



Transcript: Effecting Change through Alcohol Control Policies

Presenter: Traci Toomey
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KRIS GABRIELSEN: Here they come. Good morning. We're going to get started in just a couple of minutes while people are joining us. Please just hang in there and just give us a couple of minutes. We'll see you soon.

Welcome again. We're right at 10:00, Central Time, and we'd like to welcome you to Effecting Change through Alcohol Control Policies with Traci Toomey. The Great Lakes ATTC, MHTTC, and PTTC are funded by the Substance Abuse and Mental Health Services Administration, or SAMHSA. And we have been funded through the following cooperative agreements.

The opinions expressed in this webinar are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services or SAMHSA. This presentation was prepared for the Great Lakes PTTC under that cooperative agreement. The Great Lakes PTTC believes that the words matter, and using affirming language in all activities is important.

We want to thank you again for joining us and share a few housekeeping items. If you have technical issues, please individually message Rebecca Buller or Jen Winslow in the chat section at the bottom of your screen and we'll be happy to assist you. If you have questions for the speaker, please put those questions into the Q&A section at the bottom of the screen and I'll help share those with Dr. Toomey.

You'll also be directed at the end to a link and it's a short survey. And we would really appreciate it if you could take some time to fill that out. It takes about 3 minutes and it helps us report our outcomes and participation to SAMHSA. Certificates of attendance will be sent out to all those who complete the entire webinar today, and it can take up to two weeks to receive the certificates. And as a reminder, sometimes those certificates do filter into your spam or junk folders, so please check there. And again, if you have issues, please contact me.

We invite you to learn more about what we're doing or get information on upcoming events. So please, see our social media pages. And now, I'd like to introduce our presenter.

Traci Toomey is Professor in the School of Public Health and serves as the director of the Alcohol Epidemiology program at the University of Minnesota.



Her research focuses on the prevention of problems related to use of substances including alcohol, tobacco, and marijuana. Much of her research has addressed underage alcohol use and over-service of alcohol. Dr. Toomey earned her PhD in Epidemiology from the University of Minnesota. And now, I'll turn things over to you.

TRACI TOOMEY: Thank you. Welcome everybody and good morning. It's really wonderful to see so many people joining this presentation. I was sharing in our prep time that I was gone for the last week and just arrived back home last night about 10 o'clock. And so, I'm kind of getting oriented again, so bear with me. But where I was at was an Alcohol Policy conference and maybe some of you were there.

I've been going to these conferences since the early 1990s. They happen every couple of years. And so, I've been working on alcohol policy work since the early 1990s. And there are times where I think, gosh, we did so much. And then, sometimes I feel like there aren't many of us working on alcohol policy anymore. But then I attend a webinar like this or the Alcohol Policy conference, and I get so excited to see that there's so many people that are still interested in and working on a variety of issues related to prevention of alcohol related problems.

So it was a little disorienting to be gone and in-person at a conference, live and in masks, but it was also inspiring to make sure that we continue to do this work. So I'm going to pull up my slides. Um. I am having trouble finding my slides. There we go, sorry. Other messages were popping up.

So hopefully everyone can see my slide presentation, Affecting Change through Alcohol Control Policies.

KRIS GABRIELSEN: It looks good.

TRACI TOOMEY: Great. I always like to start presentations about alcohol policies and talking about why. Why should we be talking about alcohol control policies? And it's not because I think alcohol is a horrible, horrible substance, let's get rid of it. That's not my message. My message is I'm a public health person and I care about a lot of different problems that cause death, injuries, and shortens people's lifespans; and just affects people's lives in a lot of different ways.

And many of these problems that I'm passionate about addressing often involve alcohol. And so, this includes traffic crashes, homicides, suicides, drownings, falls, progression to other illicit drug use, assaults, rapes, teen pregnancies, snowmobile crashes. There's so many problems, and this could be much longer. Alcohol without some controls in place will contribute to many of these as well as the many other problems that could be on this list.



So when we're talking about how to address each of those problems, keep in mind that we could look at each of those problems specifically and look for the best intervention point. So, for example, I put this conceptual model together many years ago in 1994 looking at where are some different points that we could create change involving traffic crash deaths or severe injuries. So if you look on the right hand side, we can do things like improving the worthiness of cars. So that when they crash with airbags and the crumple zone that it decreases the likelihood that there's going to be a severe injury if there's a crash.

We can improve the speed at which emergency responses get to somebody and get them to trauma centers. Making sure they have access to trauma centers and other types of care. So we can do that once the crash has already occurred. We can also decrease the likelihood of a crash by doing environmental changes to roads. Just how roads are constructed.

I always talk about this with my class. A little weakness of mine is I like cars that drive just a little bit fast. And so, I like to take corners. And I'm not crazy, I mean, I'm not going to be a wild driver. I need to say that. But I like to take corners at a good, healthy speed.

And what you find though, is some curves will make you feel like you're moving out. And some, that you hug the corner a little bit better. So that's all about the design of the roads. So that is a great intervention point for preventing traffic crashes.

We can also look at impaired driving. So it can be alcohol impaired driving, which is one outcome that we might want to address today, to talk about addressing. So we can look at what can we do to change things once the people have consumed alcohol and they're about to drink and drive.

So there's things that we can do in making sure that we have drunk driving laws that are effective. The 0.08 BAC is an effective policy. There's some movement to dropping it to 0.05, which has been implemented in other countries and found to be effective.

We can do things like designated driver programs. Although I'm going to say, I'm a little bit cautious about designated driver programs or safe ride programs because sometimes it gives permission to people to drink more. So anyways, there are things that we can do at that stage.

Then there's things that we can do in terms of not mixing driving and drinking. So one avenue would be driving less. We have a driving culture and a drinking culture and we mix the two. What if we have better mass transit? What if we raise the driving age? Those are things that decrease the amount of driving that we do, and thus it would decrease the amount of drinking and driving we do



Alternatively, we can also say, let's affect the drinking behavior. So the patterns of the high risk drinking behavior over all rates of drinking in a population. And so we do that-- typically when we're talking about changing population level patterns and rates of drinking, we do this by changing the broader environment alcohol-- policies and enforcing those policies. So that's really what we're going to be talking about today.

But I'll point out this red line that I have here. The advantage of focusing on alcohol policies, and thus affecting drinking patterns and rates of drinking in a population, is that not only would we have the hope of reducing traffic crash injuries and deaths, we also hope to affect all of the other types of outcomes as well.

So we could have a conceptual model like I just presented for the traffic crashes for homicide, suicides, drownings, falls, assaults-- each one of those. And there's probably multiple points in the pathway where we could intervene. By focusing on alcohol policy as an intervention point, we hopefully affect all of those simultaneously. One of the reasons that I've always been very passionate about preventing or changing alcohol use is that-- my hope is that we're going to drive down numbers across a variety of different problems that I and many others care about.

