# Table of Contents

Table of Contents .......................................................................................................................... 2
Introduction ....................................................................................................................................... 3
Quantitative Data Collection ........................................................................................................... 5
Policy Assessment ............................................................................................................................ 7
Assessing Community Resources and Readiness ........................................................................... 8
  Assessing Community Resources .................................................................................................. 8
  Assessing Community Readiness .................................................................................................. 9
  Cultural Competence .................................................................................................................... 11
Data Assessment .............................................................................................................................. 12
  Alcohol Consumption .................................................................................................................. 12
  Consequences from Alcohol use .................................................................................................. 44
Identifying and Assessing Intervening Variables ............................................................................ 72
Retail Availability ............................................................................................................................ 73
Social Availability ............................................................................................................................ 83
Law Enforcement ............................................................................................................................. 88
Promotion ........................................................................................................................................ 96
Pricing ............................................................................................................................................... 99
Individual Factors .......................................................................................................................... 105
Prioritization ................................................................................................................................... 110
Changeability Assessment Table Worksheet .................................................................................. 116
Discuss the results of the changeability assessment: ................................................................. 117
Final Conclusions ........................................................................................................................... 122
Appendix ......................................................................................................................................... 125
Introduction

The Strategic Prevention Framework (SPF) is a planning process developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) based on five steps: needs assessment, capacity building, strategic planning, implementation, and evaluation. The focus of the workbook will be providing a detailed overview of the needs assessment step.

MSPF2’s priorities are to reduce the misuse of alcohol by youth and young adults in Maryland as measured by the following indicators:

1. Reduce the number of youth, ages 12-20 years old, reporting past month alcohol use
2. Reduce the number of young persons, ages 18-25 years old, reporting past month binge drinking

By definition, a needs assessment is a systematic gathering and analysis of data about the community your coalition serves for the purposes of identifying and addressing local problems related to a particular substance. The needs assessment phase is considered one of the most important components of the SPF process, as it lays the foundation moving forward.

What goes into a needs assessment?

- Data collection (qualitative and quantitative)
- Analysis of data
- Identification of intervening variables
- Identification of data driven contributing factors
- Assessment of capacity

The overall goal of the needs assessment is to answer the five “W” questions:

- What?
- Who?
- When?
- Where?
- Why?

The what of the needs assessment assesses the magnitude of the problem of underage and binge drinking in your community. Data on consumption and consequences are presented to define the problem.

The who answers the question: Should we target a demographic subgroup?

The where answers the question: Should we target a geographic location?

The when answers the question: Does the time of the year matter?

The intervening variable identifies why something is happening in a respective community and the contributing factor describes why here, meaning the specific, measurable and actionable local conditions influencing the problem.
The following are the steps of the needs assessment process:

- Collect and organize data
- Identify gaps in available data
- Develop tools and procedures to assist in filling those gaps
- Develop a data profile (completed Needs Assessment Workbook) in your community to assist in the SPF process

The MSPF2 needs assessment will utilize data collected throughout the needs assessment process (January – June 2016). The needs assessment is comprised of four data components. All data collected will help each jurisdiction complete this MSPF2 Needs Assessment Workbook, which serves as the jurisdiction’s official needs assessment. The needs assessment data components listed below are described in detail in the following pages.

### Needs Assessment Data Components

1. Quantitative Data Collection
2. Qualitative Data Collection
3. Policy Assessment
4. Community Readiness and Resource Assessment
Quantitative Data Collection

Utilization of several types of quantitative data can improve the knowledge and understanding of the extent of youth and young adult drinking patterns in your community and related consequences.

**Data on consumption:** Consumption (use) patterns describe drinking behaviors in terms of the frequency or amount used.
- Youth Risk Behavior Survey (YRBS)
- National Survey on Drug Use and Health (NSDUH)
- Maryland Young Adult Survey on Alcohol (MYSA)

Note: The Evaluation and TA team will be providing YRBS and MYSA data to all jurisdictions.

**Data on consequences:** Data related to consequences can help you better understand the impact of underage and binge drinking in your community. These consequences include any social, economic, or health problems that results from underage and binge drinking, such as:
- Alcohol-related crashes and fatalities
- Alcohol-related hospital admissions and ER visits
- DUIs
- Alcohol-related arrests and citations
- STD rates

Note: The Evaluation and TA team will be providing the 2009-2013 crash data, 2012-2014 Health Services Cost Review Commission (HSCRC) data (alcohol-related admissions). Examples of additional data for the coalitions to collect include local-level data on alcohol-related arrests and citations, STD rates, local hospital data, calls for service.

<table>
<thead>
<tr>
<th>Data Indicator</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consumption Data</strong></td>
<td></td>
</tr>
<tr>
<td>30-day past use</td>
<td>YRBS, NSDUH, MYSA</td>
</tr>
<tr>
<td>30-day binge drinking</td>
<td>YRBS, NSDUH, MYSA</td>
</tr>
<tr>
<td>Past month drinks consumed (drinks/day)</td>
<td>MYSA</td>
</tr>
<tr>
<td>Substance use while drinking</td>
<td>MYSA</td>
</tr>
<tr>
<td>Alcohol sales per capita</td>
<td>Alcohol Tax Annual Report</td>
</tr>
<tr>
<td><strong>Consequence Data</strong></td>
<td></td>
</tr>
<tr>
<td>Alcohol-Related Crashes</td>
<td>2009-2013 (NSC)</td>
</tr>
<tr>
<td>Fatal Crashes</td>
<td></td>
</tr>
<tr>
<td>Injury Crashes</td>
<td></td>
</tr>
<tr>
<td>Property Damage Crashes</td>
<td></td>
</tr>
<tr>
<td>Alcohol-related hospitalizations</td>
<td>HSCRC</td>
</tr>
<tr>
<td>DUI Citations</td>
<td>2009-2013 (NSC)</td>
</tr>
<tr>
<td>Alcohol-related treatment admissions</td>
<td>Health Department</td>
</tr>
<tr>
<td>Alcohol use at intake</td>
<td>EMT, Law Enforcement</td>
</tr>
<tr>
<td>Driving after Drinking</td>
<td>MYSA</td>
</tr>
<tr>
<td>Criminal Citations</td>
<td>Governor’s Office of Crime Control &amp; Prevention (GOCCCP) Criminal Citations Report, local police</td>
</tr>
</tbody>
</table>
Qualitative Data Collection

Qualitative data will help you gain a deeper understanding of underage and binge drinking among youth and young adults in your community by obtaining insight into the beliefs, attitudes, and policies and practices of various stakeholders. Common methods for obtaining qualitative data include key informant interviews and focus groups.

Qualitative Data Sectors

- **Focus Group:**
  - High School Youth
  - Young Adults: 18-20 years old
  - Young Adults: 21-25 years old
  - Target Population (LGBTQ or Veterans)

- **Key Informant:**
  - Law Enforcement
  - Owners/Managers of Bars or Restaurants
  - Health Care Providers

- **Note:** All focus groups and key informant interviews will use the standardized MSPF2 Qualitative Question Guide.

Qualitative Data Deliverables

- **Qualitative Data Analysis Tool 1:** Complete Part I of the tool for each focus group and key informant interview conducted. Record the common themes to help you identify the most relevant contributing factors in your community.

- **Qualitative Data Analysis Tool 2:** Part II of the tool will help you summarize the themes that emerge from all of your qualitative data.

- **Interviewee Tracking Sheet:** This tool provides guidance to schedule the required sectors to interview and track both the focus group and key informant interviews conducted.

**Qualitative Data Analysis Tools:** Attach completed Qualitative Data Analysis tools 1 and 2 in Appendix
Policy Assessment

The Policy Tracking table lists all the policies related to underage or binge drinking in your jurisdiction.

According to the CMCA: Communities Mobilizing for Change on Alcohol Participants Workbook, policies can be defined as standards or rules for behavior or practice that are formalized to some degree, and are embodied in rules, regulations, or operating procedures.

1. Institutional policies are enacted by various institutions such as colleges, businesses, community groups, and schools. Examples of institutional policies include a corporation’s internal rules relating to alcohol use during business hours or a university’s internal rules about alcohol use on campus. Along with the policies, institutions can develop internal penalties for institutional members who fail to follow stated policies.

2. Public policies are enacted by federal, state or local governments. Ordinances and other regulations are usually accompanied by specified penalties that can be applied when violated.

If there is not a local restriction/policy that is stricter than the state law then list the state law. Please be specific when describing the local policies and practices.

Policy Assessment Tracking Sheet: Attach completed Policy Assessment chart in Appendix
Assessing Community Resources and Readiness

Assessing Community Resources
In addition to assessing your community’s readiness to address underage and binge drinking among youth and young adults, you will also need to identify existing resources. The resource assessment will help you identify potential resource gaps, build support for prevention activities, and ensure a realistic match between identified needs and available resources.

When people hear the word resources, they often think of staff, financial support, and a sound organizational structure. However, resources may also include the following:

- Existing community efforts to address the prevention and reduction of substance abuse
- Community awareness of those efforts
- Specialized knowledge of prevention research, theory, and practice
- Practical experience working with particular populations
- Knowledge of the ways that local politics and policies help or hinder prevention efforts

It is important to focus your assessment on relevant resources (i.e., resources related to your priority problem). A well-planned and focused assessment will produce far more valuable information than one that casts too wide a net. At the same time, keep in mind that useful and accessible resources may also be found outside the substance abuse prevention system, including among the many organizations in your community that promote public health.
Assessing Community Readiness
Community readiness is the degree to which a community is willing and prepared to take action on an issue; thus a readiness assessment will help you to:

- Determine your community’s level of awareness of, interest in, ability and willingness to support underage drinking and binge drinking prevention initiatives
- Pinpoint where you need to put your efforts to improve readiness
- Select intervention strategies appropriate for your community’s readiness level

Note: Community readiness assessments should reflect principles of cultural competence by involving representatives from across sectors in planning and data collection and by collecting information in ways that are appropriate and respectful.

The survey is designed to assess community readiness on five dimensions. The dimensions are:

- **Community Knowledge of Efforts**: How much does the community know about the current programs and activities?
- **Leadership**: What is leadership’s attitude toward addressing the issue?
- **Community Climate**: What is the community’s attitude toward addressing the issue?
- **Community Knowledge of the Issue**: How much does the community know about the issue?
- **Resources**: What are the resources that are being used or could be used to address the issue?

**Conducting the survey**
You may conduct this survey in an online or paper survey, face-to-face or in a group setting. These are the steps to completing your assessment:

- Identify and clearly define your issue
- Identify your community
- Prepare your introduction and instructions on how to complete the survey
- Identify key respondents in each sector
- Conduct the survey
- Score the surveys
- Calculate the average dimension scores

**Audience**: We strongly recommend sampling individuals from each of the 6 sectors (see figure). Careful selection of key individuals is essential. Respondents who are not actively engaged in this issue may provide you with an inaccurate picture of your community’s readiness.
Sample Instructions
Thank you for agreeing to take part in this survey. We are contacting key people to ask about (underage and binge drinking) in (community). The entire process, including individual names, will be kept confidential. This survey is one aspect of a broad community needs assessment. In order to plan effective strategies to improve (underage drinking and binge drinking) in (community) we must first identify the community’s level of readiness. Your responses in this survey will be very useful in determining the community’s readiness. It is very important that you rate the actual state of the community and not what you would like to see. Keep in mind that there are no “good” or “bad” scores.

This survey is in the format of five tables. For each table:
- Start with the first anchored rating statement. If the community exceeds the first statement, proceed to the next statement.
- Continue until you cannot move on to the next statement in the rating scale.
- In order to receive a score at a certain stage, the entire statement must be true. You do not have to use whole numbers in choosing a score.
- Circle your score in the appropriate place.
- Repeat this process for all 5 tables.

You may ask respondents to give a written explanation of their score. Use probing questions from the interview template or simply ask why they chose that score.

If respondents are completing this in a group setting, you can work toward consensus scores for each dimension:
- Ask each individual to write their score for Community Knowledge of Efforts on a flipchart or board, without discussion.
- After all scores are revealed, have each individual explain their score.
- Hold a group discussion about the scores for 15 minutes or until a consensus score is reached, encouraging all individuals to speak. Take notes on the discussion.
- Follow the same procedure for each dimension.
- If respondents are completing this in a non-group setting, average the scores for each dimension across all respondents and summarize the respondent comments. These are your final community readiness scores.

Once you have received all your scores, use the Scoring Sheet (see the full Assessing Community Readiness Document) to record the scores and calculate the averages. Your community’s readiness is comprised of the averages for each dimension. The scores range from 1 – 9 and can be interpreted.

Note: For more details, refer to Assessing Community Readiness document. This is only a brief excerpt of the document.
**Cultural Competence**

Cultural competence refers to the ability of an individual or organization to interact effectively with people of different cultures. Prevention practitioners must understand the cultural context of their target community, and have the willingness and skills to work within this context. Practitioners should draw on community-based values, traditions, and customs, in addition to work with knowledgeable persons of and from the community during planning, implementation and evaluation of prevention activities.

**SAMHSA’s Center for Substance Abuse Prevention (CSAP) principles of cultural competence:**
- Ensure community involvement in all areas
- Use a population-based definition of community (How the community defines itself)
- Stress the importance of relevant, culturally appropriate prevention approaches
- Employ culturally-competent evaluators
- Promote cultural competence among program staff and hire staff that reflect the community they serve
- Include the target population in all aspects of prevention planning

Other key principles:
- Recognize that each group has unique cultural needs
- Significant diversity exists within cultures
- People have group and personal identities
- The dominant culture serves people from diverse backgrounds in varying degrees
- Culture is ever-present
- Cultural competence is not limited to ethnicity, but includes age, gender, disability, sexual identity and other variables
Data Assessment

Alcohol Consumption

According to NSDUH data, there is an increase in past 30-day binge drinking among 18-25 year olds in Maryland since 2010. Of the respondents in this age group, 43.3% indicated that they had at least one binge drinking episode in the past 30 days in 2012. This number is up from the 2011 figure of 39.6%, and brings the Maryland binge drinking rate for this age group above the national figure for 2012 (39.7%).

In Maryland, binge drinking rates for young adults have fluctuated from 39.8% in 2003 to 37.3% in 2005, before rising back up to 40.6% in 2008 then dropping again to 36.1% in 2010. In 2011 and 2012, there has been a sharp increase in binge drinking among 18 to 25 year olds suggesting that binge drinking rates among young adults are on the rise again. Comparatively, the binge drinking rate for this age group in the U.S. has remained constant from 2003 (41.3%) to 2012 (39.7%), with a high of 42.0% in 2007 and a low of 39.7% in 2012, keeping the U.S. rate within a narrow 2.0% range during this time period.

Instructions and Data Tables

The following data tables provide alcohol consumption and consequence data. The evaluation team used the information from YRBS, MYSA, MAARS and HSCRC to compile the results for the state and by county.

Please use the following to describe the county to state difference:
Identify how your county compares to the state

- In the last column of the following tables (if applicable) type the appropriate symbols to indicate how the rates of your county compare to the rates of the state. This will be done for each year. Use the following symbols to indicate the comparison:
  - Greater than (>),
  - Less than (<), or
  - About the same (~) as the rest of the state

Please use the following to describe the trend:
Identify whether there is a trend in any of the data over time.

- Indicate your interpretation in the last row of the following tables (if applicable). Use the following symbols to describe the trends:
  - Increasing (↗),
  - Decreasing (↘),
  - Remaining unchanged from year-to-year (Flat ➔), or
  - Varying from year-to-year with no clear pattern (↓↑)
After reviewing Table 1, please answer the following questions:

1. Explain what the results of past 30-day alcohol use among high school students reveal about your community?

   According to the YRBS, the percent of AAC high school students reporting past 30-day alcohol use decreased from 34.9% in 2013 to 30.2% in 2014. Past 30-day alcohol use among high school students decreased by 4.7% from 2013 to 2014.

2. How does your community’s rate of past 30-day alcohol use compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.

   According to the YRBS, in 2013, 34.9% of AAC high school students reported past 30-day alcohol use compared to 31.2% for the State of Maryland. In 2014, 30.2% of AAC high school students reported past 30-day alcohol use compared to 26.1% for the State of Maryland. For both years, the percentage of students reporting past 30-day use is greater than the State of Maryland. For both 2013 and 2014, the percentage of high school students in AAC reporting past 30-day alcohol use trend decreased at a greater rate than the State of Maryland by 3.7% in 2013 and even greater by 4.1% in 2014 (a increasing spread in the trend of .4%).

   In the State of Maryland the percent of past high school students reporting past 30-day alcohol use decreased from 31.2% in 2013 to 26.1% in 2014, a decline of 5.1%. While the trend for both AAC and the State of Maryland are both decreasing, the AAC is trending at a slower pace than the State of Maryland.

3. What are your community’s major concerns regarding consumption? Justify your decision with the data.

   The coalition observes that the YRBS data for past 30-day alcohol use among AAC high School students showed a decrease from 34.9% to 30.2%. However, the coalition expresses concern that consumption of alcohol among high school students in the last 30 days is 30.2%, nearly one-third and that in 2014, AAC is higher than the state average 26.1%. The coalition stated that 12-17 year olds are involved in underage drinking. Nearly one third of students is too many students reporting alcohol use in the past 30 days. The coalition noted that the 2016 MYSA age of first drink data show that of 945 respondents, 743 (79%) had their first drink between the ages of 13 and 20. 2016 MYSA data shows that the highest reported substance ever used in AAC is alcohol with 60.90% rate is higher compared to other substances reported. Underage drinking is still a problem in AAC.
4. Using the data, identify your community’s conditions that impact past 30-day alcohol use.
   a. Does it accurately reflect the associated problems in your community, why or why not?

   The county-wide data in the YRBS reflects a lower incidence of past 30-day use among high school students than the target area of the coalition in Northern AAC. DOH-CSC Consumption survey (2012-2013) showed that high school age youth who live in northern AAC ZIP codes reported percentages of drinking in the last 30 days ranging from 29% to 21% which is near or higher than the AAC average (27%).

   The Community Readiness Survey indicated that the 2016 northern AAC community readiness scores have increased since community readiness was last measured in 2012 by 2.16%. The underage drinking community readiness scores indicate that the NLASA community has progressed to the Preparation Initiation stage to the Initiation stage. Leadership and knowledge of the issue scored the highest community readiness for underage drinking, reflecting NLASA’s work with elected officials, community leaders, Liquor Board and Law Enforcement. Resources and knowledge of the efforts scored the lowest indicating the result of funding delays and the concomitant lack of outreach during the funding lapses. Lower scores by residents and the business community indicate areas that these groups may benefit from targeted prevention education.
Table 2: Percentage of past 30-day Alcohol Use among High School Students by Gender

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>TOTAL</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Arundel</td>
<td>30.2</td>
<td>26.3</td>
<td>33.9</td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maryland</td>
<td>26.1</td>
<td>23</td>
<td>29.1</td>
</tr>
<tr>
<td>Source: YRBS 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

After reviewing Table 2, please answer the following questions:

1. Explain what the results of past 30-day alcohol use among high school students reveal about your community?

   According to the YRBS, the percentage of AAC high school females reporting past 30-day alcohol use is 33.9% compared with males which is 26.3%. AAC high school females who reported past 30-day use of alcohol is 7.6% higher than AAC high school males.

2. How does your community’s rate of past 30-day alcohol use compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.

   According to the YRBS, the percentage of high school students reporting past 30-day alcohol use in the State of Maryland is 29.1% for females compared with 23% for males. State of Maryland high school females past 30-day use of alcohol is 6.1% higher than State of Maryland high school males.

   The overall total percentage of both males and females reporting past 30-day use of alcohol shows that AAC exceeds the State of Maryland by 4.1%. The percentage of AAC high school females reporting past 30-day use is 4.8% greater than the State of Maryland females. AAC high school males reporting past 30-day use is 3.3% greater than the State of Maryland for 2014.

3. Describe the gender differences in high school alcohol consumption in your county?

   In 2014, AAC high school males reporting past 30-day alcohol use is 3.3% higher than reported by State of Maryland males. Compared to the State of Maryland, AAC high school females reporting past 30-day alcohol use is 4.8% higher than reported by State of Maryland high school females. Therefore, both AAC high school males and females report higher 30-day use than State of Maryland high school males and females.

   In 2014, the percentage of AAC high school females reporting past 30-day alcohol use is 7.6% higher than AAC high school males. AAC high school females reporting past 30-day use is higher compared to both high school males in AAC and high school females in the State of Maryland. Overall YRBS data shows a higher percentage of AAC females reporting alcohol use in the last 30-days than both the AAC females, and the State of Maryland females and males.

4. What are your community’s major concerns regarding consumption? Justify your decision with the data.

   The coalition observed that AAC high school aged females report past 30-day use is 7.6% higher than AAC high school males and 4.8% higher than females in the State of Maryland. The coalition observed that AAC high school aged males is 3.3% greater than males in the State of Maryland. Since both males and females show percentages greater than the State of Maryland, the coalition is concerned about past 30-day use of both AAC males and females.
5. Using the data, identify your community’s conditions that impact past 30-day alcohol use
   a. Does it accurately reflect the associated problems in your community, why or why not?

   Alcohol related crash data by AAC Police District indicate that there are a greater number of males than
   females issued a DUI for alcohol related crashes. Hospital data indicate that there are more males (64%) than
   females (36%) presenting in the Emergency Department for alcohol and substance abuse related
   conditions. Gender differences exist in county-wide hospital data and local alcohol-related crash data,
   though it does not correlate with county-wide YRBS data by gender. The coalition observed that both
   consumption and consequence data for AAC high school students is a problem for both males and females.
Table 3: Percent of Past 30-Day Binge Drinking among High School Students

<table>
<thead>
<tr>
<th>Year</th>
<th>Maryland</th>
<th>Anne Arundel County</th>
<th>County to State Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>17.0</td>
<td>20.2</td>
<td>&gt;</td>
</tr>
<tr>
<td>2014</td>
<td>13.1</td>
<td>17.0</td>
<td>&gt;</td>
</tr>
</tbody>
</table>

Trend

Legend: “>” = Greater than the state; “<” = Less than the state; “~” = about the same as the state

Legend: ↗ Trend is increasing. ↘ Trend is decreasing. ↔ Trend is flat. ↗↓ Trend varies from year to year

After reviewing Table 3, please answer the following questions:

1. Explain what the results of past 30 day binge drinking among high school students reveal about your community?

   In 2013, the percentage of AAC high school students who reported past 30-day binge drinking was 20.2% compared to 17% in 2014. From 2013 to 2014 this data reveals that past 30 day binge drinking among high school students is decreasing by 3.2%.

2. How does your community’s rate of past 30-day binge drinking compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.

   In 2013, the percentage of AAC high school students reporting past 30-day binge drinking was 20.2% which was 3.2% higher than the State of Maryland (17%). In 2014, the percentage of AAC high school students reporting past 30-day binge drinking was 17% which was 3.9% higher than the State of Maryland (13.1%). Although the past 30-day binge drinking among high school students trend is decreasing in both AAC and the State of Maryland, the trend is decreasing more slowly in AAC.

   In 2013, high school students in the State of Maryland who reported past 30-day binge drinking was 17% compared to 13.1% in 2014. The State of Maryland reflects a decreasing trend by 3.9% which is .7% greater than AAC’s decreasing trend of 3.2%. AAC’s trend is decreasing more slowly. Overall, the percentage of AAC’s high school students who report past 30-day binge drinking is not only higher in both 2013 and 2014, but AAC’s percentage gap increased between the years by .7% compared to the State of Maryland.

3. What are your community’s major concerns regarding consumption? Justify your decision with the data.

   The coalition observes that the YRBS trend data for past 30-day binge drinking use decreased from 20.7% to 17.0%. However, the coalition expresses concern that binge drinking among high school students in the past 30 days is still too high (17% approximately 2 out of 10 students). Also, AAC high school students reported higher percentages of past 30-day binge drinking than the State of Maryland in 2013 and 2014 by 3.2% and 3.9% respectively. 2016 MYRS age of first drink data show that of 945 respondents, 743 (79%) had their first drink between the ages of 13 and 20. 2016 MYSA data shows that the highest reported substance ever used in AAC is alcohol with 60.90% of students reporting use compared to other substances. The coalition observed that not only is underage drinking a concern as demonstrated in Table 1 and Table 2 above, but Binge Drinking among high school students is a concern in AAC.
4. Using the data, identify your community’s conditions that impact past 30-day binge drinking.
   a. Does it accurately reflect the associated problems in your community, why or why not?

The coalition observes that high school past 30-day binge drinking percentages in Table 3 are likely lower than the northern AAC percentages. According to the DOH-CSC Consumption Survey (2013) of the 12-20 year olds who drank in the last 30 days (27% of those surveyed) 20% reported binge drinking with Pasadena reporting 22% of youth 12-20 years old reporting binge drinking. The range of reported binge drinking in northern AAC ZIP codes for 12-20 year olds is between 15-22%. According to the DOH-CSC Consumption Survey (2013), the county-wide percentage is 19%, so the NAAC total is slightly higher than the county-wide percentage.

Northern AAC high school focus group data reveals that the patterns of binge drinking by high school students is affecting associated problems in the community to a great degree. High school students in focus groups revealed that youth and young adults drink to get drunk and this occurs at least once a week and on weekends. High school students reported that they perceive youth are drinking more compared to the actual survey numbers and friends expect friends to drink. High school students report youth who drink alcohol are involved in fights and violence.

The coalition observed that overall, seven out of thirteen focus groups and key interviews (including high school ages) indicated that youth and young adults do not know the definition of binge drinking. 2016 Community Readiness scores for Binge Drinking range from the highest of 4.91 in Leadership and the lowest of 3.41 in Knowledge of Efforts and Community Climate. When the Community Readiness surveys were discussed with the NLASA Coalition, it was evident that the average Binge Drinking Community Readiness was lower than the Underage Drinking Community Readiness scores. Only one person knew the definition of binge drinking. The educator in the group googled it for the group to be sure our definition was right (it was right) and the coalition realized there is a need for basic education about binge drinking and its consequences. No particular sector stood out in their rating of Binge Drinking community readiness indicating an across the sector need for increase in community readiness.

Overall, the coalition concluded that both underage drinking and binge drinking were major concerns in northern AAC.
Table 4: Percent of Past 30-Day Binge Drinking among High School Students by Gender

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>TOTAL</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Arundel County</td>
<td>17</td>
<td>16.4</td>
<td>17.4</td>
</tr>
<tr>
<td>Maryland</td>
<td>13.1</td>
<td>12.8</td>
<td>13.1</td>
</tr>
</tbody>
</table>

Source: YRBS 2014

After reviewing Table 4, please answer the following questions:

1. Explain what the results of **past 30-day binge drinking among high school students** reveal about your community?

   According to the YRBS, in 2014, the percentage of AAC high school females who reported past 30-day binge drinking was 17.4% compared to AAC high school males who reported 16.4%. AAC high school females reported past 30-day binge drinking 1% more than AAC high school males. YRBS data reveals that high school females are reporting slightly higher percentages of past 30 day binge drinking than males.

