

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE**



**Do Your Part Michigan
Strategic Plan to Reduce Underage Drinking
Fiscal Year 2020 – 2024**

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Executive Summary

Ending the problem of underage drinking in Michigan may seem like a daunting task. However, strategies employed over the past several years have resulted in an overall decrease in past 30-day alcohol use among Michigan high school students. In fiscal year (FY) 2019, the Michigan Department of Health and Human Services (MDHHS) Office of Recovery Oriented Systems of Care (OROSC) contracted with Prevention Network (PN) to convene a work group with various members across the state committed to continuing the reduction of underage drinking in Michigan. This work group was fundamental in the development and completion of this plan.

Based on an updated needs assessment around underage drinking, the workgroup identified six overarching goals as part of this five-year plan:

1. Decrease youth access to alcohol through another individual.
2. Improve community/social norms pertaining to youth alcohol use.
3. Increase perception of risk.
4. Increase prosocial (positive behavior) involvement.
5. Increase community concern about underage drinking and engagement surrounding solutions.
6. Increase visibility of enforcement of alcohol laws applying to minors.

Reducing underage drinking is possible. However, it cannot be accomplished by one organization or community. Rather, the solutions come through widespread collaboration and engagement with unified goals. It is envisioned that the strategies outlined in this plan will be utilized by current and potential partners in communities, schools, governments, faith-based groups, and healthcare organizations across Michigan to help reduce underage drinking. Additionally, this plan is meant to serve as a guide for Regional Prepaid Inpatient Health Plans (PIHPs), community coalitions, prevention providers and other state and community-level partners when developing similar plans to reduce underage drinking. Michigan is a diverse state; thus specific, local strategies will need to be identified by community stakeholders. In conjunction with the Transformation Steering Committee (TSC) Prevention Workgroup (PW) and the Michigan Coalition to Reduce Underage Drinking (MCRUD), OROSC will lead the effort to review the plan annually to measure benchmarks and progress.

This five-year strategic plan cannot address all aspects of underage drinking but instead focuses on the top priorities identified through the behavioral health needs assessment process. It is recognized that work outside the scope of this plan is being done and can be done to address the problems associated with underage drinking in communities throughout Michigan. In addition, this plan does not mention Fetal Alcohol Spectrum Disorders (FASD). For more information on preventing FASD, please refer to the State's strategic plan "[Preventing Prenatal Alcohol Exposure and Supporting Individuals Affected by Fetal Alcohol Spectrum Disorders](#)".

This underage drinking prevention strategic plan was created by a workgroup composed of parents, prevention specialists, coalition members, regional and statewide partners,

business/retailer associations, researchers, Michigan Liquor Control Commission, and law enforcement. The plan was designed based on current research and evidence-based best practice to reduce underage drinking. Input from diverse sector representation was vital to ensuring that various perspectives were voiced and influenced the resulting objectives and strategies to add to the practicality of the plan. This plan is to be used by anyone working with youth/young adults or interested in improving community conditions related to underage drinking.

“Do YOUR Part.” Help reduce underage drinking in Michigan.

Problem Statement

Underage drinking is a prevalent problem in Michigan. Although the incidence of underage drinking declined over the past three decades, in 2017, rates of high school students who had at least one drink of alcohol in the last 30 days increased to 29.6 percent from 25.9 percent in 2015.¹ Of the youth who drank alcohol, 16.2 percent reported consuming their first alcoholic drink before the age of 13.¹

Youth who drink alcohol are more likely to have more absences from school, receive failing grades, get into fights, experience changes in brain development that may have life-long effects, and experience disruption of normal growth and sexual development.² Youth who drink are also more likely to misuse other drugs, are at higher risk for sexual or physical assault, legal problems, alcohol-related car crashes, and other unintentional injuries, such as burns, falls, and drowning.²

These risks are even greater for youth who binge drink. Binge drinking is defined as consuming four or more drinks for women and five or more drinks for men on an occasion.³ In general, the risk of youth experiencing these problems listed above is greater for those youth who binge drink than for those who do not binge drink.² People who begin use of alcohol before age 15 are more likely to develop a drinking problem at some point in their lives than people who first use alcohol at age 21 or older.⁴ Thus early initiation of drinking is associated with development of an alcohol use disorder later in life.²

Students often think drinking in college is an integral part of their higher education experience. Many students come to college with established drinking habits, and the college environment

¹ Michigan, High School Youth Risk Behavior Survey, 2017.

² Centers for Disease Control and Prevention (CDC) Website: Alcohol and Public Health – Underage Drinking. Retrieved from: <https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>

³ Substance Abuse and Mental Health Services Administration. (2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions.

