A PLAN TO CARE FOR OUR CHILDREN’S FUTURE:
ENFORCING UNDERAGE DRINKING LAWS IN INDIANA
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I. EXECUTIVE SUMMARY

The plan has been drafted in consultation with communities across the State of Indiana with the aim of protecting our children’s future from alcohol misuse. It expands upon and updates the Indiana Enforcing Underage Drinking Laws Needs Assessment conducted by Sagamore Institute in 2008.

The work reflects the discussion held with leaders from communities across Indiana as well as current and emerging knowledge from the significant research on underage and college age drinking underway at the National Institute on Alcohol Abuse and Alcoholism and other Institutes at the National Institutes of Health. We reviewed a number of data sources and conducted surveys to understand the law enforcement views on the issues around underage drinking. Interviews were conducted with key informants as well.

Our conclusions are made with admiration for the sincere hard work of many people to protect our youth from harm by premature use or misuse of alcohol. Indiana has strong people as its best resource. The strategies set out here are meant to strengthen their determination and capacity to effectively sort the challenges in dealing with the underage drinkers in today’s world. This plan is meant to be implemented quickly and to generate an ongoing process of strategic planning by enhancing the four critical elements of strategic planning: leadership, data use, application of research and funding. Building the infrastructure for planning and execution of the strategic plan is a state level responsibility that will inure to the benefit of the local program efforts.

The aims of this strategic plan are twofold: to deal with current conditions and to prepare for the future. The goals and objectives are the first steps to building an infrastructure that will last for the long term, yet be able to respond to community needs in a nimble and quick fashion. The plan is meant to be doable, not overwhelming.

The implementation of this plan will serve as a foundation to meet the unmet needs identified in the 2008 Assessment.

GOAL ONE

The Indiana Criminal Justice Institute will continue to promote the culture of collaboration across the agencies and communities to develop seamless and powerful strategies and solutions for underage drinking law enforcement.

GOAL TWO

At state and local levels, key agencies and the Local Coordinating Councils will continue to improve and coordinate data collection and use.

GOAL THREE

At state and local levels, all agencies and councils will apply knowledge from relevant research to plan, to fund, and to evaluate the programs and activities to be conducted in those programs.

GOAL FOUR

The Indiana Criminal Justice Institute will support the undertaking of a comprehensive review of potential fiscal resources that might be applied to enforcing underage drinking laws and preventing alcohol misuse.

Each of these goals and its accompanying objectives comprise an interwoven strategy that will allow effective collaboration between state and local levels. The core approach of this plan is to provide support mechanisms at the state level to allow the communities to use strategies and tools that are proven yet maintain the local flexibility to achieve maximum effectiveness. This approach will assure a working strategy that is cost effective while supporting communities self determination.
II. HISTORY OF THE ENFORCING UNDERAGE DRINKING LAWS PROGRAM BY THE UNITED STATES GOVERNMENT

Through the Appropriations Act for the Departments of Commerce, Justice, and State, the Judiciary, and related agencies for the fiscal year ending September 30, 1998, and for other purposes (Pub. L. No. 105–119, November 26, 1997), funds were appropriated to the United States Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) to support and enhance efforts by States, in cooperation with local jurisdictions, to prohibit the sale of alcoholic beverages to—or the consumption of alcoholic beverages by—minors. For purposes of this initiative, minors are defined as individuals under 21 years of age.

A) FUNDING BY THE UNITED STATES CONGRESS

Congress appropriated $25 million to initiate the Combating Underage Drinking program which then was named “Enforcing Underage Drinking Laws (EUDL).” These funds were disbursed through assistance awards of $360,000 to each State and the District of Columbia; discretionary funds in the amount of $5 million; and training and technical assistance funds of $1,640,000. The exact funding allocations have varied over the years. The last two years have seen increasing shrinkage in funds available to the states.

B) STATE BLOCK GRANT FUNDS

Governors and the mayor of the District of Columbia were each asked to designate an agency to serve as the point of contact and to apply for, receive, and administer the targeted grant funds. In years previous to 2012, each State and the District of Columbia in applying for the $360,000, detailed a comprehensive approach to addressing the underage drinking problem and described how the Federal funds would be used to contribute to the implementation of that comprehensive approach. These funds, however, were not to be used to supplant existing programs and activities.

C) DISCRETIONARY FUNDS

States, territories, the District of Columbia, and Native American/Alaskan Native communities were also eligible to apply for the $5 million in discretionary funds through a separate application process. Units of local government, which were encouraged to form partnerships with local organizations and agencies, were eligible to apply for discretionary funds, provided that the State administering agency certified that the project could contribute to the implementation of the State’s comprehensive approach to the enforcement of its laws on underage alcohol purchase, possession, and use.

Funds were to be used to support innovative programs and activities that target:

1) The enforcement of State laws that prohibit the sale of alcoholic beverages to minors.
2) The prevention of the purchase and consumption of alcoholic beverages by minors.
3) Applicants may be required to include an evaluation component.

D) ACCOUNTABILITY

The Government Performance and Results Act (GPRA) of 1993, Public Law 103-62, and the GPRA Modernization Act of 2010, Public Law 111–352, requires that applicants that receive funding from OJJDP for Underage Drinking Law Enforcement must provide data that measure the results of their work.
E) TRAINING AND TECHNICAL ASSISTANCE
Additional funds were made available through a separate application process to support training and technical assistance activities.

F) INDIANA
In Indiana, the Indiana Criminal Justice Institute commissioned a needs assessment conducted by Sagamore Institute which was completed in 2008. This report is based on the needs identified in that assessment as well updated information obtained from communities and as key informants.

III. STATEMENT OF THE PROBLEM
Underage drinking is not a simple, single issue. Complex and with significant impacts on society, on the community, within the family, and of course, on the life trajectory of the youth and peers, the premature and excessive use of alcohol presents challenges to health and justice. The following description of the impact of alcohol use on the youthful drinker is extracted from the research supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

The immediate, short-term, and long-term effects of alcohol vary with developmental periods.

• PRENATAL—The developing embryo and fetus are particularly vulnerable to the adverse effects of alcohol. Prenatal exposure to alcohol can result in a wide range of physical abnormalities, growth retardation, and nervous system impairments (collectively referred to as Fetal Alcohol Spectrum Disorder; the most severe form of this disorder is called Fetal Alcohol Syndrome) (18).

• CHILDHOOD AND ADOLESCENCE—Underage drinking can interfere with school attendance, disrupt concentration, damage relationships with parents and peers, and potentially alter brain function and/or other aspects of development, all of which have consequences for future success in such areas as work, adult relationships, health, and overall well-being (19).

A person who begins drinking early in life also is more likely to become a heavy drinker during adolescence and to experience alcohol abuse or dependence on alcohol in adulthood (20, 21).

In addition, chronic heavy drinking during adolescence has been linked to cognitive deficits and alterations in brain activity and structure (22, 23). It is unclear, however, whether these deficits resulted from alcohol consumption itself or existed prior to the initiation of drinking and may in fact have contributed to that individual’s alcohol use (24). It is also unknown if and to what extent these deficits will resolve with abstinence or decreased drinking. Human studies (25–27) have shown, however, that adolescents are more vulnerable than adults to alcohol-related effects on memory. Additionally, evidence from rodent studies of binge-type drinking suggests that adolescent animals are more vulnerable than adults to brain damage (28).

• LATE ADOLESCENCE—Across multiple studies, there seems to be a strong relationship between drinking in later adolescence and in early adulthood. Research also shows that people who drink heavily in late adolescence are more likely than others to be diagnosed with an AUD later in life (29). In addition, alcohol use in late adolescence is associated with a number of other serious problems in adulthood, including drug dependence, antisocial behavior, and depression (29–31), although evidence of this latter association has been inconsistent (31).

Translating the above descriptions to describe the developmental outcomes for the next or adult stages of life, one may conclude that alcohol misuse may result in decreased educational attainment, diminished employment opportunities, increased health disabilities and increased injury and death. The potential for harm is not limited to the youth but like a circle ever widening, engulfs the family, the communities and eventually, society; the burden of premature alcohol use and misuse falls on all of society.

If we frame the discussion in terms used in modern U.S. political debate, we will consider how we might maximize returns on investments in education, economic development and employment, and health care improvement. As we increase the scrutiny of use of taxes to make public funded investments, the question of how youthful misuse of alcohol diminishes the expected gains should be asked. To put the deficits of returns on investment in simple terms, youth misuse of alcohol decreases their education success despite all of the educational initiatives developed to advance educational levels in the U.S. The burden does not stop with education but becomes a burden on economic development in terms of tax and public resources spent on the criminal justice system as well as on employers seeking to locate near a healthy workforce.

Another view of the costs of alcohol misuse is framed in dollars and cents by the Center for Disease Control.

- **The cost of excessive alcohol consumption in the United States reached $223.5 billion in 2006 or about $1.90 per drink.** Almost three-quarters of these costs were due to binge drinking. Binge drinking is defined as consuming four or more alcoholic beverages per occasion for women or five or more drinks per occasion for men, and is the most common form of excessive alcohol consumption in the United States. The researchers found that the cost of excessive drinking was quite far-reaching, reflecting the effect this dangerous behavior has on many aspects of the drinker’s life and on the lives of those around them. The costs largely resulted from losses in **workplace productivity** (72% of the total cost), **health care expenses** for problems caused by excessive drinking (11% of total), law enforcement and other **criminal justice expenses** related to excessive alcohol consumption (9% of total), and **motor vehicle crash costs** from impaired driving (6% of the total).

