

Illinois Coalition to Stop Underage Drinking

September 1, 2004

Chestnut Health Systems, Bloomington, IL

ATTENDEES:

See Appendix A for a complete list of attendees.

WELCOME/INTRODUCTIONS

Ms. Williams of the Office of Alcohol and Other Drug Abuse of the American Medical Association (AMA) introduced herself and provided background on the development of the coalition. Many individual attendees and regional coalitions have been very active in addressing underage drinking, however statewide leadership has not been identified, and agreement on goals and objectives among many different partners has not been achieved.

Representative Dan Brady (R-88th District) welcomed attendees and provided some comments about the state of the budget and General Assembly. Debbie Clark, a representative of Senator Bill Brady (R-44th District), was also introduced. Finally, members introduced themselves and provided brief background on their current activities.

Mr. Allen, staff at the Illinois Chapter, American Academy of Pediatrics (ICAAP), provided information concerning the involvement of ICAAP. Chapter members motivated by high profile events involving underage drinking in the Chicago area sought information on policy and clinical strategies to address teen alcohol use. By assisting in the establishment of a statewide coalition, the Chapter hopes to develop education about adolescent alcohol use for clinicians, increase the effectiveness of legislative and regulatory activity through collaboration, and find advocacy roles for its members and physicians-in-training at local academic medical centers.

Participants noted that youth involvement in this first coalition meeting was limited, however such involvement will be crucial to the future success of the coalition's efforts.

OVERVIEW OF UNDERAGE DRINKING

Ms. Williams provided an overview of underage drinking nationally and in Illinois. The average age of a child's first drink is now 12, and nearly 20% of 12-20 year olds are considered binge drinkers. Violent crime is now the number one cost of underage drinking, costing over \$29 billion in the United States each year. Excessive drinking on college campuses accounts for 1,400 deaths, 70,000 sexual assaults, and 600,000 assaults on campuses nationally each year. The brain goes through dynamic changes during adolescence, and alcohol can seriously damage long- and short-term growth processes. The impact of media was also discussed; by age 18 youth will typically have seen 100,000 beer commercials. In Illinois specifically, 35% of 9th grade students had their first alcoholic drink before age 13, and 30% of 9th-12th grade students have consumed five or more drinks in a row. The cost of underage drinking to Illinois is estimated at \$2.6 billion annually.

Policy strategies such as alcohol taxes, keg registration, and social host laws were noted. In addition, some states and coalitions have used creative strategies to address underage drinking, such as media outreach, issuing certificates of appreciation to retailers, and partnerships with state and city agencies to increase compliance or ban advertising in key places such as public transit. Participants discussed media messages and the need to use "media friendly" terminology to engage the public and key decision makers.

NATIONAL AND STATE COALITION EFFORTS

Ms. Williams briefly reported on activities of the AMA Office of Alcohol and Other Drug Abuse, which oversees twelve state coalitions through Robert Wood Johnson Foundation support. State coalitions have worked to raise alcohol taxes, pass keg registration and social host laws, implement restricted times for alcohol sales, and more. A major accomplishment of such coalitions is opposing bills supported by the alcohol industry and providing a voice against legislation and other activity that encourages underage drinking. Fighting corporate sponsorship (naming opportunities, community festivals) and advertising, such as banning alcohol ads in public places and near schools, has also been a priority. Finally, college-based initiatives have included reducing alcohol sales in stadiums and creating alcohol-free tailgate areas, among other projects. The AMA is currently working on a media resource center to provide free or low-cost public relations materials to state and local groups for promotional efforts.

Illinois Coalition to Stop Underage Drinking
September 1, 2004

Reducing Underage Drinking: A Collective Responsibility, the Institute of Medicine's 2003 report, offers 10 science-based policy recommendations. The report discusses a national media campaign targeting adults; partnerships with industry to secure funds; tightening controls on alcohol advertising and improved monitoring; working with the entertainment industry on rating systems and the true portrayal of underage alcohol consumption; limiting access through server training, and compliance checks; evidence-based youth and community interventions; increased involvement of government through better data collection, technical assistance, and increased funding; excise taxes to discourage youth, who are price sensitive, and to keep pace with inflation; and additional research and evaluation.

