

108TH CONGRESS
2D SESSION

S. 2718

To provide for programs and activities with respect to the prevention of
underage drinking.

IN THE SENATE OF THE UNITED STATES

JULY 22, 2004

Mr. DEWINE (for himself and Mr. DODD) introduced the following bill; which
was read twice and referred to the Committee on Health, Education,
Labor, and Pensions

A BILL

To provide for programs and activities with respect to the
prevention of underage drinking.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “**Sober Truth on Preventing Underage Drinking Act**”, or
6 the “**STOP Underage Drinking Act**”.

7 (b) **TABLE OF CONTENTS.**—The table of contents for
8 this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Definitions.

TITLE I—SENSE OF CONGRESS

Sec. 101. Sense of Congress.

TITLE II—INTERAGENCY COORDINATING COMMITTEE; ANNUAL REPORT CARD

Sec. 201. Establishment of interagency coordinating committee to prevent underage drinking.

Sec. 202. Annual report card.

Sec. 203. Authorization of appropriations.

TITLE III—NATIONAL MEDIA CAMPAIGN

Sec. 301. National media campaign to prevent underage drinking.

TITLE IV—INTERVENTIONS

Sec. 401. Community-based coalition enhancement grants to prevent underage drinking.

Sec. 402. Grants directed at reducing higher-education alcohol abuse.

TITLE V—ADDITIONAL RESEARCH

Sec. 501. Additional research on underage drinking.

Sec. 502. Authorization of appropriations.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) Drinking alcohol under the age of 21 is ille-
 4 gal in each of the 50 States and the District of Co-
 5 lumbia. Enforcement of current laws and regulations
 6 in States and communities, such as minimum age
 7 drinking laws, zero tolerance laws, and laws and reg-
 8 ulations which restrict availability of alcohol, must
 9 supplement other efforts to reduce underage drink-
 10 ing.

11 (2) Data collected annually by the Department
 12 of Health and Human Services shows that alcohol is
 13 the most heavily used drug by children in the United
 14 States, and that—

1 (A) more youths consume alcoholic bev-
2 erages than use tobacco products or illegal
3 drugs;

4 (B) by the end of the eighth grade, 45.6
5 percent of children have engaged in alcohol use,
6 and by the end of high school, 76.6 percent
7 have done so; and

8 (C) the annual societal cost of underage
9 drinking is estimated at \$53 to \$58 billion.

10 (3) Data collected by the Department of Health
11 and Human Services and the Department of Trans-
12 portation indicate that alcohol use by youth has
13 many negative consequences, such as immediate risk
14 from acute impairment; traffic fatalities; violence;
15 suicide; and unprotected sex.

16 (4) Research confirms that the harm caused by
17 underage drinking lasts beyond the underage years.
18 Compared to persons who wait until age 21 or older
19 to start drinking, those who start to drink before
20 age 14 are, as adults, four times more likely to be-
21 come alcohol dependent; seven times more likely to
22 be in a motor vehicle crash because of drinking; and
23 more likely to suffer mental and physical damage
24 from alcohol abuse.

1 (5) Alcohol abuse creates long-term risk devel-
2 opmentally and is associated with negative physical
3 impacts on the brain.

4 (6) Research indicates that adults greatly un-
5 derestimate the extent of alcohol use by youths, its
6 negative consequences, and its use by their own chil-
7 dren. The IOM report concluded that underage
8 drinking cannot be successfully addressed by focus-
9 ing on youth alone. Ultimately, adults are respon-
10 sible for young people obtaining alcohol by selling,
11 providing, or otherwise making it available to them.
12 Parents are the most important channel of influence
13 on their children's underage drinking, according to
14 the IOM report, which also recommends a national
15 adult-oriented media campaign.

16 (7) Research shows that public service health
17 messages, in combination with community-based ef-
18 forts, can reduce health-damaging behavior. The De-
19 partment of Health and Human Services and the Ad
20 Council have undertaken a public health campaign
21 targeted at parents to combat underage alcohol con-
22 sumption. The Ad Council estimates that, for a typ-
23 ical public health campaign, it receives an average of
24 \$28 million per year in free media through its
25 28,000 media outlets nationwide.

1 (8) A significant percentage of the total alcohol
2 consumption in the United States each year is by
3 underage youth. The Substance Abuse and Mental
4 Health Services Administration reports that the per-
5 centage is over 11 percent.