A national survey, 2012 Monitoring the Future, included questions on the use of drugs that are easily available to teens because they are generally legal, sometimes for adults only (tobacco and alcohol), for other purposes (over-the-counter or prescribed medications; inhalants), or because they are new drugs that have not yet been banned. Most of the top drugs or drug classes abused by 12th graders are legally accessible, and therefore easily available to teens. Over 50 percent of those in the 12th grade reported use of alcohol during their lifetime.

Even those who agree that underage drinking is a serious community issue may question the magnitude of the problem. Most families do not want to believe their youth are at risk. Often, the use of alcohol is viewed as a rite of passage and that youthful use of alcohol is harmless. For some youth, alcohol holds no threat but for others it is injurious, even deadly. In many of tragedies involving youth and alcohol misuse, often surprise is expressed by the parents and members of the community about how likeable and what a good kid the youth is. Given that common reaction, one of the major challenges is breaking through the denial of risk.

While acknowledging that data in the nationally published sources does not match the Indiana experience, we can use it for some comparison purposes and the ranges may help us identify trends. We know that statewide data often does not reflect patterns of use in the local community any more reliably than the national data reflects.
the state experience. The school based surveys reach only the kids in schools that allow the survey and the kids who are in school on the day of the survey. The youth populations with the highest risk of underage drinking are the ones most likely to not participate in a school based survey. Indiana has some statewide data but it does not include all communities or school systems and the gaps make it less useful for an overall policy development. Each community will benefit by gathering its own data and analyzing what that data means to them. While the most of the statistics presented here are national, many Indiana communities are working to gather their own data.

“How common is alcohol and other drug use, and how often do alcohol and drug use disorders co-occur?” To answer these questions, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) conducted the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), one of the largest surveys of its kind ever performed. It examined the prevalence of alcohol and other drug use and abuse in the United States. According to NESARC, 8.5 percent of adults in the United States met the criteria for an alcohol use disorder; whereas 2 percent met the criteria for a drug use disorder and 1.1 percent met the criteria for both. People who are dependent on drugs are more likely to have an alcohol use disorder than people with alcoholism are to have a drug use disorder. Young people ages 18–24 had the highest rates of co-occurring alcohol and other drug use disorders (see figure). Men were more likely than women to have problems with alcohol, drugs, or the two substances combined (1).

Because many people suffer from both alcohol and drug dependence, scientists speculate that these disorders may have some common causes and risk factors.

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**Prevalence of alcohol and drug use disorders by age in the United States**

![Prevalence chart](image)

*Source: 2001–2002 NESARC (Alcohol Alert, 2008)*
IV. Status Of The Law Defining Underage Drinking In Indiana

The Indiana statutes define crimes related to underage drinking for those who are providing alcohol as well as those who are consuming it. While some improvements can always be made, the basic and necessary provisions are in place. The statutory terms are set out herein.

- **IC 7.1-1-3-25: Minor**
  The term “minor” means a person less than twenty-one (21) years of age.

- **IC 7.1-5-7-7: Illegal possession**
  (a) Subject to IC 7.1-5-1-6.5, it is a Class C misdemeanor for a minor to knowingly:

  1. possess an alcoholic beverage;
  2. consume an alcoholic beverage; or
  3. transport an alcoholic beverage on a public highway when not accompanied by at least one (1) of the minor’s parents or guardians.

  (b) If a minor is found to have violated subsection (a) while operating a vehicle, the court may order the minor’s driving privileges 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 driving privileges suspended for at least sixty (60) days.

  (c) The court shall deliver any order suspending a minor’s driving privileges under this section to the bureau of motor vehicles, which shall suspend the minor’s driving privileges under IC 9-24-18-12 for the period ordered by the court.

- **IC 7.1-5-7-8: Sales to minors prohibited**
  (a) It is a Class B misdemeanor for a person to recklessly, knowingly, or intentionally sell, barter, exchange, provide, or furnish an alcoholic beverage to a minor.

  (b) However, the offense described in subsection (a) is:

  1. a Class A misdemeanor if the person has a prior unrelated conviction under this section; and...

  2. a Class D felony if the consumption, ingestion, or use of the alcoholic beverage is the proximate cause of the serious bodily injury or death of any person.

  (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, exchanges, provides, or furnishes an alcoholic beverage to a minor.

The language of the Indiana statutes is clear and concise. What may lead to the belief that the statutes are a problem is that the level and effectiveness of underage drinking law enforcement of the laws has had little data collection and less analysis. The enforcement of underage drinking laws varies greatly by geographic and socio-economic boundaries. In some communities, as well as statewide, few data are available about the law enforcement activities related to underage drinking. At the community level, little data is collected and analyzed as to law enforcement contacts leading to arrest or when arrests lead to filing. The law enforcement priorities and processes for underage drinking law violations may not be well articulated. The dispositions of the cases related to underage drinking law enforcement are also not well described or even counted if the adjudication is for more serious offenses. Whether the laws are...
working well or not is matter of opinion more than data based. At this time, there is not a clear and evidenced need for further legislation to strengthen the effort on prevention of premature use of alcohol and alcohol misuse with one exception. The possible exception may be that legislation will be advisable to provide increased resources to support the Commission for Drug Free Indiana in providing research, evaluation, and programs to communities to their implementation of Enforcing Underage Drinking Laws programs.

C) The members of the councils are volunteers with many responsibilities. Lack of data and other relevant information coupled with the media appeal of “Drug Du Jour” problems make priority setting a challenge for enforcing underage drinking law enforcement efforts.

D) Some of the communities are gathering data on their own and others are using data from schools that is collected by the Indiana Prevention Resource Center.

V. Description Of Method And Review Of The 2008 Needs Assessment

In compiling this report, the authors attended a number of meetings, both within and outside of the state of Indiana. A number of individual interviews were conducted to gain additional understanding. Law enforcement surveys were also conducted. A complete literature review was also undertaken.

The meetings of the Local Coordinating Councils (LCCs) were informative and encouraging. Many of the members of the councils shared additional materials and comments. The counties visited were Adams, Allen, Cass, Dearborn, Delaware, Elkhart, Greene, Hancock, Knox, Porter, Putnam, Scott, Tippecanoe, Vanderburgh, Vigo, and Wayne.

The community representatives freely engaged in discussions and voiced their concerns for the youth of their communities. Three major conclusions quickly became apparent:

A) A number of hard working and dedicated folk across Indiana are working to prevent underage drinking.

B) The communities have different needs and strengths. Respect for the differences and appreciation of the cultural diversity we enjoy in Indiana will be essential in any strategies undertaken to enforce the underage drinking laws.

In addition to the community and school, the Indiana Criminal Justice Institute undertook to administer three surveys. With the assistance of the Indiana Sheriff’s Association, one survey was conducted with the ninety two elected sheriffs of Indiana and another survey was conducted with the executive directors of the state sheriffs’ associations. The Indiana Department of Education assisted with a survey conducted with the Indiana school safety officers.

The results from the surveys were useful from several perspectives and will be discussed in more detail in the recommendations sections for Goal Two.

Little evidence was observed of significant changes with respect to underage drinking in Indiana since the Sagamore Institute conducted the Indiana Enforcing Underage Drinking Laws Needs Assessment in 2008. The numbers may have adjusted up or down but not to the degree that invalidates the 2008 recommendations. The action steps should be reconsidered in terms of shrinking resources and new knowledge gained from research since 2008. The Assessment is available for review at http://www.sagamoreinstitute.org/article/indiana-enforcing-underage-drinking-laws-need-assessment/.1

The recommendations from the 2008 needs assessment were organized into five strategic focus areas: Building Capacity, Enforcement Efforts, Judicial System, Media, and Innovative Programs.

**Building Capacity**
- **Recommendation 1:** Formalize steps to create and implement a permanent statewide working task force or advisory group to address issues, strategic planning, and coordination related to underage drinking in Indiana.
- **Recommendation 2:** Interface with existing federally grant funded programs and projects to tailor performance measures to include underage drinking prevention efforts.
- **Recommendation 3:** Support data collection efforts at the state and local level.
- **Recommendation 4:** Support and enhance underage drinking prevention efforts at the local level.

**Enforcement Efforts**
- **Recommendation 1:** Expand statewide and local enforcement efforts around underage drinking related offenses.
- **Recommendation 2:** Identify and support campuses and local communities that are willing to work together to implement strategic enforcement efforts.

**Judicial System**
- **Recommendation 1:** Enhance and expand the knowledge of judges and prosecutors in supporting local enforcement efforts related to underage drinking.
- **Recommendation 2:** Improve the function of the courts, judges, and prosecutors to enforce underage drinking laws.

**Media**
- **Recommendation 1:** Implement focused public advertising programs to educate establishments about statutory prohibitions and sanctions.
- **Recommendation 2:** Enhance the ICJI website to include specific targeted messages related to underage drinking.

