



**Oregon's  
Five-Year Action Agenda  
to Reduce and Combat  
Underage Drinking**

**Prepared for**

**Governor Theodore R. Kulongoski**

**by**

**The Governor's  
Statewide Leadership Team for  
Alcohol-Free Kids**

*Senator Laurie Monnes-Anderson, Chair*

## Introduction

The findings from studies on the adverse effects of underage drinking, combined with the alarming rates of Oregon's youth use of alcohol and other drugs, led Governor Theodore R. Kulongoski to request the Governor's Council on Alcohol and Drug Abuse Programs to assemble a Statewide Leadership Team for Alcohol-Free Kids. The Governor charged the Leadership Team with developing a comprehensive, multiple-strategy, five-year Action Agenda to reduce and combat underage drinking in Oregon. Specifically, the Governor asked the Leadership Team for recommendations that "...will prioritize a comprehensive set of underage drinking prevention strategies focused on, but not limited to:

- Strengthening community mobilization and leadership efforts;
- Implementing effective, research based school and family prevention curricula;
- Enhanced support for enforcement and adjudication efforts;
- Targeted and consistent statewide public education efforts; and
- Improved data collection and evaluation to monitor effectiveness of current efforts and inform future policy decisions."

The Governor's directive to the Leadership Team to develop prevention strategies in the five areas noted above demonstrates the State's commitment to addressing the issue of underage drinking through a comprehensive action agenda with a portfolio of effective strategies.

In the process of developing the Action Agenda, the Leadership Team determined that a sixth strategy area should be added that focused on the question of funding, resources and sustainability for the recommended strategies. The Funding, Resources and Sustainability sub-committee met on several occasions to formulate recommendations. In the end, the sub-committee felt that their recommendations cut across all five of the prevention strategy areas and recommended that a section in the introduction would be more appropriate than a stand-alone Action Agenda section. The Funding, Resources and Sustainability Sub-Committee recommended the following funding strategies to support the action agenda strategies:

- Dedicated distilled spirits revenue
- Dedicated malt beverage user fee
- Dedicated general fund
- Recommendations from the Human Services Research Institute's mapping of the funding streams available to Oregon

- Unitary taxes
- Dedicated portion of the following:
  - Hotel tax
  - Department of Motor Vehicles fees
  - Gasoline tax
  - Lottery funds, to include treatment for workers
- Economic development funds to fund treatment for workers
- Pharmaceutical company tax
- Dedicated portion of any future alcohol/tobacco/drug related settlement funds garnered by the state
- Redirect a percentage of corrections funds to addiction services, supporting the data that increasing addiction treatment will reduce crime and incarceration
- Re-dedicate the Intoxicated Driver Program Fund (IDPF) to provide treatment services for indigent DUII clients
- Revamp Oregon's revenue structure to decrease reliance on income taxes

The Statewide Leadership Team for Alcohol-Free Kids comprises a diverse cross-section of individuals representing a number of public and private agencies and organizations concerned about the issue of underage drinking. The committee consists of members from State Agencies, the Legislative Branch, the Judicial Branch, County and City Government, Community Coalitions, Non-Profit Organizations, Law Enforcement, Higher Education, Research, Native American Tribes, Professional Associations and Youth. For a complete list of the Leadership Team members, see Appendix A.

## **Research Findings and Epidemiological Data**

The Statewide Leadership Team for Alcohol Free Kids document delineates the Action Agenda requested by the Governor. The Leadership Team relied on current research findings and Oregon-based epidemiological data during their deliberations in the belief that science plays a role in the development of public policy. The basis of the information used is summarized below.

Underage drinking, especially heavy and frequent drinking, is associated with numerous negative consequences. The consequences can be acute and immediate, from a single episode of alcohol-impaired functioning such as accidental death and injury, or they can be cumulative and the diverse effects of a chronic pattern of drinking, such as poor school performance and fractured relationships. The research by Hingson and Kenkel (2004) report on a series of studies that controlled for the history of alcohol dependency, frequency of heavy drinking, years of

drinking, age, gender, race or ethnicity, history of cigarette smoking and illicit drug use and found that youth who started drinking before the age of 15, compared to those who waited until they were 21, were:

- Twelve times more likely to be unintentionally injured while under the influence of alcohol;
- Seven times more likely to be in a motor vehicle crash after drinking; and
- Ten times more likely to have been in a physical fight after drinking.

