

Alcohol Consumption and Related Problems among Frostburg State University Students: *Latest Findings and Recommendations for Action*

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THE MARYLAND COLLABORATIVE
TO REDUCE COLLEGE DRINKING AND RELATED PROBLEMS

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Funding and Background

- The data contained in this presentation are derived from the Maryland College Alcohol Survey (MD-CAS), which is funded by the Office of Population Health Improvement of the Maryland Department of Health.
- The Maryland Collaborative was established in 2012 and aims to use evidence-based strategies to reduce college student drinking and related problems.
- FSU is one of 18 colleges that comprise a partnership of institutions across the state whose presidents have agreed to join the initiative and work together to address underage and excessive drinking.

Excessive Drinking: A National Snapshot

Excessive Drinking

underage drinking

any drinking by people younger than age 21 or pregnant people is considered excessive

and

binge drinking

most common form of excessive drinking

Binge Drinking



5+ drinks
on one occasion
for males



4+ drinks
on one occasion for females
and transgender people

33%

college students
during the past month¹

High Intensity Drinking



10+ drinks
on one occasion

1 in 10

college students
during the past two weeks²

¹Substance Abuse and Mental Health Services Administration. (2020). Results from the 2019 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: US Department of Health and Human Services, Office of Applied Studies.

²Schulenberg, J. E., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Miech, R. A., & Patrick, M. E. (2019). Monitoring the Future: National survey results on drug use, 1975–2018: Volume 2, college students and adults ages 19–55. Ann Arbor, MI: Institute for Social Research, The University of Michigan.

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Section A

Trends in Alcohol Use:

Overall MD-CAS Sample, 2014-2022

Definitions of Alcohol Risk Groups in the MD-CAS

LOW RISK

Students who *did not drink* during the past year (including lifetime abstainers)

MODERATE RISK

Drank during the past year, but *did not binge drink** during the past month

HIGH RISK

Binge drinking one to four times during the past month

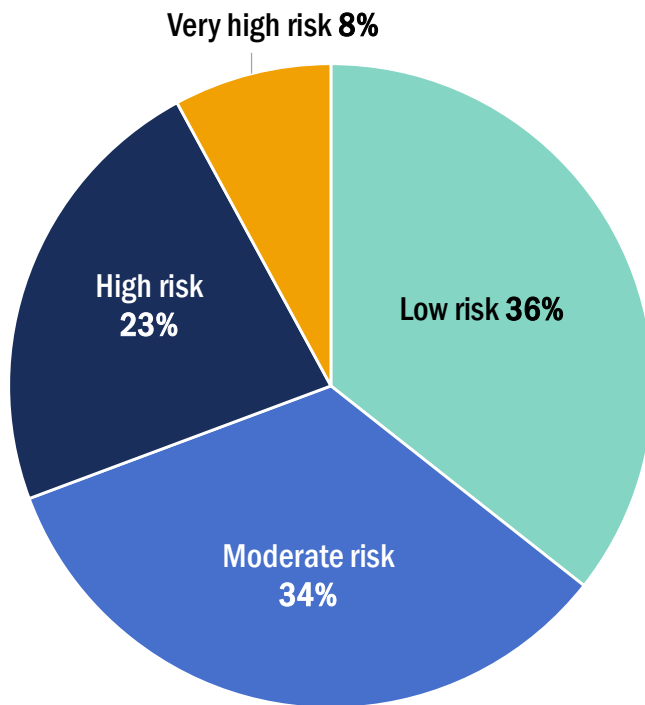
VERY HIGH RISK

Binge drinking five or more times during the past month

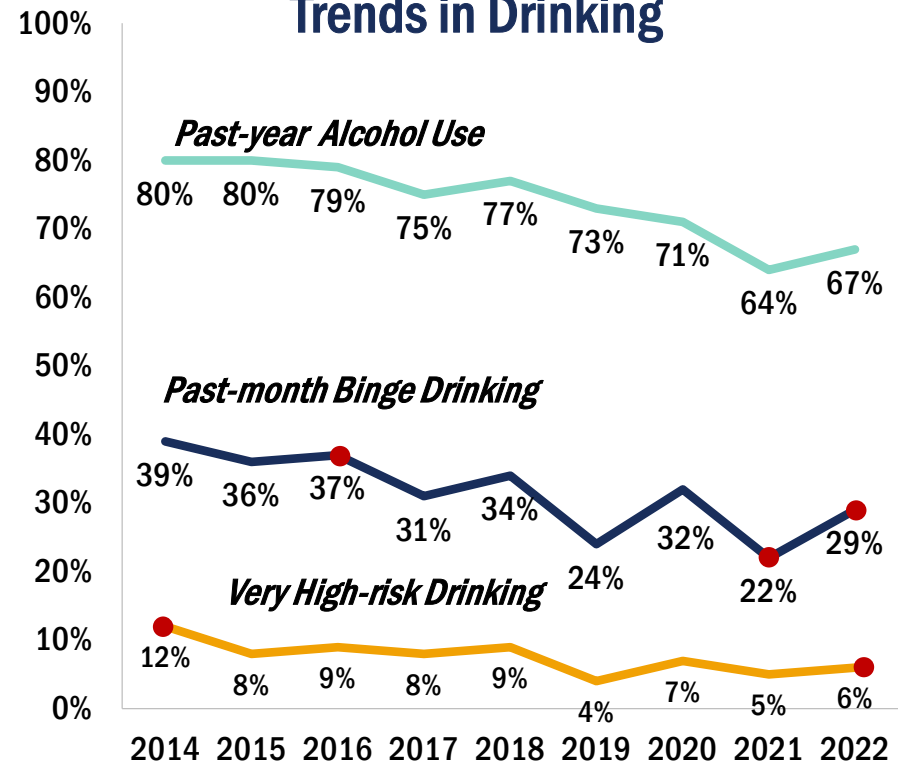
**Binge drinking is defined as consuming 5 or more drinks for males/4 or more for females and transgender people on the same occasion (i.e., in a row or within a few hours) on at least one day during the past 30 days.*

2022 Overall MD-CAS Sample (N=2,971)

Alcohol Risk Groups



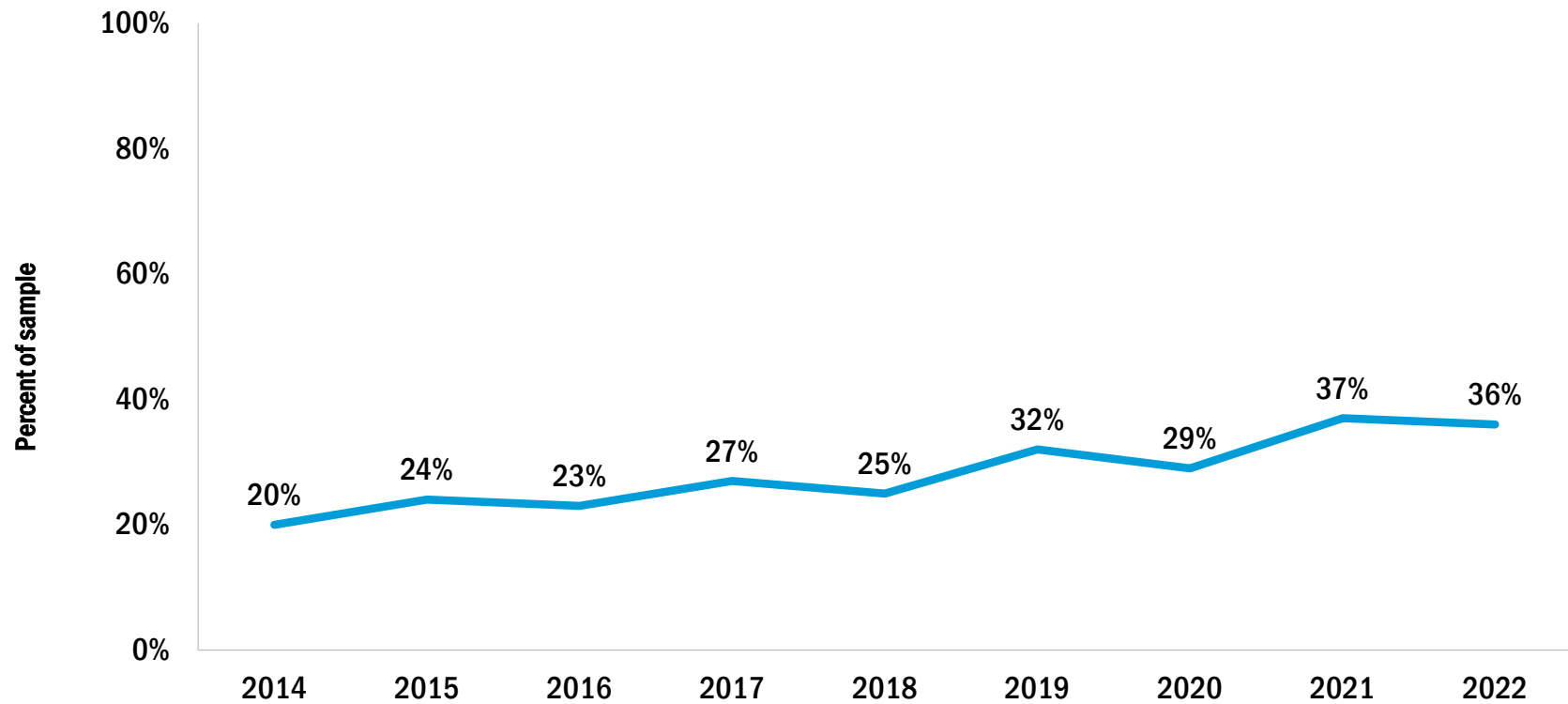
Trends in Drinking



● Statistically significant change between the years indicated by the red dots. $p=.05$ was used as the threshold for statistical significance.

Prevalence of Past-year Abstainers among All Students

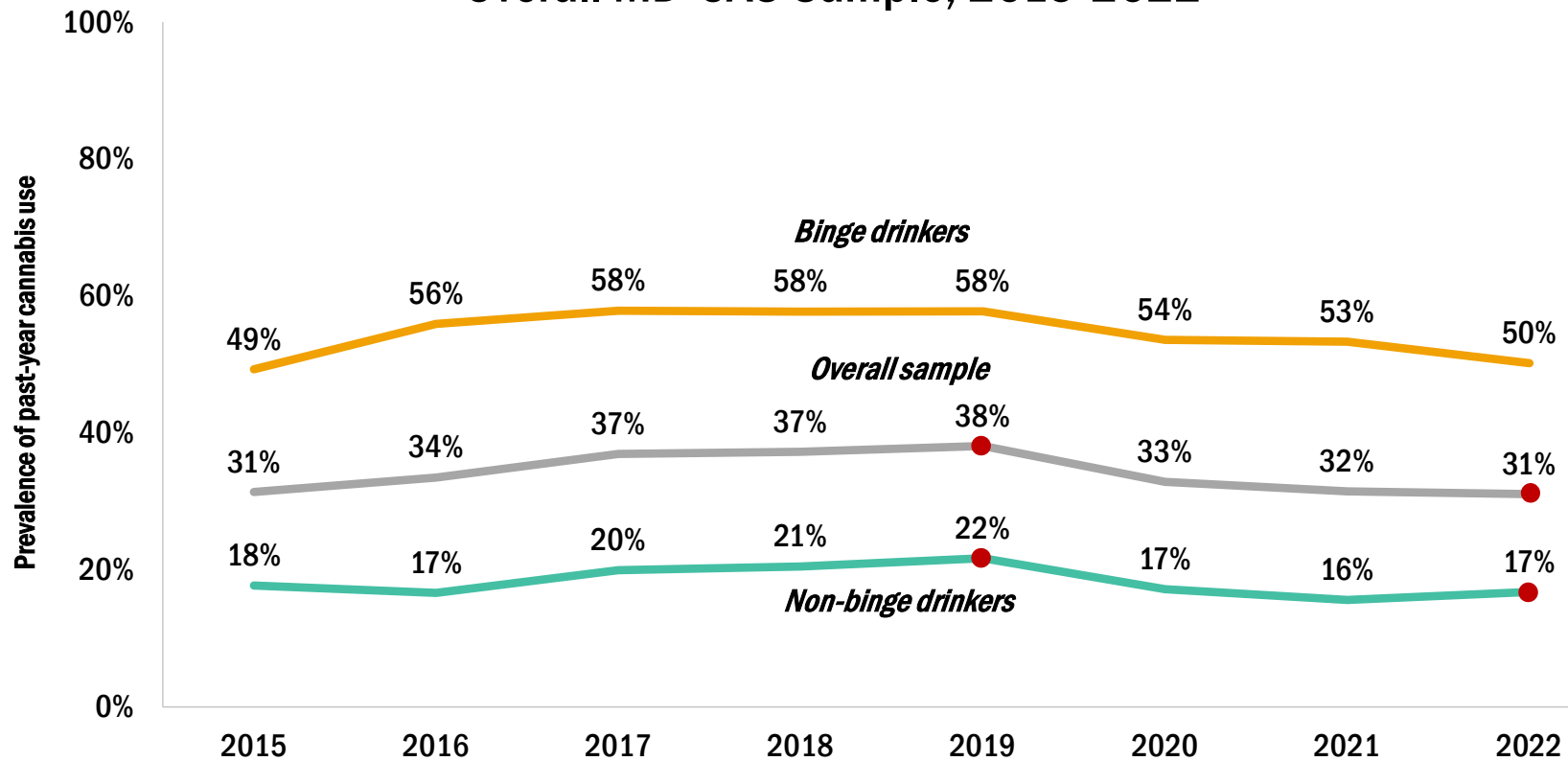
Overall MD-CAS Sample, 2014-2022



** Unadjusted trend line*

Past-year Cannabis Use

Overall MD-CAS Sample, 2015-2022



● Statistically significant change between the years indicated by the red dots.



Section B

Maryland College Alcohol Survey (MD-CAS) Results:

Frostburg State University, 2022

Participation in the MD-CAS 2022

- 2,971 students from ten schools participated in the MD-CAS in 2022.
- The online survey was administered in February and March 2022.
- FSU has participated in the MD-CAS every year since 2014.
- In 2022, 547 full-time undergraduate FSU students ages 18 to 25 participated (21% response rate).
- When compared with the overall FSU student body, males are underrepresented.