2. How does your community’s rate of past 30-day binge drinking compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.

   According to the YRBS, in 2014, the percent of State of Maryland high school females who reported past 30-day binge drinking was 13.1% compared to State of Maryland high school males who reported 30-day binge drinking at a percentage of 12.8%. State of Maryland high school females reported past 30-day binge drinking 0.3% more than State of Maryland high school males.

   Of AAC high school females, 17.4% report past 30-day binge drinking, 4.3% higher than State of Maryland high school females who reported 13.1%. AAC high school males report 16.4% past 30-day binge drinking, 3.6% higher than State of Maryland high school males who reported 12.8%. Higher percentages of both AAC high school males and AAC high school females are binge drinking in the past 30-days than compared to high school males and females in the State of Maryland. AAC is higher than the State of Maryland in underage drinking (Table 1), underage drinking by gender (Table 2), past 30 day high school binge drinking (Table 3) and in past 30 day binge drinking for both genders.

3. Describe the gender differences in high school binge drinking in your county?

   AAC high school females reported past 30-day binge drinking 1% more than AAC high school males. Higher percentages of both AAC high school males (3.6%) and AAC high school females (4.3%) are binge drinking in the past 30 days than males and females in the State of Maryland. Overall the percentage of AAC high school females who report binge drinking is the highest compared to the percentages of both AAC high school males and State of Maryland high school males and females reporting binge drinking.

4. What are your community’s major concerns regarding consumption? Justify your decision with the data

   The coalition observed that AAC high school females reported past 30-day binge drinking 1% more than AAC high school males, which is about the same. Higher percentages of both AAC high school males (3.6%) and AAC high school females (4.3%) are binge drinking in the past 30 days than high school males and high school females in the State of Maryland. The coalition is concerned that although past 30-day high school binge drinking is decreasing in AAC, it is still higher in AAC than the State of Maryland for both high school males and high school females.
5. Using the data, identify your community’s conditions that impact past 30-day binge drinking.
   a. Does it accurately reflect the associated problems in your community, why or why not?

The coalition observes that high school past 30-day binge drinking percentages in Table 4 are likely lower than the northern AAC percentages. According to the DOH-CSC Consumption Survey (2013) of the 12-20 year olds who drank in the last 30 days (27% of those surveyed) 20% reported binge drinking with Pasadena reporting 22% of youth 12-20 years old binge drinking. The range of reported binge drinking in northern AAC ZIP codes for 12-20 year olds is from 15-22%. According to the DOH-CSC Consumption Survey (2013) the county-wide percentage is 19%, so the NAAC total is slightly higher than the county-wide percentage.

Northern AAC high school focus group data reveals that the patterns of binge drinking among high school students is affecting associated problems in the community to a great degree. High school students in focus groups revealed that youth and young adults drink to get drunk and this occurs at least once a week and on weekends. High school students reported that they perceive youth are drinking more compared to the actual survey numbers and friends expect friends to drink. High school students report youth who drink alcohol are involved in fights and violence.

Seven out of thirteen focus groups and key interviews indicated that youth and young adults do not know the definition of binge drinking. The county-wide data in the YRBS reflects a lower incidence of past 30-day use among high school students than the target area of the coalition in Northern AAC. High school age youth focus groups and key interviews indicate that high school students report that older friends provide alcohol to youth, parents do not monitor alcohol in their homes and drinking is culturally acceptable.

With regard to gender, alcohol related crash data by AAC Police District indicate that there are a greater number of males than females issued a DUI for alcohol related crashes. Hospital data indicates that there are more males (64%) than females (36%) presenting in the Emergency Department for alcohol and substance abuse conditions. Gender differences exist in county-wide hospital data and local alcohol-related crash data, though it does not correlate with county-wide data by gender. The coalition observed that both consumption and consequence data for AAC high school students is a problem for both males and females.

Overall, the coalition concluded that both underage drinking and binge drinking were major concerns in northern AAC for both males and females.
Table 5: Percentage of Reported Past 12 months drinking

<table>
<thead>
<tr>
<th></th>
<th>Maryland</th>
<th>Anne Arundel County</th>
<th>County to State Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>7.61</td>
<td>7.62</td>
<td>~</td>
</tr>
<tr>
<td>Less than monthly</td>
<td>19.74</td>
<td>19.26</td>
<td>~</td>
</tr>
<tr>
<td>Monthly</td>
<td>21.66</td>
<td>21.9</td>
<td>~</td>
</tr>
<tr>
<td>Weekly</td>
<td>45.27</td>
<td>44.66</td>
<td>~</td>
</tr>
<tr>
<td>Daily</td>
<td>5.72</td>
<td>6.56</td>
<td>~</td>
</tr>
</tbody>
</table>

Source: MYSA 2016

Legend: “>” = Greater than the state; “<” = Less than the state; “~” = about the same as the state

After reviewing Table 5, please answer the following questions:

1. Explain what the results of past year drinking reveal about your community?

   According to the MYSA, in 2016, 73.12% AAC youth ages 18-25 reported drinking daily, weekly or monthly during the past 12 months. 21.9% reported drinking monthly. 44.66% reported drinking weekly and 6.56% reported drinking daily. In AAC the highest percentage of AAC youth ages 18-25 reported drinking weekly 44.66%. The surveyed age range includes 18-21 year olds, e.g., underage drinkers who are young adults.

2. How does your community’s rate of past year drinking compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.

   According to the MYSA, in 2016 the percentage of AAC young adults ages 18-25 who reported drinking daily during the past 12 months was 6.56% compared with young adults in the same age group from State of Maryland who reported 5.72%. AAC was slightly greater than the State of Maryland by 0.84%.

   The percentage of AAC young adults ages 18-25 who reported drinking weekly during the past 12 months was 44.66% compared with young adults in the same age group from State of Maryland who reported 45.27%. AAC was slightly greater than the State of Maryland by 0.61%.

   The percentage of AAC young adults ages 18-25 who reported drinking monthly during the past 12 months was 21.9% compared with young adults in the same age group from State of Maryland who reported 21.66%. AAC was slightly greater than the State of Maryland by 0.24%.

   The percentage of AAC young adults ages 18-25 who reported drinking less than monthly during the past 12 months was 19.26% compared with young adults in the same age group from State of Maryland who reported 19.74%. AAC was slightly lower than the State of Maryland by .48%.

   The percentage of AAC young adults ages 18-25 who reported never drinking during the past 12 months was 7.62% compared with young adults in the same age group from State of Maryland who reported 7.61%. AAC was slightly higher than the State of Maryland by 0.01%.
3. What are your community’s major concerns regarding consumption? Justify your decision with the data

The coalition observed that according to the MYSA, in 2016 the percentage of AAC young adults ages 18-25 who reported drinking daily during the past 12 months was 6.56% compared with young adults in the same age group from State of Maryland who reported 5.72%. AAC was slightly greater than the State of Maryland by 0.84%. The percentage of AAC young adults ages 18-25 who reported drinking weekly during the past 12 months was 44.66% compared with young adults in the same age group from State of Maryland who reported 45.27%. AAC was slightly less than the State of Maryland by 0.61%. A closer analysis of MYSA 2016 reveals that 46% of respondents are between the ages of 18 and 20, or below the legal drinking age. The coalition is concerned about the higher percentage of AAC young people drinking daily and weekly compared to the State of Maryland.

4. Using the data, identify your community’s conditions that impact past year drinking patterns.
   a. Does it accurately reflect the associated problems in your community, why or why not?

AAC STI rates are increasing, with northern AAC rates increasing at higher rates than other areas of the county. Alcohol related crashes are a consequence of drinking and driving. The 21-25 year olds have had the highest number of alcohol related crashes than any other age group for 4 consecutive years. An examination of the hospital data reveals that the number of alcohol related cases is highest for the 21-25 year old age group.

According to the DOH-CSC Consumption Survey, the coalition observed that the northern county ZIP codes when isolated from countywide data show more drastic data. Focus groups and key interviews for the age group 18-25 indicate that they drink weekly, usually on the weekends, use fake ID’s, youth 18-20 shoulder tap, drinking occurs in homes, older friends and siblings provide alcohol to youth, parents do not monitor alcohol in their homes and drinking is culturally acceptable. Focus groups for 18-25 year olds indicate that police issue citations for alcohol violations, young adults drink with no responsible plan and the youth engage in unprotected sex. Nine of thirteen focus groups and key interviews identified fighting and violence as a consequence of drinking alcohol.
Table 6: Percentage of Number of days of drinking in past 30 days

<table>
<thead>
<tr>
<th></th>
<th>Maryland</th>
<th>Anne Arundel County</th>
<th>County to State Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>10.43</td>
<td>10.09</td>
<td>~</td>
</tr>
<tr>
<td>1-4</td>
<td>35.11</td>
<td>33.42</td>
<td>&lt;</td>
</tr>
<tr>
<td>5-10</td>
<td>30.69</td>
<td>32.16</td>
<td>&gt;</td>
</tr>
<tr>
<td>10+</td>
<td>23.84</td>
<td>24.34</td>
<td>~</td>
</tr>
</tbody>
</table>

Source: MYSA 2016

Legend: “>”= Greater than the state; “<”= Less than the state; “~”= about the same as the state

After reviewing Table 6, please answer the following questions:

1. Explain what the results of past 30-day drinking among 18-25 year olds reveal about your community?

According to the MYSA, in 2016 the percentage of AAC young people 18-25 who reported drinking no days was 10.09%. 89.91% of AAC youth ages 18-25 reported drinking 1 or more days with 65.58% reporting that they drank between 1 and 10 days. The percentage of AAC young people 18-25 who reported drinking 1-4 days was 33.42%. The percentage of AAC young people 18-25 who reported drinking 5-10 days was 32.16%. The percentage of AAC young people 18-25 who reported drinking 10+ days was 24.34%, which is nearly one quarter of the AAC respondents in this age range.

2. How does your community’s rate of past 30-day drinking compare to the rest of the state? If your community’s rate higher, lower or about the same. Please discuss the differences.

According to the MYSA, in 2016 the percentage of AAC young adults 18-25 who reported drinking no days was 10.09% compared with 10.43% across the State of Maryland in the same age group. AAC is slightly lower than the State of Maryland by 0.39%.

The percentage of AAC young adults 18-25 who reported drinking 1-4 days was 33.42% compared with 35.11% across the State of Maryland in the same age group. AAC is slightly lower than the State of Maryland by 1.69%.

The percentage of AAC young adults 18-25 who reported drinking 5-10 days was 32.16% compared with 30.69% across the State of Maryland in the same age group. AAC is slightly higher than the State of Maryland by 1.47%.

The percentage of AAC young adults 18-25 who reported drinking 10+ days was 24.34% compared with 23.84% across the State of Maryland in the same age group. AAC is about the same as the State of Maryland with a difference of 0.5%.

3. What are your community’s major concerns regarding consumption? Justify your decision with the data

The coalition observed that the percentage of AAC young adults 18-25 who reported drinking 5-10 days was 32.16%. The percentage of AAC young adults 18-25 who reported drinking 10+ days was 24.34%, which is nearly one quarter of the AAC respondents. The coalition was concerned that AAC percentages for drinking 5-10 and 10+ days are higher than the State of Maryland.
4. Using the data, identify your community’s conditions that impact past 30-day drinking.
   a. Does it accurately reflect the associated problems in your community, why or why not?

The coalition observed that like Table 1, Table 2, Table 3, Table 4, Table 5 and Table 6 above, AAC rates are higher than the State of Maryland. According to the DOH Consumption survey, in AAC, a little over half (52.6%) of youth surveyed report their peers would say drinking alcohol is not at all wrong or a little bit wrong. According to quantitative data and qualitative data, alcohol is available for youth and young adults to drink in retail establishments and in homes (DOH Consumption survey, MYSA, and focus groups). According to the MYSA survey, of AAC young adults 18-25, 23% responded that close friends expect them to drink alcohol.
Table 7: Percentage of Reported Average Number of Alcoholic Drinks in Past 30 days

<table>
<thead>
<tr>
<th></th>
<th>Maryland</th>
<th>Anne Arundel County</th>
<th>County to State Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>8.95</td>
<td>8.87</td>
<td>~</td>
</tr>
<tr>
<td>1-4 drinks</td>
<td>62.46</td>
<td>61.62</td>
<td>~</td>
</tr>
<tr>
<td>5-10 drinks</td>
<td>24.6</td>
<td>25.69</td>
<td>&gt;</td>
</tr>
<tr>
<td>10+ drinks</td>
<td>4.0</td>
<td>3.82</td>
<td>~</td>
</tr>
</tbody>
</table>

Source: MYSA 2016

Legend: “>” = Greater than the state; “<” = Less than the state; “~” = about the same as the state

After reviewing Table 7, please answer the following questions:

1. Explain what the results of **average number of alcoholic drinks in past 30 days** reveal about your community?

   According to the MYSA, 8.87% of AAC respondents reported that they had no alcoholic drinks in the past 30 days. The highest percentage of AAC respondents reported that they had drunk an average of 1-4 alcoholic drinks in the past 30 days. 61.62% of AAC respondents reported that they had an average of 1-4 alcoholic drinks in the past 30 days. Second highest, 25.69% of AAC respondents reported that they had an average of 5-10 alcoholic drinks in the past 30 days. 3.82% of AAC respondents reported that they had an average of 10+ drinks in the past 30 days. An overwhelming majority of 87.31% AAC respondents reported drinking 1-10 drinks in the last 30 days.

2. How does your community’s rate of past 30-day binge drinking compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.

   According to the MYSA, 8.87% of AAC respondents reported that they had no alcoholic drinks in the past 30 days which is 0.08% lower than the State of Maryland which reported 8.95%.

   The highest percentage of AAC respondents reported that they had drunk an average of 1-4 alcoholic drinks is in the past 30 days. 61.62% of AAC respondents reported that they had an average of 1-4 alcoholic drinks in the past 30 days. AAC is slightly lower than the State of Maryland 62.64% in this category, with a difference of 0.84%. However AAC and the State of Maryland share the fact that this category contains the highest percentages of respondents reporting had a an average of 1-4 alcoholic drinks in the past 30 days.

   Second highest, 25.69% of AAC respondents reported that they had an average of 5-10 alcoholic drinks in the past 30 days which is 1.09% higher than the State of Maryland which reported 24.65%.

   3.82% of AAC respondents reported that they had an average of 10+ alcoholic drinks in the past 30 days which is 0.8% lower than the State of Maryland which reported 4.0%.

   Both AAC and the State of Maryland share the 1-4 average drinks response as the highest overall response. Although AAC rates mirror the State of Maryland percentages, AAC is higher than the State of Maryland in the 5-10 average drinks by 1.09%.

3. What are your community’s major concerns regarding consumption? Justify your decision with the data

   The coalition observed that 61.62% of AAC respondents reported that they had drunk an average of 1-4 alcoholic drinks is in the past 30 days, only slightly lower than the State of Maryland. This was the highest response category. The coalition noted that this data point encompasses respondents who are not quite drinking to the level of binge drinking.
4. Using the data, identify your community’s conditions that impact past 30-day binge drinking.
   a. Does it accurately reflect the associated problems in your community, why or why not?

The coalition observed that like Table 1, Table 2, Table 3, Table 4, Table 5 and Table 6 above, AAC rates are at or higher than the State of Maryland. The coalition observed that the number of substance and alcohol related ER visits per 1000 people are highest in the northern county ZIP codes (Outpatient Hospital Discharge Data, Healthcare Cost Review Commission, 2013). It noted that both alcohol related crash locations and the ZIP code of the driver are highest in the northern AAC ZIP codes, therefore, northern AAC rates are likely to be higher than county-wide rates (Anne Arundel County Police Department, 2015). Focus groups for this age group indicate that alcohol is accessible both socially and from retailers, and alcohol consumption is culturally acceptable regardless of age. Six of thirteen focus groups and key interviews also indicated that youth and young adults drink at least once a week, mainly on the weekends.
Table 8: Percentage of Greatest Number of Alcoholic Drinks on Any Occasion in Past 30 days

<table>
<thead>
<tr>
<th></th>
<th>Maryland</th>
<th>Anne Arundel County</th>
<th>County to State Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>7.98</td>
<td>7.6</td>
<td>~</td>
</tr>
<tr>
<td>1-4 drinks</td>
<td>30.75</td>
<td>28.83</td>
<td>&lt;</td>
</tr>
<tr>
<td>5-10 drinks</td>
<td>41.79</td>
<td>43.51</td>
<td>&gt;</td>
</tr>
<tr>
<td>Greater than 10 drinks</td>
<td>19.48</td>
<td>20.05</td>
<td>~</td>
</tr>
</tbody>
</table>

Source: MYSA 2016

Legend: “>” = Greater than the state; “<” = Less than the state; “~” = about the same as the state

After reviewing Table 8, please answer the following questions:

1. Explain what the results of greatest number of alcoholic drinks in past 30 days reveal about your community?

   According to the MYSA, 7.6% of AAC respondents had no drinks on any occasion in the past 30 days. 28.83% of AAC respondents had 1-4 drinks on any occasion in the past 30 days. Overall the greatest number of AAC respondents to this question, had 5-10 drinks on any occasion in the past 30 days, 43.51%. 20.05% of AAC respondents had greater than 10 drinks on any occasion in the past 30 days.

   Since Binge Drinking is defined as 4 drinks for females and 5 drinks for males in a 2 hour period, 63.56% of AAC respondents binge drank at least once in the last 30 days.

2. How does your community’s rate of past 30-day binge drinking compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.

   According to the MYSA, 7.6% of AAC respondents had no drinks on any occasion in the past 30 days. AAC is 0.38% lower than the State of Maryland with respondents reporting 7.98% having no drinks in the last 30 days.

   28.83% of AAC respondents had 1-4 drinks on any occasion in the past 30 days. AAC is 1.92% lower than the State of Maryland with 30.75% of respondents reporting drinking 1-4 drinks in the last 30 days.

   Overall AAC and the State of Maryland had the greatest number of respondents answer that they had 5-10 drinks on any occasion in the past 30 days. AAC is 1.72% higher than the State of Maryland, whose respondents reported 41.79%.

   20.05% of AAC respondents had greater than 10 drinks on any occasion in the past 30 days. AAC is 0.57% higher than the State of Maryland with respondents reporting 19.48% having greater than 10 drinks on any occasion in the last 30 days.

   Since binge drinking is defined as 4 drinks for females and 5 drinks for males in a 2 hour period, 63.56% of AAC respondents binge drank at least once in the last 30 days. AAC has a slightly higher number of respondents that report having greater than 10 drinks on any occasion in the past 30 days than the state of Maryland which is 61.27%.
3. What are your community’s major concerns regarding consumption? Justify your decision with the data.

The coalition observed that overall 43.51% of AAC respondents to this question, had 5-10 drinks on any occasion in the past 30 days (the category with the greatest number); and 20.05% of AAC respondents had greater than 10 drinks on any occasion in the past 30 days. Since binge drinking is defined as 4 drinks for males and 5 drinks for females in a 2 hour period, 63.56% of AAC respondents binge drank at least once in the last 30 days. The coalition was very troubled by this data. Even more troubling was 20.05% of AAC respondents reported having 10+drinks on one occasion. The coalition notes, again that AAC percentages are higher than the State of Maryland in the higher levels of consumption.

4. Using the data, identify your community’s conditions that impact past 30-day binge drinking.
   a. Does it accurately reflect the associated problems in your community, why or why not?

   The coalition observed that like Table 1, Table 2, Table 3, Table 4, Table 5, Table 6 and Table 7 above, AAC rates are at or higher than the State of Maryland. The coalition observed that the number of substance and alcohol related ER hospital visits per 1000 people are highest in the northern county ZIP codes (Outpatient Hospital Discharge Data, Maryland Health Services Cost Review Commission, 2013). It is noted that both alcohol related crash locations and the ZIP code of the driver are highest in the northern AAC ZIP code (Anne Arundel County Police Department, 2014). Focus groups and key interviews indicate that most people do not know the definition of binge drinking, that violence is often a result of drinking and drinking alcohol is culturally acceptable.
| Table 9: Percentage of Number of days of binge drinking in past 30 days |
|---------------------------------|----------------|----------------|----------------|
|                                | Maryland       | Anne Arundel County | County to State Differences |
| None                           | 45.04          | 43.82            | <              |
| 1-4                            | 37.30          | 35.54            | <              |
| 5+                             | 17.66          | 20.64            | >              |

Source: MYSA 2016

Legend: “>”= Greater than the state; “<” = Less than the state; “~”= about the same as the state

After reviewing Table 9, please answer the following questions:

1. Explain what the results of past 30-day binge drinking among 18-25 year olds reveal about your community?

According to the MYSA, the percentage of AAC respondents who reported no days of binge drinking in the past 30 days was 43.82%. The percentage of AAC respondents who reported 1-4 days of binge drinking in the past 30 days was 35.54%. The percentage of AAC respondents who reported 5+ days of binge drinking in the past 30 days was 20.64%.

56.17% of AAC respondents reported binge drinking 1 or more days in the past 30 days.

2. How does your community’s rate of past 30-day binge drinking compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.

According to the MYSA, the percentage of AAC respondents who reported no days of binge drinking in the past 30 days was 43.82% that is 1.22% less than the State of Maryland that reported 45.04%.

The percentage of AAC respondents who reported 1-4 days of binge drinking in the past 30 days was 35.54% that is 1.76% less than the State of Maryland that reported 37.30%.

The percentage of AAC respondents who reported 5+ days of binge drinking in the past 30 days was 20.64% that is 2.98% greater than the State of Maryland that reported 17.66%.

The data shows that 56.17% of AAC respondents reported binge drinking 1 or more days in the past 30 days which is 1.21% greater than the State of Maryland that reported to 54.96%.

3. What are your community’s major concerns regarding consumption? Justify your decision with the data

The coalition was concerned that 56.17% of AAC respondents reported binge drinking 1 or more days in the past 30 days. The coalition was troubled by the fact that the percentage of AAC respondents who reported 5+ days of binge drinking in the past 30 days was 20.64% that is 2.98% greater than the State of Maryland that reported 17.66%.
4. Using the data, identify your community’s conditions that impact past 30-day binge drinking.
   b. Does it accurately reflect the associated problems in your community, why or why not?

The coalition observed that like Table 1, Table 2, Table 3, Table 4, Table 5, Table 6 and Table 7 above, AAC rates are at or higher than the State of Maryland. It noted the number of substance and alcohol related ED visits hospitals per 1000 people are highest in the northern county ZIP codes.

Seven out of thirteen focus groups and key interviews indicated that youth and young adults do not know the definition of binge drinking, drinking is culturally acceptable and six of thirteen said youth and young adults drink at least once a week. 9 out of 13 focus groups and key interviews indicated that violence is often a result of drinking and drinking alcohol which could lead to ED visits.
**Local Data**

Feel free to consider and analyze other local data about alcohol consumption that will help describe your community. Examples of local data may include results from:

- The college Core Alcohol and Other Drug Survey
- Local School Health Surveys

**Anne Arundel County Youth Consumption Survey 2012-2013**

The AAC Department of Health in partnership with the AAC Partnership for Children Youth and Families conducted a Substance Abuse Consumption and Perception Survey of youth in AAC during the 2012-2013 school year. A total of 5,470 valid surveys were collected from AAC youth and young adults ages 12-25. Of the 5,470 total surveys, 4,500 (82.3 percent) were collected from AAC youth ages 12-20. Of the 4,500 surveys of 12-25 year olds, there were 2,620 surveys collected from NAAC zip code areas, 2,470 (94%) of which were 12-20 year olds.
27% of youth 12-20 years of age in AAC reported drinking alcohol in the last 30 days. The NAAC consumption rate was equal to both the National and AAC percentage of underage youth who reported drinking alcohol in the last 30 days.

Source: CSC-DOH Consumption Survey, 2013
Of the 12-20 year olds who drank in the last 30 days (27% of those surveyed) 20% reported binge drinking with Pasadena reporting 22% of youth 12-20 years old binge drinking. According to the Consumption Survey, the range of reported binge drinking in NAAC areas for 20 year olds is from 15-22%. The county-wide percentage is 19%, so the NAAC total is slightly higher than the county-wide percentage.

![Northern Anne Arundel County ages 12-20 Percentage of Youth Reporting Binge Drinking in the Last 30 Days](image)

Source: CSC-DOH Consumption Survey, 2013
According to the Consumption Survey, there were 262 respondents in the 21-25 year old age group. Although the sample is small, it does reveal that of the 262 respondents 12-25 years old, 53 (41%) reported binge drinking. The ZIP code distribution of 12-25 year olds shows that Pasadena is higher than the AAC percentage, with Glen Burnie and Brooklyn slightly below the AAC percentage.

Source: CSC-DOH Consumption Survey, 2013
Using the Consumption Survey data we note that in the NLASA ZIP codes, a higher percentage of 21-25 year olds are binge drinking than 12-20 year olds.

Source: CSC-DOH Consumption Survey, 2013
YRBS High School Students Ever used Substances

The 2014 YRBS shows AAC’s rate is higher compared to Maryland with 64.20% in 2013 and 54.80% in 2014. AAC high school youth reporting ever used alcohol compared with 60.90% in 2013 and 52.30% in 2014 for Maryland. AAC percentages of ever use of surveyed drugs are higher than Maryland, the greatest difference is alcohol ever use with over a 4.3% difference in 2013 and 2.5% in 2014.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Anne Arundel County 2013</th>
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<th>MD 2013</th>
<th>MD 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>65.20%</td>
<td>54.80%</td>
<td>60.90%</td>
<td>52.30%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>36.60%</td>
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<tr>
<td>Prescription Drugs</td>
<td>17.30%</td>
<td>16.30%</td>
<td>15.20%</td>
<td>14.20%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>9.60%</td>
<td>7.80%</td>
<td>10.40%</td>
<td>8.50%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>9.40%</td>
<td>7.20%</td>
<td>8.30%</td>
<td>6.40%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>7.40%</td>
<td>6.60%</td>
<td>6.50%</td>
<td>5.40%</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>5.60%</td>
<td>4.50%</td>
<td>5%</td>
<td>4.20%</td>
</tr>
<tr>
<td>Heroin</td>
<td>5.40%</td>
<td>4.10%</td>
<td>4.90%</td>
<td>4.20%</td>
</tr>
<tr>
<td>Steroids</td>
<td>5.20%</td>
<td>4.60%</td>
<td>5.10%</td>
<td>4.30%</td>
</tr>
</tbody>
</table>

Source: YRBS: Anne Arundel County High Schools ever used substances, 2013 and 2014

30% of respondents to the MYSA reported consuming alcohol in conjunction with marijuana in the past 30 days. Other substances named were stimulants, cocaine, pain killers, sedatives, MDMA and Heroin.
During the Past 30 Days, was Alcohol Consumed While Using Other Substances?