Robins & Przybeck (1985) found that youth who initiated alcohol or other drug use before the age of 15 are at twice the risk of having drug problems when compared with those who wait until after the age of 19.

Even moderate drinking impairs learning and memory in youth. Studies have confirmed:

- Adolescents who drink score worse than non-users on vocabulary, general information, memory, memory retrieval and at least three other tests;
- Alcohol affects the sleep cycle which leads to a disruption in the release of hormones necessary for normal growth and maturation

In Oregon, underage drinking is of particular concern because of the frequency and intensity of use. The Oregon Healthy Teens Survey data for 2007 shows that 30.9% of 8<sup>th</sup> graders and 48.7% of 11<sup>th</sup> graders report drinking alcohol in the past month. When comparing the 2005 Oregon Healthy Teens Survey rates to the same year's national Youth Risk Behavior Surveillance System rates, it is revealed that Oregon 8<sup>th</sup> graders monthly alcohol use is 76% higher. Compounding this concern is the fact that the national rates have been declining since 1999 while Oregon's rates have been climbing. For example, Oregon experienced a 13.1% increase in 8<sup>th</sup> grade monthly use, while nationally the 8<sup>th</sup> grade rate decreased by 40%. Also of concern is the use rate between 8<sup>th</sup> grade boys versus girls, which is 29.4% and 32.4% respectively.

The 2004 Institute of Medicine (IOM) Report, "Reducing Underage Drinking – A Collective Responsibility," calls for a variety of strategies to fully address the issues of underage drinking. There are a number of factors that guide the development of a diverse array of strategies required for an action plan to be comprehensive in scope and effective in addressing the problem:

- One factor is the need for different strategies for different age groups and audiences. What works for preventing and reducing underage drinking by

12-year-olds is different from what will work in dealing with binge drinking among 17- or 18-year olds and, similarly, strategies for addressing youth are different than those for adults who are a major source of intervention in the problem.

- The second factor is the need for synergy between strategies. For instance, a policy change may not be effective without a media campaign to promote the changes.
- The third factor identified is the issue of uncertainty. Even when research suggests that a strategy should be effective in reducing underage drinking, one cannot be sure how effective it will be in a given situation. To put forth a portfolio of strategies provides additional opportunities to involve and engage more members of the community.
- The fourth factor is the issue of diminishing returns. Investing all available funding in one strategy will bring some of the desired results, but the greatest effect is likely to come from combined investments in multiple approaches.
- The fifth factor deals with the differences in communities. Not every community will have equal resources and may differ on their ideas about what will work among their youth. Therefore, multiple strategies will give each community a variety of options in dealing with local issues.

To successfully reduce underage drinking in Oregon, a continuum of services and strategies from prevention to treatment is required. Not only population-based “universal” programs are needed, but additional strategies must be employed that target specific groups of youth who are at higher risk of use, and those who have already faced problems associated with underage drinking. The Leadership Team is also sensitive to the need for gender-specific programs, and supports a continuum of services that includes prevention, intervention, treatment and recovery for adolescents. **This Action Agenda addresses the prevention portion of the continuum.**

In addition to tasking the Leadership Team with developing the comprehensive five-year Action Agenda, the Governor asked the Attorney General’s Office to review existing laws related to underage drinking and to recommend legislative changes to improve their effectiveness. The Attorney General’s Underage Drinking Task Force met prior to the 2007 Legislative Session and proposed nine legislative changes to enhance law enforcement’s ability to deal effectively with

underage drinking. The Task Force continues to meet regularly, and will be suggesting additional legislative changes for the 2009 session. The Attorney General's Underage Drinking Task Force has been an active member of the Leadership Team and recommendations from the Task Force will be incorporated into this action plan in the Enforcement and Adjudication priorities.

The following pages contain the individual matrices for each strategy area. In each of the Action Agenda areas a sub-committee provided a set of recommended priority strategies, such as budget impact and who's engaged. The strategies have been divided into two specific time frames – Medium-term (2009-2011 Biennium), and Long-Term (2011-2013 Biennium).

