



Drug-Free Schools and Campuses
Regulations [Edgar Part 86] Biennial
Review: Academic Years 2018-2019 and
2019-2020

Carolina Community Coalition Sub-Committee

**University of South Carolina Drug-Free Schools and Campuses Regulations [EDGAR Part 86] Alcohol
and Other Drug Prevention Certification**

The undersigned certifies that it has adopted and implemented an alcohol and other drug prevention program for its students and employees that, at a minimum, includes –

1. The annual distribution to each employee, and to each student who is taking one or more classes of any kind of academic credit except for continuing education units, regardless of the length of the student's program of study, of:

- Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities
- A description of the applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol
- A description of the health risks associated with the use of illicit drugs and the abuse of alcohol
- A description of any drug or alcohol counseling, treatment or rehabilitation or re-entry programs that are available to employees or students
- A clear statement that the institution will impose disciplinary sanctions on students and employees (consistent with State and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct. A disciplinary sanction may include the completion of an appropriate rehabilitation program.

2. A biennial review by the institution of its alcohol and other drug prevention comprehensive program to:

- Determine its effectiveness and implement changes to its comprehensive alcohol and other drug prevention program and policies, if they are needed
- Ensure that its disciplinary sanctions are consistently enforced.

University of South Carolina
Columbia, SC 29208

Typed Name of Chief Executive Officer

Signature of the Chief Executive Officer

Date

IRS Employer Identification Number

Telephone Number

e-mail address

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Introduction/Overview

The Higher Education Act of 1965, as amended by the Drug-Free Schools and Communities Act of 1989, requires that any institution of higher education that receives federal financial assistance must adopt and implement a program to prevent the use of illicit drugs and alcohol abuse by students and employees (20 U.S.C. 1145g—Drug and Alcohol Abuse Prevention).

Pursuit to this requirement, the Department of Education General Administrative Regulations (EDGAR), 34 C.F.R. Part 86 (Part 86), mandate that colleges and universities: 1) annually distribute specified drug and alcohol prevention information to students and employees (“annual notification”), and 2) conduct a biennial review of their drug and alcohol prevention programs^[1].

University of South Carolina (UOFSC) has a long-standing commitment to alcohol and other drug prevention, including professional staff, prevention education, early intervention, and environmental management through a campus-community coalition which was founded in 2008.

UofSC has regularly used national tools to measure our progress and to select and implement best practices. Through implementation of the biennial review, we can document and reflect upon the extensive work done in the realm of drug and alcohol prevention programming.

USC has used the National College Health Assessment, the Core Institute alcohol and drug survey, and embedded surveys in the required educational program Alcohol Edu to measure students’ behaviors, perceptions, and attitudes. USC participated in the EverFi Alcohol Diagnostic Inventory rating tool in 2011 and 2017 to measure progress on best practice implementation. Institutional self-studies have also included the Time for Change study in 2015 and Crime and Alcohol in Five Points study in 2019 related to off-campus alcohol issues and the Social Compact study which included recommendations to address high-risk alcohol use.

[1] These regulations were originally published in the Federal Register, Vol. 55, No. 159, Aug. 16, 1990, pp. 33580–33601, and are now available at <https://ifap.ed.gov/regcomps/attachments/86.pdf> (accessed on December 2, 2016).

Biennial Review Process

A sub-committee of the Carolina Community Coalition was recruited to serve as a biennial review work group for academic years 2018-2019 and 2019-2020. Committee members included:

- Rebecca Caldwell, Director of Strategic Health Initiatives, Student Health Services
- Tad Derrick, Assistant Director of Harm Reduction and Compliance, Fraternity and Sorority Life
- Maureen Grewe, Director of Student Conduct
- Jarod Holt, Director of Fraternity & Sorority Life
- Aimee Hourigan, Director of Substance Abuse Prevention & Education
- Boris Klarić, Coalition Coordinator, Substance Abuse Prevention & Education
- Hillary Lichterman, Senior Associate Director of Residence Life

The committee met five times between February and December 2020. Our initial objectives were: 1) to gather information and determine the effectiveness of AOD prevention/education efforts, 2) to review the previous biennial review.

The committee developed a list of four overarching recommendations from the next biennium, with actionable objectives in each area which we believe will generate progress in these four target areas.

Biennial Reviews are kept on campus at two central locations: the Dean of Students office and Substance Abuse Prevention & Education program.

Annual Policy Notification Process

The 2018 Biennial Review noted needed improvements in the annual notification process, specifically for students. At that time, notification of our Drug-Free Workplace policy (HR 1.01) to new employees occurred bi-monthly in New Employee Orientation and through Division/Department onboarding processes for temporary employees. Notification to new students was provided through the required online alcohol education course completed during the first semester. Annual distribution of the University's Annual Security and Fire Safety Report provided notification for continuing employees and students but lacked key elements of the annual notification required by the Drug Free Schools and Communities Act. The 2017-2019 Report includes all elements of the required annual notification. In addition, an annual notification was sent by email on November 12, 2020 and is attached as Appendix A. This information is also distributed to new employees in New Employee Orientation through Human Resources and to new students through the required online alcohol education course completed during the first semester.

The University of South Carolina provides annual notification to all students, faculty, and staff of its alcohol and other substance policy through email distributed through Human Resources and Student Affairs. This notification includes direct links to the following university policies:

- Human Resources 1.01 [Drug-Free Workplace Policy](#) [pdf]
- Student Affairs 3.02 [Alcohol Policy and Guidelines for the University Community](#) [pdf]
- Student Affairs 6.26 [Student Code of Conduct](#) [pdf]
- Student Affairs 3.18 [Drug Policy for University Students](#) [pdf]

The notification also includes information about applicable state and federal law and explicit mention of the risks associated with the misuse of alcohol, illegal drugs, prescription medications, and other substances. Within the notification are direct links to resources for both students and employees who wish to voluntarily obtain assistance for substance dependency or misuse while also making note of the sanctions and consequences for students and employees who are not in compliance with university policy.

AOD Prevalence Rate, Incidence Rate, Needs Assessment and Trend Data

Student Alcohol & Other Drug Behavior Data

In May 2018, leadership in Student Affairs developed a matrix of all data that is collected related to student alcohol and drug use, including its frequency, content, and analysis. Relevant data was identified through Substance Abuse Prevention & Education, Student Health Services, Fraternity & Sorority Life, Division of Law Enforcement and Safety, and the Office of Student Conduct & Academic Integrity. Major surveys included the National College Health Assessment, Fraternity & Sorority Life Experience survey, AlcoholEdu pre and post-course surveys, and the College Prescription Drug Study. Incident data and data related to students with conduct violations included conduct data from Maxient, STIR and hospitalization survey data from SAPE, and police incident data.

AlcoholEdu Student Substance Use Data

All incoming students complete an alcohol education course (AlcoholEdu) that includes surveys of substance use behavior and related consequences. Since 2010, first year students who do not drink have increased slightly while heavy and problematic drinking and consequences have increased and remain substantially above the national and SEC averages.

On the day of highest alcohol consumption in the past two weeks, how many drinks did you have? (Follow Up Survey)

	2015	2016	2017	2018	2019	2019 National
Abstainer/Non-Drinker	44%	42%	43%	46%	47%	56%
Moderate Drinker	21%	21%	21%	22%	21%	21%
Heavy Drinker	36%	34%	36%	32%	33%	20%
Problematic Drinker	13%	11%	12%	10%	11%	5%

Definitions: Abstainer/Non-Drinker: 0 drinks in the past two weeks. Moderate: 1-4 drinks for men, 1-3 drinks for women. Heavy: 5+ drinks for men, 4+ drinks for women. Problematic: 10+ drinks for men, 8+ drinks for women.

More than half of incoming students identify as abstainers or non-drinkers for the pre-course survey. There is a significant increase in students who identify as heavy episodic or problematic drinkers in the post-course survey, at a rate much higher than the national average.

	2018-19 Pre-Survey	2018-19 Follow Up Survey	2019-20 Pre Survey	2019-20 Follow Up Survey
Abstainer/Non-Drinker	56%	46%	56%	47%
Moderate Drinker	20%	22%	21%	21%
Heavy Drinker	17%	32%	21%	33%
Problematic Drinker	6%	10%	6%	11%

2019-2020 n=8,183 students, 2018-2019 n= Definitions: Abstainer/Non-Drinker: 0 drinks in the past two weeks. Moderate: 1-4 drinks for men, 1-3 drinks for women. Heavy: 5+ drinks for men, 4+ drinks for women. Problematic: 10+ drinks for men, 8+ drinks for women.

Where Students Choose to Drink (Follow Up Survey)

First year students continue to primarily drink in licensed establishments, but the decline in the utilization of those location may be the result of pressure from University and community leaders to change marketing and beverage service practices.

	2016-17	2017-18	2018-19	2019-20
Bar/Nightclub	39%	42%	36%	34%
Off Campus Residence	17%	16%	19%	19%
Fraternity/Sorority House	2%	1%	1%	1%
Athletic Event	10%	13%	10%	10%
On Campus Residence	10%	9%	10%	11%
All Other Locations	18%	20%	24%	24%

All Other Locations includes My Own Home (not listed), Outdoor setting, Restaurant, Car, and None of These.

Other substance misuse in the past two weeks remains low. (Follow Up Survey)

	2017-18	2018-19	2019-20
No Other Substance Use	47.8%	49.8%	52.4%
E-Cigarettes	15.0%	20.5%	18.6%
Cannabis	11.6%	10.8%	11.5%
Cigarettes	8.9%	6.2%	6.2%
Prescription Stimulants	2.5%	1.8%	1.7%
Cocaine (any form)	1.7%	1.2%	0.9%

Less than 1%: amphetamines, anabolic steroids, barbiturates, hallucinogenics, heroin, inhalants, LSD, MDMA, methamphetamines, prescription opiates, rohypnol or GHB, prescription sedatives.

National College Health Assessment (2010-2019) Alcohol and Drug Data

Student Health Services conducts the National College Health Assessment biennially. The following data shows student behavior over time.

	Students reported level of alcohol (beer, wine, and liquor) use within the last 30 days:			Students perceived use of alcohol on campus within the past 30 days:		
	2015	2017	2019	2015	2017	2019
Never used	17.2%	14.5%	16.5%	4.4%	3.7%	3.9%
Have used but not in 30 days	11.3%	14.5%	13.5%	1.3%	1.0%	1.1%
Used 1-9 days	51.9%	52.8%	48.6%	28.5%	26.9%	26.9%
Used 10-29 days	18.2%	16.9%	19.9%	49.6%	53.1%	48.2%
All 30 Days	1.4%	1.2%	1.5%	16.2%	15.1%	19.9%

Any use within the last 30 days	71.5%	70.9%	67.0%	94.3%	95.1%	95.0%
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Observed Trends: Overall usage has been on a steady decline since 2015 with a slight increase in the percentage of those who report “Never used”. Students’ perception of use continues to be widely different from the reported use by students.

Reported number of drinks students consumed last time they “partied” or socialized (only students reporting one or more drinks were included in analysis):

	2010	2013	2015	2017	2019
4 or fewer	53.2%	58.6%	56.3%	57.3%	67.6%
5 or 6	19.9%	21.7%	22.1%	20.7%	16.7%
7 or more	26.9%	19.7%	21.6%	22%	15.7%

Observed Trends: Across all categories there was a decline in the reported number of drinks students consumed last time they socialized. The largest change is among students reporting 4 or fewer drinks which increased roughly 10% from 2017.

Students reported number of times having consumed 5 or more drinks at one sitting in the past 2 weeks:

	2010	2013	2015	2017	2019
N/A don’t drink	20.2%	19.8%	19.4%	19.0%	23.7%
0 times	40.4%	43.6%	42.4%	43.6%	39.4%
1-2 times	24.9%	22.2%	24.8%	24.5%	25.8%
3-5 times	11.9%	11.8%	9.7 %	10.3%	8.6%
6 or more times	2.6%	2.6%	3.6%	2.6%	2.5%

Observed Trends: More students reported not drinking at all compared to previous years but there was little change among the percentage of students consuming 5 or more drinks more than 5 times in the past 5 weeks.

Students who reported within the last 30 days driving after consuming any alcohol (students who responded “N/A, don’t drive” and “N/A don’t drink” were excluded from analysis):

	2010	2013	2015	2017	2019
Driving after drinking alcohol	35.8%	29.6%	28.3%	26.8%	17.7%

Observed Trends: The percentage of students who reported driving after drinking alcohol has been on steady decline since 2010 with the largest change coming between 2017 and 2019.

Students reported cigarette use within the past 30 days:

	2010	2013	2015	2017	2019
Never	63.1%	68.8%	71.9%	76.0%	74.7%
Last 30 Days	15.8%	13.4%	11.2%	7.7%	6.3%
Every Day	4.4%	2.5%	2.8%	1.6%	1.1%

Observed Trends: Reported chronic and recent use of cigarettes by students continues to decline.

	Students reported marijuana use within the past 30 days:			Perception of other students' marijuana use within past 30 days:		
	2015	2017	2019	2015	2017	2019
Never Used	61.7%	58.5%	56.7%	8.1%	7.0%	5.7%
Used, but not in the past 30 days	23.9%	22.3%	23.4%	8.2%	4.6%	4.1%
Used 1-9 days	8.9%	12.5%	12.2%	43.7%	42.4%	39.4%
Used 10-29 days	3.6%	4.6%	4.9%	28.8%	34.9%	33.4%
Used all 30 days	2%	2.2%	2.9%	11.3%	11.1%	17.5%
Any use within the past 30 days	14.4%	19.3%	19.9%	83.8%	88.4%	90.2%

Observed Trends: Unlike alcohol and tobacco use, cannabis use in the past 30 days has increased over the last 10 years but held mostly steady during the review period. Perception of cannabis use continues to be significantly higher than reported use by students.

Proportion of students who reported using prescription drugs that were not prescribed to them within the last 12 months:

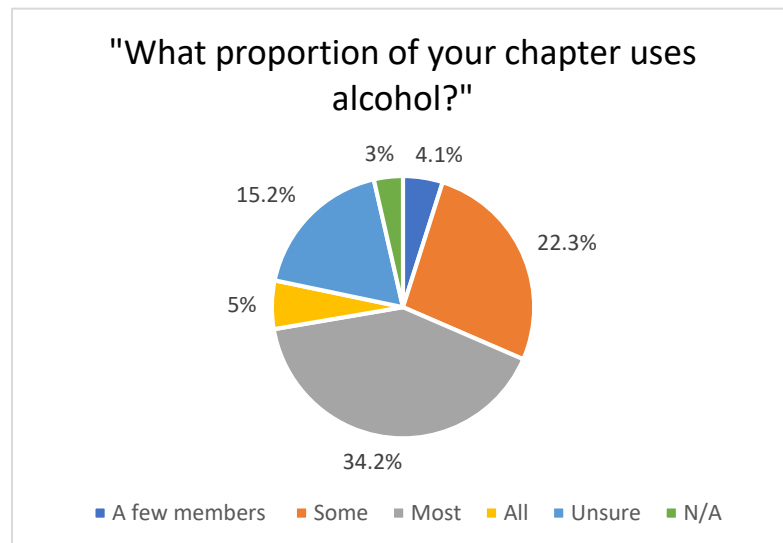
	2010	2013	2015	2017	2019
Antidepressants	3.7%	2.8%	2.1%	3.4%	3.8%
ED drug	0.9%	1%	0.4%	0.8%	0.3%
Pain killers	10.2%	6.1%	4.8%	4.3%	3.3%
Sedatives	6.8%	4.3%	5.5%	4.7%	3.6%
Stimulants	9.9%	10.9%	10.7%	10.7%	10.0%

Used one or more	18.3%	15.4%	15.2%	15.4%	15.2%
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Observed Trends: Stimulant use continues to be the highest reported non-prescription medication used, although there is a slight decline in reported use among all categories but antidepressants since 2017.

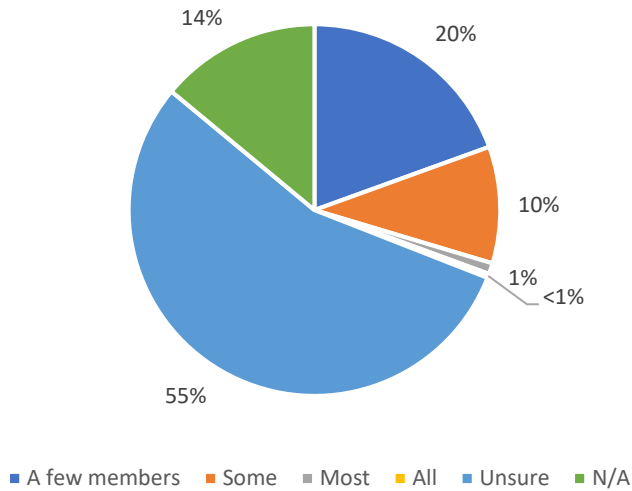
Fraternity and Sorority Life Experience Survey

The FSES (Fraternity and Sorority Life Experience Survey) is a general community survey that was sent out to all 6,500 community members at the University of South Carolina to collect data related to their organizational experience in the Fall 2018 semester. The FSES provides customized insight about academic experiences, values, alcohol and drug use, social issues, bystander intervention, chapter operations, and community found in your institution's fraternity and sorority experience.



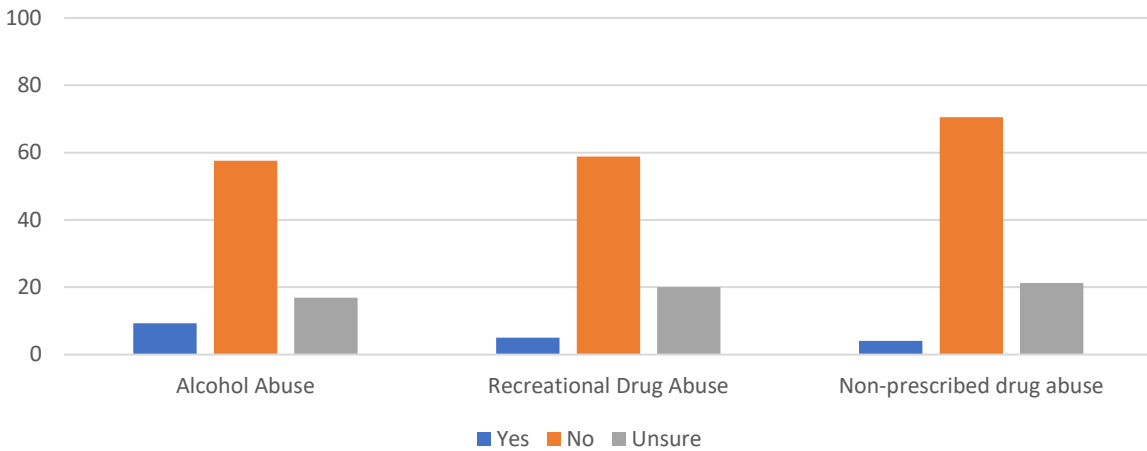
Roughly one-third of students who responded indicated they believed most of their chapter uses alcohol however only five percent believed their entire chapter used alcohol. This is consistent with other trends seen in the NCHA findings in which students' perceptions of alcohol use among their peers is significantly varied from self-reported use.

"What proportion of your chapter uses non-prescribed drugs?"

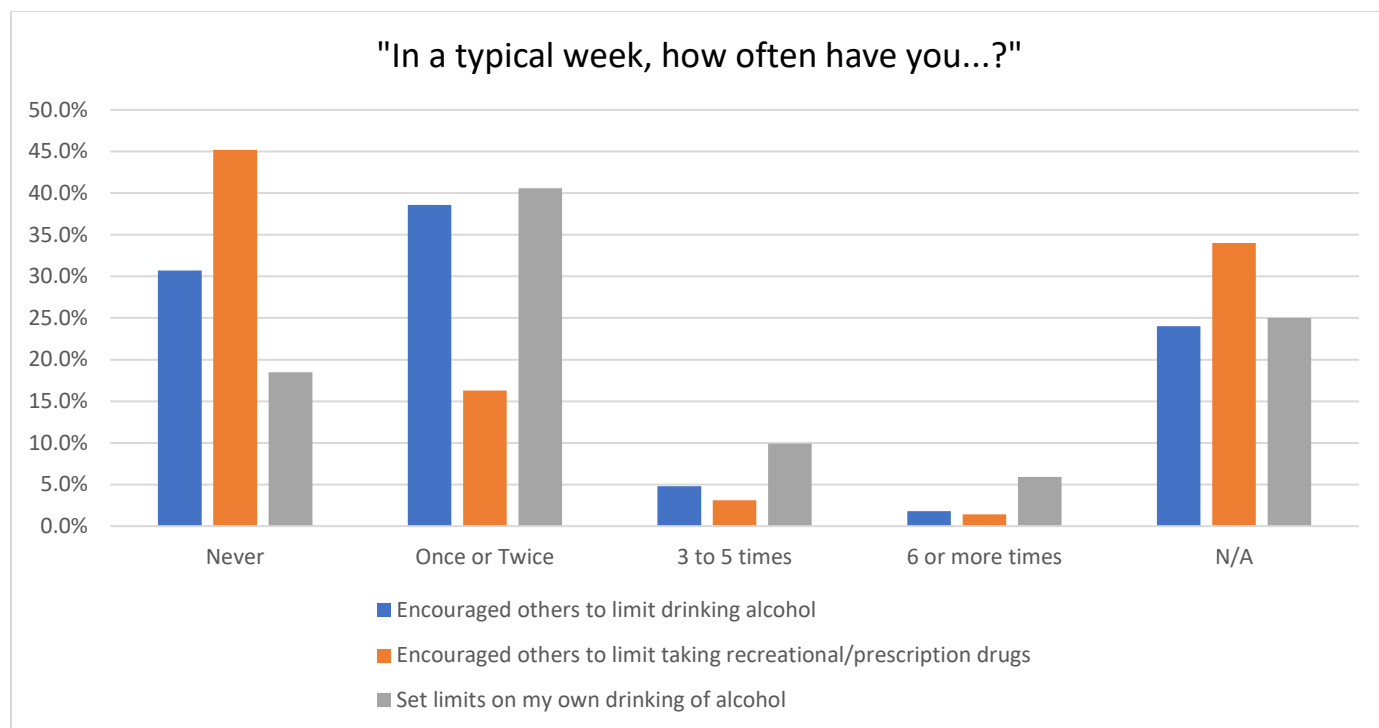


Contrasting the perception of alcohol use, most Greek-affiliated students are unsure about the use of non-prescribed drugs within their chapter. This may indicate an opportunity for increased awareness and education about the use of non-prescribed drugs among Greek-affiliated students but may also affirm the relatively low rates of use of non-prescribed drugs by students at the university shown in other surveys.