	FSU MD-CAS 2021 Sample (n=547)	Overall FSU Student Body*
Gender		
Male	33%	51%
Female	64%	49%
Genderqueer, non-binary, or other gender	2%	
Declined to state	0%	
Race/ethnicity		
Non-Hispanic White	57%	53%
Non-Hispanic Black/African American	30%	34%
Hispanic	5%	6%
Non-Hispanic Asian/Pacific Islander	1%	1%
Other or Multiracial	7%	6%
Age		
18 to 21	79%	79%
Living Situation		
Lived in residence hall or school-owned apartment	54%	N/A

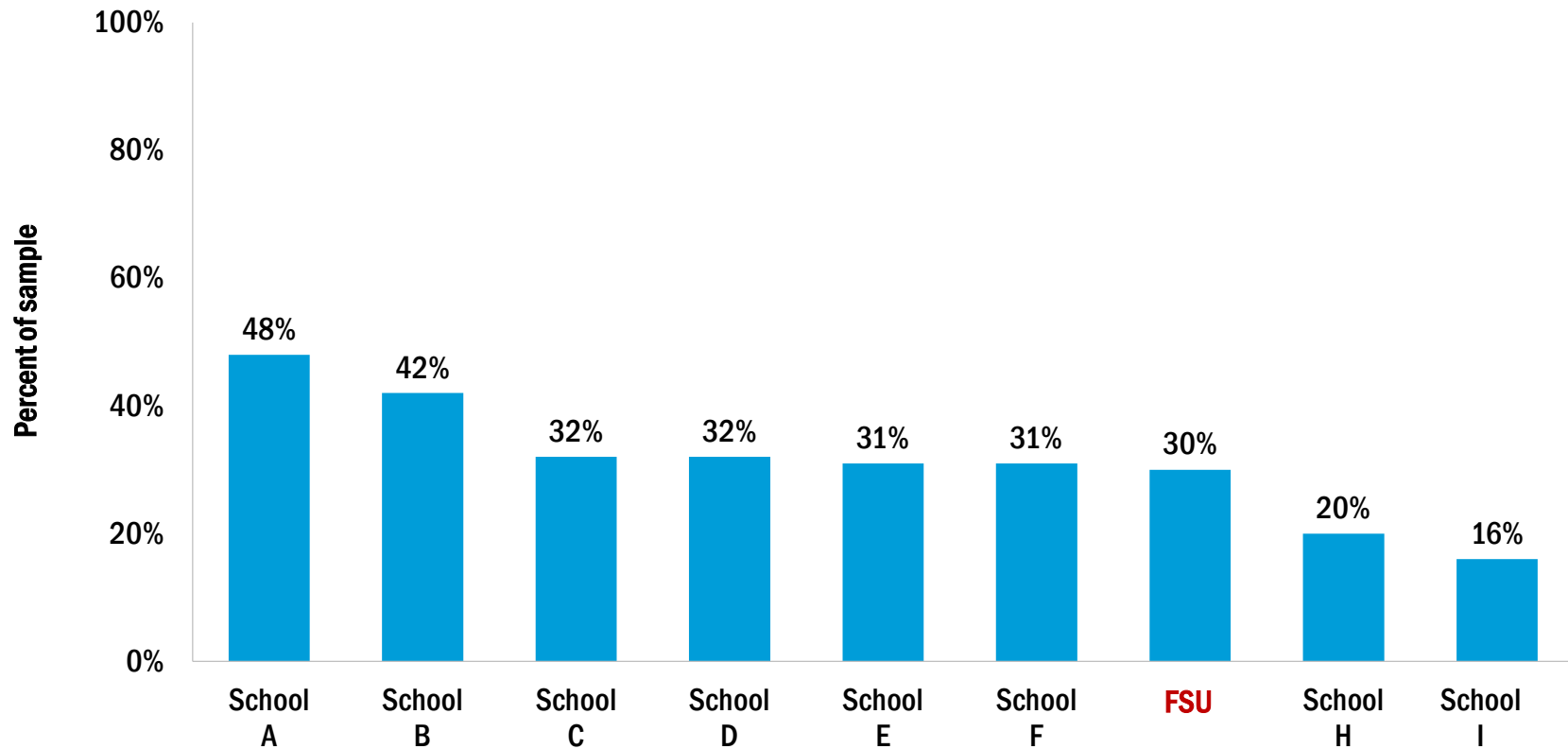
*National Center for Education Statistics. (2022). Integrated postsecondary education data system. Available at: <http://nces.ed.gov/ipeds/>

FSU MD-CAS 2022 Overview

- 34% abstained from both alcohol and cannabis during the past year (n=166)
- 68% drank alcohol in the past year (n=369)
- 55% drank alcohol in the past month (n=298)
- 30% binge drank in the past month (n=160)
- 26% used cannabis in the past year (n=127)
- 20% used cannabis in past month (n=100)
- 13% binge drank and used cannabis in the past month (n=63)
- 5% engaged in high intensity drinking in the past month

What Proportion of Students Binge Drink?

By School, MD-CAS 2022



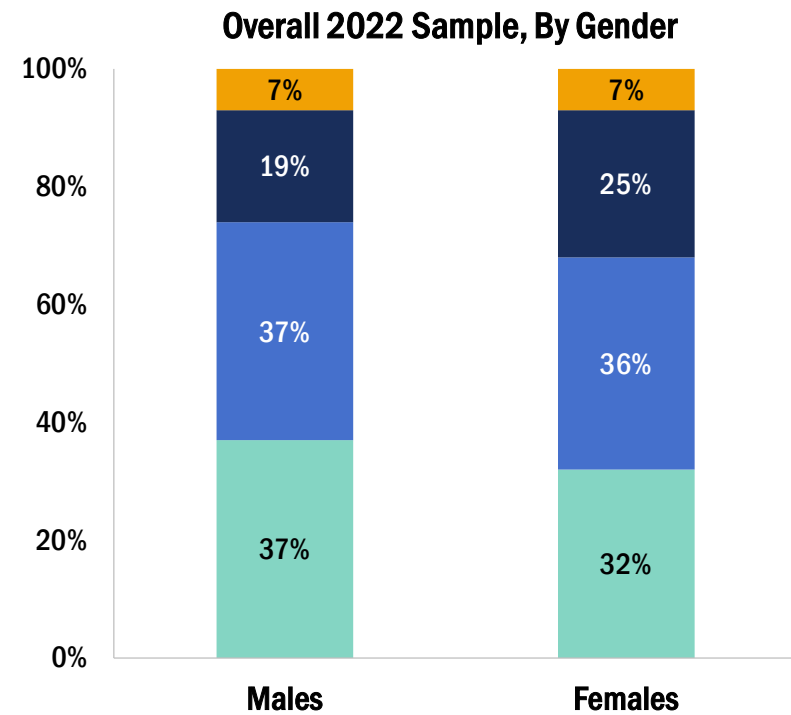
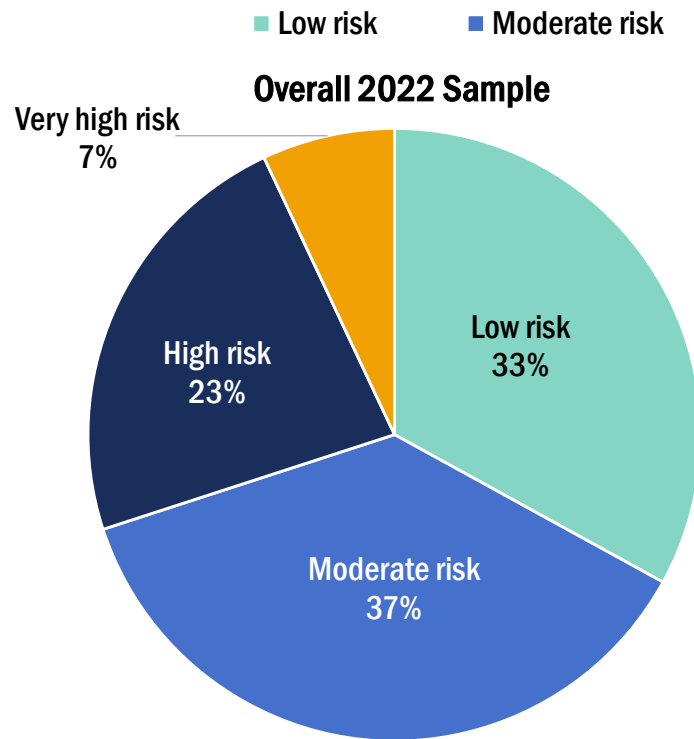
Note: Past-month binge drinking



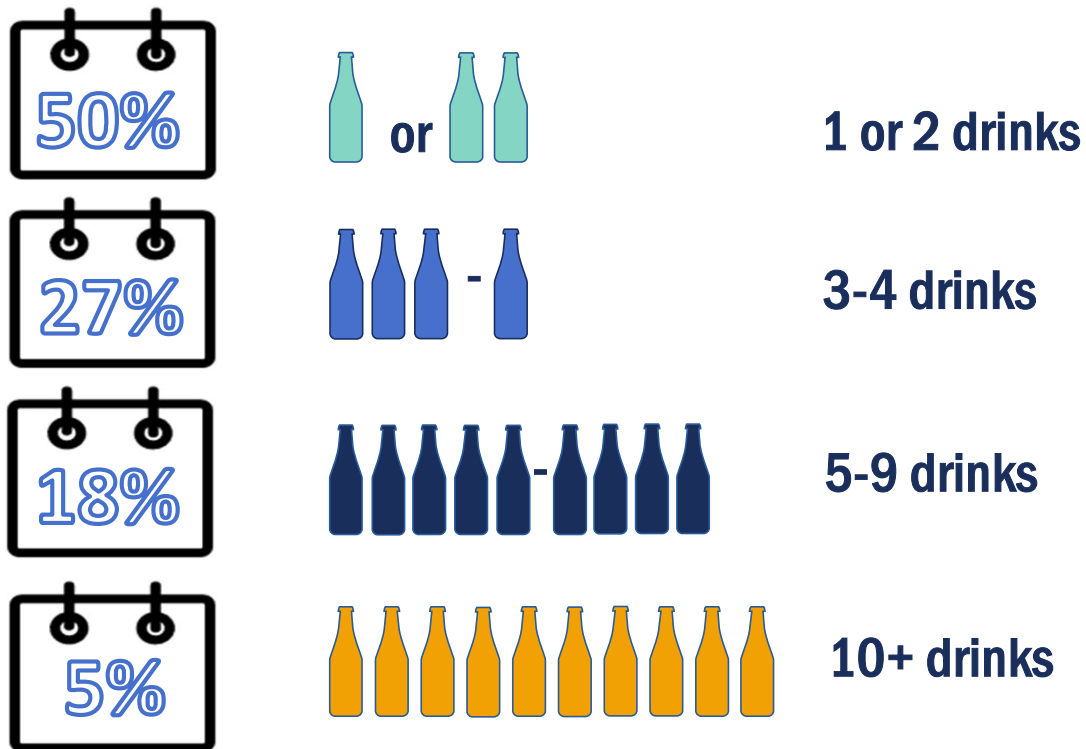
Characterizing Excessive Drinking and Related Problems

Alcohol Risk Groups

FSU MD-CAS Sample (n=547)

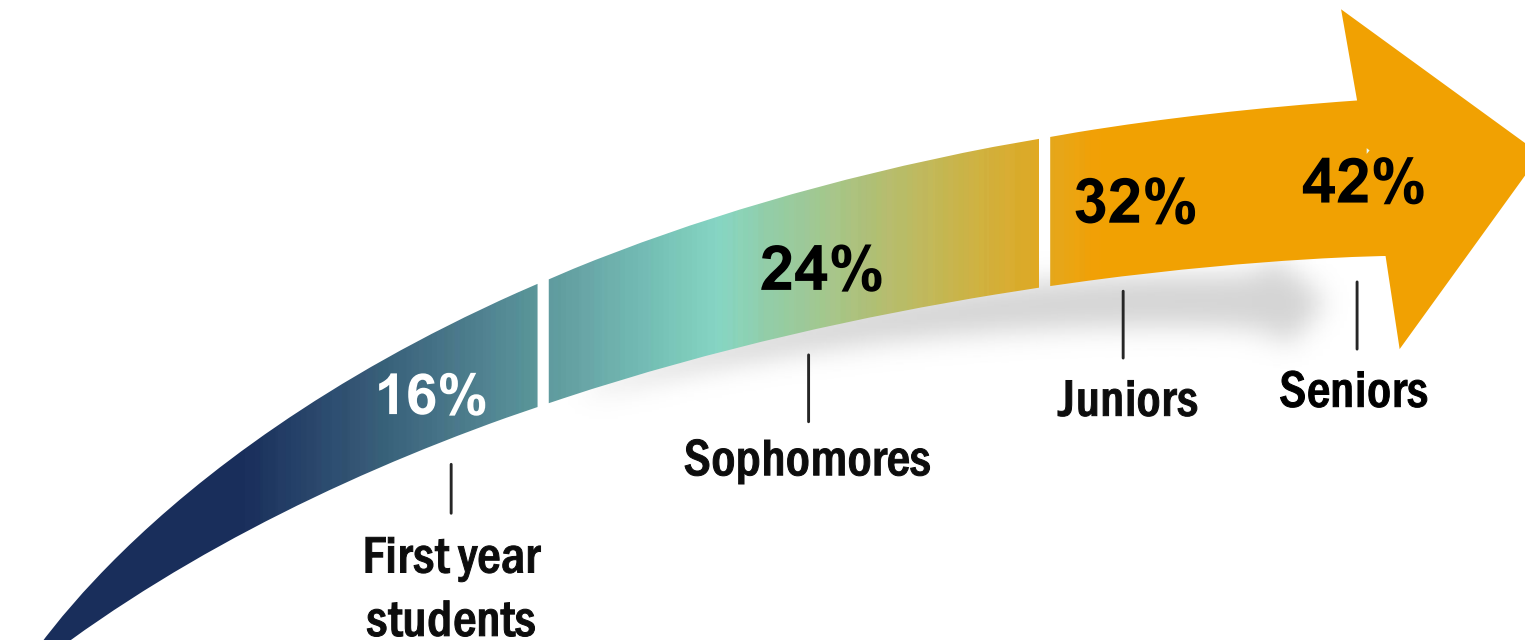


Number of Alcoholic Drinks in a Typical Week When FSU Students are Drinking



**Among past-month drinkers*

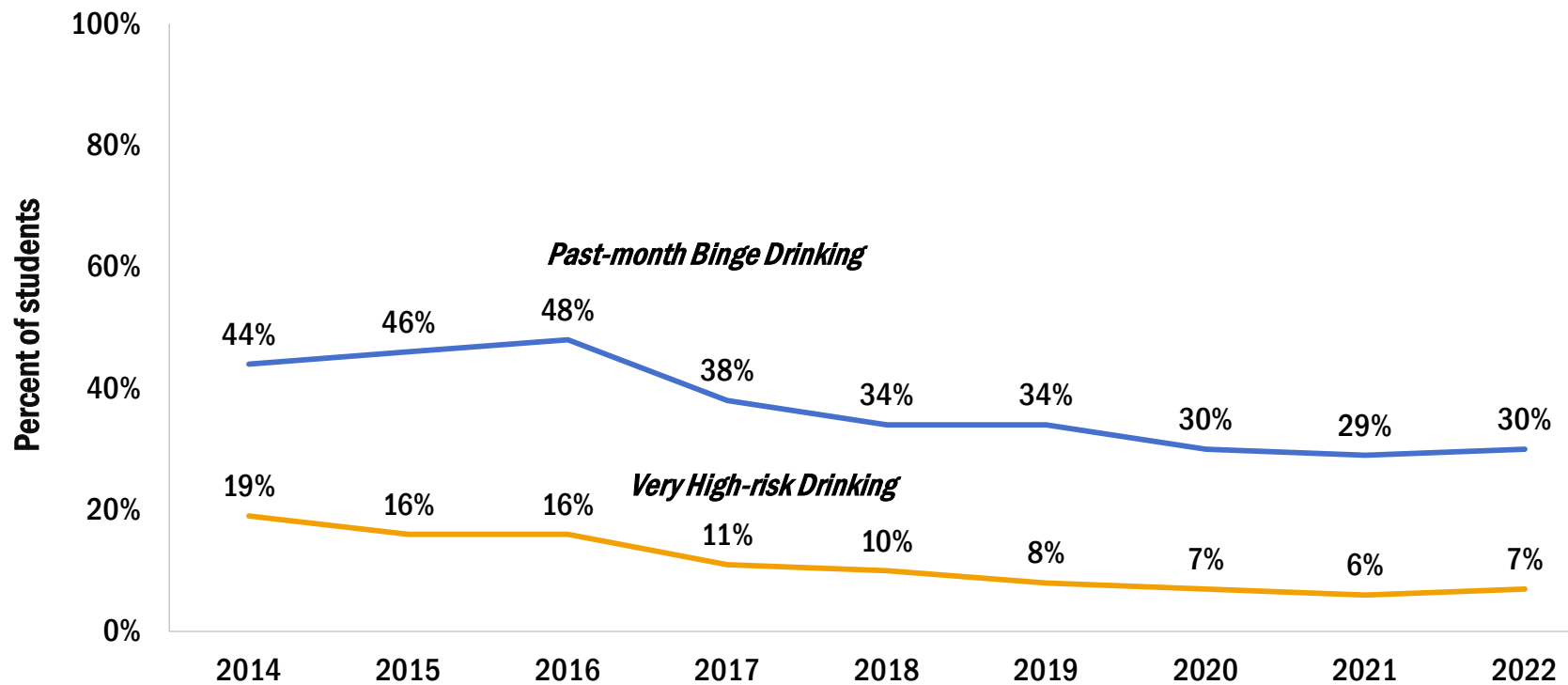
Percent of FSU Students with High or Very High-Risk Drinking



Upper Classmen have Largest Proportion of Students with High Risk/Very High-Risk Drinking

Trends in Binge and Very High-risk Drinking

FSU MD-CAS Sample



In What Contexts Do FSU Students Drink?