6 (9) Youth are exposed to a significant amount
7 of alcohol advertising through a variety of media.
8 Some studies indicate that youth awareness of alco-
9 hol advertising correlates to their drinking behavior
10 and beliefs.

11 (10) According to the Center on Alcohol Mar-
12 keting and Youth, in 2002, the alcoholic beverage in-
13 dustry spent \$990.2 million on product advertising
14 on television, and \$10 million on television adver-
15 tising designed to promote the responsible use of al-
16 cohol. For every one television ad discouraging un-
17 derage alcohol use, there were 609 product ads.

18 (11) Alcohol use occurs in 76 percent of movies
19 rated G or PG and 97 percent of movies rated PG-
20 3. The Federal Trade Commission has recommended
21 restricting paid alcohol beverage promotional place-
22 ments to films rated R or NC-17.

23 (12) Youth spend 9 to 11 hours per week lis-
24 tening to music, and 17 percent of all lyrics contain

1 alcohol references; 30 percent of those songs include
2 brand-name mentions.

3 (13) Studies show that adolescents watch 20 to
4 27 hours of television each week, and 71 percent of
5 prime-time television episodes depict alcohol use and
6 77 percent contain some reference to alcohol.

7 (14) College and university presidents have
8 cited alcohol abuse as the number one health prob-
9 lem on college and university campuses.

10 (15) According to the National Institute on Al-
11cohol Abuse and Alcoholism, two of five college stu-
12dents are binge drinkers; 1,400 college students die
13each year from alcohol-related injuries, a majority of
14which involve motor vehicle crashes; more than
1570,000 students are victims of alcohol-related sexual
16assault; and 500,000 students are injured under the
17influence of alcohol each year.

18 (16) According to the Center on Alcohol Mar-
19keting and Youth, in 2002, alcohol producers spent
20a total of \$58 million to place 6,251 commercials in
21college sports programs, and spent \$27.7 million ad-
22vertising during the NCAA men's basketball tour-
23nament, which had as many alcohol ads (939) as the
24Super Bowl, World Series, College Bowl Games and

1 the National Football League’s Monday Night Foot-
2 ball broadcasts combined (925).

3 (17) The IOM report recommended that col-
4 leges and universities ban alcohol advertising and
5 promotion on campus in order to demonstrate their
6 commitment to discouraging alcohol use among un-
7 derage students.

8 (18) According to the Government Account-
9 ability Office (“GAO”), the Federal Government
10 spends \$1.8 billion annually to combat youth drug
11 use and \$71 million to prevent underage alcohol use.

12 (19) The GAO concluded that there is a lack of
13 reporting about how these funds are specifically ex-
14 pended, inadequate collaboration among the agen-
15 cies, and no central coordinating group or office to
16 oversee how the funds are expended or to determine
17 the effectiveness of these efforts.

18 (20) There are at least three major, annual,
19 government funded national surveys in the United
20 States that include underage drinking data: the Na-
21 tional Household Survey on Drug Use and Health,
22 Monitoring the Future, and the Youth Risk Behav-
23 ior Survey. These surveys do not use common indi-
24 cators to allow for direct comparison of youth alco-

1 hol consumption patterns. Analyses of recent years’
2 data do, however, show similar results.

3 (21) Research shows that school-based and
4 community-based interventions can reduce underage
5 drinking and associated problems, and that positive
6 outcomes can be achieved by combining environ-
7 mental and institutional change with theory-based
8 health education—a comprehensive, community-
9 based approach.

10 (22) Studies show that a minority of youth who
11 need treatment for their alcohol problems receive
12 such services. Further, insufficient information ex-
13 ists to properly assist clinicians and other providers
14 in their youth treatment efforts.

15 **SEC. 3. DEFINITIONS.**

16 For purposes of this Act:

17 (1) The term “binge drinking” means a pattern
18 of drinking alcohol that brings blood alcohol con-
19 centration (BAC) to 0.08 gm percent or above. For
20 the typical adult, this pattern corresponds to con-
21 suming 5 or more drinks (male), or 4 or more drinks
22 (female), in about 2 hours.

23 (2) The term “heavy drinking” means five or
24 more drinks on the same occasion in the past 30
25 days.

1 (3) The term “frequent heavy drinking” means
2 five or more drinks on at least five occasions in the
3 last 30 days.

