementation of evidence-based strategies. Individual surveys targeted law enforcement officers, prosecutors, judges, safe and drug free school coordinators, local community council members and parents.

Law Enforcement Survey results summary:

One hundred and twenty-eight officers responded to the survey, 78.3% of respondents were local police departments, 16.3% were with County Sheriff's Departments, 4.3% represented campus police departments and 1.1% state level enforcement representation. The greatest percentage of officers (60.3%) indicated that 0 – 10% of their time is spent dealing with issues related to underage drinking, which is supported by the low response (0 – 10) of youth caught participating in underage drinking behaviors and the overwhelming majority (78.6%) indicating that only 0 – 20 hours of enforcement man hours are dedicated to addressing underage drinking related issues in a week. Officers indicate that the most common consequences of underage drinking include; fights (with 88.8% of respondents indicating this is a problem), noise complaints (80%), vandalism and car crashes (with 76.8% each) and assaults (50.4%). However, when indicating the strategies currently being implemented to address underage drinking or the strategies that each officer would support and vigorously implement, overwhelmingly officers indicate the enforcement of zero tolerance laws for drivers under the age of 21 as the top strategy with ticketing minors attempting to purchase alcohol and use of compliance checks or enforcement related to retailers selling to minors coming next on the list. In addition, 80.8% of the

respondents indicated that lack of funding is the greatest barrier to addressing the issue of underage drinking.

The high percentage of respondents from local communities indicates an interest in, and potential support for, increased local enforcement related to underage drinking. Survey results support utilizing the current structure of the Local Community Councils to increase training for law enforcement officers related to effective strategies and increase funding for local departments who have indicated a focus on implementing evidence-based enforcement strategies targeting all aspects of underage drinking beyond traffic violations.

The small number of state level enforcement responses indicates the potential to highlight the successful efforts of the Indiana Excise Police and liaison with the Indiana State Police and County Sheriff's Association in support of increased enforcement efforts targeting underage drinking. The Indiana State Police mission statement presents a number of areas that intersect with underage drinking:

> The Indiana State Police shall provide the most professional, effective and courteous police service possible at all times and with every endeavor.
>
> 1. The protection of life and property will be our primary focus.
> 2. We will uphold and defend federal and Indiana state constitutions and enforce all laws.
> 3. We will address crimes and offenders with diligent, conscientious and proactive initiatives.
> 4. We will ensure public safety on our roadways with vigorous and directed traffic enforcement.
> 5. We will assist the public and all police agencies at any time and in any manner possible.

Likewise, the Indiana Sheriff's Association goals provide a clear intersection with underage drinking issues:

> The Indiana Sheriffs' Association mission is to help maintain the Office of the Sheriff:
>
> - Through training and education information in the fields of law enforcement, crime prevention and detection, jail management, public safety and civil process to all Indiana Sheriffs.
> - Support developing laws and policies that promote public safety to its citizens in Indiana.
> - Provide information and technical assistance to the Sheriffs of Indiana to assist them in providing effective and quality law enforcement services to the citizens of Indiana.
> - Encourage the involvement of each Sheriff to work towards promoting professionalism and high standards in county law enforcement.

- Promote positive interaction among all criminal justice agencies and associations in an effort to increase the effectiveness of law enforcement services to the citizens of Indiana for the betterment of the law enforcement profession.
- Maintain and enhance the Office of the Sheriff in the State of Indiana.

This mission is accomplished through continued cooperation among sheriffs located throughout the state and utilizing training seminars, crime prevention and crime awareness programs and dissemination of information, upgrading of law enforcement within the state.

Prosecutors Survey results summary:

Seventeen prosecutors submitted surveys out of the 90 prosecuting attorneys who received them for an 18.8% rate of return. Most prosecutors see between 100 and 200 cases a year involving minor in possession or minor consuming alcohol. A number of statutes related to underage drinking are not enforced or rarely enforced, including a reported 1 to 15 cases of false identification reported annually. 88.2% of the prosecutors indicated that if a minor is found to have violated subsection (a) while operating a motor vehicle, the court orders the minor's driver's license suspended for up to one (1) year, and if the minor is less than eighteen (18) years of age, the court orders the minor's driver's license suspended for at least sixty (60) days. Prosecutors have not had any cases related to IC 7.1-5-7-9 related to a parent taking child into tavern or IC 7.1-5-7-12 related to employment of minors in a place where alcoholic beverages are sold, furnished or given away for consumption. Prosecutors indicated a large variety of offenses charged by their office in the last year involved defendants who had been drinking and under 21 years of age; these include 86.7% prosecuted battery cases, 46.7% prosecuted burglary cases, 73.3% prosecuted theft cases, 100% prosecuted operating a vehicle while intoxicated cases, 86.7% prosecuted driving while suspended cases, 66.7% prosecuted disorderly conduct cases, 53.3% prosecuted reckless driving cases and 60% prosecuted trespass cases. When asked about the level of enforcement of underage drinking offenses by youth, 62.5% of judges indicated it was just right. However, when asked about the level of enforcement of underage drinking laws against adults who supply or sell, 62.5% indicated it was too low.

This low return rate for prosecutors may be attributed to the distribution of the survey through a letter indicating the option to complete the survey was electronic and not available through hard copy. Also, we subsequently determined that the survey was sent to the lead prosecuting attorney's office but most of these types of cases are passed on to the less seasoned prosecutors. This being said, the survey may not have been passed on to those same novice prosecutors but rather set aside and never completed.

Judicial Survey results summary:

Forty-nine judges submitted surveys of the 332 judges who received the survey for a 14.8% rate of return. Most judges are hearing less than 100 cases a year involving minor in possession or minor consuming alcohol. A number of statutes related to underage drinking are not enforced or rarely enforced, including false identification. There was general agreement from the judges that the statutes

are adequate. The majority of judges report having underage charges filed along with other charges running the range of commonly reported offenses.

This is actually a high return rate for persons who sit on the bench as an elected position. We provided the judges a hard copy of the survey and asked them to return the survey to a well regarded former colleague who indicated they would be kept under lock and key and assured confidentiality. Additionally, we provided the opportunity for judges to complete the survey using an internet-based survey with approximately 20% opting for the internet option. The results of this survey support a more extensive study of the full process, from interaction with enforcement officers through the resulting cases that a judge sees, to the implementation of consequences and monitoring of said implementation for each individual case.

Safe and Drug Free Schools Coordinators results summary:

Seventeen Safe and Drug Free Schools Coordinators responded to the survey. Interestingly, 64.7% of the respondents indicated that only 0 – 10% of their time is spent on underage drinking related issues but most indicate that greater than 50 youth in their school are engaging in underage drinking behaviors in an average week. Perhaps less surprising is that the greatest number of respondents (77%) indicated that the schools have adopted policies regarding alcohol use on school property and at school-sponsored events, with 100% of the respondents supporting said strategy. Most of the respondents identify as being a rural school district (55.6%) and 100% selected funding as a barrier to increasing efforts to address underage drinking.

The small number of respondents can be attributed to the timing of the survey dissemination which occurred near the end of the school year. This is often a time when Coordinators have a number of responsibilities related to grant reporting requirements, budget expenditures, submission of planning for the following year and the wrap up of currently running programs. Engaging Coordinators earlier in the school year may result in more respondents. However, it is important to note that national statistics, state statistics and available local data indicates that alcohol is the drug most commonly used by youth under the age of 21. The fact that the respondents allocate 0 -10% of their time to this issue demonstrates a potential for more targeted use of Safe and Drug Free School funding in response to underage drinking issues.

Local Community Council survey results summary:

One hundred and twenty-eight community members responded to this survey. From this community perspective, over 50% of the respondents indicated that between 25 – 50% of the youth in the community engage in underage drinking behaviors, with 31% of the respondents indicating that underage drinking is a large problem in their community. Nearly 60% (59.1) of the respondents indicate that data is used to identify the problem and to determine prevention strategies to implement, with 74.7% identifying underage drinking as a priority in their community plan (91.2% commit resources to

underage drinking). The greatest amount of funding goes toward school-based programs, with enforcement efforts also receiving local dollars. Community respondents indicate that currently there is an emphasis on the enforcement of laws against buying alcohol for minors, community sponsorship of alcohol-free activities for youth and clear school policies regarding alcohol use on school property or at school-sponsored events. They also note the implementation of sobriety checkpoints for impaired drivers and other well-publicized enforcement of impaired driving laws. 73.3% identify themselves as living in rural communities.