**Innovative Programs**
- **Recommendation 1:** Continue to promote and expand the role of youth leadership across the state regarding underage drinking prevention.
- **Recommendation 2:** Create a no use environment in athletics across the state.
- **Recommendation 3:** Expand and enhance local ordinances related to underage drinking.
- **Recommendation 4:** Address the spectrum of prevention, treatment and recovery for individuals involved with underage drinking.

**VI. Literature Review**
In effort to allow this document to be read and used quickly, an extensive traditional literature review is not included. However, there is some very important research that is relevant to community, that has not been generally applied to the community efforts around the enforcement of underage drinking. This section will provide brief focused summary of key literature. An exhaustive bibliography is placed in the appendix for those that want more details,

As discussed later in this document, an essential need identified in 2008 was to build capacity. Essential elements in building capacity and therefore achieving the successful implementation of this plan are leadership strengthening and ongoing leadership development. In thinking about what approaches are most successful in advocacy programs like this one, excellent guidance can be obtained from a new report entitled, “Beyond the Cause: The Art and Science of Advocacy” by Independent Sector, a leadership network for nonprofits, foundations and corporate giving programs. This comprehensive study identifies five essential approaches to successful advocacy and analyzes the effectiveness of advocacy on issues facing the entire nonprofit and philanthropic sector.
The five characteristics of good advocacy programs are:

- Sustain a laser like focus on long-term goals.
- Prioritize building the elements for successful campaigns.
- Consider the motivations of public officials.
- Galvanize coalitions to achieve short-term goals.
- Ensure strong, high-integrity leadership.

Each of the characteristics will be important to the advocacy efforts around the Enforcing Underage Drinking Laws programs in Indiana. Using the fifth characteristic as a foundational need, the four other characteristics can be developed through work proposed in this strategic plan.

Extensive study has been conducted on community work structures and successful youth programming by some eminent scholars, Francisco A. Villarreal, Daniel F. Perkins, Lynne M. Borden, and Joanne G. Keith. Their book, *Community Youth Development: Programs, Policies, and Practices*, (Villarruel, F.A., Perkins, D.F., Borden, L.M., Keith, J.G., 2003) provides a useful discussion on how positive methods for youth development may effectively supplant the traditional deficit-oriented, problem-reduction approaches. They examine the needs of multiple audiences, programs, and policies, each chapter contributes to an overall understanding of the “how” and “why” of community youth development.

Moving from the perspective of developing the infrastructure of community programming, we also looked at specific programs that have been rigorously evaluated. Research specific to the underage drinking prevention supports the following programs.

- **The Massachusetts Saving Lives Program**—This intervention was designed to reduce alcohol-impaired driving and related traffic deaths. Comprehensive community programs implemented in 6 communities organized multiple city departments and private citizens. Each community 1.) Hired a full time coordinator, 2.) Organized a task force of concerned private citizens and organizations and officials representing various departments and 3.) Developed community-specific program initiatives. Strategies included the use of drunk-driving checkpoints, speeding and drunk-driving awareness days, speed-watch telephone hotlines, high school peer-led education, and college prevention programs. The 5-year program decreased fatal crashes, particularly alcohol-related fatal crashes involving drivers ages 15–25, and reduced the proportion of 16- to 19-year-olds who reported driving after drinking, in comparison with the rest of Massachusetts. It also made teens more aware of penalties for drunk driving and for speeding. Research found that the overall organization of the community was more important than any specific initiative in contributing to program success. (Hingson, R., McGovem, T., Howland, J., Heeren, T., Winter, M., Zakocs, R., 1996)

- **The Community Prevention Trial Program (CPT)**—This program was designed to reduce alcohol-involved injuries and death. Employing a comprehensive public health approach, CPT involved local city councils, the police, the media, alcohol sales and service institutions, and others. One component sought to reduce alcohol sales to minors by enforcing underage sales laws; training sales clerks, owners, and managers to prevent sales of alcohol to minors; and using the media to raise community awareness of underage drinking. Thus by targeting environmental conditions and drinking patterns that are likely to be antecedents to trauma, sales to apparent minors (people of legal drinking age who appear younger than age 21) were significantly reduced in the intervention communities compared with control sites; Community Prevention Trial Reduces Risky Drinking, Alcohol-Related Crashes and Trauma Environmental strategies, plus public education and awareness prove effective. (NIAAA Press, Nov. 7 press release. A study reported in the November 8 issue of the Journal of the American Medical Association; Volume 284, Number 18)
• **Communities Mobilizing for Change on Alcohol (CMCA)**—This intervention, designed to reduce accessibility of alcoholic beverages to people under age 21, centered on policy changes among local institutions to make underage drinking less acceptable within the community. A randomized 15-community trails program designed to reduce the flow of alcohol to underage youth targeted institutional policies, procedures, and practices. The project sought to reduce the number of alcohol outlets that sell to minors, reduce the availability of alcohol from non-commercial sources (*parents, siblings, and peers*), and reduce community tolerance and glamorization of underage drinking. Strategically targeting the entire community and not just a single institution or policy, proved to be statistically significant. Alcohol sales to minors were reduced: 18- to 20-year-olds were less likely to try to purchase alcohol or provide it to younger teens and the number of DUI arrests declined among 18- to 20-year-olds. However the intervention did not affect younger adolescents. Once again, the importance of community wide efforts has been stressed as the most important aspect of reducing underage drinking.

*Part-time local organizers in each intervention community followed an organizing process that included seven stages.*

**Community Organizing Seven Stages**

1) **Assessing the Community**—Assessing community wants, needs and resources

2) **Creating a Core Leadership Group**—Identifying key supporters to plan and implement the organizing campaign.

3) **Developing a Plan of Action**—Creating a workplan and timeline for implementing activities and accomplishing goals.

4) **Building a Mass Base of Support**—Attracting new supporters and building community awareness and involvement in the campaign.

5) **Implementing the Action Plan**—Implementing activities identified by the campaign leadership that were designed to achieve the goals.

6) **Maintaining the Organization and Institutionalizing Change**—Initiating activities to sustain the campaign and its accomplishments.

7) **Evaluating Changes**—Evaluating campaign activities and outcomes.

None of these stages is self-contained; in the organizing process, each stage often continues at some lower level of intensity while emphasis shifts to a new stage. At each stage, CMCA organizers performed a variety of functions such as advising, teaching, modeling, persuading, selling, agitating, facilitating, coaching, confidence-building, guiding, mobilizing, inspiring, educating, and leading.
**Evaluation Design**

To assess the effects of the intervention on youth alcohol access, alcohol use, and related problems, CMCA used a combination randomized community trial and time-series design (Riecken & Boruch, 1974), including seven socially and geographically distinct upper Midwestern communities in the United States randomly assigned to receive the intervention program, with eight others randomly assigned to serve as controls. Baseline surveys were conducted in each community among a number of targeted groups and repeated the surveys three years later. The multiple time-series design was nested within the randomized community trial such that the time-series outcome measures were collected from the same communities, but those variables were measured at activities and accomplishing goals.

(Wagenaar, 1999)

**Multicomponent Comprehensive Interventions**—Perhaps the strongest approach for preventing underage drinking involves the coordinated effort of all the elements that influence a child’s life—including family, schools, and community. In addition to community coordination, the inclusion of developmentally appropriate strategies is essential. The previous three examples focused on reducing access to alcohol, changing policies, and other environmental or outside influences aimed at preventing alcohol use among minors before they start using alcohol. However there is a second level of work that is necessary. Ideally, intervention programs also should integrate treatment for youth who are alcohol dependent. For these young people it is important not only to coordinate the general elements and development of a child’s life but also to create an integrated treatment plan incorporating strategically designed individual plans among the various treatment agencies including medical, psychological, judicial and educational institutions.

Project Northland is an example of a comprehensive program that has been extensively evaluated. Project Northland was tested in 22 school districts in northeastern Minnesota. The intervention included (1) school curricula, (2) peer leadership, (3) parental involvement programs, and (4) community wide task force activities to address larger community norms and alcohol availability.

It targeted adolescents in grades 6 through 12. However, Project Northland did not succeed in all communities. Although project Northland was able to reduce rates of drinking among students who were nondrinkers at the start of the project the effort had no effect on those who already had been drinking. The research results necessitate emphasizing the importance of specifically designed programs for this population of youth.

(NIAAA publication “Interventions for Alcohol Use and Alcohol Use Disorders in Youth”)

The research on underage drinking has proven that no one program will succeed everywhere all of the time. Programs that have worked well in one setting may or may not work well in another setting. Sometimes the failure is in the lack of adherence to the original model; fidelity is a significant issue in applying findings from one community to another community or population. Other times, the barrier may be cultural indifference inherent in the model. However, the likelihood of success can be increased by a combination of community coordination and developmentally appropriate strategies that address the continuum of alcohol consumption among youth from non-drinkers to abusers.

A portion of the research is too inconclusive to justify the costs and efforts to implement the evaluated program in new communities. Another research issue is that new research is constantly creating new knowledge. As evaluations are completed and results published, the body of knowledge around underage drinking has expanded beyond that of even ten years ago.

Recognizing the challenges with the research, yet using it to the advantage of the communities will not be an easy task. The objective to provide community friendly training both in locations and content on how to use the research that is relevant to the community’s need is a critical objective.