"Are any of the following issues a problem for members of your chapter?"



The vast majority of respondents do not believe alcohol or other drug misuse is a problem among their chapter.



In a typical week, over one-third of respondents either encourage someone else in their chapter to limit their drinking or they set limits on their own drinking. When compared with the previous data which indicates a perception alcohol abuse is not a problem among chapters, this data implies there is a significant segment of the Greek-affiliated population which is active in bystander intervention and both promoting and modeling healthy behavior when it comes to the consumption of alcohol. However there is a large segment of students who either responded “N/A” or did not answer the question on the survey, making it difficult to draw concrete conclusion from this dataset alone.

Students Overdoses & Fatalities:

Students who violate campus alcohol and drug policy and those transported to the hospital for alcohol or drug overdose are referred to the Students Taking Initiative & Responsibility (STIR) program for a screening and brief intervention program. In surveys conducted by the STIR program, students are asked the location of their last drink (if known) and factors impacting their drinking occasion in order to inform education and enforcement efforts.

In 2018-2019, 34.1% of those referred for hospital transport reported a Five Points establishment and 43.9% reported an off-campus residence as the location of their last drink. Only 6 of these students were over age 21. In 2019-2020, 31% of those referred for hospital transport reported a Five Points establishment and 32.6% reported an off-campus residence as the location of their last drink. Only 12 of these students were over age 21.

Naloxone is available in the Pharmacy in the Center for Health and Well-Being as well as distributed through two local agencies: Midlands Recovery Center and The Courage Center. Campus police officers also carry naloxone.

	2016-2018	2018-2019	2019-2020
AOD-Related Transports	418	115	105
AOD-related Fatalities: Overdose	3	0	0
AOD-Related Fatalities: Suicide or Suspected Suicide	9	0	0

AOD Policy, Enforcement & Compliance Inventory with Related Outcomes/Data

List of Relevant Policies with Hyperlinks

University of South Carolina alcohol and drug policies are publicly available to employees and the student body. The policies are highlighted in the required AlcoholEdu online educational program, which is required for all new students to UOFSC.

Alcohol and drug-related behaviors are addressed in:

- STAF 6.26 [Student Code of Conduct](#)
- STAF 3.02 [Alcohol Policy & Guidelines for the University Community](#)
- STAF 3.18 [Drug Policy for University Students](#)
- HR 1.01 [Drug-Free Workplace](#)
- HR 1.95 [Drug and Alcohol Testing Policy](#)

Student Organization Misconduct

The [Tucker Hipps Transparency Act](#) requires the establishment of a website that details the disciplinary actions against chapters as well as a list of chapters under suspension. At the time of writing this report, there are 2 fraternity chapters and one sport club team under suspension. There were 14 reports in 2018-2019 and 20 reports in 2019-2020.

Student Conduct Violations and Sanctions

Below is a table of student conduct violations and related sanctions which occurred during the review period. Overall alcohol violations did increase between academic years with a slight decrease in overall drug violations. The total number of sanctions given also increased during the review period with a small decline in the total number of suspensions, including drops in both alcohol and drug related charges.

Student Conduct Violations and Sanctions 2018 Through 2020	2018-2019	2019-2020
Alcohol violations by type:	1168	1281
Alcohol/drug hospitalizations	115	105
Possession/consumption	543	630
Fake ID	160	168
Dangerous Behaviors - DUI	23	26
Common Sources	1	2
Distribution	15	6
Presence of alcohol in a dry room	7	44
Laws and UOFSC regulations	17	8

Open container	38	5
Alcohol paraphernalia	108	117
Public intoxication	59	46
Violating other regulations while under the influence	0	1
Gameday Ejections due to Alcohol	82	123
Total drug violations (by category below):	304	291
Possession	174	169
Smoke only	57	13
Failed Drug Test	19	17
Paraphernalia	43	73
Distribution	10	5
Violating other provisions while under influence	0	6
Manufacturing	0	0
Gameday Ejections due to Drugs	1	8
Sanctions	1434	1474
Housing Removals	13	3
Students sanctioned to the Carolina Awareness of Alcohol Policies and Safety (CAAPS) class and CAAPS Over 21	557	586
Parental notification letters (for alcohol transports and alcohol & drug offenses) sent	558	595
Number of students referred to Counseling and Psychiatry	51	8
Number of students referred to STIR	255	282
Suspensions	49	35
Alcohol related charges	7	1
Drug related charges	18	10
Other Student Conduct Code charges	11	5
Title IX related charges	1	4
Multiple code violations (Conduct/AI)	0	2

The Division of Law Enforcement and Safety

From the Annual Security and Fire Safety Report, 2017-2019:

“The University of South Carolina Division of Law Enforcement and Safety (DLES) is the primary law enforcement agency responsible for the safety of the University’s Columbia Campus. DLES is operated and sustained by professionals in law enforcement, compliance and professional standards, environmental health and safety, and risk management. DLES works diligently to protect the people and property of the University of South Carolina and to uphold their values – human life, integrity, excellence and accountability. The police officers employed by DLES are appointed and commissioned as State Constables by the Governor of South Carolina as provided by South Carolina law. They are empowered to enforce the laws of South Carolina anywhere in the State as well as arrest individuals anywhere in the State. Certified officers complete twelve weeks of law enforcement instruction at the South Carolina Criminal Justice Academy. All DLES officers receive at least 40 hours of continuing education every year, which exceeds the state’s minimum requirements. DLES works cooperatively with other law enforcement agencies in South Carolina to promote the safety and security of the Carolina

Community. With a downtown location covering many city blocks, there is an increased likelihood that a crime occurring in the metropolitan area of Columbia may occur on campus. The University of South Carolina's Columbia Campus shares jurisdiction with other law enforcement agencies, including the City of Columbia Police Department. DLES maintains working relationships with local and state prosecutors, the court system, coroners' offices, and other investigative entities to ensure the ongoing safety and integrity of the Carolina Community. There are specific events that may occur on campus, such as the death of a student, which would require DLES to notify the South Carolina Law Enforcement Division (SLED). DLES also participates in intelligence sharing associations with other area law enforcement agencies. Ongoing collaboration between agencies enables DLES to gather data, identify crime trends on and around campus, and provides a system for notifying the Office of Student Conduct when off-campus student crimes or policy violations occur."

Criminal Arrests for Violations for Illegal Weapons, Drugs, & Alcohol

Arrests for Weapons, Drugs, & Alcohol	Total On Campus			On Campus Residence Halls			Non-Campus			Public Property		
	'17	'18	'19	'17	'18	'19	'17	'18	'19	'17	'18	'19
Illegal Weapons Possession	0	1	0	0	0	0	0	0	0	1	6	6
Drug Law Violations	166	147	83	96	64	63	0	1	0	79	115	85
Liquor Law Violations	30	18	9	19	8	5	0	1	1	31	12	15

Overall, there was a significant decline in the number of criminal arrests for drug and liquor law violations occurring on campus during the review period

Disciplinary Referrals for Illegal Weapons, Drugs, & Alcohol

Disciplinary Referrals for Weapons, Drugs, & Alcohol	Total On Campus			On Campus Residence Halls			Non-Campus			Public Property		
	'17	'18	'19	'17	'18	'19	'17	'18	'19	'17	'18	'19
Illegal Weapons Possession	6	5	2	5	5	2	5	0	1	0	0	1
Drug Law Violations	75	53	80	70	37	67	4	13	12	3	5	10
Liquor Law Violations	719	577	635	648	533	537	1	8	16	1	8	16

In contrast to criminal arrests, there was an increase in the number of disciplinary referrals for drug and liquor law violations occurring on campus during the review period.

Alcohol Event Registration Process

Campus entities wishing to serve alcohol at an event on campus or at a University-controlled facility are required to register the event with the office of Substance Abuse Prevention & Education and utilize an Event Supervisor who completes a short training on University policy and best practices for risk management.

	2018-2019	2019-2020
Alcohol Policy Workshops	20	14
Workshop Participants	61	59
Registered Events	154	118

AOD Comprehensive Program/Intervention Inventory with Related Process and Outcomes/Data

In order to best present a comprehensive inventory of our AOD programming we have created a typology matrix available as Appendix B.

AOD Comprehensive Program Goals and Objectives for Biennium Period Being Reviewed

Goals and Objectives for next Biennium

The 2018 committee recommended the following strategies in pursuit of the goals of the previous biennium period:

1) Increase communication efforts to enhance and supplement policy enforcement.

- a) Increase communications between campus departments and law enforcement agencies to enhance policy enforcement. Explore how UofSC could consistently receive citations and incident reports from local law enforcement agencies.
- b) Publicize enforcement efforts to the student body. Increasing the perception that one could be caught violating laws is a strong evidence-based deterrent (Substance Abuse & Mental Health Services Administration). Utilize the Gamecock newspaper, social media, and local media to publicize that the campus and the city are enforcing laws and ordinances.
- c) Continue to explore partnerships & communication with local business owners and community stakeholders in pursuit of safe business districts and neighborhoods around campus.
- d) Publicize enforcement efforts to community stakeholders to raise awareness of both UofSC and community efforts. UofSC's involvement in entertainment district issues has revealed that the local community is not aware of UofSC's extensive commitment to alcohol and drug prevention strategies, including our enforcement activities. Correcting this misperception can decrease reputational risk and increase belief that students will be held accountable.
- e) Build a flexible and portable presentation about UofSC's evidence-based efforts for community constituents. Examples could include a 15-minute presentation for a neighborhood association or a 60-minute presentation for a class or community partner's staff meeting.

Several offices have worked to increase communication with community stakeholders and law enforcement agencies, including attending the meetings of neighborhood associations and City Council. Off campus incident reports have increased from 27 in 2017-2018 to 63 in 2019-2020. Information on the reporting process and tips for healthy neighbor relations were compiled and are available at sc.edu/neighbors. For several years, the office of Fraternity and Sorority Life has organized meetings between chapter leaders and local law enforcement before and after the first home football game. These meetings have increased communication related to enforcement efforts as well as expectations for behavior and Gameday events.

In accordance with the Tucker Hipps Transparency Act, the university publishes a report of actual findings of violations involving alcohol, drugs, sexual assault, physical assault and hazing by organizations formally affiliated with the institution. The [report](#) includes the name of the responsible organizations; the dates of the incident, report, charge, investigation and resolution; and a general description of the incident and the subsequent charges, findings and sanctions placed on the organization. Although this provides current information about enforcement efforts for organizations, more can be done to publicize enforcement of laws and ordinances for individuals.

Over the last two years, UofSC has partnered with local neighborhood associations to protest the alcohol licenses of establishments which consistently engage in irresponsible and dangerous business practices. The criteria for protest includes the number of transported students reporting consuming their last drink in an establishment, drink specials that promote overconsumption of alcohol, lack of

food items as required by state law, and citations by local law enforcement. Since 2018, UofSC has filed protest of the alcohol license of eight establishments, resulting in two closures, two operating with conditions, and four pending hearings. These protests have received a great deal of local media attention and may be helping to correct the misperception that the University disregards student alcohol violations.

2) Consistently communicate messages to the UofSC community about high-risk drinking from pre-matriculation through alumni status, with a focus on supplementing messages beyond the end of the first semester.

- a) Map existing messages from orientation, welcome week, University 101, and Alcohol Edu and develop a matrix of additional points of intervention. Explore additional consistent messages after the first semester and develop a plan to further reinforce messages.
- b) Build education toolkits for use by student groups and student leaders. Target audiences will include fraternity and sorority life groups, honor societies, student organizations, & Resident Mentors. These toolkits can be used by peers with minimal preparation and will increase the quality of information and consistency of university messages by student leaders who may be self-developing content in this area.
- c) Develop and deliver an effective social norms campaign to promote that most students make healthy choices. Use best practices in campaign design, deployment, and evaluation to maximize effectiveness and insure market saturation.

A University task force developed a report of communication to first year students in 2018. A Coalition workgroup examined current messages related to high-risk drinking for consistency and opportunities for improvement. The result was an improved training presentation for Orientation Leaders, added training for Resident Mentors, professional Residential Life staff, and Student Success Center staff, and increased communication with Academic Advisors of first year students. Messages during Orientation may still be inconsistent or vague with regard to expectations and consequences related to substance use.

Since 2018, the SAPE office has worked to develop a strong peer education program and recruit student leaders to influence other students. Educational activities and toolkits have been developed for these peer educators to facilitate on Greene Street, at residential programs, and fair and tabling events. Training and increased communication with resident mentors has resulted in increased requests for SAPE experts in Housing programs. A partnership with the Panhellenic Council resulted in educational presentations for sophomore sorority women and new member educators, although there is room for improvement as student leaders still work to develop programs independently. Sustaining the connection with student organizations as leadership changes is vital to maintaining evidence-based educational initiatives within student groups. As the SAPE peer education program grows, there should be more opportunities for student leaders to successfully influence their peers.

A true social norms campaign was not conducted during the 2018-2020 biennium. Research on social norms campaigns demonstrate the challenge of developing credible campaign messages and implementing a successful campaign in a “wet” campus environment (Swanson, Zegers, & Zwaska, 2004; Thombs et.al., 2004). Two campaigns were developed and implemented with the intent of increasing bystander intervention and testing strategies for market saturation. The Gamecocks Stand Up campaign highlighted specific scenarios related to alcohol overdose, alcohol and consent, and addiction, as well as academic integrity, stress, eating disorders, hazing, suicide, racism, relationship violence, stalking,

depression, and COVID mitigation behaviors. Each week featured a different topic, with suggestions and resources for how to intervene. This campaign helped to bring together a network of communicators from various departments to work towards market saturation of these messages.

In 2019, the University passed the first Medical Overdose Treatment policy, referred to as the Good Samaritan policy. Marketing materials promoting the details of the policy and signs of overdose were distributed widely, including social media posts, digital advertising in campus buildings, posters displayed in campus buildings and Greek Village houses, and 750 magnets. Information about the policy was included in the U101 Alcohol Curriculum, fraternity and sorority chapter presentations, staff trainings, and additional presentations conducted by SAPE, SAVIP, Changing Carolina Peer Leaders and Student Conduct. Evaluation of this campaign in spring 2020 revealed that only 48% of respondents were aware of the policy, but over 90% could correctly identify the signs of overdose. Top reasons for not getting help for a friend exhibiting signs of overdose included “I did not believe my friend was in danger” (40%), “I’m afraid of getting my friend in trouble with police, the University, or their parents” (38%), “I do not want my friend to be angry with me” (35%), and “I was afraid of getting myself or my friend in trouble for other illegal items/behaviors” (35%). The campaign was redeveloped for Fall 2020 and evaluation efforts continue.

These two campaigns demonstrate the difficulty in reaching full market saturation and getting messages to a significant number of students as well as developing credible messages. Sustained efforts to influence student behavior through social marketing are necessary and should continue to focus on bystander intervention, the medical overdose policy, and behaviors with strong majority norms that students may be more likely to believe. Student perspectives are essential in developing and improving these campaigns.

Swanson DJ, Zegers KM, & Zwaska AA. Implementing a social norms approach to reduce alcohol abuse on campus: Lessons learned in the shadow of 'the world's largest six-pack'. *Social Science Journal*, 41(4):621–35, 2004.

Thombs DL, Dotterer S, Olds RS, Sharp KE, & Raub CG. A close look at why one social norms campaign did not reduce student drinking. *Journal of American College Health*, 53(2):61–8, 2004.

3) Provide consistent late-night programs for students in order to build a positive environment for non-drinking students.

- a) Increasing the capacity of the existing late night options through increased staffing and partnerships is essential.
- b) Best practices have found that institutions should focus on offerings that include a consistent time and place, rather than high dollar programming that characterized previous national efforts. Efforts should focus on expanding options for “hanging out” and dining after 9 p.m.
- c) A unified marketing strategy is vital as is featuring late night options during New Student Orientation.
- d) Continue to offer and publicize Substance Abuse Prevention & Education program’s alcohol-free tailgates and CRC programming; engage campus partners to promote and enhance these offerings.

In the summer of 2018, a workgroup conducted a full review of late night options for students. Recommendations from that group included increasing student leadership in the planning of late night

events, additional staffing for late night options, and additional activities in facilities that are open after 10pm. In Fall 2018, Gamecock Entertainment conducted focus groups with students to explore off-campus entertainment options for students and eventually developed a late night programming concept, Thursday After Dark. A committee of student stakeholders contributed to the development, marketing, and eventually implementation of the events. Thursday After Dark now hosts events every Thursday night during the semester, in both on and off campus venues, with an average attendance of 288 students representing a variety of backgrounds. The program is widely recognized by students and has built recognition as a late night option. Gamecock Entertainment involves a variety of campus partners, including Campus Recreation, University Housing, Off Campus & Neighborhood Relations, UOFSC Police, and Substance Abuse Prevention & Education. Student interns from the College of Hospitality, Retail and Sport Management are now employed to plan and implement the weekly events.

On recommendation from the late night options workgroup was a unified marketing strategy and increased partnerships in promoting entertainment options for students. In Fall 2019, SAPE launched a “Good Choices for the Weekend” email newsletter, featuring late night options, healthy activities, and fun things to do on campus and in the community. The newsletter is sent to over 3,000 students each week with an average open rate of 33%. Students express interest in the newsletter through Alcohol Edu or sign up online or at a campus event. This newsletter is helping to increase awareness of late night and weekend options for students among the population most interested in participating in alcohol-free activities.

The office of Substance Abuse Prevention & Education has continued to offer alcohol-free tailgates for every home football game at the campus shuttle stop on Greene Street, with partnerships from off-campus housing areas, the Russell House, Homecoming Commission, and Healthy Carolina. Early evaluation showed that 50% of participants had no plans for eating food before drinking alcohol at tailgates. These events distribute food and bottled water to approximately 400 students each game, as well as providing games, music, and other entertainment for students wanting to avoid alcohol. Gamecock Recovery continues to plan additional alcohol-free events to support their members during high risk times, such as Halloween, St. Patrick’s Day, and the last day of classes.

4) Increase effective prevention strategies for high-risk students and groups. As a supplement to shaping the campus environment for non and low-risk drinkers, UofSC should deploy strategies to address high-risk drinkers, particularly in groups where their behavior may be reinforced.

- a) Develop and deliver evidence-based sessions for student groups that are likely to contain high-risk drinkers. Small group social norms interventions are an example of an effective intervention that has been used with fraternity and sororities when facilitated by a highly trained facilitator. The need to build this capacity may guide position development and professional development within Substance Abuse Prevention & Education program.
- b) The committee is aware that certain student organizations may function as a high-risk student group without some of the educational and cultural oversight offered to social fraternities and sororities or sport clubs. We recommend exploring, in partnership with the Leadership and Service Center, how to assist non-Fraternity & Sorority Life high-risk student groups. Possibilities include sharing risk management and health information during the re-application process for student organizations or sending messages to advisors from both a “caring for students” perspective and a liability reduction perspective.

The office of Substance Abuse Prevention & Education was able to fill the vacant Outreach Coordinator position with a staff member with skills in public speaking and group facilitation. This has allowed us to grow the small group social norms interventions for student groups, with a specific focus on fraternity and sorority chapters. The Annual Chapter Expectations Program (ACE) was developed by the Office of Fraternity and Sorority Life to improve the management of, inspire the growth and development of, and evaluate the quality of fraternity and sorority chapters at the University of South Carolina. Member education on alcohol and substance abuse, interpersonal violence and bystander intervention, hazing, and mental health is required. In addition, student organizations with conduct violations related to substances are typically referred to the small group social norms presentation as part of their sanction. These expectations have helped fuel the increase in requested presentations from SAPE for student organizations from 2018 to 2020.

The small group social norms intervention utilizes the Student Response System available through Campus Labs as well as ScreenU, an anonymous, online screening and brief intervention program available through the Higher Education Center. This program provides an evidence-based intervention directly to students, providing individual feedback as well as an opportunity for group reflection. Almost 800 students have completed this screening since 2019, with a focus on high risk students with alcohol violations, student organizations, first year students, and those identified through Student Health Services.

Since 2018, the Center for Leadership and Service has updated the renewal process for student organizations. The process now includes a university policy overview module which includes information about the University Alcohol Policy, including expectations and recommendations for planning events and sponsorship. While this is limited information, all student leaders of organizations now receive some education on risk management and campus resources through this process. In addition, the Sport Club Executive Board has been formed, which will provide additional opportunities for education and student leadership.

Recommendations, Goals and Objectives for Next Biennium

The committee specifically recommends the following strategies in pursuit of these recommendations:

- 1. Assess the impact of the COVID-19 pandemic on student substance use and respond to changing behavior during the pandemic and afterwards.**
 - a. Conduct surveys, focus groups and interviews to gain insight into the student experience during COVID and changes in the student drinking culture.
 - b. Identify strategies for responding to changing substance use, including both risky use and support for the increasing number of non-drinking students.
 - c. Continue to work to increase communication efforts between campus departments, law enforcement and community stakeholders in pursuit of safe business districts and neighborhoods around campus.
- 2. Expand opportunities to reach diverse students in substance education efforts.**
 - a. Continue Gamecocks Talk focus groups with marginalized students in order to gather information about their experiences related to substance use and provide culturally relevant education and services.
 - b. Develop marketing campaigns focused on bystander intervention and the medical overdose policy, working to develop credible messages that reach market saturation. Select behaviors with strong majority norms that students may be more likely to believe and consider using student “brand ambassadors” to accomplish these goals.
- 3. Diversify stakeholders participating in environmental management efforts, particularly the Carolina Community Coalition.**
 - a. Request representatives from student governance organizations, such as Student Government, Graduate Student Association, and Residence Hall Association, as well as relevant student groups such as Carolina Judicial Council and the Changing Carolina Peer Leaders.
 - b. Identify faculty with relevant interests, offer presentation opportunities and encourage participation from students in relevant majors such as Public Health, Social Work, Public Policy, Criminology, etc.
 - c. Extend invitations to off-campus stakeholders as well as staff and faculty from other institutions.