The large number of respondents indicates a strong commitment at the local level to support underage drinking prevention initiatives. Utilizing the existing structure of the LCC's to implement effective, evidence-based programs in partnership with key stakeholders invested at the local level results is more effective use of available resources and funding. Surprisingly, despite the enthusiasm demonstrated by the high number of respondents and the consensus that almost half the youth drink and the community has a "large problem", nearly 70% of respondents indicate that less than 25% of the budget is allocated to underage drinking.

Parent survey results summary:

Sixty-five parents invested their time in accessing and completing the survey. 45.3% are parents of 2 children, with 71% indicating that one of more of the children is between the ages of 10 and 21. Most of the parents (47.3%) have spent greater than 5 hours speaking with their child/children about underage drinking. Half of the parents perceive that 50 – 75% of youth engage in drinking behaviors and most agree (95.2%) that beer is the drink of choice when youth are drinking. More than half the parents (66.1%) feel that when youth drink they consume approximately 4 – 6 drinks on an average Saturday evening. When asked to select strategies that they would support to decrease underage drinking, each strategy received high scores which can be translated as a parents desire to support anything that will decrease youth drinking behavior. The strategy with the highest support from parents is the enforcement efforts that target minors attempting to purchase alcohol. As with previous surveys, 57.4% of the respondents indicated that they were from a rural community.

The number of parents who participated in this survey indicates that parents are engaged, are willing to participate in the solution and are concerned about risk behaviors that youth are engaging in. Current research shows results indicating that youth are influenced by the limits that parents set around drinking behaviors. Involved and invested parents are a viable partner to decrease underage drinking behaviors; they are interested in results that will help keep their children safe.

Overview of survey results:

The surveys were internet-based in the hope of increasing dissemination. The limitations to internet-based surveys include:

- Respondents must have access to a computer,

- Respondents must have a comfort level with accessing the internet,
- Respondents typically must be able to visually read the survey instrument and use the keyboard to respond.

Surveys were disseminated in the late Spring which may not have been the best time to ask respondents to take the time to answer questions. Decision-makers at the state and local level should think critically about the best time to disseminate the surveys in the hope of getting the best response rate. Consistently disseminating the survey at the same time each year may lead to an increased response rate.

Survey questions were designed as primarily multiple choice but also provided a number of opportunities for respondents to share their valuable experience. Unfortunately the "fill-in" questions were answered on average by less than half the respondents, indicating that it may not be a useful addition to the survey.

Surveys were also intentionally designed to include evidence-based strategies as part of multiple choice questions so that they would also serve as prompts or education opportunities about what specific strategies are considered effective in reducing underage drinking.

Of interest, each of the survey instruments indicated that respondents perceive that youth are drinking primarily at house parties. This indicates that enforcement efforts that target "social hosting" or adults proving alcohol to youth under the age of 21 and stronger ordinances/policies related to "social host" would have an impact on underage drinking behavior in the communities across the state. Additionally, each of the survey instruments indicated that respondents perceive that the greatest barrier to preventing or decreasing underage drinking is funding. This drives the argument for implementing evidence-based environmental strategies with the greatest impact for change. And, the fact that each of the survey instruments, with the exception of law enforcement (urban), were mostly completed by rural community members demonstrates the challenge of creating change in largely rural communities across the state.

Key Learning's with focus group of students

Defining the problem-

- Students begin drinking as early as 6th grade and by 7th grade they are talking about it openly
- Drinking is tied to social status and "fitting in"
- Older siblings increase the probability that students will drink
- Party = Alcohol, if there is no alcohol it is not a party
- Some parents supply the alcohol or stand up for kids to reduce the consequences
- Sports are combined with alcohol – partying during and after games as a community

What is being done?

- Parents chose to home school kids to avoid social issues related to drinking
- Some limited enforcement but there is little follow through – pay a fine, call parents or school
- SUDS – Stop Underage Drinking and Sales – is a mechanism in local communities for persons to provide tips to law enforcement to prevent parties and create safer communities
- Programs such as SADD, MADD, Smart Moves, POY

Who is involved in preventing underage drinking?