So I already got to the punchline, which is-- I already got to my main points, I wanted to fix my language a little bit. The main point of today's talk is going to be alcohol policy. The question that this slide raises is, can we address these alcohol related problems at a population level, really driving down the rates of these many different types of public health problems, without policy change? And I'm going to make the argument that it's unlikely. If we just implement programs over and over again, it's unlikely that we're going to see these population level changes and really drive down the numbers.

KRIS GABRIELSEN: Tracy, we do have a question.

TRACI TOOMEY: Sure,

KRIS GABRIELSEN: Shelly asks, how do we help our communities and our work expand our focus to address alcohol related deaths which are not related to driving?

TRACI TOOMEY: So I think that's a really wonderful question. I think many people have learned about the connection between alcohol and driving, and the risks. And that comes from the work of Mothers Against Drunk Driving and many other advocates and community, state, and national leaders over many, many years. That people-- at least, many people will stop and think, should I get behind the wheel after driving or what should we do to affect drinking and driving? So your question is a great one. How do we expand it?



I think part of it is making sure that we educate people in the field to show them that it's not just traffic crashes that are driving our problems. And there are tools out there. There's ARDI which stands for, I think, Alcohol Related Disease Impact, which CDC puts out and they will give you estimates of lives lost for a whole range of alcohol related problems.

So I think making sure that we share that type of information. That when any group is working on specific issues, that those of us that care about alcohol issues make sure that we reach out to those. So if someone's working on prevention of fights in neighborhoods, to reach out to those advocates and community leaders and make sure they understand the link with alcohol or the potential link with alcohol. So that we pulled them into the discussions, and in their work they also spread the information about the connection with alcohol.

The other is, I'm going to be talking about Place of Last Drink briefly, hopefully at the end. And that might be another tool that can help give communities a better understanding of that link. So, great question, and maybe that's something that we can continue to talk about as we move through the slides.

So in terms of the presentation today, I want to talk about why do we need to focus on alcohol policies? What alcohol policies and related strategies might we focus on? And then, how can we increase the effectiveness of these alcohol control policies?

So I've already started to make the pitch-- why do we need to focus on alcohol policies? So again, one reason is population level, we're trying to reduce rates of consumption to reduce traffic crashes; but also that long list of other types of alcohol related problems. So that's another piece.

A little-- any time you're doing a presentation on alcohol, make sure you have that discussion to start up front. Why are we talking about prevention of alcohol? What I walked through already, just to bring everyone along to understand-- one, we're not talking about eliminating alcohol because that will create tensions. We're not talking about prohibition. We're talking about some controls in a range of different types of problems. So build that into your presentations and one-on-one discussions and address it right off at the beginning,

This is a slide that many of you may have seen, it's the epidemiologic triangle. So it was developed when we talk about infectious diseases and prevention of infectious diseases with the agent, the host, and the environment. But it's applicable as we talk about other types of public health issues as well.

The host, when we talk about consumption of alcohol, high risk drinking, problematic drinking behaviors. We know that there's a lot of individual level risk and protective factors. So what people know about alcohol use, their attitudes towards alcohol, their perceptions, their genetic susceptibility.



There's a whole range of individual level predictors of whether or not someone is going to drink alcohol to excess or not.

We can also talk about the agent. And in this case, the agent is the alcohol product. So it might be the type of product that people are consuming. Some are high alcohol content or riskier products than others. It might be the amount of alcohol. If someone drinks one-- they say, I had a drink, and it's a glass this size. That's very different from a place where you go and they say the drink is this size with much more alcohol content. It's whether you have one standard drink per drinking occasion or are you drinking eight standard drinks per occasion.

The price. If it's a drink special and it's very, very cheap, that's going to encourage people to drink more. If it's heavily promoted, especially if we talk about young people and promotion of alcohol marketing. There's growing evidence that those marketing strategies are affecting, certainly brands of what people are consuming, but also how much they're consuming.

And then there's location. There may be riskier places where people are drinking alcohol than others. And so, there's a lot of things tied to the agent. We also can talk about the broader environment. And I'll make a little bit of a joke here. We're not talking about clean water or trees, pollution. We're talking about the environment that predicts how people consume alcohol.

So I included that bulleted point just because in my experience, oftentimes when we go out and we talk about changing the environment. If we're talking to the general public or community leaders, they may think about those environmental risk factors as something very different than we oftentimes think about when we're talking about alcohol policy or in public health in general. So it just makes sure that we define that when I'm talking about the environment, and I'm talking about prevention of alcohol related problems, I'm typically talking about the availability of alcohol. How easy is it? How pervasive is it in our communities?

And there's three types of availability that I will talk about today. One is legal availability. One is physical availability. And one is economic availability. And this is a modified version of a very complex theoretical model that Alex Wagenaar and Cheryl Perry developed many years ago. Both of them were mentors of mine. And their more complex version of it would show that there's many, many, many, many different individual level risk factors. The perceptions, the attitudes, the knowledge, the genetic or biologic make that makes people more susceptible to effects of alcohol.

And then if you move to-- those things affect drinking behavior and alcohol related problems. However, if you move to the left, this availability of alcohol which are influenced by the broader public and institutional policy structures that are in our communities, in our states, and in our countries that influence the availability of alcohol. That will influence how these individual level risk



factors develop and manifest in drinking behavior. They also can directly affect drinking behavior.

So sometimes-- for example, next week I'll be talking about underage drinking, but that's a really concrete example. If we make it so that young people cannot get access to alcohol, it's not available to them at all, it doesn't really matter what their perceptions are or what their knowledge is. Because if they can't get it, they can't drink it. And so, sometimes when we talk about changing the environment, the effects are working through changing individual level risk factors. And sometimes it can directly affect the drinking behavior without even changing the individual level.

Why else should we change the environment and focus on policy changes? Well, first of all, the first bulleted point-- that there's turnover in high risk groups. So sometimes when we're talking about preventing alcohol related problems, we focus on those individuals that have the highest risk of alcohol related problems. They may meet some diagnostic definition of alcohol abuse or addiction, and then we'll talk about intervention programs for them or treatment programs. Because, again, they are really at an individual high risk of experiencing these problems.

The challenge is if we're always trying to just focus on those that are highest risk, it's really a group that keeps turning over. And we have a hard time finding those that are in most need sometimes in terms of preventing problems from occurring. And we don't have all the best tools for all groups to address addiction and alcohol abuse effectively to drive down the numbers at a population level.