4 (4) The term “alcoholic beverage industry”
5 means the brewers, vintners, distillers, importers,
6 distributors, and retail outlets that sell and serve
7 beer, wine, and distilled spirits.

8 (5) The term “school-based prevention” means
9 programs, which are institutionalized, and run by
10 staff members or school-designated persons or orga-
11 nizations in every grade of school, kindergarten
12 through 12th grade.

13 (6) The term “youth” means persons under the
14 age of 21.

15 (7) The term “IOM report” means the report
16 released in September 2003 by the National Re-
17 search Council, Institute of Medicine, and entitled
18 “Reducing Underage Drinking: A Collective Respon-
19 sibility”.

20 **TITLE I—SENSE OF CONGRESS**

21 **SEC. 101. SENSE OF CONGRESS.**

22 It is the sense of the Congress that:

23 (1) A multi-faceted effort is needed to more
24 successfully address the problem of underage drink-
25 ing in the United States. A coordinated approach to

1 prevention, intervention, treatment, and research is
2 key to making progress. This Act recognizes the
3 need for a focused national effort, and addresses
4 particulars of the Federal portion of that effort.

5 (2) States and communities, including colleges
6 and universities, are encouraged to adopt com-
7 prehensive prevention approaches, including—

8 (A) evidence-based screening, programs
9 and curricula;

10 (B) brief intervention strategies;

11 (C) consistent policy enforcement; and

12 (D) environmental changes that limit un-
13 derage access to alcohol.

14 (3) Public health and consumer groups have
15 played an important role in drawing the Nation's at-
16 tention to the health crisis of underage drinking.
17 Working at the Federal, State, and community lev-
18 els, and motivated by grass-roots support, they have
19 initiated effective prevention programs that have
20 made significant progress in the battle against un-
21 derage drinking.

22 (4) The alcohol beverage industry has developed
23 and paid for national education and awareness mes-
24 sages on illegal underage drinking directed to par-
25 ents as well as consumers generally. According to

1 the industry, it has also supported the training of
2 more than 1.6 million retail employees, community-
3 based prevention programs, point of sale education,
4 and enforcement programs. All of these efforts are
5 aimed at further reducing illegal underage drinking
6 and preventing sales of alcohol to persons under the
7 age of 21. All sectors of the alcohol beverage indus-
8 try have also voluntarily committed to placing adver-
9 tisements in broadcast and magazines where at least
10 70 percent of the audiences are expected to be 21
11 years of age or older. The industry should continue
12 to monitor and tailor its advertising practices to fur-
13 ther limit underage exposure, including the use of
14 independent third party review. The industry should
15 continue and expand evidence-based efforts to pre-
16 vent underage drinking.

17 (5) Public health and consumer groups, in col-
18 laboration with the alcohol beverage industry, should
19 explore opportunities to reduce underage drinking.

20 (6) The entertainment industries have a power-
21 ful impact on youth, and they should use rating sys-
22 tems and marketing codes to reduce the likelihood
23 that underage audiences will be exposed to movies,
24 recordings, or television programs with unsuitable

1 alcohol content, even if adults are expected to pre-
 2 dominate in the viewing or listening audiences.

3 (7) Objective scientific evidence and data should
 4 be generated and made available to the general pub-
 5 lic and policy makers at the local, state, and national
 6 levels to help them make informed decisions, imple-
 7 ment judicious policies, and monitor progress in pre-
 8 venting childhood/adolescent alcohol use.

9 (8) The National Collegiate Athletic Associa-
 10 tion, its member colleges and universities, and ath-
 11 letic conferences should affirm a commitment to a
 12 policy of discouraging alcohol use among underage
 13 students and other young fans by ending all alcohol
 14 advertising during radio and television broadcasts of
 15 collegiate sporting events.

16 **TITLE II—INTERAGENCY CO-**
 17 **ORDINATING COMMITTEE;**
 18 **ANNUAL REPORT CARD**

19 **SEC. 201. ESTABLISHMENT OF INTERAGENCY COORDI-**
 20 **NATING COMMITTEE TO PREVENT UNDER-**
 21 **AGE DRINKING.**

22 (a) IN GENERAL.—The Secretary of Health and
 23 Human Services, in collaboration with the Federal officials
 24 specified in subsection (b), shall establish an interagency

1 coordinating committee focusing on underage drinking
2 (referred to in this section as the “Committee”).