- Parents
- Teachers
- Administrators
- Coaches
- Ambulance
- Fire
- Police
- Peers/Students
- Retailers – especially at gas stations
- Churches
- Employers or Bosses

Gaps or opportunities –

- Increase education – learn about "real" stories and consequences
- Increased family involvement
- Focus on hope for college education
- Faith-based or church programs
- Put more kids in correctional facilities
- Media needs to take responsibility

Key Learning's with focus group of local community consultants

Defining the problem-

- Data exists through UCR, IPRC, local law enforcement arrests, campus arrest records, CORE survey, secondary school expulsions/suspensions, treatment data, telephone surveys, probation and detention records, SPF Sig and SEOW reports
- Potential data sources include – urine drug screening, SAFER medical reporting from ER, Afternoon Rocks pre- and post- surveys, coroner's offices, emergency rooms

What is being done?

- Party Safe Home – programs create directory of safe homes
- SUDS – Stop Underage Drinking and Sales – Report parties anonymously
- Compliance Checks/Surveys

- Party Crashers – identify parties, similar to crime stoppers or neighborhood watch programs
- POY – youth leadership groups
- Citizen Volunteer participation in prevention efforts
- Parent groups
- PRIDE programs
- Treatment programs with a parent education component and an athlete education component
- Afternoon Rocks – based on four evidence-based programs
- School resource officers
- Breathalyzer at High School events
- Workplace Seminars – parents at work, payroll stuffers
- Town Hall Meetings through CSAP
- Campus Retailer Coalition

Who is involved?

- Parents
- Youth
- Law Enforcement
- Judicial
- Educators
- Faith-based
- Retail/Bar Owner
- Treatment
- Media
- LCC's
- Legislators and elected officials
- Drug Free Communities and SPF Sig
- Victims
- Service Organizations – Rotary, Kiwanis, Lions, Moose, Elk
- Server Training
- Offenders
- Medical Personnel
- Women's Shelters

Key Learning's with focus group of Judges

- Very few cases involve offenses related to underage drinking – it is a misdemeanor
- Judges want to know that any programs or consequences "work"
- Complicating factor is the manner in which citations are issued and the role that plays in the courthouse or judge that sees cases
- In rural counties the "views" of the judge are more visible in the community

- Diversion is a valuable "tool" for the judge and the court but they have concerns about the system in which diversion may become a "first" option
- Judges are elected and they may not want to develop a reputation for convicting on misdemeanors related to underage drinking because there will be more negative consequences than positive impact
- Judges were in agreement that underage offenses were minor but that as offenders age a high percentage of offenses involve alcohol use and logically they have determined that suggests decreasing underage drinking may impact more violent offenses

Key Learning's with focus group of Prosecutor's

- Underage drinking offenses are typically handled by the less experienced, "newer" prosecutors
- The diversion option generates resources for the office
- Prosecutor's "go with a gut feeling" when they make a decision related to diversion – they have often not had a conversation with the offender
- Additional training, either as a part of law school or in continuing education opportunities, needs to help the prosecutor identify offenders who have a problem and need help vs. offenders who made a poor decision once
- If the Prosecutor is new and may be closer in age to the youthful offender, they may be influenced by their personal experiences
- The workload is so large that underage drinking offenses, as misdemeanors are often either "quicker" or settled by diversion so they can move on to the next case quickly
- Prosecutor's indicated that a high percentage of cases involve alcohol use but very few cases are related to underage drinking

Key Learning's with focus group of key stakeholder's

- Underage drinking provides an opportunity to link outcomes to public health measures – should be a part of strategic planning for colleges, communities, medical facilities
- The SPF Sig and SEOW work showcase data with a major focus on underage drinking
- Resources to address underage drinking need to go to the local level to drive prevention activities
- Legislative issues include educating legislators despite the barrier of the alcohol industry – example is the alcohol tax issue
- Educating key decision-makers is essential
    - Higher Education Administrators
    - Principals
    - Legislators
- Identify REAL costs of underage drinking – economic cost to the state exceeds economic development (value vs. taxes earned)
- Higher Education prevention efforts must include alcohol advertising near/on campus, alcohol sales practices and policies, evidence-based environmental strategies, parent involvement,