N = 750

Source MYSA 2016
According to the MYSA, 92% of youth had their first drink before they were 21. Nearly 30 percent of respondents had their first drink before the age of 15.

![Bar Chart: Age of First Drink of Alcohol](attachment:image.png)

Source: MYSA 2016
In AAC liquor and beer were the two types of alcohol consumed. Of 960 respondents 589 (61%) reported consuming liquor in the last 30 days and 534 (56%) reported consuming beer in the last 30 days. Since there were 960 respondents, individuals reported consuming more than one type of alcohol in the last 30 days.
Treatment Data

According to DHMH, the two most commonly mentioned drugs of choice for adolescents in state supported treatment in AAC are alcohol and marijuana. In 2012, 93% of adolescents chose marijuana as their drug of choice and 45% chose alcohol. In 2014 these percentages have dropped to 83% who chose marijuana as a drug of choice and 44% who chose alcohol.

The map below represents AAC residents who were active in state supported alcohol and drug abuse treatment, per 1,000 people, according to zip code. The darker the area is shaded green, the greater the number of people per 1,000 in treatment. In 2013, the top six areas with the highest number of residents in state supported treatment were Brooklyn Park, Curtis Bay, Glen Burnie, Jessup, Crownsville, and Deale. These areas had 7-10 per 1,000 residents who were in active treatment, more than the rest of the County. Two key points to keep in mind about the map are: 1. Those areas in the darker zip codes may have higher numbers of people who abuse substances since more people are seeking treatment, and 2. Those who are represented in this map have access to treatment. Lighter colored areas also may represent no access to treatment. Crownsville has a high concentration of residential treatment that accounts for the darker color on the map. Another limitation of the map is it does not include those who receive treatment through private insurance.
The BHA data shows that the highest number and percentage of AAC residents in treatment are from NAAC zip codes specifically Pasadena and Glen Burnie. Between 2008 and 2012, the number in treatment increased in the age ranges: under 18, 18-20 years of age, and 21-25 years of age.
Alcohol Consumption Summary Questions

- Based on your answers for Tables 1 to 9, what does the consumption data reveal about:
  1. Underage drinking (Please describe)
  2. Binge drinking among all (Please describe)
- Summarize the overall findings

1. Underage Drinking

In 2013 AAC high school students reported past 30 day use was 34.9% compared to 31.2% for the State of Maryland; and in 2014 AAC high school students reported 30.2% past 30 day use compared with 26.1% for the State of Maryland (Table 1: YRBS 2005-2013). AAC high school youth report alcohol as the number one substance ever used (YRBS, 2014). The percentage of past 30 day alcohol use among high school students by gender indicates that AAC females report 7.6% higher percentage of use than males; Further analysis indicates AAC reports higher percentages of use than the State of Maryland, for both females and males, 4.1% higher for females and 3.3% higher for males (Table 2: YRBS, 2014).

The percent of past 30 day binge drinking among high school students data indicate that binge drinking is trending downward in both AAC and the State of Maryland by 3.2% and 3.9% respectively (Table 3: YRBS 2005-2013). However, the percentage of AAC high school students past 30 day binge drinking is higher than the State of Maryland 3.2% and 3.9% for 2013 and 2014 respectively (Table 3: YRBS 2005-2013). 1% more of AAC high school females report past 30 day binge drinking than males (Table 3: YRBS 2014). A greater percentage of all AAC high school students report past 30 day binge drinking, 4.3% and 3.6% respectively, when compared to the state (Table 4: YRBS 2014). AAC’s rate of alcohol use is higher than the State of Maryland with 65.20% in 2013 and 54.80% in 2014 compared to the State of Maryland which was 60.90% and 52.30% respectively (YRBS, 2013 and 2014).

Binge drinking consumption data for AAC and the State of Maryland show that binge drinking occurs in high school 12-17. Although the past 30 day use is trending downward, as are school suspensions for use of dangerous substances, within AAC schools, the four northern high schools out-pace all other schools in the county except 1 (South River) for suspensions for dangerous substances. The magnitude of underage drinking is still of concern because consumption data is higher than the State of Maryland and alcohol ranks the number one in substance reported ever used in high school.

2. Binge Drinking in 18-25 year olds

Binge drinking consumption data for AAC and the State of Maryland show that binge drinking occurs in young adult 18-25 year old age groups. The percentage of 18-25 year olds who reported past 12 months drinking is about the same as the State of Maryland, with 44.66% of AAC respondents reporting drinking weekly and 6.56 AAC respondents drinking daily (Table 5: MYSA, 2016). 56.18% 18-25 year olds reported binge drinking 1 or more times in the past 30 days (Table 5: MYSA, 2016). 32.16% of AAC young adults 18-25 reported drinking 5-10 days of the past 30 days is greater than the State of Maryland by 1.47%; AAC 18-25 year olds reported drinking 10+ days in the past 30 days was 24.34% which is about the same as the State of Maryland (Table 6: MYSA, 2016). 20% of AAC 18-25 year olds reported drinking greater than 10 drinks on any one occasion which is about the same as the State of Maryland; 43.51% reported drinking 5-10 drinks on any occasion in the past 30 days which is higher than the State of Maryland (Table 8: MYSA, 2016). 56.17% of AAC youth 18-25 reported binge drinking on 1 or more days in the past 30 days which is 1.21% greater than the State of Maryland (Table 9: MYSA). LGBTQ Target population focus group data was reviewed and it was found to overlap in every response with the 12-25 year old focus group.
3. Summary of overall findings

Alcohol is the most common drug of choice among AAC high school youth. The most prevalent type of alcohol consumed is liquor or beer. Underage drinking consumption data show that underage drinking is trending downward in both AAC and the State of Maryland, but in AAC it is trending downward more slowly. Binge drinking consumption data for AAC and the State of Maryland show that binge drinking occurs in both high school students ages 12-17 and young adults ages 18-25, both at rates higher than the State of Maryland. Although there are differences in consumption among genders, consumption rates are higher than the state for both males and females for both underage and binge drinking, therefore the problem is not refined by gender at this time. Since the LGBTQ focus group overlapped with the 18-25 year old focus group responses, the coalition reasoned that the LGBTQ population in AAC would be included in the 18-25 year old definition. The coalition reviewed the consumption data, discussed its magnitude and impact on AAC and concluded that the “What” is Underage Drinking 12-20; and Binge Drinking 18-25. The “Who” is both females and males, including LGBTQ, 12-17 and 18-25. The “Where” is still the NLASA ZIP codes defined because the concentration of alcohol consumption does not warrant further narrowing the area. The “When” is mentioned in focus groups as weekly or weekends, but it was not persuasive for the coalition to further narrow the when.
Consequences from Alcohol use

The consequences of alcohol use can come in many forms (e.g. overdose, citations, and fines). For instance, according to the Maryland Health Services Cost Review Commission (HSCRC) data, alcohol overdoses amounted to 7.9% of hospital emergency department and inpatient admissions among 12-20 year olds in 2012. In addition, in 18-25 year olds, there were 23.6% of ED and inpatient admission due to alcohol overdose. The consequences of youth drinking can be assessed to determine its importance to the overall needs assessment of your county.

![Table 10: Percentage of Reported Drinking and Driving in past 30 days](image)

<table>
<thead>
<tr>
<th>Year</th>
<th>Maryland</th>
<th>Anne Arundel County</th>
<th>County to State Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regularly</td>
<td>0.68</td>
<td>0.54</td>
<td>~</td>
</tr>
<tr>
<td>Fairly Often</td>
<td>1.69</td>
<td>1.77</td>
<td>~</td>
</tr>
<tr>
<td>Rarely</td>
<td>7.20</td>
<td>8.99</td>
<td>&gt;</td>
</tr>
<tr>
<td>Just Once</td>
<td>8.63</td>
<td>11.44</td>
<td>&gt;</td>
</tr>
<tr>
<td>Never</td>
<td>81.0</td>
<td>76.57</td>
<td>&lt;</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0.80</td>
<td>0.68</td>
<td>~</td>
</tr>
</tbody>
</table>

Source: MYSA 2016

Legend: “>” = Greater than the state; “<” = Less than the state; “~” = about the same as the state

After reviewing Table 10, please answer the following questions:

1. Explain what the results of driving after having too much to drink reveal about your community?

   According to the MYSA, 22.74% of respondents in Anne Arundel County reported driving one or more times after consuming too much alcohol. 76.57% of respondents reported never driving after having too much to drink. Since about ¼ of respondents reported drinking and driving at least once in the past 30 days, it indicates young adults drink without a responsible plan as reported in focus groups and key interviews.

2. How does your community’s rate of driving after drinking compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.

   22.74% of AAC respondents reported drinking and driving one or more times. This is 4.54% higher than the State of Maryland, which reports 18.2%.

   76.57% of AAC respondents reported never drinking and driving after having too much alcohol. This percentage is 4.43% lower than the State response of 80%.

   This data indicates Anne Arundel County may have a higher percentage of drinking and driving compared to the State.

3. What are your community’s major concerns? Justify your decision with the data

   The risks associated with drinking and driving are well documented. The coalition has zero tolerance for those who drink and drive. In AAC the percentage of people who reported that they drank and drove 1 or more times was 22.74% which is 4.54% higher than the State of Maryland reporting 18.2%. According to data from the Anne Arundel County Police Department, alcohol related crashes have been steadily increasing in AAC since 2011. Injury and death due to drinking and driving are a major concern to the NLSAS coalition. Drinking and driving was mentioned as a problem by 4 of 7 youth and young adult focus groups.

MSPF2 Workbook: Needs Assessment – Page 44
Revised as of: 9/22/2016
4. Using the data, identify your community’s conditions that impact driving after drinking.
   a. Does it accurately reflect the associated problems in your community, why or why not?

   In AAC the percentage of people who reported that they drank and drove was 4.54% higher than the State of Maryland. According to Anne Arundel County Police Department, alcohol related crashes have increased steadily in AAC since 2011. Like the consumption data, AAC’s percentages are higher than the State of Maryland. The data reflects the county as a whole. The coalition notes that northern ZIP codes have higher numbers of alcohol related crashes in 18-25 year olds, according to Anne Arundel County Police. For the period 2011-2014, Glen Burnie and Pasadena have ranked in the top three ZIP codes that had the highest concentration of AAC alcohol related crashes by location and by drivers’ residency. Additionally, AAC has seen an increase in the number of drivers from out of county ZIP codes who are involved in alcohol related crashes in AAC, also always among the top three ZIP codes of residency.

   4 of 7 focus groups show participants of all ages drink and drive and 3 of 7 in the 18-20 and 21-25 year old focus groups reported not having a designated driver.
Table 11: Number of Impaired Crashes per 10,000 persons, 16-25 Year Olds

<table>
<thead>
<tr>
<th>Year</th>
<th>Maryland</th>
<th>Anne Arundel County</th>
<th>County to State Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>23.5</td>
<td>30</td>
<td>&gt;</td>
</tr>
<tr>
<td>2011</td>
<td>24</td>
<td>34</td>
<td>&gt;</td>
</tr>
<tr>
<td>2012</td>
<td>22.8</td>
<td>29.73</td>
<td>&gt;</td>
</tr>
<tr>
<td>2013</td>
<td>19.6</td>
<td>23.16</td>
<td>&gt;</td>
</tr>
</tbody>
</table>

Trend: ↘ Trend is decreasing. ↗ Trend varies from year to year.

Source: Maryland Automated Accident Reporting System, 2008-2013

Legend: “>”= Greater than the state; “<” = Less than the state; “~”= about the same as the state

After reviewing Table 11, please answer the following questions:

1. **Explain what the number of impaired crashes results reveal about your community?**

   In AAC, the number of impaired crashes by youth ages 16-25 has decreased from 30 in 2010 to 23.16 in 2013. With the exception of 2011 that reported 34 crashes. The trend in number of impaired crashes among 16-25 year olds in AAC is decreasing by 23%.

2. **How does your community’s rate of impaired crashes compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.**

   For each year reported, AAC reported a greater number of impaired crashes by youth ages 16-25 than the State of Maryland:
   
   - In 2010, AAC reported 30 compared to the State of Maryland that reported 23.5. AAC reported 28% more impaired crashes than the State of Maryland (Maryland Automated Accident Reporting System [MAARS] 2008-2013).
   
   - In 2011, AAC reported 34 compared to the State of Maryland that reported 24. AAC reported 42% more impaired crashes than the State of Maryland (MAARS 2008-2013).
   
   - In 2012, AAC reported 29.73 compared to the State of Maryland that reported 22.8. AAC reported 30% more impaired crashes than the State of Maryland (MAARS 2008-2013).
   
   - In 2013, AAC reported 23.16 compared to the State of Maryland that reported 19.6. AAC reported 18% more impaired crashes than the State of Maryland (MAARS 2008-2013).

In AAC, the number of impaired crashes by youth ages 16-25 has decreased from 30 in 2010 to 23.16 in 2013. With the exception of 2011 that reported 34 crashes. In the State of Maryland the number of impaired crashes by youth ages 16-25 has decreased from 23.5 in 2010 to 19.6 in 2013. With the exception of 2011 that reported 24 crashes.

The trend in the number of impaired crashes is decreasing in both AAC and The State of Maryland but The state of Maryland is decreasing more slowly. The trend in number of impaired crashes among 16-25 year olds AAC is decreasing by 23% compared with the State of Maryland which is decreasing by 17% (MAARS 2008-2013).
3. What are your community’s major concerns? Justify your decision with the data.

The coalition observed that in AAC, the number of impaired crashes by youth ages 16-25 has decreased from 30 in 2010 to 23.16 in 2013. With the exception of 2011 that reported 34 crashes. The trend in number of impaired crashes among 16-25 year olds AAC is decreasing by 23%. However the coalition noted grave concern that AAC number of impaired crashes per 10,000 by youth ages 16-25 is higher than the State of Maryland for each year reported.

4. Using the data, identify your community’s conditions that impact number of impaired crashes.

The impact on a community that endures the property damage and physical damage from impaired crashes is indescribable. Being injured by an impaired driver is a life changing event. Like the consumption data, AAC is worse than the State of Maryland. The data reflects the county as a whole. The coalition notes that northern ZIP codes have higher numbers of alcohol related crashes in 18-25 year olds. For the period 2011-2014, Glen Burnie and Pasadena have ranked in the top three ZIP codes that had the highest concentration of AAC alcohol related crashes by location and by drivers’ residency. Additionally, AAC has seen an increase in the number of drivers from out of county ZIP codes who are involved in alcohol related crashes in AAC, also always among the top three ZIP codes of residency. For 2011-2014. Glen Burnie Pasadena and Brooklyn Park are the ZIP codes where the highest number of alcohol related crashes occurred. For 2014, Pasadena ranks highest with 48 alcohol-related crashes.

AAC has five Police Districts; two are within the Coalition’s defined geographic ZIP codes, Northern District (5) and Eastern District (4). The two police districts within the coalition’s geographic area report the highest number of alcohol-related crashes when compared with the other AAC police districts. In 2014, Northern District has the highest number of alcohol related crashes (101) with Eastern District second highest (88) (MAARS 2014). The number of males involved in alcohol related crashes is consistently higher than females in all districts.

4 of 7 focus groups show participants of all ages drink and drive and 3 of 7 in the 18-20 and 21-25 year old focus groups reported not having a designated driver. The coalition observes the data in the northern part of AAC would be worse than county-wide data.
After reviewing Table 12, please answer the following questions:

1. Explain what the **total number of fatal crashes** results reveal about your community?

The Maryland Automated Accident Reporting System reports that the total number of fatal crashes among AAC 16-25 year olds ranges from 2 - 7 for the 2008-2013 period. The highest number of fatal crashes was in 2011 with 7 fatal crashes and 2012 a close second with 6 fatal crashes. Overall the number of fatal crashes between 2008 and 2013 fluctuated, but has been declining since 2011. 2013 shows 3 fatal crashes, the same number of fatal crashes as 2008.

AAC has fewer fatal crashes than the State of Maryland. However, AAC’s local trend varies from year to year unlike the State of Maryland which is increasing. Compared with the State of Maryland, the MAARS reports that the total number of fatal crashes among State of Maryland 16-25 year olds ranges from 72 in 2013 to a low of 35 in 2012. The trend in the State of Maryland shows an increase from 47 fatal crashes in 2008 to 72 fatal crashes in 2013, which is a 53% increase (Table 12: MAARS 2008-2013).

2. What are your community’s major concerns? Justify your decision with the data.

Crash fatalities are preventable deaths. The coalition knows from personal experiences of its members that one fatal crash is one too many. In AAC, the number of fatal crashes has fluctuated from 2 to 7 during the reporting period. The tragic truth of any loss of life never heals.

3. Using the data, identify your community’s conditions that impact total fatal crashes
   a. Does it accurately reflect the associated problems in your community, why or why not?

The impact on a community that endures the property damage and physical damage from traffic fatalities is indescribable. Being killed by an impaired driver is a life changing event for a family and community. Like the consumption data, AAC is worse than the State of Maryland. The data reflects the county as a whole. The coalition notes that northern ZIP codes have higher number of alcohol related crashes in 18-25 year olds. For the period 2011-2014, Glen Burnie and Pasadena have ranked in the top three ZIP codes that had the highest concentration of AAC alcohol related crashes by location and by drivers’ residency. Additionally, AAC has seen an increase in the number of drivers from out of county ZIP codes who are involved in alcohol related crashes in AAC, also always among the top three ZIP codes of residency.

4 of 7 focus groups show participants of all ages drink and drive and 3 of 7 in the 18-20 and 21-25 year old focus groups reported not having a designated driver. The coalition observes the data in the northern part of AAC would be worse than county-wide data.
Table 13: Percent of Alcohol Involved Cases (Alcohol-related inpatient admissions & ED visits), 12-17

<table>
<thead>
<tr>
<th>Year</th>
<th>Maryland</th>
<th>Anne Arundel County</th>
<th>County to State Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1.1</td>
<td>1.7</td>
<td>&gt;</td>
</tr>
<tr>
<td>2014</td>
<td>0.95</td>
<td>1.6</td>
<td>&gt;</td>
</tr>
<tr>
<td>Trend</td>
<td>~</td>
<td>~</td>
<td>~</td>
</tr>
</tbody>
</table>

Source: Health Services Cost Review Commission, 2013-2014

Legend: ">" = Greater than the state; "<" = Less than the state; "~"= about the same as the state

After reviewing Table 13, please answer the following questions:

1. Explain what the alcohol-involved cases (inpatient admissions & emergency department visits) results reveal about your community?

   According to the Health Services Cost Review Commission, the percent of alcohol involved cases for AAC 12-17 year olds was 1.7% in 2013 and declined slightly to 1.6% in 2014. The percent is declining slightly by .1% so it is essentially remaining unchanged.

2. How does your community’s rate of alcohol-related cases compare to the rest of the state? Is your community’s rate higher, lower or about the same? Please discuss the differences.

   The percent of alcohol involved cases for AAC 12-17 year olds was 1.7% in 2013 which is 0.6% greater than the State of Maryland which reports 1.1%. The percent of alcohol involved cases for AAC 12-17 year olds was 1.6% in 2014 which is 0.65% greater than the State of Maryland which reports 0.95%. For both 2013 and 2014 AAC’s percent of alcohol involved ED visits is greater than the State of Maryland.

   For AAC, percentages of alcohol involved cases for AAC 12-17 year olds declined slightly by .1% compared to the State of Maryland that declined by 0.15%. The State of Maryland’s rate of decline was greater than AAC’s rate of decline.

3. What are your community’s major concerns? Justify your decision with the data.

   The coalition observes that he percent of alcohol involved cases for AAC 12-17 year olds was 1.7% in 2013 which is 0.6% greater than the State of Maryland which reports 1.1%. The percent of alcohol involved cases for AAC 12-17 year olds was 1.6% in 2014 which is 0.65% greater than the State of Maryland which reports 0.95%. For both 2013 and 2014 AAC’s percent of alcohol involved ED visits is greater than the State of Maryland.

   The Coalition is pleased that the State of Maryland’s percentage is declining however, disturbed that AAC’s percentage has remained unchanged.

4. Using the data, identify your community’s conditions that alcohol-related cases.

   a. Does it accurately reflect the associated problems in your community, why or why not?

   The coalition notes that northern ZIP codes have higher percentages of ED admissions due to alcohol than other ZIP codes in the AAC. Like the consumption data, AAC is worse than the State of Maryland. The data reflects the county as a whole. In northern AAC the data has shown to be more profound than the rest of the county. High school age focus groups show that youth demonstrated drinking alcohol to be consistent with potentially lethal consequences. 9 out of 13 focus groups and key interviews indicated that violence is often a result of drinking which could lead to ED visits.
Table 14: Percent of Alcohol Involved Cases (Alcohol-related inpatient admissions & ED visits), 18-25

<table>
<thead>
<tr>
<th>Year</th>
<th>Maryland</th>
<th>Anne Arundel County</th>
<th>County to State Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>8.3</td>
<td>8.9</td>
<td>&gt;</td>
</tr>
<tr>
<td>2014</td>
<td>7.69</td>
<td>8.5</td>
<td>&gt;</td>
</tr>
<tr>
<td>Trend</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Health Services Cost Review Commission, 2013-2014

Legend: “>” = Greater than the state; “<” = Less than the state; “~” = about the same as the state
Legend:  Trend is increasing.  Trend is decreasing.  Trend is flat.  Trend varies from year to year

After reviewing Table 14, please answer the following questions:

1. Explain what the alcohol-involved cases (inpatient admissions & emergency department visits) results reveal about your community?

   According to the Health Services Cost Review Commission, in 2013 the percent of alcohol involved cases in AAC was 8.9%, compared with 8.5% in 2014, a decrease of 0.4%. The percent of alcohol involved cases for 18-25 years olds is declining.

2. How does your community’s rate of alcohol-related cases compare to the rest of the state? Is your community’s rate higher, lower or about the same. Please discuss the differences.

   In 2013, the percent of alcohol involved cases involving AAC 18-25 year olds was 8.9% compared to the State of Maryland which was 8.3%. In 2013 AAC is greater than the State of Maryland by 0.6%.

   In 2014 the percent of alcohol involved cases involving AAC 18-25 year olds was 8.5% compared to the State of Maryland which was 7.69%. In 2014, AAC is greater than the State of Maryland by 0.81%.

   The percent of alcohol involved cases involving AAC 18-25 year olds is declining in both AAC and the State of Maryland. The rate of decline in the State of Maryland (0.81%) is greater than AAC (.06%).

3. What are your community’s major concerns? Justify your decision with the data.

   The coalition observed that in 2013, the percent of alcohol involved cases involving AAC 18-25 year olds was 8.9% compared to the State of Maryland which was 8.3%. In 2013 AAC is greater than the State of Maryland by 0.6%. In 2014 the percent of alcohol involved cases involving AAC 18-25 year olds was 8.5% compared to the State of Maryland which was 7.69%. In 2014, AAC is greater than the State of Maryland by 0.81%. The percent of alcohol involved cases involving AAC 18-25 year olds is declining in both AAC and the State of Maryland. The rate of decline in the State of Maryland (0.81%) is greater than AAC (.06%).

4. Using the data, identify your community’s conditions that alcohol-related cases.
   a. Does it accurately reflect the associated problems in your community, why or why not?

   Like the consumption data, AAC is worse than the State of Maryland. The data reflects the county as a whole. The coalition notes that northern ZIP codes have a higher number of alcohol related crashes in 18-25 year olds. 4 of 7 focus groups show participants of all ages drink and drive and 3 of 7 in the 18-20 and 21-25 year old focus groups reported not having a designated driver. 9 out of 13 focus groups and key interviews indicated that violence is often a result of drinking and drinking alcohol which could lead to ED visits. The coalition observes the data in the northern part of AAC would be worse than county-wide data.
After reviewing Figure 1, please answer the following questions:

1. Explain what the results of percent of alcohol involved cases within age by sex reveal about your community?

   According to the Health Services Cost Review Commission, the percent of males with alcohol involved hospital cases is higher than females, though the percent difference varies by age group within sex.

   In the 12-20 age group 51.2% of cases were males compared to 48.8% of cases which were females, a difference of 2.4% more males.

   In the 21-25 age group 58.7% of cases were males compared to 41.3% of cases which were females, a difference of 17.4% more males.

   In the 26+ age group 70.5% of cases were males compared to 29% of cases which were females, a difference of 41% more males.

2. Describe the gender differences in alcohol involved cases within your county?

   As the age of the male respondents increase, the percent of males with alcohol involved cases increase from 51.2% to 58.7% to 70.5%. In AAC the trend for females is the opposite. As the age of the female respondents increase, the percent of males with alcohol involved cases increase from 48.8% to 41.3% to 29.5%.

3. What are your community’s major concerns regarding alcohol related hospitalizations by gender? Justify your decision with the data

   The coalition is concerned that in each age group, males have a higher percentage of alcohol involved cases. Further, as males age the percentage increases in each age range. The coalition observes that the alcohol involved cases for females is not only lower but decreasing as female age increases. Hospitalizations for all of the age groups is of concern.
4. Using the data, identify your community’s conditions that impact gender differences in the percent of alcohol involved cases.
   a. Does it accurately reflect the associated problems in your community, why or why not?

The coalition notes that northern ZIP codes have higher number concentrations of alcohol related consequences and consumption than the county-wide data represented in the Figure 1. AAC has five Police Districts; two are within the Coalition’s defined geographic ZIP codes, Northern District (5) and Eastern District (4). The two police districts within the coalition’s geographic area report the highest number of alcohol-related crashes when compared with the other AAC police districts. In 2014, Northern District has the highest number of alcohol related crashes (101) with Eastern District second highest (88). The number of males involved in alcohol related crashes is consistently higher than females in all districts.

9 out of 13 focus groups and key interviews indicated that violence is often a result of drinking and drinking alcohol which could lead to ED visits. The coalition observes the data in the northern part of AAC would be worse than county-wide data.
Local Data

Feel free to consider and analyze other local data about alcohol related consequences that will help describe your community. Examples of local data may include results from:

- STD
- Treatment admissions
- Calls for service
- Hospitalizations

If you have other local data, describe the results here.

Anne Arundel County Local Data
Sexually Transmitted Infections (STI)

Sexually Transmitted Infection rates are a possible consequence of underage drinking and binge drinking. Youth and young adults who drink or binge drink engage in risky, impulsive, behaviors such as unprotected sex. Local data show county-wide and ZIP code rates for Chlamydia, Gonorrhea, and Syphilis as well as trend data for the period 2005-2014.