⁴ Substance Abuse and Mental Health Services Administration. (2018). Underage Drinking Myths vs. Facts. Retrieved from: <https://store.samhsa.gov/product/Underage-Drinking-Myths-vs-Facts/sma18-4299>

can exacerbate the problem.⁵ According to the National College Health Assessment (NCHA), 55.8 percent of students report using alcohol within the last 30 days, yet students believe 92.9 percent of their peers on campus have consumed alcohol in the last 30 days.⁶ Of those that drink, 26.7 percent report consuming five or more drinks in a sitting, or binge drinking.⁶ Approximately 20 percent of college students meet the criteria for alcohol use disorder.⁵

The consequences of underage drinking are serious and costly to taxpayers. According to Sacks et al. the economic cost in Michigan per drink and per person exceeds the national average and is \$2.10 and \$826 respectively.⁷ The national economic cost per drink is \$2.05 and \$807 per person.⁷

Funding statement

Current and potential partners are encouraged to use this plan when preparing budgets, grant applications, and requests for funding proposals. Funding agencies are encouraged to use this plan when prioritizing allocation of their resources. Although organizations and agencies do remarkable work--accomplishing goals with limited resources--funding is critical in the work to reduce underage drinking in Michigan. Across the nation, resources devoted to enforcement has proven to be key to the effectiveness of enforcement efforts.⁸ Prior studies have detected an inverse relationship between funding to prevent underage drinking (particularly funding enforcement of underage drinking laws) and underage alcohol use, and a similar relationship between state resources devoted to enforcement and binge drinking rates.^{8,9,10} State, regional, and community partners are urged to consider leveraging funding and resources to be better equipped to address underage drinking issues. With a more robust funding stream, our reach across the state will be greater, and the reality of sustaining prevention programming and reducing underage drinking is more possible.

⁵ December 2015 NIAAA College Fact Sheet.

⁵ December 2015 NIAAA College Fact Sheet.

⁶ National College Health Assessment, 2019. Retrieved from: https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_UNDERGRADUATE_REFERENCE%20_GROUP_EXECUTIVE_SUMMARY.pdf

⁷ Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 National and State Costs of Excessive Alcohol Consumption. *Am J Prev Med* 2015; 49(5): e73–e79.

⁸ Harding, Frances M., et al. "Underage drinking: a review of trends and prevention strategies." *American journal of preventive medicine* 51.4 (2016): S148-S157.

⁹ Nelson, Toben F., et al. "The state sets the rate: the relationship among state-specific college binge drinking, state binge drinking rates, and selected state alcohol control policies." *American journal of public health* 95.3 (2005): 441-446.

¹⁰ Paschall, Mallie J., et al. "Relationships between local enforcement, alcohol availability, drinking norms, and adolescent alcohol use in 50 California cities." *Journal of studies on alcohol and drugs* 73.4 (2012): 657-665.

Goals

After assessing the data, and discussing prevention strategies that state and local agencies are successfully implementing in communities across Michigan, the work group decided on six goals to accomplish by the end of 2024:

1. Decrease youth access to alcohol through another individual.
2. Improve community/social norms pertaining to youth alcohol use.
3. Increase perception of risk.
4. Increase prosocial (positive behavior) involvement.
5. Increase community concern about underage drinking and engagement surrounding solutions.
6. Increase visibility of enforcement of alcohol laws applying to minors.

In order to accomplish each goal within a five-year time frame, objectives were chosen with short (by end of FY 2021), and long-term (by end of FY 2024) target deliverables. Some deliverables are ongoing, and some are time limited. All deliverables will ensure measurable progress and are described in detail in the logic model. The matrix provides overarching deliverables needed. As champions or agencies are identified for the different objectives, more detailed and specific work plan timelines will be established to provide benchmarks to be achieved each year. Embedded within the objectives are Community Anti-Drug Coalitions of America's "[Seven Strategies for Community Change](#)" which are noted in parentheses.

- **Goal 1 – Decrease youth access to alcohol through another individual.**
 - **Performance Indicator:** In 2017, 39.7 percent of youth reported accessing alcohol by someone giving it to them. By 2024, the number of youth reporting accessing alcohol by someone giving it to them will decrease by 5 percent to 34.7 percent. Source: Youth Risk Behavior Survey.
 - **Objective 1.1:** Provide information, resources, and support to families (Providing information).
 - **Objective 1.2:** Change parental attitudes and acceptance of underage drinking activities specifically targeting families of different cultures (Enhancing Access/Reducing Barriers).
 - **Objective 1.3:** Utilize evidence-based programming targeting families (Enhancing Skills).
 - **Objective 1.4:** Implement policy (e.g. local, state, national) that is proven to reduce underage drinking (Modifying/Changing Policies).
- **Goal 2: Improve community/social norms pertaining to youth alcohol use.**
 - **Performance Indicator:** The proportion of youth who anticipate disapproval from friends for alcohol use varied with level of consumption. Source: Question adapted from Monitoring the Future. (current statewide data not available, tool will be developed to assess social norms)

- **Objective 2.1:** Provide information on national and statewide community/social norms campaigns (Providing Information).
- **Objective 2.2:** Utilize peer-to-peer programming for prevention (Providing Support).
- **Objective 2.3:** Increase visibility of community coalitions in communities (Providing Information).
- **Objective 2.4:** Provide information and resources specifically targeting the college student population (Providing information).
- **Objective 2.5:** Increase prevention strategies and provide information to schools, businesses, and other appropriate organizations during high risk events when alcohol consumption by youth is higher (Enhancing Skills).
- **Objective 2.6:** Developing a tool to measure statewide community/social norms pertaining to youth alcohol use.