The other bulleted point is individual oriented efforts typically have short term effects by themselves. So we oftentimes will try to educate, so we try to treat or intervene with those that are at highest risk. If we check population level, oftentimes throughout the history of public health across different public health problems, our first thought is to educate-- particularly kids, go into to the schools and educate them.

And we've done that with alcohol prevention. There are school based education programs that are out there. Typically, by themselves, are less likely to be effective. The more effective ones typically are combined with parent components and components that include changing the broader environment. So multilevel type interventions.

The third point on this slide is a really important one when we talk about alcohol policy and it's confusing to people. We understand that there are some individuals that because of how much alcohol they consume and their patterns of alcohol consumption; at an individual level are at a much, much higher risk than others in the population of experiencing a problem. However, others that maybe don't meet some diagnostic definition of alcohol abuse or alcoholism drink enough alcohol on enough occasions that they also have



some risk of experiencing problems. And there's many, many, many, many more of those individuals than those that are at highest risk.

So many years ago, my mentor Alex Wagenaar created some numbers to just try to illustrate this. So I'm going to share them with you. And they're made up numbers, so just know that it's just to illustrate this point. That, let's say, if you look at those individuals that are at highest risk, let's say they have a 50% chance of experiencing a problem related to alcohol use. And let's say in a given population that there are 50 of those individuals.

Well, that would result in 0.5 times 50, which would be 25 of those individuals experiencing a problem. Now let's say that there are 100-- or 1,000, sorry-- let's say there's 1,000 individuals that have a lower individual level risk, but they still might on occasion go out and drink five drinks in a row. Maybe they don't do it very often, but they do it once. And they end up in a car crash or they end up in a fight.

Let's say their individual level risk is 0.1, 1 out of 10 of them might experience some type of risk. So we would multiply 1,000 times 0.1 and that would mean that we would have 100 of those 1,000 individuals in that population that are experiencing alcohol related problems. In comparison to the 50, a much smaller group, that had the higher individual risk but there's only 25 of them. So if you have 125 incidents of alcohol related problems in that population, most of those are driven by those that are more moderate drinkers. Again, that may not meet some diagnostic criteria. You may not be able to find them.

A quick story is that many years ago in Minnesota, there was a story in the newspaper about a young girl. She was 16 years old and-- I believe she was 16, it was many years ago. And she drank-- she wasn't a drinker, she didn't drink too much. She would not have been someone that would have been in a high risk group that would have been reached out to and identified and helped.

She just drank too much one night and she was intoxicated. And her friends dropped her off at the wrong house. She didn't know she was at the wrong house. And it was in the middle of a bitter winter in Minnesota, and she unfortunately died frozen in a snowbank.

And so, I use that story as an example of, again, it's really hard if we're looking for those at highest risk. Because many people that experience problems aren't findable because they wouldn't meet that diagnostic criteria. So we really need to think about shifting drinking patterns and rates at a population level to try to reach all of those that face at least some level of risk of problems.

KRIS GABRIELSEN: Tracy, we do have another question about environment and culture. I'll just read this as a little paragraph ahead of time. I'm in a city-county that has the highest rate of alcohol consumption. I work in a health



department. Whenever we bring up this issue among coworkers, we get people who get defensive or offended that this topic has been brought up.

We had an intern work on this topic and create messaging and mocktail recipes. There were a number of sarcastic or passive aggressive remarks about this topic or intern's work by some staff in the department. What's your suggestion for attempting to change the culture within a city-county when we're struggling with staff? How can we start with or work with our own staff and our own environment?

TRACI TOOMEY: I wish I had an easy solution for that. I think that's a very tough situation. I will say that it's possible to create change. Again, I started working in this area in the early 1990s. And that was kind of a common thing to run into. Talking to elected officials, they would be like, whoa. Or law enforcement or parents, it's like, oh, who cares. It's just alcohol.

And there was some discussion of, at that early stage, that it would be better to talk about underage drinking. Because when you talk to various community and state leaders, that it would make them less defensive because we're talking about keeping kids safe. And that by focusing on youth and keeping kids safe, it made adults less defensive because maybe they're drinking, maybe they thought people would look at their drinking as problematic. And so, I don't know if that has been tried. But just that, that can be a starting point.

The other-- and I guess I would be interested in the response back to this comment, is that I struggle with this. Even when we talk about prevention with COVID-19, that there's some people that dismiss it. And for me, my response even to other public health people is that-- at a time when someone's like, well, the pandemic is over. This was several months ago, good friends of mine who are in public health. And they're like, bah, it must be over. And I said, well, except for the 2000 people dying per day. Sure, I guess it's over except for that.

And so, maybe being ready to think about how do you gently highlight some of the risks. And maybe, again, say we're not talking about getting rid of alcohol. We're talking about the fact that we have, in our community, this many young people experiencing problems or this many police responses. Because a lot of calls for police involve alcohol use that contributes to this much in costs. So some communities and states have done cost estimates of how much alcohol contributes and how much per household in taxes that people are paying.

So what is the hook for the people that you're talking with? We'll be talking about community organizing in a few weeks, and I'll be talking about self-interest or framing. So what is the frame that we can use when we're talking with people about alcohol related issues that's going to resonate with them?



And we have to be prepared when we're talking with different individuals to change the frame to something that they value. That resonates with their values. And the more flexible that we are in our framing of a variety of different issues, I think, the more effective we're going to be in public health. It's just, the challenge is figuring out what is it that we can connect it to. How can we make numbers meaningful to people?

And so, I didn't catch the name of the person who asked and I can't see the chat box. But I guess I'm curious if there's any follow up questions or comments related to what I just threw out for discussion.

KRIS GABRIELSEN: The question came from an anonymous participant. But Jamie responded, you need to be prepared in advance for these comments just like you were saying. We've had some prepared responses in our coalition, so when we meet with this kind of passive aggressive behavior where people are making fun of the work, you've got something ready to say. You're not caught off guard.

TRACI TOOMEY: I think that's really the best advice. And again, being able to switch it and do it matter of factly. Someone made an inaccurate statement at a session I was at the Alcohol Policy Conference. I was a discussant. And this is something that, for those of you attending next week I'll also talk about briefly, is about underage drinking. And, well, Europeans teach kids how to drink and they don't have the same problems.

Anyways, they do have problems in other countries in Europe. Europe, they have a high rate of drinking and I'll share some information about that next week. And the person who said it, just-- [INAUDIBLE] it was open to alcohol policy, but just had misinformation. And it was just a quick fix to say, well, actually that's not true. This is what is true. And then we kept moving.

And so, it's not necessarily calling them out. It's just correcting things and then trying to figure out how to draw them into having more discussions. And this is a process that takes time, to get people to change. But as I said, I've seen real shifts across communities, across states. And so, if this is something that you're running into, I just want to reassure you that it takes time, but it is possible.