To that end, there are a large number of research resources included in this document for reference to evidence based programs.
VII. STRATEGIC PLAN

The 2008 needs assessment identified capacity building as a priority consideration. Leadership is an integral part of capacity. Therefore, the Indiana Enforcing Underage Drinking Laws strategic plan will address that need with the first goal. The work under the first goal will strengthen collaborations and develop a succession planning approach to maintain the strength and integrity of the leadership going forward.

GOAL ONE:

The Indiana Criminal Justice Institute will promote the culture of collaboration across the agencies and communities to develop seamless and powerful strategies and solutions for underage drinking law enforcement.

Because leadership is the starting point for strategies that work well, Goal One will build on the existing strengths of leadership and seek to align and strengthen the vision for Indiana youth around the Enforcing Underage Drinking Laws (EUDL) program. This approach will allow a focus to advance the ability of Indiana communities to produce a solution on a seemingly intractable issue for a most important population — youth.

OBJECTIVES FOR GOAL ONE —

1) Create orientation materials (perhaps a webinar on demand) for the members of the commissions and councils at state and local levels.
   a) The materials will explain the concept of “holding in trust” and why answering the service question must be an integral part of determining the goals and objectives of their work.
   b) An outline of the statutory provisions relevant to the work of the commissions and councils will explain the legal status of the body.
   c) Relevant research on the burden underage drinking places on educational attainment, economic development, health and criminal justice will be included in the orientation.

2) Maintain focus on the public trust of the mission in all planning documents and in reporting of program goals and objectives by including the language in the documents.

3) Develop communication materials to explain the public trust as the guiding theme for planning and reporting of programs to elected officials as well as the general public in each county.

4) Enhance both staff and volunteer capabilities and capacity to act as community guides to research and resources for the Enforcing Underage Drinking Law programs.

The single most critical element for community efforts to address underage drinking law enforcement is leadership. Regardless of the issue to be addressed by communities, those who have good leaders flourish and those who do not, do not. The critical elements of a good leader as listed in the study, “Beyond the Cause: The Art and Science of Advocacy” are:

1) High integrity and transparency.
2) A reputation for being an honest broker of information.
3) Relationships that reflect a level of trust between the leader and his/her colleagues and target audiences.
4) The ability to articulate a compelling vision and mobilize people around it.
5) Developing an effective advocacy strategy requires creative judgment, experience, thoroughness, and significant skill to determine which approach is likely to succeed at a given time.

The focus on strong leadership and trust as the most critical component in the implementation of the Enforcing Underage Drinking Laws (EUDL) strategic plan is based on research dating from the 1950's and forward. Leadership that is consistent and focused on the issue will determine the success of the work to be undertaken. Leadership must create and support coherent, consistent, and regular communications from local to state and
from state to local. Such an effort will establish multidirectional pathways that will allow a collaborative approach intra-county and between the counties and with the state. In thinking about the leadership for EUDL in Indiana, a step back and a review of existing structures will facilitate the articulation of an organizing theory to advance those structures to the stage of effectiveness.

The idea of organizing a group for a mission that one person cannot accomplish alone, is as old as society. Historically we have clubs, armies, task forces, committees, boards, commissions, coalitions and other groups, all organized to something that individuals could not. Because the groups of people who organize their work around an issue can achieve more goals, more efficiently, Indiana has created two organizations that can be very effective in dealing with underage drinking. However, their full potential has not been actualized and that is why a discussion of some of the theoretical underpinnings of public groups may be useful at this point.

Groups that are organized under governmental authority are public entities, regardless of their names. The premise of a state or governmental unit in creating public entities by giving approval for the group to organize and function as a single entity is that a benefit will accrue to the public or to a segment of the community from that entity’s existence. Put simply, the public entity so organized holds its purpose as a trust for the benefit of a larger segment of the public or the community as a whole.

The question then is whether the work of the entity is really benefits community or a public segment of the community, rather than a narrow interest group. An interesting approach is a service question. For example, the servant leadership question as posed by Robert K. Greenleaf. “The best test, and difficult to administer, is: Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? And, what is the effect on the least privileged in society? Will they benefit or at least not be further deprived?” (Greenleaf, 1970) The purpose and the work of the organization will more likely be accomplished as a public trust if the above “service” question can be answered with a yes.

The concept of holding the organization’s mission in trust has been applied more often to non-profit groups and has not been articulated often as a way of thinking about government boards and commissions. Because these boards are created by the government and often use funds collected for the public good through the government taxation, the accountability of these groups should be seen as a public trust. (Keith, 2011) The public trust as a framework for the improvement of the work of preventing and reducing underage drinking might guide the Indiana state wide groups that are most relevant to underage drinking law enforcement. By this consideration of how they fulfill the public trust, they can become more effective, increase accountability at state and local levels, and therefore, be more valuable to the public.

The rationale for working with existing groups is sensible and builds on the value of their experience.

First, The Governor’s Council on Impaired & Dangerous Driving is a group of 18 volunteers, appointed by the governor to make traffic safety policy recommendations. This Council has a EUDL role, especially in terms of the underage drinker who drives. The Council has general state to local connections rather than specific or mandatory links to each community or county.

Second, in 1989 The Indiana General Assembly created the Governor’s Commission for a Drug-Free Indiana (DFI) and the 92 local coordinating councils (LCCs), each representing one of Indiana’s (92) counties. (Statute is set out in the appendix) The LCCs are responsible for the writing and implementing comprehensive community plans, which address substance abuse challenges through treatment, prevention and enforcement. Most of the county plans are available for review at http://www.in.gov/cji/2953.htm. Underage drinking law enforcement should fall under their purview as well.
The third statewide group that has a stake in the underage drinking law enforcement is the Juvenile Justice State Advisory Group (JJSAG). The Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974, as amended, describes a State advisory group (SAG), which is appointed by the governor. The SAG must have not less than 15 and nor more than 33 members. Each member shall be someone who has training, experience, or special knowledge concerning the prevention and treatment of juvenile delinquency or the administration of juvenile justice. The Governor also designates the chair of the SAG. Each state has a Juvenile Justice Specialist appointed to develop a 3-year plan and administer the formula grants program, which provides grants to local units of government and private nonprofit organizations to prevent and control delinquency. The Indiana Juvenile Justice Specialist, DMC Coordinator, and Compliance Monitor have written a three year plan which provides a good overview of the juvenile justice system in Indiana. They are implementing that plan after input and feedback by the SAG.

It is available at http://www.in.gov/cji/files/FY2012-2014_Three_Year_Plan.pdf. While it does not deal directly with the relationship of underage drinking to juvenile offenses, the data set forth in the plan do add bits of knowledge to inform underage drinking law enforcement programs in Indiana.

In thinking about how to strengthen the efforts of Indiana and its communities to prevent and reduce underage drinking, it becomes obvious that working within these existing structures may well be an efficient and sustainable approach. This strategic approach requires supporting each of these groups in their capacity building of their leadership and improving communications among the groups. An obvious first step is to outline the underage drinking prevention and reduction aim (existing aim or goal for some and for others, it is an additional aim or goal) as a public trust so that each group understands and addresses their mission and their related goals and objectives in terms of the public trust that is placed in the group. The second step is to enhance the communications in a meaningful and participatory way among all of the stakeholders. Specific activities should be developed to promote shared understanding of the public trust. Effective activities to increase communications among the groups might include joint meetings or meetings that are coordinated in time and place. A third step is necessary to communicate the idea of holding a mission in trust to the public and key decision makers. Each of these steps can be folded into the aims, goals and objectives of the two state commissions, JJSAG and the local coordinating councils.

It is clear that underage drinking is not the sole focus of any commission or council at the state or the local coordinating councils. A strategy to remedy that lack is to form permanent sub-committees or task forces within these groups to focus on enforcing the underage drinking laws. This is something that OJJDP has urged the states to consider. Housing the EUDL programs under the established Indiana structures could promote closer working relationships and avoid “just another silo” while allowing a long term laser like focus on the issue.
GOAL TWO:

At state and local levels, key agencies and the Local Coordinating Councils will work to improve and coordinate data collection and coordination.

OBJECTIVES FOR GOAL TWO —

1) Enhance ability of Local Coordinating Councils (LCC) to collect data related to underage drinking at the local level by developing simple and inexpensive tools. Emphasize using innovative technologies to more effectively survey target populations related to underage drinking such as web surveys, cell phone/texting survey at the state level.

2) Strengthen existing survey instruments to:
   a) To reach all youth including home-schooled youth, potentially high risk students such as alternative education, and homeless/transient youth.
   b) Increase local voluntary participation with the Youth Risk Behavior Surveillance System (YRBSS) supported by the Centers for Disease Control in order to improve validity of the data for comparison purposes across the states.

3) 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).

4) Examine existing national survey instruments such as those conducted with the Core Institute, Southern Illinois University at Carbondale and the YRBSS for use in Indiana. Adopt consistent discretionary questions statewide to specifically address underage drinking.

As noted in the 2008 assessment, Indiana has data gaps. The first area noted in 2008 was the hospital and emergency room data. Quoting from the assessment:

“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.”