- **Goal 3: Increase perception of risk.**
 - **Performance Indicator:** According to the National Survey on Drug Use and Health (2017), only 40.74 percent of Michigan youth aged 12-17 perceived “great risk” from having five or more drinks once or twice a week. Increase the percent of Michigan youth aged 12-17 who perceived “great risk” from having five or more drinks to 45 percent. Source: National Survey on Drug Use and Health
 - **Objective 3.1:** Include evidence-based alcohol prevention education program in school or community (Enhancing Skills).
 - **Objective 3.2:** Provide information and resources specifically targeting the college student population (Providing Information).
 - **Objective 3.3:** Provide information to parents on the dangers and health effects of underage drinking (Providing Information).
 - **Objective 3.4:** Increase Screening, Brief Intervention, and Referral to Treatment (SBIRT) (Enhancing Skills).

- **Goal 4: Increase prosocial (positive behavior) involvement.**
 - **Performance Indicator:** The Michigan Youth Risk Behavior Survey (YRBS): In 2017, 37.3 percent of Michigan youth reported feeling sad or hopeless almost every day for 2 weeks or more in a row so that they stopped doing some usual activities. Decrease the percentage of Michigan youth reporting feeling sad or hopeless almost every day for 2 weeks or more in a row, that they stop doing usual activities to 36 percent. Source: Youth Risk Behavior Survey
 - **Objective 4.1:** Share positive messaging and support protective factors through increased social involvement, academic/school involvement, community involvement, and sports involvement (Providing Support).
 - **Objective 4.2:** Provide information and education to adults about how to appropriately include youth in community events or activities (Enhancing Skills).

- **Objective 4.3:** Provide information and resources to youth, schools, businesses, and other appropriate populations and organizations during high risk times and dates (Providing Information).
 - **Objective 4.4:** Implement with fidelity programs that include conflict management skills (Enhancing Skills).
 - **Objective 4.5:** Include restorative justice programming for Minor in Possession violations (Changing Consequences).
 - **Objective 4.6:** Recognize youth involvement in positive activities (Changing Consequences?)
 - **Objective 4.7:** Begin tracking percentage of student involvement in extracurriculars at K-12 schools.
- **Goal 5: Increase community concern about underage drinking and engagement surrounding solutions.**
 - **Performance Indicator:** The public comment form identified this goal as an issue of concern. No formal statewide data currently exists. A statewide tool to establish baseline data will be developed and monitored.
 - **Objective 5.1:** Hold annual town hall meetings (Providing Information).
 - **Objective 5.2:** Increase engagement at coalition meetings (Enhancing Skills).
 - **Objective 5.3:** Reach out to engage new stakeholders, i.e. health centers, statewide partners, etc. (Enhancing access and reducing barriers).
 - **Objective 5.4:** Provide information on national and statewide community/social norms campaigns (Providing Information).
 - **Objective 5.5:** Modify and change policy that supports underage drinking prevention efforts (Modify and Changing Policy).
 - **Objective 5.6:** Develop a tool to measure statewide community concern and engagement. (Enhancing Skills).
- **Goal 6: Increase visibility of enforcement of alcohol laws applying to minors.**
 - **Performance indicator:** In 2018, of the licensees checked 15 percent of licensees had a sale to minor violation. Decrease Liquor control code-sale to minor violations to 12 percent by end of FY 2024. Source: Michigan Liquor Control Commission.
 - **Performance Indicator:** Complete compliance checks and report the results to MLCC on at least 25 percent of businesses with liquor licenses each year, reaching 100 percent of businesses within 4 years.
 - **Objective 6.1:** Increase the number of law enforcement agencies reporting the results of controlled buy operations to Michigan Liquor Control Commission and community coalitions (Changing Consequences).
 - **Objective 6.2:** Establish a statewide work group to review the current MIP laws (state and local) including knowledge and perception of them by youth, adults, law enforcement, and judiciary; actual enforcement and consequences

(evidence-based); with appropriate partners involved (Modifying/Changing Policy).

- **Objective 6.3:** Train law enforcement on MIP laws and other laws surrounding underage drinking (Enhancing Skills).
- **Objective 6.4:** Assess the number of local law enforcement agencies conducting controlled buy operations and compliance walk throughs at licensed establishments through collaboration between local law enforcement and local coalitions (changing consequences).
- **Objective 6.5:** Assess the number of local law enforcement agencies that have party patrol enforcement (Providing Support).
- **Objective 6.6:** Increase law enforcement visibility at high risk events (Modifying/Changing Policies).
- **Objective 6.7:** Enhance skills and provide support to servers of alcohol (Enhancing Skills).
- **Objective 6.8:** Provide information to community about retailer compliance and other retailer activities and programs that reduce sales to youth (Providing information).

Logic Model

GOAL 1: Decrease youth access to alcohol through another individual.