Data for STI rates per 100,000 occurrence of Chlamydia show that the State of Maryland reports 458 compared with the United States which reports a similar rate of 456. AAC’s county-wide rate is 310.9 which is lower than the State of Maryland and United States rates.

<table>
<thead>
<tr>
<th>Area</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>456.1</td>
</tr>
<tr>
<td>MD</td>
<td>458</td>
</tr>
<tr>
<td>MD (Excluding Baltimore)</td>
<td>375.1</td>
</tr>
<tr>
<td>AAC</td>
<td>310.9</td>
</tr>
</tbody>
</table>

Source: DHMH
In Northern Anne Arundel County, Glen Burnie, Brooklyn Park, Pasadena, and Curtis Bay, data show that Glen Burnie has the highest STI rates equal to exceeding the AAC rate (310.9). Glen Burnie and Brooklyn Park have Chlamydia rates significantly higher than the AAC rate ranging from 443.5 to 380.4.

Source: DHMH

Data for STI rate per 100,000 occurrence of Gonorrhea show that the State of Maryland reports 102.2 compared with the United States which reports a slightly higher rate of 110.7. ACC’s rate is 59.2 which is lower than both the State of Maryland and United States rates.

Source: DHMH

Glen Burnie has the highest Gonorrhea rates in the North County Area, significantly higher than any other ZIP Code, and higher than the United States average.

Source: DHMH
Data for STI rate per 100,000 occurrence of Syphilis show that the State of Maryland reports 4.8 compared with the United States which reports a higher rate of 6.3. Anne Arundel County’s rate is 4.6 which lower than the United States rate, but close to and slightly lower than the State of Maryland rate.

![Syphilis Rates 2014](image)

**Source:** DHMH

Despite remaining consistently below the State of Maryland and national averages, the STI rates have been rising in AAC over the past several years. Chlamydia rates have increased slowly in both the State of Maryland and AAC for the past decade. The State of Maryland rate is always higher than AAC. However, for Chlamydia, AAC shows a steeper spike in the rate of increase between 2013 and 2014 than the State of Maryland’s increase in the rate.

![Chlamydia Rates](image)

**Source:** DHMH
AAC Gonorrhea rates are lower than the State of Maryland, though Gonorrhea rates have been rising for 2011, 2012, 2013 and 2014 in ACC, at a higher rate of increase than the State of Maryland’s rate of increases.

![Gonorrhea Rates Graph](image)

Source: DHMH

AAC consistently has one of the highest Syphilis rates in the country now almost equal to the State of Maryland rate. 83% of US Syphilis cases are among the Men who have Sex with Men (MSM) demographic.

![Syphilis Rates Graph](image)

Source: DHMH

In 2015, Brooklyn’s Chlamydia rate spiked dramatically, placing it higher than even that United States average. Glen Burnie West consistently has a high Chlamydia rate.
Overall, AAC’s STI rates and trends show that Northern Anne Arundel County’s rates are higher than AAC, the State of Maryland and the United States. Gonorrhea and Syphilis rates are rising at a higher rate than the State of Maryland.
The map below represents the rate of substance and alcohol related ED visits, per 1,000 people, according to zip codes in AAC. In 2013, the top four areas with the highest number of ED visits for substance and alcohol abuse were Brooklyn Park, Curtis Bay, Glen Burnie, and Deale. These areas had more than 30.1 ED visits per 1,000, compared to the county rate of 17 per 1,000.
In AAC the number of Substance or Alcohol-related ED Visits from 2009-2013 have increased from 7,483 in 2009 to 9,425 in 2013. This reflects an increase of 26% in a five year period.

Source: Outpatient Hospital Discharge Data, Maryland Health Services Cost Review Commission
For the calendar years 2009-2013, there were 9,425 emergency department visits which included both Acute and Chronic Cases. The visits included 7,025 patients with 39% (2,719) patients making more than 1 emergency department visits. In AAC, the rate of substance or alcohol-related emergency department visits Increased from 14.4 per 1,000 people to 17.0 per 1,000 people from 2009 – 2013.

![Graph showing the rate of substance or alcohol-related ED visits, Anne Arundel County, CY2009-2013](image)

Source: Outpatient Hospital Discharge Data, Maryland Health Services Cost Review Commission
In AAC the rate of substance or alcohol-related emergency department visits for calendar years 2009-2013 by gender revealed visits by males rose steadily from 18.2 per 1,000 in 2009 to 22 in 2013; whereas the rate for females visiting the emergency department varied between 10.5 and 12.6, still well below the rates for males in each year.

![Rate of Substance or Alcohol-Related ED Visits, Anne Arundel County, CY2009-2013](image)

Source: Outpatient Hospital Discharge Data, Maryland Health Services Cost Review Commission

In AAC, of the 9,425 people who visited the emergency department for substance abuse and alcohol related visits in 2013, 64% were male and 36% were female.

![Percent of Substance or Alcohol-Related ED Visits by Gender, Anne Arundel County, CY2013](image)

Source: Outpatient Hospital Discharge Data, Maryland Health Services Cost Review Commission
In AAC, of the 9,425 people who visited the emergency department in 2013, the majority were 18-44 years of age.

![Substance or Alcohol-Related ED Visits by Age Group, Anne Arundel County, CY2013](image1)

Source: Outpatient Hospital Discharge Data, Maryland Health Services Cost Review Commission

In AAC, of the 9,425 people who visited the emergency department in 2013, the percent of substance or alcohol related emergency department visits by race/ethnicity revealed the 65% were white/non-Hispanic, 19% were Black, 3% Hispanic and 13% unknown.

![Percent of Substance or Alcohol-Related ED Visits by Race/Ethnicity, Anne Arundel County, CY2013](image2)

Source: Outpatient Hospital Discharge Data, Maryland Health Services Cost Review Commission
Anne Arundel County

Local Treatment Data

According to the Behavioral Health Administration (BHA, formerly the ADAA) on June 30, 2012 the number of adults over the age of 18 in BHA funded treatment was 1,324. Of the 1,324 adults in BHA funded treatment, 517 (39%) resided in NAAC locations, Pasadena (253), Glen Burnie (195) and Brooklyn Park (69). This is a significant increase from two years prior when there were 1,849 residents active in BHA funded treatment on June 30, 2010, 766 (41%) resided in the NAAC targeted zip codes, Glen Burnie (239) Pasadena (285) Brooklyn Park (87) Glen Burnie East (136) and Curtis Bay (19).

The BHA data shows that the highest number and percentage of AAC residents in treatment are from northern AAC zip codes specifically Pasadena and Glen Burnie. Between 2008 and 2012, the number in treatment increased in the age ranges: under 18, 18-20 years of age, and 21-25 years of age.

Alcohol remains the drug of choice for the majority of the AAC population. For the same time period, 2008-2012, the percentage of AAC residents under the age of 18 in BHA funded treatment who mentioned alcohol as one of their drugs of choice has remained relatively steady between 42% and 60% compared with AAC residents over the age of 18 which remained between 55% and 60%. For both over and under 18 years of age residents, alcohol remains the drug of choice for over half of the population in AAC.

![Percentage of Anne Arundel County Under 18 and 18+ Year Olds in ADAA funded treatment by Year Who Mentioned Alcohol as a Drug of Choice](image)

Source: BHA-DHMH

As of June 30, 2012, Pasadena and Glen Burnie West have the highest number and percentage of AAC adolescents under the age of 18 who were in BHA funded treatment with 25 (34 %) out of 73 residents in treatment. Out of the 11 areas highlighted, four are from the NAAC area. Both Glen Burnie East and Brooklyn Park are also represented.
Anne Arundel County Local Data  
Alcohol Related Crashes by Age,

Alcohol related crash data from 2011-2014 revealed that the total number of alcohol related crashes has increased steadily from 193 in 2011 to 401 in 2014. Comparatively the numbers of alcohol related crashes for ages 25 and below has wavered between a low of 60 and a high of 93 over the 4 year period. While alcohol related crashes are growing at a rate of over 2 times or 200% in 4 years, 20-25% of those crashes involved drivers aged 21 – 26.

In 2011, of the 193 total alcohol related crashes, 46 (23.8%) involved young people 21 – 26 years old. In 2012, of the total 365 alcohol related crashes in 2012, 104 (28.4%) involved young people 21 – 26 years old. In 2013, of the 377 alcohol related crashes 95 (25%) involved young people aged 21 – 26. For the year 2014, of the 401 alcohol related crashes, 83 (21%) involved young people aged 21 – 26.

Source: Anne Arundel County Police Department
Alcohol Related Crashes by ZIP Code and residence of the driver

For the period 2011-2014, Glen Burnie and Pasadena have ranked in the top three ZIP codes that had the highest concentration of AAC alcohol related crashes by location and by drivers’ residency. Additionally, AAC has seen an increase in the number of drivers from out of county ZIP codes who are involved in alcohol related crashes in AAC, also always among the top three ZIP codes of residency. While Glen Burnie and Pasadena residents have been in more alcohol related crashes than AAC residents living in other AAC ZIP codes, out of county residents are causing the greatest number of alcohol related crashes for the last three years.

Source: Anne Arundel County Police Department
Alcohol related Crash by ZIP code of the intersection.

For 2011-2014 Glen Burnie Pasadena and Brooklyn Park are the ZIP codes where the highest number of alcohol related crashes occurred. For 2014 Pasadena ranks highest with 48 alcohol-related crashes.

Source Anne Arundel County Police Department
AAC has five Police Districts; two are within the Coalition’s defined geographic ZIP codes, Northern District (5) and Eastern District (4). The two police districts within the coalition’s geographic area report the highest number of alcohol-related crashes when compared with the other AAC police districts. In 2014, Northern District has the highest number of alcohol related crashes (101) with Eastern District second highest (88). The number of males involved in alcohol related crashes is consistently higher than females in all districts.

Source: Anne Arundel County Police Department
Anne Arundel County
Local School Data

Local Data analyzed from the 2011 – 2015 indicated a county wide drop in school suspensions for dangerous substance suspensions from the 2011/12 school year to the 2014/15 school year. The year ending in 2012 had county wide suspensions averaging at 501 that went down to 198 in 2015. The most significant decrease in the North County area is Glen Burnie High School, which dropped from 110 suspensions for the year ending in 2012 to only 13 in the year ending 2015.

Source: MSDE
Northern AAC suspensions by dangerous substances by High School from the 2011-2015 period indicated a steady decrease.

Consequence of Alcohol Use Summary Question:

4. Based on your answers for tables 10 to 14, what does the data reveal about consequences related to…?
   1. Underage drinking  (Please describe)
   2. Binge drinking in 18-25 year olds (Please describe)
   Summarize the overall findings

1. Underage Drinking

In AAC, the number of impaired crashes by youth ages 16-25 has decreased from 30 in 2010 to 23.16 in 2013, with the exception of 2011 that reported 34 crashes. The trend in number of impaired crashes among 16-25 year olds in AAC is decreasing by 23%. However, for each year reported AAC reported a greater number of impaired crashes by youth ages 16-25 than the State of Maryland (Table 11: MAARS, 2008-2013). The number of fatal crashes for AAC ranges from 2 to 7 for the reporting period (Table 12: MAARS, 2008-2013).

The percent of alcohol involved cases for AAC 12-17 year olds was 1.7% in 2013 which is 0.6% greater than the State of Maryland which reports 1.1%. The percent of alcohol involved cases for AAC 12-17 year olds was 1.6% in 2014 which is 0.65% greater than he State of Maryland which reports 0.95%. For both 2013 and 2014 AAC’s percent of alcohol involved ED visits is greater than the State. For AAC, percentages of alcohol involved cases for AAC 12-17 year olds declined slightly by .1% compared to the State of Maryland that declined by 0.15%. The State of Maryland’s rate of decline was greater than AAC’s rate of decline (Table 13: HSCRC, 2013-2014).
The percent of alcohol involved cases for AAC 12-17 year olds was 1.7% in 2013 which is 0.6% greater than the State of Maryland which reports 1.1%. The percent of alcohol involved cases for AAC 12-17 year olds was 1.6% in 2014 which is 0.65% greater than the State of Maryland which reports 0.95%. For both 2013 and 2014 AAC’s percent of alcohol involved ED visits is greater than the State. For AAC, percentages of alcohol involved cases for AAC 12-17 year olds declined slightly by .1% compared to the State of Maryland that declined by 0.15%. The State of Maryland’s rate of decline was greater than AAC’s rate of decline (Table 13 HSCRC, 2013-2014).

2. **Binge Drinking (18-25 year olds)**

In AAC the percentage of people who reported that they drank and drove 1 or more times was 22.74% which is 4.54% higher than the State of Maryland reporting 18.2%. The percentage of those who report that they regularly or fairly often drink and drive is 2.31% (Table 10: MYSA 2016). In AAC, the number of impaired crashes by youth ages 16-25 has decreased from 30 in 2010 to 23.16 in 2013. With the exception of 2011 that reported 34 crashes. The trend in number of impaired crashes among 16-25 year olds in AAC is decreasing by 23%. However, for each year reported AAC reported a greater number of impaired crashes by youth ages 16-25 than the State of Maryland (Table 11: MAARS, 2008-2013). The number of fatal crashes for AAC ranges from 2 to 7 for the reporting period (Table 12: MAARS, 2008-2013).

AAC Police data shows that ZIP codes have higher numbers of alcohol related crashes involving 18-25 year olds. For the period 2011-2014, Glen Burnie and Pasadena have ranked in the top three ZIP codes that had the highest concentration of AAC alcohol related crashes by location and by drivers’ residency. Additionally, AAC has seen an increase in the number of drivers from out of county ZIP codes who are involved in alcohol related crashes in AAC, also always among the top three ZIP codes of residency. For 2011-2014, Glen Burnie, Pasadena and Brooklyn Park are the ZIP codes where the highest number of alcohol related crashes occurred. For 2014 Pasadena ranks highest with 48 alcohol-related crashes.

AAC has five Police Districts; two are within the Coalition’s defined geographic ZIP codes, Northern District (5) and Eastern District (4). The two police districts within the coalition’s geographic area report the highest number of alcohol-related crashes when compared with the other AAC police districts. In 2014, Northern District has the highest number of alcohol related crashes (101) with Eastern District second highest (88). The number of males involved in alcohol related crashes is consistently higher than females in all districts.

In 2013, the percent of alcohol involved cases involving AAC 18-25 year olds was 8.9% compared to the State of Maryland which was 8.3%. In 2013, AAC is greater than the State of Maryland by 0.6%. In 2014 the percent of alcohol involved cases involving AAC 18-25 year olds was 85% compared to the State of Maryland which was 7.69%. In 2014 AAC is greater than the State of Maryland by 0.81%. The percent of alcohol involved cases involving AAC 18-25 year olds is declining in both AAC and the State of Maryland. The rate of decline in the State of Maryland (0.81%) is greater than AAC (0.06%) (Table 14: HSCRC, 2013-2014)

3. **Summary of overall findings**

The consequences of underage drinking and binge drinking include alcohol-related crashes, fatalities, injuries that require hospitalization and STI’s. Crash fatalities are preventable deaths. The coalition knows from personal experiences of its members that one fatal crash is one too many. In AAC, the number of fatal crashes has fluctuated from 2 to 7 during the reporting period. The tragic truth of any loss of life never heals. The percent of alcohol involved hospital cases involving AAC 18-25 year olds and the rate of decline in the State of Maryland (0.81%) is greater than AAC. For both 2013 and 2014, AAC’s percent of alcohol involved ED visits is greater than the State for ages 12-17 and 18-25.
The coalition reviewed the consequence data, discussed its magnitude and impact on AAC and concluded that the “What” is Underage Drinking 12-20; and Binge Drinking 18-25. The “Who” is both females and males, including LGBTQ, 12-17 and 18-25. The “Where” is still the NLASA ZIP codes defined because the concentration of alcohol consequences does not warrant further narrowing the area. The “When” is mentioned in focus groups as weekly or weekends, but it was not persuasive for the coalition to further narrow the when.
Identifying and Assessing Intervening Variables

Intervening Variables are constructs that have been identified as being strongly related to, and influencing the occurrence and magnitude of, substance abuse - in our case alcohol.

As a coalition you also need to determine if there are any patterns that suggest a need to focus on a specific geographic location (where) or when the problems identified are occurring.

After looking at consumption and consequence data about underage drinking and binge drinking (what), who is involved, and where and when it is occurring in your community, you are going to look at why underage and binge drinking is occurring. As a coalition you will do this by collecting data on intervening variables and the associated contributing factors.

<table>
<thead>
<tr>
<th>Types of Intervening Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Retail Availability</td>
</tr>
<tr>
<td>2. Social Availability</td>
</tr>
<tr>
<td>3. Enforcement and Adjudication</td>
</tr>
<tr>
<td>4. Pricing</td>
</tr>
<tr>
<td>5. Promotion</td>
</tr>
<tr>
<td>6. Individual Factors</td>
</tr>
</tbody>
</table>

Part of your assessment is to collect data and analyze intervening variables related to your selected indicators. You need to identify sources of data for the intervening variables and their contributing factors that appear to be the most prominent in your community and develop a plan for gathering the data.

This part of the assessment will help guide the selection of your evidence-based strategies. The contributing factor describes “why” something is a problem-not the problem itself. Contributing factors are the specific issues in a community that contribute to the problem. A contributing factor is the actual condition that prevention strategies will directly address and affect.
Retail Availability

This intervening variable refers to the ability to easily purchase alcohol, which, in turn, makes it easy to abuse.

Data on Retail Availability includes the following:

- MYSA
- Focus Groups
- Key Informant Interviews
- Environmental Scans
- Compliance Checks
- Alcohol Outlet Density
- Policy Assessment

Alcohol Outlet Density

Alcohol outlet density has been linked with increased rates of alcohol use, violence and other consequences related to alcohol use.

Insert data below:

Retail Licenses (FY 2015):

<table>
<thead>
<tr>
<th>Table 15: Population per Liquor License Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population/Liquor License</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Source: MD Alcohol &amp; Tobacco Tax Annual Report, FY 2015</td>
</tr>
<tr>
<td>Legend: “&gt;” = Greater than the state; “&lt;” = Less than the state; “~” = about the same as the state</td>
</tr>
</tbody>
</table>

How does the population per liquor license location compare in your county with the population per liquor licenses in Maryland? Is your community’s rate higher, lower or about the same? Please discuss the differences.

According to the Maryland Alcohol and Tobacco Tax Annual Report, for FY 15, AAC has a population of 968 per liquor license and the State of Maryland has 827 per liquor license. Anne Arundel County has a 15% higher rate of population per liquor licenses than the State of Maryland. A higher population per establishment decreases alcohol access, as there are more people per establishment. Although it was not mentioned in focus groups that there is a high density of establishments, it was mentioned often that alcohol is readily available.
Liquor Board data:

Density:

In 2016, the AAC Board of License Commissioners reported there were 519 licensed beverage establishments county-wide compared to 477 in 2011, an increase of 8% between 2011 and 2016. In 2011, of the 477 licensed beverage establishments, 163 (34%) were in NLASA ZIP codes. In 2016, of the 519 establishments, 171 (33%) were located in the NLASA zip codes. Although the number of establishments increased, the percentage of NLASA establishments compared to the rest of the county decreased by 1%. The zip code with the highest number of establishments is Glen Burnie West (21060) with 70 licensed establishments followed by Pasadena (21122) with 62, Glen Burnie East (21061) with 18, Brooklyn Park (21225) with 12, and Curtis Bay with 9.

Compliance Checks

Compliance Check Rate

Insert data:

County-wide, Compliance checks have been done in all areas of the County since 2011.

<table>
<thead>
<tr>
<th>Zip code</th>
<th>Total checked</th>
<th>Compliant</th>
<th>Non-Compliant</th>
<th>Percentage of ZIP code non-compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glen Burnie West 21061</td>
<td>16</td>
<td>13</td>
<td>3</td>
<td>19%</td>
</tr>
<tr>
<td>Pasadena 21122</td>
<td>12</td>
<td>11</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Odenton 21113</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>Hanover 21076</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Linthicum 21090</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>50%</td>
</tr>
<tr>
<td>Severna Park 21146</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>50%</td>
</tr>
<tr>
<td>Crofton 21114</td>
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<td>2</td>
<td>1</td>
<td>33%</td>
</tr>
<tr>
<td>Brooklyn 21225</td>
<td>3</td>
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<td>67%</td>
</tr>
<tr>
<td>Severn 21144</td>
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<td>1</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Curtis Bay 21226</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Annapolis 21401</td>
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<td>50%</td>
</tr>
<tr>
<td>Millersville 21108</td>
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<td>0%</td>
</tr>
<tr>
<td>Arnold 21012</td>
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<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Gambrills 21054</td>
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<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Totals</td>
<td>67</td>
<td>49</td>
<td>18</td>
<td>27%</td>
</tr>
<tr>
<td>Zip code</td>
<td>Total checked</td>
<td>Compliant</td>
<td>Non-Compliant</td>
<td>Percentage of ZIP code non-compliant</td>
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<tr>
<td>----------</td>
<td>---------------</td>
<td>-----------</td>
<td>---------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Glen Burnie</td>
<td>21061</td>
<td>4</td>
<td>3</td>
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<td>Pasadena</td>
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<td>8</td>
<td>2</td>
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<tr>
<td>Odenton</td>
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<td>9</td>
<td>5</td>
<td>4</td>
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<td>0</td>
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<tr>
<td>Crofton</td>
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<td>Brooklyn</td>
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<td>Severn</td>
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<td>1</td>
</tr>
<tr>
<td>Curtis Bay</td>
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<td>0</td>
</tr>
<tr>
<td>Annapolis</td>
<td>21401</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Millersville</td>
<td>21108</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Arnold</td>
<td>21012</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Gambrills</td>
<td>21054</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Laurel</td>
<td>20724</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>47</td>
<td>34</td>
<td>13</td>
<td>28%</td>
</tr>
</tbody>
</table>

### Compliance Checks 2015

<table>
<thead>
<tr>
<th></th>
<th>Compliant</th>
<th>Total Checked</th>
<th>Percent compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annapolis</td>
<td>84</td>
<td>100</td>
<td>0.84</td>
</tr>
<tr>
<td>AAC</td>
<td>58</td>
<td>65</td>
<td>0.892307692</td>
</tr>
<tr>
<td></td>
<td>142</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### AAC Breakdown

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Southern</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Eastern</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Northern</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>
An examination of compliance check data for Northern AAC shows the three years of data:

- In 2013, 16 licensed establishments were checked in Northern AAC which is 10% of licensed establishments.
- In 2014, 56 licensed establishments were checked in Northern AAC which is 36% of licensed establishments. 42 of 56 were compliant.
- In 2015, 42 licensed establishments were checked in Northern AAC which is 27% of licensed establishments. 32 of 42 were compliant.

**What does the data reveal? Describe the trends over time of your community’s compliance check rate data. Discuss the differences.**

Since 2011, the coalition has observed that compliance checks have increased. Compliance check data reveals that when compliance checks are done by police, licensed beverage compliance rates increase.

**Compliance Checks Policies and Practices**

Law Enforcement conducts compliance checks of establishments by District. Establishments that are cited are required to appear before the AAC Board of License Commissioners (Liquor Board). The Liquor Board hears violations monthly and issues progressive sanctions for those who fail compliance checks. AACDOH Prevention Staff and/or a coalition member attend the hearings; interact with law enforcement, attorneys, inspectors and the Commissioners. Based upon observations of 4 years of hearings, 95% of the citations and sanctions given were a direct result of retailers not checking ID’s. AAC Commissioners typically merge the Article 2B count with the local ordinance for sales to minors, resulting in one fine, rather than two. Liquor Board Commissioners are accessible and attend coalition meetings.

**What does the data reveal?**

There is a high level of cooperation among law enforcement, the Liquor Board, and the coalitions which results in effective compliance check outcomes. However, compliance checks are contingent on continued funding. Insufficient resources have limited the amount of establishments checked within our area. Therefore all establishments are not being checked for compliance.
Retail Availability Quantitative Data

Insert data:

According to the MYSA, the majority of 18-20 year olds county-wide reported someone gave alcohol to them (42.8%) or I gave someone else money to buy it (33.1%). However, 32.7% report buying from a store, restaurant, bar or club. This data is supported by focus group comments by the same age group which stated that youth and young adults ages 18-20 use fake ID’s, servers do not check ID’s and youth and young adults shoulder tap. According to the MYSA, the vast majority of 21-25 year olds obtain their alcohol from a store, restaurant, bar or club.
Other Local Quantitative Data

Insert data:

![Bar chart showing sources of alcohol for youth ages 12-20 in Anne Arundel County, Maryland. The chart shows: 43% from someone gave it to me, 31% I gave someone money to buy it for me, 21% I got it some other way, 17% I took it from a family member, 12% I bought it in a liquor store, 7% I bought it in a restaurant, bar, or club, and 5% I bought it at a public event.]

Source: AAC-DOH Consumption Survey 2012-2013

What does the data reveal?

According to the AAC-DOH Youth Consumption Survey, of 12-20 year olds, the 4,467 youth responses, 2,990 indicated they did not drink alcohol in the last 30 days. Of the 1,477 youth that reported drinking alcohol in the past 30 days, the highest percentage of youth (43%) reported “someone gave it to me.” The second highest response was “I gave someone money to buy it for me” (31%). 18% of youth purchased alcohol from a liquor store, restaurant, bar, or club. The MYSA and DOH-CSC data agree that over the past 3-4 years, most AAC youth under 21 obtain their alcohol from social access, not retail access.
Northern Anne Arundel County Percentage of Youth Who Reported Drinking Alcohol, Where They Got It From

Source: AAC DOH-CSC Youth Consumption Survey: 2012-2013
The graph in this section above indicates where youth are obtaining alcohol, according to their responses to the CSC-DOH Consumption Survey. In NAAC, almost half (46%) of youth who reported drinking alcohol answered “someone gave it to me.” 11% reported they obtained their alcohol from a liquor store and 6% reported they secured it from a restaurant or bar. This data shows the majority of youth under 21 in NAAC are obtaining their alcohol by ways other than directly from liquor establishments, yet 17% of youth are still purchasing alcohol at licensed establishments directly.