A second area and one of greater importance for the justice system is the arrest and citation data for underage drinking. Again, quoting from the 2008 assessment:

“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 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.”
Data collection and analysis are critical elements for the Enforcing Underage Drinking Laws (EUDL) programs. Successful planning and accurate evaluations of the programs depend on meaningful use of data gathered in the community in which the programs are deployed. Data use is a persistent and large challenge. The collection and use of data require resources, both fiscal and technical. Hence this discussion is an essential one for strategic planning.

At the national level, several “big picture” surveys are available for some comparisons of Indiana as a state to a national level for underage drinking and college age drinking. A caveat is warranted that those surveys are not usually representative of a specific community population to be applied to a local community nor are they often timely.

In addition, two Indiana based surveys were published by the Indiana Prevention Resource Center (IPRC) in 2012. Those surveys are Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents (Gassman R., 2012) and Results of the Indiana College Substance Use Survey – 2012 (King, 2012).

The IPRC describes its survey on Indiana children and adolescents as being administered to 138,519 students in public and private schools out of the approximately 1,167,700 school age children. This means that for the school systems that participate in and permit the sharing of their data, their communities may use the data for planning for those children in the school. There is no data for those children not in the surveyed schools on the day that the survey was administered. Other data collection is needed for the planning for those youth who are not in school and who are likely to be a high risk population. The costs for the additional analysis of data will be assessed by the IPRC as noted on the web site.

The second survey administered in Indiana is the Results of the Indiana College Substance Use Survey – 2012. The IPRC notes its limitations for its usefulness as follows:

“Results from previous years are not presented in this report because the participating schools vary from year to year. The small number of schools participating in the survey and the absence of a random sampling technique make it unsuitable to generalize the findings to Indiana college students overall. Therefore, the data should not be compared to identify any trends in behaviors over time.”

Schools must consent in writing to the release of their survey data before it will be shared on a disaggregated basis.

The 2012 usable surveys number was 6,968 out of a 2011 estimated college age population of 657,641.

Because there is little systematically gathered information about views and attitudes of adults on Enforcing Underage Drinking Laws, Indiana Criminal Justice Institute partnered with Indiana Sheriffs’ Association and the Indiana Department of Education to explore the adult views and attitudes. The three surveys provide benchmarks for future data gathering efforts. Seventy one percent of the responses from the Indiana sheriffs were from counties with a population of less than 50,000 people. No perceived political pressure to strictly enforce minor consumption in their community was reported by 93 percent of the sheriffs who responded.

On a national level, 77 percent of the executive directors of the state sheriff’s associations reported that their state sheriffs use a variety of strategies to enforce underage drinking laws. The strategies used included compliance checks, stings, shoulder taps, party dispersal, and road patrol. Other strategies reported were bar checks/fake ID sweeps, source investigations, school presentations, serving as a major voice in underage drinking on the state’s task force, and tracking Kegs by seller/buyer.
The sheriffs have embraced a multiple-strategies approach reporting that:

- 12 of the 13 (92%) respondents reported the use of 2 or more strategies.
- 10 of the 13 (77%) respondents reported the use of 3 or more strategies.
- 7 of the 13 (54%) respondents reported the use of 4 or more strategies.
- 2 of the 13 (15%) respondents reported the use of 5 or more strategies.

Slightly more than half (54%) opined that violations of providing alcohol to a minor by an adult are adequately enforced. This level of enforcement regarding adults may be an area for further investigation. Over three-fourths (77%) of respondents also reported that the state sheriffs’ associations did not provide training for law enforcement regarding underage drinking.

Turning to the school venue, the Indiana School Safety Specialists were surveyed and the responses provided a predominantly (82%) rural and suburban perspective. The School Safety Specialists also described the average level of parental knowledge regarding the threat of underage drinking to be at the lower end (mean = 2.81) of the provided 1 to 5 scale (5 = highest level). In other words, some School Safety Specialists have the perception that some parents do not understand the threat of underage drinking. This is a response that might benefit from additional research.

Other stakeholders in the enforcing underage drinking laws effort have not been recently surveyed. In 2007, Indiana judges and Indiana prosecutors participated in a survey for the assessment. However, those results are too dated to be useful at this time. With elections and retirement turnover, over 50 percent of current office holders have taken office since that data was collected.

The forgoing information leads to the inescapable conclusion that Indiana Criminal Justice Institute (ICJI) and Local Coordinating Councils (LCC) have a unique opportunity to work together to improve planning and evaluation of the EUDL programs. Ideally, the ICJI can develop a set of standard surveys for adults and youth on underage drinking law enforcement. ICJI can provide technical support and analysis for the local communities. LCCs will administer and apply the survey results in their planning and evaluation. The State of Indiana and the local communities—each one has an important stake in this approach to demonstrate state and local collaboration.

Even though there is research that indicates that children and youth look to the adults in their community for their response to alcohol misuse, the attitudes of the adults toward enforcing underage drinking laws has often been ignored. Because it is an important part of the EUDL efforts, this recommendation will correct that omission.
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<td>1</td>
<td>Number of youth involved in task force activities during the reporting period (i.e., the total number of unique individuals across all activities).</td>
<td>Total number of youth participating in EUDL task force activities during the reporting period. The total number of youth will include the number of unique individuals across all activities. Program records are the preferred source of data.</td>
<td>A) Total number of youth involved in EUDL task force activities during the reporting period.</td>
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<td>2</td>
<td>Number of youth involved in task force and/or coalition LEADERSHIP activities during the reporting period.</td>
<td>Total number of youth participating in EUDL task force and/or leadership activities during the reporting period. Program records are the preferred source of data.</td>
<td>A) Total number of youth involved in EUDL task force and/or leadership activities during the reporting period.</td>
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<td>2a</td>
<td>For those youth involved in task force and/or coalition LEADERSHIP activities, indicate each of the activities in which youth participated.</td>
<td>Select as any as apply from the list: Educational work with schools and colleges. Educational work with government officials. Educational work with businesses and community members/groups. Work with law enforcement as youth advisors, operatives, and/or participants in an enforcement task force. Prevention Programming. Serve on task force and/or coalition boards or committees. Participation in media advocacy-related activities (i.e. print media, events that draw media coverage, radio or television appearances). Other.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Number of youth involved in underage drinking ENFORCEMENT activities during the reporting period.</td>
<td>Total number of youth participating in EUDL underage drinking ENFORCEMENT activities during the reporting period. Program records are the preferred source of data.</td>
<td>A) Number of youth involved in EUDL underage drinking ENFORCEMENT activities during the reporting period.</td>
</tr>
<tr>
<td>3a</td>
<td>For those youth involved in underage drinking ENFORCEMENT activities, indicate each of the activities in which youth participated.</td>
<td>Select as many as apply from the list: Compliance Checks. Control Party Dispersal Operations. Shoulder Tap Operations. Impaired Driving with a Focus on Youth. Sobriety Checkpoints. Other.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of youth involved in OTHER (non task force/coalition-related) underage drinking enforcement activities.</td>
<td>Total number of youth participating in other EUDL (non-EUDL task force/coalition-related) underage drinking enforcement activities during the reporting period. Program records are the preferred source of data.</td>
<td>A) Number of youth involved in OTHER (non-EUDL task force/coalition-related) underage drinking enforcement activities.</td>
</tr>
<tr>
<td>4a</td>
<td>For those youth involved in OTHER (non task force/coalition-related) underage drinking enforcement activities, indicate each of the activities in which youth participated.</td>
<td>Select as many as apply from the list. Education campaigns. Community fairs. Other.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Number of agencies involved in task force and/or coalition activities that support underage drinking prevention and/or enforcement of underage drinking laws during the reporting period.</td>
<td>Number of agencies involved in EUDL task force and/or coalition activities that support underage drinking prevention and/or enforcement of underage drinking laws during the reporting period. Program records are the preferred source of data.</td>
<td>A) Total number of agencies involved in EUDL task force and/or coalition activities that support underage drinking prevention and/or enforcement of underage drinking laws during the reporting period.</td>
</tr>
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</table>
**Goal Three:**

At state and local levels, all agencies and councils will apply knowledge from relevant research to plan, to fund, and to evaluate the programs and activities to be conducted in those programs.

**Objectives for Goal Three—**

1) Funding sources will know the relevant research and apply that research to evaluate all requests for program funding.

2) At least two regional or district workshops should be offered each year to review new knowledge from the research with the communities as well as the state commissions and councils. The workshop might be conducted in collaboration with the Indiana Alcohol Research Center. Workshop content should include up to date briefings on enforcing underage drinking law research, and guidance for the lay person in how to evaluate and when to apply research.

3) Funding decisions should be based on whether there is reputable research indicating the program's efficacy in a similar community or setting.