	Percent who said they drank alcohol in that context “sometimes”, “often”, or “frequently”
Alone**	42%
When you have no class or obligations	74%
While engaging in academics*	11%
Before going to class	2%
While in class (online or in person)	1%
While studying	11%
Right before or while driving a car	1%
With parents/guardians	60%
With other family members	56%

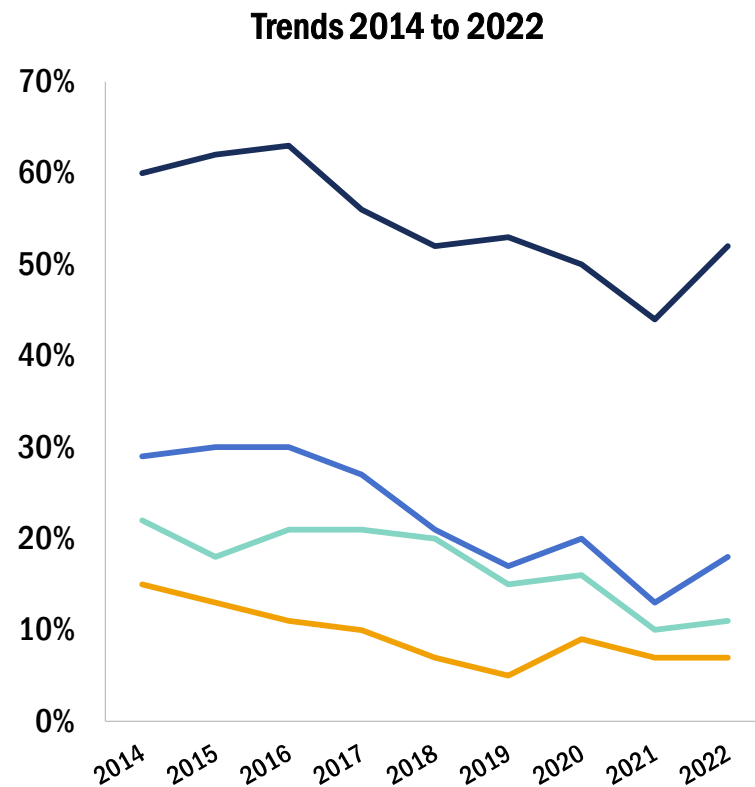
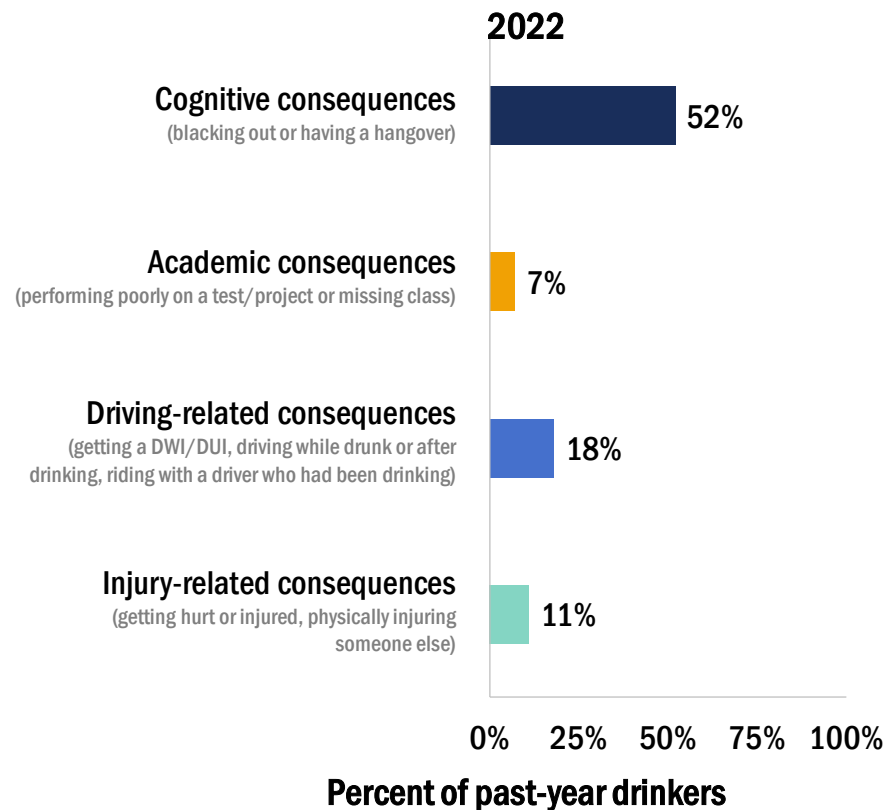
*This category includes the three categories below (before going to class, while in online class, and while studying).

****20% of students who drank alone reported having more than 3 drinks.**

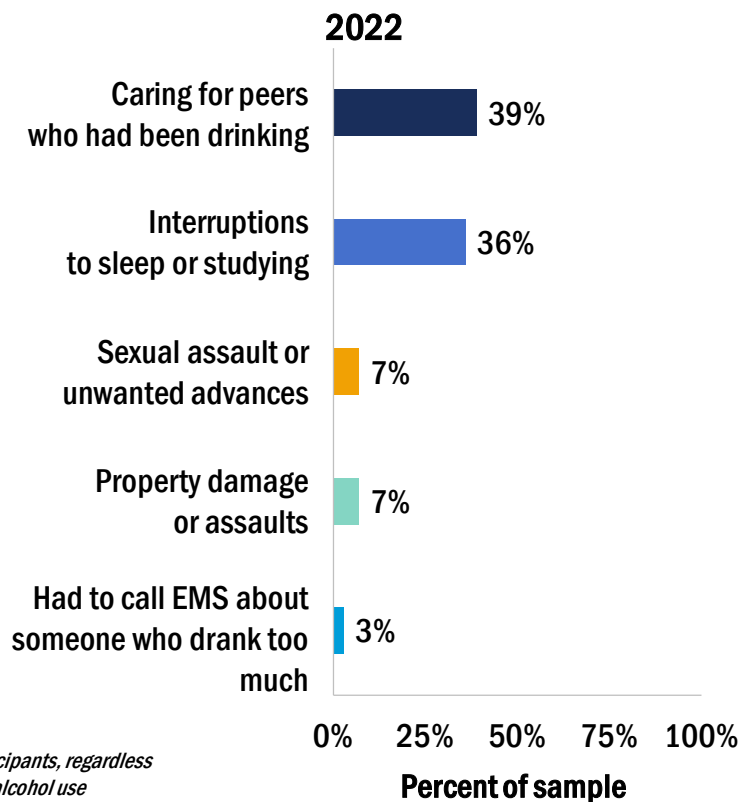


Alcohol-related Direct Consequences and Harms to Others

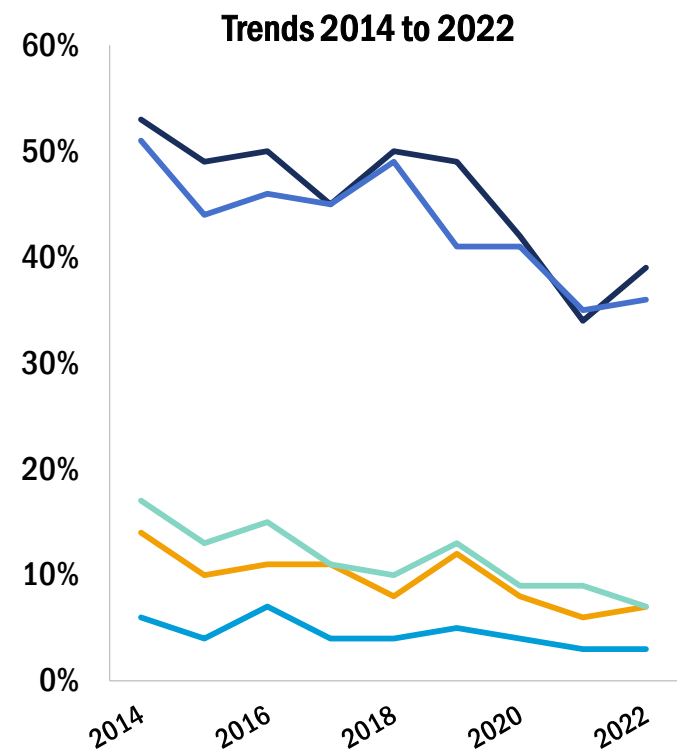
Direct Consequences of Alcohol Use among FSU Past-year Drinkers



Harms Experienced as a Result of Someone Else's Alcohol Use among FSU Students*



**Among all participants, regardless of their level of alcohol use*





Mental Health and Substance Use

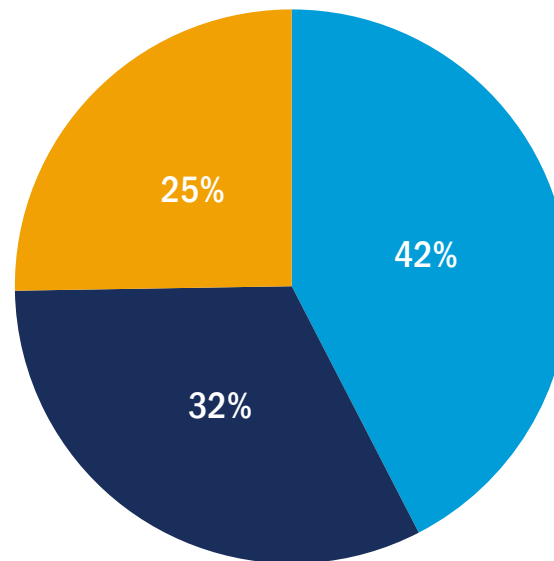
Depressive Symptoms

The PHQ is a standardized measure that asks how often student experienced depressive symptoms: “not at all”, for “several days”, “more than half the days”, or “nearly every day”:

Depressive Symptoms

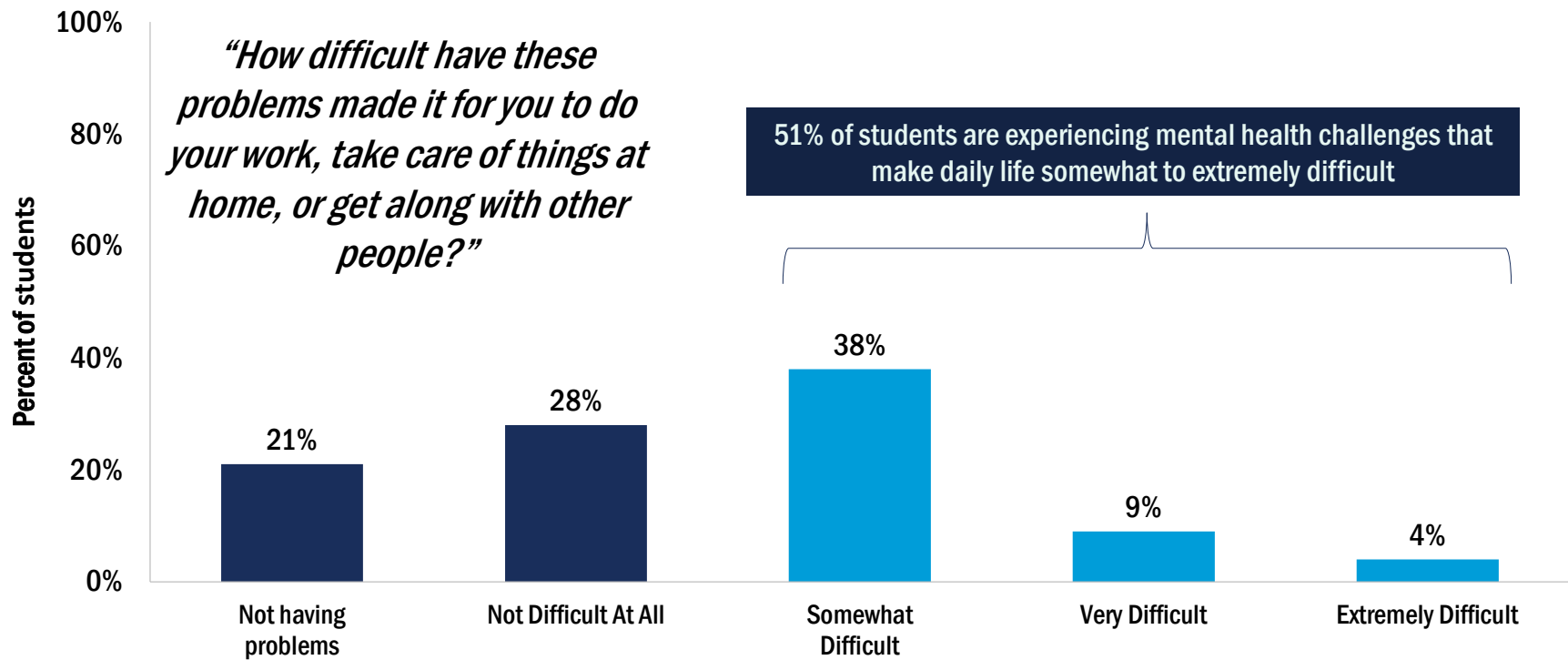
- decreased interest in normal activities
- feeling down
- feeling a sense of hopelessness
- change in sleep and/or appetite
- negative self image
- trouble concentrating
- letting others down