Appendices

- A. Annual Notification email distributed to all students, staff, and faculty.
- B. Comprehensive Program/Intervention Inventory
- C. Executive summaries from the National College Health Assessment and College Prescription Drug Study in 2019 and Alcohol Edu Impact Report for 2018-2019 and 2019-2020.
- D. Policies: STAF 6.26 Student Code of Conduct, STAF 3.19 Overdose Medical Treatment, STAF 3.02 Alcohol Policy & Guidelines for the University Community, STAF 3.18 Drug Policy for University Students, HR 1.01 Drug-Free Workplace, HR 1.95 Drug and Alcohol Testing Policy

HOURIGAN, AIMEE

From: Divisions of Human Resources and Student Affairs <noreply@mailbox.sc.edu>
Sent: Thursday, November 12, 2020 11:43 AM
To: HOURIGAN, AIMEE
Subject: Annual Notification: Drug-Free Schools and Communities



Dear Students, Faculty and Staff,

The University of South Carolina educates the state's citizens through teaching, research, creative activity, and community engagement. Maintaining health and wellness is critical to meet this mission. The possession or use of illegal drugs, or the misuse of drugs which may otherwise be legally possessed, negatively impacts the University environment, as well as the individual potential of our students and staff. More information about our current policies, practices and programs that exist for your safety, including information and crime statistics for the three previous calendar years, can be found in the [Combined Annual Security and Fire Safety Report](#).

The Federal Drug Free Workplace Act of 1988, the Drug Free Schools and Communities Act and its amendments of 1989, the Higher Education Reauthorization Act, and EDGAR 86 require all federal grant recipients to certify a drug-free environment. The University of South Carolina remains dedicated to compliance with the Drug-Free Schools and Communities Act, EDGAR 86, and all related provisions.

An **annual notification** is necessary to share the following information:

Our standards of conduct clearly prohibit the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees.

- Human Resources 1.01 [Drug-Free Workplace Policy](#) [pdf]
- Student Affairs 3.02 [Alcohol Policy and Guidelines for the University Community](#) [pdf]
- Student Affairs 6.26 [Student Code of Conduct](#) [pdf]
- Student Affairs 3.18 [Drug Policy for University Students](#) [pdf]

State and federal laws prohibit the possession, use, or distribution of illicit drugs.

- Strict penalties are enforced for drug convictions, including fines, forfeiture of personal property and real estate, and mandatory prison terms for many offenses. Many penalties are increased for subsequent drug convictions. Additional

information about federal laws is available from the [Legal Information Institute](#).

- Under the Higher Education Act of 1998, students convicted under federal or state law for the sale or possession of drugs will have their federal financial aid eligibility suspended for at least one year, with increasing penalties for subsequent violations. Those who lose [eligibility](#) can regain eligibility by successfully completing an approved drug rehabilitation program.

In South Carolina:

- the minimum age to purchase, possess, or consume alcohol is 21 and providing alcohol to minors and using false identification is illegal. Sanctions for violations of these laws include loss of driver's license, fines, educational classes, and community service.
- It is illegal for anyone underage to drive a car after drinking alcohol and illegal for ALL individuals of legal drinking age to operate a motor vehicle at or above .08 BAC. Consequences for driving after drinking can include significant fines, loss of driver's license, mandated treatment or educational programs, community service and time in jail.
- Possession of cannabis products, including concentrates, and other illicit drugs is illegal and can result in fines and jail time. Penalties increase with subsequent offenses.

The risks associated with the misuse of alcohol, illegal drugs, prescription medications, and other substances are numerous and include physical and mental impairment, emotional and psychological deterioration, poor academic and/or job performance, addiction, infectious disease, adverse effects on pregnancy, sustaining or causing personal injury, and considerable health risks, including overdose leading to death. The National Institute on Drug Abuse provides a [chart on the uses and effects of controlled substances](#).

The University strongly encourages students and staff members to voluntarily obtain assistance for dependency or abuse problem before such behavior results in an arrest and/or disciplinary referral which might result in their separation from the institution.

- **Resources For Students:** The [STIR Screening & Intervention](#) program and [Gamecock Recovery](#) are both available through the Office of Substance Abuse Prevention & Education. Individual and group counseling is available through the [Counseling & Psychiatry Department](#) of Student Health Services.
- Sanctions for students who violate the [Student Code of Conduct](#) [pdf] can include monetary fines, written essays, parent or guardian notification, educational modules, individual interventions, housing removal or relocation, restitution, drug screenings, conduct probation, suspension, and expulsion for Please visit the [Student Conduct and Academic Integrity](#) website for more information about the Student Conduct process and sanctions.

- **Resources For Employees:** The [Employee Assistance Program](#) provides assessment and counseling conducted by a licensed, experienced counselor. This includes short-term individual, family, couples and group counseling, up to four sessions per person, per issue, per year, at no cost to employees and their immediate household members.
- No employee shall report for duty or remain on duty under the influence of any illegal drugs, unauthorized prescription medication or alcohol. Employees who violate the [Drug-Free Workplace Policy](#) [pdf], regardless of tenure status, will face disciplinary actions up to and including termination based upon the criteria in the [Faculty Manual](#) and [university policy HR 1.39, Disciplinary Action](#) [pdf] and Termination for Cause, and may have additional legal consequences.

Alcohol and drug policies and programs apply to administrators, faculty, staff and students. Take advantage of these resources to promote wellness while avoiding harmful habits that come from misusing alcohol and other drugs.

Due to the large number of emails that are distributed across our campus community, full distribution can take several hours which means that receipt times vary. If you are made aware of email messaging that you have not yet received, please be patient, as your email message is likely on its way.

Program and Policy Levels (social ecological framework)							
Areas of strategic intervention			Public Policy	Community	Institution	Group	Individual
		Knowledge, attitudes, behaviors and intentions	“Just Plain Killers” campaign, DAODAS PSA’s, State and local laws and ordinances, Sober Santa campaign to promote the use of designated drivers when drinking during the holiday season, Zero tolerance DUI messaging campaigns from SCHWP, Consistent policy enforcement and sanctions (AET, Party Patrols), University participation in alcohol license protests, State medical amnesty law	Partnerships with local agencies (LRADAC, MADD), Relationships with neighborhood associations	Bystander Intervention Campaign, Alcohol EDU requirement, U101 curriculum, Talking Points discussion guide for parents of incoming students, Orientation skits and messaging (including print materials)	Fraternity & Sorority chapter and other Student Org Presentations, CAAPS workshop for 1 st alcohol violations, Educational sessions during fraternity and sorority recruitment, Alcohol Skills Training for student organizations and in residential areas by student Peer Educators	Classroom presentations (SAPE, Student Conduct, USCPD, U101 Peer Leaders) Alcohol EDU requirement STIR (screening and brief intervention using BASICS model) Individual and group counseling through Counseling & Psychiatry Alcohol Skills Training at tables by student Peer Educators Fines and educational sanctions for Code of Conduct violations Talking Points discussion guide for parents of incoming students
	Environmental Changes	Alcohol Free Options		Off campus Thursday After Dark Escape Rooms, Mad Platter Movies/ Concerts/ Museums Coffee shops/Restaurants Parks Community Service opportunities	On campus options: Thursday After Dark, Gamecock Ent., Intramurals, Rec Center hours, Student Union hours) Alcohol-free tailgates for every home football game First Year engagement programs Service Saturdays	Campus Rec Team Intramurals, E-sports tournaments Community building activities occur throughout the academic year to help residential students form friendships and meaningful connections with peers, faculty, and staff. The focus of these experiences is to provide low-risk and engaging experiences. Student Organization events	Rec Center, Student Union, E-sports tournaments
		Normative Environment			Training on campus norms, education strategies for student leaders and professional staff in Housing, Fraternity and Sorority Life, Student Success Center, Student Life, Health Services U101 curriculum Alcohol Edu Talking Points discussion guide for parents of incoming students	Educational sessions during fraternity and sorority recruitment Specialized trainings with fraternity and sorority leadership regarding high risk events, such as tailgates Fraternity & Sorority chapter and other Student Org Presentations Alcohol Skills Training for student organizations and in residential areas by student Peer Educators	U101 curriculum Alcohol Edu Alcohol Skills Training at tables by student Peer Educators STIR ARISE Speaker Series Talking Points discussion guide for parents of incoming students
		Alcohol Availability		University participation in alcohol license protests Consistent policy enforcement (AET, Compliance checks)	Event registration process for campus events with alcohol service	Fraternity & Sorority Life Event Notification Process Specialized trainings with fraternity and sorority leadership regarding high risk events, such as tailgates	Fines and educational sanctions for Code of Conduct violations

		Marketing and Promotions			Alcohol Policy information in Event Planning resources through Special Events Bystander Intervention Campaign (Stand Up Carolina) Messages from President related to responsible celebrating, healthy breaks, etc Talking Points discussion guide for parents of incoming students Orientation skits and messaging (including print materials) Marketing campaign for Medical Overdose Treatment policy	Student orgs used for focus groups for development of the Bystander Intervention Campaign		
		Law/Policy Development and Enforcement		Carolina Community Coalition, Off-Campus Incident Reports, Collaboration with tailgate lot owners, law enforcement, Inter-Fraternity Council to develop guidelines and policies for responsible tailgating	Alcohol Policy Parental Notification policy Student Ticketing policy Consistent policy enforcement on campus University participation in alcohol license protests	Fraternity & Sorority Life Event Notification Process Fraternity & Sorority Life Hospitalization notification Athletics Dept. Policy		
		Health Protection		Local 12 step and other mutual aid meetings, Partnerships with Midlands Recovery Center, The Courage Center, LRADAC	Prescription drop box in Center for Health & Well-Being, Medical Overdose Treatment policy, Five Points Shuttle, Bystander Intervention Campaign	Risk management training for student leaders	Medical Overdose Treatment policy Talking Points discussion guide for parents of incoming students	
		Intervention and Treatment			Training on signs of a problem and intervention strategies for student leaders and professional staff in Housing, Fraternity and Sorority Life, Student Success Center, Student Life, Health Services, Early Alert programs in Student Success Center & Academic Advising, ScreenU	Training on signs of a problem and intervention strategies for student organizations and student leaders ScreenU presentations for student organizations Fraternity & Sorority Life Hospitalization notification	STIR Educational sanctions for Code of Conduct violations Individual and group counseling through Counseling & Psychiatry Wellness Coaching SBIRT in Student Health Services ScreenU	
		Recovery Support			Gamecock Recovery ARISE Speaker series Recovery Ally trainings	Campus mutual aid and SMART meetings Gamecock Recovery community events and service opportunities	ARISE Speaker series Recovery Coaching	

Adapted From: A Typology for Campus-Based Alcohol Prevention: Moving toward Environmental Management Strategies. W. DeJong, Ph.D., and L.M. Langford, Sc.D. *Department of Social and Behavioral Sciences, Boston University School of Public Health.*

University of South Carolina

Executive Summary

Spring 2019

American College Health Association
National College Health Assessment II



ACHA-NCHA II

The ACHA-NCHA II supports the health of the campus community by fulfilling the academic mission, supporting short- and long-term healthy behaviors, and gaining a current profile of health trends within the campus community.

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ACHA, the nation's principal advocate and leadership organization for college and university health, represents a diverse membership that provides and supports the delivery of health care and prevention and wellness services for the nation's 20 million college students. For more information about the association's programs and services, visit www.acha.org, and www.acha-ncha.org.

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American College Health Association. American College Health Association-National College Health Assessment II: University of South Carolina Executive Summary Spring 2019. Silver Spring, MD: American College Health Association; 2019.

Introduction

The ACHA-National College Health Assessment II (ACHA-NCHA II) is a national research survey organized by the American College Health Association (ACHA) to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' habits, behaviors, and perceptions on the most prevalent health topics.

ACHA initiated the original ACHA-NCHA in 2000 and the instrument was used nation wide through the spring 2008 data collection period. The ACHA-NCHA now provides the largest known comprehensive data set on the health of college students, providing the college health and higher education fields with a vast spectrum of information on student health. A revised survey, the ACHA-NCHA-II, has been in use since the fall 2008 data collection period.

Please note the ACHA-NCHA II is not appropriate for trend comparison with items from the original ACHA-NCHA survey. Directly comparing pre- and post-redesign estimates on similar data points, without taking into account the impact of the survey's redesign, can lead to an erroneous conclusion.

Notes about this report:

1. Missing values have been excluded from analysis and only valid percents are included in this document.
2. Students responding "not applicable" were excluded from several analyses, which are specifically noted throughout this document. This will often explain differences observed between this document and the full data report.
3. ***A note about the use of sex and gender in this report:*** Survey responses are reported by sex based on the responses to questions 47a, 47b, and 47c. For the purpose of the ACHA-NCHA report documents, respondents are reported as male or female only when their responses to these three questions are consistent with one another. If students' gender identity is consistent with their sex at birth AND the student selects "no" for transgender, then respondents are designated as either *male* or *female*. If respondents select "yes" for transgender OR their sex at birth is not consistent with their gender identity, then they are designated as *non-binary*. A respondent that skips any of the three questions is designated as *unknown*. Totals displayed in this report include *non-binary* and *unknown* students.

For additional information about the survey's development, design, and methodology, email Mary T Hoban, PhD, MCHES, (mhoban@acha.org), E. Victor Leino, PhD (vleino@acha.org), or visit www.acha-ncha.org.

This Executive Summary highlights results of the ACHA-NCHA II Spring 2019 survey for University of South Carolina consisting of 619 respondents.

The overall response proportion was 12.4%.

C. Academic Impacts

Within the last 12 months, students reported the following factors affecting their individual academic performance, defined as: received a lower grade on an exam, or an important project; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research, or practicum work; (listed alphabetically):

Alcohol use:	4.1 %	Gambling:	0.0 %
Allergies:	2.3 %	Homesickness:	4.4 %
Anxiety:	27.7 %	Injury:	1.6 %
Assault (physical):	0.0 %	Internet use/computer games:	8.8 %
Assault (sexual):	1.8 %	Learning disability:	2.9 %
Attention Deficit/Hyperactivity Disorder:	9.2 %	Participation in extracurricular activities:	8.0 %
Cold/Flu/Sore throat:	12.4 %	Pregnancy (yours or partner's):	0.3 %
Concern for a troubled friend or family member:	9.6 %	Relationship difficulties:	9.8 %
Chronic health problem or serious illness:	4.4 %	Roommate difficulties:	3.8 %
Chronic pain:	3.1 %	Sexually transmitted disease/infection (STD/I):	0.2 %
Death of a friend or family member:	5.1 %	Sinus infection/Ear infection/Bronchitis/Strep throat:	5.1 %
Depression:	20.3 %	Sleep difficulties:	21.5 %
Discrimination:	1.1 %	Stress:	33.1 %
Drug use:	2.0 %	Work:	13.3 %
Eating disorder/problem:	1.6 %	Other:	1.7 %
Finances:	5.6 %		

D. Violence, Abusive Relationships and Personal Safety

Within the last 12 months, college students reported experiencing:

	Percent (%)	Male	Female	Total
A physical fight		7.4	1.4	3.2
A physical assault (not sexual assault)		1.1	2.1	1.8
A verbal threat		24.6	15.4	18.7
Sexual touching without their consent		4.0	15.8	12.5
Sexual penetration attempt without their consent		0.0	6.9	4.7
Sexual penetration without their consent		0.6	4.8	3.4
Stalking		4.0	5.0	5.0
An emotionally abusive intimate relationship		9.7	10.0	9.9
A physically abusive intimate relationship		1.1	1.4	1.3
A sexually abusive intimate relationship		1.1	3.3	2.6

Findings continued

College students reported feeling *very safe* :

<i>Percent (%)</i>	Male	Female	Total
On their campus (daytime)	87.0	82.5	83.2
On their campus (nighttime)	47.7	13.6	23.3
In the community surrounding their school (daytime)	53.4	40.9	43.6
In the community surrounding their school (nighttime)	18.2	5.7	9.4

E. Tobacco, Alcohol and Marijuana Use

Reported use versus perceived use - reported use for all students within the past 30 days compared with how often students perceived the typical student on campus used substances within the same time period. The last line of each table combines all categories of any use in the last 30 days.

Cigarette

<i>Percent (%)</i>	Actual Use			Perceived Use		
	Male	Female	Total	Male	Female	Total
Never used	65.3	79.1	74.7	14.8	8.9	11.1
Used, but not in the last 30 days	24.4	15.2	17.8	13.6	14.1	13.9
Used 1-9 days	7.4	4.5	5.8	53.4	46.5	48.5
Used 10-29 days	1.1	0.2	0.5	11.9	19.7	17.0
Used all 30 days	1.7	1.0	1.1	6.3	10.8	9.6
<i>Any use within the last 30 days</i>	10.2	5.7	7.5	71.6	77.0	75.0

E-Cigarette

<i>Percent (%)</i>	Actual Use			Perceived Use		
	Male	Female	Total	Male	Female	Total
Never used	62.9	69.6	67.7	7.5	5.8	6.7
Used, but not in the last 30 days	17.1	10.5	12.2	3.4	4.3	3.9
Used 1-9 days	6.9	10.3	9.5	28.2	22.0	24.3
Used 10-29 days	4.6	3.3	3.6	36.2	27.5	29.4
Used all 30 days	8.6	6.2	7.0	24.7	40.3	35.5
<i>Any use within the last 30 days</i>	20.0	19.9	20.1	89.1	89.9	89.3

Tobacco from a water pipe (hookah)

<i>Percent (%)</i>	Actual Use			Perceived Use		
	Male	Female	Total	Male	Female	Total
Never used	77.7	86.7	83.8	22.3	17.1	19.0
Used, but not in the last 30 days	20.0	12.6	14.9	29.7	19.0	21.8
Used 1-9 days	2.3	0.7	1.3	40.0	50.8	47.7
Used 10-29 days	0.0	0.0	0.0	5.1	8.7	7.5
Used all 30 days	0.0	0.0	0.0	2.9	4.3	3.9
<i>Any use within the last 30 days</i>	2.3	0.7	1.3	48.0	63.9	59.2

Alcohol

	<i>Percent (%)</i>	Actual Use		
		Male	Female	Total
Never used		18.2	15.4	16.5
Used, but not in the last 30 days		15.9	12.4	13.5
Used 1-9 days		41.5	52.0	48.6
Used 10-29 days		21.6	19.5	19.9
Used all 30 days		2.8	0.7	1.5
<i>Any use within the last 30 days</i>		65.9	72.2	70.0

Perceived Use

Male	Female	Total
5.7	2.4	3.9
1.1	1.2	1.1
24.4	28.3	26.9
55.1	45.3	48.1
13.6	22.8	19.9
93.2	96.4	94.9

Marijuana

	<i>Percent (%)</i>	Actual Use		
		Male	Female	Total
Never used		55.1	58.1	56.7
Used, but not in the last 30 days		23.9	23.3	23.4
Used 1-9 days		12.5	11.7	12.2
Used 10-29 days		4.0	5.2	4.9
Used all 30 days		4.5	1.7	2.9
<i>Any use within the last 30 days</i>		21.0	18.6	20.0

Perceived Use

Male	Female	Total
9.1	3.6	5.7
4.5	4.1	4.1
44.3	37.5	39.4
31.8	34.6	33.3
10.2	20.2	17.5
86.4	92.3	90.2

Drinking and Driving

■ 2.7 % of college students reported driving after having **5 or more drinks** in the last 30 days.*

■ 26.1 % of college students reported driving after having **any alcohol** in the last 30 days.*

*Students responding "N/A, don't drive" and "N/A don't drink" were excluded from this analysis.

Estimated Blood Alcohol Concentration (or eBAC) of college students reporting 1 or more drinks the last time they "partied" or socialized. **Students reporting 0 drinks were excluded from the analysis.** Due to the improbability of a student surviving a drinking episode resulting in an extremely high eBAC, all students with an eBAC of 0.50 or higher are also omitted from these eBAC figures. eBAC is an estimated figure based on the reported number of drinks consumed during the last time they "partied" or socialized, their approximate time of consumption, sex, weight, and the average rate of ethanol metabolism.

Estimated BAC	<i>Percent (%)</i>	Male	Female	Total
< .08		62.3	66.4	65.2
< .10		71.3	74.7	73.8
Mean		0.07	0.07	0.07
Median		0.05	0.05	0.05
Std Dev		0.07	0.07	0.07

Findings continued

Reported number of drinks consumed the last time students "partied" or socialized. Only students reporting one or more drinks were included.

Number of drinks*	Percent (%)	Male	Female	Total
4 or fewer		44.0	62.4	57.4
5		10.4	14.4	13.1
6		7.2	9.2	8.8
7 or more		38.4	14.1	20.6

Mean		5.74	4.09	4.56
Median		5.00	4.00	4.00
Std Dev		3.53	2.41	2.97

* Students reporting 0 drinks were excluded.

Reported number of times college students consumed five or more drinks in a sitting within the last two weeks:

	Percent (%)	Male	Female	Total
N/A don't drink		25.8	22.3	23.7
None		32.0	42.5	39.4
1-2 times		26.4	26.1	25.8
3-5 times		11.2	7.8	8.6
6 or more times		4.5	1.2	2.4

Percent of college students who reported using prescription drugs that were not prescribed to them within the last 12 months:

	Percent (%)	Male	Female	Total
Antidepressants		2.8	4.1	3.8
Erectile dysfunction drugs		0.6	0.2	0.3
Pain killers		4.5	2.4	3.3
Sedatives		2.8	3.6	3.6
Stimulants		10.9	9.6	10.0
<i>Used 1 or more of the above</i>		15.3	15.1	15.2

Findings continued

College students reported doing the following *most of the time* or *always* when they "partied" or socialized during the last 12 months:*

	Percent (%)	Male	Female	Total
Alternate non-alcoholic with alcoholic beverages		36.9	40.3	39.5
Avoid drinking games		31.3	40.5	38.1
Choose not to drink alcohol		16.7	18.4	18.0
Determine in advance not to exceed a set number of drinks		31.5	42.5	39.0
Eat before and/or during drinking		84.6	88.1	86.7
Have a friend let you know when you have had enough		25.0	44.8	38.8
Keep track of how many drinks being consumed		61.2	69.9	67.2
Pace drinks to one or fewer an hour		24.2	37.1	33.2
Stay with the same group of friends the entire time drinking		90.0	94.7	93.3
Stick with only one kind of alcohol when drinking		42.3	60.4	54.6
Use a designated driver		81.3	88.7	86.2
<i>Reported one or more of the above</i>		98.5	98.8	98.4

*Students responding "N/A, don't drink" were excluded from this analysis.