LONG TERM OUTCOME: By end of FY2024, the number of youth reporting accessing alcohol by someone giving it to them will decrease to 34.7 percent. Source: YRBS

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
1.1 Provide information, resources, and support to families (Providing Information).	Educate parents and other adults on social host laws by promoting national/statewide campaigns such as Talk Sooner, 21 to Buy, Not Supply, Communities Talk, Parents who Host Lose the Most, Lock It Up	Community Coalitions; Prepaid Inpatient Health Plans	Increase alcohol, tobacco, and other drug information provided to families.
1.2 Change parental attitudes and acceptance of underage drinking activities specifically targeting families of different cultures, e.g. military, LGBTQ, racial or ethnic, religious (Enhancing Access/Reducing Barriers).	Cultural competency training for practitioners/anyone working in the community Update messaging specifically for cultural backgrounds in the community (i.e. overcome language barriers and use correct terminology).	Community Members; Community Coalitions; Prepaid Inpatient Health Plans	Provide ATOD information to parents of different cultures in appropriate formats.
1.3 Utilize evidence-based programming targeting families (Enhancing Skills).	Assess best program using the Evidence Based Practices Resource Center as a guide.	Community Coalitions; Prepaid Inpatient Health Plans	Individual evidence-based programs are evaluated when they are implemented.
1.4 Implement local, state, or national policy that is proven to reduce underage drinking (Modifying/Changing Policies).	Review Community Guide recommendations, World Health Organization, and Surgeon General recommendations for current research on effective laws/policies to reduce underage drinking	Community Members; Community Coalitions; Prepaid Inpatient Health Plans	Educate policymakers on what works to reduce underage drinking.

GOAL 2: Improve community/social norms pertaining to youth alcohol use.

LONG TERM OUTCOME: By end of FY2024, increase proportion of youth who anticipate disapproval from friends for alcohol use. Source: Monitoring the Future (question adapted for statewide use)

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
2.1 Provide information on national and statewide community/social norms campaigns (Providing Information).	Review local data (i.e. YRBS, Michigan Profile for Healthy Youth (MIPHY), community survey) for discrepancy between use and perceptions	Community Members; Community Coalitions; Prepaid Inpatient Health Plans	Increase knowledge about effective national and statewide community/social norms campaigns.
2.2 Utilize peer-to-peer programming for prevention (Providing Support).	Partner with local school districts to identify peer led leaders Coalitions should develop youth coalitions or a youth component	Community Coalitions; Prevention Providers	Increase in peer-to-peer programming.
2.3 Increasing visibility of community coalitions in communities. (Providing Information).	Connect with youth in the community interested in prevention and leadership opportunities (reach out to schools, churches, other youth sports organizations) Attend/exhibit at community events	Community Coalitions; Prevention Providers	Increase coalition related materials distributed at school and community events.
2.4 Provide information and resources specifically targeting the college student population (Providing Information).	Connect with the Michigan Higher Education Network (MIHEN) for resources and support in working with Institutions of Higher Education	Community Coalitions; Prevention Providers; Institutions of Higher Education	Increase alcohol, tobacco, and other drug information and resources to college students

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
2.5 Increase prevention strategies and provide information to schools, businesses, and other appropriate organizations during high risk events/times when alcohol consumption by youth is higher (Enhancing Skills).	Examples include safe prom/graduation, “drinking holidays”, tailgating/home football games, first 6 weeks of the school year	Community Coalitions; Prevention Providers; Institutions of Higher Education	Develop new resources and materials for high risk events.
2.6 Measure statewide community/social norms pertaining to youth alcohol use.	Develop a tool to measure statewide community/social norms pertaining to youth alcohol use	Community Coalitions; Prevention Providers; Institutions of Higher Education	Tool is developed to measure statewide community/social norms pertaining to youth alcohol use.

GOAL 3: Increase perception of risk.

LONG TERM OUTCOME: By end of FY2024 Increase the percent of Michigan youth aged 12-17 who perceived “great risk” from having five or more drinks to 45 percent. Source: National Survey on Drug Use and Health (NSDUH)

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
3.1 Include evidence-based alcohol prevention education program in school or community (Enhancing Skills).	Using the Strategic Prevention Framework, assess best program using the Evidence Based Practices Resource Center as a guide	Community Coalitions; Prevention Providers; local school districts	Based on assessment, implement most appropriate evidence-based program. Increase in evidence-based alcohol prevention education programs being implemented.

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
3.2 Provide information and resources specifically targeting the college student population (Providing Information).	Connect with the Michigan Higher Education Network (MIHEN) for resources and support in working with Institutions of Higher Education	Community Coalitions; Prevention Providers; Institutions of Higher Education	Increase in subscriptions and views to MIHEN newsletter.
3.3 Provide information to parents on the dangers and health effects of underage drinking (Providing Information).	Provide information through social media, newsletters, community events, op eds, etc.	Community Coalitions; Prevention Providers; Institutions of Higher Education; Prepaid Inpatient Health Plans	Increase parent knowledge of dangers and health effects of underage drinking.
3.4 Increase Screening, Brief Intervention, and Referral to Treatment (SBIRT) (Enhancing Skills).	Offer SBIRT training and technical assistance Work with community health centers, primary care sites, youth clinics, Institutions of Higher Education, and community-based organizations to implement SBIRT	Community Coalitions; Prevention Providers; Institutions of Higher Education; Prepaid Inpatient Health Plans	Increase the number of organizations implementing SBIRT.

