College Drinking in Maryland:
A Status Report

September 2013

About the Maryland Collaborative to Reduce College Drinking and Related Problems

The Maryland Collaborative to Reduce College Drinking and Related Problems began in 2012 with funding from the Maryland Department of Health and Mental Hygiene. The purpose of the Collaborative is to bring together Maryland colleges and universities toward a shared goal—to reduce excessive drinking among college students, by creating environments that support student and community health, safety, and success. Drs. Amelia Arria from the University of Maryland School of Public Health and David Jernigan from the Johns Hopkins Bloomberg School of Public Health are the Co-leaders of this initiative.

More information about the Maryland Collaborative can be found at www.marylandcollaborative.org.

Contents

List of Figures and Tables

EXECUTIVE SUMMARY

Background on the Maryland Collaborative

College students comprise a large and critical segment of America's future workforce. More than 270,000 undergraduate students attend college in Maryland (National Center for Education Statistics, 2013), which houses some of the finest schools in the nation. The responsibility that Maryland colleges have to maximize the individual potential of every student is well recognized, as is the devastating impact of excessive drinking on student health, safety, and success.

Institutions of higher education in Maryland and across the country are grappling with the costs of high-risk drinking—in the form of economic costs to our communities as well as emotional costs to our families. The impact on individual lives is enormous. Each year, nationally, as a result of alcohol, more than 1,800 college students die—that is five per day; nearly 600,000 are injured; nearly 700,000 are assaulted by another student under the influence; and nearly 100,000 are victims of alcohol-related sexual assault or date rape (Hingson, Zha, & Weitzman, 2009).

Excessive drinking during college can compromise one's health, safety, and well-being, and can attenuate academic achievement and economic productivity post-college. Approximately one in four college students report that drinking has adversely affected their academic performance.

College student drinking is a public health problem that is larger than just the colleges and universities. It is a problem for the entire state—parents, community members, law enforcement, landlords, responsible liquor licensees, and employers. Excessive drinking has radiating effects on the community ranging from noise and nuisance, to vandalism, assaults, drunk driving, injuries, and deaths.

From decades of scientific research studies, we know that excessive drinking among college students has multiple causes and contributing factors. It is a complex problem with many facets. Too often, students come to college with well-established drinking patterns already in place. Many students, but not all, come to college with an expectation that heavy drinking is part of the college culture. When college administrators and law enforcement personnel take action to intervene, those actions are too often seen as an infringement on what students believe should be normal behavior.

Science has shed light on how to prevent excessive drinking and intervene when problems become more serious. Fortunately, many of the resources needed for prevention reside here in Maryland, including some of the nation's top researchers and university leaders who have begun to successfully address the problem on their own campuses.

Moreover, the state of Maryland recognizes that college drinking is a significant public health problem that can compromise student success and place unnecessary burdens on our criminal justice and health care systems. In 2012, the Department of Health and Mental Hygiene (DHMH), under the leadership of Secretary Sharfstein, declared reducing college student drinking a state

health priority. DHMH, through the Alcohol and Drug Abuse Administration (ADAA), funded the planning phase of an initiative to address that priority. Initially, the purpose was to begin a dialogue with key campus leaders about college drinking, understand the magnitude of the problem, describe the current strategies being used to address it, and assess how these strategies align with evidence from the growing science base of knowledge around effective interventions. Because college drinking problems transcend campus boundaries, it was also important to learn about the extent to which communities were involved in implementing solutions.

By the end of the first year, the "Maryland Collaborative" was created, governed by a Council of college presidents committed to making a significant and measurable difference in excessive drinking and related problems on college campuses in Maryland.

Public health professionals from the Johns Hopkins Bloomberg School of Public Health and the University of Maryland School of Public Health were tasked with leading the effort. The first-year activities centered on building relationships and learning about the challenges and successes of the school and the communities that surround them.

This report details what was learned during this first year of planning. Information was gathered using a variety of methods, including discussions with community leaders, administrators, and staff from 38 schools in Maryland, and reviews and analyses of publicly-available administrative data. We learned about the current status of the problem, its radiating effects on Maryland communities, and the strategies being implemented to address the problem. A companion document was also created—*Reducing Alcohol Use and Related Problems among College Students: A Guide to Best Practices*—that describes the scientific evidence supporting specific types of interventions to reduce problems, at the level of both the individual and the broader environment (Maryland Collaborative to Reduce College Drinking and Related Problems, 2013). This document is available on our website, www.marylandcollaborative.org.

Key Findings

College student drinking is a complex problem that can only be reduced by simultaneously implementing efforts to change individual behavior with strategies to modify the campus and community environments that heavily influence student decisions to drink.

There is a high level of recognition that excessive drinking among students is a problem and adversely influences student health, safety, and functioning. College students in Maryland have drinking patterns similar to those of their counterparts across the country, with some indication of even heavier patterns and less utilization of services among the highest risk drinkers in Maryland.

Many schools are engaged in a variety of prevention and intervention activities, and campus leaders are eager to learn how to maximize the impact of their existing approaches and prevention activities. It is fully recognized that the issue does not only concern Maryland's colleges, but also the communities surrounding the colleges, and ultimately the entire state is affected. There are several

community leaders who are interested in working with schools to address student drinking problems.

There is a scarcity of standardized methods being used to measure alcohol use and related problems. Yet there are many opportunities for gathering such information and implementing common methods across different sets of schools (e.g., community colleges, private colleges, public schools).

Below we summarize the strategies currently being used to address excessive drinking at both the individual-level and at the environmental level. We also provide recommendations for future action.

Individual-level Strategies

Schools are implementing a variety of strategies to address student drinking at the individual level. While some schools provide screening and brief intervention to identify and address students with alcohol problems, schools cite high cost, insufficient training, and a lack of adequate models as the greatest barriers to implementing these programs more widely. Education programs are the most commonly used strategy to address excessive drinking and are very popular among schools in Maryland as in other states. Education programs are offered to first-year students at 79% of 4-year schools but at only slightly more than half of 2-year schools (57%). While education has been shown to be ineffective when used alone, most colleges complement education with other strategies and policies. In general, colleges could benefit from enhanced evidence-based interventions to address student alcohol problems.

Training for faculty, clinical personnel, and other "helpers" in the campus community is an area that schools can expand upon. More than half (58%) of public 4-year schools provide training to their faculty on how to refer students for help on campus who they believe might have an alcohol problem. In contrast, few schools provide faculty training focused on alcohol policies, enforcement procedures, or how to identify high-risk drinkers. Campus professionals can benefit from additional training and other resources to recognize and respond appropriately to high-risk students. New opportunities for screening might exist as well, especially in terms of systems to identify and intervene. For example, academic assistance centers might be considered as a place to implement screening of students who are chronically missing class or struggling academically.

Pre-matriculation outreach to parents is nearly universal among 4-year schools while far fewer 2-year schools provide any alcohol education to parents of incoming first-year students (57% provide "None"). Parent involvement could be expanded and enhanced through education programs that reach beyond first-year efforts. Additionally, schools can gain better understanding of each other's experiences and from the research to re-examine their policies on parental notification. Currently, 21% of schools notify parents after two or more on-campus alcohol violations.

Environmental-level Strategies

There is much more that colleges could be doing to address the larger environments in which students make their decisions about drinking. Alcohol is easily available on- and off-campus across the state. While some individual schools prohibit alcohol use on campus, schools vary widely with respect to the degree to which they are involved with community partners to address local drinking problems and environments. Opportunities exist in the future to create campus-community partnerships, as well as to broaden the membership of existing campus alcohol task forces.

While most schools provide information about campus alcohol policies in student handbooks, a few (18%) also integrate this information into classes. On campus, school policies vary with respect to the degree to which alcohol is allowed at events. Eighty percent of schools that allow alcohol on campus prohibit it at residence hall parties and social events, and 35% prohibit alcohol at more informal student gatherings in residence halls.

When alcohol is permitted, most (70%) schools require responsible beverage service training for servers, but less than half (44%) have written policies limiting free or low-priced drinks. More than two-thirds of schools have policies in place limiting alcohol marketing on campus.

At least four schools have worked with local authorities to address problematic service practices in off-campus alcohol outlets; the same number also worked to influence pricing practices. Thirteen of the 38 schools work with a local law enforcement agency to enforce state and local alcohol laws, using strategies such as compliance checks and party patrols.

Recommendations

Based on our findings in this report, we have divided our recommendations into three categories: process, individual, and environmental. Regarding process, we recommend that schools:

- *Establish a campus-based alcohol "task force" that includes parents and alumni as well as faculty, staff, and students.*

- *Set up and evaluate the work of campus-community coalitions that can leverage the capacities of law enforcement, local liquor boards, neighbors, retailers, and other stakeholders with powerful influences on the alcohol environment surrounding the campus.*

To address excessive drinking and related problems on college campuses at the individual level, we recommend that schools:

- *Establish a highly-coordinated campus system using evidence-based screening instruments to recognize and intervene with high-risk students before they commit an alcohol violation or experience a serious alcohol-related problem.*

- *Train individuals working in key settings (residence halls and academic assistance, health, and counseling centers) to screen, identify, and refer high-risk students.*

- *Adopt written policies and procedures on how faculty and staff should respond to alcohol-related violations.*

- *Train residence hall staff how to recognize and respond to alcohol problems.*

- *Establish stronger partnerships with community-based practitioners and organizations that can help manage students with the most severe alcohol problems.*

- *Consider adopting Medical Amnesty and Good Samaritan policies, but realize these policies are not intended to reduce excessive drinking but to help avoid severe consequences.*

- *Improve outreach to and engagement of parents by facilitating participation in discussions with their child about drinking and extend these discussions past the freshman year.*

As an important and necessary complement and support to these individual-level activities, we recommend that colleges and universities consider the following environmental strategies as well:

- *Offer substance-free housing and consider prohibiting drinking at all residence hall events.*

- *In addition to prohibiting alcohol use at sporting events, consider banning or restricting alcohol at tailgating activities.*

- *Consider stronger policies to restrict alcohol availability at Panhellenic events and engage Panhellenic leadership in planning and implementing evidence-based approaches.*

- *Establish and expand restrictions on alcohol marketing on campus.*

- *Build and strengthen campus-community coalitions to address alcohol outlet density, sales, service, and pricing practice, and to work with local landlords to address noise and nuisance issues.*

- *Improve communication with students about alcohol policies and make better use of campus authority to have sanctions be consistent for on- and off-campus violations.*

Finally, establishing a measurement system to both understand the nature and magnitude of the problem and to evaluate the impact of interventions will be a critical component of the overall strategy to reduce excessive drinking among Maryland college students.

Conclusion

Colleges face significant barriers in reducing excessive drinking and related problems. Perhaps the most significant barrier is the utter complexity of the problem, which in turn calls for a coordinated, community-level response. We are fortunate that several schools in Maryland have already begun blazing that trail through their commitment to campus-community-based coalitions. Building on their experience, and on the substantial science base showing what actions are most likely to be effective, Maryland schools are poised to implement a science-based public health approach to reduce the problems associated with college drinking. Promoting best practices, providing a forum for information-sharing, learning from each other's experiences, and providing training and technical assistance across the state, the Maryland Collaborative can serve as a unique model and lead the nation in efforts to reduce college drinking and in turn, promote student health, safety, and success.

> *Because we are all affected by the problem of college drinking, we all—parents, administrators, students, faculty, staff, community members, law enforcement, public health workers, and treatment providers—must be part of the solution to address college drinking.*

INTRODUCTION

Alcohol consumption among college students has been recognized as a major public health concern for decades and shows few signs of improvement. This report describes the problem in Maryland, but it is important to frame the issue in a broader national context. In the U.S., approximately 80% of college students drink alcohol, half of whom report having five or more drinks within two hours during the past two weeks (National Institute on Alcohol Abuse and Alcoholism, 2012).

Excessive drinking during college can adversely impact student health, safety, and well-being. We use the term excessive drinking—rather than alcohol use and related problems—for brevity to encompass both underage drinking and heavy drinking by legal age individuals, as per the CDC definition (Centers for Disease Control and Prevention, 2012). During college, alcohol problems have been linked to increased risk for injuries, risky sexual behaviors, and violent behavior (Klein, Geaghan, & MacDonald, 2007; Rehm, Shield, Joharchi, & Shuper, 2012; Wechsler, Lee, Kuo, & Lee, 2000; Wechsler et al., 2002). Underage drinking also raises the risk for dependence on alcohol during adulthood, which is, in turn, associated with chronic health problems.

College drinking can also interfere with academic success, productivity, and retention. National surveys have found that approximately one-quarter of students have missed a class, fallen behind, done poorly on exams/papers, or received lower grades overall as a result of their alcohol use (Engs & Diebold, 1996; Wechsler et al., 2002).

National data estimate that each year 18- to 24-year-old students are involved in the following number of alcohol-related incidents:

1,825 deaths

599,000 unintentional injuries

696,000 physical assaults

97,000 sexual assaults

150,000 alcohol-related health problems

400,000 incidents of unprotected sex

3,360,000 episodes of driving while drunk

Source: Hingson, R., Zha, W., & Weitzman, E. R. (2009). Magnitude of and trends in alcohol-related mortality and morbidity among U.S. college students ages 18-24, 1998-2005. *Journal of Studies on Alcohol and Drugs, Supplement*(16), 12-20.

Other research studies have demonstrated a strong link between alcohol use and short- and long-term academic difficulties during college, including decreased GPA, "stopping out," or failure to graduate (Arria et al., 2013b; Martinez, Sher, & Wood, 2008; Williams, Powell, & Wechsler, 2003). Concern has been expressed that alcohol use can interfere with the achievement of students' personal goals and result in long-term opportunity costs, such as under-employment (Arria, Caldeira, Bugbee, Vincent, & O'Grady, 2013a; Jennison, 2004). Researchers have also speculated that the resulting decreased educational achievement in college is related to lowered lifetime earnings (Williams et al., 2003), a finding that has been shown in high school students (Renna, 2007). One empirical study that focused on substance use showed that persistent drug use during college has been associated with decreased chances of full-time employment immediately post-college (Arria et al., 2013d). Given the great emphasis to improve college student academic outcomes, college administrators should consider alcohol prevention and early intervention as a viable strategy to improve academic retention and promote student success.

Moreover, the consequences of alcohol problems during college can be long-lasting into adulthood, with impacts on adult health and future economic productivity. Alcohol problems not only affect individuals, but also can have second-hand consequences on friends, families, and society. Finally, excessive drinking among college students has spillover effects into the communities surrounding college campuses, and can increase crime and negatively impact quality of life, public peace, and safety.

Few College Students with Alcohol Problems Get the Help They Need

One challenge to addressing college students' alcohol problems is that students are highly unlikely to recognize when they have a problem, let alone seek professional help or treatment. Developmentally, young adults often feel invincible, and their decision-making is often driven by emotions rather than rational cognitive processes (Winters & Arria, 2011). This tendency to overlook the seriousness of a problem is exacerbated by the pervasive notion that college drinking is a benign "rite of passage". In a study of college students with alcohol use disorders, very few (4%) ever thought they needed help for their alcohol problem. Many more said someone else had encouraged them to seek help (16%), but nevertheless, fewer than one in 10 (9%) had actually taken any steps to obtain help or treatment for their alcohol problem (Caldeira et al., 2009).

As will be discussed in later sections of this report, this lack of self-recognition by students and often by their families regarding alcohol problems is a source of frustration among Maryland college administrators. It is hoped that the Maryland Collaborative will help colleges create environments that reduce the likelihood that students will develop alcohol problems, and provide schools with the expanded and enhanced training and support they need to help students (a) recognize when their drinking is becoming problematic and (b) connect students with appropriate intervention and treatment resources.

Box 1. Binge drinking is more prevalent among full-time college students than their peers who are not enrolled full-time

Binge alcohol use in the past month among 18- to 22-year-olds, by year
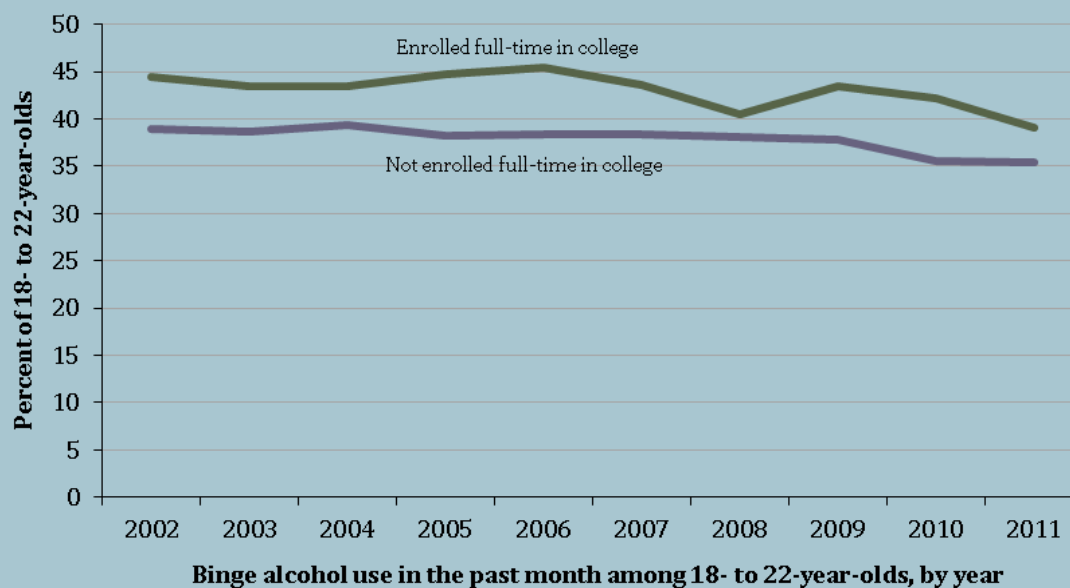
In 2011, almost 40% of college students ages 18 to 22 reported "binge drinking" during the past month, compared with nearly 45% in 2002. Binge drinking has consistently been more prevalent among full-time college students as compared with those who are not enrolled full time, although this difference is small. National data show that among 18- to 22-year-olds, binge drinking has decreased slightly over time for both full-time students and others not enrolled in college full time.

Note: Binge drinking is defined as drinking five or more drinks (for males, four or more for females) on the same occasion (i.e., in a row or within a couple of hours of each other) on at least one day during the past 30 days.

Source: Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings.* NSDUH Series H-44. Rockville, MD: Office of Applied Studies.

College Students in Maryland

Maryland is home to a wide array of 4-year public colleges and universities; 2-year community colleges; independent colleges; and technical, vocational, religious training, and distance education programs. In the public sector, the University System of Maryland's offerings include 11 distinct degree-granting institutions complemented by three additional 4-year institutions with separate governing boards (Morgan State University, St. Mary's College of Maryland, and the U.S. Naval Academy), as well as 16 community colleges (Maryland Higher Education Commission, 2013b). Maryland is also served by 14 private 4-year colleges and universities, seven technical/vocational colleges, five religious colleges, and five online degree programs. Maryland's higher education community is further distinguished by having four historically black colleges, eight institutions nationally ranked as "best schools", and six institutions nationally ranked as "best value" colleges (Maryland Higher Education Commission, 2013a). These distinctions—coupled with the fact that Maryland ranks fourth nationally in its proportion of college-educated adults—reflect the great value Marylanders place on higher education.

There are more than a quarter of a million undergraduate college students in Maryland. Figure 1 depicts the relative concentration of college students in each county, computed as the number of undergraduate students per 100 population. This figure represents undergraduate students from the 42 schools that were prioritized for participation in the Maryland Collaborative. As can be seen, all but five counties have at least one of the 42 colleges (see also Table 1). Although college students are most numerous in and around urban areas (e.g., Baltimore County, Baltimore City, Prince George's County), they represent an especially large proportion of the population in certain rural areas such as Allegany, Somerset, and Wicomico Counties, where more than 11% of the population are enrolled in college.

Figure 1. Proportion of undergraduate students in the general population
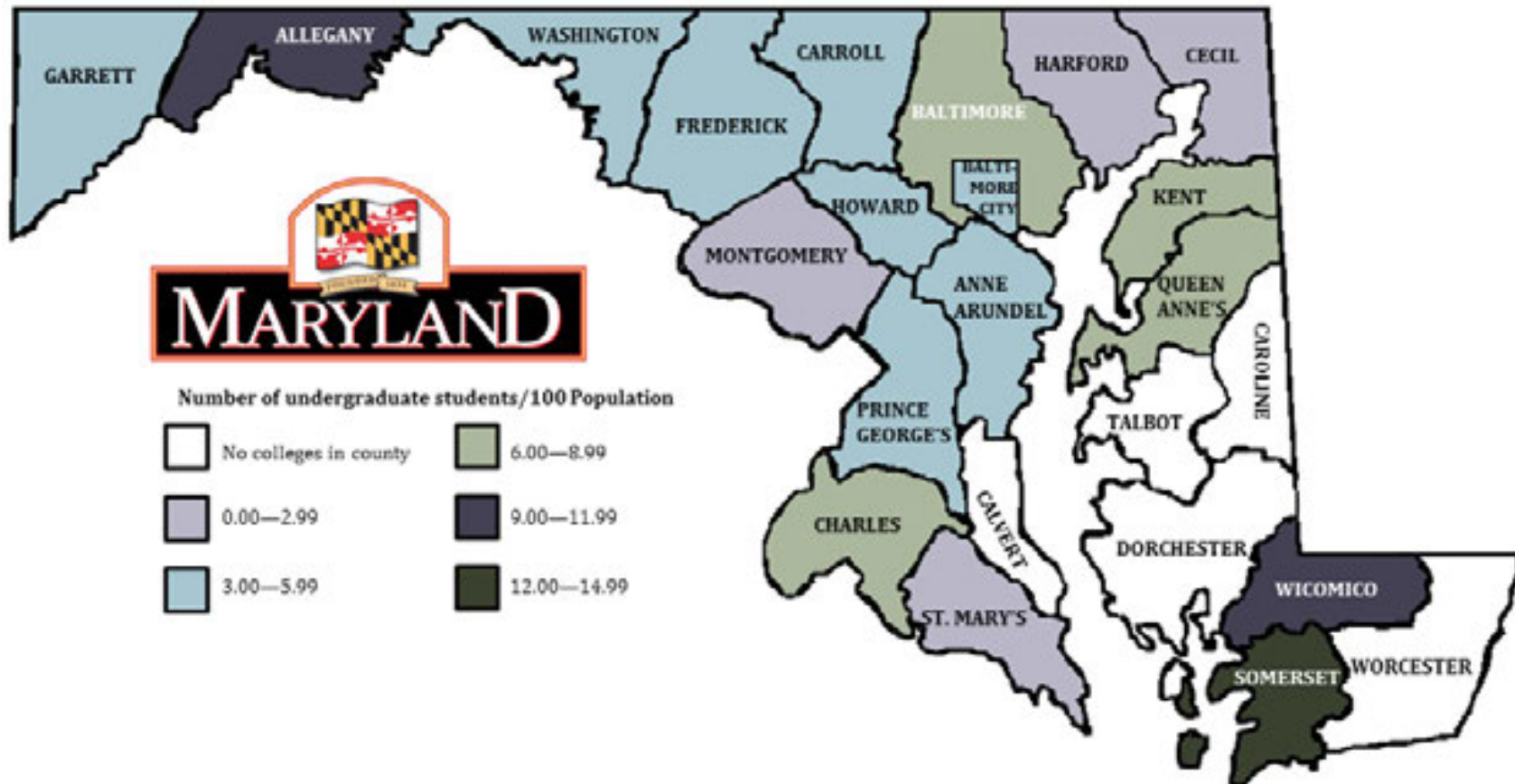
Figure reflects all undergraduate students enrolled in 2011 at the 42 schools prioritized for the Maryland Collaborative, which were all degree-granting, 2- and 4-year colleges and universities. Schools with multiple locations were prioritized and assessed for their main campus. Source: The Integrated Postsecondary Education Data System (IPEDS) and the U.S. Census Bureau.

Maryland schools included:
Allegany College of Maryland, Anne Arundel Community College, Baltimore City Community College, Bowie State University, Capitol College, Carroll Community College, Cecil College, Chesapeake College, College of Southern Maryland, Community College of Baltimore County, Coppin State University, Frederick Community College, Frostburg State University, Garrett College, Goucher College, Hagerstown Community College, Harford Community College, Hood College, Howard Community College, Johns Hopkins University, Loyola University Maryland, Maryland Institute College of Art, McDaniel College, Montgomery College, Morgan State University, Mount St. Mary's University, Notre Dame of Maryland University, Prince George's Community College, Salisbury University, Sojourner-Douglass College, St. John's College, St. Mary's College of Maryland, Stevenson University, Towson University, U.S. Naval Academy, University of Baltimore, University of Maryland Baltimore County, University of Maryland College Park, University of Maryland Eastern Shore, Washington Adventist University, Washington College, Wor-Wic Community College

Table 1. Undergraduate populations by county and the 42 schools prioritized for the Maryland Collaborative

County (Population Total; % of state population)	Schools	Number of Undergraduate Students (by institution)	Total Undergraduate Students in the County *n*=272,347 (% of total county population)
Total Statewide Population (5,884,563)*		**272,347**	**272,347 (4.6%)**
Allegany (*74,012;* **1.3%**)	Allegany College of Maryland	3,770	8,501 (11.5%)
	Frostburg State University	4,731	
Anne Arundel (*550,488;* **9.4%**)	Anne Arundel Community College	17,957	23,023 (4.2%)
	St. John's College	490	
	U.S. Naval Academy	4,576	
Baltimore City (*621,342;* **10.6%**)	Baltimore City Community College	7,086	34,547 (5.6%)
	Coppin State University	3,295	
	Johns Hopkins University	5,837	
	Loyola University Maryland	3,863	
	Maryland Institute College of Art	1,951	
	Morgan State University	6,711	
	Notre Dame of Maryland University	1,293	
	Sojourner-Douglass College	1,254	
	University of Baltimore	3,257	
Baltimore (*817,455;* **13.9%**)	Goucher College	1,446	59,679 (7.3%)
	Community College of Baltimore County	26,271	
	Stevenson University	3,872	
	Towson University	17,517	
	University of Maryland Baltimore County	10,573	
Carroll (*167,217;* **2.8%**)	McDaniel College	1,584	5,625 (3.4%)
	Carroll Community College	4,041	
Cecil (*101,696;* **1.7%**)	Cecil College	2,536	2,536 (2.5%)

Table 1 (Continued). Undergraduate populations by county and the 42 schools prioritized for the Maryland Collaborative

County (Population Total; % of state population)	Schools	Number of Undergraduate Students (by institution)	Total Undergraduate Students in the County n=272,347 (% of total county population)
Charles (*150,592*; **2.6%**)	College of Southern Maryland	9,153	9,153 (6.1%)
Frederick (*239,582*; **4.1%**)	Frederick Community College	6,269	9,539 (4.0%)
	Hood College	1,487	
	Mount St. Mary's University	1,783	
Garrett (*29,854*; **0.5%**)	Garrett College	902	902 (3.0%)
Harford (*248,622*; **4.2%**)	Harford Community College	7,132	7,132 (2.9%)
Howard (*299,430*; **5.1%**)	Howard Community College	10,081	10,081 (3.4%)
Kent (*20,191*; **0.3%**)	Washington College	1,511	1,511 (7.5%)
Montgomery (*1,004,709*; **17.1%**)	Montgomery College	26,996	28,323 (2.8%)
	Washington Adventist University	1,327	
Prince George's (*881,138*; **15.0%**)	Bowie State University	4,452	46,320 (5.3%)
	Capitol College	395	
	Prince George's Community College	14,647	
	University of Maryland College Park	26,826	
Queen Anne's (*48,595*; **0.8%**)	Chesapeake College	2,982	2,982 (6.1%)
St. Mary's (*108,987*; **1.9%**)	St. Mary's College of Maryland	1,962	1,962 (1.8%)
Somerset (*26,253*; **0.4%**)	University of Maryland Eastern Shore	3,862	3,862 (14.7%)
Washington (*149,180*; **2.5%**)	Hagerstown Community College	4,714	4,714 (3.2%)
Wicomico (*100,647*; **1.7%**)	Salisbury University	7,892	11,955 (11.9%)
	Wor-Wic Community College	4,063	

Source: The Integrated Postsecondary Education Data System (IPEDS) and the U.S. Census Bureau
Counties that do not have schools of higher education (Population Total; % of state population): Calvert (89,628; **1.5%), Caroline (32,718; **0.6%**), Dorchester (32,551; **0.6%**), Talbot (38,098; **0.6%**), and Worcester (51,578; **0.9%**)*
Note: The colleges in this table are the 42 schools prioritized for the Maryland Collaborative, all are degree-granting, non-online 2- and 4-year colleges and universities. Schools with multiple locations were prioritized and assessed for their main campus.

Alcohol Use among College Students in Maryland

National estimates of alcohol consumption among the U.S. population are generated annually through a federally-sponsored survey of household residents called the National Survey on Drug Use and Health (NSDUH; Substance Abuse and Mental Health Services Administration, 2012). Staff from the Maryland Collaborative worked with federal officials to generate estimates from this survey regarding alcohol use and problems among college students residing in Maryland. We also compared Maryland students with two groups: (a) 18- to 24-year-olds living in Maryland who were not enrolled in college or enrolled part-time; (b) 18- to 24-year-old college students living in other states. For the sake of brevity, the first comparison group is labeled "non-students". A full set of results are presented in Appendix Table A1. Here we highlight a few of the results of those analyses.

Comparison of Students in Maryland with Non-Students

Underage Maryland college students drink significantly more than their non-college attending counterparts. One-third of 18- to 20-year-old non-students did not drink during the past 30 days, compared with one-quarter of their college-attending counterparts. Among those who do drink, Maryland college students drink more heavily than non-students. This difference is especially pronounced for underage drinkers (see Figure 2).

Maryland vs. Elsewhere

Underage Maryland college students are significantly more likely than students elsewhere to have drunk alcohol during the past year (83% vs. 75%; see Figure 2). However, there is no corresponding difference among legal-age college students, where 88% of both Maryland and non-Maryland students had consumed alcohol during the past year.

Few differences can be seen with respect to binge drinking—drinking five or more drinks (for males, four or more for females) on the same occasion—among underage college students in Maryland as compared with college students elsewhere (approximately 41% for both) and, the binge drinking becomes more prevalent after age 21 (50% and 53%, respectively; see Figure 3). Slightly more than a quarter (28%) of past-year underage college student drinkers in Maryland consumed five or more drinks when they drank, compared with 33% of non-Maryland underage college students. Approximately 20% of underage full-time college students residing in Maryland binge drank 10 or more days during the past month, which is similar to the percent of full-time underage students outside of Maryland (21%) and full-time students ages 21 to 24 in Maryland (20%).

Figure 2. Alcohol use during the past year among 18- to 24-year-olds residing in Maryland vs. other parts of the United States
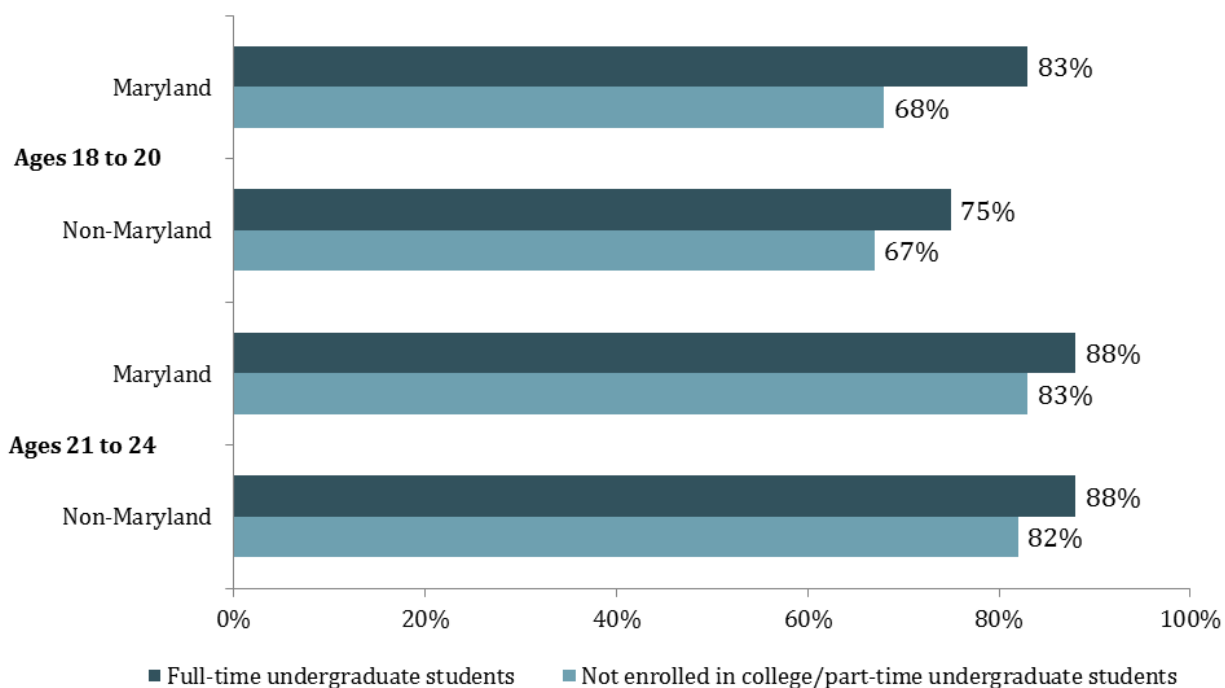
High-Frequency Drinking

The proportion of students who drink very frequently (20 to 30 days a month) does not differ by college attendance or by residence. For underage individuals, this proportion is between 4 and 5% (see Appendix Table A1). High-frequency drinking does become more common with age, however, comprising 8 to 9% of 21- to 24-year-olds. It is not surprising that young people drink more frequently as they reach legal age because alcohol becomes more easily accessible.