The work of enforcement of underage drinking laws costs money. To avoid spending money on glitzy and ineffective programs, it is essential that research be used to guide program planning. The use of the words “evidence based” is ubiquitous and often erroneous. Whether a program is or is not evidence based depends on the kind and level of research and evaluation required to determine the efficacy of the program. Sometimes, “evidence based” is the speaker’s way of saying that he or she thinks the program or activity is a good one, rather than reflecting any formal evaluation or research. The first step in strategic planning must be to distinguish between activities and programming. Activities are short term and specific to time or place and a defined audience. EUDL activities should be undertaken as a part of an overall EUDL program that has an evaluation component with specific and measurable outcomes. Long term impacts should result from successful programs. The second critical element in the application of research to community practice is to determine what research constitutes evidence. To that end, the Indiana Criminal Justice Institute has issued guidance for its grantees and stakeholders for reviewing and classifying research and levels of evidences follows:

**ICJI Definition of Evidence-Based Programs and Practices—**

The Indiana Criminal Justice Institute considers a program and/or practice to be evidence-based when:

1) The program or practice has been evaluated and the findings published in an academic, peer-reviewed journal(s) (i.e. Punishment & Society, Psychology, Crime & Law, etc.) demonstrating positive results; or,

2) Effectiveness of the program or practice has been demonstrated by causal evidence (generally obtained through one or more outcome evaluations); or,

3) The program or practice can be found on a list or registry of evaluated programs and practices (i.e. CrimeSolutions.org, NREPP.SAMHSA.gov, George Mason University’s Center for Evidence-Based Crime Policy: http://gemini.gmu.edu/cebcp/, etc.) and is categorized as evidence-based, effective, promising, a model practice, or a best practice.

An important caveat is that the inclusion of a program on a list or registry of evaluated programs and practices may not make it the right strategy for a specific community. Another caution is that these lists do not always list only those programs that have been evaluated but also include the hopeful designation of “promising.” “Promising means that the evaluations are either incomplete or inconclusive. While not rising to the level of “buyers beware”, there are legitimate limitations to the use of the lists or registries.

Goal Three is an assurance that a good return on investment is obtained from the funds gathered from taxation. This goal will require that funds are used carefully to carry out the EUDL programs and activities most likely to prevent and reduce underage drinking. It is imperative for Indiana to
define the work of enforcing underage drinking laws to include prevention and education in order to maximize a return on the public investment.

**GOAL FOUR:**

The Indiana Criminal Justice Institute will support the undertaking of a comprehensive review of potential fiscal resources that might be applied to support programming on enforcing underage drinking laws.

**OBJECTIVES FOR GOAL FOUR—**

1) Determine the actual amounts of money received from state and local sources that might be applied to underage drinking law enforcement program activities and actual disbursements for the year 2012 to compare with the year 2011. (See charts on right.)

2) In collaboration with key decision makers, seek to have adequate and stable fiscal resources for the prevention and enforcement of the underage drinking laws.

3) Prepare possible budget scenarios for the state entities and the local coordinating councils that apply funds wisely and effectively for the prevention and enforcement work on underage drinking in Indiana.

In order to use research and plan programs wisely, the critical element of adequate and predictable funding must be addressed. How much and from where should the money be obtained are questions to be answered by the stakeholders in open and robust discussions. Funds from alcohol beverage tax and related permit and licensure activities are about 47 million a year. Not all of these funds are applied to EUDL activities or even to alcohol law enforcement. The charts below do NOT include license fees or penalties. The statutory disbursements of the funds derived from the alcohol beverage tax should be reviewed along with other funds that are collected by the local and state governments. What allocations might best be employed so that they are used to decrease the burden of alcohol misuse from underage drinking is a question for collaborative leadership and discussion. Logic suggests that prevention and enforcement programming on underage drinking are good uses of these funds. This is NOT a recommendation to increase those taxes although that recommendation has been made by a NHTSA impaired driving assessment team.

The charts below reflect the dollar amounts and information from the year 2011. In spite of the economic climate, there is no reason to expect a decrease in these amounts for the year 2012.

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**Tax Rates and Alcohol Sold in Indiana (2011)**

**BEVERAge (Per Gallon Tax Rate)**

- Beer, Flavored Malt Beverage, Hard Cider $0.115
- Liquor, Wine (21% or More Alcohol) $2.68
- Wine (Less than 21% Alcohol) $0.47
- Mixed Beverages (15% or Less Alcohol) $0.47
- Malt $0.05

**FUND (Total Revenue)**

- General $16,424,384
- Post War Construction Fund $18,456,035
- Enforcement and Administration $2,360,781
- Pension Relief Fund $3,260,397
- Addiction Services Fund $3,093,782
- Wine Grape Market Development $558,782
- Total Revenue from Alcohol Taxes $44,154,161

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**Gallons of Alcohol Sold by Type**

- Beer: 120,471,155
- Liquor: 9,579,206
- Wine: 11,305,059
ARCHIVED ONLINE PRESENTATIONS


- Alcoholism Isn't What It Used to Be: New Research on the Nature and Diagnosis of Alcohol Use Disorders
  Mark Willenbring, M.D., Director, Division of Treatment and Recovery Research
  National Institute on Alcohol Abuse and Alcoholism, NIH
  December 12, 2007
  View Archived Presentation and Slide Show: https://webmeeting.nih.gov/p27471408/
  Runtime: 103 minutes
  (Please note: Audio and slide presentation begins at the 45 second mark)

- Adolescent Development and Alcohol Use
  Vivian B. Faden, Ph.D., Acting Director, Office of Science Policy and Communications
  Patricia A. Powell, Ph.D., Chief, Science Policy Branch
  National Institute on Alcohol Abuse and Alcoholism, NIH
  December 9, 2008
  View Archived Presentation and Slide Show: https://webmeeting.nih.gov/p95927495/
  Runtime: 26.54 minutes
  (Please note: Audio and slide presentation begins at the 12 second mark)

ADDITIONAL FREE RESOURCES FROM US DOJ OJJDP

- Community Supervision of Underage Drinking Offenders
  Bulletin, October 2012. This bulletin provides a theoretical overview on which to base policies, procedures, and practices to help professionals effectively supervise underage drinkers in the community. The authors describe the goals and principles successful communities use to guide their approach to underage drinking, discuss laws related to alcohol use and the rights of underage drinkers, and highlight the legal issues that professionals who work with these youth may encounter. The bulletin is part of OJJDP’s underage drinking bulletin series, which highlights the dangers of underage drinking and provides guidelines for communities developing treatment and prevention programs. 12 pages. NCJ 237147.
  >View Abstract
  >View PDF

- Effects and Consequences of Underage Drinking
  This bulletin presents findings from a literature review that investigated the effects of how underage drinking on youth’s physical, emotional, and neurological health. It also discusses the personal, legal, and economic consequences of underage drinking. The bulletin is part of OJJDP’s underage drinking bulletin series, which provides guidelines for communities developing treatment and prevention programs. 12 pages. NCJ 237145.
  >View Abstract
  >View PDF

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• Redd, J. A. Educational Media Company at Virginia Tech, Inc.


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along with information about alcohol treatment, medications, and recovery programs, in addition to tips for reducing the prevalence of underage drinking, statistics about alcohol use, a glossary of related terms, and directories of resources for more help and information (2nd ed.). Detroit, MI: Omnigraphics.


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<td>The Development Of Alcohol Use And Abuse In Adhd Adolescents And Young Adults</td>
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<td>$585,325</td>
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<td>5R21AA020045-02</td>
<td>Education And Alcohol Use In Adolescence And Young Adulthood</td>
<td>Crosnoe, Robert L.</td>
<td>University of Texas Austin</td>
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<td>5R01AA015591-07</td>
<td>Media Influences On Early Onset Alcohol Use</td>
<td>Sargent, James D.</td>
<td>Dartmouth College</td>
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<td>1R21AA020467-01A1</td>
<td>Structural Alcohol Intervention To Reduce Hiv Risk Behavior</td>
<td>Charlebois, Edwin Duncan</td>
<td>University of California San Francisco</td>
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<td>5F31AA019623-0</td>
<td>Prenatal Exposure To High-Fat Diets Promotes Alcohol Preference In The Offspring</td>
<td>Bocarsly, Miriam E.</td>
<td>Princeton University</td>
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<td>5P60AA011998-14</td>
<td>Project 7. Genome-Wide Association Studies</td>
<td>Nelson, Elliot C.</td>
<td>Washington University</td>
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<td>Alcohol And Inhibition In The Prefrontal Cortex</td>
<td>Salling, Michael Charles</td>
<td>Columbia University</td>
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<td>Alcohol Servers Applying Psychology</td>
<td>Wendt, Adam John</td>
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<td>5R01AA016887-05</td>
<td>Ethanol-Induced Social Facilitation In Adolescence: Social And Ethanol Reward</td>
<td>Spear, Linda Patia</td>
<td>State University of NY, Binghamton</td>
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<td>1R21AA021426-01</td>
<td>Energy Drinks And Alcohol Use: Covariates, Consequences, And Risk Factors</td>
<td>Patrick, Megan Elizabeth</td>
<td>University of Michigan at Ann Arbor</td>
<td>$172,187</td>
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<td>5R03AA019791-02</td>
<td>Alcohol Use Among Asian American Adolescents &amp; Young Adults: Do Subgroups Differ?</td>
<td>Cook, Won Kim</td>
<td>Public Health Institute</td>
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### Table: Grant Information

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<td>Preclinical Assessment Of Medications For Alcohol Abuse</td>
<td>Weerts, Elise M.</td>
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<td>Component 7: Methodologies For Improving Measurement Of Alcohol Consumption</td>
<td>Cherpitel, Cheryl J.</td>
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<td>5R01AA020063-02</td>
<td>Acute Alcohol Use And Suicide</td>
<td>Kaplan, Mark S.</td>
<td>Portland State University</td>
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<td>5U01AA020023-03</td>
<td>Unc-Ch Nadia Underage Drinking And Adult Brain Morphology In Rats</td>
<td>Crews, Fulton T.</td>
<td>University of N. Carolina at Chapel Hill</td>
<td>$363,484</td>
<td>NIAAA</td>
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### Other Cited Resources

**RESOURCES: SURVEY QUESTIONS**

2012 ICJI SCHOOL SAFETY SPECIALIST
UNDERAGE DRINKING AWARENESS SURVEY

- **Question 1.** What type of community does your school(s) serve?