Insert Data:

### Maryland Young Adult Survey (MYSA) 2016

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fake or altered ID</td>
<td>45</td>
<td>6.67</td>
</tr>
<tr>
<td>Don't remember</td>
<td>32</td>
<td>4.74</td>
</tr>
<tr>
<td>I was not asked to show ID</td>
<td>88</td>
<td>13.04</td>
</tr>
<tr>
<td>My own real ID</td>
<td>351</td>
<td>52</td>
</tr>
<tr>
<td>Other</td>
<td>144</td>
<td>21.33</td>
</tr>
<tr>
<td>Someone else's real ID</td>
<td>15</td>
<td>2.22</td>
</tr>
<tr>
<td>Frequency Missing = 285</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The most recent time you purchased alcohol at a restaurant or bar, what form of ID did you show the to the server?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fake or altered ID</td>
<td>43</td>
<td>6.35</td>
</tr>
<tr>
<td>Don't remember</td>
<td>32</td>
<td>4.73</td>
</tr>
<tr>
<td>I was not asked to show ID</td>
<td>107</td>
<td>15.81</td>
</tr>
<tr>
<td>My own real ID</td>
<td>346</td>
<td>51.11</td>
</tr>
<tr>
<td>Other</td>
<td>139</td>
<td>20.53</td>
</tr>
<tr>
<td>Someone else's real ID</td>
<td>10</td>
<td>1.48</td>
</tr>
<tr>
<td>Frequency Missing = 283</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What does the data reveal?
MYSA data reveals that 8.89% of surveyed youth report using a fake ID or someone else’s real ID and 13.04% were not asked to show ID when purchasing alcohol from a liquor store. 7.83% of youth surveyed report using a fake ID or someone else’s real ID and 15.81% were not asked to show ID when purchasing alcohol from a restaurant or bar. Both 18-20 year old focus groups mentioned the use of fake IDs. One key interview with a bar manager identified fake IDs as a problem in the community. Two focus groups, one young adult 18-20 and the LGBTQ group mentioned servers do not check IDs.

### Policies and Practices related to Retail Access

#### AAC and Annapolis Awards Dinner
The Anne Arundel County Department of Health presented awards to 160 compliant licensed beverage establishments in Anne Arundel County and the City of Annapolis who have had a server who did not sell alcohol to the underage person who worked the compliance checks calendar year 2015. According to the AACDOH Youth

MSPF2 Workbook: Needs Assessment – Page80
Revised as of: 6/8/2016
Substance Use Consumption Survey (2013) 12% of AAC youth report they obtain their alcohol from liquor stores, bars, restaurants, or clubs.

The premise of holding the dinner was based upon the following logic: If retail establishments are given positive public relations opportunities for successfully passing compliance checks, then they will be rigorous in checking ID’s in order to pass compliance checks. If more establishments check ID’s, sales and social furnishing to minors will be reduced and fewer youth will obtain alcohol, then it will reduce the overall consumption rates among County youth.

Awards were given to both Annapolis and Anne Arundel County Establishments. In the City of Annapolis, 84 of 100 establishments checked were compliant (84% Compliant); in AAC 58 of 66 were checked (88% Compliant). The dinner was attended by 160 people including 20 Coalition Members in attendance; 2 Annapolis Police Officers; 2 Anne Arundel County Deputy Chiefs; One MHSO Deputy Chief, Commissioners of Annapolis and Anne Arundel County Liquor Boards, and all members of AAC State Legislative Delegation.

Ten awards were distributed at the dinner. Other awards were delivered to establishments in the weeks after the dinner by coalition members.

**TAM Training**
In AAC, one manager is required to be trained in Techniques of Alcohol Management (TAM) but he/she is not required to be on site (AAC Board of License Commissioners). However, it is noted that the Board of License Commissioners often requires an establishment to have all of its employees trained. Therefore NLASA formed an agreement with the Bartending Academy to train all graduating bartenders in TAM. Between 2014 and 2015, 9 TAM trainings were held with 144 participants from establishments in the North County area. There is broad cooperation among the coalition, retail establishments and Board of License Commissioners. However, even with increased staff TAM trained, youth are still obtaining alcohol from retail establishments.

**What does the data reveal?**

The data reveals that AAC displays a high level of cooperation and collaboration with the retail establishments, law enforcement, Board of License Commissioners, Elected Officials and coalition members. This high level of collaboration has led to effective work to prevent service of alcohol to minors in retail settings. The quantitative data shows the majority of youth in NAAC are obtaining their alcohol other than directly from liquor establishments, yet 12% (AAC Consumption survey, ages 12-20) are purchasing alcohol at licensed establishments directly. According to the MYSA, the vast majority of 21-25 year olds obtain their alcohol from a store restaurant, bar, or club. 32.7% of young adults ages 18-20 report buying from a store, restaurant, bar or club. This data is supported by focus group comments by the same age group which stated that youth and young adults ages 18-20 use fake ID’s, servers do not check ID’s and youth and young adults shoulder tap. The coalition noted that when youth become of legal age to purchase alcohol, they obtain it from licensed beverage establishments because they legally can do so. Although the number of establishments increased, the percentage of NLASA establishments compared to the rest of the county decreased by 1%.
Retail Availability Qualitative Data

Insert data:

Focus Groups- High School Age 12-17yrs, Young Adults 18-20, LGBT 18-25
Key Interviews-Bar/Restaurant Owners, Law Enforcement

Participants in focus groups ages 12-17 did not report using fake IDs themselves, but have heard peers talk about using fake IDs. The same group reported someone older has not purchased alcohol for them but they know of peers who obtaining alcohol this way. The 18-20 year olds reported fake ID use is prevalent for their age, and restaurant servers are more likely to card when business is slow. The same group reported shoulder tapping is occurring as well as some establishment’s lack of carding practices. The LGBT 18-25 group stated older friends order drinks for them and local establishments will serve them if they are frequent customers. Bar Owner/Manager key interviews report use of fake ID’s and use of ID’s belonging to someone older. Staff are provided server training to spot fake ID’s and have policies and procedures on carding and cutting off patrons. Youth and young adults frequent places that are known to serve minors. In some cases, bouncers get paid more money to let fake ID’s slide, bringing in more business. There was also expressed concern that the Liquor Board does not check establishments often enough and punishments/fines on non-compliant establishments are too lenient. Law Enforcement provides compliance checks throughout the County, but due to limited funding/resources only a small portion of the establishments have been checked in northern AA County.

What does the data reveal?
Ages 12-17 seem to be getting their alcohol from outside sources other than retail establishments. Young adults ages 18-20 look older and have an increased chance of getting served with or without fake ID. This shows establishments staff lack training to spot fake ID’s and/or card younger patrons. Staff are unaware or have low regard to negative consequences for serving minors. Establishments have their own policies and procedures for carding and cutting off patrons in addition to the staff training requirements set by the Liquor Board, however, trained or untrained staff may or may not follow these policies while working. Law enforcement cannot provide compliance checks to all establishments due to lack of funding; therefore a large portion of the 171 establishments located in Northern AA County are not being checked.

Retail Availability Summary

Based on data presented above on retail availability, what contributing factors were revealed that might contribute to the misuse of alcohol and its consequences in your community?

Lack of consistent compliance checks
Law enforcement cannot provide compliance checks to all establishments due to lack of funding; therefore a large portion of the 171 establishments located in Northern AA County are not being checked.

Lack of trained staff at retail establishments
Both quantitative and qualitative data show youth ages 18-20 are purchasing alcohol from retail establishments. AA County Board of License Commissioners requires only one staff member to be certified in TAM, but this person does not have to be onsite.

Young adults ages 18-20 use Fake ID’s
Both quantitative and qualitative data show youth ages 18-20 are using Fake ID’s to purchase alcohol from retail establishments.
**Social Availability**
This intervening variable refers to the ease of obtaining alcohol from friends, associates, and family members.

Data on Social Availability includes the following:

- MYSA
- Focus groups
- Key informant interviews
- YRBS
- Community events chart

### Sources

Insert data:

According to the MYSA, 33% of 18-20 year olds in AA County reported obtaining alcohol from a store, restaurant, bar or club. 76% of 18-20 year olds report giving someone money to buy it, someone gave it to them or they took it from a family member.
What does the data reveal?

The coalition observed that the MYSA indicates that social access is a variable contributing to underage drinking in Northern AAC.

Insert Data

According to the 2012-2013 CSC-DOH Consumption Survey, 28% of Youth in NAAC report “someone gave it to me,” followed by (21%) “I gave someone money to buy it for me,” 12% of youth selected “I took it from a family member. Someone older in the youth’s social circle or a family member is supplying the underage youth alcohol. This is a social availability issue because youth know someone older would buy alcohol for them if they give them money.

What does this data reveal?

The Coalition noted that alcohol has been readily available in many homes and at family gatherings in AAC and in NAAC as demonstrated by survey data (inserted in retail access above). Youth are obtaining alcohol socially. Youth take alcohol from their homes. If parents or sibling’s provide alcohol, it indicates an acceptance of underage drinking by family members. The 18-20year old focus groups stated that parents are more accepting of drinking in the home at this age as they are almost of legal drinking age. This indicates a social access issue among family members or in homes.

During CY 2015 and CY 2016, AACDOH has distributed over 53,307 pieces of Parents Who Host Lose the Most communications campaign stickers, banners, FAQ cards, window clings, posters, yard signs, table tents county-wide. Broad support has been secured from Ledo Pizza, Liquor Establishments, community groups, law enforcement and schools. A Community Survey will be conducted in CY 2016-2017 to measure whether community members have seen the Parents Who Host Lose the Most communications campaign.
### Record of Tipline Calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Transcription</th>
<th>Summary</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/11/2015</td>
<td>TCF Shady Side parent who was going to be away for the weekend. Requested additional patrols in the neighborhood because they suspected their children may be having a party.</td>
<td>Southern District Responded. It turned out to be a party, illegal guns, breaking and entering into an elderly person's home. Arrests and charges filed.</td>
<td></td>
</tr>
<tr>
<td>09/01/15</td>
<td>TCF unknown about a party that was going to be taking place at a private home in Broadneck.</td>
<td>Police arrived at the party and dispersed it. The youth was brought to the station with his parents and charged with furnishing.</td>
<td></td>
</tr>
<tr>
<td>10/30/2005</td>
<td>Neighbor called to report another Neighbor (single Dad) with the address in Severna Park who routinely hosted parties with alcohol for youth. Youth would park at the Kohls and walk behind the shopping center, over the grass to the townhouse community/home being reported. Specific address was given</td>
<td>Two officers responded to the home and talked to the dad and several youth there. They spoke to the parent and the youth. No charges were made. Party was prevented from happening.</td>
<td></td>
</tr>
<tr>
<td>12/19/2015</td>
<td>Party reported planned for December 19 at the home of former student at North East High school. Her mother is a parent/volunteer and she has talked to students at the school to let them know there will be a party. Caller was very sure there would be alcohol because in the past the caller's daughter was at their house this time last year and the daughter came home drunk. I wanted to have somebody check it out. They live at Brookfield Road. Thought the husband's name was John. Thanks for doing this bye.</td>
<td>Tip given to Eastern District. Patrol given the info. There were no issues, but it is unclear if they did any surveillance. Developed a back-up system to call Northern if Eastern couldn't follow up.</td>
<td></td>
</tr>
<tr>
<td>12/22/2015</td>
<td>Not an underage party, but a neighbor at Phoenix Academy came to report drug dealing activity. LCSW-C at school called the Tipline to find where to go</td>
<td>Passed along to Narcotics unit for follow up</td>
<td></td>
</tr>
</tbody>
</table>
What does the data reveal?

Tip-line Data shows that callers have serious concerns about underage house parties where parents or persons over 21 are serving minors resulting in large numbers of youth attending house parties. Tipline Data also shows there are related public safety issues that accompany underage alcohol consumption in homes.

Other Local Quantitative Data

Policies and Practices related to social access

Insert data

Court of Appeals Case
Although Article 2B clearly prohibits a person from knowingly and willfully furnishing or providing alcohol to a minor, AAC has been unsuccessful at establishing probable cause for charging parents who host drinking parties under this law. A recent Court of Appeals case now allows for a limited cause of social host negligence. (Manal Kiriakos v. Brandon Phillips, No. 20, September Term, 2015, Nancy Dankos, et al. v. Linda Stapf, No. 55, September Term 2015 Opinion by Adkins, J.)

AAC Private Schools allow parents to drink alcohol at high school sporting events
ACC Private schools have no prohibition against parents drinking alcohol at high school events, however, public schools do have a prohibition against parents drinking alcohol at high school events.

What does the data reveal?

Public policy is inconsistent with regard to messaging about social access to alcohol for underage youth.

Ease of access
Insert data:

AAC does not have quantitative data on ease of access.

What does the data reveal?

AAC does not have quantitative data on ease of access.
Social Availability Qualitative Data

Insert data:

Focus Groups- High School Age 12-17yrs, Young Adults 18-20, Young Adults 21-25, LGBT 18-25
Key Interviews- Law Enforcement

Focus groups of youth ages 12-17 report getting alcohol from older friends or siblings and they take it from home or friend’s homes. Alcohol is also available at house parties where either parents or older friends/siblings provide the alcohol. Drinking alcohol for the 12-17 year olds also occurs at public places (such as parks). The 18-20 year old age groups reported that getting alcohol from parents is much easier at this age than when younger. Parents are more worried about drinking and driving in this older age group so they provide alcohol in the home and monitor if someone is unable to drive home due to excessive alcohol consumption. They are also close to the legal drinking age making it more tolerable for parents to allow it. They have access to alcohol at family parties, college parties, or friend’s houses where parents or older friends purchase. The LGBT 18-25 group reported similarly for the 18-20 age. 21-25 groups stated that adults accept alcohol use, starting more after turning 18. Law Enforcement reports frequent calls of out of control underage drinking parties, calls for violence resulting from youth and young adults drinking alcohol, and parents and persons over 21 providing alcohol to minors.

What does the data reveal?

Parents are more accepting of 18-20year olds drinking versus youth ages 12-17. Parents feel they are keeping their children (18-20yr) safe by allowing drinking at home to decrease drinking and driving. Youth ages 12-17 are supplied alcohol by older siblings or friends, not parents. If younger youth are able to steal alcohol from the home then parents are most likely not monitoring their alcohol supply. Regardless of the age, we know that alcohol is being supplied socially through friends and family. It seems youth have low perception to consequences by law enforcement surrounding underage drinking.

Social Availability Summary

<table>
<thead>
<tr>
<th>Based on data presented above on social availability, what contributing factors were revealed that might contribute to the misuse of alcohol and its consequences in your community?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Youth take alcohol from the home</strong></td>
</tr>
<tr>
<td>Both quantitative and qualitative data support that youth have access to alcohol in the home and are taking it without permission. If youth are able to steal alcohol from the home then parents are most likely not monitoring their alcohol supply.</td>
</tr>
<tr>
<td><strong>Older friends or siblings provide alcohol to youth and young adults</strong></td>
</tr>
<tr>
<td>Strong data supports that youth and young adults ages 12-20 are getting their alcohol from older friends and siblings. “Someone gave it to me” had the highest percentage for both the MYSA and Consumption Survey when asked “How do you obtain your alcohol”.</td>
</tr>
<tr>
<td><strong>Parents allow young adults ages 18-20 to drink at home</strong></td>
</tr>
<tr>
<td>Qualitative data shows that parents are more accepting of drinking in the home for 18-20 year olds as they are almost of legal drinking age and drinking at home eliminates worries of drinking and driving.</td>
</tr>
</tbody>
</table>
Law Enforcement

This intervening variable refers to the impact of law enforcement practices and judicial processes on underage and binge drinking patterns and consumption. It includes the enforcement and adjudication of rules, laws and policies surrounding substance abuse and its consequences, along with the public perception of the levels of enforcement and how likely people are to believe they will get caught and face consequences if they violate the rules, laws and policies.

Data on Enforcement includes the following:

- Focus groups
- KI
- Law enforcement data
- DUI
- MYSA
- Conviction rates

Alcohol Related Citations

In AAC, alcohol related citations have fluctuated during the period 2012 – 2015. The highest number of citations issued was 573 in 2008 and the lowest was 180 in 2015. There has been a 56% decrease of citations issued in the most recent four year period, 418 in 2012 to 182 in 2015.
In an analysis of open container arrests by AAC Police District from 2005-2015, Northern District had the highest number of alcohol open beverage container citations every year. For the past four years, alcohol open beverage container citations dropped from 226 in 2012 to 0 in 2015.

Source: AACPD
In an analysis of minor in possession of alcohol arrests by AAC Police District from 2013-2015, Northern District minor in possession citations have steadily decreased since 2012, dropping to five.
The Number of DUI arrests in AAC per year has fluctuated between 392 and 573 during the ten year period 2004-2014. However, in the last year AAC has seen an increase in DUI arrests by 36 arrests which is a 10% increase.

### 2015 Alcohol-Related Crime County Wide

<table>
<thead>
<tr>
<th>Alcohol-related Crime</th>
<th># of Citations</th>
<th># Guilty</th>
<th># Dismissed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor in Possession</td>
<td>37</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sales to Minor</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DUI</td>
<td>401</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Assaults</td>
<td>3,935</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Total</td>
<td>4,374</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Source: AACPD

Based on the data presented in the table, what does the data reveal about the enforcement and adjudication related to alcohol-related crime in your community?

Law enforcement has issued citations for DUI’s, DUI crashes and violent crime. There is a lack of data from the State’s Attorney’s office and District Courts about the case outcomes.
Officers Assigned to Alcohol-Related Issues (Youth and Adult)

Law Enforcement Officer Assigned to Alcohol-Related Issues and Crime (AACPD) = __86__________

*Example: Law Enforcement Officer Assigned to Alcohol-Related Issues and Crime (MD State Police) = 5 officers*

Anne Arundel County does not have a unit of officers solely assigned to alcohol related duties. Typically, Officers who are trained in alcohol enforcement techniques are offered opportunities to conduct party patrols and compliance checks. The following is a record of officers who have come to alcohol enforcement training, and thus worked compliance checks, party patrols and tip line follow-up calls:

**Anne Arundel County Police Alcohol Enforcement Training log**

<table>
<thead>
<tr>
<th>Date of Training</th>
<th>Northern</th>
<th>Eastern</th>
<th>Southern</th>
<th>Western</th>
<th>Sheriff and other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/12/2014</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>11/21/2014</td>
<td>5</td>
<td>4</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>1/8/2015</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>20</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>5/15/2015</td>
<td>0</td>
<td>6</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>4/13/2016</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
<td><strong>19</strong></td>
<td><strong>24</strong></td>
<td><strong>38</strong></td>
<td><strong>6</strong></td>
<td><strong>86</strong></td>
</tr>
</tbody>
</table>

Based on the number of officers in your community assigned specifically to alcohol-related issues, what efforts are your law enforcement agencies pursuing or not pursuing when it comes to underage drinking, binge drinking and its consequences and/or the misuse of alcohol?

AACPD is extremely supportive of enforcing underage drinking prevention strategies such as compliance checks, party patrols, tip line calls. AACPD does not have a unit dedicated unit to alcohol enforcement at this time. Due to an effort to promote community policing and prevent violence directed at police officers, AACPD is not issuing citations as frequently as they were in past years. Alcohol citations are not being issued.
AACDOH and AACPD and the coalitions have established an Underage Drinking Tipline: 443-390-8477 (TIPS). The following is a record of calls made to the Tipline:

<table>
<thead>
<tr>
<th>Date</th>
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<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
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<td>TCF unknown about a party that was going to be taking place at a private home in Broadneck.</td>
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<td>10/30/2005</td>
<td>Neighbor called to report another Neighbor (single Dad) with the address in Severna Park who routinely hosted parties with alcohol for youth. Youth would park at the Kohls and walk behind the shopping center, over the grass to the townhouse community/home being reported. Specific address was given</td>
<td>Two officers responded to the home and talked to the dad and several youth there. They spoke to the parent and the youth. No charges were made. Party was prevented from happening.</td>
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<td>Tip given to Eastern District. Patrol given the info. There were no issues, but it is unclear if they did any surveillance. Developed a back-up system to call Northern if Eastern couldn’t follow up.</td>
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<tr>
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<td>Not an underage party, but a neighbor at Phoenix Academy came to report drug dealing activity. LCSW-C at school called the Tipline to find where to go</td>
<td>Passed along to Narcotics unit for follow up</td>
</tr>
</tbody>
</table>
What does the data reveal?

Tipline Data show that callers have serious concern about public safety, public health and nuisance crimes that come about as a result of large numbers of youth attending house-based parties that serve alcohol to minors. Tipline Data show there are related public safety issues that accompany underage alcohol consumption in homes.

Other Local Quantitative Data

Insert data:

<table>
<thead>
<tr>
<th>Baseline Data (Source)</th>
<th>Follow-Up Data (Source)</th>
<th>2015</th>
<th>YTD 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013- 120 police hours dedicated solely to underage drinking prevention in FY (Anne Arundel County Police)</td>
<td>2014- 154.5 hours dedicated to underage drinking (25 hours/month)</td>
<td>2015-funding gap unknown Dedicated to underage drinking</td>
<td>8.5 hours total dedicated to underage drinking</td>
</tr>
<tr>
<td>2013- 0 hours dedicated to saturation and party patrol. Northern District of Anne Arundel Police Department</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What does the data reveal?

The number of police hours dedicated to underage drinking enforcement correlates to the funding the AACDOH has been able to provide for overtime.

Enforcement Qualitative Data

Insert data:

Focus Groups- High School Age 12-17yrs, Young Adults 18-20, Young Adults 21-25, LGBT 18-25
Key Interviews- Law Enforcement, Bar Owners

Focus groups of youth ages 12-17 report the police will call parents or make them pour out alcohol instead of issuing citations for underage drinking. They are more concerned with parents’ punishment then punishment from police. The 18-20 year old groups reported that it depends on the situation if police make them pour it out or issue a citation. If cited, it is usually for something like a violent altercation or driving while drinking, not because they are underage. The 21-25 year old groups stated police issue more citations for this age and are more lenient to those younger. The same groups mentioned the police are involved in sobriety check points. LGBT 18-25 group reported similarly to both 18-20 and 21-25 groups. Law Enforcement report receiving calls related to underage alcohol parties, calls for violence due to alcohol, and adults providing alcohol to those underage. Bar Owner/Manager interviews report that police have been called to handle disorderly patrons and incidences of fights due to alcohol intoxication. Depending on the situation, police may arrest the intoxicated person, issue a citation, drive the person home, or arrange for other transportation.
What does the data reveal?

Police tend to be lenient on youth and young adults concerning underage alcohol consumption and rarely issue alcohol citations unless it is linked to other offenses. Citations and arrests are being made for the more serious offenses such as driving under the influence and assault.

Policies and Practices related to enforcement

Insert data:

There is no unit dedicated to alcohol enforcement.

Law Enforcement has been provided a laminated double-sided Citation Writing Guide which identifies the alcohol statues and assists them when they write citations.

Law enforcement indicates the penalties are too low for alcohol laws.

What does the data reveal?

There is a cadre of trained officers who are dedicated to underage drinking enforcement. Citations are not being written for underage possession of alcohol. Law enforcement feels penalties are too low for alcohol-related crimes.

Enforcement/Adjudication Summary

> Based on data presented above on enforcement/adjudication, what contributing factors were revealed that might contribute to the misuse of alcohol and its consequences in your community?

**Lack of effective enforcement policies for underage drinking**

Underage alcohol citations have decreased in the past years. Five citations were written in 2015 for Northern AA County. Both qualitative and quantitative data show that Police are lenient on youth concerning underage alcohol consumption. AACPD does not have a dedicated unit to alcohol enforcement.
Promotion

This intervening variable refers to attempts by alcohol retailers and the industry to increase demand through the marketing of their products.

Data on Promotion include the following:

- Community Events and Festivals Sponsorship Chart
- Local alcohol advertisements and promotional events
- Environmental Scans
- Key Informant Interviews

Sponsorships (Youth and Adults)

List all the major events and festivals in your community that took place or are scheduled this calendar year (2016)

Community Events and Festivals and Their Alcohol-Related Sponsors

<table>
<thead>
<tr>
<th>Community Event or Festival</th>
<th>Dates</th>
<th>Alcohol-Related Sponsorship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glen Burnie Carnival</td>
<td>7/29/16-8/6/2016</td>
<td>Katcef Brothers (Distributor)</td>
</tr>
<tr>
<td>Annual End of Year Summer Party- Pasadena, MD (County Executive Steve Schuh)</td>
<td>9/9/2016</td>
<td>Anheuser Busch</td>
</tr>
<tr>
<td>Wine on the Water- Pasadena MD</td>
<td>10/15/2016</td>
<td>Partnering with Breakthru Beverage Distributors and Republic National</td>
</tr>
<tr>
<td>Bands by the Bay- Pasadena MD</td>
<td>8/14/2016</td>
<td>Fifers Seafood &amp; Bar</td>
</tr>
<tr>
<td>Glen Burnie HS Spring Craft Fair- Glen Burnie</td>
<td>3/11/2016</td>
<td>No</td>
</tr>
<tr>
<td>Maryland Renaissance Festival- AA County Fairgrounds, Annapolis</td>
<td>Sept-Oct 2016</td>
<td>Budweiser America</td>
</tr>
<tr>
<td>National Night Out- Pasadena, Brooklyn, Annapolis</td>
<td>8/2/2016</td>
<td>No</td>
</tr>
<tr>
<td>Maryland Seafood Festival- Annapolis</td>
<td>9/2016</td>
<td>Finlandia- Vodka of Finland</td>
</tr>
<tr>
<td>Pasadena Business Association Annual Crab Feast- Pasadena</td>
<td>7/13/2016</td>
<td>Partnering with Breakthru Beverage Distributors</td>
</tr>
<tr>
<td>Irish Festival- AA County Fairgrounds, Annapolis</td>
<td>7/15/2016</td>
<td>Budweiser America</td>
</tr>
</tbody>
</table>
Based on the percentage of festivals and events in your community that had alcohol-related sponsorships, what is the magnitude and impact of alcohol-related sponsorship in your community?

While the impact of alcohol-related sponsorship is unmeasurable at this time, the majority of major events throughout Anne Arundel County that attract people of all ages are sponsored by alcohol distributors. This confirms the notion that alcohol is “everywhere”. However, MYSA data indicates that public events are not a major source of alcohol among the targeted population. They may not be getting it from public events, but they are still seeing alcohol advertisements.

**Promotion Quantitative Data**

**Insert data:**

**Environmental Scans**

Of the 116 bars and restaurants in the North County Area, coalition members and DOH staff scanned 8 (7%) bars and restaurants. 100% of scanned bars in Glen Burnie East had “no sale to minors” signs. 100% of scanned bars in Glen Burnie West did not have “no sale to minors” signs.

- Of the 27 liquor stores in the North County Area, coalition members and DOH staff scanned 11 (41%). Every location had alcohol-related promo material outside the store.
- Of the 116 bars and restaurants in the North County Area, 8 were scanned (7%). 100% of scanned locations had alcohol-related promo material outside the location.

**What does the data reveal?**

All bars and restaurants have promotional materials inside and outside of their licensed establishments. Northern AAC has a higher density of establishments and therefore more alcohol advertising. Not all establishments are displaying “No Sales to Minors” signage. Happy hour specials and off premise sales are advertised on social media.

**Other Local Quantitative Data**

*(Other information on alcohol advertising inside or outside liquor stores, convenient stores etc., or flyers passed out around town, social media, or other ways that alcohol might be promoted on college campuses or at schools.)*

See above.