GOAL 4: Increase prosocial (positive behavior) involvement.

LONG TERM OUTCOME: By end of FY2024, decrease the percentage of Michigan youth reporting feeling sad or hopeless almost every day for 2 weeks or more in a row, that they stop doing usual activities to 36 percent. Source: YRBS

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
4.1 Share positive messaging and support protective factors through increased social involvement, academic/school involvement, community involvement, and sports involvement (Providing Support).	Share school, sport, and community-based activities for youth to participate in Create youth leadership opportunities within the community	Community Coalitions; Prevention Providers; Local School Districts; Prepaid Inpatient Health Plans	Increase the number of community coalitions with youth coalitions. Increase youth participation in school and community-based activities.
4.2 Provide information and education to adults about how to appropriately include youth in community and school events or activities (Enhancing Skills).	Review evidence-based programming for appropriate age and population of focus	Community Coalitions; Prevention Providers; Local School Districts; Prepaid Inpatient Health Plans	Increase age appropriate youth participation in community and school events and activities.
4.3 Provide information and resources to youth, schools, businesses, and other appropriate populations and organizations during high risk times and dates (Providing Information).	Talk with local schools about working together to offer prevention programming and services during prom and graduation time	Community Coalitions; Prevention Providers; Local School Districts; Prepaid Inpatient Health Plans; Faith Based Organizations	Increase in alternative substance free activities during high risk times.
4.4 Implement with fidelity programs that include conflict management skills (Enhancing Skills).	Using the Strategic Prevention Framework, assess best program using the Evidence Based Practices Resource	Community Coalitions; Prevention	Programs are implemented with fidelity.

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
	Center as a guide or other national registries	Providers; Local School Districts; Prepaid Inpatient Health Plans	
4.5 Include restorative justice programming for Minor in Possession (MIP) violations (Changing Consequences).	Identify best practices on how to do this and replicate across the state	Community Coalitions; Prevention Providers; Local School Districts; Prepaid Inpatient Health Plans	Development of a report on MIP programming best practices.
4.6 Recognize youth involvement in positive activities (Changing Consequences).	Share accomplishments to the community through newsletters, social media, local news stations, and other local outlets	Community Coalitions; Prevention Providers; Local School Districts; Prepaid Inpatient Health Plans	Increase awareness of positive youth activities occurring in the community.
4.7 Begin tracking percentage of student involvement in extracurriculars at K-12 schools.	Partner with local school districts to get access to this information	Community Coalitions; Prevention Providers; Local School Districts; Prepaid Inpatient Health Plans; MCRUD	Determine number of schools tracking student participation in extracurricular enrollment.

GOAL 5: Increase community concern about underage drinking and engagement surrounding solutions.

LONG TERM OUTCOME: The public comment form identified this goal as an issue of concern. A statewide tool to establish baseline data will be developed and monitored.

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
5.1 Hold town hall meetings on underage drinking and include underage drinking as an agenda item in other town hall meetings (Providing Information).	Utilize SAMHSA's Communities Talk website for resources and assistance	Community Coalitions; Prevention Providers; Local School Districts; Prepaid Inpatient Health Plans	Increase discussion around underage drinking solutions in communities.
5.2 Establish a coalition to reduce underage drinking (Enhancing Skills).	Identify champions and stakeholders to join coalition	Community Coalitions	An established coalition within the community. Increase in coalitions addressing underage drinking.
5.3 Increase coalition engagement (Enhancing access and reducing barriers).	Reach out to engage new stakeholders, e.g. health centers, statewide partners, etc.	Community Coalitions	Assess coalition to identify other sectors to invite to coalition meetings.
5.4 Provide information on national and statewide community/social norms campaigns (Providing Information).	Work with local media to promote your campaigns. Campaigns could include Sooner, 21 to Buy, Not Supply, Communities Talk, Parents who Host Lose the Most, Lock It Up	Community Coalitions; Prevention Providers; MCRUD	Campaign reach is expanded.
5.5 Modify and change policy that support underage drinking prevention efforts (Modify and Changing Policy).	Review Community Guide recommendations, World Health Organization, and Surgeon General recommendations for current research on effective laws/policies to reduce underage drinking	Community Coalitions; Prevention Providers; Local School Districts;	Increase the dissemination of information to policy and decision makers.

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
		Prepaid Inpatient Health Plans	
5.6 Develop and disseminate a tool to measure statewide community concern and engagement (Enhancing Skills).	Research questions to include on a tool to measure statewide community concern and engagement Create a plan to disseminate the tool to leaders, key stakeholders, and community partners across the state	MCRUD	The tool is developed and disseminated.

GOAL 6: Increase visibility of enforcement of alcohol laws applying to minors.

LONG TERM OUTCOME: By end of FY2024 Decrease Liquor control code-sale to minor violations to 12 percent. Source: MLCC.