- **Question 2.** What is the overall level of parental engagement regarding any and all issues/problems at your school(s)?
  
  *(1 = lowest and 5 = highest)*

- **Question 3.** What is the overall level of parental knowledge regarding the threat of underage drinking at your school(s)?
  
  *(1 = lowest and 5 = highest)*

- **Question 4.** In your opinion, are the teachers at your school(s) in need of additional knowledge regarding underage drinking?

- **Question 5.** Are the teachers at your school(s) provided training in how to identify a student who is possessing or consuming alcohol?

- **Question 6.** When a student has been identified as possessing or consuming alcohol, are they referred to an alcohol related service(s) *(i.e. screening, other services)*?

- **Question 7.** How many students at your school(s) have been caught possessing or consuming alcohol since January 1, 2012?

ICJI MINOR CONSUMPTION PERCEPTION
OF INDIANA SHERIFFS SURVEY (FALL 2012)

- **Question 1.** What is the population of the county your department serves?
  
  - 0 – 30,000
  - 30,001 – 50,000
  - 50,001 – 100,000
  - 100,001 – 200,000
  - 200,001 or more

- **Question 2.** As a department, when officers come in contact with a minor consumption violation do they arrest in most cases?

- **Question 3.** In your opinion, is minor consumption a bigger problem in your community than most other Indiana communities?

- **Question 4.** In your opinion, is there political pressure to strictly enforce minor consumption violations in your community?

- **Question 5.** In most cases, does the local prosecutor prosecute individuals with minor consumption charges?

- **Question 6.** In your opinion, do the judges in your jurisdiction treat minor consumption as a serious offense?

- **Question 7.** Does your department’s perception of questions 2 through 5 impact how your officers enforce minor consumption?
Question 1. Please provide your contact information.

Question 2. What penalties are allowed by your state's statute for underage drinking violations?

Question 3. Does your state's statute prohibiting underage drinking include driver license sanctions for underage drivers with any level of detectable alcohol?

Question 4. Do you think additional penalties are needed for underage drinking?

Question 5. What additional penalties should be available? (Only respondents answering “Yes” to Question 4 were given Question 5).

   ____ Fines
   ____ Jail
   ____ Other
   ____ Both fines and jail – 1 (25%)
   ____ Fines, jail, AND other – 2 (50%)

Question 6. What percentage of sheriffs in your state actively enforce underage drinking laws?

   ____ 0 – 20%
   ____ 21 – 40%
   ____ 41 – 60%
   ____ 61 – 80%
   ____ 81 – 100%

Question 7. Which of the following strategies are used by your sheriffs to enforce, at least in part, underage drinking? (Check all that apply)

   ____ Compliance Checks
   ____ Stings
   ____ Shoulder taps
   ____ Cops in shops
   ____ Party dispersal
   ____ Road Patrol
   ____ Other — Bar Checks/Fake ID Sweeps and Source Investigations
   ____ School Presentations

We are a major voice in underage drinking on the state's task force tracking degs by seller/buyer:

   ____ respondents reported the use of 2 or more strategies
   ____ respondents reported the use of 3 or more strategies
   ____ respondents reported the use of 4 or more strategies
   ____ respondents reported the use of 5 or more strategies

Question 8. Does your Sheriffs’ Association provide trainings for law enforcement regarding underage drinking?

Question 9. In your opinion, are violations of providing alcohol to a minor by an adult adequately enforced?
LOCAL PROGRAMS AND EVALUATION

How to apply scarce resources to promote the health of youth and juveniles in Indiana is the critical underlying question in strategic planning. The Enforcing Underage Drinking Laws (EUDL) program efforts have implications for overall community health and justice programming across the lifespan. From prenatal to death and injuries from alcohol impaired actions of underage drinkers, all ages are at some risk. Those who are under eighteen years of age are usually dealt with as juveniles while the ages of 18 to 21 are in adult courts. Yet chronological age does not always equal level of development and maturity. Additional layers of complexities are in the wide differences in Indiana communities, both geographical and cultural. How might we respect the community differences while seeking good outcomes across the state? How can we engage stakeholders of the different systems? Truly, no one size fits all here.

The local programming around the state is varied and creative. Indiana should seek to find a way to support creative and promising approaches without comprising cost effectiveness. Enforcing underage drinking laws programs may require approaches that differ from those used to enforce adult alcohol laws. A number of local activities have not been evaluated even though they are based on a logical premise of law enforcement. One program that provides a good example of a program that is worthy of having a comprehensive evaluation is the “Stopping Minors with Alcohol Response Team” (SMART) program from Hendricks County.

S.M.A.R.T. STANDS FOR STOPPING MINORS WITH ALCOHOL RESPONSE TEAM—THE ORIGINAL PROGRAM:

I) Why S.M.A.R.T Was Developed in Hendricks County

- Minor in Consumption Statistics.
- According to arrest records for Hendricks County, there were 575 Minor in Consumption arrests in 2006.
- This averaged out to be 1.6 M.I.C. arrests a day in Hendricks County.
- Due to understaffing, some officers finding several MICs, such as at a party, called parents in lieu of arrest. When an arrest was made, most departments did not have the manpower to follow up on who provided the alcohol to the minors.
- Departments would get a call for a large underage drinking party and have only one, maybe two officers to send to the call.

II) 2008 Comprehensive Plan

- In 2007, the HCSATF began developing their 3 year comprehensive plan.
- The Board reviewed the 2006 arrest records for minor in consumption.
- The Board also interviewed several teenage representatives from area high schools.
- The students stated that currently underage drinking is more prevalent among teenagers than drugs.

III) How the First Year was Funded

- Law Enforcement funds make up 25% of the HCSATF budget.
- Law Enforcement Agencies that receive a shared portion of those funds were required to designate 10% of their grants towards combating underage drinking or participate in the S.M.A.R.T. Program.
- Set a goal to reduce underage drinking arrests in Hendricks County by 2009.
- One Night.
- With only 10% of funds being utilized, this was only enough funds to run one S.M.A.R.T. detail.
IV) Friday, September 26, 2008 was chosen.
   • A ZERO Tolerance approach was adopted.
   • Any minors consuming the alcohol or anyone providing the alcohol to minors would be arrested.

V) 5 Prong Approach
1. Juvenile Probation Checks.
2. Compliance Checks.
3. Underage Drinking Party Reports- All S.M.A.R.T. Officers would stop what they were doing to investigate a party.
4. Special Event Checks.
5. Arrests reported to the Indiana State Excise Police for follow up.

VI) 4 Hendricks County Police Agencies participated.
   A) Juvenile Probationary Checks
      • The team worked hand in hand with our local juvenile probation department.
      • Juvenile probation granted permission for the S.M.A.R.T. Team Officers to perform home checks.
      • These home checks were performed on juveniles that were currently on probation for an alcohol related arrest.
   
   B) Compliance Checks
      • The S.M.A.R.T. team would work with 20 year old informants.
      • These informants would be assigned to a police officer working S.M.A.R.T.
      • The informants would enter an establishment that sells alcohol and attempt to purchase an alcoholic beverage.
      • The informants would use “marked” currency for the purchase.

   C) Informants
      • We chose informants that appeared to be under the age of 21.
      • Each one of these informants were able to purchase alcohol that night….more than once.

   D) Compliance Checks
      • If informants were even asked for identification, they advised they had none.
      • Once an informant walked out with an alcohol purchase, the S.M.A.R.T. Officer would return to the store immediately.
      • Return the alcohol…
      • Retrieve the same “marked” currency from the cash drawer…AND...
      • Summon the cashier into court for a misdemeanor arrest of selling alcohol to a minor.

   E) Special Event Checks
      • S.M.A.R.T. details would focus on high risk underage drinking times.
      • Officers would patrol school parking lots and attend the games. Maybe even dress in plain clothes to sit in the stands (or check under the stands).
      • Homecomings – September 26, 2008 just happened to be three local high schools homecoming nights.
      • Football or Basketball games, Proms, Spring Break.

VII) Our One Night Results
   • S.M.A.R.T. operated from 8:00 P.M. to Midnight.
   • 6 arrests in the first hour — 13 arrests total.
   • Officers were ordered to stop with investigations at 11:00 P.M. in order to get paperwork done...AND...
   • Due to all the activity, none of the officers made it to any of the homecoming games.
VIII) Arrests Made
- 3 arrests came from a party. This party had been reported to the dispatch center by an anonymous caller. Arrests included 2 minors and 1 adult providing the alcohol.
- 3 arrests came from juvenile probation checks; 2 probationers and 1 juvenile visiting a probationer.
- 7 arrests of cashiers or waitresses selling to our informants out of 27 establishments checked.