3 (b) OTHER AGENCIES.—The officials referred to in
4 subsection (a) are the Secretary of Education, the Attor-
5 ney General, the Secretary of Transportation, the Sec-
6 retary of the Treasury, the Secretary of Defense, the Sur-
7 geon General, the Director of the Centers for Disease Con-
8 trol and Prevention, the Director of the National Institute
9 on Alcohol Abuse and Alcoholism, the Administrator of the
10 Substance Abuse and Mental Health Services Administra-
11 tion, the Director of the National Institute on Drug
12 Abuse, the Assistant Secretary for Children and Families,
13 the Director of the Office of National Drug Control Policy,
14 the Administrator of the National Highway Traffic Safety
15 Administration, the Administrator of the Office of Juve-
16 nile Justice and Delinquency Prevention, the Chairman of
17 the Federal Trade Commission, and such other Federal
18 officials as the Secretary of Health and Human Services
19 determines to be appropriate.

20 (c) CHAIR.—The Secretary of Health and Human
21 Services shall serve as the chair of the Committee.

22 (d) DUTIES.—The Committee shall guide policy and
23 program development across the Federal Government with
24 respect to underage drinking.

1 (e) CONSULTATIONS.—The Committee shall actively
2 seek the input of and shall consult with all appropriate
3 and interested parties, including public health research
4 and interest groups, foundations, and alcohol beverage in-
5 dustry trade associations and companies.

6 (f) ANNUAL REPORT.—

7 (1) IN GENERAL.—The Secretary of Health and
8 Human Services, on behalf of the Committee, shall
9 annually submit to the Congress a report that sum-
10 marizes—

11 (A) all programs and policies of Federal
12 agencies designed to prevent underage drinking;

13 (B) the extent of progress in reducing un-
14 derage drinking nationally;

15 (C) data that the Secretary shall collect
16 with respect to the information specified in
17 paragraph (2); and

18 (D) such other information regarding un-
19 derage drinking as the Secretary determines to
20 be appropriate.

21 (2) CERTAIN INFORMATION.—The report under
22 paragraph (1) shall include information on the fol-
23 lowing:

24 (A) Patterns and consequences of under-
25 age drinking.

1 (B) Measures of the availability of alcohol
2 to underage populations and the exposure of
3 this population to messages regarding alcohol in
4 advertising and the entertainment media.

5 (C) Surveillance data, including informa-
6 tion on the onset and prevalence of underage
7 drinking.

8 (D) Any additional findings resulting from
9 research conducted or supported under section
10 501.

11 (E) Evidence-based best practices to both
12 prevent underage drinking and provide treat-
13 ment services to those youth who need them.

14 **SEC. 202. ANNUAL REPORT CARD.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services (referred to in this section as the “Sec-
17 retary”) shall, with input and collaboration from other ap-
18 propriate Federal agencies, States, Indian tribes, terri-
19 tories, and public health, consumer, and alcohol beverage
20 industry groups, annually issue a “report card” to accu-
21 rately rate the performance of each state in enacting, en-
22 forcing, and creating laws, regulations, and programs to
23 prevent or reduce underage drinking. The report card
24 shall include ratings on outcome measures for categories

1 related to the prevalence of underage drinking in each
2 State.

3 (b) OUTCOME MEASURES.—

4 (1) IN GENERAL.—The Secretary shall develop,
5 in consultation with the Committee established in
6 section 201, a set of outcome measures to be used
7 in preparing the report card.

8 (2) CATEGORIES.—In developing the outcome
9 measures, the Secretary shall develop measures for
10 categories related to the following:

11 (A) The degree of strictness of the min-
12 imum drinking age laws and dram shop liability
13 statutes in each State.

14 (B) The number of compliance checks
15 within alcohol retail outlets conducted measured
16 against the number of total alcohol retail out-
17 lets in each State, and the results of such
18 checks.

19 (C) Whether or not the State mandates or
20 otherwise provides training on the proper sell-
21 ing and serving of alcohol for all sellers and
22 servers of alcohol as a condition of employment.

23 (D) Whether or not the State has policies
24 and regulations with regard to Internet sales
25 and home delivery of alcoholic beverages.

1 (E) The number of adults in the State tar-
2 geted by State programs to deter adults from
3 purchasing alcohol for minors.