It's something that you don't necessarily see day to day. It's something that you're going to look back and say, a year ago or two years ago, five years ago, where you start to see the kind of shifts that we need to see to make real progress. You have to be persistent, but it can happen.

So as we all get comfortable with the idea of talking about alcohol policies and you start to create shifts among policy makers, decision makers, to be open to doing alcohol policies and other strategies. Then the next question is probably what alcohol policies should we focus on, or what other strategies related to the environment? And keeping in mind that we can put controls in place about



where people consume alcohol, how much they consume, the products, and the environment.

So going back to the epidemiologic triangle, we can have policies that focus on each point-- the agent, the host, and the environment. I usually advocate, by the way, for things that are related to products and the environment. But sometimes there are policies related to consumption. And going back to the traffic crash conceptual model, the 0.05 BAC is really affecting consumption or patterns after people consume. But we hope that it might drive down how much people consume-- would be a policy that I think could be effective.

Most of the time when I talk about alcohol control policies, it's focusing on policies that are focusing on the products and the environments. And specifically, looking at availability of alcohol. When I talk about alcohol control policies, it's also just recognizing that policies can happen at different levels.

So at the bottom of that list, institutional policies can be very important. So, for example, I work with bars and restaurants to encourage them to adopt policies that encourage responsible service among their staff. So those would be an institutional policy. Or a college or University or a worksite, those are all institutional level policies that may be really critical for some of the work that we're doing.

Then we have local level policies, whether it's at a city level or a county level. And then state, where a lot of alcohol control policies can also occur, and then at the federal level. One note though. At the federal level, there are in the United States-- it's different in different countries, but in the United States we have less ability to make changes at the federal level.

Following the end of prohibition, the federal government gave most of the ability to regulate and control alcohol to the states. And some states control it all, and some states give more local control than other states. So Minnesota has much more local control. I believe Wisconsin has quite a bit of local control, and Iowa.

But my hope is all of you would figure that out in your own state to say, where do I need to do this work? So there's some things that can happen at federal, like a federal tax on alcohol. However, most of our work is going to be at the state, hopefully at the local level, and then also at the institutional level.

I'm guessing some of you on today have done tobacco policy work. And I think that the tobacco control field has done amazing work starting at the institutional level. So if you talk about some of the smoke-free bars and restaurants. What happened in some of those communities is, working with a few owners of these establishments who are willing to say, I want to go smoke-free. And to show that their business wasn't affected. Maybe, in fact, their business improved because some customers preferred not to be in the smoking environment.



They could testify at the local level. And as a result, there were local community and county level smoke-free policies. And as more and more of those local communities instituted smoke-free bars and restaurants, then that put pressure on the state. Because you don't want some communities to have it and some don't. It was more patchwork. So there was more pressure to create state level smoke-free policy changes.

So we could do the same type of thing with alcohol. If it's impossible to change things at a state level, and you can possibly make changes at the local level, then maybe the energy needs to start there. Or if it's not possible to change local level policies, then maybe we need to start focusing on the institutional level to build pressure for changes at a higher level.

So related to a few things I've already said is there's a supply versus demand approach. And there's always this debate. The demand side is, again, focusing on consumption. It's focusing on individuals. It quickly gets us to thinking about educating people about their consumption.

And again, I certainly think we need to find the resources to help those that are at the highest risk. So treatment and having effective treatment and intervention programs. I think that's really important. But again, if we're focusing on changing the population level of problems, then typically it's going to be better to focus on the supply side. So on the products and on the availability of alcohol.

So this is a simplified conceptual model that I often use, just because some of the other models just get [INAUDIBLE] overwhelming when you are talking to general populations. And so, on the right, trying to reduce alcohol related problems. Next box to the left is rates and patterns of consumption. We're trying to change availability of alcohol, and we're doing that through policy change at some level. We might have a loop in there, too, about enforcing our policies. And I'll talk more about that.

So remember, I talked about three types of availability. Legal availability, physical availability, and then economic availability. So I'm just going to highlight a couple of the policies that might fall under each type of availability. Usually when we're talking about legal availability, we talk about the age 21 drinking age. And so, we'll be talking a lot about the drinking age next week and the effects of the drinking age; as well as some common criticisms of the drinking age and how to counter those criticisms.

Another legal availability policy that I focus a lot on that is in place in 48 states is no alcohol sales to obviously intoxicated individuals. And I'm hoping if I have time, I'll talk a little bit more about that particular policy. But it's really typically in the retail environment-- bars, restaurants, liquor stores, convenience stores, grocery stores, et cetera.



When we talk about physical availability, this again is how pervasive is alcohol in our communities. So it might be looking at the density of alcohol establishments. And when we talk about density, we can measure it in a variety of ways. It might be a number of alcohol establishments per population. Number of alcohol establishments per roadway mile.

In the research, we have learned that what is most important to look at is the density of alcohol establishments in smaller geographic areas. So if you look at the effects of density across a whole state or across a whole community, you probably aren't going to see the effects in the statistical results. It's really if you look at the neighborhood level or the zip code level.

And that's because alcohol establishments are not equally distributed across our communities. There are some communities, like lower SES communities for example, that may have fewer connections, fewer resources to oppose the placement of these alcohol establishments in their communities. Some of the wealthier communities, again, probably have more resources, more connections with community leaders to battle it. And they'll say, not in my neighborhood.

And so, many of the establishments will get pushed and concentrated in a few neighborhoods. And that's typically where you're going to start to see some of the problems related to density of alcohol establishments. And we see it with density of on-premise establishments of bars and restaurants, as well as off-premise-- liquor stores, convenience stores, grocery stores.

And the effects of density of alcohol establishments cut across problems. So there's been studies looking at crime, violent crime, non-violent crime. Traffic crashes, a little bit tricky because people drive after they leave, so less with traffic crashes. But I've seen things with drinking age, sexually transmitted diseases. So a range of different types of problems may be affected by that physical availability.

We also have seen in the research that days and hours of sale make a difference. Because again, how-- if alcohol is only sold six days a week because there's a Sunday alcohol sales ban, that's much less alcohol than if you add a seventh day. So Minnesota is a great example of a trend that happened across the US. Those states that did have Sunday sale bans of some kind, like on off-premise sales, many of those have been rescinded and the studies show that there is an increase in problems.

With expansion of hours of sale-- so I get calls about this a lot. What are the effects of increasing sales by an hour? So moving from 1 o'clock to a 2 o'clock closing time. And the research literature is always evolving. However, the last time I was involved in a review of that literature, it suggested in an hour change, you probably see a shift in when the problems occur. If you start talking about expanding it two or more hours, now you're really talking about



expanding the availability of alcohol by a much larger amount. And then we see an increase in problems occurring.