Alcohol-related Problems

With respect to alcohol-related problems experienced by Maryland college students, Appendix Table A1 shows that almost one-third of underage Maryland college students have driven under the influence of alcohol or other drugs, and it also affects students of legal age (28% of 21- to 24-year-olds).

With respect to alcohol use disorders (See Box 2), 8% of underage and 7% of 21- to 24-year-old full-time Maryland college students met criteria for alcohol dependence, which translates into approximately 12,000 students across the state who would most likely be in need of treatment. Alcohol abuse, which is mutually exclusive from dependence, is more common, with 10% and 15% of underage and 21- to 24-year-old Maryland college students meeting criteria for this disorder, respectively. Taken together, 19% of underage and 22% of 21- to 24-year-old Maryland college students meet criteria for either alcohol abuse or dependence. These estimates do not differ by Maryland residence or by college attendance status.

Box 2. How are alcohol problems among college students defined?

How <u>MANY</u> drinks does one have during a typical drinking session?
The quantity of alcohol consumed is one way of measuring the level of alcohol use. For adults, most medical experts agree that men should not consume more than four drinks per day or 14 per week, and that the corresponding limits for women are three drinks per day and seven per week (National Institute on Alcohol Abuse and Alcoholism, 2010). Binge drinking or "binge alcohol use" is defined as drinking five or more drinks (for males, four or more for females) on the same occasion (i.e., in a row or within a couple hours) on at least one day during the past 30 days.

How <u>OFTEN</u> does one drink?
Another dimension of drinking behavior is how frequently one consumes alcohol. For example, if a student drank every weekend (Friday and Saturday) their frequency of drinking would be about two times per week or eight times per month. Frequency of drinking among young adults tends to increase with age (Chen, Dufour, & Yi, 2004).

Alcohol Use Disorders: Alcohol Dependence vs. Alcohol Abuse
In clinical settings, the severity of an individual's alcohol involvement and related consequences can be evaluated to arrive at a clinical diagnosis of alcohol abuse or dependence. Standard psychiatric criteria for alcohol abuse and alcohol dependence—known collectively as "alcohol use disorders" or AUD—are defined in the *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition* (DSM-IV; American Psychiatric Association, 1994). Estimates are available on college students using these criteria and cited in this report. A revised version of DSM (DSM-5) is now available (American Psychiatric Association, 2013).

Alcohol Dependence Criteria
- ✓ Tolerance [as defined by either (a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect or (b) markedly diminished effect with continued use of the same amount of alcohol]
- ✓ Withdrawal [as defined by either (a) the characteristic withdrawal syndrome for alcohol or (b) alcohol is taken to relieve or avoid withdrawal symptoms]
- ✓ Using more alcohol than intended
- ✓ Being unable to cut down or stop using alcohol
- ✓ Spending a lot of time obtaining or using alcohol
- ✓ Giving up important activities because of drinking alcohol
- ✓ Continuing to use alcohol despite problems with physical or mental health

Alcohol Abuse Criteria
- ✓ Continued alcohol use despite its causing problems with friends or family
- ✓ Serious problems at home, work, or school due to alcohol use
- ✓ Regularly putting oneself in physical danger due to alcohol use
- ✓ Repeated trouble with the law due to alcohol use

A clinical assessment determines whether the person's drinking is causing "clinically significant impairment or distress," per DSM-IV guidelines. For dependence, this is manifested by meeting three or more of the dependence criteria. For alcohol abuse, it is manifested by meeting one or more of the abuse criteria without meeting criteria for dependence. These criteria have often been adapted for use in survey research without clinical assessments, where respondents are asked directly whether they have experienced each symptom.

Treatment Utilization

Treatment utilization during the past year is fairly low among full-time non-Maryland college students ages 18 to 20 with alcohol use disorders (i.e., alcohol dependence or alcohol abuse; 4.6%). Estimates for full-time college students in Maryland were not reportable due to low precision.

Figure 3. Binge drinking during the past month among 18- to 24-year-old past-year drinkers
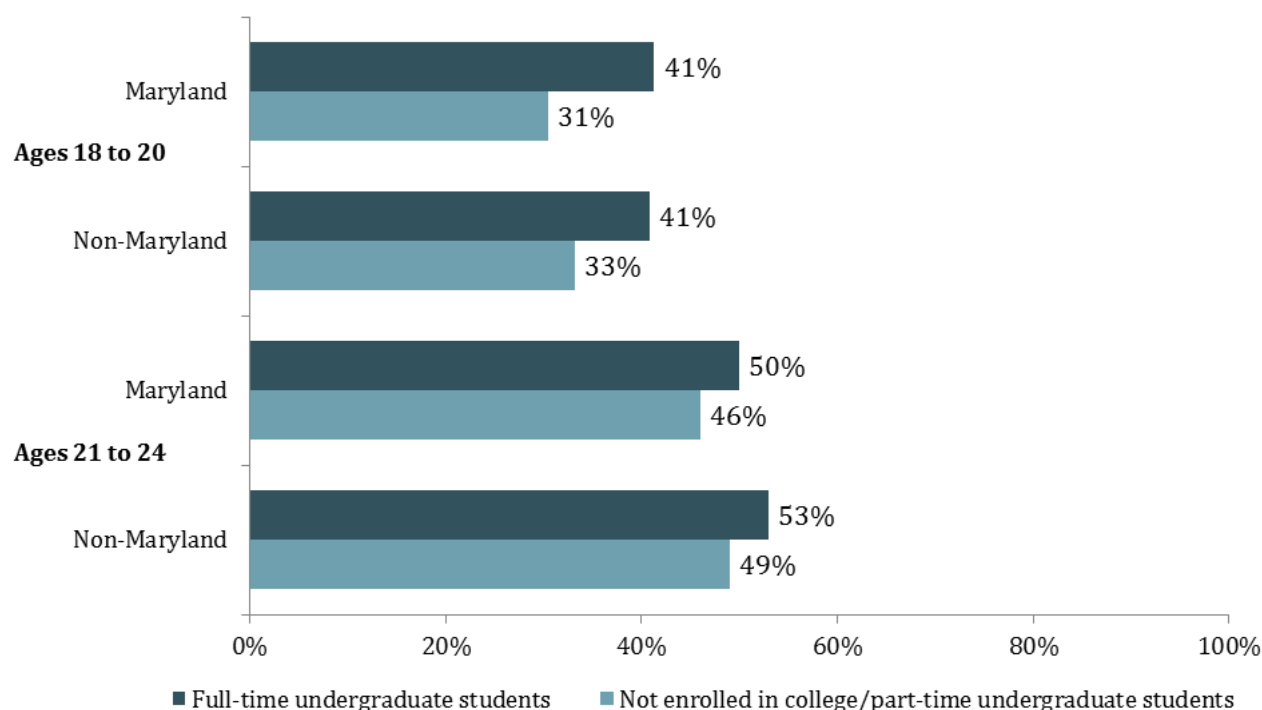
Note: Binge drinking is defined as drinking five or more drinks (for males, four or more for females) on the same occasion (i.e., in a row or within a couple of hours of each other) on at least one day during the past 30 days.

Strategies Used to Address College Student Drinking in the U.S.

Like Maryland, schools in every state need assistance in developing strategies to curb excessive drinking. In 2002, the federal government issued guidance to colleges on how to address problems related to college student drinking (National Institute on Alcohol Abuse and Alcoholism, 2002). Their "Call to Action" report was based on a careful review of the scientific evidence and provided recommendations for interventions based on effectiveness (see Table 2). However, six years after the release of the report, a survey of 4-year schools in the U.S. revealed that only 42% of college administrators had reviewed and implemented any of the recommendations, while another 24% were still in the process of reviewing and/or deciding which recommendations they might implement (Nelson, Toomey, Lenk, Erickson, & Winters, 2010). One in five (21%) were not even aware that the recommendations existed. More concerning was the finding that education programs were the most widely used strategy (98%), despite the recommendation that this

strategy be given the lowest priority because it is ineffective at reducing alcohol use and related problems when used alone. Only half of schools offered empirically-supported interventions for students who were problematic or high-risk drinkers. Few schools were using any of the recommended community-based alcohol control strategies, such as compliance checks for sales of alcohol to underage patrons (33%).

One of the goals of the planning phase of the Maryland Collaborative was to understand not only the magnitude of the problems related to college drinking, but also the strategies being implemented on college campuses to address the problems. These efforts will be described in the section, *Current Strategies to Address Excessive Drinking*. In general, Maryland schools are facing the same challenges as the rest of the nation with respect to implementing evidence-based strategies. It is hoped that the formation of the Maryland Collaborative will enhance the ability of schools to adopt more evidence-based approaches to reduce excessive drinking.

Table 2. Recommended strategies for interventions based on effectiveness

Tier 1 - Effective among College Students[1]

- Combine cognitive-behavioral skills with norms clarification and motivation enhancement interventions (change individual dysfunctional beliefs through activities such as altering expectancies about alcohol effects, refuting student perceptions about their beliefs around peer alcohol use)
- Offer brief motivational interviewing [incorporate personalized feedback and a style of interviewing that avoids being confrontational, reinforces self-determination, and an evaluation about behavioral options (Borsari & Carey, 2005; Marlatt et al., 1998)]
- Challenge alcohol expectancies [combine information and experiential learning to alter expectations about alcohol effects so students understand that drinking does not necessarily produce many of the effects they anticipate, i.e., sociability and sexual attractiveness (Darkes & Goldman, 1993, 1998; Jones, Silvia, & Richman, 1995)]

Tier 2 - Effective among the General Population[2]

- Increase enforcement of minimum drinking age laws
- Implement and increase publicity and enforcement of other laws to reduce alcohol-impaired driving
- Restrict alcohol retail density
- Increase price and excise taxes on alcoholic beverages
- Implement responsible beverage service policies in social and commercial settings
- Form a campus-community coalition

Tier 3 - Showing Logical or Theoretical Promise[3]

- Adopt campus-based policies to reduce high-risk use (e.g., reinstate Friday classes, eliminate keg parties, establish alcohol-free activities in residence halls)
- Increase enforcement at campus-based events that promote high-risk drinking
- Increase publicity about enforcement of underage drinking laws and eliminate mixed messages
- Consistently enforce campus disciplinary actions associated with policy violations
- Conduct marketing campaign to correct student misperceptions about alcohol use on campus
- Provide "safe ride" programs
- Regulate happy hours and sales
- Enhance awareness of personal liability
- Inform new students and parents about alcohol policies and penalties

Tier 4 - Ineffective When Used Alone[4]

- Informational, knowledge-based, or values clarification interventions when used alone

Source: National Institute on Alcohol Abuse and Alcoholism. (2002). A call to action: Changing the culture of drinking at U.S. colleges. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism.
Note: Recommended strategies are organized into four tiers depending on their intended target population and the extent of research evidence supporting their effectiveness.
[1] Individual-level interventions that have proven effective, specifically among college students.
[2] Environmental strategies that have proven effective in influencing the general population.
[3] Campus-wide policies and strategies regarded as "showing logical or theoretical promise" but are not yet supported by empirical evidence.
[4] Educational approaches that have proven to be ineffective if used as a single strategy, but which might be helpful if used in conjunction with other strategies.

METHODS USED TO ASSESS COLLEGE STUDENT DRINKING IN MARYLAND

Selecting Schools for the Maryland Collaborative

Resource limitations required prioritization of schools that would be most likely to have a minimum level of interest in or capacity for measuring students' alcohol use and implementing strategies to reduce excessive drinking and related problems. Therefore, our first challenge was to decide on criteria that could be used to select colleges that could potentially be part of the Maryland Collaborative. For example, colleges lacking any undergraduate students and those offering exclusively online programs were regarded as less likely to have any resources to devote to alcohol issues, and therefore were given a low priority for inclusion in the Maryland Collaborative.[1]

To begin, we identified 61 degree-granting 2-year and 4-year schools in Maryland, as reported by the federal Department of Education database, the Integrated Postsecondary Education Data System (IPEDS; National Center for Education Statistics, 2013; see Figure 4). Within that group, we initially excluded 17 schools that offered primarily technical, vocational, or religious training, or that had no undergraduates enrolled. From the remaining 44 schools, two additional exclusions were made: one school serving primarily graduate professionals, and one school offering primarily online courses. The resulting list of 42 schools were prioritized for the Maryland Collaborative, and included roughly equal numbers of 2-year public schools (n=16), 4-year private (independent) schools (n=14), and 4-year public schools (n=12).

Decisions about the process and the content of the assessment were influenced by our preliminary meetings with various administrative entities representing schools throughout the state, such as the University System of Maryland (USM) Chancellor's Council Presidents, the USM Vice Presidents of Student Affairs, the Maryland Independent College and University Association (MICUA) Presidents, and the Maryland Association of Community College Presidents.

Assessment Methods

The findings described in this report were obtained through four distinct methods, which were conducted as parallel processes by separate staff:

1. Informal discussions with campus administrators
2. Formal interview assessment with campus administrators

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[1] We used several publicly available data sources to learn more about colleges in Maryland, including student characteristics, campus resources such as presence of residence halls, Greek organizations, religious affiliations, Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) groups located on campus or close to campus, whether campuses had an ADAA-funded Alcohol, Tobacco, and Other Drug (ATOD) Prevention Center, or if they participated in National College Health Improvement Project (NCHIP) activities. In addition, we spoke with key individuals to learn more about how the colleges were organized into different groups (MICUA, USM, etc.).

3. Gathering administrative data
4. Community coalition meetings

Discussions between Drs. Jernigan, Arria and other members of the Johns Hopkins Bloomberg School of Public Health and the University of Maryland School of Public Health teams with campus administrators were helpful in making decisions about which representatives would be appropriate to interview at each individual school, recognizing that it was important to identify which campus administrators were most likely to be involved in programs and policies related to student alcohol use. General feedback was also obtained about how to facilitate collaboration. Based on the helpful feedback we received, it was decided that the Vice President of Student Affairs (VPSA) or equivalent would be the point person on each campus to begin both informal discussions and formal interviews. The VPSA would then have the option to designate other representatives on campus if they so desired.

1. Informal discussions with campus administrators

To begin the dialogue, conversations took place with the VPSAs at each of the 42 selected schools via email and phone. We aimed to both build relationships and understand what the colleges are experiencing and how they are addressing excessive drinking. We also wanted to understand what resources were being directed at the efforts to reduce excessive drinking on campuses and in the communities that surround each school. These contacts led to informal discussions with 61 administrators at 38 schools[2] between October 2012 and March 2013. These informal discussions were held in person or by phone by Molly Mitchell, J.D., Program Manager at the Johns Hopkins University Bloomberg School of Public Health.

2. Formal interview assessment with campus administrators

After the informal discussion with the VPSA, arrangements were made to conduct a more structured and detailed interview with a key individual or group of individuals who were chosen by the VPSA to be knowledgeable about college student drinking prevention and intervention on their campus. As an added measure to encourage cooperation, a letter from ADAA was sent to each VPSA. This letter explained the nature of the Maryland Collaborative and how the assessment would be a unique effort to raise awareness and help Maryland schools address excessive drinking. The letter assured the VPSA that their school's identity would not be linked to their responses and any information would be reported in aggregate rather than by individual school, unless the individual school granted permission to be cited in the report. They were also told that they could refuse to answer any question in the interview. Upon request, administrators were granted access to the assessment instrument in advance of the interview.

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[2] At this stage, four schools chose not to participate in dialogues with the Maryland Collaborative (see Figure 4). At 14 schools, we met with multiple administrators. At 12 schools, at least one administrator more directly involved in implementation of the institution's policies and programs related to student alcohol use joined the VPSA in the meeting: either the Dean of Students, the Director of the Wellness Center, or in five instances, a larger group assembled by the VPSA, which included the Director of Counseling, the Dean of Students, the Director of the Wellness Center, campus security, and/or student leaders.

The formal interview consisted of multiple choice and open-ended questions to gather information about several aspects of alcohol-related issues on campus (see Table 3).[3] Some questions were developed based on consultations with colleagues from the University of Minnesota School of Public Health, who had gathered similar information from colleges in the past. Three VPSAs volunteered to conduct a preliminary review of the assessment instrument and provide feedback regarding general understanding of questions, scope, and anticipated ease or comfort with answering questions. Their feedback was very useful and incorporated into final revisions of the assessment instrument.

Formal interviews were conducted by Rebecca Kurikeshu, M.P.H., Project Coordinator at the University of Maryland School of Public Health, with VPSAs and other administrators at 38 schools,[4] between November 2012 and April 2013. Interviews were conducted either by phone or in-person depending upon the respondent's preference.

3. Gathering administrative data

During the formal interviews, respondents were asked to provide any available administrative data that described the level of alcohol consumption on their campus, or any problems that resulted from alcohol use, such as ambulance transports, arrests, citations, alcohol poisoning, alcohol-related deaths, drunk driving, emergency department visits, assaults, residence hall complaints, and disciplinary actions. Any available information was later transmitted to Ms. Kurikeshu for tabulation in aggregate and was supplemented by publicly-available data[5] on liquor law violations from the U.S. Department of Education.

4. Community coalition meetings

To understand the role of community coalitions in Maryland, we contacted and met with coalition leaders in seven jurisdictions in Maryland: Baltimore City, Baltimore County, Saint Mary's County, Salisbury, Frostburg, Carroll County, and Talbot County. We also participated in coalition meetings in four of these jurisdictions. In our meetings with coalition members, we explored how they are addressing college student drinking, what successes and challenges they have experienced, and how the Maryland Collaborative could strengthen and support their efforts.

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[3] The full instrument is available upon request by sending an email to Dr. Arria at aarria@umd.edu.

[4] Decisions regarding the number and type of individuals who provided information for the assessment were made by the VPSA or equivalent. Other informants included Deans of Students and staff from various sectors of campus including the Counseling Center, Health Center, Campus Police or Public Safety, Student Conduct and Judicial Affairs, and individuals tasked with developing and implementing alcohol-related programs. Among the 38 schools that participated, 17 had only one individual complete the interview. The remaining 21 schools chose to have two or more individuals completing the interview as a group. The largest group included seven individuals.

[5] Under the Clery Act, schools are required to disclose liquor law violations resulting in arrests or referrals for disciplinary action within the campus judicial system. All Clery crime statistics must be reported for "incidents that occur on campus, in unobstructed public areas immediately adjacent to or running through the campus and at certain non-campus facilities" (Clery Center for Security on Campus, 2008). Statistics are maintained and provided for an annual campus security report by the U.S. Department of Education.

Table 3. Topics covered in the formal interview assessment with campus administrators

Prevention activities and programs	• Alcohol prevention education programs • Alternative programming • Offering of safe rides programming • Social norming • Medical amnesty • Presence of campus coalitions or working groups
Screening and intervention services	• How and in what capacity schools screen students on campus • Screening instruments that are used • Barriers that exist on campus • Campus community training • Student accommodations for treatment services • Student treatment options available • Enablers and barriers of offering intervention programs • University health insurance
Parental involvement	• Dissemination of information and education provided for parents about strategies to decrease alcohol use among students • Situations that call for parental notification
Faculty/staff (policies and training)	• Written policies and procedures for dealing with alcohol-related violations and incidents • Faculty/staff training on enforcement of policies, identifying alcohol problems, and referral for treatment
Alcohol availability	• Drinking on campus
Policies/sanctions/enforcement	• Dissemination of policy information to students • Probable sanctions for various alcohol-related scenarios • Residence hall policies • Fraternity/sorority policies • On-campus event policies • By whom and how are the policies enforced • Campus efforts to monitor sales, licensing, pricing, and responsible beverage service at retail outlets in the community
Impression of problems	• Campus administrator's impressions of the magnitude of various problems on campus • Campus administrator's impressions of the extent to which various problems on campus are related to alcohol use

Figure 4. Summary of 61 degree-granting 2- and 4-year undergraduate schools that were identified in IPEDS and considered as potential candidates for participation in the Maryland Collaborative

44 Colleges Prioritized for Collaborative		
42 Approached to Participate in Collaborative	**14 Private Not-For-Profit**	Capitol College
		Goucher College
		Hood College
		Johns Hopkins University
		Loyola University Maryland
		Maryland Institute College of Art
		McDaniel College
		Mount St. Mary's University
		Notre Dame of Maryland University
		Sojourner-Douglass College[a]
		St. John's College
		Stevenson University
		Washington Adventist University[a]
		Washington College
	16 Public 2-Year	Allegany College of Maryland
		Anne Arundel Community College
		Baltimore City Community College
		Carroll Community College
		Cecil College
		Chesapeake College
		College of Southern Maryland
		Frederick Community College
		Community College of Baltimore County[a]
		Garrett College
		Hagerstown Community College
		Harford Community College[a]
		Howard Community College
		Montgomery College
		Prince George's Community College
		Wor-Wic Community College
	14 Public 4-Year	Bowie State University
		Coppin State University
		Frostburg State University
		Morgan State University
		Salisbury University
		St. Mary's College of Maryland
		Towson University
		U.S. Naval Academy
		University of Baltimore
		University of Maryland Eastern Shore
		University of Maryland-Baltimore County
		University of Maryland-College Park
2 Exc		University of Maryland-Baltimore
		University of Maryland-University College

17 Colleges Not Prioritized for Collaborative	
11 Private For-Profit	DeVry University-Maryland
	Fortis College-Landover
	ITT Technical Institute-Hanover
	ITT Technical Institute-Owings Mills
	Kaplan University-Hagerstown Campus
	Lincoln College of Technology-Columbia
	Strayer University-Maryland
	TESST College of Technology-Baltimore
	TESST College of Technology-Beltsville
	TESST College of Technology-Towson
	University of Phoenix-Maryland Campus
6 Private Not-For-Profit	National Labor College
	Maple Springs Baptist Bible College and Seminary
	Ner Israel Rabbinical College
	St. Mary's Seminary & University
	Washington Bible College-Capital Bible Seminary
	Yeshiva College of the Nations Capital

[a]*Schools that chose not to participate in dialogues with the Maryland Collaborative.*

FINDINGS

Overview

Results of the various assessment methods described above were synthesized for this report and are described below in the following sequence. First, we describe administrators' **general impressions about excessive drinking,** including where and when it occurs and what major factors contribute. Second, we describe **what schools are doing to address excessive drinking**, focusing on coalition activities, individual-level intervention strategies, and environmental-level strategies both on- and off-campus. Third, we describe **how schools are measuring alcohol use and related problems**. Fourth, we summarize the **major challenges and barriers** that schools are experiencing regarding addressing excessive drinking, and their **overall capacity** to meet those challenges.

General Impressions about Alcohol Use and Related Problems

1. To what extent is alcohol use perceived to be a problem, relative to other concerns?

Results of the formal interview indicate that most schools (82%) see excessive drinking as at least a "minor problem" (see Figure 5), although schools that perceive excessive drinking as a "major" problem are in the minority (6%). In the context of other issues that are perceived as moderate-to-major problems, excessive drinking ranks fourth, behind academic struggles, academic retention, and risky sexual activity. Interestingly, marijuana use ranks fifth by that measure, and is perceived as a major problem by more schools (15%) than any other issue. As shown in Appendix Tables A21-A21c, the 4-year public schools are especially likely to perceive marijuana use as a moderate-to-major problem (44%+22%=66% combined). Four-year schools are more likely to see excessive drinking as a moderate-to-major problem (56% of public, 64% of private schools) than 2-year schools (31%). However, only two schools (both 2-year) view excessive drinking as a major problem.

> *As a non-residential campus, we know there has to be a representative group on campus that statistically may have an alcohol problem, but the problem is relatively invisible to us.*
>
> -Administrator of a non-residential 2-year school

Figure 5. The extent of various problems on campus (among 34 schools responding to the question: "*To what extent is each of these issues a problem for students at your school?*")
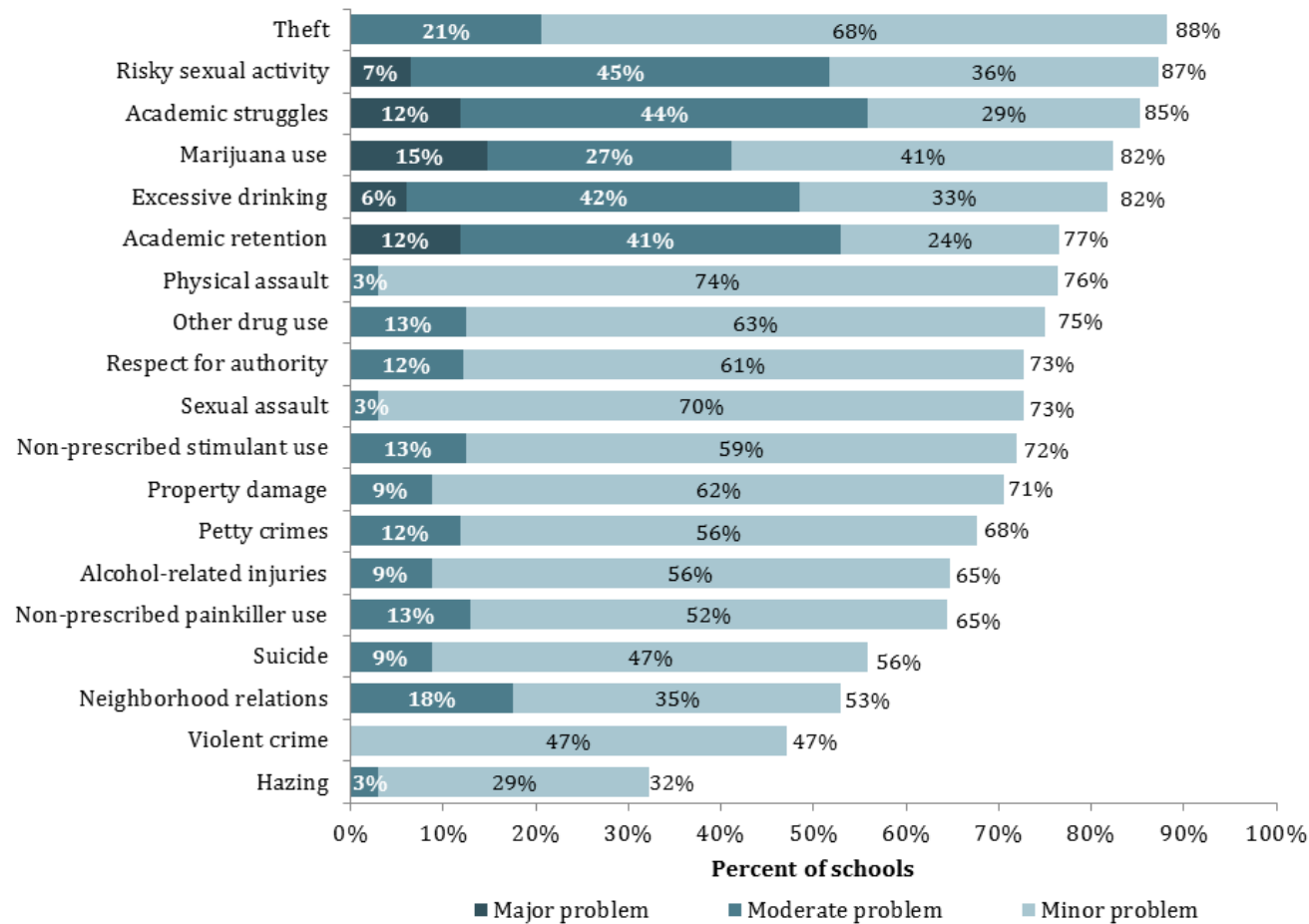
Note: Administrators from four schools declined to answer this question. Bars depict schools for which each issue poses a major, moderate, or minor problem for their students; the remaining schools said the issue is "not a problem." Several issues were not a "major" problem at any schools (e.g., hazing, violent crime, theft). See also Appendix Tables A21-A21c for further detail.

2. To what extent is alcohol perceived as being related to other student issues?

Aside from being a problem in its own right, excessive drinking is also seen as contributing to several other problems on campus, including academic struggles (75%), physical assault (65%), sexual assault (65%), risky sexual activity (77%), marijuana use (62%), property damage (59%), and respect for authority (62%; see Figure 6). Overall, the proportion of schools attributing any given problem to alcohol tended to be highest for private schools and lowest for 2-year schools (see Appendix Tables A22-A22c). Only a minority of schools—primarily 4-year private schools—see any of the 17 problems as "very" related to alcohol. For example, among private schools, both risky sex (67%) and sexual assault (50%) are widely considered to be "very related" to alcohol. While 55% of all schools regard academic retention as *somewhat* related to alcohol, none of the schools identified academic retention or academic struggles as very related to alcohol.

This finding highlights an important opportunity to share important new research findings with schools about the strong connection between substance use and academic retention (Arria et al., 2013c; Martinez et al., 2008). These results paint a picture of ambivalence about the relative importance of excessive drinking as a factor in campus problems. There might be opportunities to elevate the sense of urgency or priority around alcohol, by helping schools understand the full extent to which alcohol contributes to these types of problems.

3. Impressions regarding where and when excessive drinking occurs

During informal discussions, administrators conveyed their impressions of where excessive drinking occurs—especially underage drinking. One observation was that problems are more concentrated at schools with mainly traditional-age students and residence halls. Among the larger 4-year colleges and universities, the problems with drinking frequently occur in off-campus housing and in the Greek system. One administrator explained that some fraternities have satellite housing where students drink. Off-campus parties were the primary drinking locations most frequently mentioned. Off-campus student housing high-rises are particularly problematic, as they provide dorm-like settings with little or no supervision or oversight, and therefore have increasingly become a locus of alcohol-related problems.

The very thing that keeps [college drinking] low on their risk scale is the challenge: they know it's an issue in the county, but because these colleges have "no alcohol on campus" policies, student drinking is a hidden challenge. How do you address something that's not playing out on campus, but know it's there?