- Accountability and Risk Management – report cards that incorporate alcohol and drug costs related to services provided, density of alcohol outlets, prevention efforts
- Middle and High School efforts coordinated through Safe and Drug Free Schools include awareness, training, kick off events, connection to test scores and drop out rates
- Drug testing is disconnected from alcohol
- Mobilize the Superintendents, Principals, School Board Members, School Attorney's
- Juvenile Justice includes scattered underage drinking laws that are sporadically implemented
- Need a collection of laws for judges and prosecutors to easily reference
- Probation – implement a Risk/Needs Assessment Tool for alcohol
- There are 6 Juvenile Drug Courts – the cost value is related to retention/completion
- DCS – role in abuse/neglect case could be to order treatment
- SPF Sig – 12 sites focused on underage drinking with 8 additional sites being added
- Underage drinking has links to gambling on campus and areas identified as high meth use
- Pilot assessment form developed between DMHA and DCS includes alcohol and when computer-based can be shared between agencies related to Medicaid funding – CANSI
- Department of Health focus on Fetal Alcohol Syndrome and pre-natal substance abuse
- Excise Police have a strong 6 step plan to implement compliance surveys and hold retailers who sell alcohol to underage buyers accountable – includes an education component for retailers and community leaders
- Excise Police are concerned about direct sales on the internet
- Military – Indiana has the highest deployment of soldiers to Iraq. The goal is to get them home and maintain a productive contribution to the local community without alcohol problems

Overview of focus group results:

Focus groups by their very nature are designed to "react" to something. These focus groups offered more generic information. For example, a focus group targeting underage drinking conducted in a community that recently experienced a tragic loss as a consequence of youth drinking and driving lends itself to much more specific discussion. However, the process of bringing together groups to discuss this issue resulted in rich conversation and an expanded perspective for many of the participants.

Of particular note, young people identify increased education as a vehicle to reduce or prevent underage drinking. However, they also indicated that they have been educated about underage drinking since they were very young. Perhaps the lesson learned here is that the person who delivers the education message and the manner in which the message is delivered has just as much or more impact on youth as the actual information itself. Information gleaned from focus group discussions may reflect the dynamic of that particular cohort of participants.

The overall feeling in all of the focus groups was that underage drinking is an ongoing problem that has no clear or easy solution. Our cultural acceptances of alcohol use a "right of passage" or based on the

adults past use is an unavoidable barrier that is perceived as insurmountable to many community members.

SURVEY INSTRUMENTS

Links to Surveys:

- ✓ http://www.surveymonkey.com/s.aspx?sm=ilThZPVHVIgnjGCSOjq_2b7Q_3d_3d
- ✓ Insert additional links

FOCUS GROUP QUESTIONS

KEY INFORMANT INTERVIEW QUESTIONS

TOOL KIT FOR ASSESSING COMMUNITY UNDERAGE DRINKING

Developing a Needs Assessment Logic Model (Underway)

Forming an Advisory Group (Underway)

SAMPLE AGENDA FOR ADVISORY GROUP

AGENDA
EUDL Needs Assessment Advisory Group Meeting
Thursday, April 24, 2008
10 AM – 1 PM

Indiana Criminal Justice Institute
National City Center - Hyatt
101 W. Washington St., Suite 1170 East
Indianapolis, IN 46204
Office: 317-234-1233

I.	Welcome and Introductions	Linda Chezem, SIPR
II.	Review focus of EUDL Funding/Needs Assessment	
	• Framing the Needs Assessment-Logic Model	Colleen Copple, SIPR
	• General Update of the Process	
III.	Review of Judicial, Prosecutorial and Legislative Analysis	Linda Chezen, SIPR
IV.	Review Assessment Process	Beth Mattfeld, SAI
	• Key Informant Structured Interviews	
	• Focus Groups	
	• Surveys	
	• Research – internet, policies, legislation	
V.	Discussion regarding targeted stakeholders	Colleen Copple, SIPR
VI.	Opportunity to inform survey development	Beth Mattfeld, SAI
VII.	Select Dates for Meeting to present results	Linda Chezem, SIPR
	• End of May or early June	