So that's really important, again, as we're in our communities and our states. And people say, let's expand our sales of alcohol. And this has been true following the pandemic, during and following the pandemic. Let's expand, businesses are hurting, maybe our tax base is hurting. Let's expand the availability of alcohol.

We have to make sure that we counter that with, let's say, well, OK, but that's going to increase problems and that's going to increase costs. Health care costs is going to-- not only deaths and injuries, it's going to increase enforcement costs, health care costs. A range of things that we have to look at the balance between those potential economic benefits and then the potential economic costs of that expansion.

Types of licensed alcohol establishments. It really varies across states. So currently what I'm listing off the tip of my tongue-- liquor stores, convenience stores, grocery stores, bars, restaurants-- that's true in Minnesota. If you go to other states, including your own, alcohol may be sold at gas stations. Or maybe it's-- sometimes alcohol is served at fast food restaurants. So it's really important to understand what are the types of licenses that you have in your state and the types of venues. And if there's talking about an expansion to allow alcohol to be sold in additional venues, that we raise that point that that will increase availability of alcohol and potentially increase many different types of problems.

Another policy is requiring responsible beverage service. So many states have something in place requiring or incentivizing responsible beverage service. The literature, as I'll talk about this in a couple of slides, is less clear about the effects of RBS policies. And so, I'm going to hold off because I want to talk more about that in a bit.

DRAM shop liability. If alcohol is over served, served to someone that is already intoxicated or someone's served until they're intoxicated. And they go out and injure someone, a third party in a traffic crash and a fight or something else. That opens up the door for that license holder to be sued for over-service of alcohol. So there is some research evidence to show that is also an effective policy to have in place if your state does not have it. If the policy is in place, you might want to make sure that the retailers know that policy is in place, and maybe that might affect the likelihood about whether they responsibly serve alcohol or not.

And then, alcohol availability. A lot of these policies are really focused on licensed alcohol establishments. However, we also know that alcohol is available at community festivals. I haven't mentioned-- sports stadiums are licensed, festivals that have temporary licenses; but there are also party houses around campuses, and in parks. So there's a range of other types of



non licensed locations or different types of license types that we also need to pay attention to if we talk about availability of alcohol and restricting the availability of alcohol.

Economic policies, price. So bottom line is, there's a lot of research literature that shows that as price increases, consumption decreases and vice versa. As price goes down, consumption goes up. As consumption goes up, problems go up. As consumption goes down, problems go down.

So when we're talking about alcohol control policies, we also think about policies that are effective in raising the price of alcohol. So oftentimes, we'll talk about the excise tax on alcohol. So if we raise alcohol by \$0.10 a drink, it's not very much. It will, however, result in some decrease in a range of alcohol related problems.

That, politically, is a very challenging policy to take on. And so, there have been some states that have had recent success. Like Maryland, a few years back, raised their alcohol excise tax. But in many states, the tax rate has not kept up with inflation. So the real price of alcohol today is cheaper than it was 10, 20 years ago.

So it's a battle. It's usually long term planning to build support for an increase in excise tax. We're talking, usually a 10 year plan to ultimately affect the excise tax on alcohol. However, it is an effective policy. It's a very well studied policy. And so, we know it can work.

Another way to affect the price of alcohol are drink special restrictions. So if we have a happy hour and we have \$0.05 beers or 2-for-1 beers, that decreases the price of alcohol. So communities can implement policies, or states can implement policies, to limit those types of drink specials.

Another approach that's been used in other countries is setting a minimum price. Now I don't have the answer saying what is the exact minimum price that should be set for different types of alcohol. But it is a policy that we can consider. Like, just to say a beer shouldn't be less than \$4 a beer, whatever it is. That this would then prevent drink specials from decreasing it below that minimum price.

And at the Alcohol Policy Conference last week, there was some discussion of maybe that would be a more feasible policy to propose than the excise tax, given our current political environment across a lot of different states and communities. And maybe the minimum price might also affect how much tax is generated in revenue that's generated for communities and states. So maybe that's an effective way, a frame, that might help get that type of policy passed.

So the Community Prevention Guide is a systematic review of a variety of different types of strategies cutting across different public health issues. So a



series of reviews were conducted-- now they're getting old, I just want to put that out there. But these were done around 2010.

So a group of researchers and advocates systematically review the research literature, make a policy recommendation-- and/or a recommendation about whether policies should be implemented or not or a strategy should be used or not. And then, that review is systematically reviewed by a broader group of people on a task force. So it's very systematic. And I was part of a group that was reviewing some of the different alcohol control strategies.

And if you look at the Community Guide website, you'll see that-- what are recommended strategies. One is to increase the alcohol tax. Another is to regulate the density of alcohol establishments. The other is to maintain the current minimum legal drinking age. Maintain limits on days and hours of sale-- just kind of recognizing it may not be feasible to re-implement a Sunday sales ban. Getting DRAM shop liability in place or maintaining it.

Not privatizing alcohol retail systems-- so I know Iowa, I think, still has some aspect of the wholesaler retail system in place for some type of beverages. So this is when they're state run wholesale systems or retail systems. So if a state has that, not to privatize it to a privatized license system. When that privatization happens, there's an increase in availability and increase in consumption and problems. And then, finally, there was some evidence to suggest that enhancing the enforcement of laws prohibiting sales to minors was also effective. I'll be talking more about that next week for those of you who want to join that webinar.

In that review, there were a few strategies that were reviewed and found to have insufficient evidence. One of those is responsible beverage service training. So with RBS research studies, most of the studies have focused on the effects of a specific training program and whether or not that training program is effective for the establishments that participate in the training as part of that study. And that research literature suggests that any effects that you have is really going to be short term. And not all programs are equal, and not all programs are going to create any change, even short term changes.

There was one study that looked at effects of a policy change, so state level mandate requiring responsible beverage service training. And they found some effects, and this is many years ago, some effects on traffic crashes. So I would say that there's kind of mixed evidence in this area. And insufficient doesn't necessarily mean it doesn't work, it just means there's not enough research to really make the ideal evaluation of it.

So that's also true for the over-service law enforcement initiatives. So trying to prevent sales to obviously intoxicated people. That's a growing body of research literature really growing now and wasn't so much in place in 2010. We still don't have the answer. I will say for that, that I think the research is still limited. So just knowing though that in the last 12 years, literature has



continued to grow. So there's these recommendations, but know that some of those recommendations could change as the research evidence continues to grow.