-Administrator of a non-residential 2-year school

Figure 6. Campus problems related to alcohol (among 34 schools responding to the question: "*How related do you think each of these issues is to alcohol use?*")
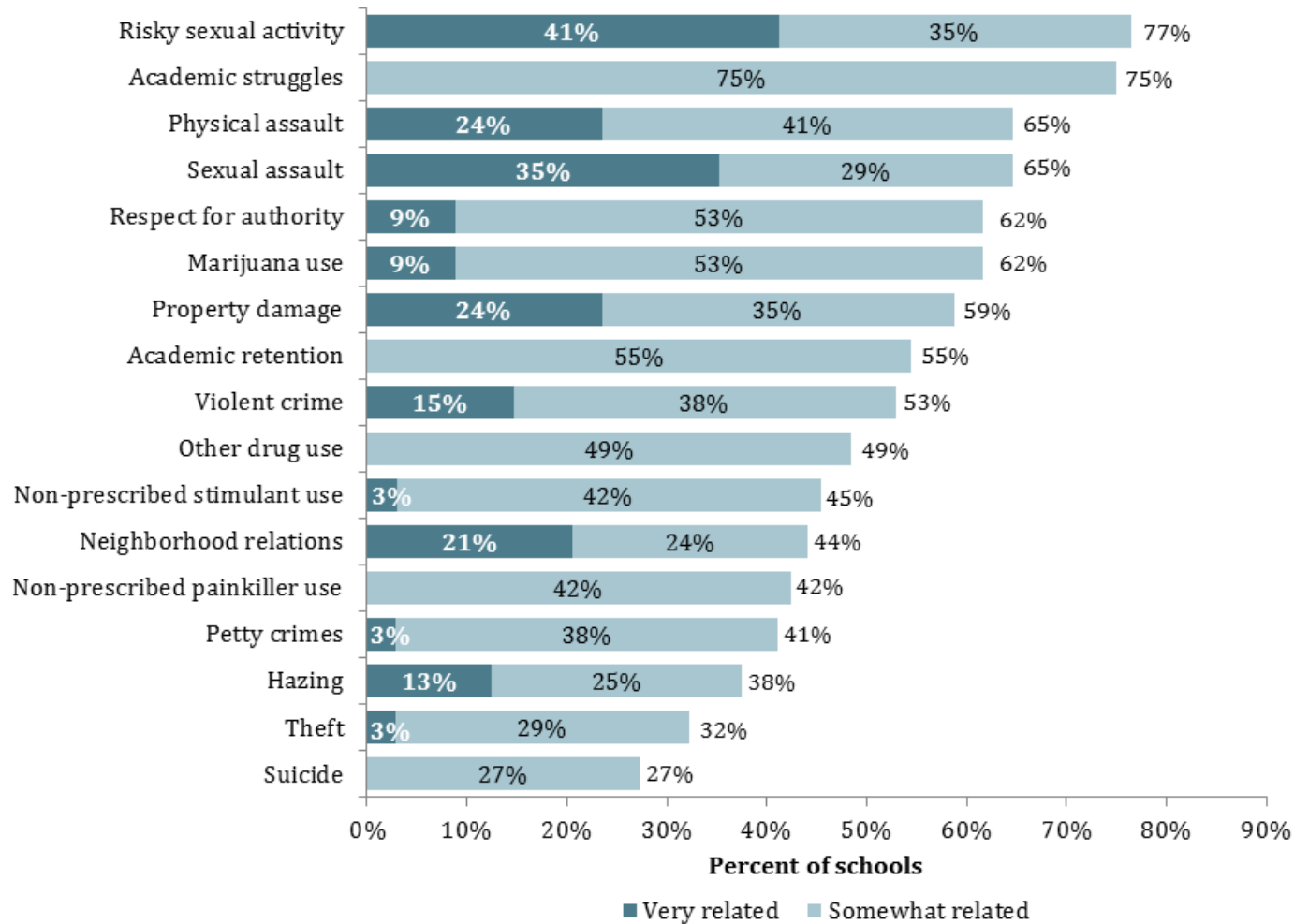
Note: Administrators from four schools declined to answer this question. Bars depict schools that see each issue as "very" or "somewhat" related to alcohol use; the remaining schools said the issue is "not related" to alcohol. "Very related" was not endorsed by any school for five issues (suicide, non-prescribed painkiller use, other drug use, academic retention, and academic struggles). See also Appendix Tables A22-A22c for further detail.

Administrators at many residential colleges see a connection between student alcohol use and other problems, including academic failure, fights, sexual assaults, injuries, theft, and drug use. Conversely, administrators at most non-residential colleges see little evidence of alcohol problems on campus or among their students. Moreover, non-residential colleges acknowledge that there is a lack of data to help them evaluate objectively the extent to which excessive drinking is a problem for their students.

Several administrators at 2-year non-residential schools mentioned student athletes as a population that occasionally experiences noteworthy alcohol-related problems. Unlike most of their students who live and work in the local community, student athletes are sometimes recruited from outside the county and live together in a house off-campus. They also tend to be at greater risk because they are traditional-age students (ages 18 to 24).

Although drinking occurs year-round, the impression from campus administrators was that alcohol consumption increases during certain times of the year. For example, at residential colleges and universities, drinking is typically heaviest in the fall when students first come to campus or return to campus after the summer break, and again in the spring, when the weather gets warmer, students are outside after a long winter, and springtime and year-end festivities are often scheduled. Other widely recognized triggers for heavy drinking and related problems are Halloween and the fall football season, particularly for schools with Division I football teams. Similarly, administrators at several residential colleges told us they had noticed increases in heavy drinking that coincide with big rivalry games for their basketball or lacrosse teams. Specifically, they reported that hospitalizations for alcohol poisoning are regular occurrences that spike at predictable times, such as during the first few weeks of school, at events like Halloween, and again in the spring with campus festivities marking the end of the school year. By contrast, administrators from non-residential colleges did not mention seeing a connection between any particular holidays or school events and alcohol-related problems.

4. Impressions regarding the major contributing factors to excessive drinking

Informal discussions and coalition meetings also shed light on the environmental and student factors that administrators regard as contributing to excessive drinking in general, and underage drinking in particular. With respect to off-campus environmental factors, 17 administrators reported that their students have easy access to alcohol, with house parties and friends who are of legal drinking age being the most common sources of alcohol for underage students. Almost every administrator we spoke with identified older friends or parties as a source of alcohol for their students.

Bars also contribute to students' easy access to alcohol off-campus, and were mentioned by administrators from 12 schools. Underage students frequent bars that have a reputation for serving underage patrons. Seven administrators reported that there are one or two problematic bars in their community that advertise to college students, serve underage students, and are frequently the site of hospital transports, fights, and other adverse consequences of alcohol use. On the other hand,

at bars and liquor stores that are known to ask for IDs, many students use false IDs, which are easy to obtain and often of high quality (that is, they are difficult to recognize as being false).

Unfortunately, while coalition members can play important roles in addressing community-level problems related to college drinking, they cannot effectively address problem licensed establishments without the participation and cooperation of the local liquor board. Jurisdictions in which the local liquor board is proactive and cooperates with the coalition report more success in addressing problem outlets than those in which the liquor board has been unresponsive.

> *The greatest challenges are a lack of resources and the culture. These students grew up watching Animal House; students expect a culture of drinking to be part of the college experience. It's challenging for parents to have those difficult conversations about drinking with their students. These problems of cultural expectations all flow into the university.*
>
> -Administrator of a residential school

Frustrations were also expressed during informal discussions regarding "drunk buses," which in some communities bring inebriated students back to residential neighborhoods after a night of drinking. These buses not only facilitate students' drinking to excess, they also result in noise disturbances, public urination, fights, and vandalism in the community. Communities find these buses and the ensuing problems difficult to address.

Administrators and coalition members also mentioned a number of student factors that contribute to excessive drinking. There is a strong consensus among college administrators that the college drinking problem persists due in large part to students' expectations based on their exposure to a mythical "college drinking culture" through movies and other popular media. These expectations are sometimes compounded by messages from parents and others that excessive drinking in college is normative and acceptable. Thus, students come to college with an expectation that drinking is part of the college experience—that it is expected that they will drink, and that it is acceptable behavior. These expectations, along with easy access to alcohol and little perceived or meaningful enforcement, create an environment that encourages and enables drinking and is difficult to control. Some administrators also mentioned that students drink to relieve stress as a result of mental health issues. Others pointed to the importance of alcohol as a social lubricant for students, repeating the common myth that alcohol consumption removes social inhibitions.

Knowing that these perceptions exist creates opportunities to share research findings with campus communities about the evidence that refutes these views. For example, stress and mental health problems co-exist with drinking problems, but the relationship is much more complex. In many cases, drinking can exacerbate mental health conditions (Arria et al., 2013a)—in other words, alcohol is not an effective way to "self-medicate" problems. In addition, there is strong scientific evidence regarding the "placebo effect" of alcohol use—in reality, students tend to overestimate the degree to which alcohol helps facilitate social interactions (Larimer, Kilmer, & Lee, 2005).

Current Strategies to Address Excessive Drinking

In this section, we present findings related to the diverse range of strategies schools are currently using—with varying degrees of success—to address excessive drinking. Major findings are summarized in concise tables and figures throughout the section, and more comprehensive tables are provided in the Appendix. The strategies discussed in this section are organized into three major categories: (1) process-oriented strategies (i.e., campus alcohol task forces and campus-community coalitions), (2) individual-level strategies, and (3) environmental-level strategies (to reduce availability of alcohol both on- and off-campus). The presentation here purposely parallels the way the corresponding information is presented in *Reducing Alcohol Use and Related Problems among College Students: A Guide to Best Practices*, in order to facilitate a comparison between what is supported by research evidence and what kinds of strategies are being implemented on Maryland campuses (Maryland Collaborative to Reduce College Drinking and Related Problems, 2013). In general, while Maryland schools are highly invested in many activities and have achieved some success in implementing evidence-based strategies, significant room for improvement exists.

Process-oriented Strategies

Campus-based Alcohol Task Forces

One powerful step schools can take to curtail excessive drinking is to establish a task force of campus representatives to collaboratively work together toward solutions.[6] Depending on the strength of leadership and administrative support, a task force can play a vital role in crafting a comprehensive, multi-level strategic plan that integrates all aspects of campus life, including the surrounding community.

Results from our formal interviews indicate that 53% of Maryland schools currently have some form of an alcohol task force on their campus (see Appendix Table A4). In 65% of these cases, the task force's leadership is at the level of the VPSA. There is almost always representation by staff (90%), campus health services (85%), campus law enforcement (75%), and students (75%), and half include faculty (50%). Representation by parents, alumni, and community members from outside the campus is rare, although one 2-year college's task force boasts representatives from nine of the 12 possible types of community members (see Appendix Table A4).

In the future, it might be helpful for schools with task forces to share experiences about their successes with other schools who have not established them. There might be room to expand the composition of these task forces to include other "voices" such as parents, alumni, and community members, even if on an *ad hoc* basis. Moreover, while our assessment did not include questions about the existence of written strategic plans to address excessive drinking, future work should document how many schools have strategic plans and how comprehensive they are in order to promote sharing of this information among Maryland colleges.

Campus-community Coalitions

Campus-community coalitions can provide a forum for opening lines of communication between participating agencies, including law enforcement, prosecutors, local health departments, community and neighborhood associations, and school administrators. Based on our informal discussions, at least six schools in Maryland are engaged with community partners in a coalition to reduce alcohol and availability in the surrounding community. These coalitions are working to implement best practices such as increased enforcement of alcohol laws, responsible beverage service training, and compliance checks.[7]

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[6] For brevity, we use the term "task force" to encompass any of these groups.
[7] Law enforcement agencies can conduct underage compliance checks in which underage operatives attempt to purchase alcohol in licensed establishments.

There are three college communities where the local health department has created a local community coalition to reduce underage drinking. These have provided an invaluable forum for colleges to work together with prevention professionals, law enforcement, the liquor board, community groups, and others to address the problem of college drinking in the community.

The administrators who are working with community coalitions praise the coalitions' ability to address many of the community problems that contribute to excessive drinking among their college students—especially in reducing alcohol availability. Administrators and coalition members described many specific successes they have experienced, resulting in outcomes such as code enforcement for student housing, compliance checks, and off-campus parties being shut down before problems arise. Coalition activities have also brought about changes in alcohol vendors in the community, especially in areas where the local liquor board becomes actively involved. Coalition members uniformly credit the increased communication and awareness of what each other is doing with their ability to address the problem of excessive drinking.

Coalition members attribute their success to their ability to talk with each other and work as a team in addressing problems as they arise. Coalition tasks vary widely by school. While coalitions adopt a variety of strategies to address the particular problems in their communities, the two most common are compliance checks, a tool that helps identify retailers that sell alcohol to underage youth and party patrols, which work to deter underage parties. These strategies have been effective in reducing alcohol availability in communities where they are fully implemented, but sporadic funding for them has made implementation inconsistent.

Box 3. Case studies from the community

One community coalition related several incidents in which they became aware of establishments where numerous students were being over-served and transported to the hospital for alcohol poisoning. They worked with local law enforcement agencies and the local liquor board to investigate the establishments, resulting in citations, fines, and in one case, the suspension of a liquor license. The incidence of student transports from these locations was significantly reduced or ceased altogether.

At one school, the coalition members collaborated to adopt a new approach to on-campus parties. Rather than trying to identify everyone at a party, they instead hold the occupants of the house responsible. This discourages students from hosting parties because they are the ones who must face the penalties. The incidence of alcohol-related violations decreased since they implemented that strategy.

One coalition gives annual awards to the law enforcement officers who are most active in issuing citations for alcohol-related offenses. The first year of the program, there were no citations. Now officers write citations and actively enforce the underage drinking laws.

One coalition succeeded in decreasing availability to minors through compliance checks. Local law enforcement agencies cited establishments that served underage police cadets, and the local liquor board levied significant fines for violations. These efforts resulted in compliance rates increasing from below 50% to between 80 and 100%. Next, the liquor board began conducting 23 compliance checks of 30 to 40 establishments over the course of a year. The average drinks per week among the college's students decreased from 3.4 to 2.6 and their rate of binge drinking fell as well. This coalition also had success when the student government was willing to have parties registered with local law enforcement. This allowed the agency to give the party hosts a list of "do's and don'ts" that succeeded in preventing the problems that are usually associated with large parties. The student government subsequently stopped registering parties, and problems related to large house parties increased.

Individual-level Strategies

Individual Interventions

Overview

Ideally, and as described in *Reducing Alcohol Use and Related Problems among College Students: A Guide to Best Practices*, high-risk college students would be identified early and assigned to complete interventions that would be tailored to the individual (Maryland Collaborative to Reduce College Drinking and Related Problems, 2013). The most comprehensive way to implement such a system of identification would be to require that all students receive some kind of initial screening to determine their level of risk (see Figure 7). Unfortunately, such comprehensive systems of screening, identification, and intervention are rare in U.S. colleges—and Maryland is no different (Nelson et al., 2010). In general, rather than proactively identifying students who are excessive drinkers *per se*, students are identified because they were caught violating a policy or committing an illegal act. Moreover, most schools are not equipped to track what happens to students after they are identified—that is, who actually follows up on referrals, or whether or not that student benefitted from the suggested course of action.

Figure 7. An ideal model for seamless implementation of a comprehensive set of individual-level strategies.
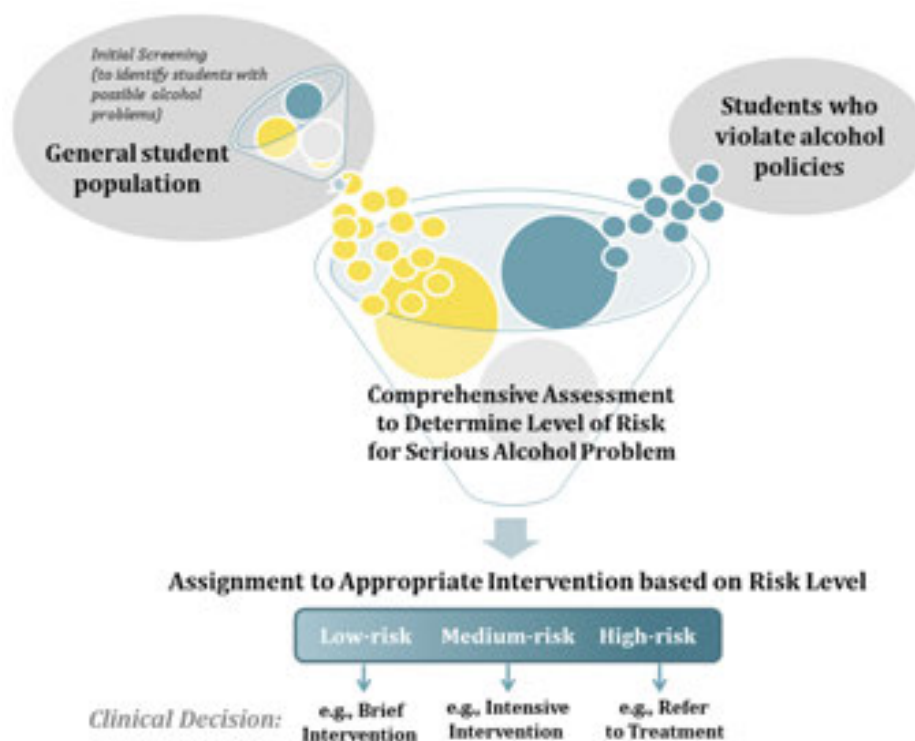
Note: In this model, students with possible alcohol problems are identified systematically and then flow through a series of steps. The overarching goal is to find and then connect students with varying levels of risk with the type of intervention that is most appropriate for them.

Screening

Screening provides a systematic way for schools to identify students who might have a clinically significant alcohol problem. Screening is meant to be brief so that it can be administered broadly without being overly burdensome or costly. Screening is also meant to be preliminary, in that a positive screen does not provide a definitive diagnosis; rather, it indicates that the individual should probably undergo a more thorough evaluation. Our formal interviews revealed that universal screening is quite rare in Maryland schools (5%), but nearly half (42%) of schools are screening students showing a particular need (see Appendix Table A5).

It is apparent that many schools rely on various forms of self-referral for either alcohol screening or treatment (29%; not shown in a table).[8] While it is encouraging that so many respondents mentioned screening, our assessment highlights that considerable confusion exists regarding the purpose and importance of screening. For example, one respondent said their school conducts universal screening for mental health problems, but later explained that they do not use any standardized alcohol screening tools and only screen students for alcohol problems after an alcohol violation. While it is important for schools to accommodate the needs of a student who believes that s/he might have a drinking problem—such as by providing "anonymous online screening if someone wants to take it if they are concerned" or "[referring] to outside community resources" such as 12-step programs and health department clinics "when a problem appears" or "if the need arises"—this strategy relies heavily on students' ability to recognize a problem on their own, which means their drinking patterns have probably already progressed to a point where they are experiencing adverse consequences (i.e., legal, health, social, and/or personal safety). In fact, a student who self-refers probably needs a level of assessment beyond a screening because they have already identified themselves as having a possible problem.

Some schools conduct screening as an annual event in observation of April's National College Alcohol Screening Day (13%; not shown in a table).[8] This screening day allows students to meet with on-site health professionals for alcohol screenings that are brief, confidential, and provide immediate results. This enables students to get the help and referrals they need if results are serious and need immediate attention. Students that participate are generally those who are willing and would like to get feedback about their drinking habits. Oftentimes, incentives are included through giveaways, driving simulators, and other campus-wide activities that attract large crowds. Although "screening days" are useful, they are inherently time-limited and not likely to serve the ongoing function of screening in other contexts such as visits to health, counseling, or academic assistance centers.

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[8] Based on a careful examination of the open-ended comments administrators made in response to the questions shown in Appendix Table A5. Data not shown in a table.

> *[What happens after screening] really depends on the student's willingness to get help and how serious he/she perceives the problem.*
>
> -Administrator of a non-residential 2-year school

Screening can be conducted in a variety of contexts and circumstances (see Appendix Table A5). Most schools provide screening in response to an alcohol violation or referral to the judiciary board (68% overall), and this appears to be a particularly high priority at public 4-year schools (92%). It is also quite common for 4-year schools to conduct screening during regular visits to the campus health care clinic (83% for public and 75% for private schools). Screening a student who has had an alcohol-related emergency department visit is much more common at 4-year schools (75%) than 2-year schools (21%;) perhaps due in part to differences in how hospitals handle these cases. Two-year schools are less likely to see this type of incident or be notified because it would most likely be considered "off-campus" and reports generally do not make it back to the school.

Based on the "other" contexts administrators mentioned (not shown in a table), a relatively small proportion mentioned screening in the context of visits to the counseling center (*n*=5). Other schools conduct screening only when students request it, as part of an annual event, routinely for new athletes, through the activities of a behavioral response team (e.g., Behavioral Intervention Team), following an alcohol-related transport, or through case management for students with disabilities. Only two schools do not conduct any type of screening or assessments for alcohol problems.

Many alcohol screening instruments are available for use by colleges and are described in *Reducing Alcohol Use and Related Problems among College Students: A Guide to Best Practices* (Maryland Collaborative to Reduce College Drinking and Related Problems, 2013). Four have been identified in prior research as being the "most favorable" for college students—namely the AUDIT, CUGE, CAPS, and RAPS—with respect to their empirical validity in college student samples (Winters et al., 2011). In Maryland, relatively few schools (38% 4-year, 7% 2-year; not shown in a table) are using one or more of these favorable screening tools.

As shown in Appendix Table A5, most 4-year schools (58%) are using at least one standardized screening tool to identify students with possible alcohol problems, whereas very few 2-year schools used any standardized screening instrument. The AUDIT was the most widely used tool for 4-year schools (38%). Several schools (*n*=12) described "other" screening methods they use, including College Response Alcohol Screening, SSI-AOD, and T-ACE; however, eight of those 12 described their screening method as a "conversation", "interview", "dialogue", or "discussion" rather than any standardized screening tool (not shown in a table). This finding highlights, again, the need to deal with the confusion that exists surrounding the purpose of screening. Many schools are using multiple screening tools (29%).

> **Box 4. Small-scale methods for monitoring students for drinking problems**
>
> At some smaller schools, a variety of people are involved in identifying students with a drinking problem. In the words of an administrator from one public college, "We are a close knit community. There's great ease in identifying students in crisis… If faculty/staff smell alcohol or notice behavioral changes, counseling staff can intervene directly." Another respondent at a private college described "a grassroots route to getting help" in which "By the time of their senior year, I've met with a lot of the students. If I hear of a student who might be struggling, I will tell them about services. Students tend to come into our office to meet with me [Director of Student Services] or the Assistant Dean to get help with resources. Their friends will often come in and tell us about their health issues (i.e., depression, mental health, etc.)…" Neither of these schools conduct universal screening, but they appear to be adopting other less formal strategies in an attempt to monitor students universally—rather than screening universally—for the development of drinking problems.

Following-up with Students after Screening

Formal interviews also showed that schools vary with respect to the actions they take after screening. At many schools, further action is highly dependent upon a student's willingness to participate. Even though administrators realize that the ideal situation would be to follow-up with every student whose screening identified a significant problem, this is not always possible given limited staffing and resources. Moreover, it is sometimes difficult to get students to comply with a plan for a more comprehensive assessment that can help them to develop an intervention plan.

The extent to which schools follow up with students is summarized in Figure 8. Among the 28 schools that use screening instruments, half (n=14) consistently follow-up to make sure the student has followed through on an alcohol referral that was made. Follow-up is less consistent about the student's ongoing alcohol problem (n=11) or their academic performance problems (n=8). "Other" issues instigating follow-up include mental health problems (especially in the context of a behavioral threat assessment) and making sure the student has completed judicially mandated sanctions. Additionally, some schools follow-up for athletes, if students experience conflict with a roommate, or if a student has any medical problems.

Figure 8. Following up with a student after screening (among 28 schools that use alcohol screening instruments, in response to the question: "*If a possible alcohol problem has been identified, how often does your school follow up with students regarding the following?*")
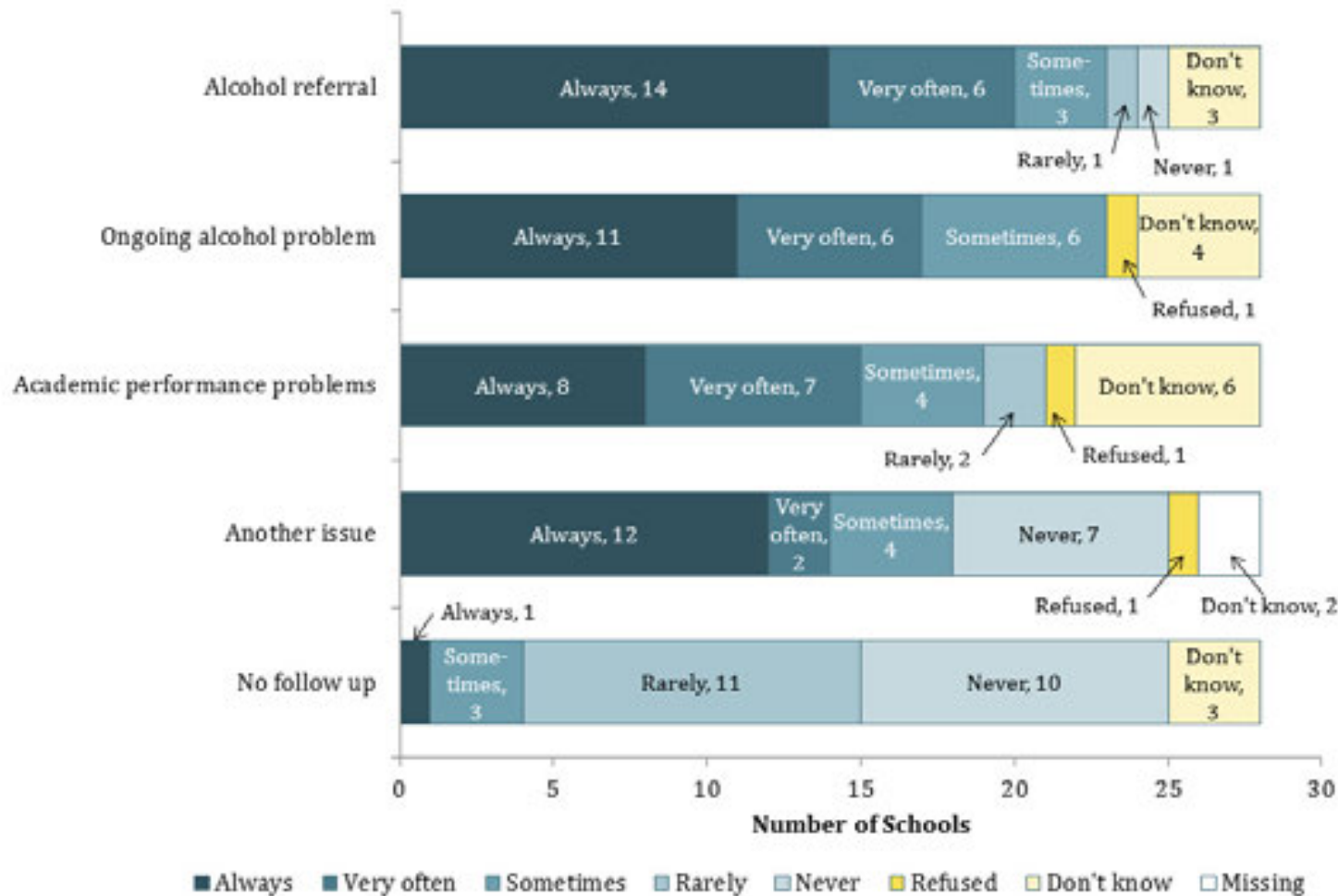
Note: Examples of "another issue" mentioned by respondents included: mental health/substance abuse issues, discipline referrals, judicial referrals, medical situations, roommate conflicts, specific issue brought to the attention of leadership, etc.

Brief Interventions

Ideally, follow-up with a student who is identified as having an alcohol problem would include an evidence-based individual intervention, depending on the severity of the problem. In our interviews, we specifically asked administrators about four different types of evidence-based individual interventions: norms clarification, cognitive behavioral skills training, brief motivational interviewing, and expectancy challenge programs. Evidence-based interventions are offered at most 4-year schools (67% of public, 58% of private) and two 2-year schools (14%; see Appendix Table A7). Four schools use an online personalized assessment tool (eCHUG) that attempts to motivate individuals to reduce consumption (based on their own risk factors and personal drinking habits).[9]

In the early stages of the assessment process, decisions can also be made regarding the need for additional or more intensive services. All[10] of the 17 schools that have evidence-based interventions also have a mechanism for providing further evaluation/referral to treatment either on- or off-campus or both. The vast majority (*n*=15) refer students to off-campus resources, but many (*n*=11) also offer these services through campus health services and/or other on-campus resources.

Schools in Maryland do promote the availability of alcohol interventions or treatment services in a variety of ways. The most popular avenues of promoting services are through the university website (83% of schools that offer intervention programs), at student orientation (83%), through materials at the student health center (78%), through the alcohol prevention education programs (74%), and through referrals (70%; see Appendix Table A7). Few schools (22% of schools that offer interventions) offered incentives for the students to attend the programs. Incentives were most common among the public 4-year schools (40% of 4-year public schools that offered interventions).

On-campus Treatment Services

As shown in Appendix Table A6, while no schools offer inpatient treatment on-campus, approximately half of 4-year schools (54%) offer other types of alcohol intervention services on campus, such as counseling, 12-step meetings, and other support groups. On the other hand, none of the 2-year schools provide treatment, which is not surprising considering that 10 of the 14 we assessed do not have an on-campus health center or offer any type of health services at all. These 10 schools instead provide referrals off-campus to treat serious student health issues. Most 2-year schools have counseling/advising centers that are focused on academic advising but which can also accommodate general counseling needs.

Of the 13 schools that do offer on-campus treatment services, the most common setting for service provision is the campus health center (77%), followed by other settings such as an on-campus alcohol/drug center, counseling center, or by a designated person (i.e., Director of Student Development, Manager of Substance Abuse). Unfortunately, most schools had no information about

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[9] For more information see http://www.echeckuptogo.com/usa/about/

[10] Data on further evaluation/referral to treatment were missing for one of the 17 schools with evidence-based interventions.

the level of demand or capacity to provide these services (i.e., number of students needing, requesting, being referred to, or receiving on-campus treatment services).

Schools that do not offer on-campus services typically refer students to off-campus services as needed. Most refer students to a mental health professional/clinic (63%) or a chemical dependency counselor or drug treatment program (63%) for formal treatment services off-campus, followed by a self-help group (33%), medical clinic (25%), or free clinic (17%).

Health Insurance Coverage

Students' health insurance coverage affects their ability to access alcohol treatment services, as well as general health care services where screening and brief intervention might take place. As shown in Appendix Table A8, the vast majority of 4-year schools offer student health insurance plans (83% of public and 92% of private schools), and 33% impose mandatory health fees intended to cover the cost of access to basic on-campus primary care services. Unfortunately, these insurance plans and fees provide very limited coverage for alcohol treatment services. For example, less than half of 4-year schools cover outpatient treatment (42%), and even fewer cover inpatient treatment (33%) or emergency services (33%). Although it is understood that many students maintain coverage as dependents under their parents' health insurance, it is apparent that the students who depend on their school for health insurance are vulnerable to coverage gaps if they should need alcohol treatment. Impending implementation of the Affordable Care Act should lead to positive changes in the requirements for insurance plans to cover more ADM services (alcohol, drug addiction, and mental health) and early interventions.

Training to Recognize and Respond to High-Risk Students

One critical step schools can take to establish a campus culture in which alcohol prevention is taken seriously is to ensure a broad level of saturation of the skill sets needed to identify, refer, and intervene with students who have a drinking problem. In other words, it would be desirable for schools to train as many different members of their campus community as possible, so that any given high-risk drinker would be likely to encounter someone on campus who is equipped to help them. Training to (a) identify students who have a drinking problem, (b) conduct brief interventions,[11] and (c) know how and under what circumstances problem drinkers should be referred to receive alcohol treatment are most salient. For all three types of training based on our formal interviews, it is apparent that schools rely most heavily on mental health counselors and—at residential schools—residence hall counselors.

Widespread training of multiple possible "helpers" throughout the campus community is particularly important in light of resource limitations for supporting personnel dedicated to alcohol prevention activities. In fact, schools with any dedicated staff are in the minority: 39% have any full-time dedicated staff, and 17% have any part-time dedicated staff (see Appendix Table A7).

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[11] Brief interventions: short, one-on-one counseling sessions that generally aim to moderate a person's alcohol consumption to sensible levels and to eliminate harmful drinking practices, rather than to insist on complete abstinence from drinking—although abstinence might be encouraged, if appropriate (National Institute on Alcohol Abuse and Alcoholism, 2005).

Having a dedicated substance-abuse counselor or addictions/mental health staff person on hand was a request made by several respondents in order to efficiently address the issue on campus.

Training for Clinical Personnel

At many schools, clinical personnel are trained to identify student drinking problems (63%), to refer students for alcohol treatment (47%), and conduct brief interventions (47%; see Appendix Table A10). However, the schools are not always providing that training. One reason is simply because clinicians are likely to have received training in these areas as part of their prior clinical training (i.e., mental health counselors, health care clinic staff, and physicians). Yet there is still value in schools providing campus-specific training on an ongoing basis to these individuals, both to reinforce that a high priority should be placed on addressing these problems as health issues, and to provide information about the policies and resources that are specific to their unique campus environment. Oftentimes clinical professionals are supported in attending national conferences and outside professional development training opportunities to further their experiential learning and growth. Giving health center staff and physicians on campus the opportunity to attend on-campus training opportunities and in-service learning programs around alcohol-specific issues (i.e., brief interventions and referrals) can only reinforce clinical skills related to assessment of high-risk drinkers.

We have professional development programs where counseling staff can participate in webinars, conferences, and seminars. [The counseling staff] chooses specific topics based on the need/interest of the college.

-Administrator of a non-residential 2-year school

A majority of 2-year schools do not have health centers or health services on their campus; therefore physicians and health professionals are not employed at these schools. General counseling center staff and mental health counselors on site have the opportunity to attend professional development, seminars, and conferences, and they can choose the topics based on the needs of the campus.

Training for Faculty

Administrators commonly mentioned faculty as a resource to recruit and train in their efforts to reduce student drinking problems. Many view faculty as a largely untapped resource who often develop close relationships with students and are thus uniquely well-suited to identify and refer to available resources any students who might be struggling with alcohol and other drug problems.