For comprehensive information on alcohol use statistics, references, and state and national policy strategies, visit the AMA's Web site at www.alcoholpolicy.md.com.

DEVELOPMENT OF GOALS

Attendees broke into small groups, and each discussed a series of questions including:

1. What do you see as the **emerging trends, priority or urgent concerns** and **challenges** in underage drinking?
2. What do you believe have been **effective strategies** and approaches and why?
3. What **new or better strategies**, approaches, etc. do you recommend?
4. What **opportunities** do you see to grow or strengthen our impact as a policy-focused coalition?
5. What can your organization **contribute** to the Coalition?

A summary of the resulting reports is included as Appendix B.

MISCELLANEOUS DISCUSSION AND ACTIONS

Participants were pleased that the AMA and the medical community are taking a leadership role and will support the prevention community. Other medical provider and hospital groups were targeted for involvement and could bring strong policy resources to the effort. Furthermore, the following suggestions were made for consideration by project leadership and/or workgroups that may be established as the Coalition moves forward. The Coalition should:

- consider development of action plans to communicate with groups and organizations who 1) are invited to participate in the Coalition but decline and 2) are secondary partners and hence not directly involved in the Coalition but relevant to its goals and outcomes;
- develop a response form to allow individual partnering organizations to specifically identify the resources they can contribute (staff time, funding, lobbying expertise, research support, etc.);
- consider strategies to pool media funding and partner to leverage additional media space; and
- develop a list of laws and ordinances that should be tracked by the Coalition, circulate it for editing and approval, and identify sources (such as the Illinois Alcoholism and Drug Dependence Organization's list) for information on them.

It was determined that a workgroup would be established to develop the strategic map and consider next steps and other workgroups to be formed. Such workgroups might address partnerships, media outreach and messages, parent involvement and education, data needs and resources, and legislative and policy priorities.

ACTION: Coalition leaders will develop and circulate a volunteer form to establish and convene a Strategic Map Workgroup.

ACTION: Ms. Williams will determine if AMA can establish and support an e-mail communication list for Coalition members.

ACTION: Mr. Allen will investigate the possibility of registering a domain name for the Coalition and developing/hosting a modest Web site to enhance communication and awareness of the effort.

Illinois Coalition to Stop Underage Drinking
September 1, 2004

ACTION: Coalition meeting attendees interested in speaking about alcohol abuse and prevention efforts to pediatric physicians-in-training will contact Mr. Allen to provide topics and availability.

ACTION: Mr. Allen will circulate information on ICAAP's media literacy project including the list of doctors trained to speak to teens about media influence to facilitate presentations at schools and other venues.

ADJOURNMENT

Attendees were asked to complete a brief evaluation of the meeting results are included as Appendix C. A future meeting date will be established and circulated to interested parties in the fall of 2004.

Respectfully Submitted,

Scott G. Allen, Executive Director, Illinois Chapter, American Academy of Pediatrics

Illinois Coalition to Stop Underage Drinking
September 1, 2004

APPENDIX A
Meeting Attendees

For corrections or additions contact Scott Allen at 312-733-1909 or sallen@illinoisAAP.com