So I want to stop for a second. And are there any questions on any of those alcohol control policies before I switch to the next topic about making them more effective?

KRIS GABRIELSEN: I'm not seeing any currently in the Q&A section. Does anybody have one that they want to quickly type in so we can share it? I am not seeing any. I think you're good to go.

TRACI TOOMEY: OK, terrific. And if something occurs to you along the way, just add it into the chat, our Q&A, and we will address it.

So I presented the rationale, why should we have alcohol control policies? And describe some types of alcohol control policies that we might talk about putting in place. There's many more, there's some that are specific to underage drinking that I'll talk about next week. However, whatever type of alcohol control policy or related strategy that we're going to put into place, I also would encourage us to have the conversations about how do we make those policies as effective as possible.

Because sometimes-- again, I've been around a long time-- we've done a lot of work. And it takes a tremendous amount of work to get an alcohol policy enacted at the state level or at the local level, sometimes even at the institutional level. It takes a lot of resources and energy.

And we get it passed and we think we got a victory. And then, we move on to the next policy. Or we sometimes, in the process of getting a policy passed, will agree to change what the written policy is going to look like in the efforts to get it passed. And both of those scenarios can result in policies being on the books that are not going to have an effect. So I want to talk a little bit about some things that we can do.

First of all, I think we need to think about-- for each policy that we're advocating for, that we think about what makes that policy likely to be effective. What are the different components of that policy? So the first project that I ever managed was called the Oakland Violence Project. And it was related to an idea I had as a student reviewing the research literature, and like, we need to look at the effects of some of these policies. The research evidence wasn't huge.

So I worked with Alex Wagenaar and we wrote this grant proposal. And we did historical research identifying changes from 1968 into 1998, I think, what states had enacted those policies or changed them. Every time there's a change, it's an opportunity for a researcher to say, what is the effect of that



change, whether it's adding a policy or changing the policy in some way. And we were looking at the effects of these policy changes across states.

One of the policies that we were looking at is the responsible beverage service policy, and a number of states had implemented these policies. And we did the evaluations, we did time series analyzes, state specific evaluations of the effects of these policies. And it really bounced all over the place, the effect estimate. Some places there was no effect, sometimes it was a positive effect, sometimes it was a negative effect.

And so, I started looking at these policies and realizing that a responsible beverage service policy in this state was very different than one in this state. In some states, I think at that time at least in Wisconsin, it was just the lead bartender needed to be trained in Wisconsin. In another state, it was just bars and restaurants staff that needed to be trained. Somewhere else, it was just brand new establishments, not the ones that had been in business prior to the policy being implemented.

So they are very different policies, and thus we would expect that some might work and some might not. So we really did a formal evaluation of these policies. We thought about what would be ideal-- like making sure we train all servers and all managers, and that it's ongoing, and that it's the most effective type of training program possible.

And we looked at what had been implemented across the various states. And what we found was that compared to our model policy, most of the states had implemented what we would consider a weak RBS law. So there was probably very little hope that they were going to have a large effect, if any.

We also looked at keg registration laws, and we also found that there was great variability across states in the keg registration laws. With a beer keg registration policy, it's when someone purchase a keg, there's an ID put on the keg. The purchaser's information is recorded along with the ID number. If the police find a keg where there's been underage drinking, they can identify the person who purchased the keg and provided the alcohol illegally to underage people. That's the whole idea behind the keg registration.

But many states, including my own, passed a law that says that there's no penalty if someone takes the ID off the keg and returns it without the ID on it. So if there's no penalty, why wouldn't you take the ID off if you're going to provide alcohol to underage people? It makes that law less likely to have an effect.

So when we talk about any type of policies, we should be saying, what is the mechanism to make that policy likely to work? Or if lack of deposit or some other type of penalty for taking the ID off-- if we take that out of the policy, it may not work at all. So before-- when we're negotiating at the state or the local level, and the alcohol industry might come in and say, well, we're going



to support the keg registration policy if you take off the deposits or some other type of penalty. As an advocate you might say, OK, I'm going to do that because I want keg registration passed.

I'm challenging to say, know when to negotiate and what you're willing to negotiate away, and what you're not. Where you're going to say, I'm going to walk away from the table and come back next year and continue to advocate to keep the things that we think are most critical for this policy to keep them in place. So that when that policy passes, it's likely to be effective.

The Alcohol Policy Information System, or APIS. I put the link here. If you're not familiar with it, it's an NIAAA or NIH funded website where a legal team tracks a variety of different states' alcohol policies, as well as now marijuana or cannabis policies. And they look at specific key components of those policies and whether your state has them or not. And you can look at changes over time, and again, look at what is currently in place in your state.

This system was really built off of the legal research that we did as part of the Alcohol Violence Project, but now it's there for advocates and researchers and policymakers. And so, you can go-- real time, it's updated usually the first of every year. So if you haven't taken a look at it, I really encourage you to. They have a lot of background information about these various policies that they're tracking.

KRIS GABRIELSEN: There is a question from Jamie regarding references or resources. She asks, what reference guidance do people use to develop effective language for public comments and policy development?

TRACI TOOMEY: So, I may need a little clarification of the question. So I wish we could talk face to face and have conversation about this. So do you mean like the language like the legal language or whether there's research evidence? What type of language?

KRIS GABRIELSEN: I'm going to allow Jamie to talk. Are you willing, Jamie?

AUDIENCE: Hi, can you hear me?

TRACI TOOMEY: Yes.

AUDIENCE: Hi. I so appreciate your presentation today. But something that [INAUDIBLE] in our neighborhood in downtown Madison, Wisconsin, was really [INAUDIBLE]

KRIS GABRIELSEN: Jamie, it's hard to understand you. You're a little garbled, can you try a little more--

[INTERPOSING VOICES]



AUDIENCE: Is it better now?

KRIS GABRIELSEN: Yes.

AUDIENCE: We use News for a Change Advocate's Guide to Working with the Media. It just kind of showed us how to craft messages for [INAUDIBLE] reporters to follow. Is there anything like that you have found that was helpful? Because that book was written in 1999.

TRACI TOOMEY: So I think there's a variety of tools out there. But when you're talking about talking to the media I think we could do better, probably, getting some of the talking points out. But I think CDC continues to put out some guides. I haven't looked at the CAMY website, which is-- they deal with a lot of marketing language, but I think they have a number of tools. It's C-A-M-Y. If you just do search for CAMY, alcohol at Johns Hopkins, it should pop up. But I'll throw that out there.

You know, I'm a researcher so I'm probably less familiar with all the tools that are out there than maybe others that are part of this webinar. So I encourage-- I can't, again, see the chat or the Q&A, but maybe people can share resources that they use that are very helpful.