Training for faculty might be a worthwhile area for schools to grow in the future. As seen in Appendix Table A10, only a minority of schools currently provide faculty with any training focused

on alcohol policies, enforcement procedures, how to identify high-risk drinkers, or how to refer students for alcohol treatment—with the sole exception that 58% of public 4-year schools provide training to their faculty on how to refer students. In instances where training is provided, it is voluntary with limited attendance, sessions are offered inconsistently, and they might not be entirely alcohol-specific (i.e., it might focus on drug use or health in general). In many cases, trainings can be all encompassing when it comes to alcohol, and faculty might be in a good position to notice when a student is developing a serious alcohol problem, especially when it begins to adversely affect their class participation and grades. Equipping faculty with the basic knowledge and skills to recognize and respond in these situations could result in many more students being identified earlier, before they experience more severe consequences.

Written Guidance for Faculty and Staff to Manage Alcohol-related Incidents

Despite the fact that every school prohibits alcohol consumption at some level on their campus, less than half (47%; see Appendix Table A15) have written policies and procedures explaining how faculty/staff should deal with alcohol-related violations. This proportion is particularly low at private schools (25%). Although a lack of written procedures might be regarded as desirable because it provides schools with more flexibility to deal with violations on a case-by-case basis, it has the disadvantage of creating opportunities for leniency which might ultimately undermine the policy's deterrent effects on excessive drinking.

Training for Residence Hall Personnel

Of the 25 schools with residence halls, nearly all train their staff in alcohol policies, enforcement, and identifying student drinking problems (see Appendix Table A11). Training on how to refer students to alcohol treatment is somewhat less common, but still prevalent. Typically, both resident advisors (60%) and residence hall directors (76%) are trained on this issue, but several also train building security staff (24%) as well. It is essential to administer ongoing trainings for residence hall staff as they are the closest contacts to students living on campus. Keeping them well-equipped to identify student drinking problems and students at risk will advance monitoring of students.

Education Programs

Despite their limited effectiveness in changing behavior or reducing alcohol consumption, education approaches to alcohol prevention are very popular among schools in Maryland as in other states. Education programs are offered to first-year students at 79% of 4-year schools but only slightly more than half of 2-year schools (57%; see Appendix Tables A2-A3). No one education program is predominant, but the standard programs being offered most widely are National Collegiate Alcohol Awareness Week (NCAAW; 37% overall; 50% of 2-year schools, 29% of 4-year schools) and AlcoholEdu (29%). No schools require an education program for students in their sophomore, junior, or senior year of college.

In-person (IP) education programs for first-year students are typically embedded within first-year orientation or a seminar course for first-year students. These programs usually include a

presentation with information about the school's alcohol/drug policy or students are given a workshop-type seminar on general health and wellness, including alcohol and drugs. These IP programs are as common as online or computer-delivered programs (47% and 40% of schools, respectively) and are much more common among 4-year schools (67%) than 2-year schools (14%), as are online or computer-delivered programs (54% vs. 14%, respectively). Although the majority of Maryland schools (71%) offer some type of alcohol education to incoming first-year students, fewer schools actually require first-year students to complete it (45%). Among the 27 schools that provide alcohol education, many are taking steps to verify that students received the program (n=18) or completed the program (n=16); however, very few impose any sort of penalty on students who fail to complete the program (n=8). Instead, some schools impose an "implied mandate" to complete the alcohol education program, where students matriculating into the school come in with the assumption that completing the program is part of the "package" before beginning school. Alternatively, in the case of some 4-year public schools, penalties cannot be imposed because the schools use the information gathered as educational research for assessing alcohol use among students. Although some schools realize that making the program mandatory would be ideal theoretically, imposing sanctions for non-completion might be very difficult in practice.

Some schools offer education programs to alcohol policy violators (61%), but few schools require alcohol education in these circumstances (18%). Requiring education for violators appears to be a higher priority at 4-year private schools (42%) than at 4-year public (8%) or 2-year schools (7%). A majority of these programs consist of presentations, workshops, seminars, or online/in-person alcohol programs as a means to engage the students on a personal level.

Medical Amnesty and Good Samaritan Policies

Medical Amnesty and Good Samaritan policies were developed to shield students from disciplinary actions for violating the school's alcohol policy in cases where they are seeking medical care for intoxication, either for themselves (Medical Amnesty) or someone else (Good Samaritan). In Maryland, about half of all 4-year schools and none of the 2-year schools have either of these policies (see Appendix Table A16). These two policies are closely related and complementary; thus it is not surprising that they usually occur together on the same campuses. The intention of these policies is to encourage students to recognize the warning signs of alcohol poisoning and to seek appropriate medical assistance in cases of an alcohol-related emergency.

Parental Involvement

As mentioned earlier, Marylanders place a high value on education. During our informal discussions with administrators and leaders in higher education in Maryland, we learned of an apparent dichotomy regarding parents of college students. Some are highly concerned about the level of drinking that their child is exposed to during college. Others are well-intentioned, but appear to buy in to the notion that college drinking is an acceptable "rite of passage". There are many opportunities to share research evidence with campus administrators about the important influence that parents can have on their young adult child's behavior. And there are opportunities

to shift the thinking of some of these well-intentioned parents to promote student success and reduce problems associated with excessive drinking.

Despite the popular perception that parents have minimal influence over their child's behaviors and choices after they leave home for college, research suggests that parents' influence persists. Schools that are committed to curtailing excessive drinking should regard parents as partners in this effort. Most Maryland schools are actively reaching out to parents to give them information about excessive drinking among students (see Appendix Table A13). Orientation sessions are one of the most common ways to reach out to parents of incoming students (55%), but many schools also mail information to parents (37%). Nevertheless, several schools (three 4-year schools, eight 2-year schools) are not taking any steps to give this type of information to parents of first-year students.

> *The college serves the student. We work directly with the student and provide resources to the student. Anything the student wishes to share or include the parent in is their right. We encourage good relations with parents, but we focus on the student.*
>
> -Administrator of a residential 4-year private college

Communicating with parents of incoming first-year students—even before matriculation—is especially important, because parents play a key role in maintaining communication with their children about the risks of excessive drinking and expectations of underage drinking, even as they prepare for and transition into college. Consistent parent-child dialogue well into college matriculation is also important to detect emerging problems and facilitate getting help. With just three exceptions, nearly all 4-year schools provide alcohol education to parents at this early stage, most commonly via staff-led programs (58%) and/or informational brochures or other print matter (83% of 4-year public and 50% of 4-year private schools). Unfortunately, only one school requires parents to participate in the alcohol education, and no schools verify that parents received or completed the education program. Schools have no way of mandating parent participation in programming; rather, parents are highly encouraged to participate in order to increase their awareness and knowledge about alcohol-related topics, especially if it is remotely associated with their child. In contrast to the 4-year schools, far fewer 2-year schools provide any alcohol education to parents of incoming first-year students (57% provide "None"). Programming aimed at students' parents is not often a priority at 2-year schools. Nevertheless, several 2-year schools are actively reaching out to parents via orientation sessions, printed material, and the like.

A more contentious aspect of parental involvement pertains to deciding how and when parents should be notified or contacted when their child experiences or is involved in an alcohol-related incident. Of the seven different types of alcohol-related incidents covered in our formal interviews (see Table 4), alcohol transports were the only one in which a majority of 4-year schools (67% of 4-

year public and 83% of 4-year private schools) would notify the parents, and only one 2-year school notifies parents in this situation. Even after a student has received multiple alcohol citations, most schools would still not notify the parents (e.g., 25% of 4-year public and 42% of 4-year private schools notify after two or more on-campus citations).

Much less common are protocols for contacting parents about alcohol-related incidents. These are most common for underage drinking (34%) and possession (32%), and tend to be more prevalent at 4-year private schools than 4-year public or 2-year schools. When asked—in a separate section of the interview—about 11 alcohol-related situations (see Table 5) in which parents might be contacted; most schools indicated that they do not notify parents, given that many of their students are older than "traditional age" students and therefore less dependent on their parents. In fact, 53% of schools do not contact parents in any of the 11 situations we described. Two notable exceptions were that at least half of the 4-year private schools would notify parents about an underage student drinking (58%) or

> *At the community college level, parent involvement in alcohol-related incidents is not an issue because we figure many students are still living with their parents. Our campus is involved in education in the community but that's it.*
>
> -Administrator of a non-residential community college

possessing (50%) alcohol on campus, but this was not the norm at other types of schools. In fact, for almost every situation we asked about in either section of the interview—from alcohol transports to DUI to underage drinking and possession—4-year private schools were more likely than either 4-year public schools or 2-year schools to notify parents. We cannot say whether this difference is substantive or merely coincidental, but it is intriguing and raises questions about how different types of schools might vary in their attitudes about involving parents in their efforts to deal with excessive drinking.

Concerns about the student's privacy rights under the Family Educational Rights and Privacy Act (FERPA)[12] are an important factor in these situations, but FERPA requirements are commonly misunderstood, thereby leading some well-intentioned collegiate personnel to be overly cautious about notifying parents, even in situations where FERPA does not apply. Many administrators are under the impression that once a student turns 18, they need to request permission from the student to notify parents about specific student issues. However, FERPA allows for exceptions to that requirement in certain situations, such as when the student violates underage drinking laws or other alcohol policies, or in cases where the health and/or safety of a student is at risk (United States Department of Education, 2011).

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[12] FERPA, the Family Educational Rights and Privacy Act, is a federal legislation that determines who (generally parents) can access specific education records, such as grades, disciplinary records, and contact information. Once a child turns 18 (general age for college students), FERPA rights are transferred to them, limiting information accessible to parents.

Table 4. Situations in which parents are notified that their child was involved in an alcohol-related incident

Type of Situation	Public 4-year *n*=12	Private 4-year *n*=12	2-year *n*=14	Total *n*=38
After alcohol transport	67%	83%	7%	50%
After an alcohol-related arrest	17%	42%	14%	24%
After two or more on-campus alcohol-related citations	25%	42%	0%	21%
After two or more off-campus alcohol-related citations	8%	33%	0%	13%
Student receives DUI	8%	25%	0%	11%
After one on-campus alcohol-related citation	8%	25%	0%	11%
After one off-campus alcohol-related citation	0%	25%	0%	8%
Parents are not notified	8%	0%	36%	16%

Note: Because many older students are financially independent from their parents, some 2-year schools feel that concerns about safety must be balanced with privacy. As one 2-year college administrator said, "The college serves the student. We work directly with the student and provide resources to the student. Anything the student wishes to share [with] the parent is in their right. We encourage good relations with parents, but we focus on the student."

Table 5. Alcohol-related situations in which schools will notify a parent/guardian

Type of Situation	Public 4-year *n*=12	Private 4-year *n*=12	2-year *n*=14	Total *n*=38
Underage student drinks alcohol on campus	25%	58%	21%	34%
Underage student possesses alcohol on campus	25%	50%	21%	32%
Student becomes drunk/disorderly at a campus event	17%	42%	7%	21%
Student is cited for an alcohol violation off-campus	33%	25%	7%	21%
Student is arrested for an alcohol violation off-campus	17%	42%	7%	21%
Student brings alcohol to area/event where prohibited	8%	42%	7%	18%
Student hosts an on-campus party at which others become drunk/disorderly	17%	25%	7%	16%
Student becomes drunk/disorderly at an on-campus athletic event	8%	25%	7%	13%
Student commits sexual assault while intoxicated	25%	17%	0%	13%
Student physically assaults someone while drunk	8%	17%	0%	8%
21+ year-old student provides alcohol for underage youth	0%	25%	0%	8%
None	58%	17%	79%	53%

Student Involvement

Involving students in campus alcohol prevention strategies can be advantageous because students can be a voice between campus administration and the student body about effective strategies to reduce alcohol problems (see Appendix Table A12). Most schools (87%) involve students in addressing alcohol use on campus, with peer education being the most prevalent mechanism (61%). At 4-year schools, students are often involved in the campus's alcohol task force (50%) and included in the processes of planning (58%) and implementing (54%) alcohol prevention strategies. Because excessive drinking and alcohol prevention are not perceived by school administrators as being significant problems at 2-year schools, students are not as involved in the process.

Other Programs and Activities

Many schools are implementing programs that are intended to help provide alternatives to excessive drinking and/or reduce the harms that result when students do drink excessively. For instance, nearly all schools offer one or more types of late-night programming, with dances or "mixers" and other alcohol-free social events (82%), evening classes (76%), and sporting events (68%) being the most prevalent (see Appendix Table A9). A few schools keep their recreational facility open late into the night (34%), but many more allow for late-night intramural sports (61%). Aside from late-night programs, a few schools are implementing a "Safe Rides" program (18%), which schools offer as a means of transportation for people who plan to drink and need a safe way to get home.

Instituting Friday morning classes is another strategy that can deter excessive drinking by discouraging an early start to weekend drinking on Thursday nights (Gibralter, 2012). Although nearly all schools offer Friday morning classes (97%), only one school does so specifically as a deterrent to excessive drinking.

Many schools are engaged in social norms campaigns (42%), which try to correct misperceptions about how widespread drinking is on campus. In this way, social norms campaigns are thought to lower the likelihood that students will drink excessively. In Maryland, social norms campaigns have universally involved poster campaigns (94%). Fewer than half (44%) are evaluating the effectiveness of their social norms campaign.

The research evidence indicates that many of these other programs and activities are less effective at reducing excessive drinking than the strategies mentioned in the sections on individual-level and environmental-level strategies.

Environmental-Level Strategies

Overview

The most effective way to reduce excessive alcohol consumption is through multi-level, multi-component interventions that combine strategies focused on individuals and on the overall environment in which the population makes its decisions about drinking (Martin, Sparks, & Wagoner, 2013). Environmental-level strategies focus on the social, political, and economic contexts in which alcohol problems occur (Treno & Lee, 2002). These strategies include looking at alcohol prices, taxes, promotions, marketing, and locations where alcohol is consumed.

There has been an abundance of research demonstrating the effectiveness of environmental strategies in addressing excessive alcohol consumption among college students (Clapp et al., 2005; Clapp, Reed, Holmes, Lange, & Voas, 2006; Hingson, Heeren, Winter, & Wechsler, 2005; Toomey, Lenk, & Wagenaar, 2007). As mentioned previously, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) College Drinking Task Force issued a Call to Action in 2002 to change the culture of college drinking. They suggested that colleges and universities implement evidence-based strategies using a comprehensive 3-in-1 framework that targets "(1) individuals, including at-risk or alcohol-dependent drinkers, (2) the student population as a whole, and (3) the college and the surrounding community" simultaneously.

In this section, we discuss our findings about what Maryland colleges are doing regarding three aspects of the alcohol environment: policies regarding alcohol availability and promotion on-campus, policies regarding alcohol availability and promotion off-campus, and enforcement and sanctions for violation of those policies.

Policies Limiting On-campus Alcohol Availability and Promotion

Schools vary greatly in terms of both the content and the distribution of information related to alcohol policies. While the vast majority of schools provide information about their alcohol policies via static mechanisms (i.e., student handbook, orientation, website), a few schools stated through formal interviews that they go to extra lengths by integrating this information into classes (18%; see Appendix Table A15).

There are a number of policies that schools can adopt to limit the availability of alcohol on campus, and thereby reduce the risk for alcohol-related problems. Some schools in Maryland have adopted some of these policies more widely than others. Most 4-year schools prohibit alcohol use in some limited way (i.e., prohibited for everyone under 21, or in certain areas or events).

Figure 9. Campus policies on prohibition and sales of alcohol

All Schools Assessed
(n=38)

Is alcohol consumption **prohibited** for everyone on campus?

No ("Wet")
n=23[a]

Yes ("Dry")
n=15[b]

Is the alcohol prohibition absolute?

Absolute prohibition
n=7

Rare exceptions permitted
n=8

Are **alcohol sales** permitted on campus?

No sales
n=11

Sales
n=12

No sales
n=7

Sales
n=1

No restrictions
n=8

Some restrictions
n=4

Are there any **restrictions**[c] on alcohol sales?

No restrictions
n=1

Are there any **alcohol-related requirements**[d] for on-campus events?

No requirements
n=1

Some requirements
n=22

[a]*All 23 "wet" schools allow alcohol at one or more types of on-campus events (see Figure 10).*
[b]*One school was categorized as "dry" with "rare exceptions permitted" based on their description of alcohol use on campus, even though they did not endorse the "Alcohol prohibited for everyone regardless of age" response option.*
[c]*See Figure 11 for the types of alcohol-related requirements for on-campus events.*
[d]*See Figure 12 for the types of restrictions being implemented on alcohol sales.*

Three 4-year public schools officially prohibit all alcohol use on campus, as do most 2-year schools (*n*=11; see Appendix Table A15). Figure 9 summarizes the combinations of policies on alcohol consumption, sales, and on-campus events at the 38 schools we assessed. As can be seen, 15 schools are considered "dry" campuses because they prohibit alcohol consumption regardless of age, although half of those schools do make special exceptions to allow alcohol under certain conditions (i.e., permission requested from the VPSA). The remaining 23 schools do not have a general prohibition on drinking (i.e., "wet" schools). Even among schools that allow alcohol consumption, not all allow alcohol sales. On-campus alcohol sales are permitted at 13 schools, four of which have adopted one or more pricing strategies (e.g., restricting specials or free samples). Additionally, a majority of the 38 schools we assessed prohibit alcohol advertising, although this is somewhat less common among public 4-year schools (58%) than at private (75%) or 2-year schools (71%).

Prohibiting alcohol at campus events is one strategy to reduce event-related alcohol problems on campus. As shown in Figure 10, the extent to which Maryland schools allow alcohol at campus events varies greatly depending on the location and nature of the event. Among the 23 schools considered "wet" schools (see Figure 9), many consistently prohibit alcohol at all sporting events (90% for intramurals, 80% for intercollegiate), and a few schools go even further by prohibiting alcohol at the parties surrounding sporting events—such as tailgate parties (33%) and homecoming celebrations (20%). With respect to residence halls, although most schools consistently prohibit alcohol at all official residence hall parties (80%), it is less common for schools to consistently prohibit alcohol at informal student gatherings in residence hall rooms (35%) or for Greek life events (40% for sororities, 33% for fraternities). One school (4%) prohibits alcohol at all on-campus banquets and receptions. Schools that mentioned "sometimes prohibited" generally have to receive permission from the VPSA or equivalent in order to have alcohol at these events.

When schools decide to allow alcohol at campus events, there are policies they can adopt to reduce the incidence of alcohol-related problems at those events. Once again, some of these strategies are implemented broadly, while others are implemented at only a few schools. As shown in Figure 11, among the 23 schools that allow alcohol on campus, several written policies are widely used, such as requiring IDs to check age (91%), requiring events to be registered (78%), requiring non-alcohol beverages and food be available (78%), and requiring training for servers (78%). Many of these policies are common at 4-year schools, and a few of them are being implemented by at least one of the two 2-year schools that are "wet" (see Table 6). Other common policies include requiring security to be present (74%), prohibiting drinking games (70%), and prohibiting kegs (61%). Slightly more than half of schools place limitations on the type or amount of alcohol available (57%), the number of hours that alcohol can be served (57%), or the number of people admitted (52%). Less than half (44%) had a written policy prohibiting free or low-priced drinks. Schools with a very comprehensive set of policies governing alcohol service at on-campus events are not uncommon: among the 23 "wet campuses", six 4-year schools (two public, four private) require all 13 of the rules we asked about in our formal interviews in relation to on-campus events (not shown in a table).

Figure 10. Prohibition of alcohol at specific campus events (among 23 schools that permit alcohol consumption)

Event	Always prohibited	Sometimes prohibited	Never prohibited
Intramural sports events (21)	90%		10%
On campus intercollegiate sporting events (20)	80%	15%	5%
Residence hall social events or parties (20)	80%	15%	5%
Sorority events or parties (10)	40%	50%	10%
Student gatherings in residence hall rooms (20)	35%	60%	5%
Other on campus events [dances, concerts, etc. (23)]	35%	65%	
Tailgate, pre- and post-game parties (18)	33%	50%	17%
Fraternity events or parties (9)	33%	56%	11%
Fine arts or theater events (22)	27%	73%	
Homecoming celebrations (15)	20%	67%	13%
On campus banquets/receptions (23)	4%	91%	4%

Percent of schools

■ Always prohibited ☐ Sometimes prohibited ☐ Never prohibited

Note: For each type of event, results were computed only for the subset (n shown in parentheses) of schools that have that type of event.

F igure 11. Alcohol-related requirements for on-campus events (among 23 schools that permit alcohol consumption)

Requirement	Percent of schools
Checking IDs to verify age	91%
Requiring training for servers	78%
Requiring non-alcohol beverages/food to be available	78%
Registering events	78%
Requiring security to be present	74%
Prohibiting drinking games	70%
Prohibiting kegs	61%
Holding the event's host responsible for violations	57%
Limiting the number of hours alcohol can be served	57%
Limiting type of alcohol available	57%
Limiting amount of alcohol available	57%
Limiting the number of people admitted	52%
Prohibiting free or low-price drinks	44%
None	4%

Percent of schools

Table 6. Written policies on alcohol at on-campus events (among 23 schools that permit alcohol consumption on campus)

	Public 4-year *n*=9	Private 4-year *n*=12	2-year *n*=2	Total *n*=23
Registering events	89%	83%	0%	78%
Checking IDs to verify age	100%	92%	50%	91%
Requiring security to be present	89%	67%	50%	74%
Prohibiting kegs	56%	67%	50%	61%
Limiting the amount of alcohol available	67%	58%	0%	57%
Limiting the type of alcohol available (e.g., beer only)	67%	58%	0%	57%
Limiting the number of people admitted	56%	58%	0%	52%
Limiting the number of hours alcohol can be served	67%	58%	0%	57%
Prohibiting drinking games	78%	75%	0%	70%
Holding the event's host responsible for violations	78%	50%	0%	57%
Requiring non-alcoholic beverages/food to be available	78%	83%	50%	78%
Requiring training for servers	78%	92%	0%	78%
Prohibiting free or low-price drinks	67%	33%	0%	44%
None	0%	0%	50%	4%

Residence Hall Policies

Given the large proportion of students housed in residence halls, policies regulating alcohol consumption specifically within residence halls can be an important part of a multifaceted approach to curbing excessive drinking, particularly among underage students. As mentioned earlier, residential schools were much more likely than non-residential schools to describe college drinking as a significant problem.

Of the 38 schools that we assessed, 25 have residence halls. Among these, more than half (*n*=14) have substance-free housing options, and two have dedicated housing for students in recovery (see Appendix Table A17). In terms of policies governing alcohol use in residence halls, schools generally adhere to prohibition for underage residents, but drinking is sometimes allowed for students who have reached legal drinking age. Most schools (*n*=21, 84%) prohibit drinking at residence hall events regardless of age, and six schools (four 4-year public, two 2-year) go even further to prohibit all in-room drinking regardless of age. However, alcohol at residence hall events is permitted at four 4-year schools (one public, three private), three of which have one or more written policies limiting how and when alcohol can be served at those events. Of those, one 4-year private school has a particularly comprehensive set of policies, which include all of the specific policies shown in Appendix Table A17.

Although monitoring of residents' drinking occurs at most schools, the procedures around monitoring vary at each school. A majority of schools typically implement general Resident Assistant "rounds" where rooms are checked on a regular basis to ensure security and enforce University policy. This might not include specific searches for alcohol unless there is reason to believe that policies are being violated. Monitoring of rooms is less prevalent than the prohibition of drinking. For example, whereas 24 schools prohibit underage drinking in rooms, only 21 monitor underage residents' drinking, which raises questions about enforcement.

> *We work with students on an individual basis. Students who ask for substance-free housing will be placed accordingly where it may be a better environment.*
>
> -Administrator of a residential 4-year public school

Sales and On-campus Alcohol Pricing

Excessive alcohol consumption at campus events can be discouraged through prohibiting price discounting, prohibiting free or low priced drinks, happy hours, "buy one, get one free" drink specials, and free tastings or samplings. Studies have shown that the price of alcoholic beverages affects the quantity consumed (Cook, 2007); the cheaper the beverage, the greater number of drinks consumed (Chaloupka, Grossman, & Saffer, 2002). Increasing the price of alcohol decreases the likelihood of drinking to intoxication (O'Mara et al., 2009). As noted earlier, 13 schools permit alcohol sales on campus but most of these (*n*=9) do not restrict sales in any way (see Figure 12). Pricing restrictions have been adopted by four schools (all of which are 4-year public schools). *Reducing Alcohol Use and Related Problems among College Students: A Guide to Best Practices* describes how adopting policies to maintain high drink prices translates into lower consumption and alcohol-related problems at campus events where alcohol is served (Maryland Collaborative to Reduce College Drinking and Related Problems, 2013).

Alcohol Marketing

Alcohol marketing exposure (e.g., seeing alcohol advertisements or marketing materials) contributes to increased alcohol consumption among young people (Anderson, Bruijn, Angus, Gordon, & Hastings, 2009). Restricting alcohol marketing to certain audiences and specific places or jurisdictions might lead to reductions in alcohol use among youth, young adults, and in the general population. More than two thirds (*n*=26) of Maryland schools reported through formal interviews that they have policies in place prohibiting school-sponsored media (i.e., newspapers, radio stations, campus electronic message boards, and campus websites) from accepting alcohol ads or promoting on- or off-campus events featuring alcohol. The extent to which these policies apply to different media within the campus was not assessed. Some schools might have policies in place prohibiting ads in newspapers, but allow promotion of events featuring alcohol on the radio station or on bulletin boards in the residence halls. One administrator informally mentioned that the school did not want to interfere with the student paper's ability to bring in revenue or infringe on the

students' control of the paper by adopting such policies. Limited bans on alcohol advertising on college campuses have been shown to have limited effect, since advertisers can switch to alternate media. As discussed in *Reducing Alcohol Use and Related Problems among College Students: A Guide to Best Practices*, comprehensive bans on alcohol advertising can be effective in reducing alcohol use among college students (Maryland Collaborative to Reduce College Drinking and Related Problems, 2013).

Figure 12. Restriction on alcohol sales on campus (among 13 schools that permit alcohol sales)

Number of schools that permit sales of alcohol on campus
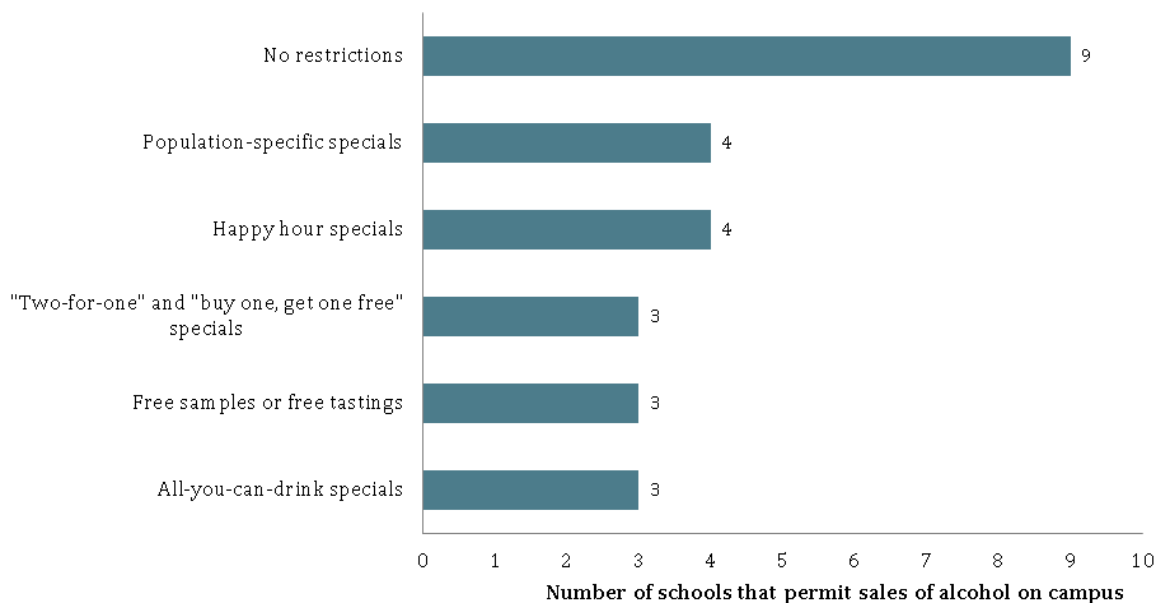
Fraternity/Sorority Policies

National studies have found that members of fraternities and sororities are more likely to be excessive drinkers and to have alcohol-related problems, but the evidence suggests that rather than a causal association, many high-risk drinkers self-select into these organizations (Capone, Wood, Borsari, & Laird, 2007). One study found that members of fraternities and sororities reported significantly higher levels of weekly and monthly alcohol use, compared with non-Greek members (Alva, 1998). In Maryland, Greek life has an on-campus presence at 14 schools, two of which have only sororities (see Appendix Table A18). These schools vary with respect to alcohol restrictions for Greek life. It is not uncommon for 4-year public schools to completely prohibit alcohol at all houses and events for sororities (67%) and fraternities (67%), but this is rarely the case at 4-year private schools (only one private school prohibits alcohol for sororities, and none prohibit alcohol for fraternities). Among the schools that do allow alcohol for fraternities (*n*=6) and sororities (*n*=7), most have several written policies in place to restrict how and when alcohol can be served. Our formal interview contained questions about 19 possible rules for Greek organizations (see Table 7). There is 100% correspondence between fraternity/sorority policies at schools that have both. Most schools require between 13 and 17 rules, with none having all 19 rules (not shown in a table). The

most common policies include verifying age (i.e., ID checks, wristbands), prohibiting kegs, training servers, limiting the number of people, and providing other food and non-alcoholic beverages. A few schools are implementing more unusual rules such as liability requirements for the sorority or fraternity and bring your own beverage (BYOB) restrictions.

Table 7. Written policies/rules required at fraternity and sorority events

	Required at fraternity events *n*=6	Required at sorority events *n*=7
Checking IDs to verify age	100%	86%
Using wristbands or stamps to mark those 21+	100%	86%
Prohibiting kegs	100%	86%
Limiting the number of people admitted	100%	86%
Requiring non-alcoholic beverages/food to be available	100%	86%
Requiring training for servers	100%	86%
Requiring parties/events to be registered	83%	71%
Requiring guest lists and enforcing them	83%	71%
Requiring a security person and sobriety monitors	83%	71%
Limiting the type of alcohol available (e.g., beer only)	83%	71%
Prohibiting drinking games	83%	71%
Limiting the amount of alcohol available	67%	57%
Restricting entry points in order to monitor all guests	67%	57%
Prohibiting free or low-price drinks/samplings/tastings	67%	57%
Requiring fraternity/sorority to bear the liability (not the college)	50%	43%
Limiting the number of hours alcohol can be served	50%	43%
Banning BYOB	50%	43%
Setting limits on BYOB policies	33%	29%
Limiting drinking games	0%	0%

Note: Results presented only for schools that allow alcohol consumption at fraternity/sorority events and/or houses. An additional seven schools with sororities and six with fraternities prohibit alcohol at all events/houses.

Policies Related to Off-Campus Alcohol Availability

Several schools are actively involved with community partners in reducing alcohol availability off-campus. Below we describe the extent to which community-based environmental strategies are being implemented in and around college campus communities in Maryland.

Alcohol Outlets

Research shows that a high density of alcohol outlets in a college community increases the prevalence of alcohol-related problems among college students (Chaloupka & Wechsler, 1996); decreasing alcohol outlet density is one of the more effective strategies colleges and their surrounding communities can use to reduce alcohol-related problems. While six schools reported through formal interviews that they had talked with community partners about reducing alcohol outlet density in the community surrounding the college campus, two schools (see Appendix Table A20) were successful in working with local authorities to pass local alcohol outlet restrictions.

Based on informal discussions with administrators, three schools were successful in working with local law enforcement and the local Liquor Board to suspend the licenses of problem alcohol outlets that had been repeatedly serving underage students, over-serving students resulting in hospital transports, and/or targeting their students with happy hour specials or other discounts.

Off-campus Alcohol Pricing

Through formal interviews, we learned that most schools (71%) have not worked with advocacy groups or local or state authorities to increase the price of alcohol in their community through increasing excise or sales taxes or eliminating the practice of drink specials. A few schools (*n*=4), however, reported having held discussions with local law enforcement about increasing alcohol prices, but have not yet taken action.

Responsible Server Training

Responsible beverage service (RBS) training programs provide bar or restaurant managers and staff with the skills and knowledge they need to avoid over-service or serving alcohol to minors, and policies to reduce alcohol-related problems. We learned through formal interviews that seven schools have worked with authorities to establish this type of training program while four schools indicated that they have held discussions with local authorities or retail alcohol outlets about mandatory RBS training policies in their communities. The Maryland General Assembly would need to pass this RBS policy for most local jurisdictions. The Governance Council of the Maryland Collaborative could consider endorsing this kind of legislation, thereby providing support to college communities in their efforts to make local policy changes to reduce problems related to college drinking.