College students who drank alcohol reported experiencing the following in the last 12 months when drinking alcohol:*

	Percent (%)	Male	Female	Total
Did something you later regretted		34.1	37.3	35.8
Forgot where you were or what you did		31.8	31.6	31.8
Got in trouble with the police		1.5	1.2	1.3
Someone had sex with me without my consent		0.0	3.6	2.5
Had sex with someone without their consent		0.0	0.0	0.0
Had unprotected sex		22.7	26.5	25.4
Physically injured yourself		14.4	14.6	14.5
Physically injured another person		0.8	0.3	0.6
Seriously considered suicide		4.5	1.8	2.7
<i>Reported one or more of the above</i>		58.3	54.5	55.6

*Students responding "N/A, don't drink" were excluded from this analysis.

Demographics and Student Characteristics

■ Age:

18 - 20 years:	47.1 %
21 - 24 years:	26.6 %
25 - 29 years:	13.2 %
30+ years:	13.1 %

■ Gender*

Female:	68.3 %
Male:	28.9 %
Non-binary	2.8 %

■ Student status:

1st year undergraduate:	18.5 %
2nd year undergraduate:	20.0 %
3rd year undergraduate:	18.2 %
4th year undergraduate:	12.4 %
5th year or more undergraduate:	2.1 %
Graduate or professional:	28.2 %
Not seeking a degree:	0.5 %
Other:	0.2 %
Full-time student:	93.6 %
Part-time student:	5.9 %
Other student:	0.5 %

■ Relationship status:

Not in a relationship:	48.5 %
In a relationship but not living together:	33.3 %
In a relationship and living together:	18.2 %

■ Marital status:

Single:	84.7 %
Married/Partnered:	13.5 %
Separated/Divorced/Other:	1.8 %

■ Primary Source of Health Insurance:

College/university sponsored plan:	15.8 %
Parents' plan:	67.9 %
Another plan:	15.5 %
Don't have health insurance:	0.3 %
Not sure if have plan:	0.5 %

■ Students describe themselves as:

White:	80.6 %
Black or African American:	7.6 %
Hispanic or Latino/a:	4.4 %
Asian or Pacific Islander:	8.4 %
American Indian, Alaskan Native or Native Hawaiian:	0.8 %
Biracial or Multiracial:	2.1 %
Other:	1.3 %

■ International Student:

International:	6.7 %
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■ Students describe themselves as:

Asexual:	0.5 %
Bisexual:	6.4 %
Gay:	1.3 %
Lesbian:	0.7 %
Pansexual:	0.3 %
Queer:	0.7 %
Questioning:	1.0 %
Straight/Heterosexual:	87.9 %
Another identity:	1.3 %

■ Housing:

Campus residence hall:	20.8 %
Fraternity or sorority house:	2.8 %
Other university housing:	3.9 %
Parent/guardian home:	5.4 %
Other off-campus housing:	60.9 %
Other:	6.2 %

■ Participated in organized college athletics:

Varsity:	3.3 %
Club sports:	9.5 %
Intramurals:	16.9 %

■ Member of a social fraternity or sorority:

Greek member:	19.2 %
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* See note on page 2 regarding gender categories



COLLEGE **2018** **PRESCRIPTION** **DRUG STUDY**

Institution Report for
University of South Carolina

INTRODUCTION

The College Prescription Drug Study (CPDS) is a multi-institutional survey of undergraduate, graduate and professional students that examines the non-medical use of prescription drugs, including the reasons for and consequences of use, access to prescription drugs and perceptions of use among students. The purpose of the CPDS is to gain a more thorough understanding of the non-medical use of prescription drugs among college students. The CPDS was developed through a partnership of The Ohio State University's Center for the Study of Student Life, Student Life Student Wellness Center and the College of Pharmacy. It is administered by The Ohio State University's Center for the Study of Student Life.

RESULTS

The results in this report are organized by the major topic areas within the survey. Twenty-six institutions participated in the study in spring 2018. The frequencies are presented for each institution type that participated in the survey: four-year public ($n = 18$, 69.2% of participating institutions) and four-year private ($n = 7$, 26.9% of participating institutions). One two-year public institution participated in the study ($n = 1$, 3.8% of participating institutions), but we are unable to compare it to other two-year institutions. The two-year institution is included in the numbers for all institutions.

The survey response rates were:

	Invited Students	Student Responses	Response Rate
Your Institution	4,992	910	18.2%
All Institutions	113,999	19,539	17.1%
4-Year Public Institutions	97,104	15,507	16.0%
4-Year Private Institutions	15,896	3,988	25.1%

Please note when reading and interpreting results in the report:

- Not every respondent responded to each question. Respondents were free to skip questions that they did not wish to answer.
- The survey included routing whereby not every respondent had the opportunity to answer every question; the routing is described in footnotes.
- Survey items that were "Select all that apply" are noted throughout the report. The percentages for these items may not add up to 100% since respondents could select multiple response choices.
- This report only includes descriptive statistics; caution should be used when making comparisons and generalizations.
- This report follows the format of the CPDS survey itself, so there are two sections of demographics, one at the beginning and one at the end of the report.
- Your institution's respondents are excluded from the column presenting composite data for your institution type in this report. Please refer to the national descriptive report for aggregate information by institution type.
- Due to a small issue with the survey software template that was used to collect this data, some students selected 'next' without realizing that there were additional questions to scroll through. This primarily impacts some demographic questions at the beginning of the survey, including gender and race.

PARTICIPATING INSTITUTIONS

Twenty-six institutions participated in the 2018 College Prescription Drug Study.

Four-Year Public

California State University, Sacramento
Clemson University
Georgia Institute of Technology
Kent State University
Mississippi State University
Missouri State University
The Ohio State University
San Francisco State University
St. Cloud State University
University of Akron
University of California, Santa Barbara
University of Michigan
University of Mississippi
University of South Carolina
University of Texas at Austin
Washington State University
West Virginia University
Youngstown State University

Four-Year Private

Clarke University
Emory University
Fordham University
Northwestern University
Otterbein University
Washington University in St. Louis
Wheaton College

Two-Year Public

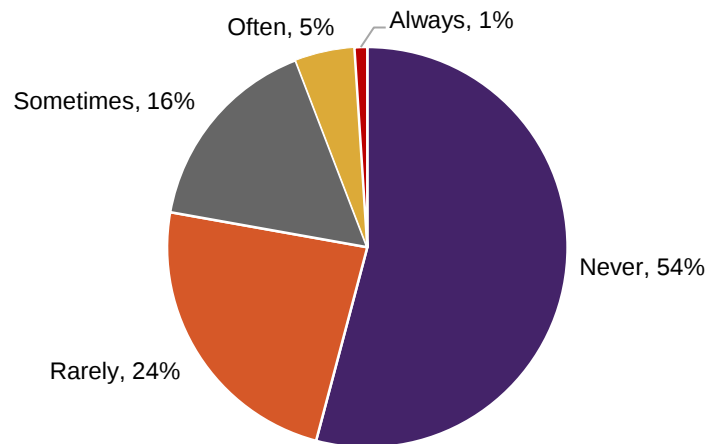
Manchester Community College

KEY FINDINGS AT YOUR INSTITUTION

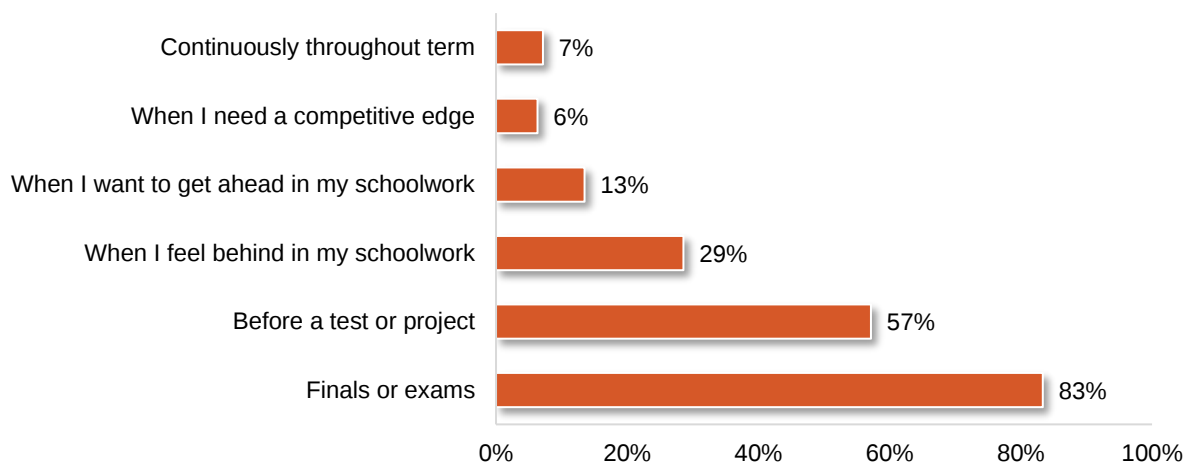
Percentage of respondents reporting they have ever used prescription drugs non-medically

	Your Institution	4-Year Public Institutions	4-Year Private Institutions
Pain Medications	9.5%	9.7%	6.6%
Sedatives	12.0%	9.8%	7.5%
Stimulants	20.9%	16.1%	14.0%

How often do you use drugs or alcohol to manage your stress?



When are you most likely to misuse prescription drugs to study?¹



¹ Only shown to respondents who selected that they used pain medications, sedatives and/or stimulants non-medically to help study or improve grades. Students could select all options that applied to them, so options do not sum to 100%.

COLLEGE PRESCRIPTION DRUG STUDY

DEMOGRAPHICS PART ONE

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Age of respondents (Recoded into categories)						
18-23	79.3%	722	70.6%	10,311	65.8%	2,623
24-29	12.0%	109	17.8%	2,595	23.3%	929
30-39	5.1%	46	7.4%	1,085	8.8%	349
40-49	2.1%	19	2.7%	401	1.4%	54
50-59	1.2%	11	1.1%	156	0.7%	27
60 or older	0.3%	3	0.3%	49	0.2%	6
Total Responses	100.0%	910	100.0%	14,597	100.0%	3,988
What is your class rank?						
First year undergraduate	21.1%	190	19.5%	2,788	15.7%	618
Second year undergraduate	17.7%	159	16.3%	2,321	14.5%	573
Third year undergraduate	19.0%	171	18.6%	2,657	14.1%	557
Fourth year undergraduate	16.0%	144	14.9%	2,121	13.4%	530
Fifth year+ undergraduate	2.4%	22	6.1%	878	1.0%	38
Graduate student (Master's)	9.0%	81	12.1%	1,724	18.2%	719
Graduate student (Doctoral)	9.1%	82	8.6%	1,222	13.2%	522
Graduate student (Professional, e.g., MBA, JD, MD, DDS, etc.)	4.9%	44	2.3%	326	8.7%	341
Other	0.8%	7	1.7%	242	1.1%	43
Total Responses	100.0%	900	100.0%	14,279	100.0%	3,941
What broad category does your major(s) or field of study fall under? (Select all that apply; Recoded into categories)						
Arts or Humanities	12.6%	101	9.4%	1,201	13.1%	486
Business	19.5%	156	11.2%	1,436	12.5%	464
Education	5.5%	44	6.0%	762	2.4%	89
Health or Medicine	21.4%	172	15.9%	2,032	14.1%	522
Social Sciences	6.2%	50	11.8%	1,505	12.7%	470
STEM (Science, Technology, Engineering or Mathematics)	19.5%	156	30.7%	3,921	22.1%	818
Vocational	0.1%	1	0.1%	19	0.5%	18
Other	6.4%	51	4.0%	507	3.9%	145
More than one major	8.9%	71	10.8%	1,383	18.8%	697
Total Responses	100.0%	802	100.0%	12,766	100.0%	3,709

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
What is your gender? (Select all that apply; Recoded into categories)						
Female	68.0%	544	62.5%	7,962	64.5%	2,395
Male	31.4%	251	36.0%	4,588	34.0%	1,264
Genderqueer / Gender Non-conforming	0.1%	1	0.6%	72	0.6%	24
Intersex	0.0%	0	0.0%	1	0.0%	0
Transgender Male / Transgender Man	0.0%	0	0.2%	23	0.0%	1
Transgender Female / Transgender Woman	0.0%	0	0.1%	7	0.0%	1
Other	0.0%	0	0.0%	6	0.1%	4
More than one gender	0.1%	1	0.3%	36	0.3%	11
Prefer not to answer	0.4%	3	0.4%	49	0.4%	13
Total Responses	100.0%	800	100.0%	12,744	100.0%	3,713
Are you Hispanic or Latino?						
Yes	4.0%	32	8.5%	1,077	9.6%	355
No	96.0%	768	91.5%	11,661	90.4%	3,354
Total Responses	100.0%	800	100.0%	12,738	100.0%	3,709
Which of the following represents your race/ethnicity? (Select all that apply)						
Asian American / Asian (East, South, Southeast)	8.0%	64	14.7%	1,857	20.0%	739
Black or African American	7.3%	58	5.6%	712	8.0%	297
Native Hawaiian or other Pacific Islander	0.6%	5	0.7%	86	0.4%	15
Native American / American Indian / Alaskan Native	1.3%	10	1.6%	197	1.3%	49
Middle Eastern / Arab American	1.9%	15	2.0%	252	2.3%	84
White or European American	84.6%	674	76.2%	9,631	71.0%	2,628
Other	0.6%	5	2.2%	274	1.8%	68
Prefer not to answer	0.6%	5	1.7%	213	1.4%	50
Total Responses		836		13,222		3,930
Are you:						
<i>A member or a former member of the United States military?</i>						
Yes	3.2%	25	2.9%	365	2.3%	84
No	96.8%	763	97.1%	12,162	97.7%	3,564
Total Responses	100.0%	788	100.0%	12,527	100.0%	3,648
<i>An international student?</i>						
Yes	4.1%	32	7.5%	936	13.2%	483
No	95.9%	756	92.5%	11,618	86.8%	3,181
Total Responses	100.0%	788	100.0%	12,554	100.0%	3,664
<i>A varsity-level athlete?</i>						
Yes	2.9%	23	3.0%	379	8.3%	303
No	97.1%	760	97.0%	12,109	91.7%	3,343
Total Responses	100.0%	783	100.0%	12,488	100.0%	3,646

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>A member of a fraternity or sorority?</i>						
Yes	28.3%	223	14.1%	1,768	15.7%	574
No	71.7%	564	85.9%	10,762	84.3%	3,076
Total Responses	100.0%	787	100.0%	12,530	100.0%	3,650
<i>A transfer student?</i>						
Yes	12.8%	100	17.5%	2,192	5.1%	186
No	87.2%	684	82.5%	10,331	94.9%	3,456
Total Responses	100.0%	784	100.0%	12,523	100.0%	3,642
<i>A member of a student organization on campus?</i>						
Yes	60.2%	477	47.9%	6,022	59.7%	2,192
No	39.8%	316	52.1%	6,548	40.3%	1,481
Total Responses	100.0%	793	100.0%	12,570	100.0%	3,673

PAIN MEDICATION

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Have you ever used a pain medication (e.g., OxyContin, Vicodin, Percodan) for non-medical reasons (e.g., it was not prescribed for you, you only used it for the experience or feeling it caused or you used it in a way other than the prescriber intended or ordered)? ¹						
Yes	9.5%	86	9.7%	1,419	6.6%	264
No	90.1%	817	89.7%	13,075	93.0%	3,705
I'd rather not say	0.4%	4	0.6%	89	0.4%	15
Total Responses	100.0%	907	100.0%	14,583	100.0%	3,984
How often do you generally use pain medications for non-medical reasons?						
Less than once a year	57.6%	49	67.2%	934	69.2%	180
At least once a year	11.8%	10	12.6%	175	10.0%	26
At least once an academic term	20.0%	17	10.2%	142	11.5%	30
At least once a month	7.1%	6	4.9%	68	4.2%	11
At least once a week	2.4%	2	1.8%	25	2.3%	6
At least once a day	0.0%	0	1.3%	18	1.2%	3
I'd rather not say	1.2%	1	2.0%	28	1.5%	4
Total Responses	100.0%	85	100.0%	1,390	100.0%	260

¹ Only respondents who answered 'yes' to this question saw the rest of the questions in this section.

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
When did you first start using pain medications for non-medical reasons?						
Elementary School (Grades K-5)	1.9%	1	0.7%	6	0.6%	1
Middle School (Grades 6-8)	0.0%	0	4.8%	43	2.9%	5
High School (Grades 9-12)	53.8%	28	48.4%	438	45.7%	79
College (Undergraduate)	32.7%	17	38.6%	349	40.5%	70
Between undergraduate degree completion and starting graduate school	7.7%	4	2.8%	25	4.6%	8
Graduate or Professional School	1.9%	1	2.2%	20	2.9%	5
I'd rather not say	1.9%	1	2.7%	24	2.9%	5
Total Responses	100.0%	52	100.0%	905	100.0%	173
How many times would you estimate that you have used pain medications for non-medical reasons?						
<i>In the last 30 days...</i>						
0 times	80.0%	40	83.0%	686	86.3%	138
1-2 times	8.0%	4	10.6%	88	10.0%	16
3-9 times	6.0%	3	3.5%	29	1.9%	3
10-19 times	4.0%	2	1.1%	9	0.6%	1
20-49 times	0.0%	0	0.6%	5	0.6%	1
50-99 times	0.0%	0	0.4%	3	0.0%	0
100 or more times	0.0%	0	0.4%	3	0.6%	1
I'd rather not say	2.0%	1	0.5%	4	0.0%	0
Total Responses	100.0%	50	100.0%	827	100.0%	160
<i>In the last 12 months...</i>						
0 times	55.1%	27	55.8%	459	52.2%	83
1-2 times	16.3%	8	24.6%	202	29.6%	47
3-9 times	16.3%	8	10.9%	90	8.8%	14
10-19 times	6.1%	3	4.7%	39	4.4%	7
20-49 times	4.1%	2	2.2%	18	2.5%	4
50-99 times	0.0%	0	0.4%	3	1.3%	2
100 or more times	0.0%	0	1.0%	8	0.6%	1
I'd rather not say	2.0%	1	0.4%	3	0.6%	1
Total Responses	100.0%	49	100.0%	822	100.0%	159
<i>In your lifetime...</i>						
0 times	2.0%	1	2.3%	20	3.6%	6
1-2 times	41.2%	21	27.0%	239	28.1%	47
3-9 times	23.5%	12	31.0%	274	33.5%	56
10-19 times	19.6%	10	14.4%	127	13.2%	22
20-49 times	3.9%	2	10.3%	91	10.8%	18
50-99 times	5.9%	3	4.6%	41	6.0%	10
100 or more times	2.0%	1	9.2%	81	4.8%	8
I'd rather not say	2.0%	1	1.2%	11	0.0%	0
Total Responses	100.0%	51	100.0%	884	100.0%	167

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Where do you typically obtain pain medications that you use for non-medical reasons? (Select all that apply)						
From a friend	50.0%	25	49.8%	442	54.8%	91
From a peer who is not a friend	8.0%	4	11.7%	104	5.4%	9
From a relative	10.0%	5	20.6%	183	13.9%	23
From a pharmacy	24.0%	12	25.6%	227	29.5%	49
From a drug dealer	16.0%	8	15.2%	135	10.2%	17
Other	6.0%	3	7.7%	68	10.2%	17
I'd rather not say	10.0%	5	6.2%	55	3.6%	6
Total Responses		62		1,214		212
How did you obtain pain medications from your friend, peer or relative? ²						
They gave me the pain medication(s)	70.4%	19	65.9%	364	78.0%	78
I took the pain medication(s) without my friend, peer or relative knowing	3.7%	1	10.7%	59	6.0%	6
I paid my friend, peer or relative for the pain medication(s)	25.9%	7	18.1%	100	14.0%	14
Other	0.0%	0	3.6%	20	1.0%	1
I'd rather not say	0.0%	0	1.6%	9	1.0%	1
Total Responses	100.0%	27	100.0%	552	100.0%	100
Why have you used pain medications for non-medical reasons? (Select all that apply)						
To relieve pain	31.6%	25	42.1%	552	33.2%	80
To sleep	31.6%	25	27.1%	356	23.2%	56
To relieve anxiety	34.2%	27	30.5%	400	33.2%	80
To get high	39.2%	31	42.6%	559	46.9%	113
To help study or improve grades	15.2%	12	9.0%	118	5.8%	14
To counter the effects of other drugs	5.1%	4	4.6%	61	2.5%	6
To enhance social interactions or situations	15.2%	12	16.1%	211	13.3%	32
Because I felt dependent on it	0.0%	0	5.5%	72	5.4%	13
Because I felt pressured by others	0.0%	0	3.1%	41	2.5%	6
To see what it was like	40.5%	32	33.1%	434	38.2%	92
To feel better	25.3%	20	24.0%	315	22.4%	54
To escape from reality	19.0%	15	16.5%	216	19.5%	47
Because of a personal or emotional problem	19.0%	15	17.6%	231	14.1%	34
Because they felt safer than street drugs	8.9%	7	5.2%	68	3.3%	8
Because they felt less addictive than street drugs	3.8%	3	1.6%	21	0.4%	1
Because I don't consider it illegal to do so	2.5%	2	4.3%	57	2.5%	6
Because I like the way they make me feel	22.8%	18	23.6%	309	26.6%	64
I'd rather not say	0.0%	0	1.0%	13	0.4%	1
Other	0.0%	0	3.8%	50	2.9%	7
Total Responses		248		4,084		714

² Only shown to respondents who reported typically obtaining medications for non-medical reasons from a friend, peer or relative.