## Community Mobilization

*Objective: Mobilize counties/communities to implement evidence-based programs and practices to reduce underage drinking*

Priority Recommendations	Estimated Budget Impact?	Key Partners?
<p><u>Medium term (2009-11 Biennium)</u></p> <ol style="list-style-type: none"> <li>1. Implement community readiness assessment.</li> <li>2. Implement community assessment at county level &amp; if possible, at community level.</li> <li>3. Mobilize communities using existing AMH staff trained in the Communities that Care framework. <b>Outcome:</b> Engaged key leaders &amp; community members, including the natural leaders in the county/community.</li> <li>4. Implement social norm strategy to address underage drinking</li> </ol>	<p><b>\$6,300,000</b> (Total amount for 30 communities)</p>	<p>AMH, OCCF, LCCF, County Prevention Coordinators, AMH ODE, OCCF, Public Health, Health Dept &amp; CMHP</p> <p>County Prevention Coordinators AMH &amp; CMHP</p>
<p><u>Long term (2011-13 Biennium)</u></p> <ol style="list-style-type: none"> <li>1. Twenty-six Counties and four Tribes will have active community coalitions that have adopted evidence-based programs &amp; practices to address underage drinking. Focus will be on sustaining successful community coalitions and developing coalitions in communities that do not have a functioning coalition. Evidence-based programs and practices will have been selected based on the counties' incidence and prevalence and risk and protective factor assessment results.</li> <li>2. Key stakeholders at the state, county and community will support the work of the coalitions.</li> </ol>	<p><b>\$6,300,000</b> (Total amount for 30 communities)</p>	<p>AMH, CMHP, OCCF, LCCF, ODE, School Boards, County Prev Coord.</p> <p>AMH, OCCF, AOCMHP, CMHP, LCCF, School Boards, County and local governments</p>

## *Prevention Curricula*

Priority	Estimated Budget Impact?	Key Partners?
<i>Medium term (2009-11 Biennium)</i>		
1. Continue funding EBP curricula from 07-09.	<b>\$1,500,000</b>	AMH
2. Implementation of elementary school evidence based / promising approaches curricula.	<b>\$100 per student</b>	Schools, Counties, Prevention Coordinators, AMH
3. Expand evidence-based programs and promising approaches curricula (i.e., SFP 10-14, Friendly PEERsuasion, and Project Northland).	<b>\$156 per student</b>	AMH
4. Provide ongoing training for implementation of evidence based programs and promising approaches curricula.	<b>\$500,000</b>	AMH
5. Maintain and expand outcome base for all evidence based programs and promising approaches.	<b>\$500,000</b>	AMH
6. All services will ensure that they are implementing programs and integrating approaches that are culturally specific and/or inclusive and gender-responsive to the unique needs of those being served.		Schools, Counties, Prevention Coordinators, AMH
<i>Long term (2011-13 Biennium)</i>		
1. Adopt evidence-based programs and promising approaches for full age continuum (K-12 and college).		AMH, AH, ODE, OCCF, Higher Ed., Prevention Coordinators
2. Expand school based health clinics to enhance positive youth development programs.		AH, ODE
3. Partner with other stakeholders to strengthen the utilization and implementation fidelity of evidence based programs and promising approaches.		AMH, AH, OCCF, ODE
4. Expand evidence based curricula (i.e., SFP 10-14, Friendly PEERsuasion, and Project Northland).		AMH
5. Continue to provide training for implementation of evidence based curricula.		AMH
6. Ensure that all implemented programs and curricula are culturally and /or gender-responsive to the unique needs of those being served.		AMH, Prevention Coordinators

## **Enforcement and Adjudication**

<b>Priority</b>	<b>Estimated Budget Impact?</b>	<b>Key Partners?</b>
<u><i>Medium term (2009-11 Biennium)</i></u>		
1. Pursue additional long term funding sources to pay for expanded enforcement and adjudication. Research strategies employed by other states.		Legislature
2. Compile a list identifying all state and out of state resources (funding) available for alcohol issues.		DHS
3. Reintroduce HB 2152 (and other appropriate bills) from the Attorney General’s Task Force on Underage Drinking.		Legislature/Governor’s office
4. Modify OLCC’s Responsible Vendor Program to limit the number of additional licenses if licensee has poor record of compliance. (Would help control expanded enforcement issue.)		Legislature/Governor’s office, OLCC
5. Support a legislative concept for voluntary clerk training as recommended by the Attorney General’s Task Force on Underage Drinking.		Legislature/Governor’s office OLCC
6. Make providing a place for minors to consume alcohol a misdemeanor by amending ORS 471.410 (3).		Legislature
7. Increase tax on flavored malt beverages to pay for expanded Enforcement and adjudication.		Legislature
<u><i>Long term (2011-13 Biennium)</i></u>		
1. Identify a portion of OLCC revenues dedicated to a grant program, administered by OLCC, to provide funding for dealing with enforcement and adjudication issues.		Legislature/OLCC
2. Support expanded Decoy Operations as recommended by the Attorney General’s Task Force on Underage Drinking.		Legislature