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
6.1 Increase the number of law enforcement agencies reporting the results of controlled buy operations to Michigan Liquor Control Commission (MLCC) and community coalitions (Changing Consequences) .	Connect law enforcement with Michigan Liquor Control Commission for controlled buy operation training and coordination Work with law enforcement leadership and encourage them to conduct controlled buy operations and share information with Michigan Liquor Control Commission and local community coalition	Community Coalitions; MCRUD; Law Enforcement Agencies; MLCC	Increase in law enforcement reports to Michigan Liquor Control Commission.

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
6.2 Establish a statewide work group to review the current MIP laws (state and local) including knowledge and perception of them by youth, adults, law enforcement, and judiciary; actual enforcement and consequences; with appropriate partners involved (Modifying/Changing Policy).	Work with MCRUD to establish work group	MCRUD; OROSC; MLCC; Community Coalitions; Law Enforcement agencies; PAAM; OHSP	A statewide work group to review minor in possession laws is created.
6.3 Train law enforcement on MIP laws and other laws surrounding underage drinking (Enhancing Skills).	Promote use of "MI Officer" app Work with MLCC to offer training to local law enforcement agencies	PAAM; OHSP; Law Enforcement Agencies; MLCC; Community Coalitions; MCRUD; Prevention Providers; Industry Trade Associations	Increase the number of law enforcement agencies receiving training and enhanced knowledge of MIP laws
6.4 Assess the number of local law enforcement agencies conducting controlled buy operations and compliance walk throughs at licensed establishments through collaboration between local law enforcement and local coalitions (changing consequences).	Develop questionnaire and share with local law enforcement agencies Coalition members conduct key leader interviews with law enforcement to find out who is conducting controlled buys and any barriers to conducting them	MCRUD; Coalition Members; Law Enforcement Agencies	Controlled buy operations by law enforcement agencies are tracked.
6.5 Assess the number of local law enforcement agencies that have party patrol enforcement (Providing Support).	Coalition members conduct key leader interviews with law enforcement to find out who is conducting party patrols and any barriers to conducting them	Coalition Members; Law Enforcement Agencies	Party patrol operations by law enforcement agencies are tracked.

Objective	Strategy	Organization(s) Responsible	Short Term Outcome
6.6 Increase law enforcement visibility at high risk events (Modifying/Changing Policies).	Work with law enforcement leadership to identify what high risk events officers can participate in	Community Members; Community Coalitions; Law Enforcement Agencies; MLCC; Local Units of Government	Youth are more aware of law enforcement presence at high risk events.
6.7 Enhance skills and provide support to servers of alcohol (Enhancing Skills).	Offer vendor education packet to retailers Identify volunteer individual(s) to monitor and provide training resources to temporary (one-day) liquor license holders (Enhancing Skills)	Community Coalitions; Prevention Providers; Industry Trade Associations; Businesses and Retailers	Increase the dissemination of resources and trainings offered to servers of alcohol.
6.8 Provide information to community about retailer compliance and other retailer activities and programs that reduce sales to youth (Providing information).	View and disseminate retailer compliance information posted on MLCC's website or received from local law enforcement agencies Partner with organizations implementing Synar-related activities	Community Members; Community Coalitions; Prevention Providers; MLCC; Local Media Outlets; Law Enforcement; Designated Youth Tobacco Use Representative (DYTURs)	Increase community knowledge on retailer compliance and other retailer activities and programs that reduce sales to youth.

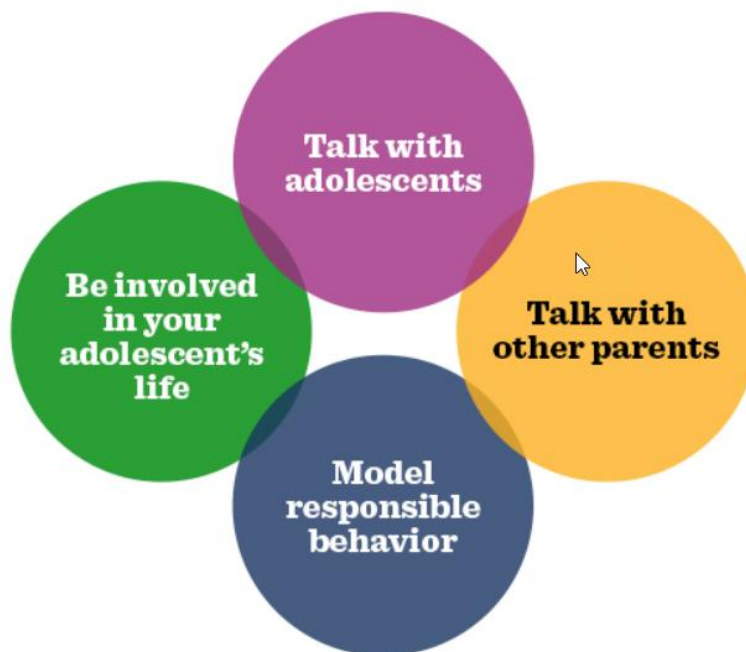
Your Role is Vital to this Plan

It is imperative that all Michigan residents work together to achieve the goals of this plan. In this section, specific roles are outlined that key community leaders can take to make this plan successful.