Jerri Allers, Pillars Community Services
Scott G. Allen, Illinois Chapter, American Academy of Pediatrics
Carrie Andrews, Knox County Health Department
Karel Ares, Prevention First
Gayla Boomer, Illinois Parent Teachers Association
Representative Dan Brady (R-88th District)
Linda Brogan, McHenry County College
Debbie Clark, Office of State Senator Bill Brady (R-44th District)
Tim Cramer, InTouch PSA 7
Susan Cushman, Loyola University Chicago
Dave Dierks, Community Behavioral Healthcare Association
Diane Eager, InTouch PSA 12
Sherrine Eckersley, InTouch PSA 4
Megan Edmondson, Chestnut Health Systems
Steve Fairbanks, White Oaks Company
Kim Fornero, Illinois Department of Human Services
Dale Gasparovic, InTouch PSA 11
Marilou Gervacio, Catholic Conference of Illinois
Tina Gummerson, InTouch PSA 12
B. Ilene Harned, University of Illinois, Urbana/Champaign
Linda Herrman, Northern Illinois University
Jil Heuchert, Madison County Health Department
Ron Jakubisin, Lake County Health Department/InTouch
Shari Johnson, Breaking Fee, Inc.
Joan Leigh, ESN/InTouch
Bobbie Lewis, InTouch PSA 14
Becky Markwell, Eastern Illinois University
Alan Markwood, Chestnut Health Systems
Pam Meyer, Western Illinois University
Helen Michelassi, Dewitt County Human Resource Center
Chris Micks, Eastern Illinois University
Sara Moscato, Illinois Alcoholism and Drug Dependency Association
Elizabeth Nelson, Lake County InTouch
Peggie Powers, Illinois Alcoholism and Drug Dependency Association
Melissa Sage-Bollenbach, Bradley University
Myrna Torres, Prevention First
Janine Toth, Illinois Masonic Foundation SAP
Ellen Vonderheide, Adams County Health Department
Barbara Weigand, Illinois Association of Student Assistance Professionals
Janet Williams, American Medical Association
Nancy Wisted, Project Oz
Cynthia Woods, Illinois Association of School Boards

APPENDIX B

Emerging Trends

- Growing parental acceptance and promotion of alcohol use by teens counteracts prevention efforts.
- Changing environment at college emphasizes the “social” environment, and specific developments such as later class times inadvertently facilitate drinking.
- Increasing focus on revenue by state and local government is counterproductive to enforcement and other issues.
- Development of new products and product variations (alcohol without liquid, party balls, jello shots) further entices underage drinkers.
- Continuing favorable or unrealistic images and portrayals of drinking in the media and entertainment works against prevention and education.
- Reduction in prices for alcohol facilitates purchase by teens.

Priority Concerns

- Lack of data (from schools, emergency departments) prevents effective advocacy and communication strategies.
- Laws are not well understood by parents and caregivers.
- Teens embrace messages targeted towards adults, such as the designated driver program, and misuse the “don’t drink and drive” message (“My friend is in *better* shape to drive than me.”).
- Messages related to underage drinking are not consistent and effective; better media outreach is necessary, particularly the development of local media strategies and support for organizations at the community level to access local media.
- The motivations for allowing children to drink are varied and difficult to counter (for instance, the desire for one’s child to be popular and well-accepted by peers, the desire to protect one’s child from punishment, the concept that drinking and intoxication is a “right of passage” or a cultural norm).
- Alcohol advertising is increasingly targeting women and girls.
- Community resources such as law enforcement are lacking.
- Retail developments such as self-checkouts at grocery stores and online purchasing of alcohol make access easier.
- The quality of fake identification for underage drinkers is improving.
- Medical professionals are not trained and/or active in prevention and advocacy related to underage drinking.

Challenges

- Ignorance on the part of parents, law enforcement, policymakers, and others prevents them from recognizing the extent of the problem and the costs of alcohol use/abuse in terms of physical health and economics.
- Healthcare providers are not assessing risks and behavior, in part due to lack of skills but also because they lack knowledge about local referral resources and treatment strategies.
- Funding for assessment and intervention services is not optimal.
- Community advocates who should be involved have personal biases that prevent them from acting (for instance, an assumption that the community at large is not interested in the problem of underage drinking).
- A gap exists in terms of the services and strategies to address youth who are moderate drinkers, beyond “at risk” but not in need of complex treatment services.
- Most policy and access prevention strategies concern retailers/merchants and do not address the private functions that regularly provide access to alcohol.