## *Data Collection and Evaluation*

Priority	Estimated Budget Impact?	Key Partners?
<i>Medium term (2009-11 Biennium)</i>		
<p>1. Fund alcohol surveillance/evaluation efforts as part of assessment of the impact of alcohol sales on communities--through dedicated OLCC funds (surveillance/evaluation efforts include OHT, BRFSS, National College Health Assessment and school curriculum survey).</p>		AMH and other stakeholders
<p>2. Provide incentives for school participation in OHT by making block grant funds for youth prevention preferentially available to those communities with participating schools.</p>		AMH
<p>3. Establish a dedicated funding source for Oregon Healthy Teens survey (stable funding for survey implementation including non-alcohol related questions; grades 6, 8, and 11). Provide funds to migrate the survey from paper and pencil to electronic, web-based survey.</p>		Legislature/Governor's Office
<p>4. Increase participation in OHT survey by exploring:</p> <ul style="list-style-type: none"> <li>• How to increase participation in schools, and</li> <li>• Other venues for collecting OHT data outside of schools or classroom time, possibly using a web-based survey.</li> </ul>		AMH, SEOW, AH
<p>5. Implement a fidelity review and outcome data collection system for prevention programs. (Establish a statewide monitoring team charged with assessing the fidelity of prevention programs and assessments, including the OHT survey).</p>		Evaluator, AMH, OCCF
<p>6. Collect and monitor data on rates of recommended annual preventive medical care visits. Report on and disseminate rates.</p>		AMH, AH
<p>7. Establish a work group to make recommendations on improving rates of preventive medical care visits that include an alcohol screen (e.g. SBIRT) for youth 10 to 17. Determine the availability of data sources for referrals for alcohol assessment and treatment. Make recommendations for data collection and reporting.</p>		AMH, AH

<p>8. Develop a web site for underage alcohol use (independent of State agency web sites)</p> <p>9. Ensure adequate staffing for data collection, analysis and reporting, including funds to manage software.</p> <p>10. Develop training on how to use data at the community level (common mistakes made, when data can be generalized, etc.).</p> <p>11. Contract for evaluation of the impact of Jefferson County's 2007 alcohol, tobacco and other drug protocol (pre- post- evaluation)</p>		<p>Contractor</p> <p>AMH, AH, SEOW</p> <p>AMH, CHS and others</p> <p>AMH, Evaluator, OJDDA, OCCF</p>
<p><u>Long term (2011-13 Biennium)</u></p> <p>1. Develop and implement a standard evaluation tool and data reporting system for prevention efforts. See if this can be included in B-HIP (Behavioral Health Improvement Project).</p> <p>2. Collect and monitor data on rates of recommended annual preventive medical care visits. Report and disseminate rates. Identify and make policy recommendations that would increase rates of preventive medical care visits that include an alcohol use screen. Collect and report referral data.</p> <p>3. Conduct additional surveillance:</p> <ul style="list-style-type: none"> <li>• OHT survey in 6<sup>th</sup> grade</li> <li>• Alcohol questions in BRFSS</li> <li>• College survey</li> </ul> <p>4. Develop and issue reports based on new surveillance and evaluation data.</p> <p>5. Assess and report on modified vendor program and its effects on controlling expanded enforcement issues, sales to minors.</p> <p>6. Assessment of impact of expanded decoy operations on underage drinking.</p>		<p>AMH, Evaluators</p> <p>AMH, AH</p> <p>AMH, CHS, ODE, Higher Ed.</p> <p>AMH and partners</p> <p>OLCC, OSP</p> <p>OLCC, OSP</p>

## **Public Education**

<b>Priority</b>	<b>Estimated Budget Impact?</b>	<b>Key Partners?</b>
<i>Medium Term (2009-11 Biennium)</i>		
1. Designated agency or contractor to produce a user-friendly communication packet about the impact of UAD on Oregon youth and taxpayers.	<b>\$30,000</b>	Governor's Staff, AMH, Contractor
2. Statewide media campaign on UAD implemented through radio, television, print and the internet	<b>\$1,000,000</b>	Governor's Staff, AMH, Contractor