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Do you use pain medications while drinking alcohol?						
Never	59.2%	29	60.1%	573	61.2%	109
Rarely	28.6%	14	22.7%	216	24.7%	44
Sometimes	10.2%	5	13.5%	129	11.2%	20
Often	0.0%	0	1.9%	18	2.2%	4
Very often	0.0%	0	1.2%	11	0.6%	1
I'd rather not say	2.0%	1	0.6%	6	0.0%	0
Total Responses	100.0%	49	100.0%	953	100.0%	178
Have you ever experienced any of the following effects from your non-medical use of prescription pain medications (e.g., OxyContin, Vicodin, Percodan)?						
<i>Not been able to stop using these types of medications when you wanted to?</i>						
Yes	6.1%	3	10.6%	99	7.1%	12
No	93.9%	46	88.5%	830	91.7%	155
I'd rather not say	0.0%	0	1.0%	9	1.2%	2
Total Responses	100.0%	49	100.0%	938	100.0%	169
<i>Had family members or friends express their concern about your use?</i>						
Yes	16.3%	8	14.0%	131	10.1%	17
No	81.6%	40	85.1%	798	89.9%	152
I'd rather not say	2.0%	1	1.0%	9	0.0%	0
Total Responses	100.0%	49	100.0%	938	100.0%	169
<i>Stayed away from your family or friends because of your use?</i>						
Yes	6.1%	3	11.0%	103	7.1%	12
No	93.9%	46	88.0%	825	92.9%	157
I'd rather not say	0.0%	0	1.0%	9	0.0%	0
Total Responses	100.0%	49	100.0%	937	100.0%	169
<i>Engaged in criminal activity in order to obtain these types of medications?</i>						
Yes	4.1%	2	7.9%	74	6.5%	11
No	95.9%	47	90.5%	848	92.3%	156
I'd rather not say	0.0%	0	1.6%	15	1.2%	2
Total Responses	100.0%	49	100.0%	937	100.0%	169
<i>Experienced memory loss as a result of your use?</i>						
Yes	24.5%	12	19.1%	179	14.2%	24
No	75.5%	37	79.7%	748	85.8%	145
I'd rather not say	0.0%	0	1.2%	11	0.0%	0
Total Responses	100.0%	49	100.0%	938	100.0%	169
<i>Experienced a negative impact on your academics as a result of your use?</i>						
Yes	10.2%	5	11.5%	108	4.1%	7
No	89.8%	44	87.1%	815	95.9%	162
I'd rather not say	0.0%	0	1.4%	13	0.0%	0
Total Responses	100.0%	49	100.0%	936	100.0%	169

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Experienced a positive impact on your academics as a result of your use?</i>						
Yes	18.4%	9	13.6%	127	6.5%	11
No	79.6%	39	85.3%	796	92.9%	157
I'd rather not say	2.0%	1	1.1%	10	0.6%	1
Total Responses	100.0%	49	100.0%	933	100.0%	169
<i>Experienced problems at work?</i>						
Yes	0.0%	0	6.6%	62	3.6%	6
No	100.0%	49	92.4%	865	96.4%	163
I'd rather not say	0.0%	0	1.0%	9	0.0%	0
Total Responses	100.0%	49	100.0%	936	100.0%	169
<i>Done things you wish you hadn't?</i>						
Yes	18.4%	9	18.1%	169	11.3%	19
No	81.6%	40	81.0%	758	88.7%	149
I'd rather not say	0.0%	0	1.0%	9	0.0%	0
Total Responses	100.0%	49	100.0%	936	100.0%	168
<i>Harmed another person?</i>						
Yes	0.0%	0	2.6%	24	1.8%	3
No	100.0%	49	96.6%	903	98.2%	166
I'd rather not say	0.0%	0	0.9%	8	0.0%	0
Total Responses	100.0%	49	100.0%	935	100.0%	169
<i>Been harmed by another person?</i>						
Yes	6.1%	3	6.1%	57	2.4%	4
No	93.9%	46	93.2%	871	97.6%	165
I'd rather not say	0.0%	0	0.7%	7	0.0%	0
Total Responses	100.0%	49	100.0%	935	100.0%	169
<i>Experienced withdrawal symptoms (felt sick) when you stopped using?</i>						
Yes	10.2%	5	16.9%	158	13.0%	22
No	89.8%	44	82.5%	771	87.0%	147
I'd rather not say	0.0%	0	0.6%	6	0.0%	0
Total Responses	100.0%	49	100.0%	935	100.0%	169
<i>Experienced medical problems?</i>						
Yes	4.1%	2	6.1%	57	4.7%	8
No	95.9%	47	93.1%	869	95.3%	161
I'd rather not say	0.0%	0	0.8%	7	0.0%	0
Total Responses	100.0%	49	100.0%	933	100.0%	169
<i>Experienced emotional or psychological problems?</i>						
Yes	8.2%	4	16.9%	158	9.5%	16
No	91.8%	45	82.3%	769	90.5%	153
I'd rather not say	0.0%	0	0.7%	7	0.0%	0
Total Responses	100.0%	49	100.0%	934	100.0%	169

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Had to undergo medical treatment?</i>						
Yes	0.0%	0	4.1%	38	1.8%	3
No	100.0%	49	94.9%	886	97.6%	165
I'd rather not say	0.0%	0	1.1%	10	0.6%	1
Total Responses	100.0%	49	100.0%	934	100.0%	169
<i>Had to undergo emotional or psychological treatment?</i>						
Yes	4.1%	2	7.6%	71	3.6%	6
No	95.9%	47	91.4%	853	95.9%	162
I'd rather not say	0.0%	0	1.0%	9	0.6%	1
Total Responses	100.0%	49	100.0%	933	100.0%	169
<i>Experienced financial problems?</i>						
Yes	0.0%	0	7.6%	71	1.8%	3
No	100.0%	49	91.2%	853	97.6%	165
I'd rather not say	0.0%	0	1.2%	11	0.6%	1
Total Responses	100.0%	49	100.0%	935	100.0%	169
<i>Experienced legal problems?</i>						
Yes	2.0%	1	4.9%	46	0.6%	1
No	98.0%	48	94.0%	877	98.8%	167
I'd rather not say	0.0%	0	1.1%	10	0.6%	1
Total Responses	100.0%	49	100.0%	933	100.0%	169
<i>Been depressed?</i>						
Yes	24.5%	12	23.0%	215	13.6%	23
No	75.5%	37	75.8%	708	86.4%	146
I'd rather not say	0.0%	0	1.2%	11	0.0%	0
Total Responses	100.0%	49	100.0%	934	100.0%	169
<i>Had suicidal thoughts?</i>						
Yes	8.2%	4	12.6%	117	7.7%	13
No	91.8%	45	86.0%	800	92.3%	156
I'd rather not say	0.0%	0	1.4%	13	0.0%	0
Total Responses	100.0%	49	100.0%	930	100.0%	169

COLLEGE PRESCRIPTION DRUG STUDY

SEDATIVES

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Have you ever used sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien) for non-medical reasons (e.g., it was not prescribed for you, you only used it for the experience or feeling it caused or you used it in a way other than the prescriber intended or ordered)? ¹						
Yes	12.0%	108	9.8%	1,413	7.5%	298
No	87.0%	784	89.7%	12,949	92.0%	3,635
I'd rather not say	1.0%	9	0.5%	76	0.4%	17
Total Responses	100.0%	901	100.0%	14,438	100.0%	3,950
How often do you generally use sedatives for non-medical reasons?						
Less than once a year	47.2%	51	54.1%	754	49.0%	144
At least once a year	12.0%	13	15.2%	212	18.7%	55
At least once an academic term	15.7%	17	15.0%	209	19.7%	58
At least once a month	15.7%	17	8.8%	123	9.2%	27
At least once a week	6.5%	7	3.6%	50	2.0%	6
At least once a day	1.9%	2	1.7%	24	0.0%	0
I'd rather not say	0.9%	1	1.6%	23	1.4%	4
Total Responses	100.0%	108	100.0%	1,395	100.0%	294
When did you first starting using sedatives for non-medical reasons?						
Elementary School (Grades K-5)	0.0%	0	0.6%	5	0.0%	0
Middle School (Grades 6-8)	1.7%	1	2.5%	21	0.5%	1
High School (Grades 9-12)	36.2%	21	36.3%	306	26.4%	51
College (Undergraduate)	55.2%	32	51.9%	438	54.4%	105
Between undergraduate degree completion and starting graduate school	1.7%	1	3.8%	32	10.9%	21
Graduate or Professional School	3.4%	2	3.2%	27	6.7%	13
I'd rather not say	1.7%	1	1.8%	15	1.0%	2
Total Responses	100.0%	58	100.0%	844	100.0%	193
How many times would you estimate that you have used sedatives for non-medical reasons?						
<i>In the last 30 days...</i>						
0 times	67.9%	38	73.9%	567	74.0%	131
1-2 times	16.1%	9	16.3%	125	18.1%	32
3-9 times	10.7%	6	5.0%	38	6.2%	11
10-19 times	3.6%	2	1.8%	14	1.7%	3
20-49 times	1.8%	1	1.7%	13	0.0%	0
50-99 times	0.0%	0	0.5%	4	0.0%	0
100 or more times	0.0%	0	0.5%	4	0.0%	0
I'd rather not say	0.0%	0	0.3%	2	0.0%	0
Total Responses	100.0%	56	100.0%	767	100.0%	177

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>In the last 12 months...</i>						
0 times	35.1%	20	44.1%	330	34.5%	61
1-2 times	26.3%	15	28.4%	213	33.9%	60
3-9 times	17.5%	10	13.9%	104	20.3%	36
10-19 times	7.0%	4	6.0%	45	6.8%	12
20-49 times	7.0%	4	3.7%	28	3.4%	6
50-99 times	7.0%	4	1.6%	12	1.1%	2
100 or more times	0.0%	0	1.9%	14	0.0%	0
I'd rather not say	0.0%	0	0.4%	3	0.0%	0
Total Responses	100.0%	57	100.0%	749	100.0%	177
<i>In your lifetime...</i>						
0 times	0.0%	0	1.3%	10	0.5%	1
1-2 times	36.2%	21	34.4%	272	31.3%	57
3-9 times	24.1%	14	27.4%	217	32.4%	59
10-19 times	17.2%	10	12.1%	96	15.9%	29
20-49 times	10.3%	6	10.1%	80	14.3%	26
50-99 times	8.6%	5	5.2%	41	2.2%	4
100 or more times	3.4%	2	8.6%	68	3.3%	6
I'd rather not say	0.0%	0	0.9%	7	0.0%	0
Total Responses	100.0%	58	100.0%	791	100.0%	182
Where do you typically obtain sedatives that you use for non-medical reasons? (Select all that apply)						
From a friend	62.7%	37	54.9%	447	63.8%	118
From a peer who is not a friend	18.6%	11	12.8%	104	10.8%	20
From a relative	6.8%	4	20.9%	170	21.6%	40
From a pharmacy	8.5%	5	16.1%	131	18.9%	35
From a drug dealer	15.3%	9	18.3%	149	11.4%	21
Other	1.7%	1	4.1%	33	4.3%	8
I'd rather not say	5.1%	3	4.7%	38	1.1%	2
Total Responses		70		1,072		244
How did you obtain sedatives from your friend, peer or relative? ²						
They gave me the sedative(s)	70.2%	33	69.1%	405	72.3%	107
I took the sedative(s) without my friends, peer or relative knowing	0.0%	0	5.1%	30	7.4%	11
I paid my friend, peer or relative for the sedative(s)	27.7%	13	22.2%	130	18.9%	28
Other	0.0%	0	2.6%	15	0.7%	1
I'd rather not say	2.1%	1	1.0%	6	0.7%	1
Total Responses	100.0%	47	100.0%	586	100.0%	148

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Why have you used sedatives for non-medical reasons? (Select all that apply)						
To relieve pain	6.5%	7	11.8%	158	9.8%	28
To sleep	44.9%	48	53.1%	709	53.8%	154
To relieve anxiety	56.1%	60	48.9%	652	44.8%	128
To get high	29.0%	31	34.6%	462	35.7%	102
To help study or improve grades	1.9%	2	4.6%	61	2.4%	7
To counter the effects of other drugs	7.5%	8	8.7%	116	10.8%	31
To enhance social interactions or situations	15.0%	16	15.8%	211	13.6%	39
Because I felt dependent on it	0.9%	1	3.3%	44	1.4%	4
Because I felt pressured by others	2.8%	3	2.5%	33	1.7%	5
To see what it was like	24.3%	26	26.8%	357	28.0%	80
To feel better	17.8%	19	20.1%	268	19.6%	56
To escape from reality	13.1%	14	16.3%	217	14.3%	41
Because of a personal or emotional problem	11.2%	12	15.5%	207	13.6%	39
Because they felt safer than street drugs	2.8%	3	3.0%	40	2.8%	8
Because they felt less addictive than street drugs	0.9%	1	1.1%	15	0.3%	1
Because I don't consider it illegal to do so	2.8%	3	3.9%	52	5.9%	17
Because I like the way they make me feel	10.3%	11	16.4%	219	20.3%	58
I'd rather not say	0.0%	0	0.4%	5	0.3%	1
Other	1.9%	2	2.8%	37	3.5%	10
Total Responses		267		3,863		809
Do you use sedatives while drinking alcohol?						
Never	50.8%	32	57.4%	500	52.5%	104
Rarely	28.6%	18	21.6%	188	23.7%	47
Sometimes	17.5%	11	14.6%	127	18.2%	36
Often	1.6%	1	3.3%	29	2.5%	5
Very Often	1.6%	1	2.6%	23	2.5%	5
I'd rather not say	0.0%	0	0.5%	4	0.5%	1
Total Responses	100.0%	63	100.0%	871	100.0%	198
Have you ever experienced any of the following effects from your non-medical use of prescription sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien)?						
<i>Not been able to stop using these types of medications when you wanted to?</i>						
Yes	6.3%	4	8.3%	71	5.9%	11
No	93.8%	60	91.0%	778	93.6%	176
I'd rather not say	0.0%	0	0.7%	6	0.5%	1
Total Responses	100.0%	64	100.0%	855	100.0%	188
<i>Had family members or friends express their concern about your use?</i>						
Yes	9.4%	6	12.1%	103	9.0%	17
No	89.1%	57	87.7%	749	91.0%	171
I'd rather not say	1.6%	1	0.2%	2	0.0%	0
Total Responses	100.0%	64	100.0%	854	100.0%	188

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Stayed away from your family or friends because of your use?</i>						
Yes	4.8%	3	9.7%	83	6.9%	13
No	93.7%	59	90.2%	770	92.6%	174
I'd rather not say	1.6%	1	0.1%	1	0.5%	1
Total Responses	100.0%	63	100.0%	854	100.0%	188
<i>Engaged in criminal activity in order to obtain these types of medications?</i>						
Yes	1.6%	1	7.3%	62	4.3%	8
No	96.9%	62	91.7%	783	94.1%	177
I'd rather not say	1.6%	1	1.1%	9	1.6%	3
Total Responses	100.0%	64	100.0%	854	100.0%	188
<i>Experienced memory loss as a result of your use?</i>						
Yes	48.4%	31	37.1%	317	31.9%	60
No	50.0%	32	62.6%	535	67.6%	127
I'd rather not say	1.6%	1	0.2%	2	0.5%	1
Total Responses	100.0%	64	100.0%	854	100.0%	188
<i>Experienced a negative impact on your academics as a result of your use?</i>						
Yes	15.6%	10	12.8%	109	6.9%	13
No	82.8%	53	87.0%	740	92.6%	174
I'd rather not say	1.6%	1	0.2%	2	0.5%	1
Total Responses	100.0%	64	100.0%	851	100.0%	188
<i>Experienced a positive impact on your academics as a result of your use?</i>						
Yes	12.7%	8	13.6%	116	13.3%	25
No	85.7%	54	85.9%	732	85.1%	160
I'd rather not say	1.6%	1	0.5%	4	1.6%	3
Total Responses	100.0%	63	100.0%	852	100.0%	188
<i>Experienced problems at work?</i>						
Yes	0.0%	0	5.3%	45	4.3%	8
No	98.4%	63	94.5%	804	95.2%	179
I'd rather not say	1.6%	1	0.2%	2	0.5%	1
Total Responses	100.0%	64	100.0%	851	100.0%	188
<i>Done things that you wish you hadn't?</i>						
Yes	25.0%	16	21.6%	184	14.9%	28
No	73.4%	47	78.0%	663	84.6%	159
I'd rather not say	1.6%	1	0.4%	3	0.5%	1
Total Responses	100.0%	64	100.0%	850	100.0%	188
<i>Harmed another person?</i>						
Yes	3.2%	2	2.8%	24	1.6%	3
No	95.2%	60	96.7%	823	97.9%	184
I'd rather not say	1.6%	1	0.5%	4	0.5%	1
Total Responses	100.0%	63	100.0%	851	100.0%	188

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Been harmed by another person?</i>						
Yes	4.7%	3	5.5%	47	1.6%	3
No	93.8%	60	94.1%	800	97.9%	184
I'd rather not say	1.6%	1	0.4%	3	0.5%	1
Total Responses	100.0%	64	100.0%	850	100.0%	188
<i>Experienced withdrawal symptoms (felt sick) when you stopped using?</i>						
Yes	4.7%	3	9.9%	84	6.4%	12
No	93.8%	60	89.8%	764	93.1%	175
I'd rather not say	1.6%	1	0.4%	3	0.5%	1
Total Responses	100.0%	64	100.0%	851	100.0%	188
<i>Experienced medical problems?</i>						
Yes	0.0%	0	5.6%	48	3.7%	7
No	96.9%	62	94.1%	802	95.7%	180
I'd rather not say	3.1%	2	0.2%	2	0.5%	1
Total Responses	100.0%	64	100.0%	852	100.0%	188
<i>Experienced emotional or psychological problems?</i>						
Yes	6.3%	4	15.7%	134	10.1%	19
No	90.6%	58	83.9%	715	89.4%	168
I'd rather not say	3.1%	2	0.4%	3	0.5%	1
Total Responses	100.0%	64	100.0%	852	100.0%	188
<i>Had to undergo medical treatment?</i>						
Yes	1.6%	1	3.2%	27	2.7%	5
No	96.9%	62	96.1%	818	96.8%	182
I'd rather not say	1.6%	1	0.7%	6	0.5%	1
Total Responses	100.0%	64	100.0%	851	100.0%	188
<i>Had to undergo emotional or psychological treatment?</i>						
Yes	4.7%	3	6.9%	59	4.8%	9
No	93.8%	60	92.7%	788	94.7%	178
I'd rather not say	1.6%	1	0.4%	3	0.5%	1
Total Responses	100.0%	64	100.0%	850	100.0%	188
<i>Experienced financial problems?</i>						
Yes	3.1%	2	4.9%	42	2.1%	4
No	95.3%	61	94.6%	803	97.3%	183
I'd rather not say	1.6%	1	0.5%	4	0.5%	1
Total Responses	100.0%	64	100.0%	849	100.0%	188
<i>Experienced legal problems?</i>						
Yes	0.0%	0	2.8%	24	0.5%	1
No	98.4%	63	96.9%	823	98.9%	186
I'd rather not say	1.6%	1	0.2%	2	0.5%	1
Total Responses	100.0%	64	100.0%	849	100.0%	188

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Been depressed?</i>						
Yes	10.9%	7	20.8%	177	13.8%	26
No	87.5%	56	78.5%	667	85.6%	161
I'd rather not say	1.6%	1	0.7%	6	0.5%	1
Total Responses	100.0%	64	100.0%	850	100.0%	188
<i>Had suicidal thoughts?</i>						
Yes	6.3%	4	11.9%	101	6.4%	12
No	92.1%	58	87.5%	740	93.1%	175
I'd rather not say	1.6%	1	0.6%	5	0.5%	1
Total Responses	100.0%	63	100.0%	846	100.0%	188

STIMULANTS

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Have you ever used a stimulant (e.g., Ritalin, Adderall, Dexedrine) for non-medical reasons (e.g., it was not prescribed for you, you only used it for the experience or feeling it caused or you used it in a way other than the prescriber intended or ordered)? ¹						
Yes	20.9%	188	16.1%	2,313	14.0%	551
No	78.7%	708	83.3%	11,947	85.3%	3,351
I'd rather not say	0.4%	4	0.6%	90	0.7%	26
Total Responses	100.0%	900	100.0%	14,350	100.0%	3,928
How often do you generally use stimulants for non-medical reasons?						
Less than once a year	34.4%	64	43.5%	994	49.6%	269
At least once a year	15.1%	28	11.7%	268	13.1%	71
At least once an academic term	32.3%	60	26.4%	603	22.7%	123
At least once a month	11.3%	21	11.8%	270	9.8%	53
At least once a week	6.5%	12	4.2%	95	3.0%	16
At least once a day	0.0%	0	1.2%	28	0.7%	4
I'd rather not say	0.5%	1	1.3%	29	1.1%	6
Total Responses	100.0%	186	100.0%	2,287	100.0%	542
When did you first starting using stimulants for non-medical reasons?						
Elementary School (Grades K-5)	1.9%	2	0.4%	6	0.0%	0
Middle School (Grades 6-8)	0.0%	0	1.1%	15	0.3%	1
High School (Grades 9-12)	28.8%	30	28.3%	397	21.8%	76
College (Undergraduate)	66.3%	69	65.0%	911	67.0%	234
Between undergraduate degree completion and starting graduate school	1.9%	2	1.6%	23	4.3%	15
Graduate or Professional School	1.0%	1	2.6%	36	6.3%	22
I'd rather not say	0.0%	0	1.0%	14	0.3%	1
Total Responses	100.0%	104	100.0%	1,402	100.0%	349

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
How many times would you estimate that you have used stimulants for non-medical reasons?						
<i>In the last 30 days...</i>						
0 times	69.9%	65	68.8%	861	73.5%	236
1-2 times	19.4%	18	19.3%	241	18.4%	59
3-9 times	3.2%	3	7.8%	97	5.0%	16
10-19 times	6.5%	6	2.1%	26	0.9%	3
20-49 times	1.1%	1	0.9%	11	1.9%	6
50-99 times	0.0%	0	0.3%	4	0.0%	0
100 or more times	0.0%	0	0.5%	6	0.0%	0
I'd rather not say	0.0%	0	0.4%	5	0.3%	1
Total Responses	100.0%	93	100.0%	1,251	100.0%	321
<i>In the last 12 months...</i>						
0 times	24.7%	23	36.8%	458	40.9%	131
1-2 times	29.0%	27	26.6%	331	26.9%	86
3-9 times	24.7%	23	20.1%	250	17.2%	55
10-19 times	8.6%	8	8.2%	102	7.5%	24
20-49 times	9.7%	9	4.7%	58	3.8%	12
50-99 times	3.2%	3	1.1%	14	2.2%	7
100 or more times	0.0%	0	2.0%	25	1.3%	4
I'd rather not say	0.0%	0	0.5%	6	0.3%	1
Total Responses	100.0%	93	100.0%	1,244	100.0%	320
<i>In your lifetime...</i>						
0 times	0.0%	0	0.5%	6	0.3%	1
1-2 times	27.7%	28	28.9%	381	38.4%	127
3-9 times	23.8%	24	28.4%	375	27.8%	92
10-19 times	15.8%	16	16.5%	217	12.4%	41
20-49 times	18.8%	19	12.1%	159	10.3%	34
50-99 times	5.9%	6	5.5%	73	4.8%	16
100 or more times	6.9%	7	6.8%	90	5.7%	19
I'd rather not say	1.0%	1	1.4%	18	0.3%	1
Total Responses	100.0%	101	100.0%	1,319	100.0%	331
Where do you typically obtain stimulants that you use for non-medical reasons? (Select all that apply)						
From a friend	77.7%	80	78.8%	1,072	81.1%	275
From a peer who is not a friend	16.5%	17	17.6%	239	13.9%	47
From a relative	7.8%	8	7.1%	96	6.8%	23
From a pharmacy	5.8%	6	7.0%	95	8.0%	27
From a drug dealer	8.7%	9	11.5%	157	5.9%	20
Other	1.0%	1	2.6%	36	2.9%	10
I'd rather not say	3.9%	4	3.9%	53	2.7%	9
Total Responses		125		1,748		411