Effective Strategies

- Youth involvement
 - Youth-led marketing

Illinois Coalition to Stop Underage Drinking
September 1, 2004

- Teen courts and restorative justice
- Community coalitions and partnerships
 - Connecting to faith-based groups
 - Mobilization of parent groups
- Media outreach
 - Social norms marketing
 - Youth-led marketing (also noted above)
 - Billboard/outdoor advertising regulations
- Consistent and improved enforcement of policy/law (social host, compliance checks, keg registration)
 - Hotlines that enable community members to report parties
 - Creation of consumer demand for enforcement
 - Focus on reward for compliance rather than punishment for violation
- Policy/legal strategies
 - Local liquor license limits
 - Graduated licensing
 - Tax increases and other laws affecting price
- Reduction or elimination of low-price drink specials
- Server training

New/Proposed Strategies and Ideas

- Empowering youth who do not drink
- Capitalizing on the recent increase in interest among legislators
 - Developing a recognition program for legislative leaders
- Targeting adults/parents
 - Creating parent networks
 - Establishing underage drinking as a priority health issue for parents/families
 - Teaching parents to use “teachable moments” and otherwise better develop their prevention skills
- Collaborating with state agencies and programs on administrative changes to avoid difficulty in passing legislation, the lobbying restrictions faced by certain partners, and other issues
- Increasing communication and coordination among groups present and other partners to develop a “unified front”
 - Identifying, collecting and promoting “best practices” to help coordinate and improve efforts statewide
- Encouraging the development of statewide policies and expectations among non-regulatory organizations (for instance, encouraging the development of policy and practice recommendations by the Illinois High School Association, medical provider groups, etc.)
- Enhancing training and resources for clinical practice
- Pursuing new legislative/regulatory strategies:
 - Enabling vendors to confiscate fake identification from minors
 - Passing product placement laws
 - Instituting harsher consequences for underage drinking, vendor violations, etc.
 - Enhancing school involvement in alcohol violations (for instance the “24/7” law in which violations are reported to schools regardless of whether the violation occurred during school hours)

Opportunities

- The Coalition itself provides many opportunities:
 - to increase collaboration and communication through regular meetings, mailings, e-mail lists, and other activity
 - to share information on local funding sources
 - to analyze the membership, determine gaps, and conduct outreach to engage new partners
 - to assess the needs and potential contributions of various partner groups

Illinois Coalition to Stop Underage Drinking September 1, 2004

- Local service providers and community groups were encouraged to connect with and educate local legislators by inviting them to community forms, holding individual meetings with them, and encouraging letters and phone calls from community advocates.
- The state budget situation has created a need for new revenue, which may make increased alcohol taxes, fees or penalties desirable to legislators.
- A continued focus on brain and child development issues by the media and health care provides offers opportunities to connect anti-drinking

Contributions

Many representatives present noted that they could contribute staff time, access to communication networks, research skills and support, and grassroots organizing. Some groups offered their organizations' lobbyists for support and involvement during the legislative sessions. Others offered diverse supports such as interns, youth coordinators, local air time

Potential Partners

The following groups were identified as necessary partners for the Coalition, in addition to those present.

- Insurers and their representative association(s)
- Chambers of commerce
- Medical/health professionals and their respective association(s)
 - Primary care: pediatricians, family practice, internists, OB/GYN, nursing professionals, physician assistants
 - Specialists: emergency medicine, adolescent medicine
 - Mental and behavioral health professionals and organizations
 - Hospitals and the Illinois Hospital Association
- Policymakers/legislators
- Faith-based organizations
- Law enforcement
- Judicial community
- Parks and recreation departments
- Specific groups such as:
 - Illinois DUI Advisory Council (disbanded)
 - IDEA Drug Education Alliance
 - ILCAAP Church Action for Alcohol Problems
 - DASA Advisory Council
 - Governor's Healthcare Advisory Council
 - Illinois Violence Prevention Authority
 - Illinois Association of School Administrators
 - Secretary of State's Office
 - Illinois Department of Transportation
 - Liquor Control Commission
 - University of Illinois Center for Prevention, Research and Development
 - Great Lakes Addiction Technology Transfer Center

Illinois Coalition to Stop Underage Drinking
September 1, 2004

APPENDIX C
Meeting Evaluation Results
based on 36 responses

1. The meeting helped me develop a clear understanding of the goals and objectives of the Illinois Coalition to Stop Underage Drinking.	STRONGLY AGREE 44%	AGREE 56%	DISAGREE 0
2. The meeting was well organized.	STRONGLY AGREE 72%	AGREE 28%	DISAGREE 0
3. The meeting met the stated objectives.	STRONGLY AGREE 72%	AGREE 28%	DISAGREE 0
4. This meeting was of value to me.	STRONGLY AGREE 64%	AGREE 36%	DISAGREE 0
5. I had an opportunity to express my ideas and experiences during the meeting.	STRONGLY AGREE 75%	AGREE 22%	DISAGREE 3%
6. I gained information from others attending this meeting that will be helpful to me.	STRONGLY AGREE 64%	AGREE 33%	DISAGREE 0

What did you like the most about this meeting?