■ Low 0-3 ■ Medium 4-9 ■ High 10-24



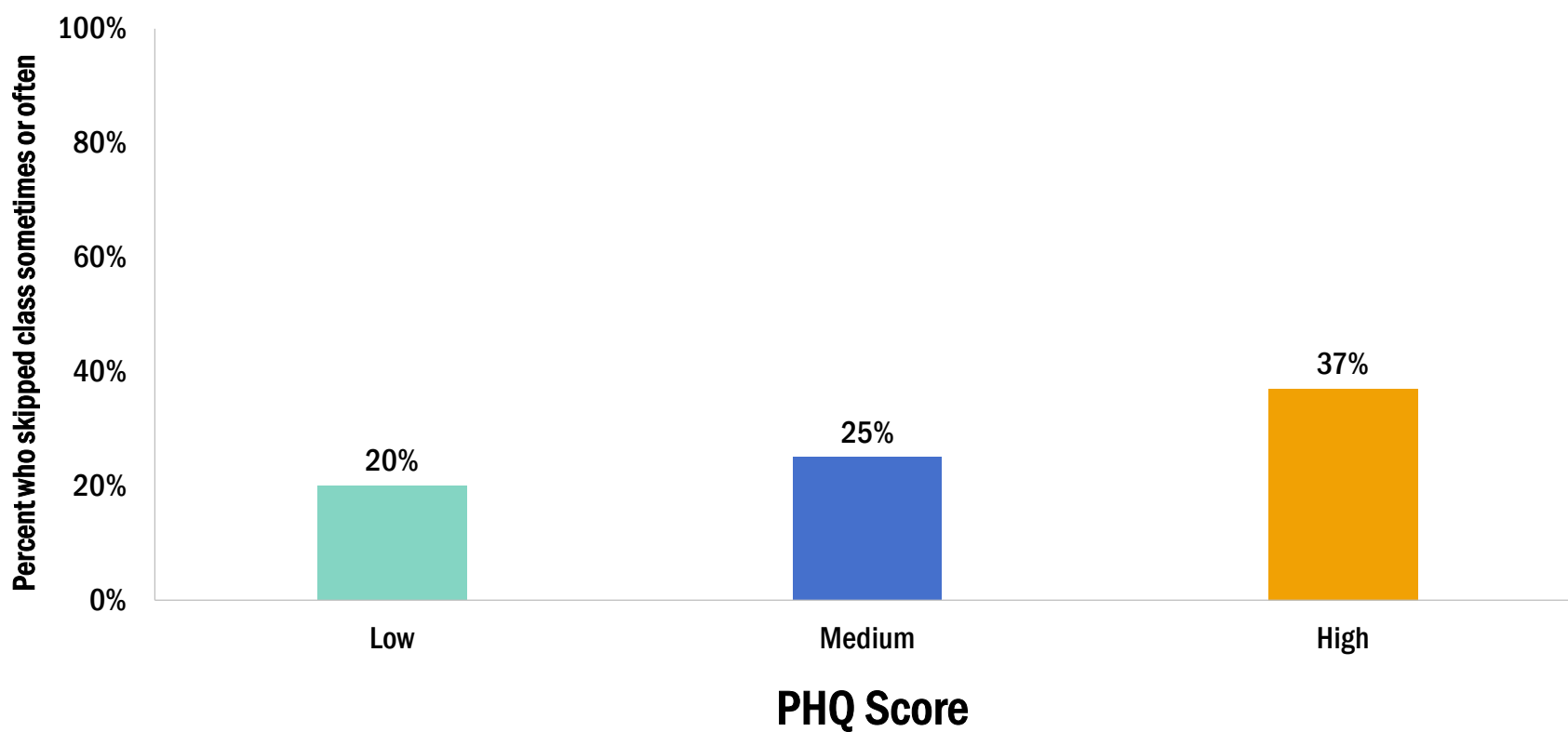
PHQ Score Distribution for 2022 FSU MD-CAS Sample

Half of FSU Students are Experiencing Mental Health Challenges That Affect Their Daily Life



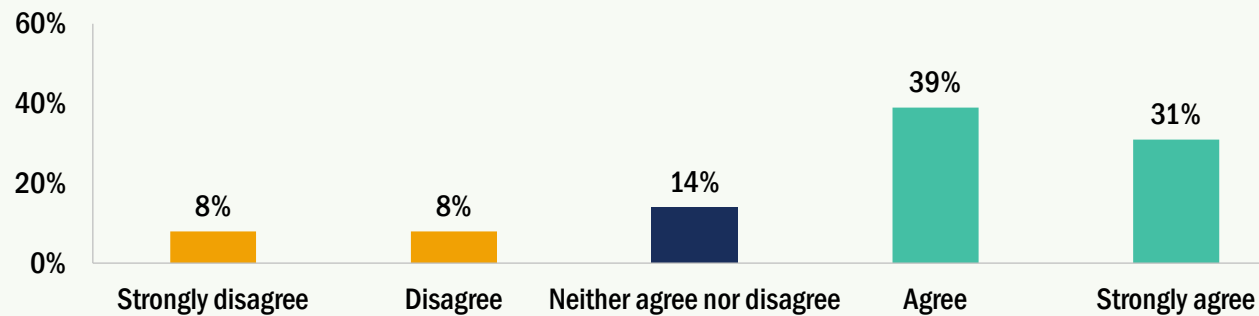
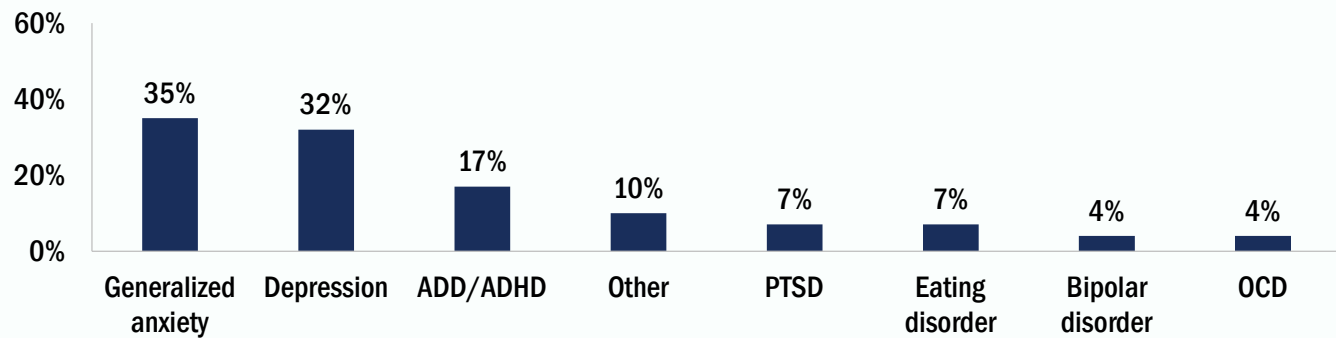
PHQ Scores Correlated with Skipping Class

FSU MD-CAS Sample 2022



Mental Health Diagnoses and Awareness of Resources at FSU

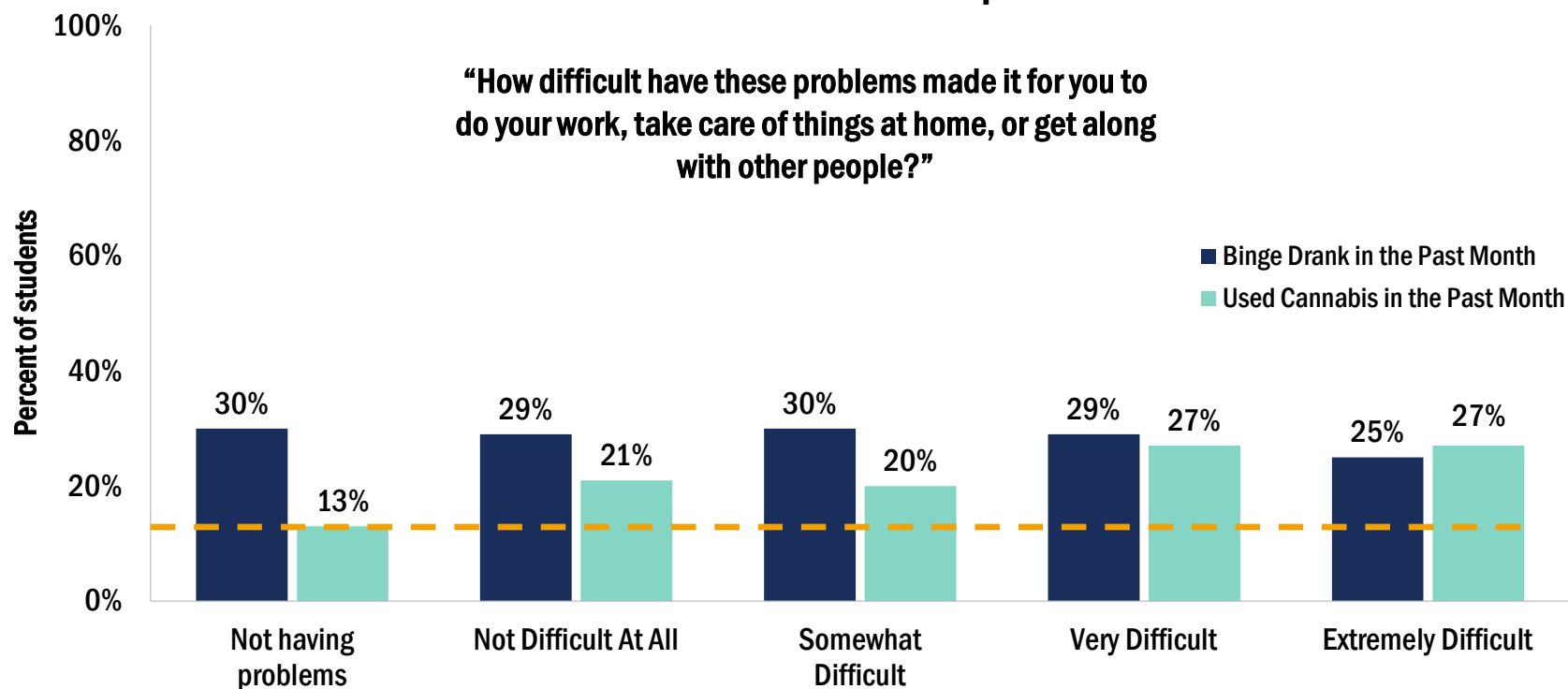
Prevalence of students who have been diagnosed or treated with a mental health condition



"If I needed, I would know where to access resources from my school"

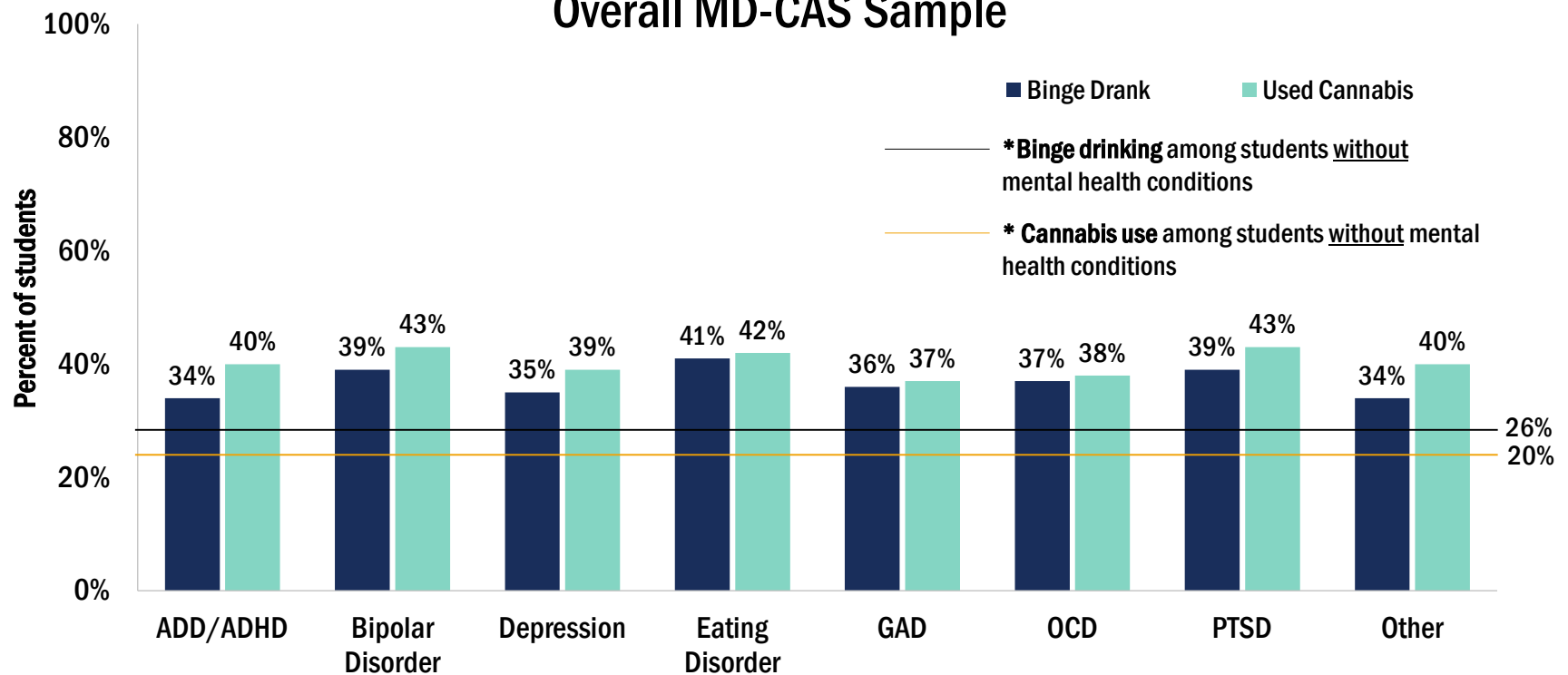
Association between Mental Health Challenges and Binge Drinking and Cannabis Use

Overall MD-CAS Sample



Students with Diagnosed Mental Health Conditions are more likely to Binge Drink and Use Cannabis

Overall MD-CAS Sample



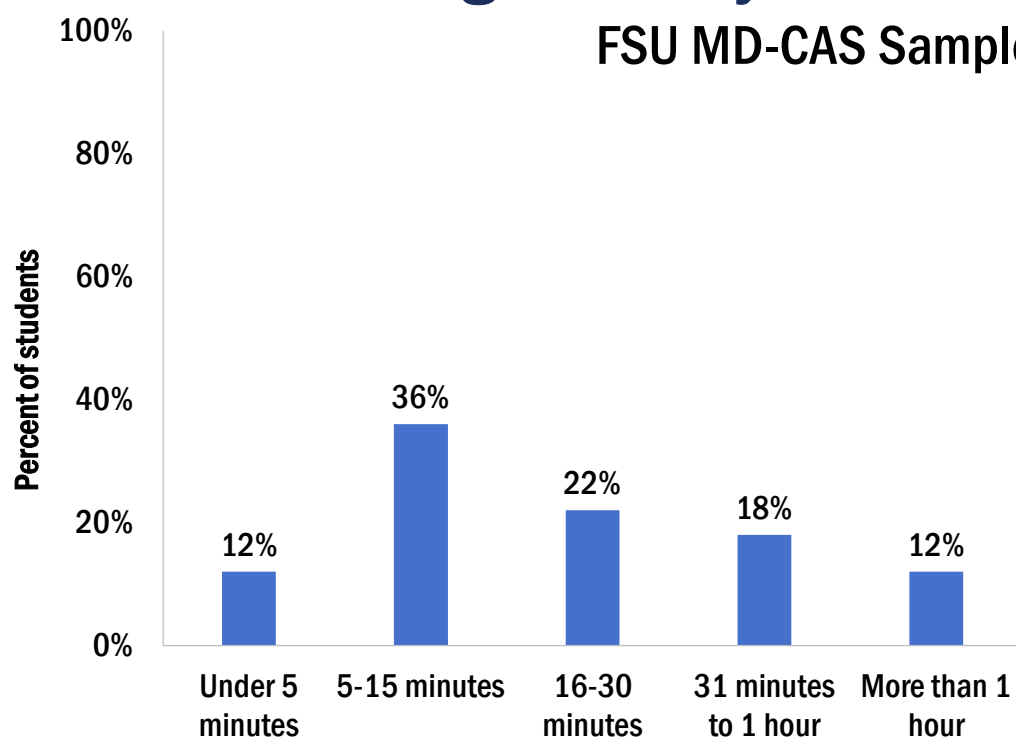
**Past-month binge drinking; past-year cannabis use; students without mental health conditions are those who have never been diagnosed*



Sleep During Past Two Weeks

How long does it usually take for you to fall asleep at night once you close your eyes?