**Promotion Qualitative Data**

Focus Groups- High School Age 12-17yrs, Young Adults 21-25, LGBT 18-25

Key Interviews- Bar Owners

Participants in focus groups ages 12-17 report viewing alcohol promotion through social media (Facebook, Instagram, Snapchat). Peers are posting pictures that make it look cool and fun to drink alcohol. They also reported seeing advertisements on TV (movies with actors drinking specific brands). The 21-25 year old focus groups stated alcohol distributors promote at bars with free shots, new alcohol tastings at events, and TV commercials especially during sporting events. The LGBT 18-25 year old focus group reported seeing advertisements on TV during sporting events, on billboards, and at bars and liquor stores. Bar Owners/Managers report advertising their establishment on Facebook but do not advertise drink specials or brands. They will advertise drink specials inside on chalkboard or fliers. Most Distributors require promotional signs displayed in licensed establishments.
What does the data reveal?

Alcohol advertisements are everywhere. Youth and young adults are viewing alcohol promotion mostly through social media sites, but also have access through television, sporting events, and signs inside or outside of retail establishments. When advertisements make alcohol appealing, popular, and socially acceptable, it encourages youth and young adults to drink.

Policies and Practices related to promotion

Insert data:

Promotion of alcohol is found inside and outside of licensed beverage establishments and on social media. Not all establishments are displaying “No Sales to Minors” signage. Promotion is regulated through zoning ordinances and Board of License Commissioners Rules and Regulations. Social Media advertisement does not appear to be regulated.

Promotion Summary

Based on data presented above on promotion, what contributing factors were revealed that might contribute to the misuse of alcohol and its consequences in your community?

Advertisements encourage youth & young adults to drink alcohol (Social Media, TV, Promo Signs)

Both quantitative and qualitative data shows that alcohol advertisement has little restriction and is heavily viewed by youth and young adults. When advertisements make alcohol appealing, popular, and socially acceptable, it encourages youth and young adults to drink.
Pricing

This intervening variable refers to the cost of alcohol and the extent to which changes (i.e., discounting or price increase) affect consumption.

Pricing Quantitative Data

Data on pricing include the following:

- Environmental Scans

Of the 116 bars and restaurants in the North County Area, coalition members and DOH staff scanned 8 (7%) bars and restaurants.

- Of the 27 liquor stores in the North County Area, coalition members and DOH staff scanned 11 (41%) liquor stores. The environmental Scans showed that liquor was on sale in less than half of the stores, while every liquor store had beer on sale. One (9% of those scanned), liquor store had wine for less than $5.00 and one liquor store (9%) of those scanned sold 18-packs of beer for $10.00.

- Of the 116 bars and restaurants in the North County Area, 8 were scanned (7%) bars and restaurants. Of the bars and restaurants scanned, 100% had happy hour drink specials. One bar had an “all you can drink” deal and one had a “two for one” deal. 63% of bars and restaurants promoted larger serving sizes of alcohol for lower prices per serving.

What does the data reveal?

Licensed Beverage Establishments have happy hour specials. The environmental scan indicated there is an establishment that offers all you can drink and two for one special and 63% of bars promote larger servings of alcohol for lower prices per serving.

Pricing Qualitative Data

Insert data:

Focus Groups and Key Interviews
Focus Groups- Young Adults 21-25, LGBT 18-25
Key Interviews- Bar Owners

Focus groups of young adults ages 21-25 revealed that happy hour and drink specials are attractive and do work to bring young people to establishments. Happy hour promotes binge drinking as adults are motivated to purchase more alcoholic drinks during this time to take advantage of the lower price. The LGBT focus group of 18-25 year olds reported similar findings. Bar Owners/Managers report an increase in sales of alcoholic beverages during happy hour and believe that it could promote binge drinking. They do not normally have a limit of drinks that can be purchased during this time.

What does the data reveal?

Discounted pricing on alcohol increases the purchase and consumption of alcohol. Since the discounted pricing is within a small time frame, binge drinking is happening frequently whether the person is aware of it or not.
Other Local Quantitative Data

Insert data:

There is no additional local quantitative data.

What does the data reveal?

Not applicable.

Policies and Practices related to pricing

Insert data:

There are no policies related to pricing. Pricing is set by retailers.

What does the data reveal?

Pricing is set by retailers.

Pricing Assessment Summary

Based on the pricing assessment of alcohol outlets in your community, what is the magnitude and impact of pricing in your community?

AAC cannot measure the quantitative data on pricing therefore cannot measure the magnitude and impact of pricing with quantitative data. However, according to the MYSA, of 960 respondents, 589 (61%) reported consuming liquor in the last 30 days and 534 (56%) reported consuming beer in the last 30 days. These two choices of alcohol tend to be either highly potent or less expensive.

Pricing Summary

Based on data presented above on pricing, what contributing factors were revealed that might contribute to the misuse of alcohol and its consequences in your community?

Alcohol is available at discount prices.

Qualitative data shows discounted pricing on alcohol increases the purchase and consumption of alcohol. Happy Hour increases binge drinking as the discounted pricing is within a small time frame.
Individual Factors

This intervening variable are factors that can influence the misuse of alcohol and include biological factors, socioeconomic factors, and individual attitudes, beliefs and perceptions around alcohol use. Since little can be done to change biological predisposition, the primary focus of this last contributing factor will focus on individual attitudes along with unique characteristics in your community that may influence the misuse of alcohol.

Data on individual factors include the following:
- MYSA (attitudes, responsible drinking practices, health consequences, drinking motivations, perceptions)
- Focus groups
- YRBS

Individual Factors Quantitative Data

Insert data:

![Bar chart showing the agreement levels of youth on whether their close friends expect them to drink alcohol.]

Source: MYSA, 2016

Slightly more youth 18-25 say their friends don’t expect them to drink alcohol compared to those that say their friends expect them to drink.
In the age group 18-25, most AAC respondents feel expectations from their peers to drink alcohol. Of 729 respondents, 291 (40%) Agree and 141 (19%) strongly agree, for a combined 432 (59%).

Source: MYSA, 2016
Most young people avoid driving when intoxicated. However, 17% of respondents Ages 18-25 have driven intoxicated.

Research shows if youth perceive their peers think substance use is wrong, they are less likely to use substances. According to the DOH Consumption survey, in AAC, a little over half (52.6%) of youth surveyed report their peers would say drinking alcohol is not at all wrong or a little bit wrong.
More young people claim to have ridden with drunk drivers than actually drive drunk. 25% of respondents reported riding in a car with someone who had been drinking alcohol.
23% of respondents report driving while intoxicated in the past month. 77% of respondents reported never driving when they have had too much to drink.

Source: MYSA, 2016
This graph shows 69% of youth and young adults aged 18-25 feel there is a moderate to great risk in someone harming themselves when they have 5+ drinks at a time.
The graph shows the percentage of youth who thought there was either “no risk” or just a “slight risk” to use alcohol. Area percentages range from 24-33%. In NAAC, approximately 1 in 4 youth do not report seeing the risk of binge drinking.

**What does the data reveal?**

For youth 18-25 slightly more say their friends do not expect them to drink alcohol, in the age group 18-25, most AAC respondents feel expectations from their peers to drink alcohol. Of 729 respondents, 291 (40%) Agree and 141 (19%) strongly agree, combined 432 (59%).

Research shows if youth perceive their peers think substance use is wrong, they are less likely to use substances. According to the DOH Consumption survey, in AAC, a little over half (52.6%) of youth 18-25 surveyed report their peers would say drinking alcohol is not at all wrong or a little bit wrong. 23% of respondents report driving while intoxicated in the past month yet more young people in this age group claim to ride with someone who has been drinking than actually drive drunk.

For high school aged youth in NAAC, 25% do not see a risk of binge drinking.
Individual Factors Qualitative Data

Insert data:

Focus Group and Key Interviews

Focus Groups- High School Age 12-17yrs, Young Adults 18-20, Young Adults 21-25, LGBT 18-25
Key Interviews- Law Enforcement, Bar Owners

Responsible Drinking

All three focus groups ages 12-25 report youth and young adults drink alcohol with no responsible plan. The designated driver is the person in the group who “drank the least”. Common findings in the majority of focus groups of youth and young adults in all age groups revealed that youth and young adults that drink are more likely to be involved in fights and violence. Groups consistently did not know the definition of binge drinking. The 18-20 year old focus groups reported young adults smoke and use other drugs while drinking alcohol. The young adults in the 21-25 age focus groups said many young adults drink to get drunk. The LGBT 18-25 year old focus group reported similar findings to the other focus groups. Bar Owners/Managers report that alcohol causes many fights in their establishments as well in the surrounding community. Underage drinking is common in Anne Arundel County communities.

Motivations

Focus groups of 12-17 year olds stated that youth drink alcohol for fun, to relieve stress, and because of peer pressure to look cool and fit in. The 18-20 year old young adults reported drinking alcohol to socially fit in and reduce stress. This group reported that since they are close to 21, their parents are more lenient with alcohol use compared to when they were in high school. The 21-25 year old young adults reported drinking alcohol is a planned part of regular activities, especially activities involving sports. Bar Owners/Managers Key report seeing more binge drinking on special occasions.

Perceptions

All focus groups ages 12-25 report that drinking alcohol is culturally acceptable and drinking alcohol is common in Anne Arundel County for youth and young adults their age. Drinking alcohol is part of the LGBT culture. Watching parents and family members drink in the home and at family gatherings sends the message that alcohol is acceptable behavior and goes hand in hand with having fun. The 18-20 year old focus groups reported there is a lot of drinking that goes on at colleges and it is what is expected of college students. Law Enforcement reports parents do not think drinking is a problem if it is done at home. There is a lack of awareness concerning underage drinking and binge drinking among parents of youth and young adults. Alcohol is seen as a mild problem due to the high prevalence of opioid misuse. Youth and young adults 12-25 are aware of the risks associated with alcohol. However, the younger group had more of a “this is what can happen to others, but not me” attitude. The older groups were very detailed with risks and genuinely concerned that those things could happen to them or one of their friends. The reality of risk was more prevalent within those ages.

What does the data reveal?

Drinking alcohol is accepted throughout all cultures and communities. Fights and violence while drinking are prevalent throughout this age range. Young adults are driving while intoxicated, whether a small or large amount of alcohol is consumed. There is low regard to how much is being drank, the purpose of drinking is to get drunk. The definition of binge drinking is unknown to most. Drinking is a social activity; the alcohol is either in conjunction with an activity (sporting events, special occasion, holiday) or the activity itself is drinking and that serves as the purpose of gathering. Perception of risk and harm seems to increase with age. A common motivation for drinking is to relieve stress and fit in socially.
## Individual Factors Summary

Based on data presented above on individual factors, what contributing factors were revealed that might contribute to the misuse of alcohol and its consequences in your community?

### Drinking alcohol is culturally acceptable

Qualitative data shows that drinking alcohol is culturally acceptable and common in Anne Arundel County for youth and young adults. Alcohol is incorporated into many family functions as well as activities with peers (such as sporting events).

### Youth and young adults drink alcohol with no responsible plan

Both qualitative and quantitative data shows that many young adults are driving while intoxicated with no responsible plan for transportation.

### Lack of responsible drinking practices

Youth and young adults that drink alcohol are more likely to be involved in fights and violence. Binge drinking is happening frequently and most youth and young adults are not aware of the definition of binge drinking to self-monitor.
Prioritization
The final step involves prioritizing the identified contributing factors. In order to select the top contributing factors, you will need to consider community readiness, community resources and changeability.

Community Readiness:

Underage Drinking

<table>
<thead>
<tr>
<th>Participant Sector</th>
<th>Knowledge of efforts</th>
<th>Leadership</th>
<th>Resources</th>
<th>Community Climate</th>
<th>Knowledge of Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Citizen</td>
<td>4</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2 Citizen</td>
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<td>4</td>
<td>6</td>
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<td>4 Health</td>
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<td>5 Education</td>
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<td>6 Education</td>
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</table>
### Discuss the results of the community readiness tool to assess your community readiness to tackle underage drinking and binge drinking

The Community Readiness Assessments that were completed by NLASA reflected cultural competence in both 2012 and 2016 by involving coalition members and community groups of diverse ethnicity, age, gender, sexual identity and beliefs; and from each of the defined sectors in planning, interviewing, collecting data. Data was collected in ways that were sensitive to the respondent’s perspective, for example in writing, verbally and in small group format. As we analyzed the data, care was taken to overtly include the diverse perspectives in the decision making and prioritization. As demonstrated below, the target population was included in all aspects of prevention planning. Coalition members have long recognized that people in the NLASA geographic areas have diverse group, geographic and personal identities. Community readiness surveys were conducted face to face on paper, one-to one and in group settings. 2012 and 2016 Community readiness scores are compared below for Underage Drinking. 2016 Community readiness scores are reported below or Binge Drinking.

<table>
<thead>
<tr>
<th>Participant Sector</th>
<th>Knowledge of efforts</th>
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<td>3.42</td>
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</tbody>
</table>
**Underage Drinking**

In 2012, NLASA conducted nine community readiness interviews which showed an overall Community Readiness score of 4.5, between Pre-planning and Preparation Stages. In 2016, NLASA conducted its community readiness interviews as depicted in the tables above. The range of Underage Drinking Community Readiness score averages were all between the highest of 6.66 in Leadership and the lowest of 5 in Community Climate. This change between 2012 and 2016 reflects an increase of 2.16. The underage drinking community readiness scores indicate that the NLASA community has progressed to the Preparation Initiation stage. Leadership and knowledge of the issue scored the highest, reflecting NLASA’s work with elected officials, community leaders, Liquor Board and Law Enforcement. Resources and knowledge of the efforts scored the lowest indicating the result of funding delays and the concomitant lack of outreach during the funding lapses. Lower scores by Citizens and the Business community indicate areas that may benefit from targeted outreach.

NLASA is encouraged by this increase in scores for underage drinking and desires to continue to work to increase the community Readiness in its work in coming years. NLASA observed that the social media, community presentations, radio, print and magazine press coverage, one to one contacts, phone calling fliers, brochures, posters, attendance at special events, focus groups key to the increased community readiness completed in the past five years a factor in the increased score. Given the turnover in the coalition, these strategies would need to continue to maintain or increase the level of readiness. NLASA has participated in data presentations, TAM trainings and police alcohol enforcement trainings. NLASA has been invited to participate in larger public forums in Schools with laws enforcement, mental health, those affected by the disease of addiction, specifically underage drinking.

**Binge Drinking**

Community Readiness scores for Binge Drinking range from the highest of 4.91 in Leadership and the lowest of 3.41 in Knowledge of Efforts and Community Climate. When the Community Readiness surveys were discussed with the NLASA Coalition, it was evident that the average Binge Drinking Community Readiness was lower than the Underage Drinking Community Readiness scores. Only one person knew the definition of binge drinking. The educator in the group googled it for the group to be sure our definition was right (it was right) and the coalition released there is basic education to do with regard to binge drinking, consequences and facts.

The scores reflect that with regard to Binge Drinking, the NLASA community ranks in the Vague Awareness Preplanning stage.

No particular sector stood out in their rating of Binge Drinking community readiness indicating an across the sector need for increase in community readiness. NLASA members commented that social media, establishment education, and media campaigns coupled with continued presentations and enforcement have worked for us in the past and should be pursued.
Community Resources

Most communities already do some sort of substance abuse prevention for young adults, ranging from implementing college based programs to pursuing policy changes. Therefore, it is important to consider the resources already being used in any of the intervening variables. Complete Table 16 below by listing current strategies and resources being expended within each intervening variable. Note that these must include some focus upon the prevention of underage and binge drinking. Resources most often refer to funding but could also refer to other efforts like individual time spent pursuing policy change, dedicated staff, or coalition work. Please note that resources do not refer to your current partners. Complete this resource assessment with your local coalition.

Table 16 listings current strategies and resources being expended within each intervening variable.

Throughout AAC, local MSPF coalitions are active in the community. The following table was created by a county-wide work group comprised of members of each of the four existing substance abuse prevention coalitions and additional community members. It was reviewed by the NLASA coalition. Work group and Coalition representatives included law enforcement, healthcare, parents, a young adult resident of AAC/volunteer student intern in the age group (19 years old), licensed beverage establishment owners, the AAC Board of Licensed Beverage Commissioners, faith-based groups, treatment providers, State’s Attorney’s office, Office of the AAC County Executive and educators contributed to and drafted the following table of current resources and strategies focusing on Young Adult High Risk Drinking.

Table 16. Current Resources and Strategies Focusing on Young Adult High Risk Drinking

<table>
<thead>
<tr>
<th>Intervening Variable</th>
<th>Strategies</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Availability</td>
<td>AAC License Beverage Association Internal Peer Reviews</td>
<td>Volunteer retail establishments</td>
</tr>
<tr>
<td></td>
<td>TAM Training for Establishment staff</td>
<td>MSPF budget, AAC Partnership for Children Youth and Families</td>
</tr>
<tr>
<td></td>
<td>Compliance Checks in the City and County</td>
<td></td>
</tr>
<tr>
<td>Enforcement/Adjudication</td>
<td>Annapolis Police Department BAC testing at City Dock “Know Your Limit”</td>
<td>Compliance Checks</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td>Awards Dinner for establishments passing successful compliance checks with keynote speaker, County Delegation, individual Coalition, Establishment owners, members speaking at each table</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alcohol Enforcement Training for Annapolis City, County Police and Sheriffs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alcohol TIPS Underage Drinking party TIPS line</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education about the Good Samaritan Law and how it applies to alcohol medical emergencies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Availability</td>
<td>Coalitions’ Community Forums and Social Media (such as 4 community Facebook pages for each local coalition) to Educate the public and parents about youth access to alcohol, Health Fairs in Community Colleges, community e-newsletters</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High School Media Contest.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintenance of <a href="http://www.preventsubstanceabuse.org">www.preventsubstanceabuse.org</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Active SADD chapters in every High School and 5 middle schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Educating School Nurses and providing print resources</td>
<td></td>
</tr>
<tr>
<td>Promotion</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Community Norms</td>
<td>Social Media educational posts about alcohol, binge drinking, classroom presentations, literature, individual and group sessions at AACC Collegiate Recovery Center.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upcoming communications campaign</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff of AACC Recovery Center to include Nurses and Student Volunteers, Coordinators or Chairs of 4 local substance abuse prevention coalitions in AAC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Topic TBA</td>
<td></td>
</tr>
</tbody>
</table>
**Changeability Assessment Table**

For each of your identified contributing factors, assess their changeability and importance. Then develop the following 2x2 table based on your assessment.

Changeability Assessment:
This will allow you to identify:
1. Which contributing factors **most impact** underage drinking and binge drinking in your community (Ask the question: To what degree do you believe the contributing factor is affecting underage drinking and/or binge drinking in your community?)
2. Which factors are **more likely to change** in response to your efforts?

Some questions to consider are as follows:
1. How big of an impact does this contributing factor have on underage and binge drinking consumption patterns and consequences in your community?
2. What community resources are available to address this contributing factor?
3. What are the gaps in community resources?
4. How ready is the community to address this contributing factor?

**Changeability Assessment Table Worksheet**

<table>
<thead>
<tr>
<th>High Impact</th>
<th>Low Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Likelihood to Change</strong></td>
<td><strong>Less Likelihood to Change</strong></td>
</tr>
<tr>
<td>• Youth take alcohol from the home</td>
<td>• Lack of responsible drinking practices</td>
</tr>
<tr>
<td>• Parents allow young adults ages 18-20 to drink at home</td>
<td>• Older friends or siblings provide alcohol to youth &amp; young adults</td>
</tr>
<tr>
<td>• Lack of consistent compliance checks</td>
<td>• Lack of effective Enforcement policies for underage drinking</td>
</tr>
<tr>
<td></td>
<td>• Alcohol is available at discount prices</td>
</tr>
<tr>
<td></td>
<td>• Youth &amp; young adults drink with no responsible plan</td>
</tr>
<tr>
<td></td>
<td>• Drinking is culturally acceptable</td>
</tr>
<tr>
<td></td>
<td>• Lack of trained staff at retail establishments</td>
</tr>
<tr>
<td></td>
<td>• Advertisements encourage youth &amp; young adults to drink</td>
</tr>
<tr>
<td></td>
<td>• Young adults ages 18-20 use Fake ID’s</td>
</tr>
</tbody>
</table>
Discuss the results of the changeability assessment:

Through data collection and an examination of the quantitative and qualitative data, NLASA identified 13 contributing factors to underage drinking and/or binge drinking in AAC. The list of 12 contributing factors is supplied in the Appendix as a supplemental Focus Group and Key Interview coding form. The 12 contributing factors were reviewed for supportive quantitative data. Through work group discussion of the data and small group discussion, the group prioritized and selected the contributing factors that it believed had the most impact on underage drinking and binge drinking in our community; and to what degree the group believed the contributing factor is affecting underage drinking and/or binge drinking in our community.

1) Social Access: Parents allow young adults ages 18-20 to drink at home; High Impact, High likelihood to change. Qualitative data exists but there is no quantitative data support. AAC is beginning the third year of PWHLTM communications campaign to raise awareness of this issue, selection would be duplicative and selection of another Social Access contributing factor would build on this campaign without duplicating it.

2) Social Access: Older friends and siblings provide alcohol to youth & young adults; High Impact, Low likelihood to change. Again, PWHLTM communications campaign is designed to raise awareness of this issue.

3) Enforcement: Lack of effective Enforcement policies for underage drinking; High Impact, Low likelihood to change. Both qualitative and quantitative data, but due to 5 years of efforts to raise citation data, NLASA believed it could advocate for this to increase, but its efforts would have more impact with focus on other contributing factors.

4) Promotion: Ads encourage youth and young adults to drink alcohol; Low Impact, Low likelihood to change. Due to the magnitude of national and local level alcohol advertisements and no restrictions on social media, efforts would have more impact if focused on other contributing factors.

5) Pricing: Alcohol is available at discount prices; High Impact, Low likelihood to change. Quantitative data shows low percent of youth purchasing from retail establishments, the coalition decided to focus efforts elsewhere.

6) Individual Factors: Drinking alcohol is culturally acceptable; High Impact, Low likelihood to change. Qualitative data exists but no quantitative data, changing culture is extremely hard and takes years to see outcomes.

7) Individual Factors: Youth and young adults drink with no responsible plan (drinking & driving); High Impact, Low likelihood of change. Efforts currently in place through the Maryland Highway Safety Office.

8) Retail Access: Youth and young adults ages 18-20 use Fake ID’s; Low Impact, Low likelihood of change. This contributing factor had strong qualitative data but weak quantitative data about the NLASA region (MYSA: only 20% county-wide admitted having a fake ID)

9) Social Access: Youth and Young Adults take alcohol from the home; High Impact, High Likelihood to change. If alcohol is being taken from homes then parents’ are not monitoring their alcohol supply. The coalition decided not to focus on this since outcomes are not measurable.
The following three contributing factors were chosen.

**Retail Availability: Lack of consistent compliance checks**
- Lack of consistent compliance checks was prioritized as high impact
- Lack of consistent compliance checks was prioritized as high likelihood of change

There is a high level of cooperation among law enforcement, the Liquor Board, and the coalitions which results in effective compliance check outcomes. This high level of collaboration has led to effective work to prevent service of alcohol to minors in retail settings. However, insufficient funding has limited the amount of establishments checked within the northern area. Since 2011, the coalition has observed that compliance checks have increased, but due to inconsistent funding, all establishments are not checked for compliance.

In 2014, 56 licensed establishments were checked in Northern AAC, 36% of licensed establishments. 42 of 56 were compliant. In 2015, 42 licensed establishments were checked in Northern AAC, 27% of licensed establishments. 32 of 42 were compliant. Compliance check data reveals that when compliance checks are done more consistently by police, licensed beverage compliance rates increase.

According to the MYSA, 32.7% of 18-20 year olds county-wide reported buying from a store, restaurant, bar or club. This data is supported by focus group comments by the same age group which stated that youth and young adults ages 18-20 use fake ID’s, servers do not check ID’s, and youth and young adults shoulder tap. According to the MYSA, the vast majority of 21-25 year olds obtain their alcohol from a store, restaurant, bar or club.

According to the AAC-DOH Youth Consumption Survey of 12-20 year olds, 18% of youth purchased alcohol from a liquor store, restaurant, bar, or club.

MYSA data reveals that 8.89% of surveyed youth report using a fake ID or someone else’s real ID and 13.04% were not asked to show ID when purchasing alcohol from a liquor store. 7.83% of surveyed youth reported using a fake ID or someone else’s real ID and 15.81% were not asked to show ID when purchasing alcohol from a restaurant or bar. Both 18-20 year old focus groups mentioned the use of fake IDs. One key interview with a bar manager identified fake IDs as a problem in the community. Two focus groups, one young adult 18-20 and the LGBTQ group mentioned servers do not check IDs.
Retail Availability: Lack of trained staff at retail establishments

- Lack of trained staff at retail establishments was prioritized as **high impact**
- Lack of trained staff at retail establishments was prioritized as a **low likelihood of change**

This factor was believed to have great impact on addressing underage drinking through creating policy change within our county.

In AAC, one manager is required to be trained in Techniques of Alcohol Management and that manager is not required to be on-site (AAC Board of License Commissioners). The coalition decided that this contributing factor would work best for creating policy change within our County by proposing that at least one TAM trained staff member must be on-site during hours that alcohol is served. It is noted that the Board of License Commissioners often requires an establishment to have all of its employees trained. NLASA formed an agreement with the Bartending Academy to train all graduating bartenders in TAM. In 2014 and 2015, 10 TAM trainings were held with 144 participants from North County. There is broad cooperation among the coalition, retail establishments and Board of License Commissioners. However, youth are still obtaining alcohol at retail establishments even with increased trained staff.

According to the MYSA, 32.7% of 18-20 year olds county-wide reported buying from a store, restaurant, bar or club. This data is supported by focus group comments by the same age group which stated that youth and young adults ages 18-20 use fake ID’s, servers do not check ID’s and youth and young adults shoulder tap.
**Individual Factor: Lack of responsible drinking practices**

- Youth and young adults lack responsible drinking practices was prioritized as **high impact**
- Youth and young adults lack responsible drinking practices was prioritized as **low likelihood of change**

This factor was believed to have great impact because it addressed **both underage drinking and binge drinking**. It also contained substantial direct local quantitative and qualitative data.

The coalition reflected on the impact of fights and violence as a negative consequence to victims and the level of harm caused by a lack of control of emotions and actions due to high levels of alcohol consumption. The coalition considered the impact of bar violence on law enforcement through increased staffing and threats to public safety resulting in negative health consequences for individuals. The coalition knows that communities are concerned with increased violence even though surveys have not been conducted on this topic. Coalition members serve on safe streets coalitions, have a strong history of working with law enforcement in AAC, and receive support from the state’s attorney office and therefore, believe any impact would be rated high; but would require a true collaborative effort. This would require additional data collection, capacity building on this issue, and implementation of evidence based strategies to address the impact of alcohol and violent behaviors. Therefore, the coalition stated these efforts would take some time to implement and rated the likelihood of change low.