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
How did you obtain stimulants from your friend, peer or relative? ²						
They gave me the stimulant(s)	55.1%	49	58.4%	683	64.0%	192
I took the stimulant(s) without my friend, peer or relative knowing	4.5%	4	1.7%	20	2.7%	8
I paid my friend, peer or relative for the stimulant(s)	38.2%	34	37.3%	436	32.0%	96
Other	1.1%	1	1.6%	19	0.7%	2
I'd rather not say	1.1%	1	0.9%	11	0.7%	2
Total Responses	100.0%	89	100.0%	1,169	100.0%	300
Why have you used stimulants for non-medical reasons? (Select all that apply)						
To relieve pain	0.6%	1	1.8%	38	1.0%	5
To sleep	1.7%	3	2.0%	43	1.0%	5
To relieve anxiety	7.2%	13	7.9%	171	6.6%	34
To get high	6.7%	12	15.7%	341	14.9%	77
To help study or improve grades	84.4%	152	79.8%	1,731	75.3%	390
To counter the effects of other drugs	6.7%	12	5.2%	113	7.3%	38
To enhance social interactions or situations	13.9%	25	22.3%	484	23.0%	119
Because I felt dependent on it	2.2%	4	2.3%	49	3.1%	16
Because I felt pressured by others	2.2%	4	1.4%	31	2.1%	11
To see what it was like	13.3%	24	22.8%	494	24.7%	128
To feel better	3.3%	6	7.7%	167	7.3%	38
To escape from reality	1.7%	3	3.8%	82	1.7%	9
Because of a personal or emotional problem	2.2%	4	4.2%	92	1.9%	10
Because they felt safer than street drugs	2.2%	4	2.9%	62	2.5%	13
Because they felt less addictive than street drugs	1.7%	3	1.3%	29	1.2%	6
Because I don't consider it illegal to do so	3.3%	6	4.6%	100	5.4%	28
Because I like the way they make me feel	9.4%	17	12.4%	270	13.3%	69
I'd rather not say	0.0%	0	0.3%	6	0.0%	0
Other	3.3%	6	4.9%	106	6.4%	33
Total Responses		299		4,409		1,029
Do you use stimulants while drinking alcohol?						
Never	54.7%	64	59.4%	849	56.9%	210
Rarely	23.1%	27	20.7%	296	23.3%	86
Sometimes	19.7%	23	15.2%	217	12.7%	47
Often	2.6%	3	2.5%	36	5.1%	19
Very Often	0.0%	0	1.8%	26	1.6%	6
I'd rather not say	0.0%	0	0.4%	6	0.3%	1
Total Responses	100.0%	117	100.0%	1,430	100.0%	369

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Have you ever experienced any of the following effects from your non-medical use of prescription stimulants (e.g., Ritalin, Adderall, Dexedrine)?						
<i>Not been able to stop using these types of medications when you wanted to?</i>						
Yes	4.3%	5	5.8%	81	5.9%	21
No	94.9%	111	93.5%	1,313	93.6%	335
I'd rather not say	0.9%	1	0.7%	10	0.6%	2
Total Responses	100.0%	117	100.0%	1,404	100.0%	358
<i>Had family members or friends express their concern about your use?</i>						
Yes	5.2%	6	6.4%	90	5.6%	20
No	94.8%	110	92.9%	1,303	93.9%	336
I'd rather not say	0.0%	0	0.7%	10	0.6%	2
Total Responses	100.0%	116	100.0%	1,403	100.0%	358
<i>Stayed away from your family or friends because of your use?</i>						
Yes	1.7%	2	4.7%	66	3.4%	12
No	98.3%	114	94.7%	1,327	96.1%	343
I'd rather not say	0.0%	0	0.6%	9	0.6%	2
Total Responses	100.0%	116	100.0%	1,402	100.0%	357
<i>Engaged in criminal activity in order to obtain these types of medications?</i>						
Yes	1.7%	2	3.8%	53	2.2%	8
No	97.4%	113	95.1%	1,334	96.4%	344
I'd rather not say	0.9%	1	1.1%	15	1.4%	5
Total Responses	100.0%	116	100.0%	1,402	100.0%	357
<i>Experienced memory loss as a result of your use?</i>						
Yes	6.0%	7	3.6%	50	3.4%	12
No	94.0%	109	95.8%	1,341	96.1%	342
I'd rather not say	0.0%	0	0.6%	9	0.6%	2
Total Responses	100.0%	116	100.0%	1,400	100.0%	356
<i>Experienced a negative impact on your academics as a result of your use?</i>						
Yes	3.4%	4	4.2%	58	3.1%	11
No	96.6%	112	95.0%	1,326	96.1%	343
I'd rather not say	0.0%	0	0.9%	12	0.8%	3
Total Responses	100.0%	116	100.0%	1,396	100.0%	357
<i>Experienced a positive impact on your academics as a result of your use?</i>						
Yes	62.1%	72	61.6%	862	55.1%	196
No	37.9%	44	37.4%	523	44.1%	157
I'd rather not say	0.0%	0	1.1%	15	0.8%	3
Total Responses	100.0%	116	100.0%	1,400	100.0%	356
<i>Experienced problems at work?</i>						
Yes	1.7%	2	1.6%	23	2.0%	7
No	98.3%	114	97.6%	1,361	97.5%	348
I'd rather not say	0.0%	0	0.8%	11	0.6%	2
Total Responses	100.0%	116	100.0%	1,395	100.0%	357

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Done things that you wish you hadn't?</i>						
Yes	4.3%	5	7.0%	98	6.4%	23
No	94.8%	110	92.4%	1,292	93.0%	332
I'd rather not say	0.9%	1	0.6%	8	0.6%	2
Total Responses	100.0%	116	100.0%	1,398	100.0%	357
<i>Harmed another person?</i>						
Yes	0.0%	0	0.9%	13	0.8%	3
No	99.1%	115	98.4%	1,376	97.8%	348
I'd rather not say	0.9%	1	0.7%	10	1.4%	5
Total Responses	100.0%	116	100.0%	1,399	100.0%	356
<i>Been harmed by another person?</i>						
Yes	0.0%	0	1.4%	20	1.1%	4
No	99.1%	115	97.9%	1,366	98.0%	349
I'd rather not say	0.9%	1	0.6%	9	0.8%	3
Total Responses	100.0%	116	100.0%	1,395	100.0%	356
<i>Experienced withdrawal symptoms (felt sick) when you stopped using?</i>						
Yes	7.0%	8	7.6%	106	8.7%	31
No	93.0%	107	91.6%	1,281	90.8%	324
I'd rather not say	0.0%	0	0.8%	11	0.6%	2
Total Responses	100.0%	115	100.0%	1,398	100.0%	357
<i>Experienced medical problems?</i>						
Yes	1.7%	2	3.1%	43	3.4%	12
No	98.3%	114	96.4%	1,347	96.1%	343
I'd rather not say	0.0%	0	0.6%	8	0.6%	2
Total Responses	100.0%	116	100.0%	1,398	100.0%	357
<i>Experienced emotional or psychological problems?</i>						
Yes	9.5%	11	12.1%	169	10.4%	37
No	90.5%	105	87.2%	1,216	89.1%	318
I'd rather not say	0.0%	0	0.6%	9	0.6%	2
Total Responses	100.0%	116	100.0%	1,394	100.0%	357
<i>Had to undergo medical treatment?</i>						
Yes	0.9%	1	1.0%	14	0.8%	3
No	99.1%	115	98.4%	1,371	98.6%	352
I'd rather not say	0.0%	0	0.6%	9	0.6%	2
Total Responses	100.0%	116	100.0%	1,394	100.0%	357
<i>Had to undergo emotional or psychological treatment?</i>						
Yes	1.7%	2	2.6%	36	2.2%	8
No	98.3%	114	96.4%	1,346	96.9%	346
I'd rather not say	0.0%	0	1.0%	14	0.8%	3
Total Responses	100.0%	116	100.0%	1,396	100.0%	357

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Experienced financial problems?</i>						
Yes	1.7%	2	2.3%	32	1.4%	5
No	98.3%	114	96.9%	1,353	98.0%	350
I'd rather not say	0.0%	0	0.8%	11	0.6%	2
Total Responses	100.0%	116	100.0%	1,396	100.0%	357
<i>Experienced legal problems?</i>						
Yes	0.0%	0	0.6%	9	1.1%	4
No	100.0%	116	98.7%	1,376	98.3%	351
I'd rather not say	0.0%	0	0.6%	9	0.6%	2
Total Responses	100.0%	116	100.0%	1,394	100.0%	357
<i>Been depressed?</i>						
Yes	7.8%	9	11.8%	164	9.2%	33
No	92.2%	107	87.4%	1,219	90.2%	322
I'd rather not say	0.0%	0	0.8%	11	0.6%	2
Total Responses	100.0%	116	100.0%	1,394	100.0%	357
<i>Had suicidal thoughts?</i>						
Yes	2.6%	3	5.1%	71	3.6%	13
No	96.6%	112	94.0%	1,306	95.8%	342
I'd rather not say	0.9%	1	0.9%	13	0.6%	2
Total Responses	100.0%	116	100.0%	1,390	100.0%	357

ALCOHOL AND DRUG USE

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Are you aware of resources to help you use prescription drugs safely?</i>						
Yes, I am aware of resources on campus	50.3%	450	37.4%	5,344	35.4%	1,390
Yes, I am aware of resources off campus	14.7%	132	18.6%	2,658	18.6%	728
No	35.0%	313	44.0%	6,292	46.0%	1,805
Total Responses	100.0%	895	100.0%	14,294	100.0%	3,923
<i>Have you ever taken a workshop, class or had training on the appropriate ways to use prescription medications?</i>						
Yes	12.8%	114	10.9%	1,536	10.0%	387
No	87.2%	774	89.1%	12,570	90.0%	3,492
Total Responses	100.0%	888	100.0%	14,106	100.0%	3,879
<i>If you were concerned or worried about your non-medical use of prescription drugs, do you know where to go for help?³</i>						
Yes, somewhere on campus	50.9%	119	41.1%	1,279	43.3%	305
Yes, somewhere off campus	31.6%	74	37.4%	1,164	36.2%	255
No	17.5%	41	21.6%	672	20.6%	145
Total Responses	100.0%	234	100.0%	3,115	100.0%	705

³ Only shown to respondents who selected that they had used pain medications, sedatives and/or stimulants for non-medical reasons.

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
You responded that you have used prescription medications to study or to help improve your grades. With whom do you usually use prescription medications non-medically when studying? ⁴						
Alone	61.6%	90	61.2%	1,036	61.2%	232
With others	11.6%	17	10.7%	181	12.9%	49
Both	26.0%	38	27.0%	457	24.5%	93
I'd rather not say	0.7%	1	1.2%	20	1.3%	5
Total Responses	100.0%	146	100.0%	1,694	100.0%	379
When are you most likely to use prescription drugs non-medically to study? (Select all that apply) ⁴						
Finals or exam week	83.3%	105	75.2%	1,062	77.7%	254
Before a test or big project	57.1%	72	53.3%	753	48.9%	160
When I feel behind in schoolwork	28.6%	36	40.4%	570	31.8%	104
When I want to get ahead in my schoolwork	13.5%	17	17.5%	247	14.7%	48
When I feel that I need a competitive edge among my classmates	6.3%	8	6.4%	90	6.1%	20
Continuously throughout the academic term	7.1%	9	8.6%	122	8.3%	27
Total Responses		247		2,844		613
When did you start using prescription drugs non-medically to study? (Only seen by undergraduate students) ⁴						
Before college	31.7%	32	28.6%	316	29.3%	56
First year of college	46.5%	47	36.9%	408	39.3%	75
Second year of college	12.9%	13	21.8%	241	17.3%	33
Third year of college	5.9%	6	10.0%	111	11.5%	22
Fourth year of college	1.0%	1	2.2%	24	2.6%	5
Fifth year or later year of college	2.0%	2	0.5%	6	0.0%	0
Total Responses	100.0%	101	100.0%	1,106	100.0%	191
When did you start using prescription drugs non-medically to study? (Only seen by graduate students) ⁴						
Before college	5.0%	1	10.3%	24	11.0%	14
During college	85.0%	17	70.1%	164	76.4%	97
During the time between undergraduate degree completion and starting graduate school	0.0%	0	4.3%	10	1.6%	2
First year of grad school	10.0%	2	8.5%	20	7.1%	9
Second year of grad school	0.0%	0	4.3%	10	3.9%	5
Third year of grad school	0.0%	0	1.3%	3	0.0%	0
Fourth year of grad school	0.0%	0	0.4%	1	0.0%	0
Fifth year or higher year of grad school	0.0%	0	0.9%	2	0.0%	0
Total Responses	100.0%	20	100.0%	234	100.0%	127
Have you ever used more than one prescription drug non-medically at the same time? ³						
Yes	12.6%	26	14.0%	381	10.2%	64
No	87.4%	180	85.0%	2,317	89.5%	562
I'd rather not say	0.0%	0	1.0%	28	0.3%	2
Total Responses	100.0%	206	100.0%	2,726	100.0%	628

⁴ Only shown to respondents who selected that they used pain medications, sedatives and/or stimulants non-medically to help study or improve grades.

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
In what ways have you taken prescription drugs for non-medical reasons? (Select all that apply) ³						
Ingest orally	96.4%	187	95.8%	2,442	95.6%	559
Snort nasally	24.2%	47	25.7%	655	29.6%	173
Inject	0.5%	1	1.8%	45	0.3%	2
Smoke	4.1%	8	6.8%	173	4.3%	25
Other	1.0%	2	1.8%	46	1.2%	7
Total Responses		245		3,361		766
How often do you have 5 or more alcoholic drinks in one sitting?						
Never, I do not drink alcohol	16.2%	135	21.3%	2,869	14.9%	558
Never, I never drink 5 or more drinks in one sitting	17.4%	145	21.5%	2,891	22.0%	820
Once a year	4.4%	37	7.2%	969	7.8%	290
A few times a year	21.5%	179	22.4%	3,017	23.9%	891
Once a month	13.8%	115	11.6%	1,554	13.3%	497
Every other week	10.6%	88	7.9%	1,064	8.8%	328
Once a week	9.5%	79	5.2%	703	6.3%	236
More than once a week	6.6%	55	2.8%	377	3.0%	113
Total Responses	100.0%	833	100.0%	13,444	100.0%	3,733
Have you ever used any of the following? (Select all that apply)						
Cocaine	9.4%	83	7.5%	1,055	6.6%	255
Fentanyl	0.1%	1	0.4%	62	0.2%	9
Hallucinogens (e.g., LSD, shrooms, psilocybin, mescaline, peyote, ayahuasca)	7.4%	65	8.0%	1,126	7.5%	292
Heroin	0.0%	0	0.6%	87	0.2%	6
Inhalants	1.3%	11	1.6%	229	1.1%	44
Marijuana	32.2%	283	29.6%	4,170	30.8%	1,191
MDMA (e.g., ecstasy, Molly)	5.5%	48	6.4%	900	5.3%	207
Methamphetamine (e.g., meth)	0.3%	3	0.9%	126	0.4%	14
Other	1.7%	15	2.9%	408	2.2%	84
Total Responses		509		8,163		2,102
You responded that you have used fentanyl. Where do you typically obtain fentanyl? (Select all that apply) ⁵						
I have a prescription for it	0.0%	0	24.2%	15	22.2%	2
I know someone with a prescription for it	0.0%	0	4.8%	3	0.0%	0
From a friend	0.0%	0	27.4%	17	0.0%	0
From a peer who is not a friend	0.0%	0	6.5%	4	0.0%	0
From a relative	0.0%	0	3.2%	2	0.0%	0
From a drug dealer	100.0%	1	32.3%	20	33.3%	3
Other	0.0%	0	19.4%	12	22.2%	2
I'd rather not say	0.0%	0	12.9%	8	22.2%	2
Total Responses		1		81		9

⁵ Only respondents who reported that they had used fentanyl saw this question.

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
How did you obtain fentanyl from your friend, peer or relative? ^{2, 5}						
They gave me the fentanyl	0.0%	0	31.6%	6	0.0%	0
I took the fentanyl without my friend, peer or relative knowing	0.0%	0	10.5%	2	0.0%	0
I paid my friend, peer or relative for the fentanyl	0.0%	0	42.1%	8	0.0%	0
Other	0.0%	0	15.8%	3	0.0%	0
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	0.0%	0	100.0%	19	0.0%	0
Have you ever used fentanyl with other prescription drugs? ⁵						
Never	100.0%	1	50.0%	27	66.7%	6
Rarely	0.0%	0	11.1%	6	22.2%	2
Sometimes	0.0%	0	13.0%	7	11.1%	1
Often	0.0%	0	3.7%	2	0.0%	0
Always	0.0%	0	5.6%	3	0.0%	0
I don't know	0.0%	0	13.0%	7	0.0%	0
I'd rather not say	0.0%	0	3.7%	2	0.0%	0
Total Responses	100.0%	1	100.0%	54	100.0%	9
You responded that you have used heroin. Where do you typically obtain heroin? (Select all that apply) ⁶						
From a friend	0.0%	0	36.3%	29	60.0%	3
From a peer who is not a friend	0.0%	0	20.0%	16	20.0%	1
From a relative	0.0%	0	2.5%	2	0.0%	0
From a drug dealer	0.0%	0	56.3%	45	20.0%	1
Other	0.0%	0	13.8%	11	40.0%	2
I'd rather not say	0.0%	0	10.0%	8	0.0%	0
Total Responses		0		111		7
How did you obtain heroin from your friend, peer or relative? ^{2, 6}						
They gave me the heroin	0.0%	0	51.4%	19	33.3%	1
I took the heroin without my friend, peer or relative knowing	0.0%	0	2.7%	1	0.0%	0
I paid my friend, peer or relative for the heroin	0.0%	0	40.5%	15	66.7%	2
Other	0.0%	0	5.4%	2	0.0%	0
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	0.0%	0	100.0%	37	100.0%	3

⁶ Only respondents who reported that they had used heroin saw this question.

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Have you ever used heroin with other prescription drugs? ⁶						
Never	0.0%	0	47.5%	38	60.0%	3
Rarely	0.0%	0	10.0%	8	20.0%	1
Sometimes	0.0%	0	21.3%	17	20.0%	1
Often	0.0%	0	12.5%	10	0.0%	0
Always	0.0%	0	1.3%	1	0.0%	0
I don't know	0.0%	0	5.0%	4	0.0%	0
I'd rather not say	0.0%	0	2.5%	2	0.0%	0
Total Responses	0.0%	0	100.0%	80	100.0%	5
Have you ever been treated for a heroin overdose? ⁶						
Yes	0.0%	0	18.6%	13	0.0%	0
No	0.0%	0	77.1%	54	100.0%	3
I don't know	0.0%	0	1.4%	1	0.0%	0
I'd rather not say	0.0%	0	2.9%	2	0.0%	0
Total Responses	0.0%	0	100.0%	70	100.0%	3
How often do you use drugs or alcohol to manage your stress?						
Never	54.1%	473	55.2%	7,729	53.3%	2,054
Rarely	23.7%	207	24.2%	3,393	26.9%	1,039
Sometimes	16.4%	143	14.5%	2,033	16.1%	621
Often	4.8%	42	5.0%	698	3.3%	127
Always	1.0%	9	1.0%	139	0.4%	15
Total Responses	100.0%	874	100.0%	13,992	100.0%	3,856
Have you ever used illicit drugs instead of using prescription medications non-medically? ³						
Yes	36.5%	70	35.1%	925	34.2%	208
No	62.5%	120	61.9%	1,630	62.7%	382
I'd rather not say	1.0%	2	3.0%	78	3.1%	19
Total Responses	100.0%	192	100.0%	2,633	100.0%	609
Which illicit drugs have you used instead of using prescription medications non-medically? (Select all that apply) ⁷						
Cocaine	46.4%	32	37.7%	345	38.5%	79
Fentanyl	0.0%	0	2.3%	21	0.0%	0
Hallucinogens (e.g., LSD, shrooms, psilocybin, mescaline, peyote, ayahuasca)	33.3%	23	37.5%	343	34.1%	70
Heroin	1.4%	1	4.7%	43	0.5%	1
Inhalants	7.2%	5	7.2%	66	4.9%	10
Marijuana	94.2%	65	92.6%	847	92.7%	190
MDMA (e.g., ecstasy, Molly)	24.6%	17	29.2%	267	26.3%	54
Methamphetamine (e.g., meth)	1.4%	1	7.4%	68	1.5%	3
Other	1.4%	1	3.2%	29	0.5%	1
I'd prefer not to say	2.9%	2	1.4%	13	1.5%	3
Total Responses		147		2,042		411

⁷ Only respondents who selected 'yes' in response to using illicit drugs instead of using prescription medications non-medically saw this question.