SAMPLE NOTES FROM ADVISORY MEETING

Meeting Minutes 2/6/08 in Advisory Board Meeting

Review of Data Sources on Underage Drinking

1. Purdue Wellness Survey:
    a. Currently have 4,000 respondents to survey and plan to compare to CORE survey administered 2 years previous
    b. Receive DOE grant
    c. Striking data:
        i. 46% binge drink
        ii. Of those that binge drink 77% part of Greek system – approximately 80% males and 60% females
2. CORE through ICRUD
    a. 15 Campuses across the state in 2008
    b. Will be able to compare many of them to CORE in 2005/2006
    c. Includes IU and some 2-yr. colleges
    d. Striking data:
        i. Correlation between high risk drinking and risky sexual incidents
        ii. Looking at Access issues – where are students accessing alcohol? Guns? Internet alcohol access?
3. Excise Police
    a. 6 step initiative to address compliance
    b. Data shared by county – will share further analysis not available in meeting
4. Traffic Safety
    a. Just completed the NHTSA Alcohol Assessment – significant data collected for said assessment (get it from Ryan)
    b. Ryan will also share the DRAFT recommendations from the NHTSA Alcohol Assessment in 2008
    c. IN Fact Sheets and Data from 2006 – access to more specific if requested
    d. ICJI website: www.in.gov/cji/traffic/
5. Breath Test Data
    a. If the instrument is a certified instrument the data is "dumped" and can be "mined" by age, gender, time of day
    b. PBT's can be connected to the same data-base by purchasing a devise to connect to PBT
6. Department of Education
    a. Safe and Drug Free Schools – suspension and expulsion data but varies depending on local reporting interpretation
    b. May be able to determine how many schools use drug testing or PBT's
    c. Sources for focus groups:
        i. School Administrators or Superintendents Associations
        ii. Athletic Associations

7. Pros-Link
    a. Steve can provide more in depth information
    b. Collects data from prosecutors office, provided the office is in the system and on board – if not info will not be available
8. Courts
    a. Juvenile Drug Courts have data available from the past but have lost funding so not current
    b. Not all counties are on the JTAG (?sp) system
    c. Probation Records
    d. Concern regarding court system – Most often the initial charge does not involve alcohol! For example, charged with assault does not indicate that offender was drunk at the time of the assault.
9. Parent
    a. IU Grant to implement Alcohol EDU with an on-line component for parents – low participation
    b. ICRUD is developing parent coalitions – possible focus group
    c. Ruth Gassman has data regarding Perceived Parental Approval
    d. 7 Juvenile facilities have a screening tool that involves parents and families
    e. Joe Turner has connection to communities through presentation to parents – may be able to help with a parent focus group
    f. PTA/PTO
    g. Indiana Youth Institute
10. Faith-based –
    a. ICRUD may have contacts with some programming
11. Law Enforcement
    a. School Resource Officers
        i. Actual Police Force in some schools
        ii. Good place for training
        iii. Some counties require SRO to be trained DRE/DiTEP
    b. Excise Police
    c. Training Academy
    d. Campus Enforcement – ICALEA
12. Retailers
    a. Must be involved
13. Licensing
    a. ABC Agency
    b. Policy issue – is there an opportunity for community level input into granting of licenses
14. Medical Communities
    a. Hospital Data – Ers
    b. Department of Health coordinates data
    c. Coroner – Medical Examiner on website (Ryan can assist)

   d. Pediatricians
   e. SPF SIG may already have data collected that would prove helpful
15. Mental Health
   a. Providers connected to Hoosiers Assistance Program
16. DAWN Report – Drug Abuse Warning Network
   a. ER nurses do post drug prevalence data to this report

SAMPLE LETTER ACCOMPANYING SURVEY

Dear Law Enforcement Officer:

The Indiana Criminal Justice Institute and the Sagamore Institute are working together to assess the extent of underage drinking and programs related to underage drinking in the state of Indiana. Underage drinking has numerous negative consequences including risky behaviors, arrests, alcoholism, automobile crashes, and death. In Indiana alone, 75% of high school students have reported ever using alcohol in their lifetimes and 44% reported that they currently use alcohol.

Please take the time to participate in an on-line survey related to underage drinking in your community. Paste the following address into your web-browser and complete the survey,

http://www.surveymonkey.com/s.aspx?sm=ilThZPVHVIqnjGCSOjq_2b7Q_3d_3d

Your answers will be anonymous and held in confidence.

This information will assist in the development of programs and the allocation of resources to address the challenge of underage drinking that many of our communities are facing. Thank you in advance for your willingness to participate and complete this survey prior to May 31, 2008.

If you have any further questions or to receive and complete a paper copy of the survey, please contact Beth Mattfeld at XXX-XXX-XXXX or at bmattfeld@sai-dc.com.