FSU MD-CAS Sample 2022



Average Amount of Sleep in Last Two Weeks

Among FSU Students

Average Amount of Sleep on a Weeknight (Excluding Naps)

2%	Less than 4 hours
3%	4 hours
12%	5 hours
28%	6 hours
29%	7 hours
19%	8 hours
4%	9 hours
3%	10 or more hours



Average Amount of Sleep on a Weekend Night (Excluding Naps)

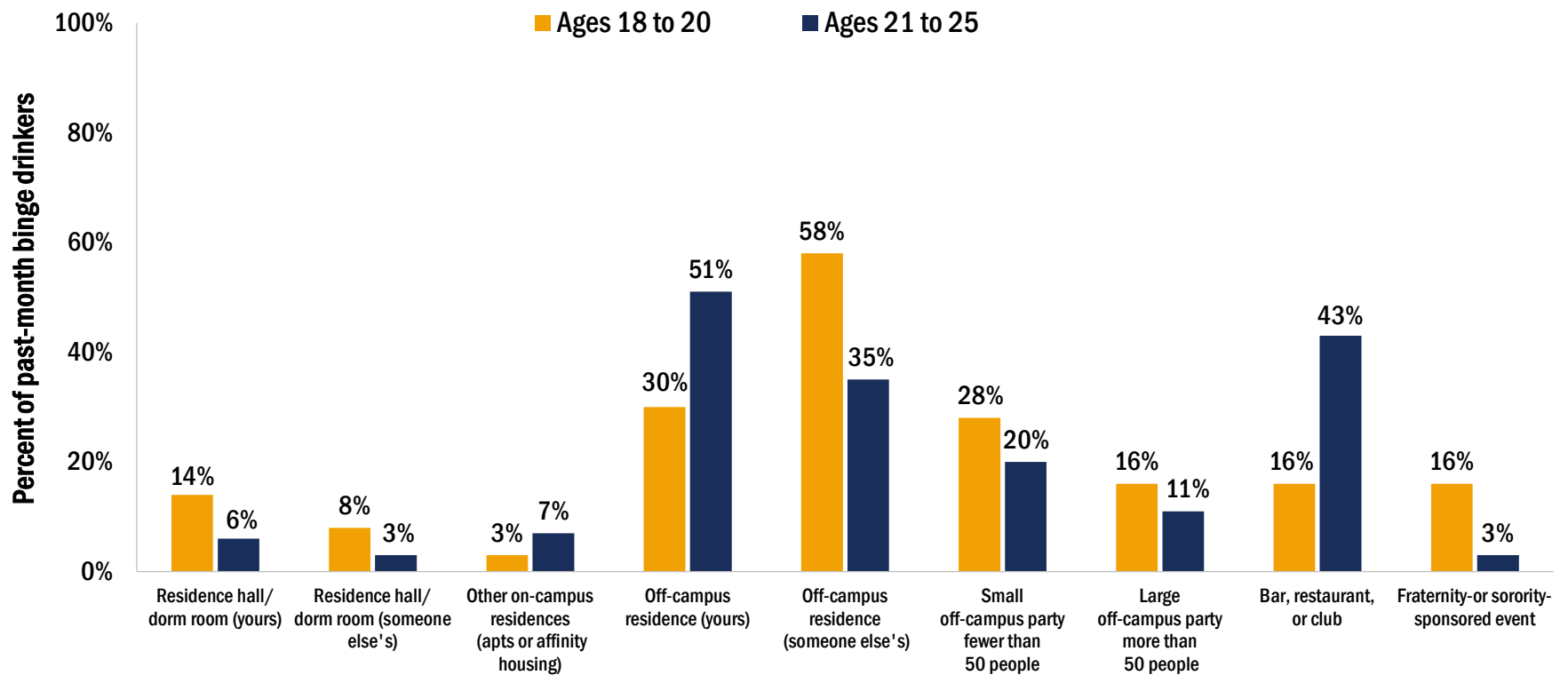
3%	Less than 4 hours
4%	4 hours
7%	5 hours
14%	6 hours
20%	7 hours
27%	8 hours
15%	9 hours
11%	10 or more hours



Access to Alcohol

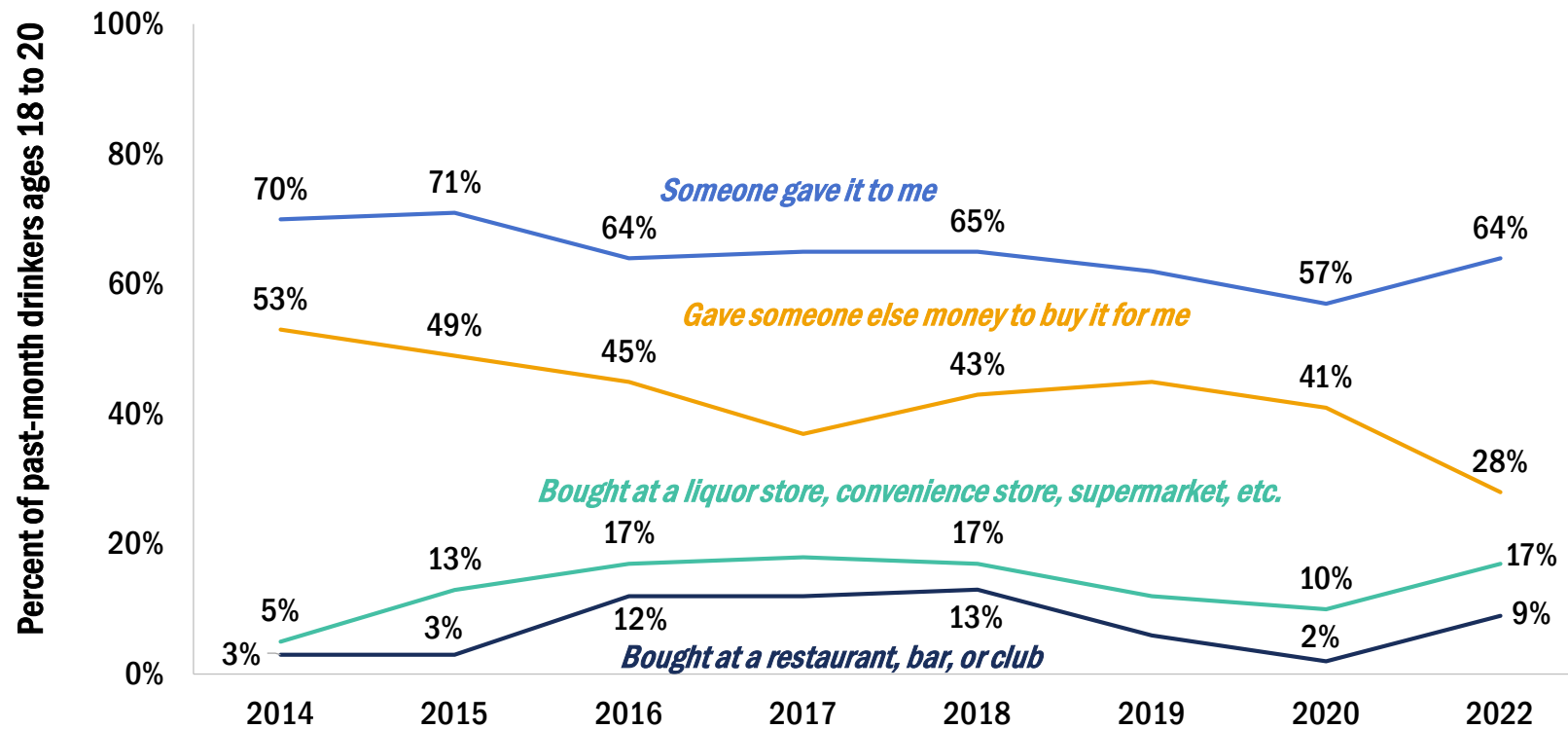
Where Do FSU Students Binge Drink?

By Age, among Past-month Binge Drinkers



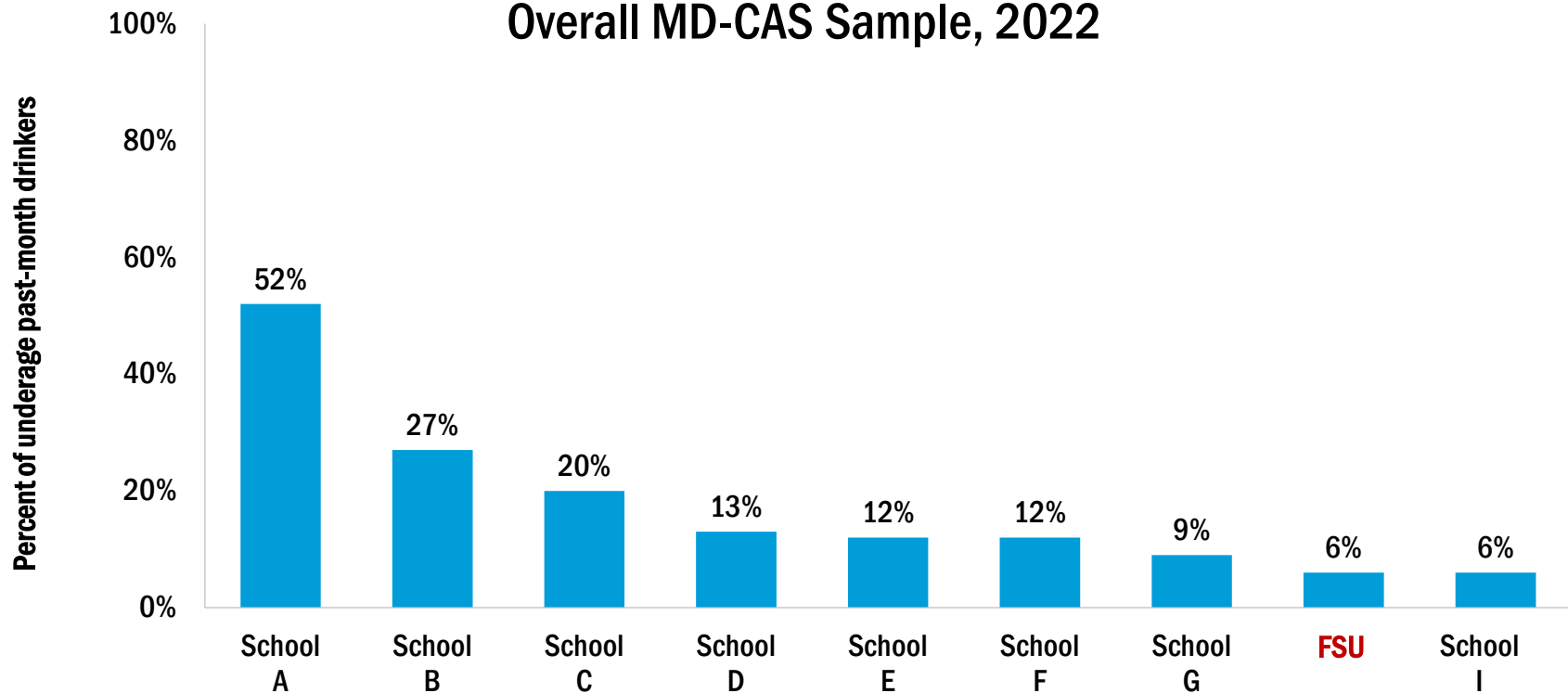
How Alcohol Was Obtained by Underage Drinkers

among FSU Past-month Drinkers **Ages 18 to 20**



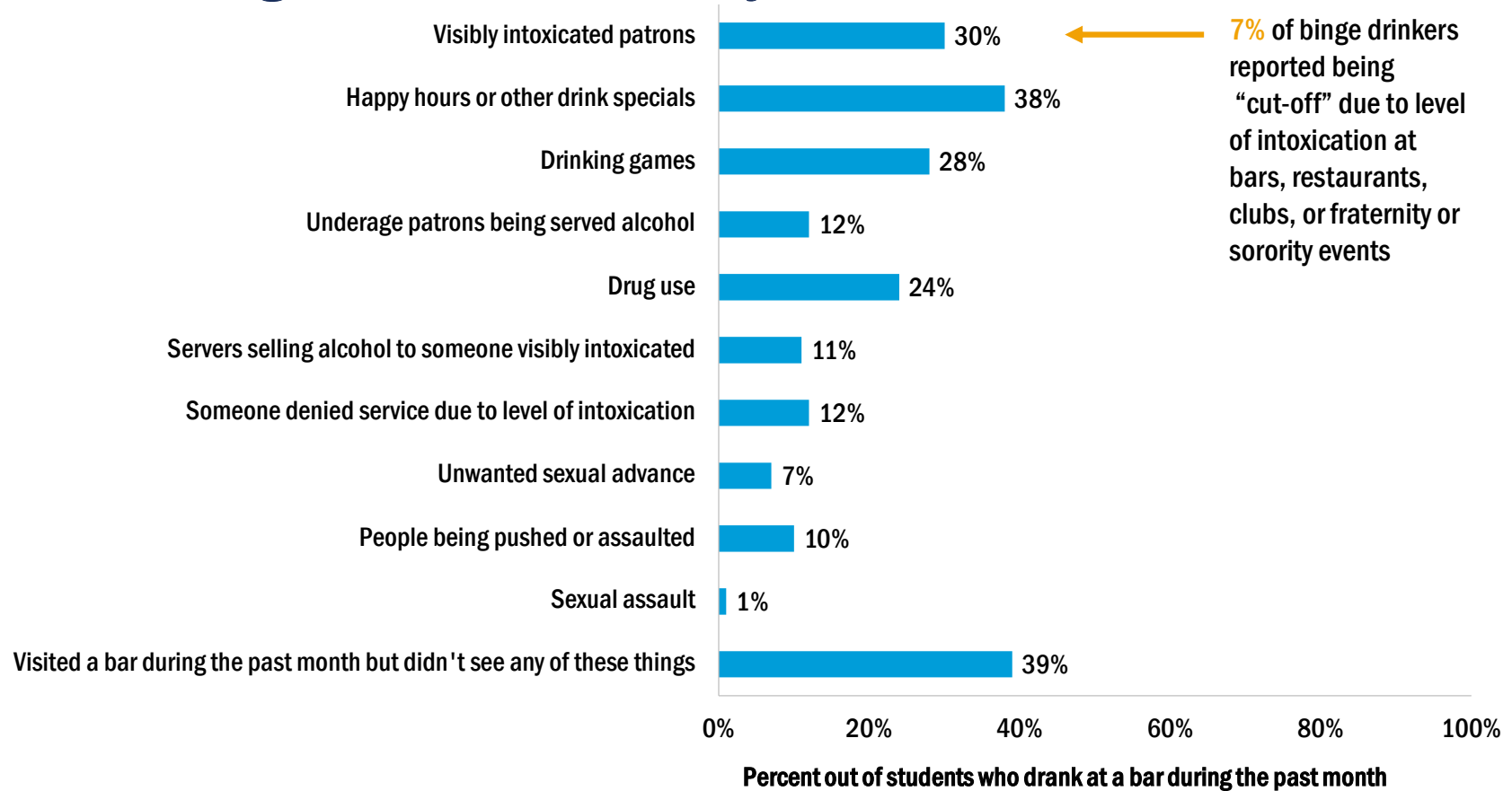
What Proportion of Underage Past-month Drinkers Use a False ID?