- group discussion and then reporting out
- dialogue
- collaboration - sharing
- ideas
- roundtable discussions and sharing
- discussion of priorities
- great chance to discuss ideas and what others are doing
- various ideas presented, lunch length for hearing more info
- networking and learning more of what organizations and communities are doing in the area
- new ideas, new contacts, glad to see a new movement about youth alcohol issues in Illinois
- the information/ideas gained from other participants
- networking, sharing
- breadth of representatives
- roundtable discussions and meeting people from a variety of organizations
- felt that my prevention efforts are supported and have a future
- table discussion
- diversity of the groups present (medical, school, university, prevention, etc.)
- access to current policy and practice across the state
- informal group discussions
- being able to hear from people throughout the state, their successes and challenges
- dialogue from different representatives
- networking opportunities
- beginning the conversation
- group process
- exchange of ideas
- lots of time to talk and question, share ideas
- see so many people/organizations coming together to address this issue
- the meeting's organization and targeting one topic - underage drinking. Also, the people present were knowledgeable about the topic
- overall sharing of ideas and possible actions
- beginning of statewide movement to address underage drinking.
- location and duration, breadth of participation

Illinois Coalition to Stop Underage Drinking
September 1, 2004

What did you like the least about this meeting?

- all good, n/a (4)
- I think we should've used the time we spent on the questions to discuss organizing like we did at the end
- it was a lot of info in a short period of time
- lack of synthesis
- more discussion on approaches and way to address ideas
- need broader base of input--more coalition members, appeared heavy on state and agency members
- not clear what the coalitions want from me specifically
- not sure I have a clear understanding of the goals and objectives and where we go from here
- reporting can be tedious, summaries might feel more productive
- room was a little warm and meeting just a little long
- room temperature
- there wasn't much diversity in agencies represented
- would have liked more concrete action steps to move forward
- would like to have heard more about the existing issues in Illinois, laws, successes, roadblocks

How do you/does your organization hope to support the Illinois Coalition to Stop Underage Drinking?

- as knap county coalition continues to develop, we can provide an avenue for information dissemination
- being a member, drawing a paycheck :)
- being a partner, staff time, links to others via information dissemination
- bring awareness to our membership, develop parent education info.
- by providing staff time, research, etc.
- for now, attend meetings, share ideas...more to come I hope
- fund many not-for-profits
- help to organize grassroots support
- help with logistics, research, writing
- host regional meeting, participate, disseminate info to Lake County agencies
- I know that we would like to participate; I will let you know after a discussion with my supervisor
- I represent several organizations and groups and intend to report (hand out materials) at our next meetings
- in any way possible; community level mostly through education, environmental strategies, etc.
- involvement, local organizing, and distribution
- not sure - need to check with institution regarding ability to be involved beyond today. Separation of political activities from workplace may be a problem, it needs to be clarified with regard to this organization
- our community action team on underage drinking needs support/direction and in turn will do what it can to support the coalition
- partnering, data gathering, and info sharing
- planning, information sharing, etc.
- sharing of information with other coalitions
- staff time, involvement
- staff time, limited budget, enthusiasm!
- staff time, writing, research, dissemination
- time, energy, ideas, experience
- to contribute to the plan and assist in implementing/advocating for policy

Illinois Coalition to Stop Underage Drinking
September 1, 2004

- we coordinated a friend of youth award that awarded to police chiefs if their departments conducted compliance checks in the previous 12 months. We also awarded mayors if their village had policies that reduced youth access to alcohol (possible prototypes?)
- pending; too early to tell, I will advocate; we'll let you know...but we will; need a better idea of what the focus and plan is (4)