4 (F) The number of youths, parents, and
5 caregivers who are targeted by State programs
6 designed to deter underage drinking.

7 (G) Whether or not the State has enacted
8 graduated drivers licenses and the extent of
9 those provisions.

10 (H) The amount that the State invests,
11 per youth capita, on the prevention of underage
12 drinking, further broken down by the amount
13 spent on—

14 (i) compliance check programs in re-
15 tail outlets, including providing technology
16 to prevent and detect the use of false iden-
17 tification by minors to make alcohol pur-
18 chases;

19 (ii) checkpoints;

20 (iii) community-based, school-based,
21 and higher-education-based programs to
22 prevent underage drinking;

23 (iv) underage drinking prevention pro-
24 grams that target youth within the juvenile
25 justice and child welfare systems; and

1 (v) other State efforts or programs as
2 deemed appropriate.

3 **SEC. 203. AUTHORIZATION OF APPROPRIATIONS.**

4 There are authorized to be appropriated to carry out
5 this title \$2,000,000 for fiscal year 2005, and such sums
6 as may be necessary for each of the fiscal years 2006
7 through 2009.

8 **TITLE III—NATIONAL MEDIA**
9 **CAMPAIGN**

10 **SEC. 301. NATIONAL MEDIA CAMPAIGN TO PREVENT UN-**
11 **DERAGE DRINKING.**

12 (a) SCOPE OF THE CAMPAIGN.—The Secretary of
13 Health and Human Services shall continue to fund and
14 oversee the production, broadcasting, and evaluation of
15 the Ad Council's national adult-oriented media public serv-
16 ice campaign.

17 (b) REPORT.—The Secretary of Health and Human
18 Services shall provide a report to the Congress annually
19 detailing the production, broadcasting, and evaluation of
20 the campaign referred to in subsection (a), and to detail
21 in the report the effectiveness of the campaign in reducing
22 underage drinking, the need for and likely effectiveness
23 of an expanded adult-oriented media campaign, and the
24 feasibility and the likely effectiveness of a national youth-
25 focused media campaign to combat underage drinking.

1 (c) CONSULTATION REQUIREMENT.—In carrying out
 2 the media campaign, the Secretary of Health and Human
 3 Services shall direct the Ad Council to consult with inter-
 4 ested parties including both the alcohol beverage industry
 5 and public health and consumer groups. The progress of
 6 this consultative process is to be covered in the report
 7 under subsection (b).

8 (d) AUTHORIZATION OF APPROPRIATIONS.—There
 9 are authorized to be appropriated to carry out this section,
 10 \$1,000,000 for each of the fiscal years 2005 and 2006,
 11 and such sums as may be necessary for each subsequent
 12 fiscal year.

13 **TITLE IV—INTERVENTIONS**

14 **SEC. 401. COMMUNITY-BASED COALITION ENHANCEMENT** 15 **GRANTS TO PREVENT UNDERAGE DRINKING.**

16 (a) AUTHORIZATION OF PROGRAM.—The Director of
 17 the Office of National Drug Control Policy shall award
 18 “enhancement grants” to eligible entities to design, test,
 19 evaluate and disseminate strategies to maximize the effec-
 20 tiveness of community-wide approaches to preventing and
 21 reducing underage drinking.

22 (b) PURPOSES.—The purposes of this section are, in
 23 conjunction with the Drug-Free Communities Act of 1997
 24 (21 U.S.C. 1521 et seq.), to—

1 (1) reduce alcohol use among youth in commu-
2 nities throughout the United States;

3 (2) strengthen collaboration among commu-
4 nities, the Federal Government, and State, local,
5 and tribal governments;

6 (3) enhance intergovernmental cooperation and
7 coordination on the issue of alcohol use among
8 youth;

9 (4) serve as a catalyst for increased citizen par-
10 ticipation and greater collaboration among all sec-
11 tors and organizations of a community that first
12 demonstrates a long-term commitment to reducing
13 alcohol use among youth;

14 (5) disseminate to communities timely informa-
15 tion regarding state-of-the-art practices and initia-
16 tives that have proven to be effective in reducing al-
17 cohol use among youth; and

18 (6) enhance, not supplant, local community ini-
19 tiatives for reducing alcohol use among youth.