Sincerely,

Beth Mattfeld

How to Review Statutes Addressing Underage Drinking (Underway)

SAMPLE QUESTIONS FOR SURVEYS

Use Links to Survey Monkey to see the surveys used for each of the different target populations:

- ✓ http://www.surveymonkey.com/s.aspx?sm=ilThZPVHVIgnjGCSOjq_2b7Q_3d_3d
- ✓ Insert remaining links

SAMPLE QUESTIONS FOR FOCUS GROUPS

Local Community Consultants

Review the process for the focus group:

This is a structured brainstorm session. I ask that you keep your answers succinct and as clear as possible. If someone else has already shared a particular piece of information please refrain from re-stating. If you have nothing further to contribute, please feel comfortable to pass.

1. Please describe the extent of the problem. What data sources do your communities access? What data exists that is not being accessed?

2. Please describe what you see being done to prevent underage drinking. What programs are in place? Do you or the communities that you work in sense that the programs are successful?

3. Who is involved in doing something to prevent underage drinking? Is their one person or group with more influence over the behavior of young people in regards to using alcohol? Who is a part of the solution?

4. If we lived in a world with unlimited access to resources, what could or should be done to prevent underage drinking? Who needs to be a part of the solution?

SAMPLE KEY INFORMANT INTERVIEW QUESTIONS

Review the process for the interview:

This is a structured key informant interview. Please answer the questions to the best of your ability. The information will be compiled for use in a report regarding underage drinking enforcement, prevention and treatment efforts in Indiana.

1. Please describe your perception or professional experience regarding the extent of the problem. What data sources do you access specific to underage drinking? What data exists that is not being accessed?

2. Please describe what you do, both professionally and personally, to prevent underage drinking. What programs are in place? Do you or the communities that you work with sense that the programs are successful?

3. What other organizations or agencies are involved in doing something to prevent underage drinking? Is their one person or group with more influence over the behavior of young people in regards to using alcohol? Who do you partner with as part of the solution?

4. If we lived in a world with unlimited access to resources, what could or should be done to prevent underage drinking? Who needs to be a part of the solution?

RESOURCE LIST OF UNDERAGE DRINKING DATA FOR THE STATE OF INDIANA

2007 Indiana State Epidemiological Profile, State Epidemiology Outcomes Workgroup

http://www.policyinstitute.iu.edu/health/index.aspx

- Documents the latest state level consumption survey data in Indiana on youth, trends of consumption use, and comparisons to national youth consumption data.

Youth Risk Behavior Surveillance System (YRBSS), Center for Disease Control

http://apps.nccd.cdc.gov/yrbss/

- Nation wide biennial survey with State by State data of high school students' drug and alcohol use

Indiana Youth Survey, Indiana Prevention Resource Center

http://www.drugs.indiana.edu/data-survey_monograph.html

- Annual non-random survey measuring Indiana middle and high school students' drug and alcohol use, behavior, attitudes, risks, and consequences.

Treatment Episode Data Set (TEDS), Office of Applied Studies, SAMHSA

http://wwwdasis.samhsa.gov/webt/newmapv1.htm

- Annual reporting system of State drug and alcohol treatment data, including for under 21

Survey for Alcohol Compliance, Indiana State Excise Police

http://www.in.gov/atc/isep/2365.htm

- Annual survey beginning in 2007 reporting violation rates of retailers selling alcohol to people under the age of 21.

Underage Drinking Fact Sheets, Pacific Institute for Research and Evaluation

http://www.udetc.org/UnderageDrinkingCosts.asp

- State by State Economic Costs of Underage Drinking

Traffic Safety Fact Sheets, Indiana Criminal Justice Institute

http://www.in.gov/cji/2572.htm

- Compiles annual fact sheets on alcohol and young drivers. Fact sheets contain data on alcohol related crashes, citations, and fatalities for under 21.

Alcohol Related Disease Impact (ARDI), Center for Disease Control

http://apps.nccd.cdc.gov/ardi/Homepage.aspx

- Provides under 21 data on alcohol-attributable deaths and years of potential life lost due to alcohol exposure

ANALYSIS OF LCC COMPREHENSIVE COMMUNITY PLANS

Local Coordinating Councils are legislatively authorized and have a dedicated funding stream based on court fees assessed on offenders locally in each county. Each LCC develops an annual Comprehensive Community Plan that assesses the substance abuse needs countywide and a strategic plan with specific action steps and measurable outcomes designed to address the priority needs. These plans are submitted to the Governor's Commission for a Drug Free Indiana and ICJI staff reviews and approves the comprehensive community plans. Once approved, LCC's are authorized to expend collected fees on their selected prevention, treatment, and enforcement strategies (equally allocated between each of the three areas). Many of the plans contain a specific mention about underage drinking, funds appear to be allocated to underage drinking specifically, but there is not a consistency across LCC's in how that information is included in the plan or identified specifically as a budget item.