Sanctions and Enforcement

Evidence-based laws or campus policies have limited impact in reducing alcohol-related problems if enforcement and swift and certain sanctions for violations are not in place. Thirteen of the 38 schools we spoke with during informal discussions work with a local law enforcement agency to enforce state and local alcohol laws; the nature and extent of these partnerships varies greatly. Three of these schools only contact a local law enforcement agency when they learn about a bar or liquor store that is frequented by their students and serves underage students, over-serves, and/or targets advertising to their students. At least six of the schools are involved in local community

coalitions or collaborations in which they work with law enforcement agencies and other community partners to identify the nature of the drinking problems in their community, and conduct enforcement strategies to address these local needs.

While appropriate sanctions are important, ensuring that there is adequate enforcement to create the perception that violators will be apprehended and receive a swift punishment is equally, if not more, important. This is especially true for licensed establishments that might be serving to underage college students or serving alcohol to intoxicated patrons.

Appropriate sanctions for alcohol violations are necessary to reinforce the message that these violations are not acceptable and to identify students who might have alcohol use disorders. The process creates an opportunity to conduct a more comprehensive assessment and, if needed, refer to intensive interventions. Schools and their community partners across the state told us that many of their efforts to address excessive drinking problems are frustrated by the judiciary's unwillingness to impose meaningful sanctions on students who appear before them with alcohol violations. Law enforcement and college administrators reported that students are most often required to pay a minimal fine that is insufficient to deter students from future violations.

Compliance Checks

Underage compliance checks are a proven strategy that law enforcement can use to help reduce youth access to alcohol (Wagenaar, Lenk, & Toomey, 2005). Based on formal interviews, eleven schools have worked with local law enforcement agencies to conduct compliance checks of retail alcohol outlets in order to reduce underage alcohol purchases at both on- and off-campus alcohol retail outlets (see Appendix Table A20). While only three 2-year schools and eight 4-year schools have engaged law enforcement in conducting compliance checks, this is the most common strategy used to address alcohol availability and access off campus. Coalitions have found compliance checks to be an effective tool in improving the likelihood that an underage student will not be served alcohol when presenting an ID; retailers and law enforcement report, however, that the proliferation of high-quality false IDs currently used by college students limits the effectiveness of this strategy.

Party Patrols

Based on informal discussions, three Maryland schools work with local law enforcement to conduct party patrols to address alcohol-related problems in neighborhoods with a high density of student housing, where parties often result in noise violations, public urination, fights, underage drinking, vandalism, and hospital transports. These party patrols have been most effective when students register their parties with the university beforehand, allowing the local law enforcement agency to talk with the host of the party before the party starts about expectations for the evening and what the consequences could be for violations, including civil and criminal citations and university sanctions. One community where student housing is concentrated in a small neighborhood also found high visibility patrols early in the evening to be an effective deterrent to alcohol-related problems.

Harmonizing On- and Off-campus Policies and Enforcement

Dual jurisdiction, in which campus and community law enforcement agencies can enforce laws in the other's jurisdiction, is unevenly adopted in Maryland. At most schools, community police have on-campus jurisdiction (87%), but far fewer campus police have off-campus jurisdiction (26%; see Appendix Table A19). Campus police at the 4-year private schools (25%) and 2-year schools (0%) are the least likely to have off-campus jurisdiction.

Almost all schools in Maryland will invoke disciplinary proceedings for on-campus alcohol violations, including alcohol possession in prohibited areas (92%), providing alcohol to underage youth (90%), and underage possession/consumption (90%). Many schools will invoke the campus judicial sanctions for off-campus events as well [e.g., alcohol citation (53%), or alcohol-related arrest (58%)].

Other Enforcement Strategies

Based on informal discussions, local law enforcement agencies in at least three communities also work with local coalitions and bar owners to stop students who try to gain entry to bars using false IDs. Law enforcement officers trained to spot false IDs are actively involved in helping bars screen for underage patrons; the false IDs are confiscated and students are charged. Police also train door attendants at local bars to spot false IDs. They note that high-quality false IDs manufactured overseas are making this increasingly difficult.

In at least three communities, local police notify the university when their students are issued alcohol-related citations. In these instances, the university applies sanctions to students through its own judicial affairs process.

In one jurisdiction, the local law enforcement agency, the Sheriff, and campus police are all on the same report system: they can see the names of students who were issued citations by each of the agencies, enabling the college to invoke judicial sanctions. They also have a relationship with the law enforcement agency in a nearby college town, who sends them their incident reports. The State Police will also send them the names of those cited or charged with alcohol-related violations if they are in the age range of the traditional college student. The university sponsors a law enforcement meeting including the state's attorney and the liquor board, and they share information and collaborate on strategies.

This information sharing between law enforcement agencies and the schools is important because it allows the school to invoke its own sanctions for student violations, and as discussed in the *Existing Barriers to Address Excessive Drinking among College Students* section below, colleges and community partners reported that these are the most likely sanctions that students will face. Two community coalitions reported that the school is the only source of meaningful sanctions for students. Typically, school sanctions include a fine and probation for a first offense, and increase for each successive offense, leading to suspension.

Measuring College Student Alcohol Use and Related Problems

Administrative Data on Alcohol-related Problems

All but two schools we assessed expressed a willingness to share their administrative data on alcohol-related issues, in order to help establish a baseline understanding of the magnitude of alcohol-related problems at each school. Respondents were asked to provide administrative data on alcohol use/violations, ambulance transports, arrests, citations, alcohol poisonings, alcohol-related deaths, drunk driving, emergency department visits, assaults, residence hall complaints, and disciplinary actions. A majority (76%) agreed to share data on their ambulance transports, and 74% agreed to share data on alcohol consumption among students. Most of the formal interview respondents who said their school had no data on one or more topics were from 2-year schools (*n*=13, as compared with three 4-year public schools and one 4-year private school).

However, despite their willingness, the availability of these data turned out to be much more limited than what our respondents originally believed. Some respondents mentioned Clery data as a data source, perhaps without realizing that Clery data encompass only a limited number of crime statistics. We downloaded and tabulated in aggregate these publicly-available data on liquor law violations (see Table 8). Violations to both state laws and local ordinances are included, such as unlawful sale, purchase, provision, or possession of alcohol (Office of Postsecondary Education, 2013).

Table 8. Number of liquor law-related violations reported at 37[a] Maryland colleges, based on publicly available Clery data (2008-2011)

Type of liquor violation	4-year *n*=23	2-year *n*=14	Total *n*=37
Off-campus arrests	25	1	26
Off-campus disciplinary actions	14	1	15
On-campus arrests	1,153	17	1,170
On-campus disciplinary actions	15,109	131	15,240
Public property arrests	297	5	302
Public property disciplinary actions	61	1	62
Residence hall arrests	581	4	585
Residence hall disciplinary actions	14,190	118	14,308

[a] Data were not available for one school. For the remaining 37 schools, off-campus data were incomplete; 13 reported it in some years but not others, and four reported none at all. Residence hall data were available for residential schools, only two of which were 2-year schools.

Note: Disciplinary actions include "the referral of any person to any official who initiates a disciplinary action of which a record is kept and which might or might not result in the imposition of a sanction." Arrests include instances where a person is "processed by arrests, citation or summons." Public property includes "thoroughfares, streets, sidewalks, and parking facilities within the campus or immediately adjacent to and accessible from the campus" (Office of Postsecondary Education, 2013).

In response to our request for alcohol-related administrative data on the 11 topics listed in Table 9 we received some type of data from 24 schools, and 12 schools were unable to provide us with any data by the requested deadline (two schools were unwilling to share any such data). As shown in Table 9, schools provided this data in various academic years and the data was reported in aggregate due to the nature of confidentiality.

Table 9. Number of schools that provided administrative data in various academic years

	2008	2009	2010	2011	2012	Total Number of Schools
Alcohol use violations	0	2	2	3	3	4
Ambulance transports	0	6	9	10	6	12
Arrests	1	4	8	8	4	9
Citations	1	4	7	7	4	8
Alcohol poisonings	0	0	0	1	2	2
Alcohol-related deaths	0	4	7	8	4	8
Drunk driving cases	1	2	7	8	5	11
Emergency department visits	0	2	2	3	2	4
Assaults	0	3	6	7	5	9
Residence hall complaints	0	2	6	6	5	7
Disciplinary actions	1	5	10	11	5	12

Note: Due to the nature of confidentiality, schools that provided data were reported in aggregate form. Data were not included in this report without prior approval from the school.

Student Surveys to Measure Alcohol Use

A handful of schools are collecting data on alcohol use among their students (Table 10). A majority of 2-year schools do not collect this data, most likely because they believe they "do not have a big enough problem on their campus" and because "they are non-residential", "incidents are few and far between", and "they do not have an adequate measurement system." Lack of a measurement tool to track problems can lead to lack of awareness of existing problems.

As shown in Table 10, among the schools that reported that they measured their students' alcohol consumption, three main methods were cited most often. Judicial or disciplinary statistics were mentioned by 29% of 2-year schools, 42% of 4-year public schools, and 17% of 4-year private schools. The CORE Alcohol and Drug survey (CORE; The Core Institute, 2013) and the National College Health Assessment (NCHA) survey collect data about student health and behaviors. The CORE survey is being utilized by 33% of 4-year public and private schools, and 7% of 2-year

schools. Several schools said they use the NCHA survey, but only three 4-year schools provided us with results of their survey data.

In general, more schools are relying on judicial or disciplinary statistics to track problems rather than consumption. Very few schools are using standardized tools such as CORE or NCHA. Among the schools that are utilizing these surveys, methods vary regarding their administration. One 4-year public school alternates between the CORE survey and the NCHA every year. The CORE has both a long and short form. This particular school distributed the short form to entering freshman when they come in during orientation sections (done through first year advisors and orientation leaders). The long form is used in the classroom by faculty who administer the survey with their students. Students have the option not to participate. Incentives may also be included for those who participate (i.e., raffle at the end of the semester).

Table 10. Percent of schools (by type) that reported a way to measure and collect data regarding alcohol consumption and problems related to alcohol use

Method used to measure	Public 4-year (*n*=12)		Private 4-year (*n*=12)		2-year (*n*=14)	
	Measuring alcohol consumption	Measuring problems related to alcohol use	Measuring alcohol consumption	Measuring problems related to alcohol use	Measuring alcohol consumption	Measuring problems related to alcohol use
CORE	33%	17%	33%	8%	7%	7%
NCHA	50%	33%	8%	8%	7%	0%
Home-grown survey	17%	8%	42%	25%	14%	0%
Judicial, disciplinary, incident stats	42%	75%	17%	75%	29%	57%
Self-report	8%	0%	25%	0%	7%	0%
NCHIP	17%	8%	0%	0%	0%	0%
Online program	33%	8%	25%	0%	0%	0%
No method	25%	8%	17%	8%	50%	36%

Note: Responses are not mutually exclusive. Some campuses use multiple measurements.

Response rates for the CORE are estimated by dividing the number of students who completed the survey in any given classroom by the number who attends class that day. The scantron surveys are submitted to the CORE Institute where they are then processed and analyzed. One school's experience is that the majority of students generally complete the whole survey. The CORE Institute provides an SPSS file and an executive summary. Other analyses can then be performed by the school.

The NCHA survey is conducted as an online assessment. Students are contacted via email and provided reminders to complete an assessment. Completion is voluntary. Similar to the CORE, NCHA provides an SPSS executive summary in which the school does an analysis. Schools have the option to be included in the national sample from which estimates are produced annually and reported online. For NCHA, only schools that randomly select students can be included in the national sample.

Existing Barriers to Address Excessive Drinking among College Students

A variety of barriers are hindering the implementation of effective policies to reduce alcohol consumption. We focus here on six major types of barriers. First, lack of funding was cited as the single most common barrier (63%; see Appendix Table A23). With respect to implementing effective alcohol screening programs, very few (16%) believe their existing screening programs are adequate. Financial and staff resources to address alcohol use are scarce and not commensurate with the perceived level of the problem, with more than half of schools (55%) stating they lack trained staff and/or resources to implement adequate screening. Many schools expressed interest in hiring a staff member (i.e., mental health or substance abuse counselor) that would be dedicated full-time to implementing alcohol-prevention strategies on campus, but cost was a major barrier for this at both 4-year public schools (50%) and 4-year private schools (42%). By contrast, many 2-year schools (43%) have a problem with the cost-effectiveness of screening programs, because of the low number of students perceived as having significant alcohol problems. Other barriers some respondents mentioned pertained to the logistics of screening every student ("How do we do this?"), privacy and civil rights issues, uncertainty about which screening tool to use, and overriding concerns about marijuana use.

Second, lack of information about prevention/intervention is also widely viewed as problematic (47%). One respondent told us, "I don't know what works…for those under 21. What are the best practices? What works, what doesn't? How do the interventions work for specific groups?" This sentiment was echoed by many others who participated in our assessment who say they are only vaguely aware that other schools might be implementing strategies that are different from their own—let alone the degree of effectiveness. Others mentioned that their policies and programs were old and due for revisions. Still others pointed out that students are largely unaware of their school's current alcohol prevention or intervention strategies.

> *I don't know what works…for those under 21. What are the best practices? What works, what doesn't? How do the interventions work for specific groups?*
>
> -Administrator of a residential 4-year public school

Third, at 4-year schools, opposition from alumni sometimes poses problems. This was cited by 42% of private colleges and one public college (8%). However, little detail was provided about what kinds of problems were experienced or if any attempts were made to reach out to alumni about the level of alcohol problems on campuses.

> *Part of the problem is the judiciary. It would be good to convince the student of the consequences...but the word is out that if you go to court, nothing happens. As far as judges are concerned, underage drinking is not a big deal.*
>
> -Local coalition leader

Fourth, 25% of 4-year schools cited a lack of enforcement of existing laws. Schools commonly expressed frustrations with the Maryland judiciary in this regard. While law enforcement works with schools and other community partners to enforce the underage drinking laws and charge students with alcohol-related offenses, they reported that judges were unwilling to give meaningful sanctions to students charged with alcohol-related violations. This frustrates the efforts of law enforcement and reinforces the students' view that excessive drinking is acceptable and normative. On the other hand, several coalitions credit the cooperating schools with providing the only meaningful sanctions a student will receive as a result of being charged with an alcohol violation. Many partners involved in these efforts would also like to see these students assessed for alcohol dependence and other mental health problems, and observed that the resources are not currently in place for judges to mandate such assessments.

Fifth, as mentioned previously, addressing excessive drinking among 2-year non-residential colleges is difficult because the problem often is not seen on campus. Several 2-year schools reported that it is especially difficult to engage students in prevention programming or discuss alcohol use because their students' primary reason for coming to campus is to attend classes and not to participate in other activities or programs.

Sixth, parental notification is not popular. Regardless of FERPA requirements, parental notification might be difficult to implement because of students' feelings that they are entitled to privacy, administrators' reluctance to encourage "helicopter parenting", as well as some parents' desire for their child to learn to "sink or swim" on their own. Yet a few Maryland schools are finding ways to overcome these challenges and engage in parental notification much more liberally.

Other barriers cited included problematic social norms around drinking that are perpetuated by media ("movies and TV shows that give the wrong message") and the general public ("drinking is socially acceptable…kids are going to drink"), as well as parents (e.g., "mixed messages from parents"; "[parents] assume their student won't have issues or are naïve") and even "political interest".

Fortunately, a lack of support from the school's administration (18%) or faculty or staff members (8%) is rare. Only a few schools cited no barriers at all (16%).

Similar to what was described related to screening, the leading barriers to implementing intervention programs for students with alcohol problems were a lack of trained staff and/or resources (50%) and cost (40%). Only 11% believed their existing interventions were adequate. Administrators cited difficulties in identifying which students need what types of interventions, uncertainty about which interventions are effective, and favorable cultural attitudes around college drinking ("rite of passage") that make recognition of alcohol problems very difficult for students. Others cited overriding concerns about marijuana.

Another major barrier we identified is difficulty measuring the problem. Administrators reported needing assistance with data collection so they can measure the extent of the problem and the impact of new interventions. There was nearly universal recognition that measuring alcohol use and related problems would be very helpful. However, there was concern that establishing measurement systems and dedicating staff to measuring the problem would be costly. In an era of shrinking resources, schools are understandably concerned about spending their limited resources on collecting data, even though these data will be necessary to assess the extent of drinking and evaluate the effectiveness of their efforts to reduce the problem.

> *There are culturally-embedded attitudes about the role of alcohol in society and uses. The "rite of passage" in college may be one of the largest barriers to implementing proven policies and practices that may counter myths that society holds.*
>
> -Vice President of a residential 4-year public school

Residential schools most often cited a lack of financial resources to address the problem. They also pointed to challenges that clearly call for a community-level response, such as enforcing sanctions for alcohol violations that occur off-campus at house parties and in bars where the school's authority and supervision are limited. One school has also seen professionally organized parties hosted by young entrepreneurs who rent a facility, bring in music, alcohol, and lights, and post flyers all over campus and use Facebook and other social media to promote these events. At least a half dozen of these parties occur in a year, and they regularly result in hospital transports, fights, and other problems.

Additionally, the proliferation of high-quality false IDs continues to confound the efforts of campus and community members to curtail underage drinking. Students with high-quality false IDs are seemingly immune to many of the existing environmental strategies that are otherwise highly effective at reducing alcohol availability. New resources and strategies might be needed, such as

greater support for enforcement of false ID laws and state-level policy changes to increase the sanctions that can be imposed for manufacturing, selling, and using a false ID.

Existing Capacity to Address Excessive Drinking

Only one-third of 4-year public schools and one-quarter of 4-year private schools said they are satisfied with their school's capacity to address and respond to students with possible alcohol problems (see Appendix Table A5). A similar proportion indicated an unmet need for additional services (25% of public schools, 42% of private schools), as did two respondents from 2-year schools (14%). When asked what has enabled the schools to offer intervention programs to their students (see Appendix Table A7), the most common sources of support were state funding (48%), student health fees or tuition dollars (44%), and strong support from campus administrators (44%). Only one 4-year private school felt that sufficient funding had allowed them to offer intervention programs.

Colleges and universities in Maryland engage a variety of campus resources to address excessive drinking. On residential campuses, administrators attempt to work collaboratively with campus counselors, campus security, and residence life staff to address student drinking problems. Leadership is most often located in the Office of Student Affairs or the Office of the Dean of Students. For these offices, addressing problems related to excessive drinking must be balanced against numerous other competing priorities in their purview.

> **Box 5. A success story**
>
> One of these schools shared a success story in working with parents of incoming freshmen. The school sent information to the parents of incoming students before school started asking them to have a conversation with their student about drinking and the school's expectations that they not drink. The message to parents who approve of their kids drinking is that the school's norms are that students are nondrinkers. They had a 60% response rate from parents, and 90% of those who responded said they had the conversation with their student. In the past, there were multiple alcohol-related hospital transports among incoming freshmen during the first months on campus. The school reported no transports that fall.

Maryland schools are not alone in their efforts to address alcohol use among their students. Community resources are available, and most schools take advantage of some of those resources. The most frequently cited community partner is the local health department, with 16 schools partnering in some way with them. They bring a wide range of resources to schools, including alcohol awareness and education programming, alcohol screening, education, and drunk-driving simulations such as drunk driving goggles. Thirteen schools reported not working with any community partners.

Another important resource for three Maryland schools is their participation in the National College Health Improvement Program (NCHIP). NCHIP provides 32 member colleges and universities across the nation with support in the form of monthly virtual meetings, technical assistance, and expertise on alcohol harm prevention. They also provide participating schools with a forum to learn more about implementing evidence-based strategies and to share success stories and other resources. Members of this learning collaborative in Maryland have credited it with helping them implement effective strategies and measure the effect of those strategies.

Most schools have limited resources to address college student drinking problems. Additional resources are required to provide the training, peer support, and personal expertise needed to fulfill the desire that schools have to implement more evidence-based interventions. Schools see the formation of the Maryland Collaborative as a positive first step toward that end. Most campus administrators see that having access to public health expertise on choosing best practices is critical. Ultimately, additional financial resources will be required to implement and evaluate new evidence-based strategies. Training that can help develop staff skills and increase knowledge to implement interventions is also needed. Moreover, the Maryland Collaborative provides a valuable forum for learning how similar schools address alcohol use on their campuses.

CONCLUSION AND RECOMMENDATIONS
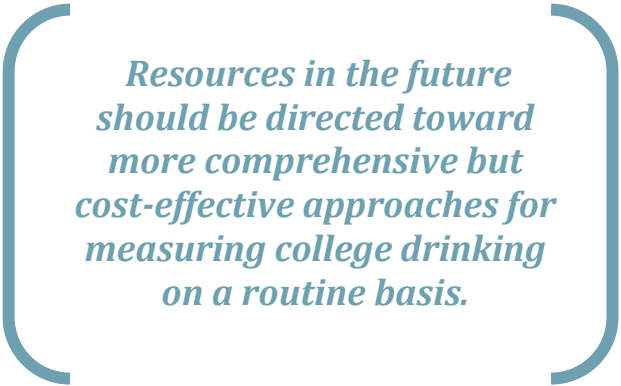
College student drinking is a complex problem that can only be reduced by simultaneously implementing efforts to change individual behavior and strategies that address the campus and community environments that heavily influence student decisions to drink.

In this report, we describe how often and how much Maryland college students drink. In general, drinking among Maryland students is high and on par with their counterparts across the U.S., with some indications of heavier drinking and less utilization of services for individuals who need them in Maryland. Underage full-time college students in Maryland are significantly more likely to have consumed alcohol during the past year than underage students living elsewhere (83% vs. 75%). More than 41% of underage college students in Maryland report binge drinking during the past month. Binge drinking is even more prevalent among Maryland college students of legal age, with half of full-time students ages 21 to 24 having had five or more drinks in a drinking session during the past month.

While alcohol use is less visible at 2-year schools compared with 4-year schools, eleven (out of 14) 2-year schools prohibit alcohol use on campus. The absence of residence halls on 2-year school campuses is thought to decrease the visibility of excessive drinking in these settings.

To the extent that data are available, we describe some of the problems students experience as a result of their alcohol use. One of our main findings is that the levels of drinking and resulting problems are not being adequately measured. Resources in the future should be directed toward more comprehensive but cost-effective approaches for measuring college drinking on a routine basis so that the impact of new strategies to reduce the problem can be evaluated.

All the schools that participated in the assessment process expressed a clear desire to promote student health and long-term success by reducing excessive drinking. Moreover, there was strong evidence of longstanding dialogues between and within schools about the importance of action to reduce excessive drinking, but also a frank recognition that these issues are not easily solvable.

> *Resources in the future should be directed toward more comprehensive but cost-effective approaches for measuring college drinking on a routine basis.*

Schools welcomed the concept of the Maryland Collaborative as an entity that could provide additional opportunities for information-sharing of best practices and experiences, and integration of new research findings into existing approaches. To this end, the Maryland Collaborative is also releasing *Reducing Alcohol Use and Related Problems among College Students: A Guide to Best Practices*—a comprehensive web-based resource[13] that reviews the research evidence on which

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[13] See http://marylandcollaborative.org/resources/best-practices/

strategies are effective and which are not in reducing alcohol consumption (Maryland Collaborative to Reduce College Drinking and Related Problems, 2013).

Paralleling the organization of *Reducing Alcohol Use and Related Problems among College Students: A Guide to Best Practices*, this status report describes the extent to which Maryland schools are implementing various strategies to reduce excessive drinking and address the myriad problems that result from drinking. Not unexpectedly, each school is unique in the challenges it faces as well as the strategies it has implemented. There are many commonalities as well. In the following pages, we summarize these strategies and make recommendations on the basis of what we learned.

Process-oriented Strategies to Reduce Excessive Drinking

Establish a campus-based "task force" on alcohol that includes parents and alumni as well as faculty, staff, and students.

One of the critical ingredients for success in addressing a problem as complex as college student drinking is to establish a mechanism for communication between individuals affected by the problem and individuals charged with addressing the problem. One way of doing this is to create a campus-based "task force", which exists in 53% of Maryland schools. Other schools considering such a task force can learn from the experiences of existing task forces to guide their decision-making about their feasibility and value (see Appendix Table A4). Among schools with a task force, our assessment showed that there is room to expand involvement of parents and alumni.

Campus-community coalitions are another structural entity that can be established to share information and work through ways of implementing evidence-based strategies to reduce college student drinking. They enable schools to leverage the capacities of law enforcement, local liquor boards, neighbors, retailers, and other key stakeholders with uniquely powerful influences on the alcohol environment—especially regarding underage students' ability to access alcohol. In Maryland, there are at least six schools engaged with community partners in a coalition, all of whom have had at least some successes in implementing environmental-level strategies, such as instituting compliance checks at establishments to ensure that

Set up and evaluate the work of campus-community coalitions that can leverage the capacities of law enforcement, local liquor boards, neighbors, retailers, and other stakeholders with powerful influences on the alcohol environment surrounding the campus.

under-age patrons are not served alcohol, or conducting party patrols to monitor and enforce sanctions at house parties. The formation of more campus-community coalitions is recommended, and their work should be evaluated to demonstrate their successes.

Individual-level Strategies

With respect to strategies to reduce excessive drinking that are targeted at the level of the individual, we describe five types of activities that are being implemented in Maryland: (1) Individual-level interventions and the associated training necessary for those interventions to be successful; (2) Education programs; (3) Medical Amnesty and Good Samaritan policies; (4) Parent Involvement; and (5) Student Involvement.

> *Establish a highly-coordinated campus system using evidence-based screening instruments to recognize and intervene with high-risk students before they commit an alcohol violation.*

Although it is common to find colleges that are implementing individual-level interventions in a piecemeal fashion, it is less common to find a highly-coordinated campus system that recognizes high-risk students before they have committed an alcohol violation, intensively intervenes with evidence-based strategies, and monitors their success through the process. This scenario is, of course, ideal [see *Reducing Alcohol Use and Related Problems among College Students: A Guide to Best Practices* (Maryland Collaborative to Reduce College Drinking and Related Problems, 2013)]. Many schools in Maryland are taking steps toward this ideal, including some that are implementing standardized screening for students who have committed alcohol violations. However, very few are conducting universal screening (*n*=2). Schools already conducting some level of screening should consider upgrading to one of the more evidence-based screening instruments.

> *Train individuals working in key settings (residence halls and academic assistance, health, and counseling centers) to screen, identify, and refer high-risk students.*

Two huge challenges faced by schools are (1) how to convince students to follow-up on referrals for counseling and (2) how to find the resources to train staff to utilize the most up-to-date methods to instill behavior change in students who are developmentally resistant. One of the goals of the Maryland Collaborative is to bring additional expertise to the schools to support them in these efforts to establish more sophisticated, cost-effective systems of identification and intervention, and to train individuals working in key settings (e.g., residence halls and academic assistance, health, and counseling centers) to screen, identify, and refer high-risk students.

There is an opportunity for many schools to adopt new written policies and procedures outlining what faculty/staff should do in response to alcohol-related violations, which have already been adopted by nearly half of Maryland's schools. This would be an important first step toward involving their faculty and staff in addressing students' alcohol problems—in effect, leveraging a critical untapped resource.

Adopt written policies and procedures on how faculty and staff should respond to alcohol-related violations.

Similarly, the few schools that do not train their residence hall staff in how to recognize and respond to alcohol problems should be encouraged to bring their training protocols into alignment with the vast majority of residential schools.

Train residence hall staff in how to recognize and respond to alcohol problems.

Not unexpectedly, our assessment found few resources available on-campus to manage students with the most severe levels of alcohol problems that are in need of intervention. Although it would not be prudent or cost-effective to recommend establishing more intensive on-campus treatment, there is the need to establish stronger partnerships with community-based practitioners and organizations that are able and willing to assist in such cases. It is anticipated that the Maryland Collaborative will establish new relationships between campus officials and their local county Prevention Coordinators to broker such relationships.

Consistent with what has been observed nationally, education programs about alcohol were very common on Maryland campuses despite their limited effectiveness in changing individual behavior. Schools wishing to continue to implement education programs should set their expectations accordingly, and might wish to consider re-allocating resources toward more evidence-based strategies.

Schools should consider adopting Medical Amnesty and Good Samaritan policies where they are not already in place. There is ample opportunity to build upon the models already in existence at half of Maryland's 4-year schools. However, schools should have realistic expectations of these policies, recognizing that they are not intended to reduce excessive drinking, but might be helpful in some circumstances to avoid the most severe unexpected consequences of alcohol overdoses.

Establish stronger partnerships with community-based practitioners and organizations that can help manage students with the most severe alcohol problems.

> *Consider adopting Medical Amnesty and Good Samaritan policies, but realize these policies are not intended to reduce excessive drinking but to help avoid severe consequences.*

With respect to parent involvement, schools that have not been actively reaching out to parents should consider adopting one or more of the many models being implemented at the majority of Maryland schools to educate parents about excessive drinking in general and their schools' alcohol policies in particular. Pre-matriculation outreach to parents is nearly universal among 4-year schools. Existing parent education efforts might be improved in at least two ways: (1) by incentivizing (if not requiring) parents to participate, and (2) by extending education efforts beyond the freshman year. For the small number of schools that have a parent-focused website, more frequent updates would be an improvement.

There is a need to clarify what FERPA requires when students are involved in an alcohol-related incident. It is likely that many administrators would welcome this clarity if it enhances their ability to involve parents before a student's drinking problem spirals out of control.

The Maryland Collaborative plans to establish a statewide informational resource for parents whose children are attending schools in Maryland. Using the latest advances in technology, this resource will help parents by translating key scientific findings about drinking that are relevant to parents of young adult college students into lay language and guidelines.

> *Improve outreach to and engagement of parents by incentivizing them to participate in discussions with their child about drinking and extend these discussions past the freshman year.*

Environmental-level Strategies

Environmental-level strategies are a necessary complement to the strategies that target changing individual behavior. This report describes the variety of ways that Maryland schools have adopted policies to limit alcohol availability on campus and the strategies that are being implemented to limit off-campus availability.

> *Implement environmental strategies as a necessary complement to strategies that target individual behavior.*

With respect to on-campus availability, schools across the state vary widely with respect to the degree to which alcohol is allowed on campus at all, or at various events on campuses. Three 4-year schools and twelve 2-year schools prohibit all alcohol use on campus. Alcohol sales are permitted in 13 schools, only four of which have implemented pricing restrictions to discourage excessive drinking.

Several residential schools have the opportunity to consider bringing their residence hall policies into alignment with the majority of Maryland schools, such as by offering substance-free housing and prohibiting drinking at all residence hall events. Eighty percent of schools that allow alcohol on campus ban alcohol at residence hall parties and social events, but only 35% do not allow alcohol at more informal student gatherings in residence halls.

Offer substance-free housing and consider prohibiting drinking at all residence hall events.

In addition to prohibiting alcohol use at sporting events, consider banning or restricting alcohol at tailgating activities.

There is also variation with respect to prohibiting alcohol use at sporting events, with the vast majority prohibiting alcohol use at the game itself but having more permissive policies about alcohol availability at tailgating activities. Notably, 33% of schools do prohibit alcohol during tailgating.

The heightened risk for alcohol use and related problems among members of fraternities and sororities is well recognized at Maryland schools. Yet, schools vary greatly with regard to policies to restrict alcohol availability at Panhellenic events, with 57% of schools with sororities and 58% of schools with fraternities prohibiting alcohol use at events. It is important to recognize that college drinking is a problem that extends beyond Greek housing. Moreover, students in fraternities and sororities are leaders on campus and can be important student advocates for implementing evidence-based strategies to reduce excessive drinking.

There is wide variation with respect to school policies governing alcohol service, creating opportunities for information-sharing among schools with less restrictive policies to learn from the schools with more restrictive policies about their experiences and successes.

Consider stronger policies to restrict alcohol availability at Panhellenic events, and engage Panhellenic leadership in planning and implementing evidence-based approaches.

The few schools that still allow alcohol-related advertising in their on-campus media have the opportunity to adopt new restrictions similar to those already in place at other schools. Schools

with existing advertising bans should strive to extend them to as many on-campus media outlets as possible.

> *Establish and expand restrictions on alcohol marketing on campus.*

Successful implementation of strategies that are directed toward limiting off-campus alcohol availability are dependent on building effective relationships with community members, including business owners and landlords. While some schools have established relationships with community leaders to address the problem through coalitions, most schools have not done so. During informal discussions, three schools conversed about their experiences in working together with community leaders to suspend the licenses of establishments that had multiple violations of serving to underage patrons. The experience of schools that have had successful relationships with community members should be leveraged in the future to expand and enhance campus-community relationships statewide.

Schools should leverage their authority to impose disciplinary actions in response to alcohol-related violations—especially in jurisdictions where judicial sanctions are underwhelming. Many schools have already extended their disciplinary action procedures to encompass off-campus violations such as alcohol citations and arrests, rather than limiting them to on-campus events.