Overall MD-CAS Sample, 2022



Note: Past-month false ID use

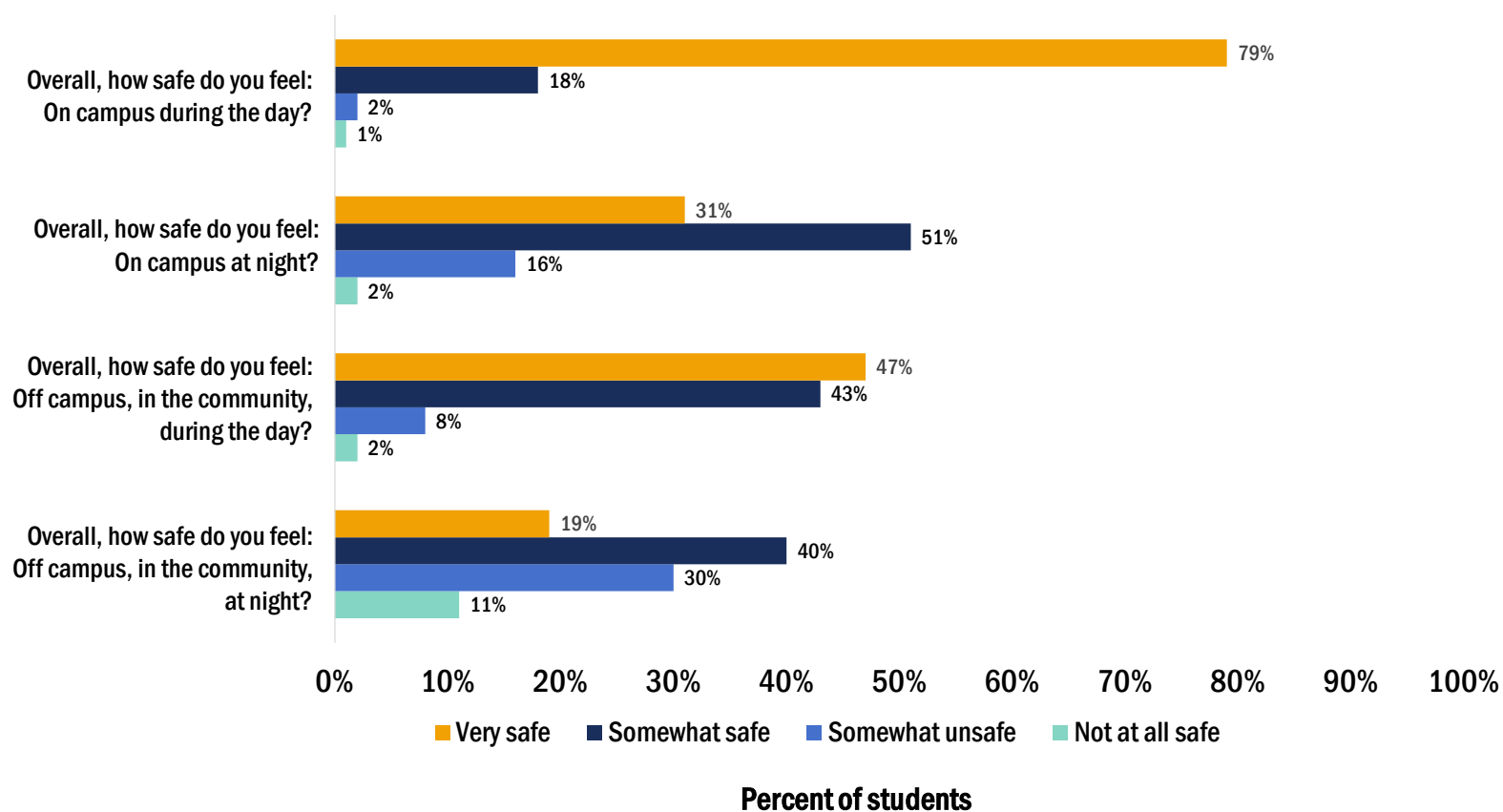
Things Seen at a Bar by FSU Students



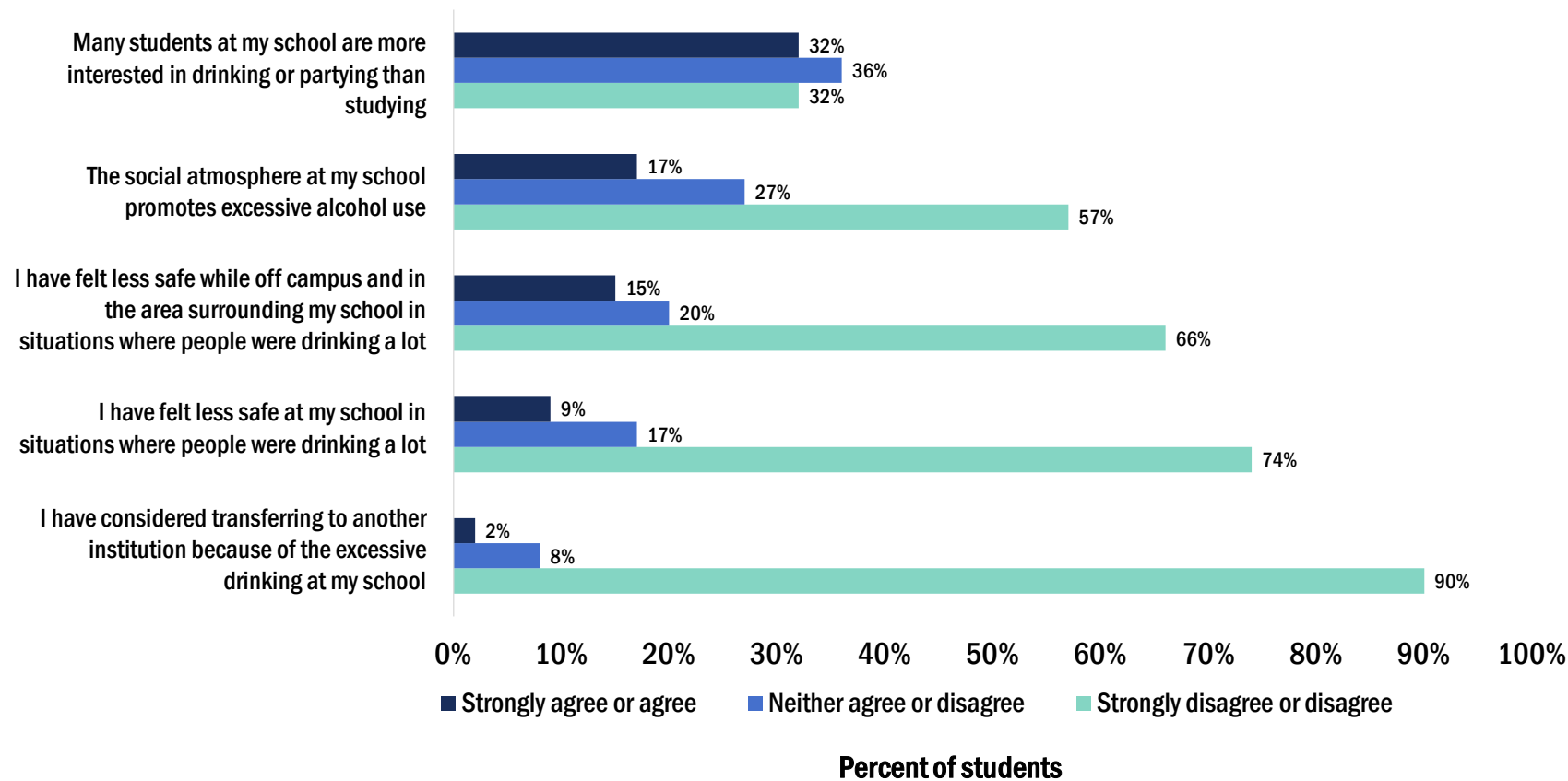


On- and Off-campus Climate and Policy Enforcement

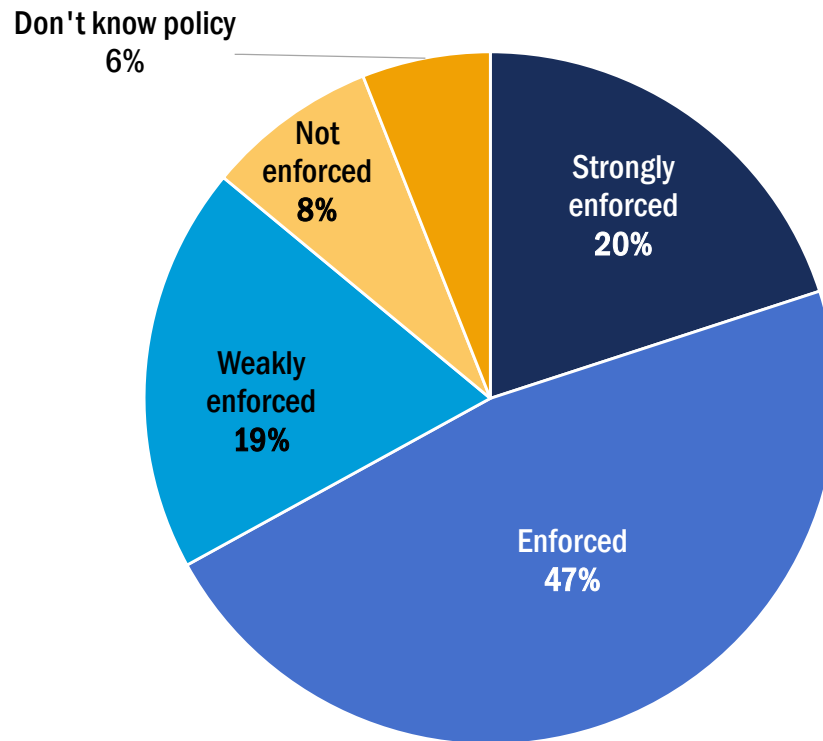
Student Perceptions of FSU Campus Safety



Student Perceptions of FSU Campus Climate



How Strongly Do FSU Students Think RA's Enforce Alcohol Policies?



To be effective, consequences must be:

- **Certain,**
- **Swift, and**
- **Sufficiently severe**

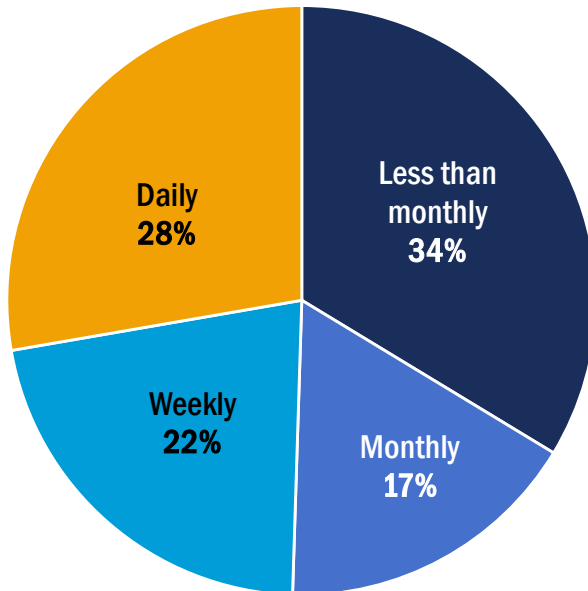
0% thought that there was no school policy



Cannabis and Other Substance Use

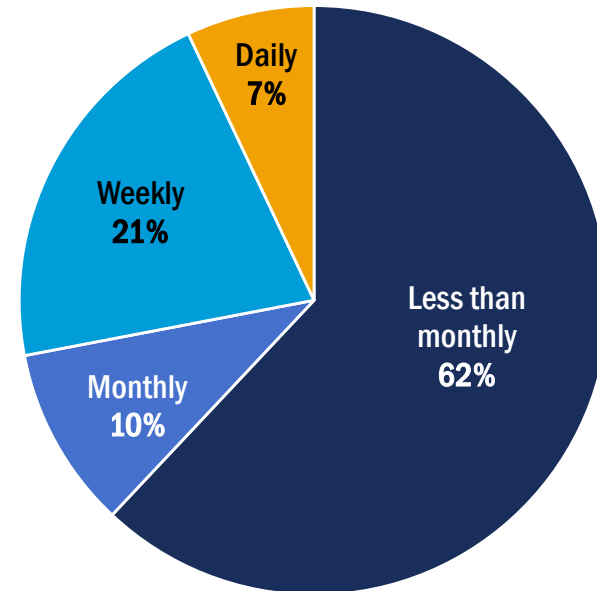
Past-year Cannabis and Past-year CBD Use among FSU Past-year Cannabis and CBD Users

Frequency of cannabis use during the
past year (n=127)