KRIS GABRIELSEN: Thanks, Traci. We've got about 15 minutes left before we need to wrap up. So I just want to let you know that.

TRACI TOOMEY: OK, terrific. And if some tools are identified, maybe that's something-- Rebecca, Jen, and Chris-- maybe that's something that we can also maybe make sure people have some information about.

So the other thing that I want to really emphasize is, once we get a policy plan passed, we have to fully implement the policy. So we need to make sure that people know that the policy is in place, that it was passed. If someone needs to enforce it, then the enforcers need to know that the policy is in place. And if we want to have some type of deterrent effect, then the general population needs to know that it's in place.

And I just throughout my career have found that oftentimes we get something in place at the local or state level, and then you go and ask a general population, did you even know that policy is on the books? And they don't. So whether it's an educational campaign that supports the policy change, awareness campaign, or training programs with the people that need to implement the policy; we should think about that up front and be prepared for that when the policy gets in place.

We also have to enforce our policy, or many of our policies. And I'm going to be a little cautious here, that when I talk about enforcement, it doesn't always necessarily mean law enforcement. Sometimes it does, and sometimes it may mean a licensing department. I think of health departments when they're



looking at food safety, there may be some other type of department or agency that can do enforcement. Or if it's an institutional policy on campus, then campus leaders are going to oftentimes be enforcers.

But it's making sure that people know that if they do not comply with a policy, that there may be some type of consequence for that lack of compliance. When we talk about the criminal justice system and policies, sometimes it also means making sure that the judicial system is on board. And working with judges and making sure that they are following through with penalties. Lots of examples of that with drinking and driving penalties. And then, we want to monitor to make sure that over time the policy continues to be enforced and that people continue to be aware that the policies are in place. And so, we want to think about implementation from the very beginning because we may need to ask for resources for our health department, or a licensing agency, or for law enforcement to fully implement the policy.

So this is a little diagram that I created many years ago. Just as a reminder, it's something that you can use in your communities. We have our policy. We may need to do education/awareness to make sure people know it exists. And we have to think through who it is that needs to know to make that policy effective. And then, who's going to enforce it and what that enforcement's going to look like.

So the other thing is that sometimes it takes so much work to focus on one strategy that, again, we need to keep bringing new leaders into the field because we get tired. Because really, each policy in enforcement strategy related to that policy or awareness campaign is part of a larger puzzle. We need to be fitting different strategies and policies together to drive down some of the numbers. To really be effective in reducing population levels of problematic alcohol consumption and related problems.

And we need to think about how pieces fit together. So this is from a study I did looking at campus alcohol systems. So this is more at an institutional level looking at policies, enforcement, and programs. And we did a national survey of four year colleges and universities. We looked at screening, intervention, and treatment. We looked at policy enforcement and policy education.

So we did a survey. And what did you do? And again, this is getting at the point of piecing things together strategically. So we know that if we screen and identify individuals at high risk on campus, we need to give them effective intervention or effective treatment. If we're screening for someone that has problems, we need to help them.

So what we found is some had really good screening programs, but they didn't have intervention or treatment. Some had really good intervention programs on campus, but they didn't have a screening mechanism. Similarly, some campuses had passed a policy, but they weren't actively enforcing it or letting anyone know that the policies exist. So we need to think, again,



strategically. How do these different strategies link together in a way that maximizes the effectiveness of each one of them?

We know that multiple strategies can drive down the numbers. So there's examples of CMCA trials. So Community Mobilizing for Change on Alcohol, or CMCA, is a model program. The community prevention trial was done in California. They used multiple strategies addressing drinking, and I think traffic crashes [INAUDIBLE].

A Matter of Degree was a Robert Wood Johnson Foundation-- multiple campuses. And then Robert Wood Johnson Foundation also funded reducing underage drinking through coalitions, funded multiple state coalitions. All of these show that if we can make multiple changes, we can make a change in consumption and related problems. We need to identify the optimal combination of some of these policies and strategies, and we don't always have a clear answer from the research side. We know some things that work, and we know some things that fit together, but that's an area that we're doing ongoing research.

So I'm going to spend just a few minutes to just talk about one specific area where my research has-- where I've spent a lot of time with my research. As I mentioned, one type of legal availability policy is preventing service to someone that's already obviously intoxicated. So over-service of alcohol. Prohibited in 48 states, over-service is related with a variety of problems, including drinking and driving and assaults.

I spent a lot of time doing assessments and found that there's a high likelihood of these legal alcohol sales. Eighty-three percent would sell to someone that looked obviously intoxicated in 1990s. In 2015, I published a study showing that it was 82% in Minnesota. So it's an area that we haven't made much progress. We're trying to change using training and enforcement measures to change establishment policies to directly affect server behavior. Also changing things like drink specials and those types of things to directly affect over-service, ultimately to change consumption and related problems

I spent a lot of time, as I mentioned, working with bars and restaurants. So my team has developed a couple different versions of a training program built off of one called Alcohol Risk Management. It's an intensive training program for bar owners and general manager-- sorry, I've messed that up-- for general managers of bars and restaurants.

It's one-on-one, someone that has experience in the hospitality industry goes out and provides an assessment of their current policies. One-on-one consultation, recommendation of other policies to reduce their risk. Their self-interest is to not get sued, not to have their insurance rates go up, not to be tagged by the police or licensing, or to lose their license. So it's really helping them create an establishment specific policy manual.



We did a large trial evaluating ARM. And we found that we had an effect at one month post training, and that by two to three months post training, the effects disappeared. We created an enhanced version of it where we had a hybrid online in-person combined training program. Again-- interactive, intensive, customized, training manual and online server training manual. Really emphasized implementation of the policies at the institutional level, at the bar and restaurant level. Really good details about how to implement the policy in their establishment. So very intensive.

At about three months post, we saw some indication of some effect. Some decrease in likelihood of sales to some that looked obviously intoxicated. By six months, that effect disappeared. Those establishments that interacted most with our website at three months post training showed the greatest decrease in likelihood of over-service, but again that effect decayed by six months even among those users.

So our conclusion is that the Responsible Beverage Service for Managers alone, unlikely to create sustained reductions in over-service. So then, it's like thinking about, well, what could we do on an enforcement side? So I recently was a couple of years ago, I was funded to evaluate Place of Last Drink, a strategy that's been used in Minnesota, Wisconsin, and other states. And we're looking at effects in communities in Minnesota.

And any time that law enforcement goes out and responds to an incident that is alcohol involved, some committees just focus on traffic crashes in many of the Minnesota communities. It could be an assault, it could be underage drinking, anything that is alcohol involved. So going back to that point in the very beginning, how do we create awareness of involvement of alcohol?