Special Role for Families...

- If you have alcohol in the home, be sure to monitor it and have it locked away.
- Do not allow underage drinking in your home or provide alcohol for anyone who is under legal drinking age.
- Set and enforce a curfew. Set and enforce clear standards, including standards about alcohol use.
- When your teen is staying over at a friend's house, be sure to call the other parent to verify that they are safe. Make knowing your teens friends a priority.
- Support involvement in extra-curricular and community activities.
- Have age appropriate conversations about alcohol and other drugs using materials such as "Talk Sooner", "Do Your Part", or "Talk. They Hear You."
- Model responsible drinking practices and have conversations around these responsible drinking practices.
- Set and enforce clear standards, including standards about alcohol use.
- Sign on to pledge that your home is safe for youth and that youth are not allowed to drink in your home (e.g. Safe Homes Pledge Policy).

Strategies Parents Can Employ to Promote Healthy Behavior



Special Role for Businesses and Retailers...

- Be sure to check IDs for anyone looking under age 40.
- Have strong policies against selling to minors and intoxicated individuals.
- Be sure to train your employees on checking IDs and laws related to alcohol sales and service.
- Require all managers and staff to participate in responsible beverage server training.
- Store alcohol responsibly, i.e. visible to clerk or monitored by security camera, locked or behind checkout counter.
- Limit alcohol advertising, especially at youth eye level or near youth-focused items.
- Partner with local prevention coalitions to raise awareness of preventing underage drinking (e.g. Sticker Shock campaigns).

Special Role for Law Enforcement...

- Prioritize enforcement of underage drinking laws.
- Conduct alcohol compliance checks in your community and share results with the Michigan Liquor Control Commission and other stakeholders.
- Educate retailers on relevant underage drinking and other alcohol laws.
- Get involved in your local community coalition if one exists.

Special Role for Faith-Based Organizations...

- Through a sermon, raise your congregation's awareness of underage drinking and other alcohol related problems.
- Provide an alcohol free, safe place for afterschool activities.
- Periodically include information on underage drinking in your Sunday bulletin.
- Get involved in your local community coalition if one exists.

Special Role for Nonprofit Organizations and Substance Use Disorder Prevention Providers...

- When planning interventions, enhance your impact by creating new partnerships.
- Be sure to evaluate each intervention and share your findings at conferences, workshops, through journal articles and websites.
- Join a community coalition or create one if none exist.
- Provide information Educational presentations, workshops, or webinars.
- Provide support creating opportunities to support people to participate in activities/strategies that reduce risk or enhance protection.
- Connect with your local Child Adolescent Health Center.

Special Role for the State...

- Continue to collaborate with state departments, regional entities, local coalitions, and other agencies in efforts to reduce underage drinking.
- Make the reduction of underage drinking a priority by providing funding opportunities for prevention programs and strategies.
- Enhancing access/Reducing Barriers Improving systems and processes to increase the ease, ability, and opportunity to utilize those systems and services.

Special Role for Volunteers and Volunteer Groups...

- Partner with local businesses and nonprofit organizations that will support the work you want to do around underage drinking prevention.
- Enhance your skills by participating in trainings.
- Get involved with your local community coalition. If one does not exist, partner with an organization, and create one.
- Recognize youth achievements in sports, the arts, employment, social, and volunteer groups.

Special Role for Institutions of Higher Education...

- Share your efforts to reduce underage drinking with your community, as well as other Institutions of higher education.
- Work with your recovery community and provide a safe place for students recovering from alcohol and other drug addiction.
- Implement policy to discourage underage students from drinking. Ensure the policy and related material is part of the orientation for students and parents.
- Participate in initiatives that focus on substance abuse and mental health (e.g. JED Campus Program).
- Become a member of the Michigan Higher Education Network coordinated by Prevention Network.

Special Role for High School Students...

- Do your part by not participating in underage drinking.
- Educate yourself and others on the dangers of drinking alcohol at a young age.
- Participate in mentoring programs, sports, art and music.
- Get involved with your local community coalition and other underage drinking prevention efforts.
- Participate in or start a student-led group to reduce underage drinking.

Special Role for Schools...

- Sign up to take the Michigan Profiles for Healthy Youth Survey (MiPHY) every even academic year.
- Talk with your community coalition and plan events with them about what works to reduce underage drinking.
- Implement policy that will reduce underage drinking.
- Instruct all coaches and extracurricular advisors to send a strong, clear, no alcohol use message to the students entrusted to their care.
- Sponsor the implementation of a parent pledge to not allow underage drinking in homes within the school community (e.g. Safe Homes Pledge).

Special Role for Policy and Decision Makers...

- Talk with your community coalition about what works to reduce underage drinking.
- Participate in your local community coalition and other underage drinking prevention efforts.
- Implement policy that will reduce underage drinking.
- Talk to youth about their concerns and solutions to reducing underage drinking.

Special Role for Media...