74% of students at FSU have not used cannabis in the past year

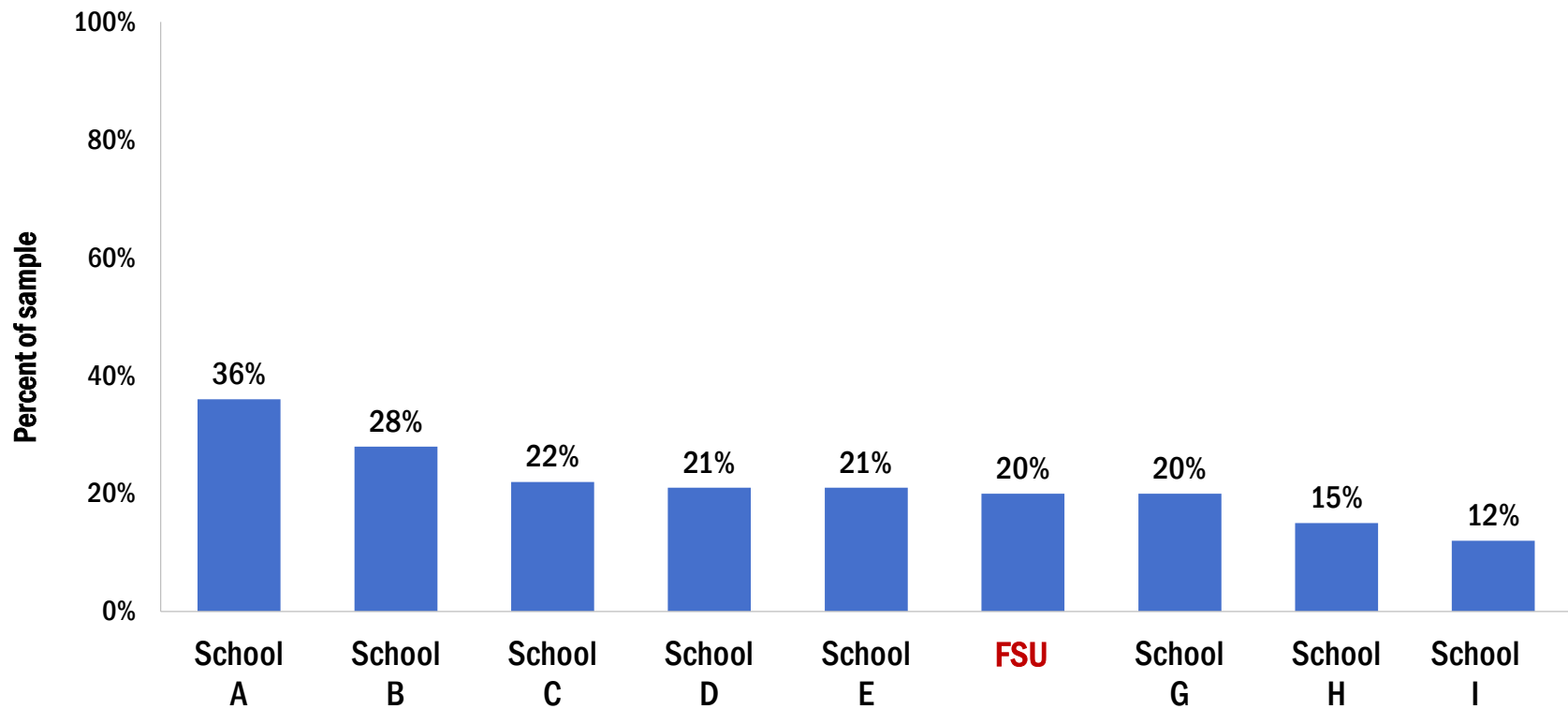
Frequency of CBD use during the
past year (n=68)



86% of students at FSU have not used CBD in the past year

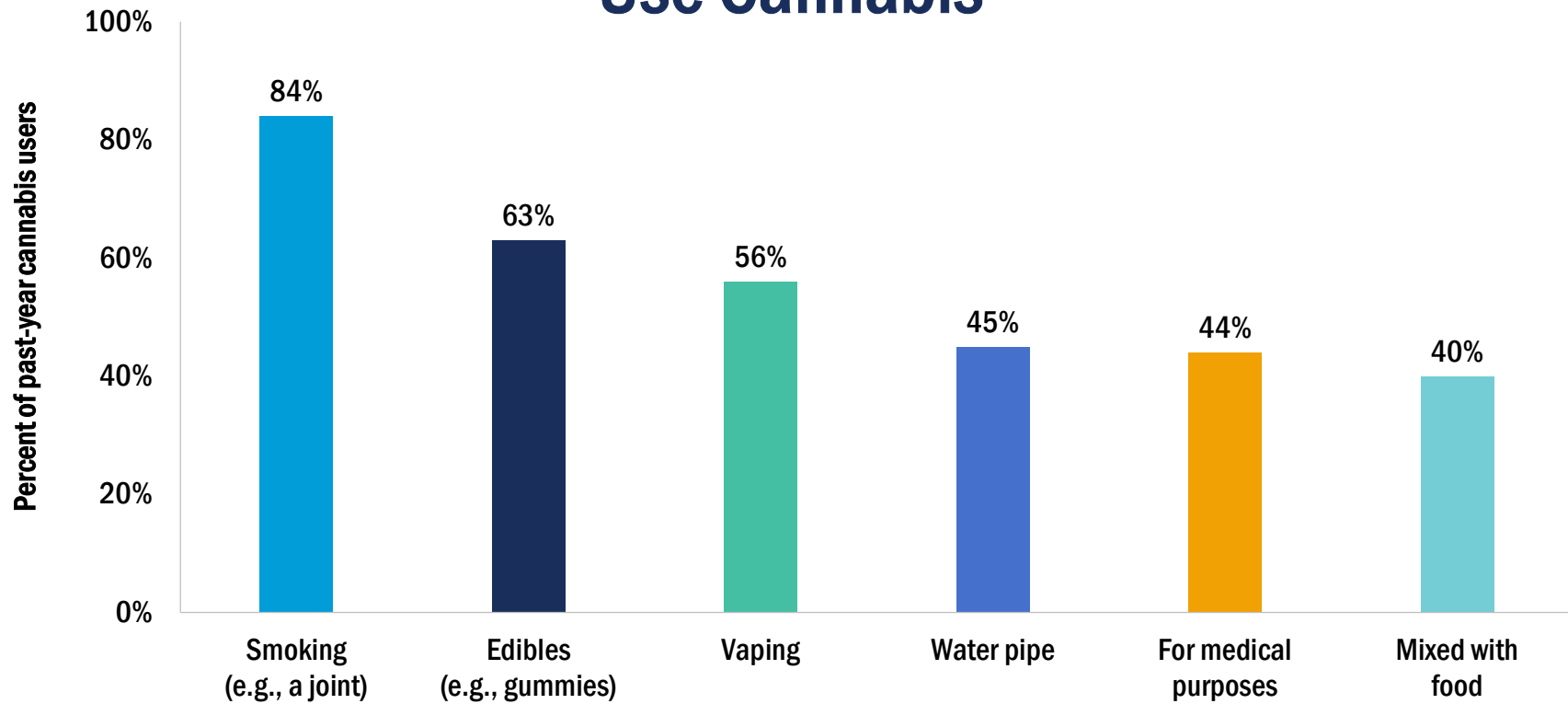
What Proportion of Students Use Cannabis?

By School, MD-CAS 2022

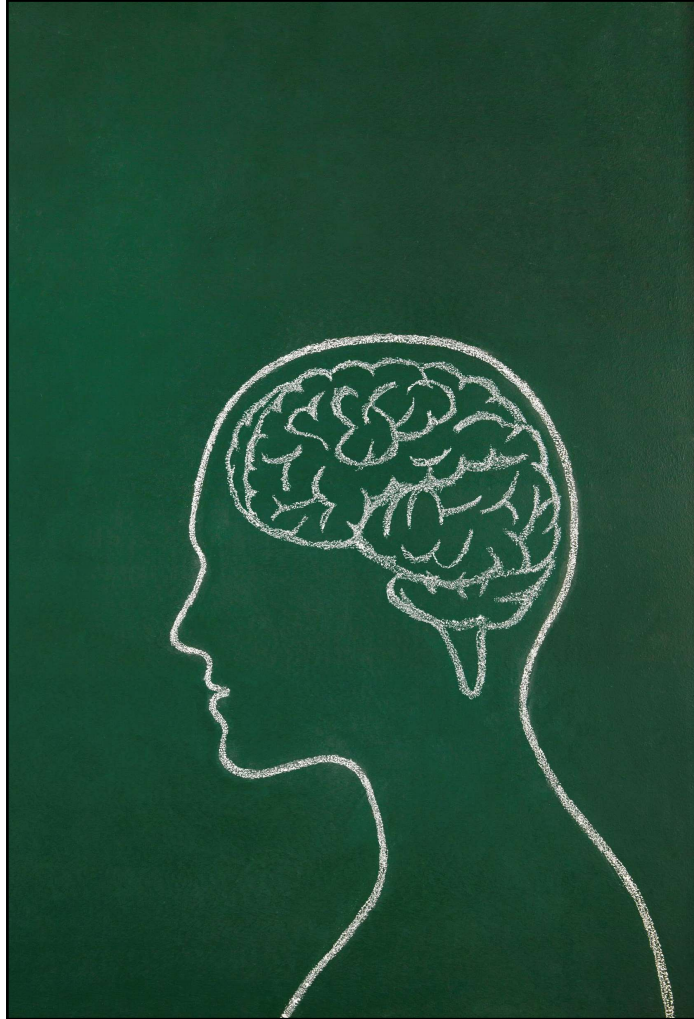


Note: Past-MONTH cannabis use

How FSU Students Use Cannabis*



**Among past-year cannabis users*



Other Cannabis Findings among the 2022 FSU MD-CAS Sample

- Those who binge drink continue to be more likely to use cannabis; students are not “replacing” one for the other
- While the use of alcohol and cannabis at the same time does occur, among students who use both alcohol and cannabis, 65% reported 1-5 days a month of simultaneous use for heightened effect
- The prevalence of daily or weekly cannabis use remained stable, but those who are using may be using more frequently and using higher potency products
- Students aged 21 and over are more likely to use cannabis, so prevention efforts and services should also target older students

Other Substance Use among FSU Students

Substance	% of students who used during the past year
Tobacco	
E-cigarettes or other vape products	20%
Cigarettes	6%
Other tobacco products (e.g., hookah, cigars, little cigars)	9%
Prescription drugs used nonmedically	
Prescription stimulants	2%
Prescription analgesics (pain relievers)	1%
Prescription tranquilizers	1%
Prescription sedatives	0%
Other substances	
CBD products	14%
Hallucinogens	5%
Cocaine	2%
Ecstasy	1%
Heroin	0%
Methamphetamine use	0%



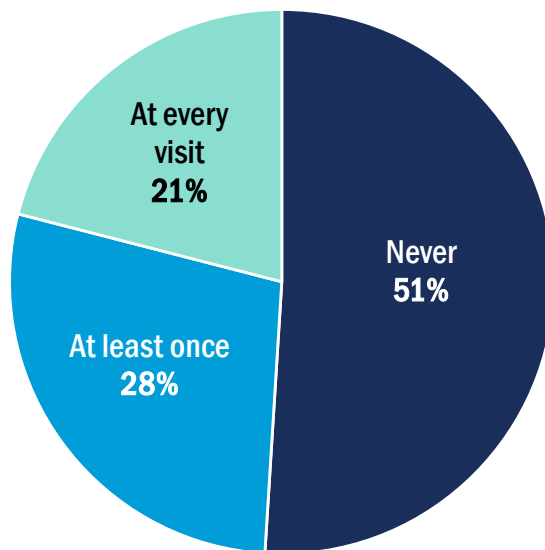
Opportunities for Screening and Intervention

AUDIT-C Scores among FSU Students (Alcohol Use Disorders Identification Test)

	Low-risk Drinking or Abstinence <i>Score 0 to 2/3</i>	Exceeds Low-risk Guidelines <i>Score 3/4 to 5</i>	Harmful and Hazardous Drinking <i>Score 6 to 7</i>	Possible Alcohol Dependence <i>Score 8 to 12</i>
Recommended Action	<i>Provide alcohol education</i>	<i>Provide simple clinical advice</i>	<i>Provide simple advice, brief counseling, and continued monitoring</i>	<i>Refer to specialist for diagnostic evaluation and treatment</i>
Men	63%	21%	12%	5%
Women	55%	38%	4%	3%

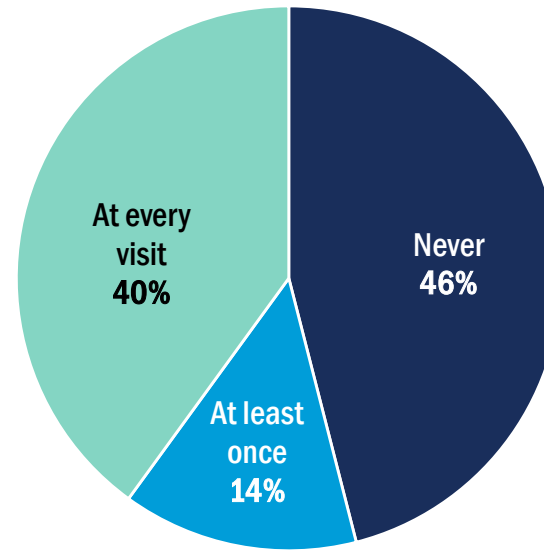
Are FSU Students Asked About Alcohol Use at the Counseling and Health Centers?*

During Counseling Center visits



**36% of binge drinkers
had ever visited the Counseling Center.**

During Health Center visits



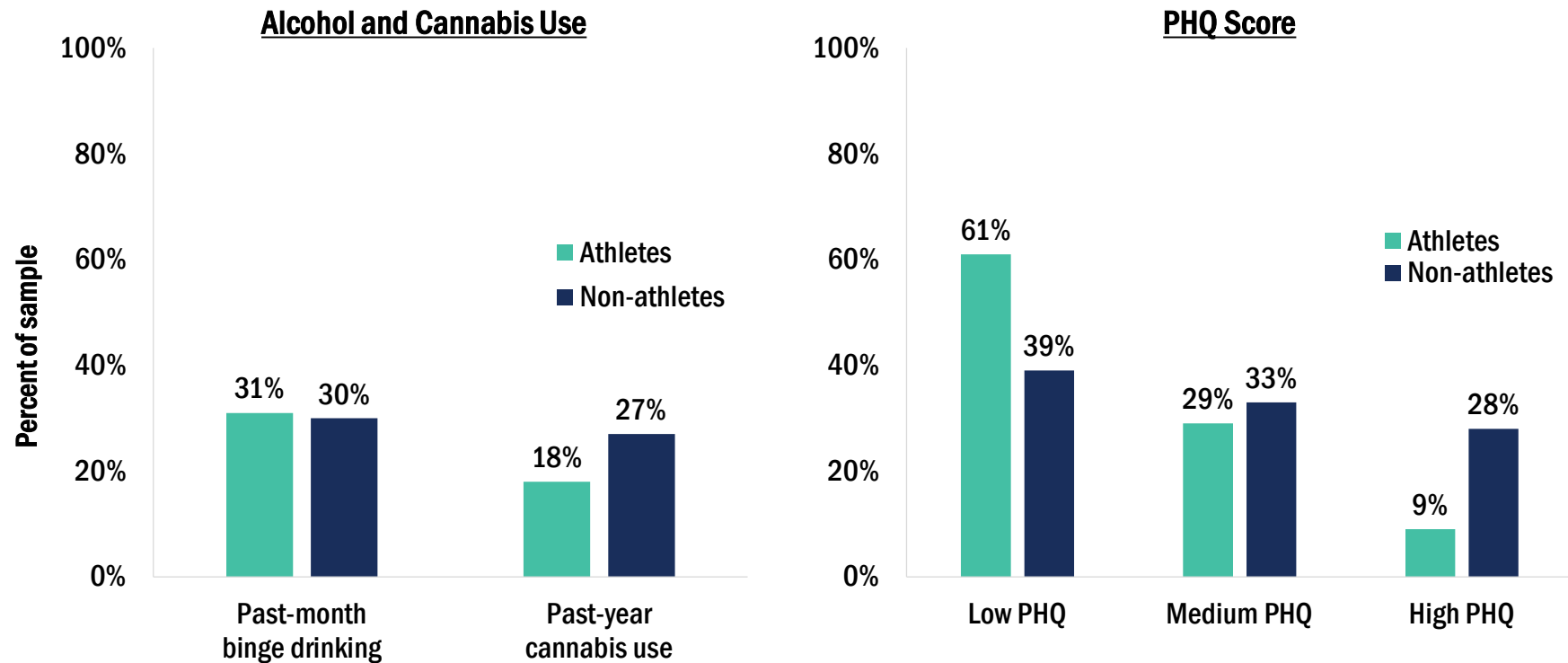
**49% of binge drinkers
had ever visited the Health Center.**

**Among students who have visited the health or counseling centers at least once*



Students At Risk for Binge Drinking and/or Cannabis Use

Trends among FSU Athletes and Non-athletes





Looking Forward:
**Resources and Opportunities for Addressing Excessive
Drinking and Related Problems at FSU**

Engaging Faculty

- Faculty and staff survey
- Training webinar
- Roadmaps for campus resources
- Infographics

Towson Faculty and Staff Roadmap

The college years can be a difficult time for many students and finding campus resources can be challenging. Faculty, staff, and other members of the campus community are often unsure of where to turn or what to say when they come in contact with a student who needs help. This roadmap clarifies the resources available to students at Towson and provides tips on how to facilitate help-seeking.