According to data from the Anne Arundel County Police Department, crime records show that there were 3,935 citations issued for assault in 2014. A further study needs to be completed to see if the data supports that fights and violence are alcohol related. This data needs further analysis of locations of fights, i.e. recurring bar locations.

The resources that are available to address this contributing factor are active involvement with and by law enforcement, crisis response and the state’s attorney’s office. General effort to prevent or reduce violence in communities is underway through community policing initiatives.

Binge Drinking is also a major contributor to alcohol related fights and violence. All 7 high school and young adult focus groups and the target LGBTQ focus group revealed that youth and young adults do not know the definition of binge drinking. One law enforcement interview concurred with this finding. With such broad lack of knowledge, it was reasoned that change could not occur if the community was not knowledgeable of the definition of binge drinking. The impact was rated low because the coalition reasoned that if the community operated from a common definition of binge drinking, there may not necessarily be a change in behavior (low impact), but it would be an important educational step to impact community level change (high priority on which other change may rely). According to the MYSA, comparison of two questions reveals youth and young adults do not know the definition of binge drinking. 30% of youth and young adults completing the survey reported binge drinking although when asked how many drinks they had on one occasion in the last 30 days, 64% reported drinking greater that 4 drinks on at least one occasion. Therefore, when specifically asked if they binged drank the numbers were lower than when asked about the number of drinks consumed that would define binge drinking. It was rated low impact because the impact of youth not knowing the definition of binge drinking is unknown.

In addition to the consumption data identified above for both underage and binge drinking, the coalition was concerned that 56.17% of AAC respondents reported binge drinking 1 or more days in the past 30 days (MYSA). The coalition was troubled by the fact that the percentage of AAC respondents who reported 5+ days of binge drinking in the past 30 days was 20.64% that is 2.98% greater than the State of Maryland that reported 17.66%. There is a high percentage of young adults binge drinking.

The resources that are available to address this contributing factor are experienced coalition members who have connections to parent groups in schools and communities, two years of discussion and forums in the community and [www.preventsubstanceabuse.org](http://www.preventsubstanceabuse.org) and social media.
When the Community Readiness surveys were discussed with the NLASA coalition, it was evident that the average binge drinking community readiness was lower than the underage drinking community readiness scores. Only one person knew the definition of binge drinking. The scores reflect that in regard to binge drinking, the NLASA community ranks in the vague awareness preplanning stage. No sector stood out in their rating of binge drinking community readiness, indicating an across the sector need for increase in community readiness. Given the coalition’s presence at community meetings, health fairs, on committees, on social media and other well-known places to display information and get messages to the community, it was determined that as we have promoted health messages about underage drinking, the likelihood of change was rated high. NLASA members reasoned that since the underage drinking community readiness score had increased, binge drinking could increase and was therefore rated a high likelihood of change.
Final Conclusions

After collecting and analyzing all the data surrounding underage drinking and binge drinking as well as each intervening variable for these problems, you need to decide what contributing factors your community will focus on. This decision is ultimately the first step of your MSPF Strategic Plan that will lead to determining the very specific evidence-based strategies for your community to implement.

Think about your data and especially your final rankings and the Changeability Assessment table you completed. As a coalition you will have to decide what combination of intervening variables you are going to target and why. Complete the following table for the contributing factors identified in the high priority quadrant.

Overview of Needs Assessment Results

<table>
<thead>
<tr>
<th>Contributing Factor</th>
<th>Demographic subgroup (Who)</th>
<th>Geographic Location (Where)</th>
<th>Time of Year* (When)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Availability</td>
<td>Youth and young adults 12-20</td>
<td>Northern Anne Arundel County (Pasadena, Glen Burnie East, Glen Burnie West, Brooklyn, Curtis Bay)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Lack of Consistent Compliance Checks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Availability</td>
<td>Youth and young adults 12-20</td>
<td>Northern Anne Arundel County (Pasadena, Glen Burnie East, Glen Burnie West, Brooklyn, Curtis Bay)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Lack of trained staff at retail establishments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Factor</td>
<td>Youth and young adults 12-25</td>
<td>Northern Anne Arundel County (Pasadena, Glen Burnie East, Glen Burnie West, Brooklyn, Curtis Bay)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Lack of responsible drinking practices</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If applicable

What

The coalition agreed that both underage drinking and binge drinking are problems with consumption and consequence data to support and refine the magnitude of the problem.

With regard to underage drinking, the 2014 YRBS shows AAC high school youth report alcohol as the number one substance ever used. The YRBS shows AAC’s rate of alcohol use is higher than the State of Maryland with 65.20% in 2013 and 54.80% in 2014 compared to the State of Maryland which was 60.90% and 52.30% respectively. The YRBS past 30 day use indicates that in 2013 AAC high school students reported past 30 day use was 34.9% compared to 31.2% for the State of Maryland; and in 2014 AAC high school students reported 30.2% past 30 day use compared with 26.1% for the State. The coalition observed that although the past 30 day use is trending downward, as are school suspensions for use of dangerous substances, it is still of concern because it is higher than the State and the number one substance reported ever used in high school.

Binge drinking consumption and consequence data show that binge drinking occurs in both high school 12-17 and young adult 18-25 year old age groups. 2014 YRBS data indicates that although the binge drinking trend is
decreasing, AAC high school students report binge drinking on 17% of the last 30 days. The percentage of AAC high school students past 30 day binge drinking is higher than the State of Maryland 3.2% and 3.9% for 2013 and 2014 respectively. MYSA data indicates that 56.18% 18-25 year olds reported binge drinking 1 or more times in the past 30 day. MYSA data showed that 20% of 18-25 year olds reported drinking greater than 10 drinks on any one occasion; 43.51% reported drinking 5-10 drinks on any occasion in the past 30 days.

Who

The coalition identified youth aged 12-20 for underage drinking; and youth and young adults ages 18-25 years old for binge drinking based on consumption and consequence data. Although there were differences in the data for males, females and the LGBTQ population, the coalition determined the data differences were not persuasive enough to target a demographic subgroup

For underage drinking the coalition noted that MYSA data indicated that 92% of youth had their first drink before they were 21. Nearly 30% of respondents had their first drink before 15. The coalition noted that prevention efforts for underage drinking should focus on all high school ages but as young as 12 since prevention efforts should reach the population before the age of first drink and youth are exposed to other risk factors.

Consumption and consequence data differed among those with male and female identities. According to the YRBS, percentage of past 30 day alcohol use among high school students by gender showed AAC high school females report 33.9 percent of past 30 day use while males report 26.3%, females reporting 7.6% higher than males. Past 30 day use rates for females and males were higher in AAC than the State by 4.8 and 4.1% respectively. High school binge drinking by gender shows that 1% more females binge drink than males. However total males and females past 30 day binge drinking is 4.3% higher in AAC than the State of Maryland. The coalition observed that AAC high school aged females report past 30-day use is 7.6% higher than AAC high school males and 4.8% higher than females in the State of Maryland. The coalition observed that AAC high school aged males is 3.3% greater than males in the State of Maryland. Since both males and females show percentages greater than the State of Maryland, the coalition is concerned about past 30-day use for of in both AAC males and females.

Alcohol related crash data by AAC Police District indicate that there are a greater number of males than females issued a DUI for alcohol related crashes. Hospital data indicate that there are more males (64%) than females (36%) presenting in the Emergency Department. Gender differences exist in county-wide hospital data and local alcohol-related crash data, though it does not correlate with county-wide data by gender. Consequence data shows the percent of alcohol involved cases in hospital visits for 18-25 year olds is declining but is still greater than the State of Maryland by about 1%. When we examine the hospital data by gender the percent of alcohol related cases in the 12-20, 21-25 and 26+ age groups is rising for males but decreasing for females. The coalition observed that both consumption and consequence data for AAC high school students is a problem for both males and females.

Focus group with LGBTQ 18-25 year olds showed similar factors that showed in other focus groups such as they go to a lot of home parties and clubs, however, they indicated that drinking was part of their sexual identity, preferences and an acceptable lifestyle. Because home parties and drinking as an acceptable lifestyle was raised in focus groups and quantitative data, and therefore are a part of non-LGBTQ lifestyles, the coalition decided the data was supportive of selecting the general population of 18-25 year olds, not solely LGBTQ.

Where

The coalition determined that it would focus on all 5 ZIP codes in NLASA because although there were differences among the 5 ZIP codes, they were not overwhelming different to justify narrowing the focus to a geographic location. However, the coalition noted that Pasadena has the highest underage youth drinking rate in NAAC. STI’s are low in AAC but high in Glen Burnie. Glen Burnie and Pasadena have a high number of residents were involved in an alcohol related crash. The coalition noted that focus groups revealed that youth and young adults drink in
homes/home parties. The highest density of alcohol establishments and alcohol related crashes are in Northern AAC.

When

The coalition reviewed the data and concluded that youth and young adults drink and binge drink at many different times, days and occasions. Youth and young adults drink or binge drink was mentioned in 5 focus groups and 1 key interview as more likely on the weekend. Other focus group and survey data revealed that youth and young adults drink weekly or daily, in the summer, winter and holidays. The most alcohol crashes occur on Saturday nights 11pm through 4am Sunday morning. When looking at frequency and number of drinks for 18-25 year olds, MYSA data indicate that 6.56% of 18-25 year olds reported past 12 months drinking daily and 44.66% reported drinking weekly. The coalition determined that we have data that indicates drinking occurs on the weekend, and that will be considered as we proceed with planning, but that it is not persuasive enough to isolate the weekends as the sole focus.

Why

The coalition concluded underage drinking and binge drinking is primarily occurring in NAAC because of social access to alcohol. For those under 21, it is available in homes and provided to them by those over 21. For those 21 and over, the culture of drinking is encouraged among peers at home parties, in restaurants, and bars. With the exception of DUIs, there are very few negative enforcement consequences for youth and young adult that drink alcohol. Negative consequences occur because of drinking alcohol, but they do not discourage youth from drinking because peers support the culture of drinking. Youth and young adults are unaware of serving sizes and binge drink at dangerous levels.
### MSPF 2 Needs Assessment Data Collection Checklist (version of 7/9/2016)

<table>
<thead>
<tr>
<th>Needs Assessment Data Collection</th>
<th>Method/Tool</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Qualitative Data Collection:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Youth Focus Groups</td>
<td>2 Focus Groups</td>
<td>5/19/16 and 5/20/16</td>
</tr>
<tr>
<td>Young Adults 18-20</td>
<td>2 Focus Groups</td>
<td>5/11/16 and 5/29/16</td>
</tr>
<tr>
<td>Young Adults 21-25</td>
<td>2 Focus Groups</td>
<td>5/25/16 and 5/26/16</td>
</tr>
<tr>
<td>Target Population (LGBTQ or veterans)</td>
<td>1 Focus Group LGBTQ</td>
<td>5/19/16</td>
</tr>
<tr>
<td>Law Enforcement KI</td>
<td>2 interviews</td>
<td>5/5/16 and 5/20/16</td>
</tr>
<tr>
<td>Bar/Restaurant Owner/Manager KI</td>
<td>2 interviews</td>
<td>5/6/16 and 5/11/16</td>
</tr>
<tr>
<td>Health Care Provider KI</td>
<td>2 interviews</td>
<td>5/10/16 and 5/17/16</td>
</tr>
<tr>
<td><strong>Policy Assessment</strong></td>
<td></td>
<td>6/8/16</td>
</tr>
<tr>
<td><strong>Community Readiness Assessment Data Collection:</strong></td>
<td>2 Community Readiness Scoring Sheets (Underage and Binge drinking)</td>
<td>6/1/16</td>
</tr>
<tr>
<td>Law Sector</td>
<td>2 interviews/priority</td>
<td>5/13/16</td>
</tr>
<tr>
<td>Business Sector</td>
<td>2 interviews/priority</td>
<td>5/13/16</td>
</tr>
<tr>
<td>Education Sector</td>
<td>2 interviews/priority</td>
<td>5/13/16</td>
</tr>
<tr>
<td>Health Sector</td>
<td>2 interviews/priority</td>
<td>5/13/16</td>
</tr>
<tr>
<td>Government Sector</td>
<td>2 interviews/priority</td>
<td>5/13/16</td>
</tr>
<tr>
<td>Involved Citizens Sector</td>
<td>2 interviews/priority</td>
<td>5/13/16</td>
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<tr>
<td><strong>Local Data Collection:</strong></td>
<td></td>
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</tr>
<tr>
<td>Alcohol-related arrests/citations</td>
<td>Multiple Years if available</td>
<td>4/1/16</td>
</tr>
<tr>
<td>Liquor law violations</td>
<td>Multiple Years if available</td>
<td>5/26/16</td>
</tr>
<tr>
<td>Alcohol-related calls for service</td>
<td>Multiple Years if available</td>
<td>Not available in AAC</td>
</tr>
<tr>
<td>STD rates</td>
<td>Multiple Years if available</td>
<td>5/26/16</td>
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<tr>
<td>Liquor licenses (breakdown by type)</td>
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<td>5/26/16</td>
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<tr>
<td>Compliance check rate</td>
<td>Multiple Years if available</td>
<td>5/26/16</td>
</tr>
<tr>
<td>Officers assigned to alcohol-related issues</td>
<td>Multiple Years if available</td>
<td>5/26/16</td>
</tr>
<tr>
<td>Environmental Scans of retail liquor establishments</td>
<td>7/1/2016</td>
<td></td>
</tr>
<tr>
<td>Community Events Sponsorship</td>
<td>Chart</td>
<td>5/26/16</td>
</tr>
<tr>
<td>Other local data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Categories</td>
<td>Y/N</td>
<td>Policy Level (Local, State, Ordinance)</td>
</tr>
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<tr>
<td>Social Access Policies</td>
<td></td>
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<tr>
<td>Keg Registration</td>
<td>x</td>
<td>Maryland Code, Article 2B, Section 21-106</td>
</tr>
<tr>
<td>Restrictions at Community Events</td>
<td>x</td>
<td>AA Board of License Commissioners Anne Arundel County Zoning Code</td>
</tr>
<tr>
<td>Restrictions in Public Places</td>
<td>Anne Arundel County Zoning</td>
<td>§ 14-2-101. Alcoholic beverages. A person may not drink or possess alcoholic beverages in a park unless as part of a group having permission for exclusive use of the park.</td>
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<tr>
<td>Restrict noisy assemblies</td>
<td>State Law Maryland Code</td>
<td>MD State Regulations: Code of Maryland Regulations (COMAR), Title 26.02.03. State noise regulations set maximum intruding sound level limits statewide for three different land uses (industrial, commercial, and residential) for both day and night. The residential limits, which are most often of concern, are: Daytime (7:00 a.m. to 10:00 p.m.) 65 dBA - for residential receiving properties Nighttime (10 p.m. to 7:00 a.m.) 55 dBA - for residential receiving properties (Loud music from bands; clubs, taverns, bars, restaurants) A noise complaint must be repetitive or reoccurring with some degree of predictability. The Noise Program cannot handle a one-time noise occurrence or a non-predictable infrequently occurring noise. <a href="http://www.aacounty.org/services-and-programs/noise-control">http://www.aacounty.org/services-and-programs/noise-control</a></td>
</tr>
<tr>
<td>Social Host Liability</td>
<td>Court of Appeals Ruling indicates a recent “limited social host liability” p. 8.</td>
<td>There is no Social Host Liability in Maryland. <a href="http://bha.dhmh.maryland.gov/MSPF/Documents/MarylandAlcohol_relatedLaws.pdf">http://bha.dhmh.maryland.gov/MSPF/Documents/MarylandAlcohol_relatedLaws.pdf</a> <em>Manal Kiriakos v. Brandon Phillips</em>, No. 20, September Term, 2015, <em>Nancy Dankos, et al. v. Linda Stapf</em>, No. 55, September Term 2015 Opinion by Adkins, J. NEGLIGENCE—STATUTE OR ORDINANCE RULE—ADULT RESPONSIBILITY FOR UNDERAGE CONSUMPTION OF ALCOHOL: It is evidence of negligence when an adult intentionally and knowingly allows an underage person to consume alcohol to the point of intoxication on her property, in violation of Md. Code (2002, 2012 Repl. Vol.), § 10-117(b) of the Criminal Law Article (“CR”), and the intoxicated underage person is injured because he could not make an intelligent choice to protect himself. CR § 10-117(b) was designed to protect underage persons from the harm that alcohol poses to them and those third parties injured thereby as a proximate cause of the minor’s intoxication.</td>
</tr>
</tbody>
</table>
NEGLIGENCE—COMMON LAW DUTY—INJURIES TO A THIRD PARTY FROM UNDERAGE CONSUMPTION OF ALCOHOL ON AN ADULT’S PROPERTY: When an adult furnishes alcohol to an underage person on his property, and intentionally and knowingly allows such consumption, in violation of CR § 10-117(b), the adult increases the risk of harm to others because of the underage person’s improper conduct of driving while under the influence of alcohol. The adult may then be subject to a duty to a third person depending upon the circumstances.

NEGLIGENCE—PROXIMATE CAUSE—UNDERAGE DRINKER’S DECISION TO DRINK ON AN ADULT’S PROPERTY: When an adult intentionally and knowingly allows an underage person to consume alcohol on his property, in violation of CR § 10-117(b), the underage person’s decision to drink alcohol does not, as a matter of law, preclude a finding that the adult is a proximate cause of injuries that flow from the intoxicated underage person’s conduct.

| Other: Furnishing to a Minor | x | (a) 10-177. Furnishing for or allowing underage consumption Max Fine $2500
| Furnishing alcohol. -- Except as provided in subsection (c) of this section, a person may not furnish an alcoholic beverage to an individual if:
| (1) the person furnishing the alcoholic beverage knows that the individual is under the age of 21 years; and
| (2) the alcoholic beverage is furnished for the purpose of consumption by the individual under the age of 21 years.
| (b) Allowing possession or consumption of alcohol. -- Except as provided in subsection (c) of this section, an adult may not knowingly and willfully allow an individual under the age of 21 years actually to possess or consume an alcoholic beverage at a residence, or within the curtilage of a residence that the adult owns or leases and in which the adult resides.
| (c) Exceptions. --
| (1) The prohibition set forth in subsection (a) of this section does not apply if the person furnishing the alcoholic beverage and the individual to whom the alcoholic beverage is furnished:
| (i) are members of the same immediate family, and the alcoholic beverage is furnished and consumed in a private residence or within the curtilage of the residence; or
| (ii) are participants in a religious ceremony.
<p>| Commercial Access Policies |
| Responsible beverage service Training | x | AA County Board of License Commissioners | 1.2.17 Alcohol Awareness (a) A holder of any class of retail alcoholic beverage license (with the exception of Temporary License) or an employee(s) designated by the holder shall complete training in an approved Alcohol Awareness Program. This training is valid for a period of four (4) years, and the holder or a designated employee shall complete training for each successive four (4) year period. Licensee(s) violating the above provisions are subject to: 1. For the first offense, a one hundred dollar ($100.00) fine; and 2. For each subsequent offense, a fine not to exceed five hundred dollars ($500.00), or suspension or revocation of the license, or both. (b) Licensee(s) or designated employee(s) shall forward a copy of certification received upon completion of training to the Board within ten (10) days after receipt of program provider’s certificate of completion. AA County alcohol awareness training regulations require that a certified employee be <strong>On Staff</strong> but this person does not necessarily have to be <strong>On-Site</strong> during hours that alcohol is served. |
| Minimum-age-of-seller | x | AA County Board of License Commissioners | 3.14 Employees (a) A person eighteen (18) years of age or older may serve any alcoholic beverage while serving as a food service waiter or waitress in a restaurant. (b) No person under the age of twenty-one (21) may act as a bartender, barmaid, waiter or waitress in any solely bar or lounge related capacity. (c) No person under the age of twenty-one (21) may act as a package goods clerk. A person sixteen (16) years of age or older may work as a stock clerk stocking alcoholic beverages. |
| Compliance Checks |  |  | The AA County Department of Health provides additional funding to the AA County Police Department to provide compliance checks throughout the county and City |
| Administrative Policies |  |  |  |
| Hours of Service | x | AA County Board of License Commissioners | (c) The hours in which sales of alcoholic beverages may be made under all Class A, B, B-LSH, BLX, C, D, H, Special Hotel-Motel-Restaurant Complex, Special Country Club, Special Golf and Country Club, Special Resort Complex, Special Yacht Club, Special Airport Terminal Building and Special Airport Concessionaire licenses shall be from 6 A.M. until 2 A.M. of the following day, and all persons shall vacate the premises by 2:15 A.M. |
| Commercial Host Liability |  |  | There is no commercial host liability in Maryland <a href="http://bha.dhmh.maryland.gov/MSPF/Documents/MarylandAlcohol_relatedLaws.pdf">http://bha.dhmh.maryland.gov/MSPF/Documents/MarylandAlcohol_relatedLaws.pdf</a> |
| Other: | X | AA County Board of License | 4.02 Inebriates &amp; Drug Addicts No licensee shall sell or furnish alcoholic beverages to any person under the |</p>
<table>
<thead>
<tr>
<th>Misrepresentation of Age to Obtain Alcohol from a Licensed Seller</th>
<th>Commissioners</th>
<th>Md. CRIMINAL LAW Code Ann. § 10-113 (2012)</th>
</tr>
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<tbody>
<tr>
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<td>influence of alcohol or narcotic drugs or who is disorderly in manner or to any person known to be a habitual drunkard or user of narcotic drugs.</td>
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<tr>
<td>4.06 Alcoholic Beverage Containers (a) No licensee shall reuse or refill any bottle or other container of alcoholic beverages; nor shall any license adulterate, dilute, or fortify the contents of any such bottle or container. (b) No licensee shall sell, serve or furnish any alcoholic beverage (other than beer or wine) by the bottle for consumption on the premises.</td>
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<tr>
<td>4.07 Liquor Quantity No holder of any class of license which allows the sale of beer, wine or liquor for consumption on premises shall sell, serve or furnish any alcoholic beverage other than beer or wine by the bottle for consumption on the licensed premises where sold.</td>
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<tr>
<td>3.11 (b) It shall be unlawful for any person to consume any alcoholic beverages outside the structure, but on the premises which forms an integral part of any establishment possessing a valid alcoholic beverage license. Included in the section shall be shopping center parking lots where there is an alcoholic beverage license located in the shopping center and on any parking lot for the use of the public that is adjacent to the premises with an alcoholic beverage license. The provisions of this section shall not apply to any person, firm, organization that has obtained valid license or permit for the Board of Commissioners of AAC</td>
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<tr>
<td>An individual may not knowingly and willfully make a misrepresentation or false statement as to the age of that individual or another to any person licensed to sell alcoholic beverages or engaged in the sale of alcoholic beverages, for the purpose of unlawfully obtaining, procuring, or having unlawfully furnished an alcoholic beverage to an individual.</td>
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<tr>
<th>School/University Policies</th>
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<tr>
<td>The Code of Student Conduct 2015-2016</td>
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<tr>
<td>AACPS: As with any incident of student behavior, school administrators must exercise informed judgment as to whether a student’s actions constitute a violation of the Board policy and/or regulation. The levels, shown on the following page, guide administrators to use progressive interventions to change student behaviors. The administrator always has the option to use an intervention from a lower level as long as one from the prescribed level is also employed. Moreover, if a behavior is deemed a criminal offense by local authorities and such offense is not identified in this Code of Student Conduct, the consequence may be expulsion from the Anne Arundel</td>
</tr>
</tbody>
</table>
County Public Schools. Restitution for loss or damage will be required in addition to any other prescribed consequences. Levels of consequences and options for progressive interventions follow. Repeated chronic or cumulative offenses may require higher levels of interventions/ consequences. For serious violations, interventions/ consequences may begin at a higher level.

**Elementary Level:**
Possession- Level 3,4,5 Intervention
Consumption- Level 3,4,5 Intervention
Distribution- Level 5

**Secondary Level:**
First Offense: Suspension & ADAP  Second Offense: May request ext. suspension
Possession- Level 3-5 Intervention
Consumption- Level 3-5 Intervention
Distribution- Level 5
Possession w/intent to distribute- Level 5

**All Alcohol and/or Other Drug Violations:** Require Major Incident Report, Contact of Police, School Nurse, Community Center, and report to Office of Safe & Orderly Schools

**Level 3 Intervention Options:**
*Check and Connect • *Check In-Check Out • Alternative Programs (RAP, ATUP, ADP, BMBP, Teen Court) •
Alternative school-based program • Campus clean-up • Community Conferencing† • Community Service (Volunteer work for any non-profit organization, public or private, as a form of restitution) • Decision-making room† • Friday/Saturday School† • In-school intervention • In-school suspension • Informal and/or preventative school-based mentoring • Learning Lab • Loss or suspension of privileges • Parent/guardian notification required • Referral to Student Support Team • Restitution • Restorative Practices† • Second Step† • School-based or outside facilitated conflict resolution • Temporary removal from class

**Level 4 Intervention Options:**
• Adjustment transfer to another school • Alternative school-based program • Behavioral Intervention Plan • Community Conferencing† • Friday/Saturday School† • Functional Behavior Assessment • Loss of parking privileges/ Car towed • Loss or suspension of privileges • Modified school day • Parent/guardian notification required • Referral to Alternative Learning Program • Referral to Student Support Team • Restitution • Restorative Practices† • Restricted activity • School-based or outside facilitated conflict resolution • Student re-entry or success plan • Suspension (1–3 days) except for
<table>
<thead>
<tr>
<th>Schools</th>
<th>Policies</th>
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<tbody>
<tr>
<td>Private Independent Schools</td>
<td>Each school has an individual policy. This research was beyond the scope of this assessment. However, we know that people are allowed to drink while they tailgate at sports events at private high schools.</td>
</tr>
<tr>
<td>Individual Schools</td>
<td>The college supports all local, state and federal laws related to drugs and alcohol abuse, including, but not limited to, the Drug-free Workplace Act and the Drug-free Schools and Campuses Act. The unlawful possession, use, manufacture, distribution and/or solicitation of a controlled substance is prohibited. The unauthorized possession, consumption and distribution of alcoholic beverages on college-controlled property or as part of any college-authorized activity is prohibited. Faculty, staff and students who violate this policy shall be subject to appropriate disciplinary action, up to and including dismissal in accordance with college policies and procedures and may also be subject to criminal prosecution. <strong>GUIDELINES FOR DISCIPLINE</strong> Students, faculty and staff are responsible as citizens for knowing about and complying with the provisions of federal, state and local law regarding illegal substances and alcohol. Any member of the college community who violates the law may be subject to both criminal and civil prosecution and punishment as well as college disciplinary proceedings. The college will initiate disciplinary proceedings against students, faculty or staff when conduct is deemed a violation of college policy. If appropriate, the college will impose sanctions in accordance with established procedures applicable to the accused. Penalties for the violation of the Drug and Alcohol policy range from a written reprimand to dismissal from the college. While the college recognizes a violation of its Drug and Alcohol policy as a serious breach of college standards of conduct, it also recognizes drug and alcohol dependency as an illness. The college encourages faculty, staff and students requiring</td>
</tr>
</tbody>
</table>
assistance to deal with drug or alcohol abuse or dependency to seek professional assistance. The substance abuse education program will provide confidential referrals to appropriate community-based treatment on request.