The following analysis examined the LCC Comprehensive plans available on the ICJI website.

- 92 Local Coordinating Councils for each of 92 counties in the State of Indiana
- 75 Comprehensive Community Plans are available online through the ICJI website (16 counties do not have Plans available online through the ICJI website)
- 54 out of the 75 Plans are from 2006; the other 21 are from 2007

Of the 75 Plans available online through the ICJI website:

- 3% specifically identify underage drinking prevention in their expense report*
- 0% identify specific efforts in the expense report to prohibit the sale of alcoholic beverages to minors and to reduce the purchase and consumption of alcoholic beverages by minors.**
- 11% identify underage drinking separately as a Priority Problem.
- 68% identify underage drinking as a part of a larger youth ATOD Priority Problem***
- 23% include enforcement data specifically on underage drinking
- 71% include data on underage drinking as a separate phenomenon
- 40% mention specific actions taken concerning underage drinking separate from other substances of abuse or alcohol abuse among the general population
- 9% mention specific actions taken concerning the enforcement of underage drinking laws
- 39% mention preventing or reducing underage drinking separately as a specific objective
- 16% mention enforcement of underage drinking laws as a specific objective
- 27% mention preventing or reducing underage drinking separately as a specific goal
- 3% mention enforcement of underage drinking laws as a specific goal
- 29% identify underage drinking separately as a specific benchmark

- 11% identify enforcement of underage drinking laws as a specific benchmark

* There are undoubtedly a much larger percentage of plans that include prevention of underage drinking efforts. However, for the purpose of this analysis, only specific and explicit mentions of underage drinking prevention efforts in the expense section are included in this 3%.

**Again, there are undoubtedly a much larger percentage of plans that include enforcement efforts to prevent or reduce underage drinking. However, for the purpose of this analysis, only specific and explicit mentions of enforcement efforts to prevent or reduce underage drinking are included.

***80% of the plans identify underage drinking as a priority problem either separately or as a part of a larger youth ATOD priority problem.

Discussion: This analysis of the LCC comprehensive community plans indicates that underage drinking is one of the major problems in communities across Indiana. Eighty percent identify underage drinking as one of the priority problems either separately or as a part of a larger problem of youth substance abuse. This analysis also suggests that communities across Indiana are making real efforts in gathering and analyzing local data on underage drinking and then using this data to inform their decision making. Seventy-one percent of the Plans include data specifically on underage drinking. All of this is evidence that many communities see underage drinking as a real problem, are taking this problem seriously, and are using statistics to support and drive their decision making.

However, this analysis also suggests some room for improvement in a few key areas as it pertains to underage drinking prevention efforts and suggests opportunities for the EUDL program to take initiative in supporting and driving local initiatives to prevent and reduce underage drinking.

In many of the plans there is an overall disconnect between the problem, supporting statistics, updates, objectives, goals, and expense sections. Underage drinking is mentioned sporadically throughout many of these plans in these various sections. The main idea of data driven decision-making being promoted by the CSAP and the State of Indiana is for there to be a clear and direct connection between the local statistics-problem-update-objective-goals-and accounting statements.

Another major area where real progress is possible is in the area of data collection and analysis. Several plans discuss how one of the major obstacles to constructing effective local prevention strategies is the lack of local data and the lack of a central authority or structure to direct local data collection and analysis efforts. This lack of a central authority and structure at the local level prevents real progress in the realm of local data collection and analysis. They point out that the most common sense and logical development would be to identify the Local Coordinating Councils as the sole authority in the counties to direct local data collection and analysis efforts in their communities. This development would significantly improve data collection and analysis at the local community level throughout Indiana.

As this structure and process develops, one of the goals should be to evaluate the prevention efforts to measure their effectiveness. This evaluation measure should eventually be incorporated into the

Comprehensive Community Plan and directly and clearly linked to the problem-updates-objective-goal-benchmark-accounting sections for each specific substance of abuse in the Plan.

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