20 (c) APPLICATION.—An eligible entity desiring an en-
21 hancement grant under this section shall submit an appli-
22 cation to the Director at such time, and in such manner,
23 and accompanied by such information as the Director may
24 require. Each application shall include—

1 (1) a complete description of the entity’s cur-
2 rent underage alcohol use prevention initiatives and
3 how the grant will appropriately enhance the focus
4 on underage drinking issues; or

5 (2) a complete description of the entity’s cur-
6 rent initiatives, and how it will use this grant to en-
7 hance those initiatives by adding a focus on under-
8 age drinking prevention.

9 (d) USES OF FUNDS.—Each eligible entity that re-
10 ceives a grant under this section shall use the grant funds
11 to carry out the activities described in such entity’s appli-
12 cation submitted pursuant to subsection (c). Grants under
13 this section shall not exceed \$50,000 per year, and may
14 be awarded for each year the entity is funded as per sub-
15 section (f).

16 (e) SUPPLEMENT NOT SUPPLANT.—Grant funds
17 provided under this section shall be used to supplement,
18 not supplant, Federal and non-Federal funds available for
19 carrying out the activities described in this section.

20 (f) DEFINITIONS.—For purposes of this section, the
21 term “eligible entity” means an organization that is cur-
22 rently eligible to receive grant funds under the Drug-Free
23 Communities Act of 1997 (21 U.S.C. 1521 et seq.).

1 (g) ADMINISTRATIVE EXPENSES.—Not more than 6
 2 percent of a grant under this section may be expended
 3 for administrative expenses.

4 (h) AUTHORIZATION OF APPROPRIATIONS.—There
 5 are authorized to be appropriated to carry out this section
 6 \$5,000,000 for fiscal year 2005, and such sums as may
 7 be necessary for each of the fiscal years 2006 through
 8 2009.

9 **SEC. 402. GRANTS DIRECTED AT REDUCING HIGHER-EDU-**
 10 **CATION ALCOHOL ABUSE.**

11 (a) AUTHORIZATION OF PROGRAM.—The Secretary
 12 shall award grants to eligible entities to enable the entities
 13 to reduce the rate of underage alcohol use and binge
 14 drinking among students at institutions of higher edu-
 15 cation.

16 (b) APPLICATIONS.—An eligible entity that desires to
 17 receive a grant under this Act shall submit an application
 18 to the Secretary at such time, in such manner, and accom-
 19 panied by such information as the Secretary may require.
 20 Each application shall include—

21 (1) a description of how the eligible entity will
 22 work to enhance an existing, or where none exists to
 23 build a, statewide coalition;

24 (2) a description of how the eligible entity will
 25 target underage students in the State;

1 (3) a description of how the eligible entity in-
 2 tends to ensure that the statewide coalition is actu-
 3 ally implementing the purpose of this Act and mov-
 4 ing toward indicators described in section (d);

5 (4) a list of the members of the statewide coali-
 6 tion or interested parties involved in the work of the
 7 eligible entity;

8 (5) a description of how the eligible entity in-
 9 tends to work with State agencies on substance
 10 abuse prevention and education;

11 (6) the anticipated impact of funds provided
 12 under this Act in reducing the rates of underage al-
 13 cohol use;

14 (7) outreach strategies, including ways in which
 15 the eligible entity proposes to—

16 (A) reach out to students;

17 (B) promote the purpose of this Act;

18 (C) address the range of needs of the stu-
 19 dents and the surrounding communities; and

20 (D) address community norms for under-
 21 age students regarding alcohol use; and

22 (8) such additional information as required by
 23 the Secretary.

24 (c) USES OF FUNDS.—Each eligible entity that re-
 25 ceives a grant under this section shall use the grant funds

1 to carry out the activities described in such entity's appli-
2 cation submitted pursuant to subsection (b).

3 (d) ACCOUNTABILITY.—On the date on which the
4 Secretary first publishes a notice in the Federal Register
5 soliciting applications for grants under this section, the
6 Secretary shall include in the notice achievement indica-
7 tors for the program authorized under this section. The
8 achievement indicators shall be designed—

9 (1) to measure the impact that the statewide
10 coalitions assisted under this Act are having on the
11 institutions of higher education and the surrounding
12 communities, including changes in the number of al-
13 cohol incidents of any kind (including violations,
14 physical assaults, sexual assaults, reports of intimi-
15 dation, disruptions of school functions, disruptions
16 of student studies, mental health referrals, illnesses,
17 or deaths);

18 (2) to measure the quality and accessibility of
19 the programs or information offered by the state-
20 wide coalitions; and

21 (3) to provide such other measures of program
22 impact as the Secretary determines appropriate.