IX) Indiana State Excise Police Follow Up
- Businesses cited for an Administration Violation.
- Business could be fined up to $1000 for each violation.

X) Hendricks County Needs S.M.A.R.T.
- With the results of our one and only night, HCSATF felt the need to keep the S.M.A.R.T. Program.
- HCSATF applied for a Drug Free Communities Grant, and included S.M.A.R.T. in the proposal.
- HCSATF received the DFC Grant and budgets $20,000 a year to fund S.M.A.R.T.

XI) Summary for S.M.A.R.T.
The S.M.A.R.T. program is a program designed to stop underage drinking. The program works on three different fronts which includes advertisement; police tip lines and police enforcement which includes: Juvenile Probation Searches with Juvenile Probation Officers, Undercover Buys, Special Project/Police Targeted Patrols, and Excise Police Administration investigations. With these different areas of the SMART program, we believe the sale of alcohol to minors and minors consuming alcohol will decline.

Changes in S.M.A.R.T: Under the DFC Grant:
- Hired a police officer to act as the S.M.A.R.T. Coordinator. This is a salaried position. Coordinator organizes each S.M.A.R.T. detail, including date, time, and number of officers needed.
- Pay off duty officers $30 an hour to work S.M.A.R.T. details.
- Coordinator works closely with prosecutor’s, probation, and judges.

I) Underage Drinking Tip Line
- HCSATF contacted the director of the Hendricks County Communications Center.
- The director was able to designate a number to be advertised as an underage drinking tip line. FREE OF CHARGE.
- The calls come into the police dispatch center.
- Callers can remain anonymous.

II) S.M.A.R.T. PSA Posters
- Advertising is the key to the success of the S.M.A.R.T. Program.

III) Compliance Checks
- 18-20 year olds are used as paid Criminal Informants or CI.
- CI’s must appear to look their age or younger.
- Pictures are taken of the “buy” money and of how the informants appeared the night of the detail.

IV) Compliance Check Changes
- Due to one defendant’s argument of “entrapment”, new to 2010, by order of the Hendricks County Prosecutor’s Office, to ensure our SMART officers are not “entrapping” businesses, predisposition must be shown.
• This means that when a CI minor, (working for law enforcement) purchases alcohol from a bartender, store clerk, waiter, or waitress a pattern must be established. This pattern is shown by having one CI purchase alcohol from a particular person, then a new CI must purchase alcohol from the same person, which shows that there is a pattern and proves predisposition.

• This was first used on our September 9th detail, which resulted in 2 arrests.

V) Business Recognition
• Window cling display.
• Plainfield Applebee’s partnership.

VI) Targeted Patrols
• S.M.A.R.T. Officers patrol targeted areas where underage drinking occurs.
• Parking Lots.
• Parks.
• Officers report back on what was found at these locations, arrests made, and how these areas can be improved as not to attract underage drinkers.
• Better Lighting.
• Trim landscaping.
• Secure area after hours.

VII) Targeted Areas
• Reports can be made to towns, schools, or businesses and will include the location of the problem areas.
• What can be done to help keep minors from drinking in these areas?
• The goal is to effect change within the community.

VIII) Officer Generated Activity
• Simply stated, officers working S.M.A.R.T. detail are expected to investigate any violation of a crime when observed. This expectation has led to several adults being arrested for such crimes as operating while intoxicated.

IX) Coordinator Responsibilities
• Schedule Events.
• Make sure officers observe zero tolerance during S.M.A.R.T. details.
• The coordinator follows up on arrests and investigates who supplied the alcohol or who owned the property where the violation took place.
• The coordinator reports S.M.A.R.T. statistics back to the HCSATF.

X) S.M.A.R.T. Officers on Call
• S.M.A.R.T. Officers will be on call to take any calls of an underage drinking party.
• Just as dispatchers activate SWAT members in an emergency, dispatchers activate the S.M.A.R.T. Team for reports of underage drinking parties.

XI) Indiana State Excise Police
• Still follow up on arrests made in businesses.
• Provided free training to the S.M.A.R.T. Officers on undercover procedures.
• Assist with compliance checks.

XII) S.M.A.R.T. Arrests
• Due to the volume of individuals arrested in a single night, subjects arrested for selling alcohol to minors are typically issued a summons to appear in court.
• Subjects found to be intoxicated are released to parents (juveniles only) or taken to jail.
• October 1, 2009 to March 31, 2010
  – 38 arrests and 33 traffic tickets/warnings.
  – 16 Misdemeanor ADULT arrests: including 5 for Public Intoxication and 4 Arrests for Driving While Suspended, 5 Operating While Intoxicated, and 2 others for Misc. Misd. arrests.
  – 1 Felony ADULT arrest for Possession of Controlled Substance.
• **October 1, 2009 to March 31, 2010**
  - 18 misdemeanor minor arrests for possession of an alcoholic beverage.
  - 2 Arrests for minors having possession of tobacco.
  - 4 Suspected MIC parties responded to, with 2 of them causing arrest for MIC.
  - 13 Arrests for selling alcohol to minors.
  - 2 Arrests for allowing a minor in a tavern.

• **May 1, 2010 to September 30, 2010**
  - Total of 27 arrests.
  - 12 misdemeanor adult arrests: including 1 for public intoxication and 5 arrests for driving while suspended, 3 operating while intoxicated, 3 others for misc. misdemeanor arrests.
  - 1 felony adult arrest for possession of controlled substance, and 1 misc felony.
  - 9 misdemeanor minor arrests for possession of an alcoholic beverage.

• **May 1, 2010 to September 30, 2010**
  - 1 arrest for minor having possession of tobacco.
  - 7 suspected mic parties responded to, with 3 of them causing arrest for MIC.
  - 7 arrests for selling alcohol to minors.
  - 5 arrest for allowing a minor in a tavern.
  - There were a total number of 29 businesses checked, with 19 passing.

• **October 2011- August 2012**
  - 32 minor in possession of alcohol arrests.
  - 8 furnishing alcohol to a minor arrests.
  - 1 minor in tavern arrest.
  - 3 driving under the influence arrests.
  - 1 public intoxication arrest.
  - 2 driving while suspended priors.
  - 34 traffic infractions.
  - 1 other traffic misdemeanor arrest.
  - 34 underage buys.
  - 9 underage parties reported.

**XII) 2009 Hendricks County Statistics**
- The original goal of the S.M.A.R.T. Program was to decrease the number of MIC arrests in Hendricks County by 2009.
- 575 number of MIC arrests in 2006.
- 382 number of MIC arrests in 2009.

**XIII) How to Bring S.M.A.R.T. to Your Community**
- The S.M.A.R.T. Program can only be utilized by those organizations receiving written authorization from the Hendricks County Substance Abuse Task Force and Chief Christi L. Patterson.
- Any organization utilizing the S.M.A.R.T. Program shall follow the guidelines as written.
- Any variance of these guidelines could prohibit that organization from utilizing the S.M.A.R.T. Program.
- Training on conducting the S.M.A.R.T. Program will be provided by Chief Christi L. Patterson and Officer Chad Parks.

**XIV) In the End**
- Above all, the goal of the S.M.A.R.T. Program is to keep minors safe. In order to do this, the programs are designed to decline alcohol use by minors and deter adults from supplying alcohol to minors.

**XV) Questions?**
- **Chief Christi Patterson**
  Pittsboro Police Department  
cpatterson@pittsboropolice.org
- **Officer Chad Parks**
  Plainfield Police Department  
Chad.Parks@plainfieldpd.org
- **Annie Stumm**
  Hendricks County Substance Abuse Task Force  
anne.stumm@yahoo.com
The aim of the statute below is that the person will call for medical assistance and prevent serious injury or death.

Indiana Code 7.1-5-1-6.5. (a) A law enforcement officer may not take a person into custody based solely on the commission of an offense involving alcohol described in subsection (b) if the law enforcement officer, after making a reasonable determination and considering the facts and surrounding circumstances, reasonably believes that all of the following apply:

1) The law enforcement officer has contact with the person because the person either:
   (A) Requested emergency medical assistance; or
   (B) Acted in concert with another person who requested emergency medical assistance for an individual who reasonably appeared to be in need of medical assistance due to alcohol consumption.

2) The person described in subdivision (1)(A) or (1)(B):
   (A) Provided:
      (i) The person’s full name; and
      (ii) Any other relevant information requested by the law enforcement officer;
   (B) Remained at the scene with the individual who reasonably appeared to be in need of medical assistance due to alcohol consumption until emergency medical assistance arrived; and
   (C) Cooperated with emergency medical assistance personnel and law enforcement officers at the scene.

(b) A person who meets the criteria of subsection (a)(1) and (a)(2) is immune from criminal prosecution for an offense under:

1) Section 3 of this chapter if the offense involved a state of intoxication caused by the person’s use of alcohol;
2) Section 6 of this chapter if the offense involved the person being, or becoming, intoxicated as a result of the person’s use of alcohol; and...
3) IC 7.1-5-7-7.

(c) A person may not initiate or maintain an action against a law enforcement officer based on the officer’s compliance or failure to comply with this section.
A Plan To Care For Our Children's Future: Enforcing Underage Drinking Laws In Indiana