> *Build and strengthen campus-community coalitions to address alcohol outlet density, sales, service, and pricing practices. Work with local landlords to address noise and nuisance issues.*

Finally, most schools utilize static mechanisms to disseminate information about alcohol policies to students (e.g., student handbook). Schools should develop more dynamic ways of informing students and sending out clearer and ongoing messages about alcohol policies.

> *Improve communication with students about alcohol policies. Make better use of campus authority to make sanctions consistent for on- and off-campus violations.*

Major Barriers to Addressing Excessive Drinking

In this report, we have described several issues that represent major barriers to schools' abilities to address excessive drinking. Participation in the Maryland Collaborative holds promise for helping schools overcome at least some of these barriers, and to begin chipping away at the most intransigent of them. Barriers identified by the schools include:

1. Lack of information about what types of programs are most effective
2. Budget limitations for alcohol prevention and intervention
3. Alumni opposition
4. Inconsistent enforcement and judicial response
5. Low visibility of the problem at non-residential colleges
6. Uncertainty about FERPA requirements
7. Proliferation of high-quality false IDs
8. Limited capacity to measure alcohol use and related problems
9. Limited understanding of how to partner with the larger community to plan and implement a coordinated, community-level response

A Way Forward

The time is ripe for a statewide collaborative that can provide a focus for schools to share information with one another, and to build their capacity as individual schools and as a statewide constituency to address excessive drinking. *Reducing Alcohol Use and Related Problems among College Students: A Guide to Best Practices* is being released in conjunction with this report. It provides schools with access to practical, research-based information about which types of strategies are most effective (Maryland Collaborative to Reduce College Drinking and Related Problems, 2013). This information will help administrators make more cost-effective choices about how to allocate their limited funds for alcohol prevention and intervention. Additionally, the Maryland Collaborative will provide a mechanism for establishing and disseminating a clearer and more consistent interpretation of FERPA requirements and thereby enhance a school's capacity to involve parents.

By providing a forum for dialogue amongst administrators from schools across the state, the Maryland Collaborative will help schools identify strategies that have proven successful at other schools facing problems similar to their own. Technical support and training will be provided to help schools develop strategic plans for addressing the problem, as well as realistic, cost-effective measurement systems so they can monitor (a) the magnitude of students' alcohol-related problems in ways that enable them to assess what happens when they implement new strategies and (b) the effectiveness of a given intervention. In time, better measurement of the problem might result in greater alumni support for changing the alcohol culture on campus, as well as greater visibility of the problem at non-residential schools.

Some barriers will be difficult to overcome without the coordinated, combined efforts of multiple schools, especially if state-level policy changes are needed to address things like availability of dangerous alcohol products, inconsistent judiciary responses, and high quality false IDs. While it would be unrealistic to expect all schools in the Maryland Collaborative to agree on every policy issue, the Maryland Collaborative will provide a forum for dialogue in which new policy ideas can be explored and debated.

The complexity of this problem means that it must be addressed with a coordinated, community-level response. We are fortunate that several schools have already begun blazing that trail in Maryland through their commitment to their campus-community coalitions. Building on their experience, and on the substantial science base showing what actions are most likely to be effective, Maryland campuses are poised to implement a science-based public health approach to reduce the problems associated with college drinking.

A major focus of the Maryland Collaborative will be to ensure that schools have the opportunity to learn from and build on each other's successes. As these success stories become more thoroughly documented and evaluated, as well as more widely known, we anticipate that they will help to move other schools and communities from a place of tentative interest to more solid commitments to taking decisive action to address excessive drinking.

By promoting best practices, providing a forum for information-sharing and learning from each other's experiences, and developing and disseminating training and technical assistance resources across the state, the schools joining together in the Maryland Collaborative can serve as a unique model and lead the nation in efforts to reduce college drinking and in turn, promote student health, safety, and success.

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APPENDIX

Table A1. Alcohol consumption among college students in Maryland compared with non-Maryland residents, by full-time enrollment versus part-time enrollment/non-student (%)

(population in thousands*)	18- to 20-year-olds				21- to 24-year olds			
	Full-time		Part-time/Non-student		Full-time		Part-time/Non-student	
	MD (n=94)	Non-MD (n=4,534)	MD (n=89)	Non-MD (n=5,727)	MD (n=56)	Non-MD (n=3,994)	MD (n=216)	Non-MD (n=10,217)
Lifetime alcohol use	85.2[b]	81.0	75.6	77.3	90.8	91.7	90.8	89.6
Past year alcohol use	83.0[a,b]	75.2	67.6	66.9	88.3	88.3	82.8	82.1
First used alcohol age 14 or younger among lifetime users	23.8	24.7	32.0	31.2	22.5	22.7	24.4	25.0
Past 30 day frequency								
0 days	23.3[b]	24.5	36.6	33.0	19.3	13.9	18.2	18.6
1-2 days	27.5	22.8	21.5	23.0	18.9	20.0	22.8	20.5
3-5 days	17.6	22.4	21.6	19.6	23.1	24.2	21.1	23.4
6-19 days	26.9[b]	25.9	15.8	19.2	29.5	33.9	30.5	28.4
20-30 days	4.7	4.4	4.5	5.1	9.2	8.0	7.4	9.0
Past 30 day quantity among past-year users								
0 drinks	24.5	25.3	38.0	34.8	20.5	14.3	18.8	19.4
1-2 drinks	29.3	20.8	22.0	20.3	32.7	33.5	35.6	30.6
3-4 drinks	18.4	21.3	13.1	15.5	15.6[a,b]	27.4	23.3	24.1
5-9 drinks	21.6	25.0	19.8	19.5	29.1[b]	19.9	17.2	19.2
10+ drinks	6.2	7.6	7.1	9.9	2.1[a]	4.9	5.1	6.7
Binge drinking** in the past month								
No	30.5	23.7	21.2	19.1	31.2	29.7	31.4[a]	25.6
Yes	41.3	40.8	30.5	33.2	50.1	52.5	45.6	49.0
1-4 days	15.8[a]	21.5	16.8[a]	22.8	15.9[a,b]	23.8	23.8	25.7
5-9 days	10.6	9.8	9.2	9.9	14.5	10.9	8.9	10.9
10-30 days	19.7	20.5	16.1	15.2	19.2	21.6	17.6	19.2
Drove under the influence of illicit drugs and alcohol	31.3[b]	31.7	20.0[a]	29.4	27.8[a]	37.9	36.4	33.2

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005, 2006-2010 (revised 3/12)
* Population rounded to the nearest thousand.
** Binge drinking is defined as drinking five or more drinks (for males, four or more for females) on the same occasion (i.e., in a row or within a couple of hours of each other).
[a] Significant difference between Maryland and non-Maryland at p<.05.
[b] Significant between full-time and part-time/not enrolled at p<.05.

Table A1 (Continued). Alcohol consumption among college students in Maryland compared with non-Maryland residents, by full-time enrollment versus part-time enrollment/non-student (%)

(population in thousands*)	18- to 20-year-olds				21- to 24-year olds			
	Full-time		Part-time/Non-student		Full-time		Part-time/Non-student	
	MD (n=94)	Non-MD (n=4,534)	MD (n=89)	Non-MD (n=5,727)	MD (n=56)	Non-MD (n=3,994)	MD (n=216)	Non-MD (n=10,217)
Drove under the influence of alcohol	26.8[b]	27.7	17.2[a]	24.0	24.1[a]	35.4	33.4	30.4
Spent a lot of time getting/drinking alcohol	25.7	26.6	19.2	23.9	30.4	26.2	23.9	24.4
Spent a lot of time getting over effects of alcohol	2.9	1.6	2.0	1.8	†	2.2	2.2	2.1
Kept to drinking limits	37.3[b]	33.1	25.6	27.1	31.0	33.6	30.6	30.7
Needed to drink more alcohol to get effect wanted	21.6	20.5	16.6	16.8	17.0	17.0	15.4	14.4
Noticed that drinking same amount of alcohol had less effect	8.9	11.0	9.8	11.9	10.7	10.8	10.9	10.5
Able to cut down or stop drinking alcohol every time wanted or tried to	25.4	22.5	26.3	27.4	21.5	22.3	22.2[a]	26.7
Continued drinking alcohol despite emotional/mental health problems	5.3	4.8	4.1	4.9	2.6[a]	5.2	4.7	5.9
Continued drinking alcohol despite physical problems	1.0	1.1	1.5	0.9	†	1.5	0.7	1.1
Spent less time on important activities because of alcohol use	6.0	6.8	6.4	6.7	7.3	7.2	5.8	6.2
Drinking alcohol caused serious problems at home/work/school	2.6[a]	5.3	4.5	6.2	0.6[a,b]	5.5	4.0	4.5
Regularly drank alcohol and engaged in dangerous activities	15.1	15.2	11.5	15.0	17.4	15.9	14.7	14.8

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005, 2006-2010 (revised 3/12)
* Population rounded to the nearest thousand.
† Not reportable due to low precision.
[a] Significant difference between Maryland and non-Maryland at p<.05.
[b] Significant between full-time and part-time/not enrolled at p<.05.

Table A1 (Continued). Alcohol consumption among college students in Maryland compared with non-Maryland residents, by full-time enrollment versus part-time enrollment/non-student (%)

(population in thousands*)	18- to 20-year-olds				21- to 24-year olds			
	Full-time		Part-time/Non-student		Full-time		Part-time/Non-student	
	MD (n=94)	Non-MD (n=4,534)	MD (n=89)	Non-MD (n=5,727)	MD (n=56)	Non-MD (n=3,994)	MD (n=216)	Non-MD (n=10,217)
Repeatedly drank and got in trouble with the law	1.5	2.1	3.2	4.4	0.2[a,b]	1.6	1.9	2.6
Drinking alcohol caused problems with family/friends	8.7	7.2	8.7	9.1	8.9	6.7	8.1	7.5
Continued drinking alcohol despite problems with family or friends	6.1	4.7	3.8	5.5	3.4	4.3	5.7	4.9
Alcohol dependence	8.4	8.8	8.3	9.1	7.0	9.3	8.8	9.4
Alcohol abuse	10.1	13.5	9.7	13.3	15.2	13.4	11.7	11.8
Alcohol abuse or dependence	18.5	22.2	18.0	22.4	22.2	22.7	20.5	21.3
Received treatment among persons with past year alcohol dependence or abuse**	†	4.6	†	8.2	†	4.7	9.8	6.7

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005, 2006-2010 (revised 3/12)

* Population rounded to the nearest thousand

** Received Alcohol Treatment refers to treatment received in order to reduce or stop alcohol use, or for medical problems associated with alcohol use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

† Not reportable due to low precision.

[a] Significant difference between Maryland and non-Maryland at p<.05.

[b] Significant between full-time and part-time/not enrolled at p<.05.

Figure A1. Summary of 61 degree-granting 2- and 4-year undergraduate schools that were identified in IPEDS and considered as potential candidates for participation in the Maryland Collaborative

		44 Colleges Prioritized for Collaborative
42 Approached to Participate in Collaborative	**14 Private Not-For-Profit**	Capitol College
		Goucher College
		Hood College
		Johns Hopkins University
		Loyola University Maryland
		Maryland Institute College of Art
		McDaniel College
		Mount St. Mary's University
		Notre Dame of Maryland University
		Sojourner-Douglass College[a]
		St. John's College
		Stevenson University
		Washington Adventist University[a]
		Washington College
	16 Public 2-Year	Allegany College of Maryland
		Anne Arundel Community College
		Baltimore City Community College
		Carroll Community College
		Cecil College
		Chesapeake College
		College of Southern Maryland
		Frederick Community College
		Community College of Baltimore County[a]
		Garrett College
		Hagerstown Community College
		Harford Community College[a]
		Howard Community College
		Montgomery College
		Prince George's Community College
		Wor-Wic Community College
	14 Public 4-Year	Bowie State University
		Coppin State University
		Frostburg State University
		Morgan State University
		Salisbury University
		St. Mary's College of Maryland
		Towson University
		U.S. Naval Academy
		University of Baltimore
		University of Maryland Eastern Shore
		University of Maryland-Baltimore County
		University of Maryland-College Park
2 Exc		University of Maryland-Baltimore
		University of Maryland-University College

		17 Colleges Not Prioritized for Collaborative
11 Private For-Profit		DeVry University-Maryland
		Fortis College-Landover
		ITT Technical Institute-Hanover
		ITT Technical Institute-Owings Mills
		Kaplan University-Hagerstown Campus
		Lincoln College of Technology-Columbia
		Strayer University-Maryland
		TESST College of Technology-Baltimore
		TESST College of Technology-Beltsville
		TESST College of Technology-Towson
		University of Phoenix-Maryland Campus
6 Private Not-For-Profit		National Labor College
		Maple Springs Baptist Bible College and Seminary
		Ner Israel Rabbinical College
		St. Mary's Seminary & University
		Washington Bible College-Capital Bible Seminary
		Yeshiva College of the Nations Capital

[a] Schools that chose not to participate in dialogues with the Maryland Collaborative.

Table A2. Alcohol-related education programs

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Education programs offered to incoming first-year students				
Any education program	66.7 (8)	91.7 (11)	57.1 (8)	71.1 (27)
Any in-person program	66.7 (8)	66.7 (8)	14.3 (2)	47.4 (18)
BASICS	25.0 (3)	25.0 (3)	0.0 (0)	15.8 (6)
CHOICES	8.3 (1)	25.0 (3)	0.0 (0)	10.5 (4)
Another in-person program	58.3 (7)	41.7 (5)	14.3 (2)	36.8 (14)
Any online/computer-delivered program	50.0 (6)	58.3 (7)	14.3 (2)	39.5 (15)
AlcoholEdu	41.7 (5)	41.7 (5)	7.1 (1)	28.9 (11)
Alcohol 101 Plus	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
AlcoholWise	8.3 (1)	8.3 (1)	0.0 (0)	5.3 (2)
CollegeAlc	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
MyStudentBody	0.0 (0)	8.3 (1)	0.0 (0)	2.6 (1)
Another online or computer-delivered program	0.0 (0)	0.0 (0)	14.3 (2)	5.3 (2)
National Collegiate Alcohol Awareness Week (NCAAW)	33.3 (4)	25.0 (3)	50.0 (7)	36.8 (14)
None	33.3 (4)	8.3 (1)	42.9 (6)	28.9 (11)
Multiple education programs (2 or more)	50.0 (6)	50.0 (6)	28.6 (4)	42.1 (16)
Education program is required for				
All first-year students	58.3 (7)	83.3 (10)	0.0 (0)	44.7 (17)
Each academic year	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Freshman year	58.3 (7)	83.3 (10)	14.3 (2)	50.0 (19)
Sophomore year	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Junior year	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Senior year	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
On referral for drinking problem	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
On referral for drinking offense or violation	8.3 (1)	41.7 (5)	7.1 (1)	18.4 (7)
Another time	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Required only once	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Ways schools verify that student <u>received</u> the program				
Any method	58.3 (7)	83.3 (10)	7.1 (1)	47.4 (18)
Phone	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
Email	41.7 (5)	58.3 (7)	7.1 (1)	34.2 (13)
Certificate on student's record	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Notification from education/software	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Another method	41.7 (5)	58.3 (7)	7.1 (1)	34.2 (13)
No verification	8.3 (1)	8.3 (1)	50.0 (7)	23.7 (9)
Ways schools verify that student <u>completed</u> program				
Any method	50.0 (6)	75.0 (9)	7.1 (1)	42.1 (16)
Phone	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Email	16.7 (2)	0.0 (0)	0.0 (0)	5.3 (2)
Certificate on student's record	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Notification from education/software	16.7 (2)	66.7 (8)	7.1 (1)	28.9 (11)
Another method	25.0 (3)	8.3 (1)	0.0 (0)	10.5 (4)
No verification	16.7 (2)	16.7 (2)	50.0 (7)	28.9 (11)
Penalties for non-completion				
Any method	8.3 (1)	58.3 (7)	0.0 (0)	21.1 (8)
Non-compliance fee	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Additional education classes	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Disciplinary probation	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Registration blocks	8.3 (1)	25.0 (3)	0.0 (0)	10.5 (4)
Other penalties	0.0 (0)	41.7 (5)	0.0 (0)	13.2 (5)
No penalties	58.3 (7)	33.3 (4)	50.0 (7)	47.4 (18)
Don't know	0.0 (0)	0.0 (0)	7.1 (1)	2.6 (1)

Table A2 (Continued). Alcohol-related education programs

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Hands-on education components				
DUI simulator	33.3 (4)	16.7 (2)	35.7 (5)	28.9 (11)
Fatal vision goggles	66.7 (8)	50.0 (6)	42.9 (6)	52.6 (20)
Breathalyzer	33.3 (4)	16.7 (2)	14.3 (2)	21.1 (8)
Walk test	33.3 (4)	41.7 (5)	14.3 (2)	28.9 (11)
Other hands-on activities	8.3 (1)	25.0 (3)	14.3 (2)	15.8 (6)
None	0.0 (0)	41.7 (5)	7.1 (1)	15.8 (6)
Targeted education programs				
Violators of alcohol policies	83.3 (10)	75.0 (9)	28.6 (4)	60.5 (23)
Fraternity/sorority members	75.0 (9)	25.0 (3)	0.0 (0)	31.6 (12)
Students in residence halls	83.3 (10)	66.7 (8)	14.3 (2)	52.6 (20)
Athletes	66.7 (8)	58.3 (7)	28.6 (4)	50.0 (19)
ROTC members	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
International students	41.7 (5)	25.0 (3)	0.0 (0)	21.1 (8)
None	8.3 (1)	25.0 (3)	42.9 (6)	26.3 (10)
Multiple	83.3 (10)	75.0 (9)	14.3 (2)	55.3 (21)
Other school-sponsored alcohol education activities offered one or more times/year				
Lectures, meetings, workshops, webinars	100.0 (12)	75.0 (9)	64.3 (9)	78.9 (30)
Mailing printed information	16.7 (2)	16.7 (2)	21.4 (3)	18.4 (7)
Emailing information	66.7 (8)	75.0 (9)	57.1 (8)	65.8 (25)
Posting new information online	66.7 (8)	58.3 (7)	64.3 (9)	63.2 (24)
Poster or sign campaigns	75.0 (9)	91.7 (11)	78.6 (11)	81.6 (31)
Special academic course or embedded classes	50.0 (6)	50.0 (6)	50.0 (7)	50.0 (19)
Other activities	83.3 (10)	58.3 (7)	35.7 (5)	57.9 (22)

Table A3. Case studies of education programs among schools that offered multiple programs

School[a]	In-Person Education Programs		Online or Computer-Delivered Education Programs						Other Education Program
	CHOICES	Other in-person program	AlcoholEdu	Alcohol 101 Plus	AlcoholWise	CollegeAlc	MyStudent Body	Other online or computer-delivered program	NCAAW Campaign
Public 4-year (n=6)									
1		✓	✓						✓
2		✓			✓				✓
3		✓	✓						
4	✓		✓						✓
5		✓	✓						
6		✓	✓						✓
Private 4-year (n=6)									
7			✓						✓
8			✓						✓
9	✓		✓						
10		✓			✓				
11	✓						✓		✓
12	✓	✓	✓						
2-year (n=4)									
13								✓	✓
14		✓							✓
15		✓							✓
16			✓					✓	

[a] Each row represents one school. Schools are numbered rather than named to preserve confidentiality.

Table A4. Task forces working to address alcohol issues

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
On campus task force, working group, or coalition to address alcohol issues	66.7 (8)	58.3 (7)	35.7 (5)	52.6 (20)

Among schools with a task force	Public 4-year (*n*=8) % (*n*)	Private 4-year (*n*=7) % (*n*)	2-year (*n*=5) % (*n*)	Total (*n*=20) % (*n*)
Task force, working group, or coalition led at the level of				
President's office	12.5 (1)	14.3 (1)	0.0 (0)	10.0 (2)
Provost	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Dean's office	0.0 (0)	42.9 (3)	40.0 (2)	25.0 (5)
VP of Student Affairs	87.5 (7)	71.4 (5)	20.0 (1)	65.0 (13)
Alcohol and/or drug prevention program	0.0 (0)	14.3 (1)	20.0 (1)	10.0 (2)
Community task force	0.0 (0)	0.0 (0)	20.0 (1)	5.0 (1)
Student government association	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other level of leadership	25.0 (2)	0.0 (0)	20.0 (1)	15.0 (3)
Groups included on task force, working group, or coalition				
Alumni	0.0 (0)	0.0 (0)	20.0 (1)	5.0 (1)
Faculty	37.5 (3)	71.4 (5)	40.0 (2)	50.0 (10)
Parents	0.0(0)	14.3 (1)	20.0 (1)	10.0 (2)
On-campus law enforcement	87.5 (7)	85.7 (6)	40.0 (2)	75.0 (15)
On-campus medical/health center staff	100.0 (8)	85.7 (6)	60.0 (3)	85.0 (17)
Staff	100.0 (8)	100.0 (7)	60.0 (3)	90.0 (18)
Students	87.5 (7)	71.4 (5)	60.0 (3)	75.0 (15)
Community representatives				
Administrator/superintendent of local schools	0.0 (0)	0.0 (0)	20.0 (1)	5.0 (1)
Bar/restaurant/tavern owner	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Community resident	0.0 (0)	0.0 (0)	20.0 (1)	5.0 (1)
Director of local substance abuse treatment center	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Elected government official	0.0 (0)	0.0 (0)	20.0 (1)	5.0 (1)
Faith leader	12.5 (1)	0.0 (0)	20.0 (1)	10.0 (2)
Landlord representatives	0.0 (0)	0.0 (0)	20.0 (1)	5.0 (1)
Law enforcement	12.5 (1)	0.0 (0)	20.0 (1)	10.0 (2)
MADD/SADD representative	0.0 (0)	0.0 (0)	20.0 (1)	5.0 (1)
Member of the local ABC Council or control board	0.0 (0)	0.0 (0)	20.0 (1)	5.0 (1)
On- and off-campus retail outlet owners	0.0 (0)	0.0 (0)	20.0 (1)	5.0 (1)
Other alcohol industry representative	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Any community representative	12.5 (1)	0.0 (0)	20.0 (1)	10.0 (2)
Other group	50.0 (4)	28.6 (2)	20.0 (1)	35.0 (7)

Table A5. Screening programs for alcohol problems

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Capacity to address/respond to student alcohol problems				
Provide screening	33.3 (4)	58.3 (7)	50.0 (7)	47.4 (18)
We have universal screening	8.3 (1)	8.3 (1)	0.0 (0)	5.3 (2)
We only screen students showing a particular need	25.0 (3)	50.0 (6)	50.0 (7)	42.1 (16)
We have adequate services, no need to change	33.3 (4)	25.0 (3)	0.0 (0)	18.4 (7)
We need to cut back services because too few students	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
We need to cut back services because of funding limits	0.0 (0)	8.3 (1)	0.0 (0)	2.6 (1)
Current services are inadequate	25.0 (3)	41.7 (5)	14.3 (2)	26.3 (10)
We are planning to increase services to meet needs	16.7 (2)	16.7 (2)	14.3 (2)	15.8 (6)
We have insufficient services but are unable to change	8.3 (1)	25.0 (3)	0.0 (0)	10.5 (4)
Other	66.7 (8)	41.7 (5)	42.9 (6)	50.0 (19)
We don't provide any services	0.0 (0)	0.0 (0)	7.1 (1)	2.6 (1)
Contexts of screening/assessment for alcohol problems				
During regular visits to campus health care clinic[a]	83.3 (10)	75.0 (9)	21.4 (3)	57.9 (22)
Physical health complaint	83.3 (10)	66.7 (8)	7.1 (1)	50.0 (19)
Mental health complaint	66.7 (8)	50.0 (6)	21.4 (3)	44.7 (17)
Alcohol-related complaint	41.7 (5)	58.3 (7)	14.3 (2)	36.8 (14)
During a visit to the academic assistance center	33.3 (4)	58.3 (7)	21.4 (3)	36.8 (14)
Following an alcohol-related hospital ER visit	75.0 (9)	75.0 (9)	21.4 (3)	55.3 (21)
At the time of enrollment (for first-year students)	8.3 (1)	33.3 (4)	14.3 (2)	18.4 (7)
At the time of an alcohol-related violation/referral to judiciary board	91.7 (11)	75.0 (9)	42.9 (6)	68.4 (26)
In conjunction with a physical exam (athletes)	16.7 (2)	16.7 (2)	21.4 (3)	18.4 (7)
Other	41.7 (5)	50.0 (6)	35.7 (5)	42.1 (16)
None	0.0 (0)	0.0 (0)	7.1 (1)	2.6 (1)
Alcohol screening instruments used on campus				
Any screening instrument	83.3 (10)	75.0 (9)	64.3 (9)	73.7 (28)
Any "standardized screening instrument"[b]	75.0 (9)	41.7 (5)	28.6 (4)	47.4 (18)
AUDIT	50.0 (6)	25.0 (3)	7.1 (1)	26.3 (10)
CAGE	0.0 (0)	25.0 (3)	14.3 (2)	13.2 (5)
CAPS	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
CRAFFT	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
DAST	8.3 (1)	16.7 (2)	7.1 (1)	10.5 (4)
DSM-IV diagnostic screener	16.7 (2)	16.7 (2)	14.3 (2)	15.8 (6)
In-house instrument	25.0 (3)	41.7 (5)	0.0 (0)	21.1 (8)
MAST	16.7 (2)	0.0 (0)	7.1 (1)	7.9 (3)
RAPI	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
RAPS	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
SASSI	16.7 (2)	16.7 (2)	0.0 (0)	10.5 (4)
Other	25.0 (3)	25.0 (3)	42.9 (6)	11.6 (12)
None	0.0 (0)	0.0 (0)	14.3 (2)	7.9 (2)
Multiple	41.7 (5)	33.3 (4)	14.3 (2)	28.9 (11)
Don't know	8.3 (1)	25.0 (3)	15.4 (2)	15.8 (6)

Among schools that use alcohol screening instruments	Public 4-year (*n*=10) % (*n*)	Private 4-year (*n*=9) % (*n*)	2-year (*n*=9) % (*n*)	Total (*n*=28) % (*n*)
Where students go to get evaluation/treatment when a problem is identified during screening				
More intensive evaluation/treatment through on-campus health services	40.0 (4)	55.6 (5)	11.1 (1)	35.7 (10)
Other on-campus services	30.0 (3)	33.3 (3)	33.3 (3)	32.1 (9)
Referral for evaluation/treatment elsewhere (off-campus services)	90.0 (9)	88.9 (8)	100.0 (9)	92.9 (26)
Other	0.0 (0)	11.1 (1)	0.0 (0)	3.6 (1)
Nowhere	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Don't know	0.0 (0)	11.1 (1)	0.0 (0)	3.6 (1)

[a] Ten 2-year schools do not have health centers/services.

[b] Any "standardized screening instrument" includes all instruments listed except for "in-house instrument" and "other".

Table A6. Alcohol treatment services offered

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Formal treatment services are provided for students with alcohol problems[a]				
Yes	58.3 (7)	50.0 (6)	0.0 (0)	34.2 (13)
No, but we refer off campus	41.7 (5)	50.0 (6)	92.9 (13)	63.2 (24)
No, and we do not refer off campus	0.0 (0)	0.0 (0)	7.1 (1)	2.6 (1)

Among schools that refer students off-campus for alcohol treatment services	Public 4-year (*n*=5) % (*n*)	Private 4-year (*n*=6) % (*n*)	2-year (*n*=13) % (*n*)	Total (*n*=24) % (*n*)
Where students are referred for formal treatment				
Mental health professional/clinic	40.0 (2)	50.0 (3)	76.9 (10)	62.5 (15)
Chemical dependency counselor or drug treatment program	80.0 (4)	66.7 (4)	53.8 (7)	62.5 (15)
Medical clinic	40.0 (2)	50.0 (3)	7.7 (1)	25.0 (6)
Free clinic	40.0 (2)	33.3 (2)	0.0 (0)	16.7 (4)
Self-help group	60.0 (3)	33.3 (2)	23.1 (3)	33.3 (8)
Other[b]	60.0 (3)	16.7 (1)	30.8 (4)	33.3 (8)

Among schools that offer on-campus treatment services	Public 4-year (*n*=7) % (*n*)	Private 4-year (*n*=6) % (*n*)	2-year (*n*=0) % (*n*)	Total (*n*=13) % (*n*)
Who provides formal treatment services on campus				
School health center (counselors, psychiatrists, etc.)	71.4 (5)	83.3 (5)	0.0 (0)	76.9 (10)
Clinic on campus	14.3 (1)	0.0 (0)	0.0 (0)	7.7 (1)
Alcohol and drug program/center on campus	14.3 (1)	33.3 (2)	0.0 (0)	23.1 (3)
Other	28.6 (2)	33.3 (2)	0.0 (0)	30.8 (4)
Number of students needing on-campus treatment services that can be accommodated each year				
1-99	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
100-199	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
200-299	0.0 (0)	16.7 (1)	0.0 (0)	7.7 (1)
300+	28.6 (2)	0.0 (0)	0.0 (0)	15.4 (2)
Don't know	57.1 (4)	66.7 (4)	0.0 (0)	61.5 (8)
Refused	14.3 (1)	0.0 (0)	0.0 (0)	7.7 (1)
Number of students requesting on-campus alcohol treatment each year				
1-19	0.0 (0)	33.3 (2)	0.0 (0)	15.4 (2)
20-39	28.6 (2)	0.0 (0)	0.0 (0)	15.4 (2)
40-59	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
60+	14.3 (1)	0.0 (0)	0.0 (0)	7.7 (1)
Don't know	57.1 (4)	66.7 (4)	0.0 (0)	61.5 (8)

[a] *Ten 2-year schools do not have health centers/services.*
[b] *One private 4-year school's response is missing for whether or not they refer students to other off-campus alcohol treatment services.*

Table A6 (Continued). Alcohol treatment services offered

Among schools that offer on-campus treatment services	Public 4-year (*n*=7) % (*n*)	Private 4-year (*n*=6) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=13) % (*n*)
Number of students referred (by themselves or another person) to on-campus alcohol treatment each year				
1-19	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
20-39	14.3 (1)	16.7 (1)	0.0 (0)	15.4 (2)
40-59	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
60+	28.6 (2)	0.0 (0)	0.0 (0)	15.4 (2)
Don't know	42.9 (3)	83.3 (5)	0.0 (0)	61.5 (8)
Refused	14.3 (1)	0.0 (0)	0.0 (0)	7.7 (1)
Number of students who received on-campus alcohol treatment services during the past academic year				
1-19	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
20-39	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
40-59	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
60+	28.6 (2)	16.7 (1)	0.0 (0)	23.1 (3)
Don't know	57.1 (4)	83.3 (5)	0.0 (0)	69.2 (9)
Refused	14.3 (1)	0.0 (0)	0.0 (0)	7.7 (1)
There are students who try to access on-campus alcohol treatment each year but are unable to get them	14.3 (1)	0.0 (0)	0.0 (0)	7.7 (1)
Types of alcohol treatment offered by school				
Outpatient treatment	100.0 (7)	83.3 (5)	0.0 (0)	92.3 (12)
Inpatient treatment	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
AA/NA meetings	57.1 (4)	33.3 (2)	0.0 (0)	46.2 (6)
Family counseling	28.6 (2)	33.3 (2)	0.0 (0)	30.8 (4)
Other	28.6 (2)	33.3 (2)	0.0 (0)	30.8 (4)
Alcohol treatment services currently offered				
Has gender-specific programming	14.3 (1)	0.0 (0)	0.0 (0)	7.7 (1)
Helps students stay integrated in school	85.7 (6)	100.0 (6)	0.0 (0)	92.3 (12)
Provides general coping skills	71.4 (5)	100.0 (6)	0.0 (0)	84.6 (11)
Based on principles of AA and 12-steps	28.6 (2)	50.0 (3)	0.0 (0)	38.5 (5)
Offers continuing care	42.9 (3)	83.3 (5)	0.0 (0)	61.5 (8)
Other	42.9 (3)	0.0 (0)	0.0 (0)	23.1 (3)

Table A7. Alcohol interventions offered

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Types of alcohol interventions currently offered				
Any evidence-based intervention	66.7 (8)	58.3 (7)	14.3 (2)	44.7 (17)
Norms clarification	50.0 (6)	41.7 (5)	14.3 (2)	34.2 (13)
Cognitive-behavioral skills training	66.7 (8)	50.0 (6)	7.1 (1)	39.5 (15)
Motivational interviewing/brief motivational interventions	66.7 (8)	41.7 (5)	14.3 (2)	39.5 (15)
Expectancy challenge programs	25.0 (3)	16.7 (2)	0.0 (0)	13.2 (5)
Peer education group	75.0 (9)	50.0 (6)	28.6 (4)	50.0 (19)
eCHUG[a]	16.7 (2)	16.7 (2)	0.0 (0)	10.5 (4)
Other	33.3 (4)	16.7 (2)	7.1 (1)	18.4 (7)
Do not offer alcohol interventions	16.7 (2)	25.0 (3)	71.4 (10)	39.5 (15)