**PROCEDURES FOR ENFORCEMENT** Every member of the college community has a responsibility to enforce the Drug and Alcohol policy. When a student, faculty or staff member is suspected of abusing alcohol or misusing drugs, encourage the employee or student to seek assistance through the substance abuse education program. A witness to a violation of this policy should take immediate action to assure the safety and security of the college community by filing charges of the violation either with the employee’s supervisor, or, in the case of a student, with the Student Review Committee in accordance with the constituency procedures for discipline.

**LEGAL SANCTIONS** Legal sanctions for illegal drug and alcohol activity are severe. Maryland law (Article 27, paragraphs 276-302 of the Annotated Code) states felony conviction for manufacture, distribution, dispensing or possession of a controlled dangerous substance (or a counterfeit if a narcotic drug) is punishable by a prison sentence of up to 20 years or a fine up to $25,000 or both. Felony conviction for bringing into Maryland an illegal controlled dangerous substance (such as marijuana or cocaine) can bring a prison sentence of 25 years or a fine up to $50,000 or both. First conviction on a misdemeanor for illegal delivery, sale or possession with intent to deliver or sell, or manufacture with intent to deliver or sell drug paraphernalia is subject to a fine up to $500. Subsequent drug paraphernalia conviction penalties are up to two years imprisonment or a fine up to $2,000 or both. Misdemeanor conviction for illegally smelling or inhaling any drugs, other noxious substances or chemicals which cause intoxication, inebriation, excitement, stupefaction or dulling of the brain or nervous system is subject to imprisonment up to six months or a fine up to $500 or both.

<table>
<thead>
<tr>
<th>Liquor Board and Zoning Policies</th>
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<tbody>
<tr>
<td><strong>Zoning and Licensing restrictions and regulations</strong></td>
</tr>
<tr>
<td><strong>AA County Board of License Commissioners</strong></td>
</tr>
<tr>
<td>Administrative Policies</td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td><strong>2.12 Zoning</strong> No license shall be issued which will result in a use of premises, which violates any zoning or other statutory land use restriction.</td>
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</table>

The Liquor Board provides administrative and enforcement services to the Anne Arundel County Board of License Commissioners. The Board’s responsibilities include:

- Processing new liquor license applications and requests such as: ownership transfer, change of name, extension of premises, officer changes, change of license type, etc.
- Enforcement of liquor laws as set forth in Article 2B, Annotated Code of Maryland, and Anne Arundel County rules and regulations established by the Board of License Commissioners. Liquor license inspectors are directed by the administrative staff.
- Maintaining license records and handling all correspondence with licensees.
- Scheduling and attending public hearings for licenses.

The Board of License Commissioners regulates the retail sale of alcoholic beverages within Anne Arundel County. The Board, consisting of a Chairman and two commissioners and an attorney: Oversees the enforcement of liquor laws as set forth in Article 2B, Annotated Code of Maryland. Establishes the Anne Arundel County liquor rules and regulations, as set forth in "Rules and Regulations of the Board of License Commissioners for Anne Arundel County." Presides over public hearings for licenses.

<table>
<thead>
<tr>
<th>Other: Liquor License CLASS Descriptions</th>
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<tr>
<td>AA County Board of License Commissioners</td>
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License CLASS (Distinguishes between permanent licenses for taverns, restaurants, airports, etc.)

- Class A (Beer/Wine) or (Beer/Wine/Liquor) Off sale only, no consumption on the licensed premises.
- Class B (Beer/Wine) or (Beer/Wine/Liquor) Restaurant, on and off sales. Must operate a kitchen and serve hot meals at least twice daily.
- Class C (Beer/Wine) or (Beer/Wine/Liquor) Club license, on sale only. On premises consumption only by members and guests.
- Class D (Beer/Wine) or (Beer/Wine/Liquor) Tavern, on and off sales.
- Class D (ON SALE) (Beer/Wine) or (Beer/Wine/Liquor) Tavern, limited to premises consumption only.
- Class H (Beer/Wine) or (Beer/Wine/Liquor) Restaurant, on premises consumption only. Must operate a kitchen and serve hot meals at least twice daily.
Class H (M)(Beer/Wine) or (Beer/Wine/Liquor) Restaurant, on premises consumption only. Must operate a kitchen and serve hot meals at least twice daily. Under some circumstances, an individual may hold more than one Class H license. These circumstances are described in the Maryland Annotated Code.

Class BLX-Deluxe Restaurant (Beer/Wine/Liquor) Maximum of 10, 7-day, on sale only.

Class HMR COMPLEX-Hotel, Motel, Restaurant Complex, on sale only. Allows for Sunday sales, music and dancing.

Class SAC-Special Airport Terminal Buildings, permits the sale of any and all alcoholic beverages within the confines of the airport terminal buildings.

Class Special Race Track-Special Race Track, permits the sale of any and all alcoholic beverages within the confines of the racing park. The hours during which sales of alcoholic beverages may be made are from two hours preceding the running and/or simulcasting any authorized race until two hours after the running and/or simulcasting any authorized race, and not otherwise.

Class AABWF-Special Beer and Wine Festival, permits the sale of beer and wine at the Anne Arundel County Beer and Wine Festival in accordance with Section 8-301 of Article 2B of the Annotated Code of Maryland. The annual fee for such license shall be $2,500.00 and said license can only be issued to a holder of an existing State Retail Alcoholic Beverage License, State Class 3 Winery License, or State Class 4 Winery License issued pursuant to Article 2B. A special AABWF license shall only be accepted during the month of November of the preceding year for which the festival is to be held, and a hearing shall be held on the issuance of the license commencing in January of the year for which the festival is to be held. The Board shall have the authority to limit or condition the license in any manner deemed reasonable by the Board in furtherance of the provisions contained in Article 2B, section 8-301

Class SCC License-Special Country Club License, permits the sale of alcohol for on sale only, must have at least 200 members with dues not less than $75.00 annual, must have two (2) or more tennis courts and a swimming pool at least 30’x80’ in size.

Class EF License-Entertainment Facility, a facility that holds a license under Title 9, Subtitle 1A of the State Government Article. An entertainment facility license authorizes the holder to sell beer, wine, and liquor on any premises of the entertainment facility that is not covered by an entertainment concessionaire license for consumption anywhere in the entertainment facility. The hours for the sale and consumption of alcoholic beverages...
under an entertainment facility license or an entertainment concessionaire license are the same as the hours of operation for a video lottery facility established under § 9–1A–23 of the State Government Article. An off-sale privilege is not conferred by an entertainment facility license or an entertainment concessionaire license.

**Class EC License**  Entertainment Concessionaire, authorizes the holder to sell beer, wine, and liquor on the premises of the concessionaire for consumption anywhere in the entertainment facility. An off-sale privilege is not conferred by an entertainment facility license or an entertainment concessionaire license.

License TYPE (Distinguishes between the right to sell and/or serve "beer and wine" only, or "beer and wine and liquor.")

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Type BW</td>
<td>Type BW permits beer and wine only.</td>
</tr>
<tr>
<td>Type BWL</td>
<td>Type BWL permits beer, wine and liquor.</td>
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</table>

License SPECIAL (Distinguishes certain licenses as having "special" rights, such as the right to play music, have dancing, etc. Further, there is a special “1-day” liquor license.

**Special 1-day**  On sale only. Issued only to persons holding any non-profit club, society or association at the place described in the license, for a period not exceeding seven consecutive days from the effective date thereof.

**Special Sunday**  (S) Allows for Sunday sales.

**Special Music**  (M)  Licensee is permitted to play recorded music or live music with no more than two musicians.

**Special Entertainment**  (E) Licensee may allow the playing of more than one television, live entertainment with not more than four musicians, karaoke and a disc jockey.

**Special Dancing**  (D) Licensee is permitted to have live and/or recorded music, dancing, and other legal forms of entertainment.

**Special Beer/Wine Tasting**  (BWT) Permits issued to Class A licenses only, for tasting purposes, on premises, of light wine and beer. The licensee may not serve more than one (1) ounce of light wine from each gain brand to any one (1) person; and beer to be served in the quantity of not more than three (3) ounces to any one (1) person.

**Special Wine Sampling**  (WS) Permits issued to bona fide nonprofit organization(s) only. Authorizes the consumption of wine for tasting or sampling purposes: on Class B (Beer & Wine) (Beer, Wine & Liquor) licensed premises with the consent of the licensee; or on premises without a permanent alcoholic beverages license. The permit holder may not serve more than two
(2) ounces from each brand to any one (1) person. Nonprofit organization shall apply fifteen 15 days prior to the day of issuance; and may not be issued more than twelve (12) permits a year. The permit holder is authorized to bring wine on a Class B licensed premises for sampling or tasting only.

Special Late Hours (LH)
May be issued to a Class B license, Hotel, Motel, Restaurant Complex license, Class A license with retail sale of alcoholic beverages which do not exceed 25 percent of the licensees total retail volume, Class H license, or to any bowling alley holding a Class B or Class D license, with twenty (20) lanes or more. Permits the holder to serve food only until specified hour. All alcoholic beverages must be kept under lock and key between the hours of 2:00 a.m. and 6:00 a.m.

Generally, the license will show the hours permitted, for example: "LH (6 AM)".

Special Growler License (GR)
Refillable container license - Growler
(1) The Board may issue a refillable container license to a holder of a Class A license, a Class B license, or a Class D license.

(2) Subject to paragraph (4) of this subsection, a refillable container license entitles the license holder to sell draft beer for consumption off the licensed premises in a refillable container with a capacity of not less than 32 ounces and not more than 128 ounces.

(3) To be used as a refillable container under paragraph (3) of this subsection, a container shall:
   (i) Be sealable;
   (ii) Be branded with an identifying mark of a license holder;
   (iii) Bear the federal health warning statement required for containers of alcoholic beverages under 27 C.F.R. 16.21;
   (iv) Display instructions for cleaning the container; and
   (v) Bear a label stating that:
      1. Cleaning the container is the responsibility of the consumer; and
      2. The contents of the container are perishable and should be refrigerated immediately and consumed within 48 hours after purchase.

Law Enforcement/Adjudication Policies

| Anne Arundel County Police Department- ALCOHOL CHARGING GUIDE | x | State/ County | Art. CR, Sec. 10-114: Possession of Alcoholic Beverage by Persons Under Age 21. 10-114(a)(1) …did unlawfully possess an alcoholic beverage under age 21. |
[Exceptions: This section doesn’t apply if an adult furnishes the alcoholic beverage to the individual or allows the individual to possess or consume the alcoholic beverage and the individual possessing or consuming the alcoholic beverage; and the adult who furnished the alcoholic beverage to the individual or allowed the individual to possess or consume the alcoholic beverage are members of the same immediate family; and the alcoholic beverage is furnished and consumed in a private residence of the adult or within the curtilage of the residence; or the individual consumes the alcoholic beverage as a participant in a religious ceremony.]

10-114(a)(2) …did unlawfully consume an alcoholic beverage under age 21.

[Exceptions: Same as above.] Note: An individual may not be stopped on suspicion of a violation of this section or charged with a violation of this section unless the individual is observed in possession of an alcoholic beverage.

Maximum Penalty: $500.00 Civil Citation/Must Appear


…did possess a card or document that falsely identifies the age of the individual under circumstances that reasonably indicate an intention to purchase or possess an alcoholic beverage.

Maximum Penalty: $500.00 Civil Citation/Must Appear

Art. 26. Sec. 103: Drinking or Possession of Intoxicating Beverages on School Premises.

…did drink or possess any alcoholic beverage on the premises of any public school, without permission.

…did drink or possess any alcoholic beverage and cause a public disturbance at any elementary or secondary school athletic contest. Maximum Penalty: $500.00 Civil Citation/Must Appear

ARREST CRIMINAL OFFENSE Maximum Penalty: $50.00 Arrest (Complete this charge on a statement of charges and complete the original alcohol offense on a civil citation.)

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ANNE ARUNDEL COUNTY CODE
AA Co. Code Art. 9, Sec 1-202: Public Possession or Consumption of Alcoholic Beverages.
…did [possess an open container of an alcoholic beverage/consume an alcoholic beverage] on a [public road/in a vehicle while the vehicle is on a public road] in the County. (“Public Road” includes a street, highway, shoulder, median, right-of-way, alley, sidewalk, road, parking lot or area, lane, path, or public way, or any other land, owned or leased by the County or State, used or intended or obtained for use for public conveyance of vehicles or persons.)

**Maximum Penalty: $500.00 and/or 90 days Arrest and Criminal Citation**

**STATE CRIMINAL OFFENSES**

**Art. CR, Sec. 10-116: Obtaining Alcoholic Beverage for consumption by a Person Under Age 21.**

…did knowingly obtain an alcoholic beverage from a person licensed to sell same, for consumption by any person under age 21. **Maximum Penalty: $2500.00 Criminal Citation if criteria is met**

**Art. CR, Sec. 10-117: Furnishing Alcoholic Beverages for consumption to a Person Under Age 21.**

10-117(a) …did knowingly furnish an alcoholic beverage to someone under 21 years of age, for their consumption. **[Exceptions: if both individuals are (1) members of the same family and the beverage is furnished and consumed in a private residence; or (2) are participants in a religious ceremony.]**

10-117(b) …did knowingly and willfully allow a person under 21 years of age to actually possess or consume an alcoholic beverage at the residence, or within the cartilage of the residence, that (1) The adult owns and which the adult resides; or (2) the adult leases as a tenant and in which the adult resides. **[Exceptions: If both individuals are (1) members of the same family and the beverage is furnished and consumed in a private residence; or (2) are participants in a religious ceremony.]**

**Maximum Penalty: $2500.00 Criminal Citation if criteria is met**

**Art. 2B Sec 12-108: Selling Alcoholic Beverage to a [Minor/Intoxicated Person].**

CJIS # 5 4100 …did sell and furnish ________, an alcoholic beverage, to ________, a person under the
age of 21.
CJIS # 1 0346 …did sell and furnish __________, an alcoholic beverage, to __________, who was visibly under the influence of alcohol at the time of sale and furnishing.

**Maximum Penalty: $1000.00 – 2 years Criminal Citation if criteria is met**

**Art. 2B Sec 19-101: Disorderly Intoxication.**
CJIS # 1 4200 …was intoxicated and did endanger [the safety of ____/the property of ____]. **Safety of Another only**
CJIS # 1 0349 …[was intoxicated/did consume alcoholic beverage] [in/at] _____, a public place, and did cause a public disturbance [therein/threat].

**Maximum Penalty: $100.00 – 90 day Arrest and Criminal Citation**

**Art. 2B Sec 19-202: Places Where Drinking Prohibited (Public/Private Property).**
CJIS # 7 4100 …did unlawfully consume an alcoholic beverage on public property, to wit: _____ (location And description) without authorization from ____, the governmental agency having jurisdiction over said property.

CJIS # 1 0350 …did consume alcoholic beverages on the [mall/adjacent parking lot/grounds] of _____, a retail establishment, without having authorization of the owner thereof. CJIS # 1 0351 …did consume alcoholic beverages in a vehicle parked on public property, to wit: _____, without the Authorization of the entity having jurisdiction there over.

CJIS # 1 0352 …did consume alcoholic beverages in a vehicle parked on the [parking lot/grounds] of _____, a retail Establishment, without the authorization of the owner thereof.

**Maximum Penalty: $100.00 Criminal Citation if criteria is met**

**Art. 2B Sec 19-301: Open Container on Retail Establishment**
CJIS # 8 0000 …did possess in an open container an alcoholic beverage while on [mall/adjacent parking area/ground] of _____, a privately owned retail establishment, without the authorization of the owner of said establishment.

**Maximum Penalty: $100.00 Criminal Citation if criteria is met**
A countywide underage drinking party reporting TIPLINE was established in 2014 by the AA County Department of Health and NLASA Coalition. The TIPLINE number goes directly to NLASA’s Co-Chair, Cpl. Dipietro, an Officer at the AA County Police Department (Northern District) who directs the call to the appropriate district within the county for intervention.

<table>
<thead>
<tr>
<th>Pricing Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drink Specials</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>The sales and use tax is imposed at a 9% rate on the taxable price of alcoholic beverages in Maryland.</td>
</tr>
</tbody>
</table>

| Other: |
|        |

<table>
<thead>
<tr>
<th>Promotion Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billboards and Signage</td>
</tr>
<tr>
<td>Restrictions on Alcohol Sponsorship at Community Events</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol Advertising Restrictions in Public Places</th>
<th>State Law</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALCOHOL MARKETING ON YOUTH:</strong> Current Status and Model Policies Maryland scores the following: BP (Best Practice): All elements of the best practice are present. I: At least one but not all elements of the best practice are present. ---: The state does not address the regulatory category, the law has none of the elements of best practices, or the law may be unenforceable (e.g., unconstitutional).</td>
<td></td>
</tr>
</tbody>
</table>
(I) Policy #1. Prohibit False or Misleading Alcohol Advertising:

(-- Policy #2: Prohibit Alcohol Advertising That Targets Minors

(BP) Policy #3: Establish Explicit Jurisdiction Over In-State Electronic Media

(-- Policy #4: Prohibit Outdoor Alcohol Advertising in Locations Where Children Are Likely to Be Present

(-- Policy #5: Restrict Advertising (including alcohol advertising) on Retail Windows (viewable from the outside)

(-- Policy #6: Prohibit Alcohol Advertising on College Campuses

(-- Policy #7: Sponsoring Civic Events

(-- Policy #8: Limit Giveaways


<table>
<thead>
<tr>
<th>Restrictions on Alcohol Advertising on Alcohol Retail Outlet Windows and in Outside Areas</th>
<th>Anne Arundel County Zoning Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>§ 18-3-301. General provisions.</td>
<td></td>
</tr>
<tr>
<td>(g) Display windows. For a commercial operation, an advertising sign commonly used in a retail business may be in a display window if the sign does not occupy more than 30% of the window area.</td>
<td></td>
</tr>
<tr>
<td>3.15 Entrance and View Every tavern license holder shall operate in a building with an entrance door from the street or public road and shall sell alcoholic beverages only in a room with one or more plain glass windows on a street or highway so as to provide an unobstructed view of the interior from the outside at all hours during which sales are prohibited.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th>AA County Board of License Commissioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.09 Relations with Wholesalers</td>
<td></td>
</tr>
<tr>
<td>(b) No licensee shall solicit or accept directly or indirectly any gift of alcoholic beverages, any tie-up advertisement in newspapers or other periodicals, or any gift or rebate of any sort, from a manufacturer, wholesaler, or person engaged in the distribution of alcoholic beverages except a sign, display, or other form of advertisement of a value not in excess of one-hundred and fifty dollars ($150.00), advertising the products of a particular manufacturer, wholesaler, distiller, brewer, or the like.</td>
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</tr>
<tr>
<td>4.03 Solicitation</td>
<td></td>
</tr>
<tr>
<td>(d) No licensee shall employ or use any loud speaker or other sound-making or amplifying device which projects the sound outside the licensed premises for the purpose of</td>
<td></td>
</tr>
<tr>
<td>Workplace Policies</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
</tbody>
</table>
| **State of Maryland Government** | EXECUTIVE ORDER 01.01.1991.16 State of Maryland Substance Abuse Policy  
**B. General Policy.** The State of Maryland establishes and adopts the following substance abuse policy for the Executive Branch of State Government:  
(1) The State of Maryland is committed to making good faith efforts to ensure a safe, secure, and drug-free workplace for its employees consistent with the Drug-Free Workplace Act as enacted by Congress.  
(2) All employees in the workplace must be capable of performing their duties.  
(3) Employees experiencing substance abuse problems are encouraged to seek assistance through:  
(a) Their employer;  
(b) Self-referral to the employer's Employee Assistance Program; or  
(c) Self-referral to an alternative certified rehabilitation program.  
(4) An appointing authority may not hire anyone whom it knows currently abuses drugs or alcohol.  
(5) Employees are prohibited from:  
(a) Abusing alcohol or drugs;  
(b) Committing a controlled dangerous substance offense; or  
(c) Committing an alcohol driving offense.  
**C. Alcohol Abuse Policy.**  
(1) Working under the influence of alcohol is a violation of this policy and shall subject the employee to disciplinary action.  
(2) An employee charged with an alcohol driving offense must report a finding of guilty, an acceptance of a plea of nolo contendere, or a probation before judgment to the employee's appointing authority within 5 work days.  
(3) A sensitive employee shall be suspended for 15 days and required to successfully participate in an alcohol treatment program designated by an employee assistance program the first time the employee is:  
(a) Convicted of an at-the-workplace alcohol driving offense; or  
(b) Found under the influence of alcohol while at-the-
(4) A sensitive employee convicted of an off-the-workplace alcohol driving offense, and a non-sensitive employee convicted of any alcohol driving offense shall:
(a) On the first conviction be referred to an employee assistance program, and in addition, be subject to any other appropriate disciplinary actions;
(b) On the second conviction, at a minimum, be suspended for at least 5 days, be referred to an employee assistance program, be required to participate successfully in a treatment program, and in addition, be subject to any other appropriate disciplinary actions, up to and including termination;
(c) On the third conviction, be terminated.


Other Alcohol-related Policies

Maryland Laws Targeting Underage Drinking and Driving
BAC Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)
• BAC limit: 0.00
• Any detectable alcohol in the blood is per se (conclusive) evidence of a violation:
• Applies to drivers under age 21
Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)
Use/lose penalties apply to minors under age 18. Type(s) of violation leading to driver’s license suspension, revocation, or denial
• Underage possession
Authority to impose driver’s license sanction Discretionary Length of suspension/revocation
• Minimum: 30 days
• Maximum: 90 days

Guide to Drunk and Drugged Driving Laws
Department of Legislative Services Office of Policy Analysis Annapolis, Maryland December 2012/revised January 2016 Chapter 1: Drunk and Drugged Driving Crimes.................................................................1 Evidentiary Rules Concerning Alcohol and Drug Tests.................1
<table>
<thead>
<tr>
<th>Categories of Crimes</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penalties</td>
<td>5</td>
</tr>
<tr>
<td>Chapter 2: Post-conviction Driver’s License Sanctions</td>
<td>9</td>
</tr>
<tr>
<td>Accumulation of Points – License Revocation or Suspension</td>
<td>9</td>
</tr>
<tr>
<td>Drunk or Drugged Driving Conviction – License Suspension or Revocation</td>
<td>10</td>
</tr>
<tr>
<td>Reinstatement of Revoked License</td>
<td>11</td>
</tr>
<tr>
<td>Chapter 3: Administrative Per se Offenses and License Suspension</td>
<td>13</td>
</tr>
<tr>
<td>Swiftness and Certainty of License Suspension</td>
<td>13</td>
</tr>
<tr>
<td>Implied or Express Consent of Driver to Take Test</td>
<td>13</td>
</tr>
<tr>
<td>Noncompulsory Testing</td>
<td>14</td>
</tr>
<tr>
<td>Compulsory Testing</td>
<td>14</td>
</tr>
<tr>
<td>Test Result of At Least 0.08 BAC or Test Refusal</td>
<td>15</td>
</tr>
<tr>
<td>Test Result of 0.15 BAC or Greater or Test Refusal</td>
<td>15</td>
</tr>
<tr>
<td>Submission of Documentation to MVA</td>
<td>16</td>
</tr>
<tr>
<td>Drug Test</td>
<td>16</td>
</tr>
<tr>
<td>Administrative Per se Hearing</td>
<td>16</td>
</tr>
<tr>
<td>Length of License Suspension</td>
<td>17</td>
</tr>
<tr>
<td>Modification of Suspension and Issuance of Restricted License</td>
<td>18</td>
</tr>
<tr>
<td>Chapter 4: Ignition Interlock System Program</td>
<td>19</td>
</tr>
<tr>
<td>What is an Ignition Interlock?</td>
<td>19</td>
</tr>
<tr>
<td>Overview of MVA Program</td>
<td>19</td>
</tr>
<tr>
<td>Factors Affecting Participation</td>
<td>21</td>
</tr>
<tr>
<td>Mandatory Participation in IISP</td>
<td>21</td>
</tr>
<tr>
<td>Exemption for Employer-owned or -provided Motor Vehicle</td>
<td>25</td>
</tr>
<tr>
<td>Reentry into IISP after Removal</td>
<td>25</td>
</tr>
<tr>
<td>Reconsideration of Refusal to Participate</td>
<td>25</td>
</tr>
<tr>
<td>Criminal Offenses Relating to IISP</td>
<td>25</td>
</tr>
<tr>
<td>Chapter 5: Drivers Younger Than 21 Years of Age</td>
<td>27</td>
</tr>
<tr>
<td>Alcohol Restriction – “Zero Tolerance”</td>
<td>27</td>
</tr>
<tr>
<td>Drunk Driving</td>
<td>28</td>
</tr>
<tr>
<td>Juvenile Justice Process</td>
<td>28</td>
</tr>
</tbody>
</table>

§ 9-1-201. Sale or consumption on County property.

(a) Scope. This section does not apply to:

(1) Fire Department premises when used for social or fund-raising events;

(2) the sale and consumption of alcoholic beverages at a County park or recreational facility as permitted by the Director of Recreation and Parks;

(3) the sale and consumption of alcoholic beverages by community associations or by nonprofit civic, service, religious, charitable, or fraternal organizations for purposes of social or fund-raising activities; and

(4) the sale and consumption of alcoholic beverages on properties that have existing alcoholic beverage

http://mgaleg.maryland.gov/Pubs/LegisLegal/2016-Drunk-Drugged-Driving-Laws.pdf
licenses when acquired by the County in its land acquisition process and that are leased by the County to the former property owners or their heirs or estate.

(b) **Prohibition.** A person may not sell or consume an alcoholic beverage on the premises of the County courthouse or on any other property owned or utilized by the County, including County parks and recreational facilities and including sidewalks, parking areas, and roadways within the property lines of those premises used for recreational, social, or athletic activity.

(c) **Sanctions for violation.** A person who violates any provision of this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding $500 or imprisonment not exceeding six months or both. In addition, a person employed by the County who violates any provision of this section is subject to suspension or removal from employment with the County.

(1985 Code, Art. 11, § 1-101) (Bill No. 62-03)
Completed Environmental Scans if applicable