Recognize Warning Signs:

Trust your gut. It is easy to brush away suspicions or assume that someone else is helping a student, but you might be the first person to act. Substance use and/or mental health issues are often related to academic disengagement, such as:

- Not showing up for class or meetings
- Poor performance on tests or projects
- Appearing disengaged/“checking out”

Initially or changes in mood or behavior are other signs that a student might need help. If something feels off, it's important to find a campus resource that can help.

Depending on the type of concern, please contact the following offices:

Type of Concern	Who To Contact	Contact Information
Alcohol and/or drug use	Alcohol, Tobacco, and Other Drug	610.701.1510 spawson.alcohol.tobacco@towson.edu

UMES Faculty Help Hawks Thrive!

Faculty and staff at UMES play an integral role in student success. Substance use has significant impacts on students' academic and social development, and this resource provides information and strategies to address this important topic inside and outside the classroom.

IS SUBSTANCE USE “NORMAL” IN COLLEGE?

In short, no. Social norms and media can make it appear as if everyone is partying, but in reality, they aren't. There are many ways for students to get involved and have a rich social life that doesn't revolve around substance use.

68% of UMES students did not use cannabis in the past year.

However, although substance use is less common than you think, it is likely more harmful than you realize.

WHAT ARE THE ACADEMIC IMPACTS?

UMES students who binge drink or use cannabis weekly or more are **more** likely to skip class often, and UMES students who binge drink or use cannabis have lower GPAs than students who do not binge drink or use cannabis.

HOW CAN I HELP?

- Avoid unintentionally normalizing substance use, i.e. “don't go too crazy this weekend, you have an exam on Monday!”
- Promote positive mental health and coping strategies by hosting guest lectures from health and wellness staff, adding supportive syllabus statements, doing check-ins throughout the semester, etc.
- Keep an eye out for current news and research on substance use and behavioral health. This will help you be aware of emerging trends and concerns to look out for in your interactions with students.
- Most importantly, recognize red flags that a student is struggling, check in with them, and refer them to resources (see below). Some red flags include chronic absenteeism or tardiness, appearing tired or even falling asleep in class, missing or late assignments, frequent requests for extensions, change in affect (for example, they used to participate frequently, but have stopped), and struggling academically (under consistently struggling or a sudden change in performance).

WHAT RESOURCES ARE THERE?

If you are feeling concerned about a student's substance use, would like to learn more about substance use issues in general, or to collaborate with a staff member about educating students, you work with, contact the ATOD Prevention Center: Lida Brown Building, umc@umc.edu and Director: Lauren Wigfall, lwigfall@umc.edu

If you'd like to be sent the full UMES “Faculty Resource Roadmap” that includes other campus student support services like the Counseling Center, and off-campus resources, please contact the ATOD Prevention Center.

Steps for Meaningful Conversations with Students of Concern

BEFORE YOU BEGIN

Sometimes we push away gut feelings of concern for fear that we are overanalyzing, or even out of discomfort about what to do with our concerns. Moreover, sometimes we worry that if we reach out, we might be wrong, make things worse, or make the student defensive. So, step one is to reassure yourself, and take stock of the observations that have led you to be concerned.

Most people appreciate being checked-in on and will not be insulted if you approach them nonjudgmentally. If they are in fact doing alright, they will still appreciate that you care, and know that if something comes up in the future, that you will be there for them.

PREPARE

Review some direct observations and warning signs that have led you to be concerned. Some examples:

Student Scenario: Substance Use

STEPS FOR INTERVENING

- PREPARE
- REACH OUT
- EXPLORE, AFFIRM, AND REFLECT
- SUMMARIZE AND REFER
- FOLLOW-UP

SCENARIO

Kevin has always been a lively presence in your classes, cracking jokes and supporting his classmates. He says he broke his ankle a couple of weeks ago while playing on his intramural team. Lately, he's asked for a lot of extensions on assignments and explains his frequent absences as doctor's appointments. Although he's still his handsy self when he does show up for class, he's often late and appears tired.



PREPARE

Review what makes you concerned:

- Chronic Tardiness/Absenteeism
- Sudden Tired Appearance
- Requests for Extensions
- Recent Injury

REACH OUT

A post-class conversation with Kevin could start with:

Faculty Member: “Kevin I’ve been meaning to ask you how your ankle’s been healing up! Do you have a few minutes to catch-up?”

Kevin: “Oh yeah sure thing, thanks for asking, it’s been going okay, just feels like it’s taking forever.”

EXPLORE WHAT’S GOING ON

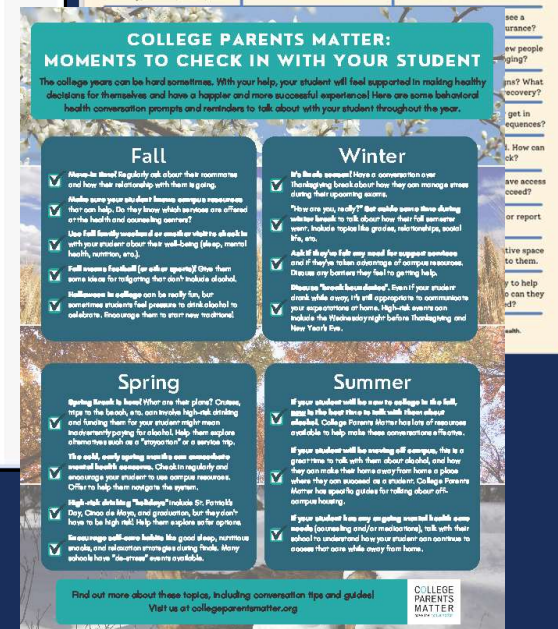
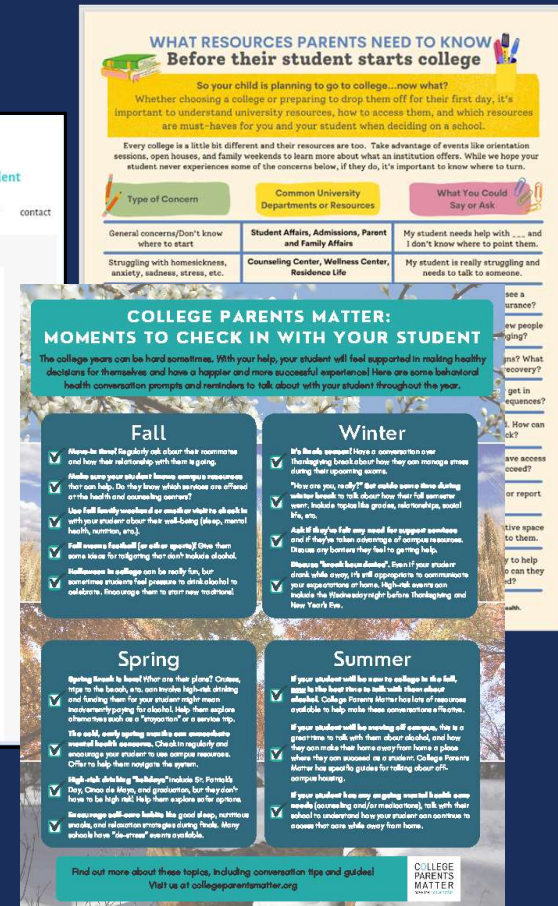
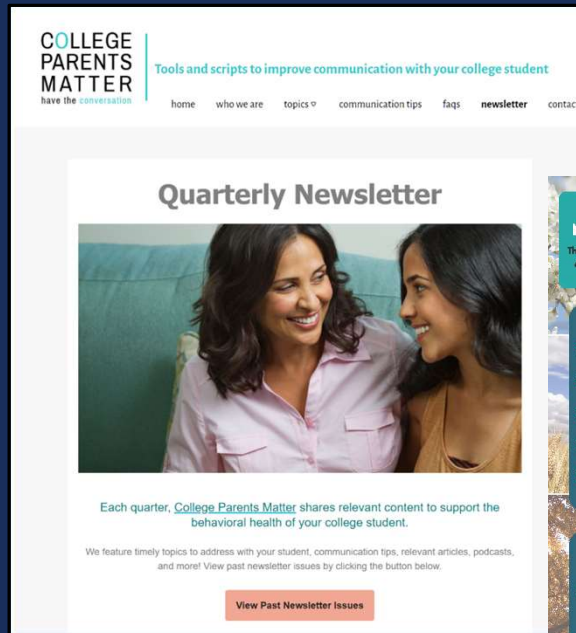
Faculty Member: “I bet. Must be hard to not be as active as you normally like to be.”

Kevin: “Yeah it’s the worst.”

Faculty Member: “If you don’t mind, I wanted to talk to you about how you’ve been lately in general?”

Engaging Parents and Families

- College Parents Matter Website
- Quarterly Newsletter
- Conversation Prompt Checklist
- Roadmap
- Custom letters



Addressing Cannabis

- Fact Sheet
- Faculty webinar
- Parent webinar
- Addressing cannabis misperceptions webinar

Mary Christie Quarterly

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LET'S TALK ABOUT CANNABIS

If you feel confused about the terms cannabis, THC, marijuana, CBD, and their effects, you are not alone. The quickly evolving landscape around cannabis has made it difficult to keep track of health claims, risks, and regulations. We hope to give some clarity on these issues as well as recommendations for further resources that are up to date, easily accessible, and evidence based.

LET'S START WITH SOME BASICS

Cannabis, sometimes referred to as **marijuana**, is a plant with more than 100 chemical compounds called cannabinoids, of which THC and CBD are the most common.

THC (tetrahydrocannabinol) is the psychoactive compound that produces the "high" that many people associate with cannabis. There are three FDA-approved synthetic cannabis-related drug products. **Cesamet™** can be used to treat nausea and vomiting caused by cancer and chemotherapy, as can **Marijuol™** and **Syndros™**, which can also treat loss of appetite and weight loss in people who have HIV/AIDS.

CBD (cannabidiol) is another compound found in cannabis and does not produce a "high". There has been much interest in CBD in recent years regarding potential health benefits. So far only one cannabis-derived product has been granted FDA approval, **Epidiolex™**, which is used to treat seizures in individuals with Lennox-Gastaut syndrome, Dravet syndrome, and tuberous sclerosis complex.

WHAT ABOUT POTENCY?

Cannabis potency, or the % of THC in a product, has risen steadily for years. Conversely, the concentration of CBD in cannabis that is typically available in the U.S. has remained minimal and relatively unchanged.

A great variety of cannabis products are available, including concentrates and edibles, that are even higher potency, between 40-80% THC. Additionally, many products do not list their potency (see regulation section, left) and most edibles do not provide a "serving size".

The potential impacts of these high potency products will not be known for some time, but we know from years of data that cannabis use increases risk for neurocognitive deficits, dependence, and can precipitate or worsen some mental health disorders.

ARE CANNABIS PRODUCTS REGULATED?

UNFORTUNATELY, NO, NOT REALLY.

Cannabis-derived and cannabis-related products have been approved for a small number of medical uses. **Although products in states that have legalized medical and/or recreational cannabis often list a variety of medicinal or therapeutic uses, they have not been approved by the FDA.** It's important for consumers to realize that the FDA has not required testing of "medicinal cannabis" products for their safety or therapeutic value.

The FDA is particularly concerned that consumers might use CBD products in place of approved treatments for medical conditions. Even delaying approved treatment through the use of these products can have dangerous consequences.

Another concern is that some cannabis-derived products list inaccurate amounts of cannabinoids contained within them. A 2017 analysis of products containing CBD that were being sold online found that 26% contained significantly less CBD than was stated, with 43% containing more.

HOW DO I STAY UP TO DATE?

FIRST, YOU NEED TO KNOW WHERE TO LOOK.

Cannabis information evolves rapidly, so it's best to bookmark some trusted resources that are objective and evidence based.

When evaluating a source, make sure the information is fact based rather than opinion based or anecdotal. If a website or other resource has a motivation to sell you something, they are unlikely to be a reliable source. As a general rule, these organizations have up-to-date information based on the latest research: **FDA, NIDA, SAMHSA, and NIH.**

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How to Increase Profits & Protect Your Customers

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What Bar Owners & Managers Are Saying

"I would **highly recommend** this short seminar as a resource to bar/restaurant managers and owners. Hanour's sessions are **informative and concise**, and a **great opportunity** to meet other industry professionals."

-Christopher Scott, General Manager, Chez Hugo, Baltimore, MD

"The training was **easy to listen to and informative**. It helped with the little, but important reminders to relay to our staff re-opening. Thank you!"

-Candace Dillon, Galway Bay, Annapolis, MD

"I don't get much out of most alcohol service-related trainings these days - but Gregg's was different. You can tell he's actually spent a considerable amount of his career as a boots-on-the-ground operator and not just a talking head. **Fully recommend!**"

-Timothy Graham, Event Center & Concessions Manager, UMBC Event Center

About the Trainer

Gregg Hanour consults bar owners and managers in sound alcohol management practices and profit maximization. He is the former owner of two bars in Southern California and author of *The Optimized Bar, Profits by Design* (available June 2022).

 THE MARYLAND COLLABORATIVE
TO REDUCE COLLEGE DRINKING AND RELATED PROBLEMS

Engaging Retailers

- Step 1: Data Collection
 - Collect data on management and service practices in 17 bars popular among college students.
- Step 2: Trainings for bar owners
 - Free online training to reduce over-service and improve patron safety
- Also available
 - Voluntary retail agreements

2022 Updated and Revised Campus Policies Reports

- 2016 report analyzed campus alcohol policies for:
 - Clarity
 - Accessibility
 - Effectiveness
- 21 Model Alcohol Policies for 2021
- 2022 update
 - Revisits policies and provides feedback for schools