23 (e) SUPPLEMENT NOT SUPPLANT.—Grant funds
24 provided under this Act shall be used to supplement, and

1 not supplant, Federal and non-Federal funds available for
 2 carrying out the activities described in this section.

3 (f) DEFINITIONS.—For purposes of this section:

4 (1) ELIGIBLE ENTITY.—The term “eligible enti-
 5 ty” means a State, institution of higher education,
 6 or nonprofit entity.

7 (2) INSTITUTION OF HIGHER EDUCATION.—The
 8 term “institution of higher education” has the
 9 meaning given the term in section 101(a) of the
 10 Higher Education Act of 1965 (20 U.S.C. 1001(a)).

11 (3) SECRETARY.—The term “Secretary” means
 12 the Secretary of Education.

13 (4) STATE.—The term “State” means each of
 14 the 50 States, the District of Columbia, and the
 15 Commonwealth of Puerto Rico.

16 (5) STATEWIDE COALITION.—The term “state-
 17 wide coalition” means a coalition that—

18 (A) includes—

19 (i) institutions of higher education
 20 within a State; and

21 (ii) a nonprofit group, a community
 22 underage drinking prevention coalition, or
 23 another substance abuse prevention group
 24 within a State; and

1 (B) works toward lowering the alcohol
2 abuse rate by targeting underage students at
3 institutions of higher education throughout the
4 State and in the surrounding communities.

5 (6) SURROUNDING COMMUNITY.—The term
6 “surrounding community” means the community—

7 (A) that surrounds an institution of higher
8 education participating in a statewide coalition;

9 (B) where the students from the institu-
10 tion of higher education take part in the com-
11 munity; and

12 (C) where students from the institution of
13 higher education live in off-campus housing.

14 (g) ADMINISTRATIVE EXPENSES.—Not more than 5
15 percent of a grant under this section may be expended
16 for administrative expenses.

17 (h) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section
19 \$5,000,000 for fiscal year 2005, and such sums as may
20 be necessary for each of the fiscal years 2006 through
21 2009.

TITLE V—ADDITIONAL RESEARCH

SEC. 501. ADDITIONAL RESEARCH ON UNDERAGE DRINK- ING.

(a) IN GENERAL.—The Secretary of Health and Human Services shall collect data on, and conduct or support research on, underage drinking with respect to the following:

(1) The short and long-range impact of alcohol use and abuse upon adolescent brain development and other organ systems.

(2) Comprehensive community-based programs or strategies and statewide systems to prevent underage drinking, across the underage years from early childhood to young adulthood, including programs funded and implemented by government entities, public health interest groups and foundations, and alcohol beverage companies and trade associations.

(3) Improved knowledge of the scope of the underage drinking problem and progress in preventing and treating underage drinking.

(4) Annually obtain more precise information than is currently collected on the type and quantity of alcoholic beverages consumed by underage drink-

1 ers, as well as information on brand preferences of
2 these drinkers and their exposure to alcohol adver-
3 tising.

4 (b) CERTAIN MATTERS.—The Secretary of Health
5 and Human Services shall carry out activities toward the
6 following objectives with respect to underage drinking:

7 (1) Testing every unnatural death of persons
8 ages 12 to 20 in the United States for alcohol in-
9 volvement, including suicides, homicides, and unin-
10 tentional injuries such as falls, drownings, burns,
11 poisonings, and motor vehicle crash deaths.

12 (2) Obtaining new epidemiological data within
13 the National Epidemiological Study on Alcoholism
14 and Related Conditions and other national or tar-
15 geted surveys that identify alcohol use and attitudes
16 about alcohol use during pre- and early adolescence,
17 including second-hand effects of adolescent alcohol
18 use such as date rapes, violence, risky sexual behav-
19 ior, and prenatal alcohol exposure.

20 (3) Developing or identifying successful clinical
21 treatments for youth with alcohol problems.

22 **SEC. 502. AUTHORIZATION OF APPROPRIATIONS.**

23 There are authorized to be appropriated to carry out
24 section 501 \$6,000,000 for fiscal year 2005, and such

- 1 sums as may be necessary for each of the fiscal years 2006
- 2 through 2009.