Asking law enforcement to track where was the place of last drink for a range of different types of things beyond just DUIs might be a way to capture some of that information in your community. The idea is, it can be retail establishments, it can be also finding out that it's house parties, but it's collecting data that is recorded in a database so you can look for patterns of over-service. In one community, half of the incidents that were alcohol involved that the police responded to, the place of last drink was one bar. And so then that gave them evidence to go and work with that bar to change their serving behavior.

We, by the way as part of one of our studies, are developing-- going back to tools that might be useful. We haven't released it yet. And hopefully in the next couple of months as we revamp our website, we're going to have a POLD manual, and talking points and letters that can be sent to retailers to inform them about POLD. So some of the tools that might help you for this specific strategy will be available in our website, hopefully soon.

I will tell you that, looking at our evaluation, POLD was not implemented equally across the states. I'm kind of running out of time, so I'm not going to



spend a lot of time on this. But I'll just tell you, it was really variable. Some were doing quite a bit. Some communities said they were doing POLD, but they were not increasing awareness among the stakeholders like the retailers.

Actually, a lot of them were not doing that. Not a lot of follow up when they did collect the data, looking at the patterns and following up with establishments or other places of last drink. So there's things that you need to think about with start up, data collection practices, stakeholder awareness, and follow up. We're hoping some of our tools will help with implementation with this particular strategy.

This just shows you the final score relative to other communities. That we put high implementation for 9 of the communities, moderate implementation for 5 communities, and low implementation for 12 for POLD. We are still doing the evaluation, but I will tell you that I believe POLD is a really good tool, but it's going to need to be combined with other tools as well.

So how do we think about, again, that strategy? So maybe it's combining server training, manager training with Place of Last Drink. With density and problem mapping. With enhanced enforcement doing observations at bars and restaurants looking for over-service and then holding them accountable through licensing penalties. It's having that conversation of how do we group the right combination of policies to address something like over-service of alcohol, which is then contributing to over consumption and alcohol related problems.

I also, because I talked about enforcement-- something that I am trying to really think a lot about, but do not have the answers. How do we make sure that enforcement is equitable? Alcohol policy often is a social justice issue. As I said, alcohol establishments are not put equally in neighborhoods across communities and across states. There's marketing that is targeting specific groups. So there's a social justice issue there.

But I also recognize that I often say, well, we got to enforce policies. We need to make sure that those policies are systematically implemented, not targeting specific groups or specific types of establishments, and also recognizing that the underlying inequitable structures that are already in place are going to drive some of the inequities in the work that we do. So we need to make sure we continue to bring new voices, new leaders into the field, and challenge ourselves to do better. And make sure that the prevention we do is fair and equitable as we move forward.

So just briefly in summary, what problems are you trying to address? Think about the solutions. What are the most promising policy and environmental changes or strategies to address those problems that you're focusing on? What are the most important components of the proposed policies or strategies? Is the policy being fully implemented?



You can also look at that-- what's already on the books? And look at is it being implemented? And not always starting with something new. Maybe it's just making something that's already there more effective. How do we combine strategies effectively, and how do we avoid unintended harms?

Just threw this slide in. As we're thinking about doing this work, I think some skill sets that are important-- strategic planning, community organizing, advocacy and lobbying, media advocacy, fundraising to pay for that work, and understanding the laws and issues around lobbying and those types of things.

And as we do this work, I think it's important to be skeptical. So if we're negotiating with policies and stuff, be skeptical of what people are saying they're willing to-- they're willing to accept something if you give something up. So be a little skeptical in the process, but also be hopeful.

Because, again, I've been in the field a long time. I've actually really seen huge changes. Next week, we're going to talk about huge changes that we've achieved in addressing underage drinking. Amazing things, I think, that we should celebrate.

So I think there's a reason to be hopeful that we can affect other types of problems as well. Still more work to be done on underage drinking, though. So it's a success story, but there's more work to be done. So please join me next week.

Our website is listed here. It's our old website that's going to be updated soon. But there are existing tools and resources on our existing website as well. And with that, I'm handing it over or opening up for questions because I know we're kind of close to the end here. Thanks, everyone, for being here today.

KRIS GABRIELSEN: I guess I will go ahead and jump in. I see there was one question, but it disappeared so I'm guessing you must have answered their question. So thank you so much, Tracl, for the wonderful information. Just so much information that is exactly what I think is needed for so many of us right now. So thank you so much for the presentation today.

I do have a few slides to share with you all to close us out. So I'm going to go ahead and share my screen. All right, as Tracl mentioned and Rebecca put in the chat, we do have two more sessions of this Alcohol Policy series.

Next week, we have Underage Drinking-- What's the Big Deal and What Do We Do About It? Then the following week, we have Harnessing Community Organizing to Enact Alcohol Policies. I know quite a few of the questions had to do with, OK, but how do we do that? Be sure to come back for October 4th, because that's where we will be talking more about how we move into action.

We also do have a Foundations in Prevention intensive training course, which is coming up in October. If you or colleagues or staff need to have more skills



around implementing the strategic prevention framework as well as the foundations of prevention, I highly recommend this course. It's fantastic, and as the title mentions, it is an intensive. So it's eight sessions of one and a half hour Zoom meeting sessions plus homework in-between. So great opportunity for some great learning to be going on there.

I highly encourage you, if you haven't already, to go ahead and follow and like our Facebook page. There is, that QR code will take you right there. And if you aren't on there and you are a Facebook person, if you would follow and like us, that would be great. I am working to meet a goal by the end of this month that we set for ourselves a while ago and we have a little bit more to go. So if you're willing, we would love to have you as part of our group on Facebook.

And last, but not least. As Rebecca mentioned at the beginning, we do have our post training feedback form that is important for us to get from you. Not only so that we get the information about how well the training went, but also it's a way for us to report back to our funding agency and to be able to continue to offer these great trainings to you. So if you could please take a moment to complete that once we close out of the webinar, we'll automatically take you to that page.

And with that, Rebecca, are there any other last comments or thoughts that you wanted to share?

REBECCA BULLER: No, I think we're good. We had one person who had trouble signing up for the 27th and it put them in October 4th. So I'll take a look at that. Paris, maybe you could email me directly and we can work out that issue. I'm putting my email in the chat right now.

And I'll be following up with links and information on the next two sessions for everyone who attended today in an email.

KRIS GABRIELSEN: All right, great. Thank you. And for the-- I also meant to mention-- with the Facebook page, I did post during our session today a link to the Community Guide that Dr. Toomey recommended folks look at. So if you follow, if you go to the Facebook page and click on there, you can get to that website. I hope everybody has a fantastic rest of your day. Thanks so much for being here. Bye bye.