- Provide more opportunities for Public Service Announcements.
- Connect with your local community coalition.
- Be involved in community events and promote positive, healthy messages.
- Refuse alcohol advertising marketed to teens and youth.

Special Role for Healthcare Providers...

- Screen underage patients presenting with alcohol-related illnesses for substance use disorders.
- Offer and/or attend trainings on alcohol screenings, counseling, motivational interviewing, and brief interventions.
- Support and participate in community efforts to reduce underage drinking.
- Refer underage patients presenting with high-risk behaviors to local prevention programming.

Special Role for People in Recovery...

- Use lived experience to tell recovery stories with an emphasis on the recovery process.
- Participate in a local prevention coalition or partner with prevention providers.
- Attend prevention trainings to discover intersection with prevention services and enhance prevention skills.

The Work Group and Planning Process

This strategic plan to prevent underage drinking is a product of collaboration between several partnering agencies all with the same purpose: to prevent and reduce underage drinking in the state of Michigan.

The process of creating this plan was modeled after the Strategic Prevention Framework (SPF), developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). This five-step planning process was further guided by sustainability and cultural competency.¹¹ All regional Prepaid Inpatient Health Plans were invited to participate in writing the plan as well as other stakeholders. Information was sent out seeking public comments from a wide variety of stakeholders, and the work group received about 70 comments. The initial work team met a total of seven times over the course of eight months (February-September 2019). Additionally, smaller workgroups held conference calls and meetings to discuss the plan format, to assist in identifying goals and objectives, and in writing and editing the plan. At the end of September 2019, the plan was submitted to MDHHS/Office of Recovery Oriented Systems of Care.

The following individuals are gratefully acknowledged for their service on the work group and assistance with updating the strategic plan:

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Kari Gulvas – Mid-State Health Network

Karra Thomas – Detroit Wayne Integrated Health Network (formerly Detroit Wayne Mental Health Authority)

Ken Dail - Prevention Network

¹¹ Substance Abuse and Mental Health Services Administration: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, 2019.

Leigh Moerdyke - Arbor Circle

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Mieka Smart - Michigan State University

Mike Tobias - Michigan Coalition to Reduce Underage Drinking/Prevention Network

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Resources

Alcohol Justice

<https://www.alcoholjustice.org/>

Centers for Disease Control and Prevention – Prevention Status Reports

<https://www.cdc.gov/psr/index.html>

Community Anti-Drug Coalitions of America (CADCA)

<https://cadca.org/>

The Community Guide – Your online guide of what works to promote healthy communities

<https://www.thecommunityguide.org/>

Council on Addiction Prevention & Education – New York

<https://capedc.org>

Fetal Alcohol Spectrum Disorders (FASD)

https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4912_21220---,00.html

John’s Hopkins School of Public Health – The Center for Alcohol Marketing and Youth

<http://camy.org/>

Michigan Coalition to Reduce Underage Drinking (MCRUD)

<https://www.mcrud.org/>

Michigan Liquor Control Commission – Revoking a Liquor License

<http://www.michigan.gov/lara/>

National Institute on Drug Abuse (NIDA)

<https://www.drugabuse.gov/>

NIDA for Teens

<https://teens.drugabuse.gov/>

Partnership to End Addiction

<https://drugfree.org/>

SAMHSA’s Evidence-Based Practices Resource Center

<https://www.samhsa.gov/ebp-resource-center>

Screening, Brief Intervention and Referral to Treatment

<http://www.integration.samhsa.gov/clinical-practice/SBIRT#general>

<https://www.samhsa.gov/sbirt>

<https://indianasbirt.org/>

Acronyms

ATOD	Alcohol, Tobacco, and Other Drugs
CADCA	Community Anti-Drug Coalitions of America
CDC	Centers for Disease Control and Prevention
CSAP	Center for Substance Abuse Prevention
DYTUR	Designated Youth Tobacco Use Representative
FASD	Fetal Alcohol Spectrum Disorder
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Questioning
MCRUD	Michigan Coalition to Reduce Underage Drinking
MDHHS	Michigan Department of Health and Human Services
MIHEN	Michigan Higher Education Network
MIP	Minor in Possession
MiPHY	Michigan Profile for Healthy Youth
MLCC	Michigan Liquor Control Commission
MTF	Monitoring The Future
NCHA	National College Health Assessment
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NSDUH	National Survey on Drug Use and Health
OROSC	Office of Recovery Oriented Systems of Care
PIHP	Prepaid Inpatient Health Plan
PN	Prevention Network
PTTC	Prevention Technology Transfer Center
SAMHSA	Substance Abuse Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
TSC PW	Transformation Steering Committee Prevention Workgroup
UAD	Underage Drinking
WHO	World Health Organization
YRBS	Youth Risk Behavior Survey

CONTACT:

Lisa Coleman, BA, CPC-R
Departmental Prevention Specialist
Office of Recovery Oriented Systems of Care
MI Dept of Health and Human Services
320 S. Walnut St
Lansing, Michigan 48913
(517) 335-2306
ColemanL7@michigan.gov
www.michigan.gov/bhrecovery