Among schools that offer alcohol interventions	Public 4-year (*n*=10) % (*n*)	Private 4-year (*n*=9) % (*n*)	2-year (*n*=4) % (*n*)	Total (*n*=23) % (*n*)
Ways in which school promotes availability of alcohol intervention or treatment services				
Through referrals	70.0 (7)	77.8 (7)	50.0 (2)	69.6 (16)
Through a university website	90.0 (9)	77.8 (7)	75.0 (3)	82.6 (19)
At student orientation	60.0 (6)	100.0 (9)	100.0 (4)	82.6 (19)
Through a student assistance program	60.0 (6)	22.2 (2)	0.0 (0)	34.8 (8)
Through our alcohol prevention education programs	80.0 (8)	77.8 (7)	50.0 (2)	73.9 (17)
We offer incentives to attend the services	40.0 (4)	11.1 (1)	0.0 (0)	21.7 (5)
Through materials at the student health center	80.0 (8)	100.0 (9)	25.0 (1)	78.3 (18)
Other	20.0 (2)	44.4 (4)	25.0 (1)	30.4 (7)
Do not promote these services	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Trained to administer these interventions				
Counseling services staff	80.0 (8)	88.9 (8)	75.0 (3)	82.6 (19)
Health clinic staff	40.0 (4)	55.6 (5)	25.0 (1)	43.5 (10)
Peers	50.0 (5)	33.3 (3)	100.0 (4)	52.2 (12)
Other	50.0 (5)	33.3 (3)	75.0 (3)	47.8 (11)
Dedicated employees for alcohol prevention				
Full-time	60.0 (6)	22.2 (2)	25.0 (1)	39.1 (9)
Part-time	20.0 (2)	11.1 (1)	25.0 (1)	17.4 (4)
Any	60.0 (6)	22.2 (2)	50.0 (2)	43.5 (10)
What has enabled campus to offer intervention programs for students				
Federal grants	40.0 (4)	33.3 (3)	25.0 (1)	34.8 (8)
Private subsidies/donations	10.0 (1)	0.0 (0)	0.0 (0)	4.3 (1)
Student health fee/tuition	30.0 (3)	66.7 (6)	25.0 (1)	43.5 (10)
Trustee funding	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
State funding	80.0 (8)	22.2 (2)	25.0 (1)	47.8 (11)
Sufficient staffing	0.0 (0)	33.3 (3)	0.0 (0)	13.0 (3)
Sufficient funding	0.0 (0)	11.1 (1)	0.0 (0)	4.3 (1)
Strong support from campus administrators	40.0 (4)	55.6 (5)	25.0 (1)	43.5 (10)
Active AA/NA chapter	20.0 (2)	11.1 (1)	25.0 (1)	17.4 (4)
Other	20.0 (2)	44.4 (4)	25.0 (1)	30.4 (7)

[a] *The use of eCHUG was assessed only for incoming first-year students and in a different part of the assessment.*

Table A8. Student health insurance coverage

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
School offers student health insurance plans	83.3 (10)	91.7 (11)	0.0 (0)	55.3 (21)
School has mandatory health fee	33.3 (4)	33.3 (4)	0.0 (0)	21.1 (8)
Alcohol treatment services covered by plan/fee				
Outpatient treatment	41.7 (5)	41.7 (5)	0.0 (0)	26.3 (10)
Inpatient treatment	33.3 (4)	33.3 (4)	0.0 (0)	21.1 (8)
Family counseling	16.7 (2)	16.7 (2)	0.0 (0)	10.5 (4)
Services provided during an emergency department visit	33.3 (4)	33.3 (4)	0.0 (0)	21.1 (8)
Other coverage	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
None	16.7 (2)	25.0 (3)	100.0 (14)	50.0 (19)

Table A9. Other programs to address alcohol use

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Late night programming events offered by campus				
Alcohol-free social events (mixers, etc.)	83.3 (10)	91.7 (11)	71.4 (10)	81.6 (31)
University-sponsored sporting events	66.7 (8)	75.0 (9)	64.3 (9)	68.4 (26)
Intramural sports	66.7 (8)	83.3 (10)	35.7 (5)	60.5 (23)
Extended recreational facility hours (11 pm or later)	33.3 (4)	58.3 (7)	14.3 (2)	34.2 (13)
Extended library hours (11 pm or later)	58.3 (7)	91.7 (11)	21.4 (3)	55.3 (21)
Evening classes	83.3 (10)	100.0(12)	50.0 (7)	76.3 (29)
Other late night programming events	16.7 (2)	25.0 (3)	0.0 (0)	13.2 (5)
No events offered	8.3 (1)	0.0 (0)	21.4 (3)	10.5 (4)
Campus-wide "safe rides" program offered	50.0 (6)	8.3 (1)	0.0 (0)	18.4 (7)
Friday morning classes offered				
Yes, but not as a deterrent for drinking	91.7 (11)	91.7 (11)	100.0(14)	94.7 (36)
Yes, as a deterrent for drinking	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
Campus-conducted social norms campaign	41.7 (5)	58.3 (7)	28.6 (4)	42.1 (16)
Among schools with social norms campaign	Public 4-year (*n*=5) % (*n*)	Private 4-year (*n*=7) % (*n*)	2-year (*n*=4) % (*n*)	Total (*n*=16) % (*n*)
Administered social norms campaign activities				
Ad/poster campaigns	100.0 (5)	100.0 (7)	75.0 (3)	93.8 (15)
Social media campaigns	20.0 (1)	14.3 (1)	25.0 (1)	18.8 (3)
Video campaigns	40.0 (2)	14.3 (1)	0.0 (0)	18.8 (3)
Website advertisements	40.0 (2)	28.6 (2)	25.0 (1)	31.3 (5)
Newspaper advertisements	40.0 (2)	57.1 (4)	50.0 (2)	50.0 (8)
Radio PSA	0.0 (0)	0.0 (0)	25.0 (1)	6.3 (1)
Student/community forums	20.0 (1)	28.6 (2)	100.0 (4)	43.8 (7)
Other social norms campaigns	60.0 (3)	14.3 (1)	50.0 (2)	37.5 (6)
No activities offered as part of the campaign	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Effectiveness of the campaign is evaluated	80.0 (4)	14.3 (1)	50.0 (2)	43.8 (7)

Table A10. Training offered to faculty and staff to address student alcohol use

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Trained to identify student drinking problems				
Physicians at the health care clinic	66.7 (8)	33.3 (4)	0.0 (0)	31.6 (12)
Health care clinic staff (non-physician)	50.0 (6)	50.0 (6)	14.3 (2)	36.8 (14)
Mental health counselors	75.0 (9)	66.7 (8)	42.9 (6)	60.5 (23)
Any clinical personnel[a]	83.3 (10)	66.7 (8)	42.9 (6)	63.2 (24)
Students	66.7 (8)	66.7 (8)	14.3 (2)	47.4 (18)
Residence hall counselors	66.7 (8)	91.7 (11)	14.3 (2)	55.3 (21)
Other individuals	50.0 (6)	66.7 (8)	64.3 (9)	60.5 (23)
Any non-clinical personnel[a]	83.3 (10)	100.0(12)	85.7 (12)	89.5 (34)
Any personnel	91.7 (11)	100.0(12)	92.9 (13)	94.7 (36)
Multiple types of personnel	83.3 (10)	83.3 (10)	42.9 (6)	68.4 (26)
No personnel	8.3 (1)	0.0 (0)	7.1 (1)	5.3 (2)
Trained to conduct brief interventions				
Physicians at the health care clinic	33.3 (4)	16.7 (2)	0.0 (0)	15.8 (6)
Health care clinic staff (non-physician)	33.3 (4)	33.3 (4)	7.1 (1)	23.7 (9)
Mental health counselors	58.3 (7)	50.0 (6)	35.7 (5)	47.4 (18)
Any clinical personnel[a]	58.3 (7)	50.0 (6)	35.7 (5)	47.4 (18)
Students	25.0 (3)	16.7 (2)	7.1 (1)	15.8 (6)
Residence hall counselors	50.0 (6)	58.3 (7)	0.0 (0)	34.2 (13)
Other individuals	50.0 (6)	16.7 (2)	7.1 (1)	23.7 (9)
Any non-clinical personnel[a]	83.3 (10)	58.3 (7)	14.3 (2)	50.0 (19)
Any personnel	91.7 (11)	75.0 (9)	35.7 (5)	65.8 (25)
Multiple types of personnel	50.0 (6)	58.3 (7)	14.3 (2)	39.5 (15)
No personnel	8.3 (1)	25.0 (3)	64.3 (9)	34.2 (13)
Trained to refer students for alcohol treatment				
Physicians at the health care clinic	33.3 (4)	41.7 (5)	0.0 (0)	23.7 (9)
Health care clinic staff (non-physician)	25.0 (3)	41.7 (5)	0.0 (0)	21.1 (8)
Mental health counselors	50.0 (6)	50.0 (6)	35.7 (5)	44.7 (17)
Any clinical personnel[a]	50.0 (6)	58.3 (7)	35.7 (5)	47.4 (18)
Students	58.3 (7)	50.0 (6)	0.0 (0)	34.2 (13)
Residence hall counselors	58.3 (7)	66.7 (8)	7.1 (1)	42.1 (16)
Other individuals	50.0 (6)	33.3 (4)	35.7 (5)	39.5 (15)
Any non-clinical personnel[a]	75.0 (9)	75.0 (9)	42.9 (6)	63.2 (24)
Any personnel	83.3 (10)	83.3 (10)	64.3 (9)	76.3 (29)
Multiple types of personnel	75.0 (9)	75.0 (9)	14.3 (2)	52.6 (20)
No personnel	16.7 (2)	16.7 (2)	35.7 (5)	23.7 (9)
Faculty/staff receive training in				
Alcohol policies	33.3 (4)	25.0 (3)	42.9 (6)	34.2 (13)
Enforcement procedures for alcohol policies	33.3 (4)	8.3 (1)	28.6 (4)	23.7 (9)
Identifying student drinking problems	16.7 (2)	33.3 (4)	14.3 (2)	21.1 (8)
Referring students for alcohol treatment	58.3 (7)	16.7 (2)	35.7 (5)	36.8 (14)
None	33.3 (4)	58.3 (7)	35.7 (5)	42.1 (16)

[a] *Clinical personnel include physicians, health care clinic staff, and mental health counselors. Non-clinical personnel include students, residence hall counselors, and other individuals.*

Table A11. Training offered to residence hall staff to address student alcohol use

Among schools with residence halls	Public 4-year (*n*=11) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=2) % (*n*)	Total (*n*=25) % (*n*)
Trained for alcohol policy/enforcement procedures				
Residence hall director	90.9 (10)	83.3 (10)	100.0 (2)	88.0 (22)
Resident advisors	90.9 (10)	91.7 (11)	100.0 (2)	92.0 (23)
Building security	45.5 (5)	50.0 (6)	50.0 (1)	48.0 (12)
None	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Trained for dealing with student alcohol violations				
Residence hall director	90.9 (10)	83.3 (10)	100.0 (2)	88.0 (22)
Resident advisors	81.8 (9)	83.3 (10)	100.0 (2)	84.0 (21)
Building security	36.4 (4)	50.0 (6)	50.0 (1)	44.0 (11)
None	0.0 (0)	16.7 (2)	0.0 (0)	8.0 (2)
Trained for identifying student drinking problems				
Residence hall director	90.9 (10)	83.3 (10)	100.0 (2)	88.0 (22)
Resident advisors	81.8 (9)	83.3 (10)	100.0 (2)	84.0 (21)
Building security	36.4 (4)	33.3 (4)	50.0 (1)	36.0 (9)
None	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Trained for referring students to alcohol treatment				
Residence hall director	72.7 (8)	83.3 (10)	50.0 (1)	76.0 (19)
Resident advisors	63.6 (7)	58.3 (7)	50.0 (1)	60.0 (15)
Building security	18.2 (2)	25.0 (3)	50.0 (1)	24.0 (6)
None	18.2 (2)	16.7 (2)	50.0 (1)	20.0 (5)

Table A12. Student involvement in addressing alcohol use on campus

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Ways students are involved in addressing the alcohol issue				
Any student involvement	100.0 (12)	91.7 (11)	71.4 (10)	86.8 (33)
Included in planning alcohol prevention strategies	58.3 (7)	58.3 (7)	21.4 (3)	44.7 (17)
Included in implementing alcohol prevention strategies	66.7 (8)	41.7 (5)	28.6 (4)	44.7 (17)
Involved in campus task force	50.0 (6)	50.0 (6)	14.3 (2)	36.8 (14)
Involved in campus and community coalition groups	16.7 (2)	25.0 (3)	21.4 (3)	21.1 (8)
Facilitate class presentations	41.7 (5)	41.7 (5)	28.6 (4)	36.8 (14)
Engage in practicum projects	33.3 (4)	33.3 (4)	7.1 (1)	23.7 (9)
Engage in peer education	91.7 (11)	58.3 (7)	35.7 (5)	60.5 (23)
Other forms of involvement	41.7 (5)	33.3 (4)	21.4 (3)	31.6 (12)
Students are not involved	0.0 (0)	16.7 (2)	28.6 (4)	15.8 (6)

Table A13. Parent involvement in addressing alcohol use on campus

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Ways school provides information to parents about strategies to decrease student alcohol use				
Orientation session for parents	66.7 (8)	66.7 (8)	35.7 (5)	55.3 (21)
Lasting one hour or less	33.3 (4)	41.7 (5)	35.7 (5)	36.8 (14)
Lasting more than one hour	33.3 (4)	25.0 (3)	0.0 (0)	18.4 (7)
Parent-focused website on alcohol prevention strategies	33.3 (4)	25.0 (3)	0.0 (0)	18.4 (7)
Updated with new info at least twice a year	16.7 (2)	8.3 (1)	0.0 (0)	7.9 (3)
Unsure how often it is updated	16.7 (2)	16.7 (2)	0.0 (0)	10.5 (4)
Mailings to parents	41.7 (5)	66.7 (8)	7.1 (1)	36.8 (14)
When student first enrolls	8.3 (1)	66.7 (8)	0.0 (0)	23.7 (9)
Once a year	16.7 (2)	0.0 (0)	7.1 (1)	7.9 (3)
More than once a year	25.0 (3)	8.3 (1)	0.0 (0)	10.5 (4)
Personnel available to speak with parents about strategies	58.3 (7)	66.7 (8)	21.4 (3)	47.4 (18)
Other	41.7 (5)	66.7 (8)	28.6 (4)	44.7 (17)
None	16.7 (2)	16.7 (2)	42.9 (6)	26.3 (10)
Types of alcohol education provided for parents of incoming first-year students				
Student-led program	0.0 (0)	16.7 (2)	7.1 (1)	7.9 (3)
Staff-led program	58.3 (7)	58.3 (7)	35.7 (5)	50.0 (19)
Other in-person parent-based training	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other online parent-based training	33.3 (4)	50.0 (6)	0.0 (0)	26.3 (10)
Information from campus leadership	25.0 (3)	41.7 (5)	0.0 (0)	21.1 (8)
Informational brochure, handout, newsletter, etc.	83.3 (10)	50.0 (6)	21.4 (3)	50.0 (19)
Other	41.7 (5)	8.3 (1)	0.0 (0)	15.8 (6)
None	8.3 (1)	16.7 (2)	57.1 (8)	28.9 (11)

Among schools that provide alcohol education for parents of incoming first-year students	Public 4-year (*n*=11) % (*n*)	Private 4-year (*n*=10) % (*n*)	2-year (*n*=6) % (*n*)	Total (*n*=27) % (*n*)
Alcohol education is required for all parents of incoming first-year students	0.0 (0)	10.0 (1)	0.0 (0)	3.7 (1)
Ways campuses verify that parents <u>received</u> the education				
Follow up with parents by phone	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Follow up with parents by email	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Certificate on student's record	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Education/software program notifies school	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Do not verify receipt of program	100.0 (11)	100.0 (10)	100.0 (6)	100.0 (27)
Ways campuses verify that parents <u>completed</u> the education				
Follow up with parents by phone	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Follow up with parents by email	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Certificate on student's record	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Education/software program notifies school	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Do not verify completion of program	100.0 (11)	100.0 (10)	100.0 (6)	100.0 (27)

Table A14. Parental notification following alcohol-related incidents

	Public 4-year (*n*=11) % (*n*)	Private 4-year (*n*=10) % (*n*)	2-year (*n*=6) % (*n*)	Total (*n*=27) % (*n*)
Situations in which parents are notified that their child was involved in an alcohol-related incident				
After alcohol transport	66.7 (8)	83.3 (10)	7.1 (1)	50.0 (19)
Student receives DUI	8.3 (1)	25.0 (3)	0.0 (0)	10.5 (4)
After one on-campus alcohol-related citation	8.3 (1)	25.0 (3)	0.0 (0)	10.5 (4)
After two or more on-campus alcohol-related citations	25.0 (3)	41.7 (5)	0.0 (0)	21.1 (8)
After one off-campus alcohol-related citation	0.0 (0)	25.0 (3)	0.0 (0)	7.9 (3)
After two or more off-campus alcohol-related citations	8.3 (1)	33.3 (4)	0.0 (0)	13.2 (5)
After an alcohol-related arrest	16.7 (2)	41.7 (5)	14.3 (2)	23.7 (9)
Parents are not notified	8.3 (1)	0.0 (0)	35.7 (5)	15.8 (6)
Other	50.0 (6)	66.7 (8)	64.3 (9)	60.5 (23)
Don't know	0.0 (0)	0.0 (0)	7.1 (1)	2.6 (1)
Situations in which parent/guardian will be contacted				
Student brings alcohol to area/event where prohibited	8.3 (1)	41.7 (5)	7.1 (1)	18.4 (7)
21+ year-old student provides alcohol for underage youth	0.0 (0)	25.0 (3)	0.0 (0)	7.9 (3)
Student becomes drunk/disorderly at a campus event	16.7 (2)	41.7 (5)	7.1 (1)	21.2 (8)
Student becomes drunk/disorderly at an on-campus athletic event	8.3 (1)	25.0 (3)	7.1 (1)	13.2 (5)
Student hosts an on-campus party at which others become drunk/disorderly	16.7 (2)	25.0 (3)	7.1 (1)	15.8 (6)
Student is cited for an alcohol violation off-campus	33.3 (4)	25.0 (3)	7.1 (1)	21.1 (8)
Student is arrested for an alcohol violation off-campus	16.7 (2)	41.7 (5)	7.1 (1)	21.1 (8)
Student commits sexual assault while intoxicated	25.0 (3)	16.7 (2)	0.0 (0)	13.2 (5)
Student physically assaults someone while drunk	8.3 (1)	16.7 (2)	0.0 (0)	7.9 (3)
Underage student drinks alcohol on campus	25.0 (3)	58.3 (7)	21.4 (3)	34.2 (13)
Underage student possesses alcohol on campus	25.0 (3)	50.0 (6)	21.4 (3)	31.6 (12)
None	58.3 (7)	16.7 (2)	78.6 (11)	52.6 (20)

Table A15. Policies regarding alcohol use on campus

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
There are written policies and procedures for faculty/staff on how to deal with alcohol-related violations	58.3 (7)	25.0 (3)	57.1 (8)	47.4 (18)
Level of alcohol prohibition on campus				
Alcohol prohibited for everyone regardless of age	25.0 (3)	0.0 (0)	78.6 (11)	36.8 (14)
Alcohol prohibited for students only, regardless of age	0.0 (0)	0.0 (0)	14.3 (2)	5.3 (2)
Alcohol prohibited for everyone under 21	75.0 (9)	100.0 (12)	7.1 (1)	57.9 (22)
Alcohol only prohibited in some areas or at some events	58.3 (7)	58.3 (7)	0.0 (0)	36.8 (14)
No alcohol prohibition policy	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other	16.7 (2)	25.0 (3)	14.3 (2)	18.4 (7)
How students are informed about alcohol policies				
In college catalogue	16.7 (2)	0.0 (0)	64.3 (9)	28.9 (11)
In student handbook	91.7 (11)	100.0 (12)	78.6 (11)	89.5 (34)
At orientation sessions	83.3 (10)	91.7 (11)	50.0 (7)	73.7 (28)
In class	16.7 (2)	16.7 (2)	21.4 (3)	18.4 (7)
On website	83.3 (10)	75.0 (9)	78.6 (11)	78.9 (30)
Via email	58.3 (7)	66.7 (8)	7.1 (1)	42.1 (16)
In campus newspaper	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
Other	41.7 (5)	41.7 (5)	35.7 (5)	39.5 (15)
None	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Alcohol consumption allowed anywhere on campus	83.3 (10)	100.0 (12)	64.3 (9)	81.6 (31)
Sale of alcohol allowed on campus	58.3 (7)	41.7 (5)	7.1 (1)	34.2 (13)

Among schools that allow alcohol sales on campus	Public 4-year (*n*=7) % (*n*)	Private 4-year (*n*=5) % (*n*)	2-year (*n*=1) % (*n*)	Total (*n*=13) % (*n*)
Alcohol pricing strategies				
Restrictions on free samples or free tasting	42.9 (3)	0.0 (0)	0.0 (0)	23.1 (3)
Restrictions on happy hour specials	57.1 (4)	0.0 (0)	0.0 (0)	30.8 (4)
Restrictions on all-you-can-drink specials	42.9 (3)	0.0 (0)	0.0 (0)	23.1 (3)
Restrictions on 2-for-1/buy one, get one free specials	42.9 (3)	0.0 (0)	0.0 (0)	23.1 (3)
Restrictions on population-specific specials	57.1 (4)	0.0 (0)	0.0 (0)	30.8 (4)
Other	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
None	42.9 (3)	100.0 (5)	100.0 (1)	69.2 (9)

Among schools that allow alcohol consumption on campus[b]	Public 4-year (*n*=9) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=2) % (*n*)	Total (*n*=23) % (*n*)
Written policies requiring these items at on-campus events				
Registering events	88.9 (8)	83.3 (10)	0.0 (0)	78.3 (18)
Checking IDs to verify age	100.0 (9)	91.7 (11)	50.0 (1)	91.3 (21)
Requiring security to be present	88.9 (8)	66.7 (8)	50.0 (1)	73.9 (17)
Prohibiting kegs	55.6 (5)	66.7 (8)	50.0 (1)	60.9 (14)
Limiting the amount of alcohol available	66.7 (6)	58.3 (7)	0.0 (0)	56.5 (13)
Limiting the type of alcohol available (e.g. beer only)	66.7 (6)	58.3 (7)	0.0 (0)	56.5 (13)
Limiting the number of people admitted	55.6 (5)	58.3 (7)	0.0 (0)	52.2 (12)
Limiting the number of hours alcohol can be served	66.7 (6)	58.3 (7)	0.0 (0)	56.5 (13)
Prohibiting drinking games	77.8 (7)	75.0 (9)	0.0 (0)	69.6 (16)
Holding the event's host responsible for violations	77.8 (7)	50.0 (6)	0.0 (0)	56.5 (13)
Requiring non-alcoholic beverages/food to be available	77.8 (7)	83.3 (10)	50.0 (1)	78.3 (18)
Requiring training for servers	77.8 (7)	91.7 (11)	0.0 (0)	78.3 (18)
Prohibiting free or low-price drinks	66.7 (6)	33.3 (4)	0.0 (0)	43.5 (10)
Alcohol is prohibited at all on-campus events	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
None	0.0 (0)	0.0 (0)	50.0 (1)	4.3 (1)
Campus law enforcement ensures that on-campus event policies are being enforced	88.9 (8)	91.7 (11)	100.0 (1)	90.9 (20)

Table A15 (Continued). Policies regarding alcohol use on campus

Among schools that allow alcohol consumption on campus[b]	Public 4-year (*n*=9) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=2) % (*n*)	Total (*n*=23) % (*n*)
Policies to ensure alcohol is served responsibly on campus				
Responsible beverage service training	88.9 (8)	66.7 (8)	0.0 (0)	69.6 (16)
Manager's training	66.7 (6)	41.7 (5)	0.0 (0)	47.8 (11)
Compliance checks	55.6 (5)	41.7 (5)	0.0 (0)	43.5 (10)
Maximum alcohol per person	55.6 (5)	50.0 (6)	0.0 (0)	47.8 (11)
Security presence at events serving alcohol	66.7 (6)	58.3 (7)	0.0 (0)	56.5 (13)
Other	11.1 (1)	41.7 (5)	0.0 (0)	26.1 (6)
None	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)

[b] *Results presented for the 23 of schools that allow drinking (see Figure 9)*

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
School has policies in place prohibiting the media from accepting alcohol ads or promoting on- or off-campus events featuring alcohol	58.3 (7)	75.0 (9)	71.4 (10)	68.4 (26)

Table A16. Medical Amnesty and Good Samaritan Policies

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Medical Amnesty policy	50.0 (6)	50.0 (6)	0.0 (0)	31.6 (12)
Good Samaritan policy	50.0 (6)	58.3 (7)	0.0 (0)	34.2 (13)
Both Medical Amnesty and Good Samaritan policies	50.0 (6)	41.7 (5)	0.0 (0)	28.9 (11)
Neither Medical Amnesty nor Good Samaritan policies[a]	41.7 (5)	33.3 (4)	85.7 (12)	55.3 (21)

[a] *The presence or absence of Good Samaritan and/or Medical Amnesty policies was unknown for one 4-year public school and two 2-year schools.*

Table A17. Policies regarding alcohol use in residence halls

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
School has residence halls on campus	91.7 (11)	100.0(12)	14.3 (2)	65.8 (25)

Among schools with residence halls	Public 4-year (*n*=11) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=2) % (*n*)	Total (*n*=25) % (*n*)
Residence hall has written procedures for dealing with alcohol-related violations	100.0 (11)	91.7 (11)	100.0 (2)	96.0 (24)
Residence halls available for students in recovery for alcohol-related problems	18.2 (2)	0.0 (0)	0.0 (0)	8.0 (2)
Substance-free housing options available	54.5 (6)	58.3 (7)	50.0 (1)	56.0 (14)
Alcohol use is prohibited in residence hall rooms				
Underage residents	90.9 (10)	100.0(12)	100.0 (2)	96.0 (24)
Residents 21+	36.4 (4)	0.0 (0)	100.0 (2)	24.0 (6)
Alcohol use is prohibited at residence hall events				
Underage residents	100.0 (11)	100.0(12)	100.0 (2)	100.0(25)
Residents 21+	90.9 (10)	75.0 (9)	100.0 (2)	84.0 (21)
Alcohol use is monitored by residence hall staff				
Underage residents	72.7 (8)	91.7 (11)	100.0 (2)	84.0 (21)
Residents 21+	72.7 (8)	75.0 (9)	100.0 (2)	76.0 (19)
Written policies for residence hall events involving alcohol				
Registering events	0.0 (0)	16.7 (2)	0.0 (0)	8.0 (2)
Checking IDs to verify age	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Requiring security to be present	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Prohibiting kegs	9.1 (1)	8.3 (1)	0.0 (0)	8.0 (2)
Limiting the amount of alcohol available	9.1 (1)	8.3 (1)	0.0 (0)	8.0 (2)
Limiting the type of alcohol available (e.g. beer only)	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Limiting the number of people admitted	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Limiting the number of hours alcohol can be served	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Prohibiting drinking games	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Holding the event's host responsible for violations	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Requiring non-alcoholic beverages/food to be available	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Requiring training for servers	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
Prohibiting free/low-price drinks, samplings, or tastings	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)
No residence hall events involving alcohol allowed	90.9 (10)	75.0 (9)	100.0 (2)	84.0 (21)
None	0.0 (0)	8.3 (1)	0.0 (0)	4.0 (1)

Among schools that have written policies for residence hall events involving alcohol	Public 4-year (*n*=11) % (*n*)	Private 4-year (*n*=11) % (*n*)	2-year (*n*=2) % (*n*)	Total (*n*=24) % (*n*)
Campus law enforcement ensures enforcement of policies	81.8 (9)	63.6 (7)	50.0 (1)	70.8 (17)

Table A18. Policies for alcohol use among fraternities and sororities

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Fraternities/sororities on campus				
Both fraternities and sororities	75.0 (9)	25.0 (3)	0.0 (0)	31.6 (12)
Sororities only	0.0 (0)	16.7 (2)	0.0 (0)	5.3 (2)
Fraternities only	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
None	25.0 (3)	58.3 (7)	100.0(14)	63.2 (24)
Among schools that have sororities	**Public 4-year (*n*=9) % (*n*)**	**Private 4-year (*n*=5) % (*n*)**	**2-year (*n*=0) % (*n*)**	**Total (*n*=14) % (*n*)**
Prohibition of alcohol at sorority houses/events				
Prohibited at all sorority events/houses	66.7 (6)	20.0 (1)	0.0 (0)	50.0 (7)
Prohibited at some houses or events	0.0 (0)	20.0 (1)	0.0 (0)	7.1 (1)
Prohibited at houses, not events	11.1 (1)	0.0 (0)	0.0 (0)	7.1 (1)
Prohibited at events, not houses	0.0 (0)	20.0 (1)	0.0 (0)	7.1 (1)
Not prohibited	22.2 (2)	40.0 (2)	0.0 (0)	28.6 (4)
Among schools that do not prohibit alcohol at all sorority events/houses	**Public 4-year (*n*=3) % (*n*)**	**Private 4-year (*n*=4) % (*n*)**	**2-year (*n*=0) % (*n*)**	**Total (*n*=7) % (*n*)**
Written policies/rules required at sorority events				
Checking IDs to verify age	100.0 (3)	75.0 (3)	0.0 (0)	85.7 (6)
Using wristbands or stamps to mark those 21+	100.0 (3)	75.0 (3)	0.0 (0)	85.7 (6)
Prohibiting kegs	100.0 (3)	75.0 (3)	0.0 (0)	85.7 (6)
Limiting the amount of alcohol available	100.0 (3)	25.0 (1)	0.0 (0)	57.1 (4)
Requiring parties/events to be registered	100.0 (3)	50.0 (2)	0.0 (0)	71.4 (5)
Requiring guest lists and enforcing them	100.0 (3)	50.0 (2)	0.0 (0)	71.4 (5)
Requiring sororities to bear the liability (not the college)	66.7 (2)	25.0 (1)	0.0 (0)	42.9 (3)
Requiring a security person and sobriety monitors	100.0 (3)	50.0 (2)	0.0 (0)	71.4 (5)
Restricting entry points in order to monitor all guests	66.7 (2)	50.0 (2)	0.0 (0)	57.1 (4)
Limiting the type of alcohol available (e.g. beer only)	100.0 (3)	50.0 (2)	0.0 (0)	71.4 (5)
Limiting the number of people admitted	100.0 (3)	75.0 (3)	0.0 (0)	85.7 (6)
Limiting the number of hours alcohol can be served	33.3 (1)	50.0 (2)	0.0 (0)	42.9 (3)
Prohibiting drinking games	100.0 (3)	50.0 (2)	0.0 (0)	71.4 (5)
Limiting drinking games	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Requiring non-alcoholic beverages/food to be available	100.0 (3)	75.0 (3)	0.0 (0)	85.7 (6)
Requiring training for servers	100.0 (3)	75.0 (3)	0.0 (0)	85.7 (6)
Prohibiting free or low-price drinks/samplings/tastings	66.7 (2)	50.0 (2)	0.0 (0)	57.1 (4)
Banning BYOB	0.0 (0)	75.0 (3)	0.0 (0)	42.9 (3)
Setting limits on BYOB policies	66.7 (2)	0.0 (0)	0.0 (0)	28.6 (2)
None	0.0 (0)	25.0 (1)	0.0 (0)	14.3 (1)

Table A18 (Continued). Policies for alcohol use among fraternities and sororities

Among schools that have fraternities	Public 4-year (*n*=9) % (*n*)	Private 4-year (*n*=3) % (*n*)	2-year (*n*=0) % (*n*)	Total (*n*=12) % (*n*)
Prohibition of alcohol at fraternity houses/events				
Prohibited at all fraternity events/houses	66.7 (6)	0.0 (0)	0.0 (0)	50.0 (6)
Prohibited at some houses or events	0.0 (0)	66.7 (2)	0.0 (0)	16.7 (2)
Prohibited at houses, not events	11.1 (1)	0.0 (0)	0.0 (0)	8.3 (1)
Prohibited at events, not houses	0.0 (0)	33.3 (1)	0.0 (0)	8.3 (1)
Not prohibited	22.2 (2)	0.0 (0)	0.0 (0)	16.7 (2)