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Why did you use illicit drugs instead of using prescription medications non-medically? (Select all that apply) ⁷						
It was easier to access	43.5%	27	48.8%	406	52.4%	97
It was cheaper	22.6%	14	26.3%	219	23.2%	43
It has a stronger effect	16.1%	10	29.0%	241	23.8%	44
I felt dependent on it	4.8%	3	6.1%	51	4.3%	8
I felt it was safer than prescription drugs	29.0%	18	33.1%	275	29.2%	54
I felt it was less addictive than prescription drugs	22.6%	14	32.6%	271	22.2%	41
It has a different effect than prescription drugs	53.2%	33	50.5%	420	47.0%	87
It has fewer side effects than prescription drugs	25.8%	16	29.4%	245	22.2%	41
I was curious	27.4%	17	35.8%	298	33.5%	62
Other	6.5%	4	7.8%	65	4.3%	8
I'd prefer not to say	1.6%	1	1.4%	12	0.5%	1
Total Responses		157		2,503		486
In the past year, have you ever had a prescription for the following:						
<i>Pain medications (e.g., OxyContin, Vicodin, Percodan)</i>						
Yes	19.4%	167	17.8%	2,453	14.5%	552
No	78.6%	677	80.6%	11,094	83.9%	3,184
I don't know	1.5%	13	1.3%	177	1.3%	48
I'd rather not say	0.5%	4	0.3%	46	0.3%	11
Total Responses	100.0%	861	100.0%	13,770	100.0%	3,795
<i>Sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien)</i>						
Yes	9.1%	78	8.1%	1,113	7.7%	292
No	89.6%	769	90.7%	12,454	91.0%	3,447
I don't know	0.7%	6	0.8%	107	0.9%	33
I'd rather not say	0.6%	5	0.4%	51	0.4%	15
Total Responses	100.0%	858	100.0%	13,725	100.0%	3,787
<i>Stimulants (e.g., Ritalin, Adderall, Dexedrine)</i>						
Yes	10.5%	90	7.4%	1,011	6.6%	251
No	88.3%	759	91.4%	12,546	92.3%	3,496
I don't know	0.6%	5	0.8%	107	0.6%	24
I'd rather not say	0.7%	6	0.4%	59	0.5%	18
Total Responses	100.0%	860	100.0%	13,723	100.0%	3,789

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
In the past year, have you done the following with your prescribed pain medication? (Select all that apply) ⁸						
Given to a friend or peer	4.8%	8	7.7%	185	6.4%	35
Given to a relative	6.6%	11	7.3%	177	4.2%	23
Given it to someone other than a friend, peer or relative	1.2%	2	0.7%	18	0.4%	2
Sold to a friend or peer	1.8%	3	2.1%	51	1.3%	7
Sold to a relative	0.0%	0	0.2%	4	0.0%	0
Sold it to someone other than a friend, peer or relative	0.0%	0	0.8%	19	0.6%	3
Kept it when it was no longer medically needed in case I want/need it in the future	30.7%	51	38.0%	917	31.7%	173
None of the above	63.9%	106	55.4%	1,339	62.6%	341
I'd rather not say	1.8%	3	0.7%	18	1.1%	6
Total Responses		184		2,728		590
In the past year, have you done the following with your prescribed sedatives, sleeping medications or tranquilizers? (Select all that apply) ⁸						
Given to a friend or peer	10.8%	7	12.2%	123	14.1%	38
Given to a relative	9.2%	6	7.6%	77	8.2%	22
Given it to someone other than a friend, peer or relative	0.0%	0	0.5%	5	0.4%	1
Sold to a friend or peer	3.1%	2	2.0%	20	2.2%	6
Sold to a relative	0.0%	0	0.3%	3	0.4%	1
Sold it to someone other than a friend, peer or relative	3.1%	2	0.6%	6	1.1%	3
Kept it when it was no longer medically needed in case I want/need it in the future	23.1%	15	29.2%	295	22.7%	61
None of the above	61.5%	40	59.8%	603	62.8%	169
I'd rather not say	1.5%	1	1.2%	12	2.2%	6
Total Responses		73		1,144		307

⁸ Only shown to respondents who selected that they had a prescription for pain medication, sedatives and/or stimulants in the past year.

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
In the past year, have you done the following with your prescribed stimulants? (Select all that apply) ⁸						
Given to a friend or peer	26.8%	22	20.9%	187	21.1%	48
Given to a relative	6.1%	5	6.3%	56	5.3%	12
Given it to someone other than a friend, peer or relative	3.7%	3	2.1%	19	1.3%	3
Sold to a friend or peer	12.2%	10	11.0%	99	9.2%	21
Sold to a relative	2.4%	2	1.7%	15	1.3%	3
Sold it to someone other than a friend, peer or relative	8.5%	7	3.8%	34	2.2%	5
Kept it when it was no longer medically needed in case I want/need it in the future	8.5%	7	18.5%	166	17.5%	40
None of the above	61.0%	50	62.2%	557	61.4%	140
I'd rather not say	4.9%	4	3.1%	28	3.9%	9
Total Responses		110		1,161		281
Where do you store your prescription medications? ⁸						
In an unlocked medicine cabinet	28.6%	62	27.7%	828	26.8%	195
In an unlocked drawer or storage cabinet	44.7%	97	44.7%	1,337	51.5%	375
In a purse or backpack	12.9%	28	11.5%	343	9.8%	71
In a locked space	5.5%	12	8.3%	247	5.6%	41
Other	6.9%	15	6.7%	201	5.2%	38
I'd rather not say	1.4%	3	1.2%	36	1.1%	8
Total Responses	100.0%	217	100.0%	2,992	100.0%	728
How easy is it for you to obtain the following prescription drugs without a prescription:						
<i>Pain medications (e.g., OxyContin, Vicodin, Percodan)</i>						
Very easy	5.9%	48	5.2%	678	3.1%	112
Somewhat easy	11.2%	91	11.3%	1,470	8.5%	308
Somewhat difficult	10.6%	86	8.4%	1,089	8.1%	291
Very difficult	10.6%	86	11.1%	1,437	10.9%	392
I don't know	61.1%	497	63.6%	8,264	69.0%	2,492
I'd rather not say	0.6%	5	0.5%	61	0.4%	14
Total Responses	100.0%	813	100.0%	12,999	100.0%	3,609
<i>Sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien)</i>						
Very easy	9.6%	78	7.4%	953	4.5%	162
Somewhat easy	19.2%	155	13.5%	1,754	12.4%	449
Somewhat difficult	6.7%	54	7.7%	992	7.2%	260
Very difficult	8.7%	70	9.7%	1,260	9.3%	337
I don't know	55.4%	448	61.3%	7,946	66.1%	2,384
I'd rather not say	0.5%	4	0.4%	56	0.4%	16
Total Responses	100.0%	809	100.0%	12,961	100.0%	3,608

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Stimulants (e.g., Ritalin, Adderall, Dexedrine)</i>						
Very easy	20.9%	169	13.4%	1,736	10.5%	380
Somewhat easy	17.1%	138	15.0%	1,943	15.9%	573
Somewhat difficult	6.9%	56	6.3%	817	5.6%	202
Very difficult	7.7%	62	9.1%	1,173	8.1%	291
I don't know	46.9%	379	55.6%	7,178	59.5%	2,142
I'd rather not say	0.5%	4	0.5%	65	0.4%	15
Total Responses	100.0%	808	100.0%	12,912	100.0%	3,603
How often do you generally use the following over-the-counter, non-prescription drugs for non-medical reasons (e.g., to get high, for the feeling they cause or for a reason not listed in the medicine's instructions)?						
<i>Cough medicines (e.g., Robitussin, Coricidin)</i>						
Never	84.9%	615	83.8%	10,022	85.7%	2,803
At least once a year	8.8%	64	9.9%	1,185	8.6%	282
At least once an academic term	4.3%	31	4.5%	535	4.6%	151
At least once a month	1.0%	7	1.1%	126	0.7%	24
At least once a week	0.1%	1	0.2%	25	0.0%	0
At least once a day	0.0%	0	0.1%	15	0.0%	1
I'd rather not say	0.8%	6	0.5%	56	0.3%	9
Total Responses	100.0%	724	100.0%	11,964	100.0%	3,270
<i>Sleep aids (e.g., Unisom, Sominex)</i>						
Never	93.1%	674	91.1%	10,873	92.7%	3,024
At least once a year	2.5%	18	3.1%	369	2.8%	91
At least once an academic term	1.5%	11	2.3%	270	1.9%	62
At least once a month	1.2%	9	1.6%	187	1.4%	47
At least once a week	0.6%	4	0.9%	109	0.7%	23
At least once a day	0.3%	2	0.6%	69	0.2%	8
I'd rather not say	0.8%	6	0.5%	54	0.2%	8
Total Responses	100.0%	724	100.0%	11,931	100.0%	3,263
<i>Stimulants (e.g., NoDoz, Vivarian)</i>						
Never	97.1%	703	96.7%	11,514	97.8%	3,179
At least once a year	1.1%	8	1.1%	133	0.9%	28
At least once an academic term	0.4%	3	0.7%	80	0.5%	16
At least once a month	0.1%	1	0.5%	57	0.2%	7
At least once a week	0.3%	2	0.3%	41	0.3%	9
At least once a day	0.1%	1	0.2%	27	0.2%	5
I'd rather not say	0.8%	6	0.4%	51	0.2%	8
Total Responses	100.0%	724	100.0%	11,903	100.0%	3,252

COLLEGE PRESCRIPTION DRUG STUDY

DRUG USE OF OTHER STUDENTS AND FAMILY MEMBERS

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Please answer the following statements about the use of prescription drugs for non-medical reasons (e.g., it was not prescribed, it was only used for the experience or feeling it caused or it was used in a way other than the prescriber intended or ordered).						
<i>How often do your friends/peers use prescription drugs for non-medical reasons?</i>						
Never	29.5%	253	35.8%	4,881	30.4%	1,142
Rarely	19.0%	163	15.6%	2,123	18.1%	680
Sometimes	22.2%	190	19.0%	2,598	20.7%	779
Often	10.5%	90	7.1%	967	5.5%	206
Very Often	2.8%	24	2.6%	356	1.6%	59
I don't know	15.6%	134	19.6%	2,675	23.4%	880
I'd rather not say	0.4%	3	0.3%	44	0.4%	14
Total Responses	100.0%	857	100.0%	13,644	100.0%	3,760
<i>How often do your family members use prescription drugs for non-medical reasons?</i>						
Never	77.0%	659	71.6%	9,709	74.7%	2,794
Rarely	9.7%	83	9.4%	1,269	8.7%	327
Sometimes	4.7%	40	4.9%	662	4.0%	149
Often	0.7%	6	1.5%	206	0.9%	35
Very Often	0.6%	5	0.9%	128	0.5%	17
I don't know	7.0%	60	11.4%	1,543	10.8%	406
I'd rather not say	0.4%	3	0.4%	50	0.4%	14
Total Responses	100.0%	856	100.0%	13,567	100.0%	3,742
How often do you believe a typical {Institution Name} student uses the following medications for non-medical purposes (e.g., it was not prescribed for them, it was only used for the experience or feeling it caused or it was used in a way other than the prescriber intended or ordered)?						
<i>Pain medications (e.g., OxyContin, Vicodin, Percodan)</i>						
Never	21.2%	167	23.9%	3,068	35.8%	1,257
At least once a year	24.9%	196	25.2%	3,224	25.8%	905
At least once an academic term	26.8%	211	27.2%	3,482	21.7%	761
At least once a month	16.6%	131	12.4%	1,594	7.7%	270
At least once a week	6.7%	53	5.8%	743	2.6%	90
At least once a day	0.8%	6	1.2%	151	0.3%	11
I'd rather not say	3.0%	24	4.3%	555	6.1%	215
Total Responses	100.0%	788	100.0%	12,817	100.0%	3,509

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien)</i>						
Never	14.4%	113	18.9%	2,411	26.2%	917
At least once a year	19.8%	156	22.4%	2,867	25.5%	894
At least once an academic term	27.4%	215	28.1%	3,591	25.4%	890
At least once a month	21.9%	172	16.6%	2,128	12.2%	427
At least once a week	12.5%	98	8.2%	1,054	4.2%	148
At least once a day	1.5%	12	1.7%	211	0.6%	21
I'd rather not say	2.5%	20	4.1%	524	5.9%	207
Total Responses	100.0%	786	100.0%	12,786	100.0%	3,504
<i>Stimulants (e.g., Ritalin, Adderall, Dexedrine)</i>						
Never	7.0%	55	11.0%	1,404	13.9%	488
At least once a year	10.6%	83	14.9%	1,905	17.8%	625
At least once an academic term	27.5%	216	29.4%	3,746	31.1%	1,089
At least once a month	27.1%	213	22.7%	2,893	20.1%	705
At least once a week	19.6%	154	14.4%	1,832	9.8%	342
At least once a day	5.7%	45	3.8%	489	1.9%	66
I'd rather not say	2.5%	20	3.9%	494	5.4%	190
Total Responses	100.0%	786	100.0%	12,763	100.0%	3,505
In the last 12 months, what percentage of {Institution Name} students do you believe used the following medications for non-medical purposes (e.g., it was not prescribed for them, it was only used for the experience or feeling it caused, or it was used in a way other than the prescriber intended or ordered)? (Recoded into categories)						
<i>Pain medications (e.g., OxyContin, Vicodin, Percodan)</i>						
0-10%	48.7%	329	51.1%	5,627	68.8%	2,044
11-20%	25.2%	170	21.4%	2,353	16.8%	500
21-30%	12.6%	85	12.8%	1,405	8.4%	249
31-40%	5.8%	39	5.4%	591	2.4%	71
41-50%	3.4%	23	5.3%	580	2.2%	64
51% or greater	4.3%	29	4.2%	460	1.5%	45
Total Responses	100.0%	675	100.0%	11,016	100.0%	2,973
<i>Sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien)</i>						
0-10%	33.3%	226	41.6%	4,581	55.4%	1,644
11-20%	25.2%	171	22.0%	2,420	22.1%	657
21-30%	18.3%	124	15.2%	1,677	11.0%	327
31-40%	8.8%	60	7.7%	845	4.8%	142
41-50%	7.5%	51	7.2%	794	4.0%	120
51% or greater	6.8%	46	6.3%	694	2.7%	80
Total Responses	100.0%	678	100.0%	11,011	100.0%	2,970

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Stimulants (e.g., Ritalin, Adderall, Dexedrine)</i>						
0-10%	13.3%	90	22.3%	2,458	28.9%	862
11-20%	15.3%	104	18.1%	1,998	21.3%	635
21-30%	16.8%	114	17.0%	1,874	18.1%	538
31-40%	14.0%	95	12.3%	1,361	11.0%	329
41-50%	14.1%	96	12.6%	1,391	9.6%	285
51% or greater	26.5%	180	17.7%	1,952	11.1%	331
Total Responses	100.0%	679	100.0%	11,034	100.0%	2,980

GENERAL HEALTH AND WELLNESS

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Please rank your agreement with the following statements:						
<i>I am able to cope with my daily stress</i>						
Strongly Disagree	1.8%	15	2.3%	307	1.1%	42
Disagree	5.6%	48	8.0%	1,083	7.4%	276
Neither agree nor disagree	9.2%	78	11.5%	1,556	10.3%	383
Agree	56.8%	484	53.9%	7,309	57.1%	2,131
Strongly Agree	26.6%	227	24.4%	3,312	24.2%	903
Total Responses	100.0%	852	100.0%	13,567	100.0%	3,735
<i>I am confident that I can figure out how to do difficult work in my academic program</i>						
Strongly Disagree	1.5%	13	1.1%	152	0.6%	24
Disagree	2.5%	21	4.2%	563	3.4%	128
Neither agree nor disagree	5.3%	45	8.2%	1,116	7.8%	291
Agree	50.2%	428	52.3%	7,078	53.0%	1,975
Strongly Agree	40.6%	346	34.2%	4,636	35.1%	1,305
Total Responses	100.0%	853	100.0%	13,545	100.0%	3,723
<i>I am confident that I can do well in my academic program</i>						
Strongly Disagree	1.5%	13	1.1%	146	0.7%	27
Disagree	1.8%	15	3.7%	505	3.8%	140
Neither agree nor disagree	5.9%	50	9.5%	1,288	9.7%	362
Agree	46.6%	397	49.3%	6,677	49.2%	1,834
Strongly Agree	44.2%	377	36.4%	4,923	36.6%	1,365
Total Responses	100.0%	852	100.0%	13,539	100.0%	3,728

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
<i>Even when the work is challenging, I can make progress in my academic program</i>						
Strongly Disagree	1.1%	9	0.9%	117	0.6%	22
Disagree	1.4%	12	2.1%	290	1.8%	68
Neither agree nor disagree	5.0%	42	7.4%	995	6.7%	251
Agree	51.7%	438	54.5%	7,370	55.5%	2,065
Strongly Agree	40.9%	346	35.1%	4,741	35.4%	1,317
Total Responses	100.0%	847	100.0%	13,513	100.0%	3,723
<i>I will complete my degree</i>						
Strongly Disagree	0.7%	6	0.8%	105	0.5%	20
Disagree	0.4%	3	0.4%	59	0.4%	14
Neither agree nor disagree	1.8%	15	3.5%	474	1.9%	70
Agree	23.6%	200	26.8%	3,596	25.7%	953
Strongly Agree	73.5%	622	68.5%	9,204	71.5%	2,647
Total Responses	100.0%	846	100.0%	13,438	100.0%	3,704
<i>I maintain a healthy balance between school and my personal life</i>						
Strongly Disagree	2.7%	23	3.4%	458	2.8%	102
Disagree	8.6%	73	12.9%	1,733	11.6%	431
Neither agree nor disagree	12.7%	108	17.7%	2,372	17.9%	663
Agree	44.4%	377	40.4%	5,424	43.2%	1,601
Strongly Agree	31.6%	269	25.7%	3,451	24.5%	910
Total Responses	100.0%	850	100.0%	13,438	100.0%	3,707
<i>How would you rate your overall health?</i>						
Excellent	28.0%	229	20.7%	2,696	23.7%	846
Good	54.9%	450	57.3%	7,455	59.6%	2,127
Fair	15.6%	128	19.6%	2,543	15.4%	548
Poor	1.5%	12	2.4%	306	1.3%	48
Total Responses	100.0%	819	100.0%	13,000	100.0%	3,569
<i>Have you ever been diagnosed or treated by a professional for: (Select all that apply)</i>						
Attention Deficit and Hyperactivity Disorder (ADHD)	9.8%	84	8.9%	1,221	7.9%	300
A cognitive or learning disability	1.6%	14	2.6%	358	2.2%	84
Depression	19.8%	170	23.5%	3,233	20.3%	769
Anxiety	24.0%	206	26.3%	3,609	24.9%	942
Insomnia or another sleep disorder	6.4%	55	6.7%	915	5.3%	200
Bipolar disorder	1.2%	10	2.1%	288	1.2%	45
Substance abuse or addiction (alcohol or other drugs)	0.5%	4	1.3%	172	0.9%	34
Post-traumatic stress disorder (PTSD)	2.6%	22	4.0%	554	3.1%	118
Total Responses		565		10,350		2,492

COLLEGE PRESCRIPTION DRUG STUDY

DEMOGRAPHICS PART TWO

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
What is your sexual orientation?						
Heterosexual	91.2%	776	84.8%	11,463	82.0%	3,055
Bisexual	4.5%	38	6.6%	892	8.2%	307
Gay	1.3%	11	1.9%	253	2.8%	103
Lesbian	0.9%	8	1.2%	157	1.0%	38
Queer	0.4%	3	1.2%	166	1.9%	71
Questioning	0.5%	4	1.3%	174	1.6%	61
Other	0.2%	2	1.7%	224	1.2%	43
Prefer not to answer	1.1%	9	1.4%	184	1.3%	49
Total Responses	100.0%	851	100.0%	13,513	100.0%	3,727
What is your cumulative GPA? (Recoded into categories)						
0.00-0.99	0.0%	0	0.2%	22	0.1%	2
1.00-1.99	0.3%	2	0.7%	80	0.2%	6
2.00-2.99	7.2%	51	14.6%	1,662	5.8%	180
3.00-3.99	75.1%	533	73.2%	8,308	85.5%	2,670
4.00	17.5%	124	11.3%	1,277	8.5%	265
Total Responses	100.0%	710	100.0%	11,349	100.0%	3,123
Where do you currently live?						
On-campus in residence halls or college/university-owned apartment or housing	26.6%	194	24.4%	2,922	37.0%	1,238
On-campus in sorority or fraternity housing (e.g., floor within residence hall, college/university-owned apartment or housing)	2.1%	15	1.1%	133	2.2%	73
Off-campus in sorority or fraternity house or residence	2.9%	21	3.0%	363	1.9%	64
Residence within walking distance of campus (e.g., apartment or house not owned by university)	26.4%	193	26.3%	3,145	26.1%	874
Residence outside of walking distance of campus (e.g., apartment or house not owned by university)	42.1%	307	45.2%	5,406	32.8%	1,098
Total Responses	100.0%	730	100.0%	11,969	100.0%	3,347

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
Who do you currently live with? (Select all that apply; Recoded into categories)						
Alone	9.3%	66	11.3%	1,335	19.3%	634
With roommates	68.9%	491	52.6%	6,200	58.4%	1,920
My parent(s) or guardian(s)	5.0%	36	12.7%	1,491	4.8%	159
My spouse, partner or significant other	8.6%	61	11.3%	1,328	10.3%	340
My child(ren)	0.6%	4	1.0%	119	0.4%	14
With other family members	2.1%	15	2.3%	275	1.1%	37
More than one of the above	5.6%	40	8.8%	1,034	5.5%	182
Total Responses	100.0%	713	100.0%	11,782	100.0%	3,286
What is your religious affiliation?						
Buddhist	1.4%	10	1.4%	165	1.4%	46
Christian - Catholic	20.9%	147	18.8%	2,180	21.7%	703
Christian - Protestant	25.0%	176	15.6%	1,808	12.4%	401
Christian - Other	21.8%	153	17.4%	2,026	9.9%	321
Hindu	1.1%	8	2.0%	232	2.0%	66
Jewish	1.8%	13	1.9%	215	6.7%	218
Muslim	1.1%	8	1.7%	193	1.7%	56
Other	22.2%	156	34.6%	4,022	37.8%	1,224
Unaffiliated (e.g., Agnostic, Atheist, none)	2.8%	20	3.8%	439	3.8%	124
Prefer not to answer	1.7%	12	2.9%	331	2.4%	77
Total Responses	100.0%	703	100.0%	11,611	100.0%	3,236
Are you currently employed? (Select all that apply)						
No	45.1%	317	38.3%	4,434	42.1%	1,364
Yes, on-campus	23.6%	166	27.9%	3,237	37.7%	1,222
Yes, off-campus	34.9%	245	36.7%	4,249	24.9%	807
Total Responses		728		11,920		3,393
On average, how many hours do you typically work each week? ⁹						
Fewer than 10 hours per week	20.6%	80	17.9%	1,282	32.4%	613
10-19 hours per week	36.3%	141	32.8%	2,346	30.7%	580
20-29 hours per week	22.7%	88	22.8%	1,628	11.6%	220
30-39 hours per week	8.5%	33	9.6%	686	5.5%	104
40 or more hours per week	11.9%	46	16.9%	1,209	19.8%	374
Total Responses	100.0%	388	100.0%	7,151	100.0%	1,891
What is your enrollment status?						
Part-time	8.6%	71	13.0%	1,691	11.1%	403
Full-time	90.5%	744	86.0%	11,183	88.3%	3,201
Non-degree seeking (e.g., taking classes but not currently pursuing a degree)	0.9%	7	1.0%	129	0.6%	23
Total Responses	100.0%	822	100.0%	13,003	100.0%	3,627

⁹ Only respondents who reported that they were currently employed saw this question.