## Acronyms

AH	Adolescent Health (Public Health Division)
AMH	Addictions & Mental Health Division
BHIP	Behavioral Health Information Project
BRFSS	Behavioral Health Information Project
CHS	Center for Health Statistics
CJC	Criminal Justice Commission
DFC	Drug-Free Communities
JJIS	Juvenile Justice Information System
OCCF	Oregon Commission on Children and Families
ODE	Oregon Department of Education
OHSU	Oregon Health and Sciences University
OJDDA	Oregon Juvenile Department Directors Association
ORI	Oregon Research Institute
OSP	Oregon State Police
OYA	Oregon Youth Authority
SBHC	School-Based Health Centers
SBIRT	Screening, Brief Intervention and Referral to Treatment
WSU	Washington State University

## Data Sources & Information

Tool	Type of Data Collection		IOM Prevention Model		
	Surveillance	Evaluation	Universal	Selected	Indicated
Oregon Healthy Teens Survey (OHT)	X		X		
Behavioral Risk Factor Surveillance Survey (BRFSS)	X		X		
National College Health Assessment Survey (NCHA)	X			X	
Minimum Data Set for Prevention (MDS)		X	X	X	X
Juvenile Crime Prevention Risk Assessment		X		X	X
School Health Policy & Program Survey		X	X		
Juvenile Justice Information System (JJIS)		X			X

## Appendix A

### *Governor's Leadership Team for Alcohol-Free Kids Members*

#### **Executive Committee**

Hon. Laurie Monnes-Anderson, Chair	Oregon State Senate
Stephanie Soares-Pump	Governor's Council on Alcohol & Drug Abuse Programs
Karen Wheeler	Department of Human Services
Steve Pharo	Oregon Liquor Control Commission

#### **Governor's Staff**

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#### **Addictions & Mental Health Division Staff**

Geralyn Brennan	Department of Human Services
Jeff Ruscoe	Department of Human Services
Rick Cady	Department of Human Services

#### **Members**

Hon. Philip Barnhart	Oregon House of Representatives
Mike Bellotti	University of Oregon
Anthony Biglan	Oregon Research Institute
Hon. Margaret Carter	Oregon Senate
Yesenia Castro, Student	Hood River Valley High School
Heather Crow-Martinez	Bestcare Treatment Services
Lana Cully	Department of Transportation
Judy Cushing	Oregon Partnership
Kaleen Deatherage	Oregon Partnership
Brent DeMoe	City of Salem
Pam Erickson	Oregon Partnership
Thomas Erwin	Oregon Liquor Control Commission
Roy Gabriel	RMC Research
David Groff	Oregon District Attorney's Association
Scott Hall	Department of Education
Linda Ignowski	Oregon Liquor Control Commission
Pat Ketcham	Oregon State University
Dave Koch	Oregon Juvenile Department Directors Association
Hon. Betty Komp	Oregon House of Representatives

Anne Kraft  
Mickey Lansing

Lisa Leno  
Pauline Martel  
Shawn Martinez  
Dr. Charles Martinez  
Gretchen McKenzie  
Leola McKenzie  
Claudia Montano  
Dr. Bonnie Nagel  
Gina Nikkel

Sheila North  
Robert Nystrom  
Chris O'Neill

Pam Patton  
Sgt. Tim Plummer  
Philip Schradle  
Hon. Chip Shields  
Sheriff Mitch Southwick  
John Spence  
Chief Vernon Wells  
Rudy Williams  
Kerryann Woomer  
Maija Yasui

Oregon Research Institute  
Oregon Commission on Children and  
Families  
Confederated Tribes of Grand Ronde  
ADAPT  
Southern Oregon Drug Awareness  
Oregon Social Learning Center  
Department of Transportation  
Oregon Judicial Department  
Next Door Inc.  
Oregon Health & Sciences University  
Assn. of Community Mental Health  
Providers  
DePaul Treatment Center  
Department of Human Services  
Oregon Nurses Foundation -  
Workdrugfree  
Coalition for Equal Access Girls  
Oregon State Police  
Department of Justice  
Oregon House of Representatives  
Oregon State Sheriff's Association  
Tribal Consultant  
Oregon Association of Chief's of Police  
Oregon Liquor Control Commission  
Grant County Prevention Coordinator  
Hood River County Prevention  
Coordinator