Among schools that do not prohibit alcohol at fraternity events/houses	Public 4-year (*n*=3) % (*n*)	Private 4-year (*n*=3) % (*n*)	2-year (*n*=0) % (*n*)	Total (*n*=6) % (*n*)
Written policies/rules required at fraternity events				
Checking IDs to verify age	100.0 (3)	100.0 (3)	0.0 (0)	100.0 (6)
Using wristbands or stamps to mark those 21+	100.0 (3)	100.0 (3)	0.0 (0)	100.0 (6)
Prohibiting kegs	100.0 (3)	100.0 (3)	0.0 (0)	100.0 (6)
Limiting the amount of alcohol available	100.0 (3)	33.3 (1)	0.0 (0)	66.7 (4)
Requiring parties/events to be registered	100.0 (3)	66.7 (2)	0.0 (0)	83.3 (5)
Requiring guest lists and enforcing them	100.0 (3)	66.7 (2)	0.0 (0)	83.3 (5)
Requiring fraternities to bear the liability (not the college)	66.7 (2)	33.3 (1)	0.0 (0)	50.0 (3)
Requiring a security person and sobriety monitors	100.0 (3)	66.7 (2)	0.0 (0)	83.3 (5)
Restricting entry points in order to monitor all guests	66.7 (2)	66.7 (2)	0.0 (0)	66.7 (4)
Limiting the type of alcohol available (e.g. beer only)	100.0 (3)	66.7 (2)	0.0 (0)	83.3 (5)
Limiting the number of people admitted	100.0 (3)	100.0 (3)	0.0 (0)	100.0 (6)
Limiting the number of hours alcohol can be served	33.3 (1)	66.7 (2)	0.0 (0)	50.0 (3)
Prohibiting drinking games	100.0 (3)	66.7 (2)	0.0 (0)	83.3 (5)
Limiting drinking games	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Requiring non-alcoholic beverages/food to be available	100.0 (3)	100.0 (3)	0.0 (0)	100.0 (6)
Requiring training for servers	100.0 (3)	100.0 (3)	0.0 (0)	100.0 (6)
Prohibiting free or low-price drinks/samplings/tastings	66.7 (2)	66.7 (2)	0.0 (0)	66.7 (4)
Banning BYOB	0.0 (0)	100.0 (3)	0.0 (0)	50.0 (3)
Setting limits on BYOB policies	66.7 (2)	0.0 (0)	0.0 (0)	33.3 (2)
None	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)

Table A19. Enforcement of campus alcohol policies

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
On-campus law enforcement has a dedicated alcohol enforcement unit/officer	8.3 (1)	0.0 (0)	7.1 (1)	5.3 (2)
On-campus law enforcement has jurisdiction to enforce alcohol laws off-campus	58.3 (7)	25.0 (3)	0.0 (0)	26.3 (10)
Community police have jurisdiction to enforce alcohol laws on-campus	66.7 (8)	91.7 (11)	100.0 (14)	86.8 (33)
Administration's protocol following alcohol-related events				
Student brings alcohol to area/event where prohibited				
Refer student to education or counseling program	58.3 (7)	50.0 (6)	42.9 (6)	50.0 (19)
Take disciplinary action	100.0 (12)	83.3 (10)	92.9 (13)	92.1 (35)
Speak with the student	58.3 (7)	83.3 (10)	57.1 (8)	65.8 (25)
Contact parent/guardian	8.3 (1)	41.7 (5)	7.1 (1)	18.4 (7)
Notify law enforcement	25.0 (3)	16.7 (2)	28.6 (4)	23.7 (9)
Other	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
No action taken	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
21+ year-old student buys/provides alcohol for underage youth				
Refer student to education or counseling program	58.3 (7)	33.3 (4)	28.6 (4)	39.5 (15)
Take disciplinary action	100.0 (12)	100.0 (12)	71.4 (10)	89.5 (34)
Speak with the student	25.0 (3)	41.7 (5)	57.1 (8)	42.1 (16)
Contact parent/guardian	0.0 (0)	25.0 (3)	0.0 (0)	7.9 (3)
Notify law enforcement	16.7 (2)	8.3 (1)	42.9 (6)	23.7 (9)
Other	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
No action taken	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Don't know	0.0 (0)	0.0 (0)	14.3 (2)	5.3 (2)
Student becomes drunk/disorderly at a campus event				
Refer student to education or counseling program	41.7 (5)	41.7 (5)	28.6 (4)	36.8 (14)
Take disciplinary action	100.0 (12)	100.0 (12)	78.6 (11)	92.1 (35)
Speak with the student	25.0 (3)	58.3 (7)	42.9 (6)	42.1 (16)
Contact parent/guardian	16.7 (2)	41.7 (5)	7.1 (1)	21.1 (8)
Notify law enforcement	66.7 (8)	33.3 (4)	71.4 (10)	57.9 (22)
Other	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
No action taken	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Student becomes drunk/disorderly at an on-campus athletic event				
Refer student to education or counseling program	41.7 (5)	16.7 (2)	28.6 (4)	28.9 (11)
Take disciplinary action	100.0 (12)	91.7 (11)	71.4 (10)	86.8 (33)
Speak with the student	25.0 (3)	41.7 (5)	42.9 (6)	36.8 (14)
Contact parent/guardian	8.3 (1)	25.0 (3)	7.1 (1)	13.2 (5)
Notify law enforcement	66.7 (8)	16.7 (2)	71.4 (10)	52.6 (20)
Other	8.3 (1)	8.3 (1)	7.1 (1)	7.9 (3)
No action taken	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Student hosts an on-campus party at which others become drunk/disorderly				
Refer student to education or counseling program	41.7 (5)	25.0 (3)	21.4 (3)	28.9 (11)
Take disciplinary action	75.0 (9)	91.7 (11)	50.0 (7)	71.1 (27)
Speak with the student	25.0 (3)	41.7 (5)	28.6 (4)	31.6 (12)
Contact parent/guardian	16.7 (2)	25.0 (3)	7.1 (1)	15.8 (6)
Notify law enforcement	50.0 (6)	16.7 (2)	50.0 (7)	39.5 (15)
Other	8.3 (1)	8.3 (1)	7.1 (1)	7.9 (3)
No action taken	8.3 (1)	0.0 (0)	14.3 (2)	7.9 (3)
Don't know	0.0 (0)	0.0 (0)	7.1 (1)	2.6 (1)
Student is cited for an alcohol violation off-campus				
Refer student to education or counseling program	41.7 (5)	33.3 (4)	21.4 (3)	31.6 (12)
Take disciplinary action	58.3 (7)	58.3 (7)	42.9 (6)	52.6 (20)
Speak with the student	33.3 (4)	25.0 (3)	28.6 (4)	28.9 (11)
Contact parent/guardian	33.3 (4)	25.0 (3)	7.1 (1)	21.1 (8)
Notify law enforcement	8.3 (1)	8.3 (1)	14.3 (2)	10.5 (4)
Other	8.3 (1)	8.3 (1)	0.0 (0)	5.3 (2)
No action taken	41.7 (5)	50.0 (6)	71.4 (10)	55.3 (21)

Table A19 (Continued). Enforcement of campus alcohol policies

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Student is arrested for an alcohol violation off-campus				
Refer student to education or counseling program	25.0 (3)	33.3 (4)	21.4 (3)	26.3 (10)
Take disciplinary action	66.7 (8)	66.7 (8)	42.9 (6)	57.9 (22)
Speak with the student	25.0 (3)	25.0 (3)	35.7 (5)	28.9 (11)
Contact parent/guardian	16.7 (2)	41.7 (5)	7.1 (1)	21.1 (8)
Notify law enforcement	0.0 (0)	8.3 (1)	14.3 (2)	7.9 (3)
Other	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
No action taken	33.3 (4)	50.0 (6)	71.4 (10)	52.6 (20)
Don't know	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
Student commits sexual assault while intoxicated				
Refer student to education or counseling program related to alcohol	33.3 (4)	16.7 (2)	28.6 (4)	26.3 (10)
Take disciplinary action related to alcohol	100.0 (12)	91.7 (11)	71.4 (10)	86.8 (33)
Speak with the student about alcohol	25.0 (3)	25.0 (3)	28.6 (4)	26.3 (10)
Inform parent/guardian about possible alcohol problem	25.0 (3)	16.7 (2)	0.0 (0)	13.2 (5)
Notify law enforcement	50.0 (6)	50.0 (6)	85.7 (12)	63.2 (24)
Other	8.3 (1)	8.3 (1)	0.0 (0)	5.3 (2)
No action taken	0.0 (0)	8.3 (1)	0.0 (0)	2.6 (1)
Refused	0.0 (0)	8.3 (1)	0.0 (0)	2.6 (1)
Student physically assaults someone while drunk				
Refer student to education or counseling program related to alcohol	25.0 (3)	16.7 (2)	28.6 (4)	23.7 (9)
Take disciplinary action related to alcohol	100.0 (12)	91.7 (11)	57.1 (8)	81.6 (31)
Speak with the student about alcohol	25.0 (3)	25.0 (3)	28.6 (4)	26.3 (10)
Inform parent/guardian about possible alcohol problem	8.3 (1)	16.7 (2)	0.0 (0)	7.9 (3)
Notify law enforcement	58.3 (7)	50.0 (6)	85.7 (12)	65.8 (25)
Other	8.3 (1)	8.3 (1)	0.0 (0)	5.3 (2)
No action taken	0.0 (0)	8.3 (1)	0.0 (0)	2.6 (1)
Refused	0.0 (0)	8.3 (1)	0.0 (0)	2.6 (1)
Underage student drinks alcohol on campus				
Refer student to education or counseling program	58.3 (7)	41.7 (5)	28.6 (4)	42.1 (16)
Take disciplinary action	100.0 (12)	91.7 (11)	78.6 (11)	89.5 (34)
Speak with the student	33.3 (4)	33.3 (4)	50.0 (7)	39.5 (15)
Contact parent/guardian	25.0 (3)	58.3 (7)	21.4 (3)	34.2 (13)
Notify law enforcement	16.7 (2)	8.3 (1)	50.0 (7)	26.3 (10)
Other	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
No action taken	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Underage student possesses alcohol on campus				
Refer student to education or counseling program	58.3 (7)	41.7 (5)	28.6 (4)	42.1 (16)
Take disciplinary action	100.0 (12)	91.7 (11)	78.6 (11)	89.5 (34)
Speak with the student	25.0 (3)	33.3 (4)	50.0 (7)	36.8 (14)
Contact parent/guardian	25.0 (3)	50.0 (6)	21.4 (3)	31.6 (12)
Notify law enforcement	16.7 (2)	0.0 (0)	42.9 (6)	21.1 (8)
Other	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
No action taken	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)

Table A20. Community involvement with addressing alcohol use

	Public 4-year (*n*=12) % (*n*)	Private 4-year (*n*=12) % (*n*)	2-year (*n*=14) % (*n*)	Total (*n*=38) % (*n*)
Working with local law enforcement to conduct compliance checks of community retail alcohol establishments to monitor alcohol sales to underage patrons				
Yes: Actively working with local law enforcement on compliance checks	41.7 (5)	25.0 (3)	21.4 (3)	28.9 (11)
No: Have held discussions (no action taken yet)	8.3 (1)	8.3 (1)	0.0 (0)	5.3 (2)
No: Planning compliance checks (have not begun)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
No: Law enforcement conducts regular compliance checks without school involvement	0.0 (0)	8.3 (1)	0.0 (0)	2.6 (1)
No: Other involvement	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
No: None of the above	33.3 (4)	58.3 (7)	71.4 (10)	55.3 (21)
Working with advocacy groups or local/state authorities to place restrictions on the number of retail alcohol outlets/liquor licenses				
Yes: Have worked with local authorities to place restrictions	8.3 (1)	8.3 (1)	0.0 (0)	5.3 (2)
No: Have held discussions (no action taken yet)	16.7 (2)	25.0 (3)	7.1 (1)	15.8 (6)
No: Planning restrictions (have not been implemented)	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
No: Other involvement	8.3 (1)	0.0 (0)	0.0 (0)	2.6 (1)
No: None of the above	50.0 (6)	66.7 (8)	85.7 (12)	68.4 (26)
Working with advocacy groups or local/state authorities to increase alcohol pricing (via tax increases or eliminating specials)				
Yes: Have worked with local authorities to increase prices	8.3 (1)	0.0 (0)	14.3 (2)	7.9 (3)
No: Have held discussions (no action taken yet)	25.0 (3)	0.0 (0)	7.1 (1)	10.5 (4)
No: Planning increases (have not been implemented)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
No: Other involvement	8.3 (1)	8.3 (1)	0.0 (0)	5.3 (2)
No: None of the above	50.0 (6)	91.7 (11)	71.4 (10)	71.1 (27)
Working with advocacy groups, local/state authorities, or retail alcohol outlets to institute mandatory responsible beverage service training				
Yes: Have worked with authorities to establish	41.7 (5)	0.0 (0)	14.3 (2)	18.4 (7)
No: Have held discussions (no action taken yet)	8.3 (1)	25.0 (3)	0.0 (0)	10.5 (4)
No: Planning mandatory responsible beverage service training policies (have not begun)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
No: Regular mandatory responsible beverage service training policies without school involvement	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
No: Other involvement	0.0 (0)	8.3 (1)	0.0 (0)	2.6 (1)
No: None of the above	33.3 (4)	66.7 (8)	71.4 (10)	57.9 (22)

Table A21. Extent of problems for students on campus, all schools

Among all schools (*n*=34[a])	Not a problem % (*n*)	Minor problem % (*n*)	Moderate problem % (*n*)	Major problem % (*n*)
Academic retention	23.5 (8)	23.5 (8)	41.2 (14)	11.8 (4)
Academic struggles	14.7 (5)	29.4 (10)	44.1 (15)	11.8 (4)
Physical assault	23.5 (8)	73.5 (25)	2.9 (1)	0.0 (0)
Sexual assault	27.3 (9)	69.7 (23)	3.0 (1)	0.0 (0)
Alcohol-related injuries	35.3 (12)	55.9 (19)	8.8 (3)	0.0 (0)
Suicide	44.1 (15)	47.1 (16)	8.8 (3)	0.0 (0)
Risky sexual activity	12.9 (4)	35.5 (11)	45.2 (14)	6.9 (2)
Excessive drinking	18.2 (6)	33.3 (11)	42.4 (14)	6.5 (2)
Marijuana use	17.6 (6)	41.2 (14)	26.5 (9)	14.7 (5)
Non-prescribed stimulant use	28.1 (9)	59.4 (19)	12.5 (4)	0.0 (0)
Non-prescribed painkiller use	35.5 (11)	51.6 (16)	12.9 (4)	0.0 (0)
Other drug use	25.0 (8)	62.5 (20)	12.5 (4)	0.0 (0)
Hazing	67.6 (23)	29.4 (10)	2.9 (1)	0.0 (0)
Violent crime	52.9 (18)	47.1 (16)	0.0 (0)	0.0 (0)
Theft	11.8 (4)	67.6 (23)	20.6 (7)	0.0 (0)
Petty crimes	32.4 (11)	55.9 (19)	11.8 (4)	0.0 (0)
Property damage	29.4 (10)	61.8 (21)	8.8 (3)	0.0 (0)
Neighborhood relations	47.1 (16)	35.3 (12)	17.6 (6)	0.0 (0)
Respect for authority	27.3 (9)	60.6 (20)	12.1 (4)	0.0 (0)

[a] *Administrators from four schools declined to answer this question.*

Table A21a. Extent of problems for students on campus, 4-year public schools

Among 4-year public schools (*n*=9)	Not a problem % (*n*)	Minor problem % (*n*)	Moderate problem % (*n*)	Major problem % (*n*)
Academic retention	33.3 (3)	33.3 (3)	33.3 (3)	0.0 (0)
Academic struggles	33.3 (3)	44.4 (4)	22.2 (2)	0.0 (0)
Physical assault	33.3 (3)	66.7 (6)	0.0 (0)	0.0 (0)
Sexual assault	25.0 (2)	75.0 (6)	0.0 (0)	0.0 (0)
Alcohol-related injuries	33.3 (3)	66.7 (6)	0.0 (0)	0.0 (0)
Suicide	55.6 (5)	44.4 (4)	0.0 (0)	0.0 (0)
Risky sexual activity	11.1 (1)	44.4 (4)	44.4 (4)	0.0 (0)
Excessive drinking	11.1 (1)	33.3 (3)	55.6 (5)	0.0 (0)
Marijuana use	22.2 (2)	11.1 (1)	44.4 (4)	22.2 (2)
Non-prescribed stimulant use	55.6 (5)	33.3 (3)	11.1 (1)	0.0 (0)
Non-prescribed painkiller use	66.7 (6)	33.3 (3)	0.0 (0)	0.0 (0)
Other drug use	44.4 (4)	55.6 (5)	0.0 (0)	0.0 (0)
Hazing	44.4 (4)	44.4 (4)	11.1 (1)	0.0 (0)
Violent crime	44.4 (4)	55.6 (5)	0.0 (0)	0.0 (0)
Theft	22.2 (2)	55.6 (5)	22.2 (2)	0.0 (0)
Petty crimes	33.3 (3)	55.6 (5)	11.1 (1)	0.0 (0)
Property damage	44.4 (4)	44.4 (4)	11.1 (1)	0.0 (0)
Neighborhood relations	44.4 (4)	33.3 (3)	22.2 (2)	0.0 (0)
Respect for authority	37.5 (3)	62.5 (5)	0.0 (0)	0.0 (0)

Table A21b. Extent of problems for students on campus, 4-year private schools

Among 4-year private schools (*n*=12)	Not a problem % (*n*)	Minor problem % (*n*)	Moderate problem % (*n*)	Major problem % (*n*)
Academic retention	25.0 (3)	33.3 (4)	33.3 (4)	8.3 (1)
Academic struggles	8.3 (1)	41.7 (5)	41.7 (5)	8.3 (1)
Physical assault	16.7 (2)	83.3 (10)	0.0 (0)	0.0 (0)
Sexual assault	25.0 (3)	66.7 (8)	8.3 (1)	0.0 (0)
Alcohol-related injuries	25.0 (3)	75.0 (9)	0.0 (0)	0.0 (0)
Suicide	33.3 (4)	66.7 (8)	0.0 (0)	0.0 (0)
Risky sexual activity	9.1 (1)	27.3 (3)	54.5 (6)	9.1 (1)
Excessive drinking	9.1 (1)	27.3 (3)	63.6 (7)	0.0 (0)
Marijuana use	8.3 (1)	50.0 (6)	33.3 (4)	8.3 (1)
Non-prescribed stimulant use	9.1 (1)	72.7 (8)	18.2 (2)	0.0 (0)
Non-prescribed painkiller use	20.0 (2)	70.0 (7)	10.0 (1)	0.0 (0)
Other drug use	9.1 (1)	81.8 (9)	9.1 (1)	0.0 (0)
Hazing	58.3 (7)	41.7 (5)	0.0 (0)	0.0 (0)
Violent crime	50.0 (6)	50.0 (6)	0.0 (0)	0.0 (0)
Theft	8.3 (1)	75.0 (9)	16.7 (2)	0.0 (0)
Petty crimes	25.0 (3)	58.3 (7)	16.7 (2)	0.0 (0)
Property damage	25.0 (3)	58.3 (7)	16.7 (2)	0.0 (0)
Neighborhood relations	25.0 (3)	50.0 (6)	25.0 (3)	0.0 (0)
Respect for authority	25.0 (3)	66.7 (8)	8.3 (1)	0.0 (0)

Table A21c. Extent of problems for students on campus, 2-year schools

Among 2-year schools (*n*=13)	Not a problem % (*n*)	Minor problem % (*n*)	Moderate problem % (*n*)	Major problem % (*n*)
Academic retention	15.4 (2)	7.7 (1)	53.8 (7)	23.1 (3)
Academic struggles	7.7 (1)	7.7 (1)	61.5 (8)	23.1 (3)
Physical assault	23.1 (3)	69.2 (9)	7.7 (1)	0.0 (0)
Sexual assault	30.8 (4)	69.2 (9)	0.0 (0)	0.0 (0)
Alcohol-related injuries	46.2 (6)	30.8 (4)	23.1 (3)	0.0 (0)
Suicide	46.2 (6)	30.8 (4)	23.1 (3)	0.0 (0)
Risky sexual activity	18.2 (2)	36.4 (4)	36.4 (4)	9.1 (1)
Excessive drinking	30.8 (4)	38.5 (5)	15.4 (2)	15.4 (2)
Marijuana use	23.1 (3)	53.8 (7)	7.7 (1)	15.4 (2)
Non-prescribed stimulant use	25.0 (3)	66.7 (8)	8.3 (1)	0.0 (0)
Non-prescribed painkiller use	25.0 (3)	50.0 (6)	25.0 (3)	0.0 (0)
Other drug use	25.0 (3)	50.0 (6)	25.0 (3)	0.0 (0)
Hazing	92.3 (12)	7.7 (1)	0.0 (0)	0.0 (0)
Violent crime	61.5 (8)	38.5 (5)	0.0 (0)	0.0 (0)
Theft	7.7 (1)	69.2 (9)	23.1 (3)	0.0 (0)
Petty crimes	38.5 (5)	53.8 (7)	7.7 (1)	0.0 (0)
Property damage	23.1 (3)	76.9 (10)	0.0 (0)	0.0 (0)
Neighborhood relations	69.2 (9)	23.1 (3)	7.7 (1)	0.0 (0)
Respect for authority	23.1 (3)	53.8 (7)	23.1 (3)	0.0 (0)

Table A22. Relatedness of problems on campus to student alcohol use, all schools

Among all schools reporting (*n*=34[a])	Not related % (*n*)	Somewhat related % (*n*)	Very related % (*n*)
Academic retention	45.5 (15)	54.5 (18)	0.0 (0)
Academic struggles	25.0 (8)	75.0 (24)	0.0 (0)
Physical assault	35.3 (12)	41.2 (14)	23.5 (8)
Sexual assault	35.3 (12)	29.4 (10)	35.3 (12)
Suicide	72.7 (24)	27.3 (9)	0.0 (0)
Risky sexual activity	23.5 (8)	35.3 (12)	41.2 (14)
Marijuana use	38.2 (13)	52.9 (18)	8.8 (3)
Non-prescribed stimulant use	54.5 (18)	42.4 (14)	3.0 (1)
Non-prescribed painkiller use	57.6 (19)	42.4 (14)	0.0 (0)
Other drug use	51.5 (17)	48.5 (16)	0.0 (0)
Hazing	62.5 (20)	25.0 (8)	12.5 (4)
Violent crime	47.1 (16)	38.2 (13)	14.7 (5)
Theft	67.6 (23)	29.4 (10)	2.9 (1)
Petty crimes	58.8 (20)	38.2 (13)	2.9 (1)
Property damage	41.2 (14)	35.3 (12)	23.5 (8)
Neighborhood relations	55.9 (19)	23.5 (8)	20.6 (7)
Respect for authority	38.2 (13)	52.9 (18)	8.8 (3)

[a] *Administrators from four schools declined to answer this question.*

Table A22a. Relatedness of problems on campus to student alcohol use, 4-year public schools

Among 4-year public schools (*n*=9)	Not related % (*n*)	Somewhat related % (*n*)	Very related % (*n*)
Academic retention	33.3 (3)	66.7 (6)	0.0 (0)
Academic struggles	22.2 (2)	77.8 (7)	0.0 (0)
Physical assault	11.1 (1)	77.8 (7)	11.1 (1)
Sexual assault	22.2 (2)	44.4 (4)	33.3 (3)
Suicide	77.8 (7)	22.2 (2)	0.0 (0)
Risky sexual activity	11.1 (1)	66.7 (6)	22.2 (2)
Marijuana use	44.4 (4)	33.3 (3)	22.2 (2)
Non-prescribed stimulant use	66.7 (6)	33.3 (3)	0.0 (0)
Non-prescribed painkiller use	77.8 (7)	22.2 (2)	0.0 (0)
Other drug use	66.7 (6)	33.3 (3)	0.0 (0)
Hazing	55.6 (5)	44.4 (4)	0.0 (0)
Violent crime	44.4 (4)	55.6 (5)	0.0 (0)
Theft	55.6 (5)	33.3 (3)	11.1 (1)
Petty crimes	55.6 (5)	33.3 (3)	11.1 (1)
Property damage	44.4 (4)	33.3 (3)	22.2 (2)
Neighborhood relations	33.3 (3)	55.6 (5)	11.1 (1)
Respect for authority	22.2 (2)	77.8 (7)	0.0 (0)

Table A22b. Relatedness of problems on campus to student alcohol use, 4-year private schools

Among 4-year private schools (*n*=12)	Not related % (*n*)	Somewhat related % (*n*)	Very related % (*n*)
Academic retention	41.7 (5)	58.3 (7)	0.0 (0)
Academic struggles	9.1 (1)	90.9 (10)	0.0 (0)
Physical assault	25.0 (3)	33.3 (4)	41.7 (5)
Sexual assault	16.7 (2)	33.3 (4)	50.0 (6)
Suicide	81.8 (9)	18.2 (2)	0.0 (0)
Risky sexual activity	8.3 (1)	25.0 (3)	66.7 (8)
Marijuana use	16.7 (2)	75.0 (9)	8.3 (1)
Non-prescribed stimulant use	45.5 (5)	45.5 (5)	9.1 (1)
Non-prescribed painkiller use	45.5 (5)	54.5 (6)	0.0 (0)
Other drug use	36.4 (4)	63.6 (7)	0.0 (0)
Hazing	40.0 (4)	30.0 (3)	30.0 (3)
Violent crime	41.7 (5)	25.0 (3)	33.3 (4)
Theft	75.0 (9)	25.0 (3)	0.0 (0)
Petty crimes	50.0 (6)	50.0 (6)	0.0 (0)
Property damage	33.3 (4)	25.0 (3)	41.7 (5)
Neighborhood relations	41.7 (5)	16.7 (2)	41.7 (5)
Respect for authority	33.3 (4)	41.7 (5)	25.0 (3)

Table A22c. Relatedness of problems on campus to student alcohol use, 2-year schools

Among 2-year schools (*n*=13)	Not related % (*n*)	Somewhat related % (*n*)	Very related % (*n*)
Academic retention	58.3 (7)	41.7 (5)	0.0 (0)
Academic struggles	41.7 (5)	58.3 (7)	0.0 (0)
Physical assault	61.5 (8)	23.1 (3)	15.4 (2)
Sexual assault	61.5 (8)	15.4 (2)	23.1 (3)
Suicide	61.5 (8)	38.5 (5)	0.0 (0)
Risky sexual activity	46.2 (6)	23.1 (3)	30.8 (4)
Marijuana use	53.8 (7)	46.2 (6)	0.0 (0)
Non-prescribed stimulant use	53.8 (7)	46.2 (6)	0.0 (0)
Non-prescribed painkiller use	53.8 (7)	46.2 (6)	0.0 (0)
Other drug use	53.8 (7)	46.2 (6)	0.0 (0)
Hazing	84.6 (11)	7.7 (1)	7.7 (1)
Violent crime	53.8 (7)	38.5 (5)	7.7 (1)
Theft	69.2 (9)	30.8 (4)	0.0 (0)
Petty crimes	69.2 (9)	30.8 (4)	0.0 (0)
Property damage	46.2 (6)	46.2 (6)	7.7 (1)
Neighborhood relations	84.6 (11)	7.7 (1)	7.7 (1)
Respect for authority	53.8 (7)	46.2 (6)	0.0 (0)

Table A23. Barriers to addressing alcohol use on campus

	Public 4-year (n=12) % (n)	Private 4-year (n=12) % (n)	2-year (n=14) % (n)	Total (n=38) % (n)
Barriers to offering alcohol screening				
Lack of model screening tools	33.3 (4)	0.0 (0)	14.3 (2)	15.8 (6)
Cost	50.0 (6)	41.7 (5)	28.6 (4)	39.5 (15)
Lack of trained staff and/or adequate resources	58.3 (7)	66.7 (8)	42.9 (6)	55.3 (21)
Not cost effective—not enough students have a problem	8.3 (1)	8.3 (1)	42.9 (6)	21.1 (8)
Our students do not need screening	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
No barriers, our screening programs are adequate	16.7 (2)	25.0 (3)	7.1 (1)	15.8 (6)
Other barriers	58.3 (7)	33.3 (4)	50.0 (7)	47.4 (18)
Barriers to offering alcohol intervention programs				
Lack of model alcohol intervention programs	8.3 (1)	16.7 (2)	7.1 (1)	10.5 (4)
Cost	33.3 (4)	50.0 (6)	35.7 (5)	39.5 (15)
Lack of trained staff and/or adequate resources	58.3 (7)	50.0 (6)	42.9 (6)	50.0 (19)
Not cost effective—not enough students have a problem	16.7 (2)	8.3 (1)	28.6 (4)	18.4 (7)
Our students do not need intervention programs	8.3 (1)	8.3 (1)	7.1 (1)	7.9 (3)
No barriers, our intervention programs are adequate	0.0 (0)	16.7 (2)	14.3 (2)	10.5 (4)
Other barriers	33.3 (4)	25.0 (3)	35.7 (5)	31.6 (12)
Barriers hindering effective alcohol policies on campus				
Lack of support from administration	16.7 (2)	25.0 (3)	14.3 (2)	18.4 (7)
Opposition from faculty members or staff	8.3 (1)	8.3 (1)	7.1 (1)	7.9 (3)
Opposition from alumni	8.3 (1)	41.7 (5)	0.0 (0)	15.8 (6)
Opposition from students	33.3 (4)	33.3 (4)	7.1 (1)	23.7 (9)
Lack of information about prevention/intervention	50.0 (6)	41.7 (5)	50.0 (7)	47.4 (18)
Lack of enforcement of existing rules/regulations	25.0 (3)	25.0 (3)	0.0 (0)	15.8 (6)
Lack of funding	75.0 (9)	66.7 (8)	50.0 (7)	63.2 (24)
Other barriers	8.3 (1)	50.0 (6)	42.9 (6)	34.2 (13)
No barriers	25.0 (3)	0.0 (0)	21.4 (3)	15.8 (6)

Table A24. Number of liquor law-related violations reported at 37[a] Maryland colleges, based on publicly available Clery data (2008-2011)

Type of liquor violation	4-year n=23	2-year n=14	Total n=37
Off-campus arrests	25	1	26
Off-campus disciplinary actions	14	1	15
On-campus arrests	1,153	17	1,170
On-campus disciplinary actions	15,109	131	15,240
Public property arrests	297	5	302
Public property disciplinary actions	61	1	62
Residence hall arrests	581	4	585
Residence hall disciplinary actions	14,190	118	14,308

[a] *Data were not available for one school. For the remaining 37 schools, off-campus data were incomplete; 13 reported it in some years but not others, and four reported none at all. Residence hall data were available for residential schools, only two of which were 2-year schools.*
Note: Disciplinary actions include "the referral of any person to any official who initiates a disciplinary action of which a record is kept and which might or might not result in the imposition of a sanction." Arrests include instances where a person is "processed by arrests, citation or summons." Public property includes "thoroughfares, streets, sidewalks, and parking facilities within the campus or immediately adjacent to and accessible from the campus" (Office of Postsecondary Education, 2013).

Table A25. Percent of schools (by type) that reported a way to measure and collect data regarding alcohol consumption and problems related to alcohol use

Method used to measure	Public 4-year (*n*=12)		Private 4-year (*n*=12)		2-year (*n*=14)	
	Measuring alcohol consumption	Measuring problems related to alcohol use	Measuring alcohol consumption	Measuring problems related to alcohol use	Measuring alcohol consumption	Measuring problems related to alcohol use
CORE	33%	17%	33%	8%	7%	7%
NCHA	50%	33%	8%	8%	7%	0%
Home-grown survey	17%	8%	42%	25%	14%	0%
Judicial, disciplinary, incident stats	42%	75%	17%	75%	29%	57%
Self-report	8%	0%	25%	0%	7%	0%
NCHIP	17%	8%	0%	0%	0%	0%
Online program	33%	8%	25%	0%	0%	0%
No method	25%	8%	17%	8%	50%	36%

Note: Responses are not mutually exclusive. Some schools use multiple measurements.

Table A26. Number of schools that provided administrative data in various academic years

	2008	2009	2010	2011	2012	Total Number of schools
Alcohol use violations	0	2	2	3	3	4
Ambulance transports	0	6	9	10	6	12
Arrests	1	4	8	8	4	9
Citations	1	4	7	7	4	8
Alcohol poisonings	0	0	0	1	2	2
Alcohol-related deaths	0	4	7	8	4	8
Drunk driving cases	1	2	7	8	5	11
Emergency department visits	0	2	2	3	2	4
Assaults	0	3	6	7	5	9
Residence hall complaints	0	2	6	6	5	7
Disciplinary actions	1	5	10	11	5	12

Note: Due to the nature of confidentiality, schools that provided data were reported in aggregate form. Data were not included in this report without prior approval from the school.