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		4-Year Public Institutions		4-Year Private Institutions	
	%	N	%	N	%	N
What is the highest level of education completed by your parent(s) or guardian(s)?						
Less than high school	1.2%	10	3.6%	470	2.1%	74
High school degree or the equivalent (e.g., GED)	11.6%	95	14.9%	1,916	8.8%	316
Attended college but did not earn a degree	6.6%	54	9.4%	1,209	4.9%	176
Associate's degree (including occupational or academic degrees)	7.6%	62	9.9%	1,274	5.5%	197
Bachelor's degree	37.0%	302	29.6%	3,817	27.6%	991
Master's degree	24.8%	203	22.5%	2,902	29.4%	1,055
Doctoral degree (e.g., PhD, JD, MD)	11.1%	91	10.0%	1,289	21.8%	782
Total Responses	100.0%	817	100.0%	12,877	100.0%	3,591

FOOTNOTES COMBINED

¹ Only respondents who answered 'yes' to this question saw the rest of the questions in this section.

² Only shown to respondents who reported typically obtaining medications for non-medical reasons from a friend, peer or relative.

³ Only shown to respondents who selected that they had used pain medications, sedatives and/or stimulants for non-medical reasons.

⁴ Only shown to respondents who selected that they used pain medications, sedatives and/or stimulants non-medically to help study or improve grades.

⁵ Only respondents who reported that they had used fentanyl saw this question.

⁶ Only respondents who reported that they had used heroin saw this question.

⁷ Only respondents who selected 'yes' in response to using illicit drugs instead of using prescription medications non-medically saw this question.

⁸ Only shown to respondents who selected that they had a prescription for pain medication, sedatives and/or stimulants in the past year.

⁹ Only respondents who reported that they were currently employed saw this question.

University of South Carolina - Columbia

AlcoholEdu for College

Impact Report

2018
—
2019

Academic Year

EVERFI

To our partners at University of South Carolina - Columbia,

Colleges and universities have long sought to provide students with the knowledge and skills to care for themselves—and one another—by avoiding high-risk drinking, using prescription drugs safely, understanding consent, recognizing the signs of intimate partner violence, and engaging in effective bystander intervention. Today, heightened government scrutiny, increased student activism, and persistent media attention raises the bar ever higher for campus leaders and practitioners.

Thank you for choosing EVERFI as your partner in this important work. We're proud to provide the digital learning platform, education content, data insights, and reporting tools that help higher education institutions achieve lasting, large-scale change on the critical issues of safety, health, and well-being facing students, faculty, and staff.

In adopting and implementing AlcoholEdu for College you've joined a network of 1,500+ institutions and 5 million learners working to reinforce healthy decisions and promote positive attitudes and behaviors. The scale and impact of our network would not be possible without your partnership.

Thank you,

A handwritten signature in black ink, appearing to read 'Rob Buelow', with a stylized, cursive script.

Rob Buelow

Vice President, Impact & Education

EVERFI



Executive Summary

This school year, 8,154 University of South Carolina - Columbia students took part in AlcoholEdu for College. This course, developed by prevention education and compliance experts, uses relatable scenarios and interactive elements to provide students with alcohol information, strategies for healthy behavior, and skills to support bystander intervention.

Course Impact

AlcoholEdu is designed to equip your students with knowledge and skills to support healthier decisions related to alcohol.

University of South Carolina - Columbia students increased their knowledge of alcohol-related topics by 47%. When it comes to skills, 92% of your students agree that AlcoholEdu helped them establish a plan ahead of time to make responsible decisions about drinking, and 92% report that the education prepared them to help someone who may have alcohol poisoning.

Behavioral Intentions & Norms

Intention is a key variable in predicting behavior change. Change is driven, in part, by an

individual's perception of the social environment surrounding behavior – the community norms.

Nationally, a growing number of students arriving on college campuses choose to regularly abstain from alcohol use, at your school, 28% of students surveyed are abstainers and 28% nondrinkers. Many perceive, though, that their peers are drinking more than they are, and may feel alienated by that perception.

Among students at University of South Carolina - Columbia who took AlcoholEdu, 66% agreed that the course changed their perceptions of others' drinking behavior. And a substantial number of your students, after prevention education, report that they intend to limit their drinking frequency (56%) or the number of drinks they consume (61%).

Drinking Motivation

At University of South Carolina - Columbia, the top reason students choose to drink is "To have a good time" (69% of drinkers). 75% of nondrinkers say they don't drink because "I'm not old enough to drink legally" -- 43% of drinkers cite the same reason when they choose not to drink.

Your AlcoholEdu for College Impact Report includes detailed information about when, where, and why your students drink – and why they don't. This data can be invaluable in guiding your prevention programming for maximum impact.

How To Use This Report

This report provides key insights from your AlcoholEdu for College data. We encourage you to explore the data in the report, think about how you can use it to inform prevention efforts across your institution, and share it with others on your campus.

To help you make the most of this report, we have included benchmarks to help you understand where you stand relative to peer institutions, provided recommendations throughout the report tied to a framework for prevention, and included a sharable snapshot of your data at the end of this report.

For deeper insights, the EVERFI Analytics Platform provides real-time access to your EVERFI data, in both graphical and raw data formats.

Peer Institution Benchmarks

For select data points in this report, you will see comparisons to peer institution benchmarks. These peer institutions are similar to you in size,

and public or private status. University of South Carolina - Columbia is a large public, four-year institution, so your benchmarks reflect other public, four-year schools with 20,000 or more students.

Campus Prevention Network Framework Tips

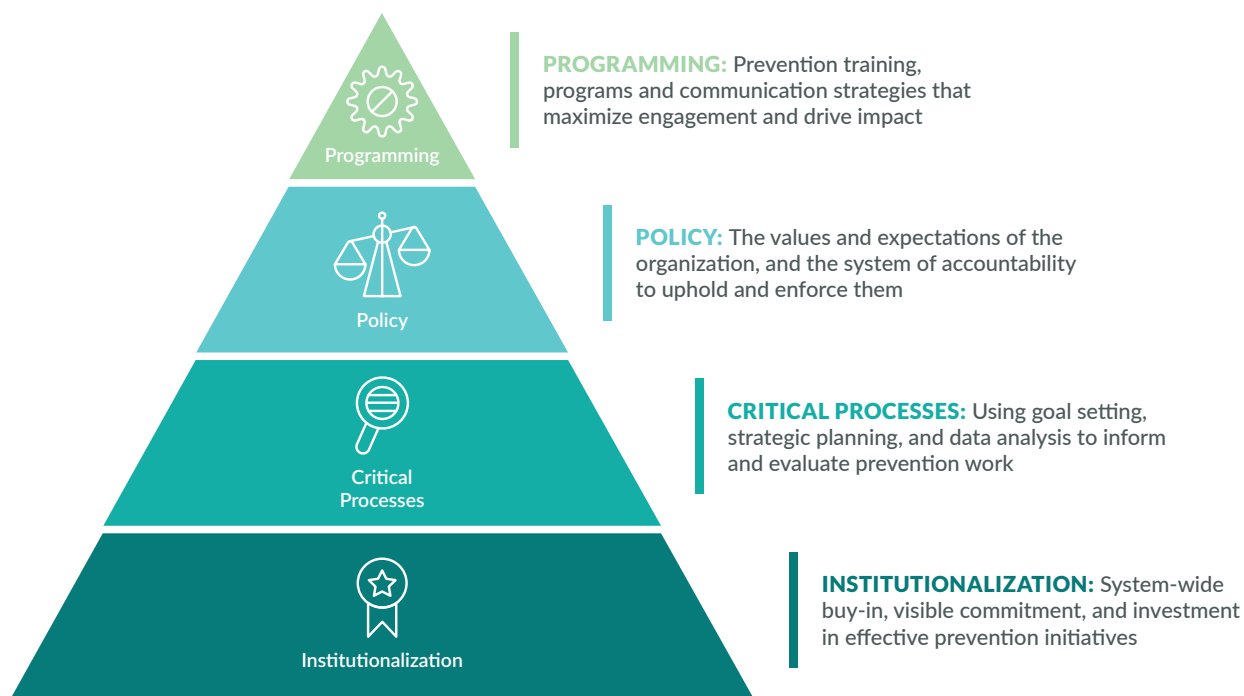
The Campus Prevention Network Framework for Prevention describes the elements of effective prevention efforts: *Institutionalization, Critical Processes, Policy, and Programming*. Throughout this report, you will find Tips and further research related to these prevention elements.

Sharable Snapshot

At the end of this report, you will find a snapshot of select data from your report. This snapshot is designed to be shared with other stakeholders at your institution. We hope that you will print these pages out and pass them along to your Vice President of Student Affairs, Provost, or other members of your team.

Prevention Framework

The Prevention Framework, developed by EVERFI's Campus Prevention Network, defines the elements of a comprehensive approach to prevention, and the ways in which those elements build to an effective prevention program.

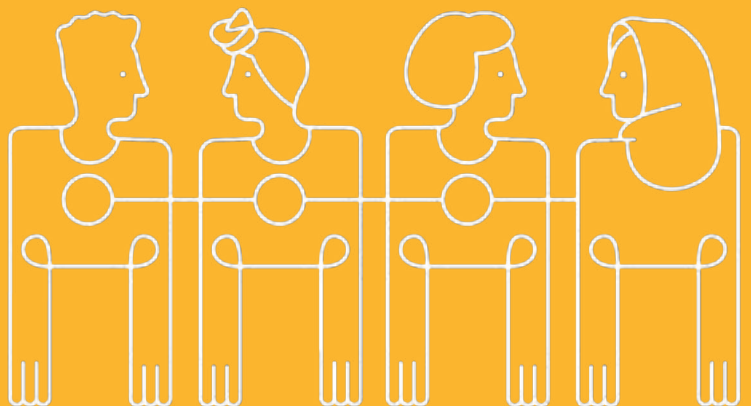


Throughout this report, you will see **Tips**. These Tips are color coded to indicate the stage of the prevention framework associated with the Tip. Most data and insights from this report will focus on the *Programming* and *Critical Processes* levels, for more information about *Policy* and *Institutionalization* on your campus, use our Diagnostic Inventories, available to all member of the Campus Prevention Network. (For additional information on this and other resources, see Resource Links on page 28.)



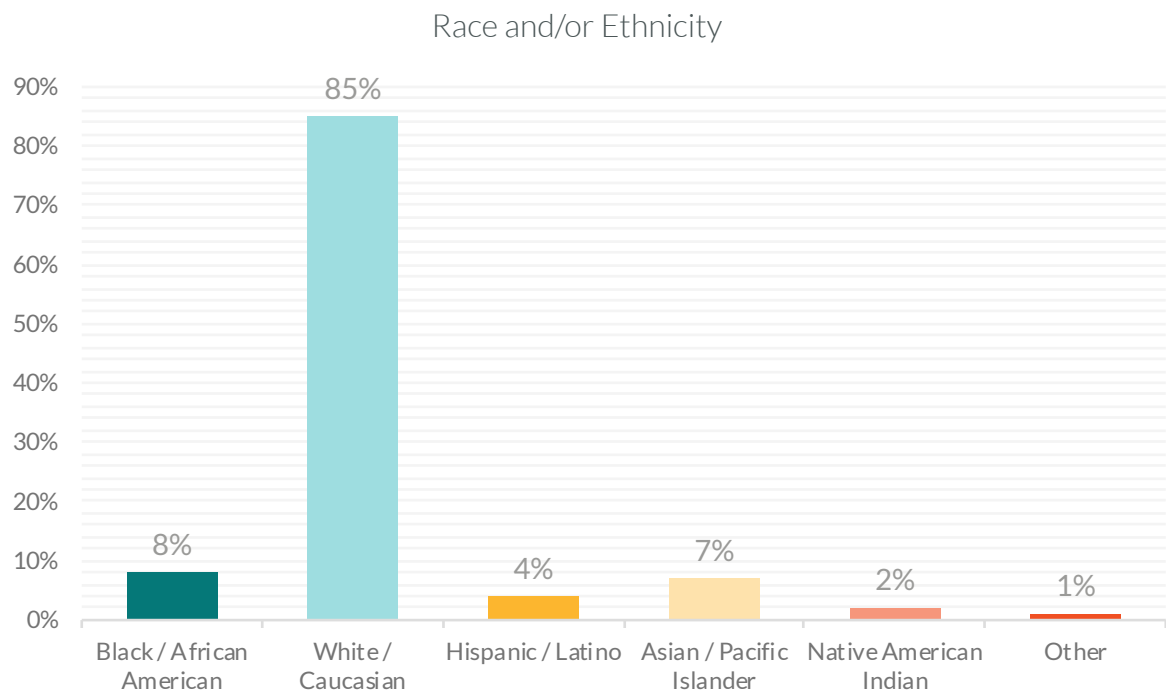
AlcoholEdu and Your Students

*Demographics and Impact at University of
South Carolina - Columbia*



Student Demographics

The following is a summary of the demographics of students who participated in AlcoholEdu this year. Demographic information is self-reported by students as part of pre-course survey. All questions are optional and students may choose not to share demographic information.

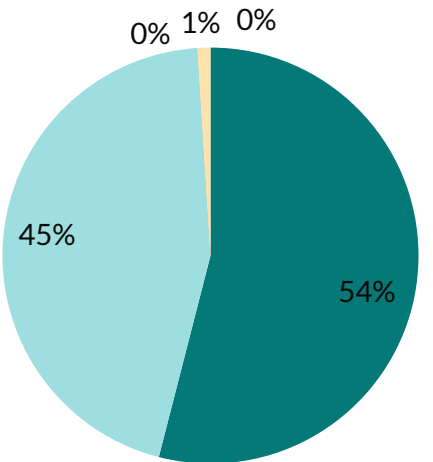


Students could select more than one response; bars may sum > 100%.

This report refers to several student surveys. Pre-course surveys are taken immediately before a student begins the course. Post-course surveys are taken after the course is complete and Follow-Up surveys are taken after an intersession period, typically four to six weeks, following the completion of the course. Only data from students who responded to all of the surveys are included in this report. (n=6,346)

Student Demographics (Continued)

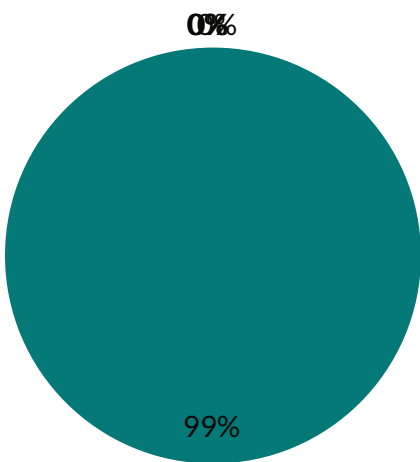
Gender Identity



Female	54%	Male	45%
Transgender	0%	Other	1%
Prefer not to answer	0%		

'Other' includes students who selected Genderqueer, Gender-nonconforming, or Not listed.

Year in School



Freshman	99%	Sophomore	0%
Junior	0%	Senior	0%
Other	0%		

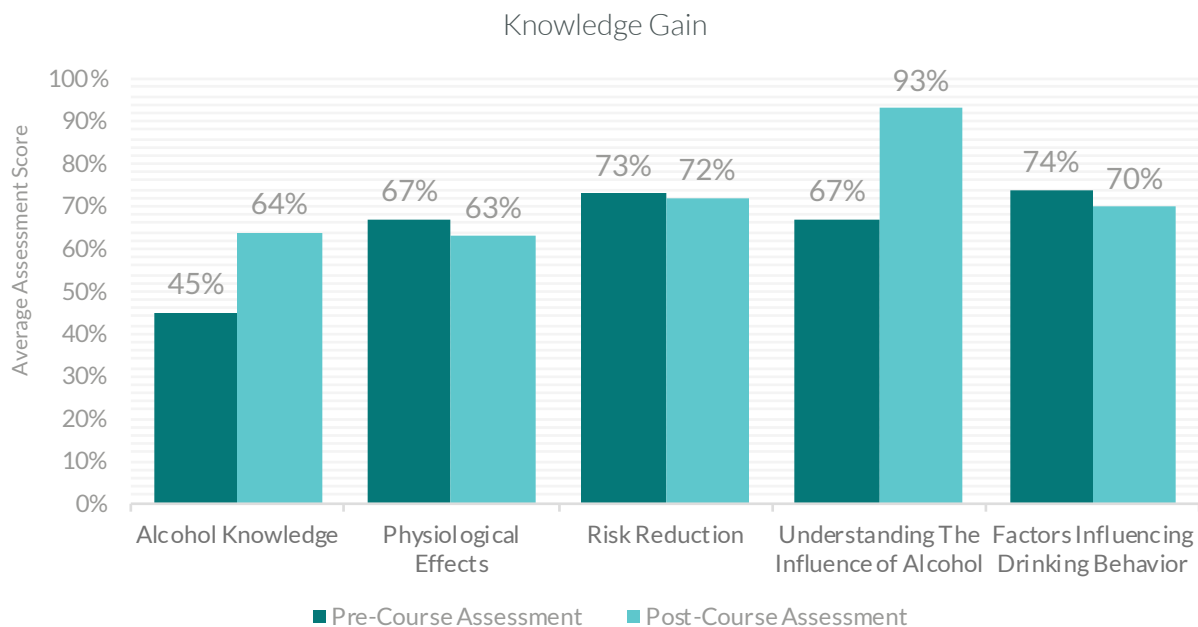
'Other' includes students who selected Graduate student, Continuing education student, Certificate program, Other, or Not a student.



Critical Processes Tip: Does this data reflect the overall demographic makeup of your students assigned to take AlcoholEdu? Demographic data can be used to identify challenges for underrepresented populations. You will see some demographic comparisons in this report and to further explore demographic differences, access your detailed data in the Higher Education Partner Center.

Additional demographics available to explore include: sexual orientation, age, current residence type, membership in student clubs or activities.

Course Impact



Learner Impact

Your students reported that AlcoholEdu for College:

Prepared them to prevent an alcohol overdose	90%
Prepared them to help someone who may have alcohol poisoning	92%
Helped them establish a plan ahead of time to make responsible decisions about drinking	92%
Changed their perceptions of others' drinking behavior	66%

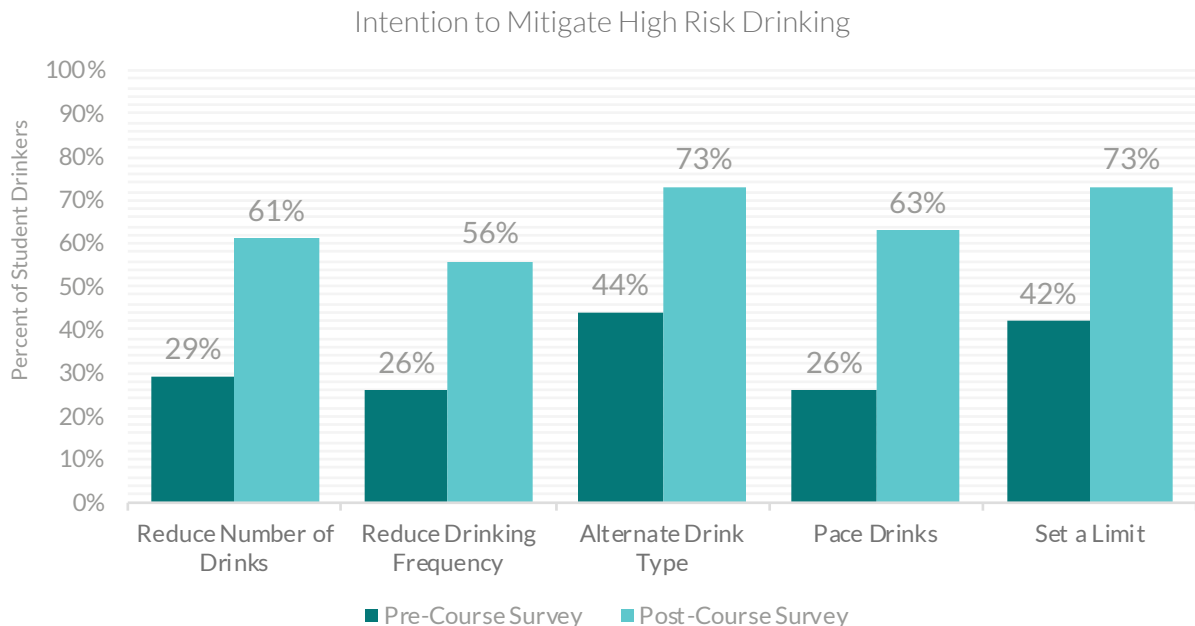
Percentages represent the share of students who agreed with these statements in post-course surveys.



Programming Tip: Where are your students knowledgeable and where are they lacking? AlcoholEdu is intended to provide foundational knowledge and skills that can be built upon. Knowledge data can inform what content areas should be built out or reinforced as part of your ongoing prevention efforts.

The Importance of Behavioral Intentions

After completing AlcoholEdu for College, 3,201 students reported an increase in their intention to practice strategies to mitigate high-risk drinking.



Percentages represent the share of students who intend to engage in these behaviors in pre- and post-course surveys.

Impact For High Risk Students

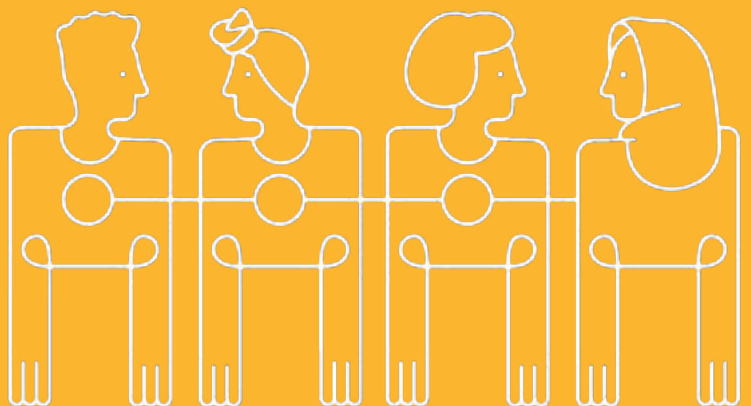
Among the 63% of high risk drinkers (908 students) who saw "no need to change the way they drink" before taking AlcoholEdu for College, 52% of those students (473 students) indicated their readiness to change after completing the course.



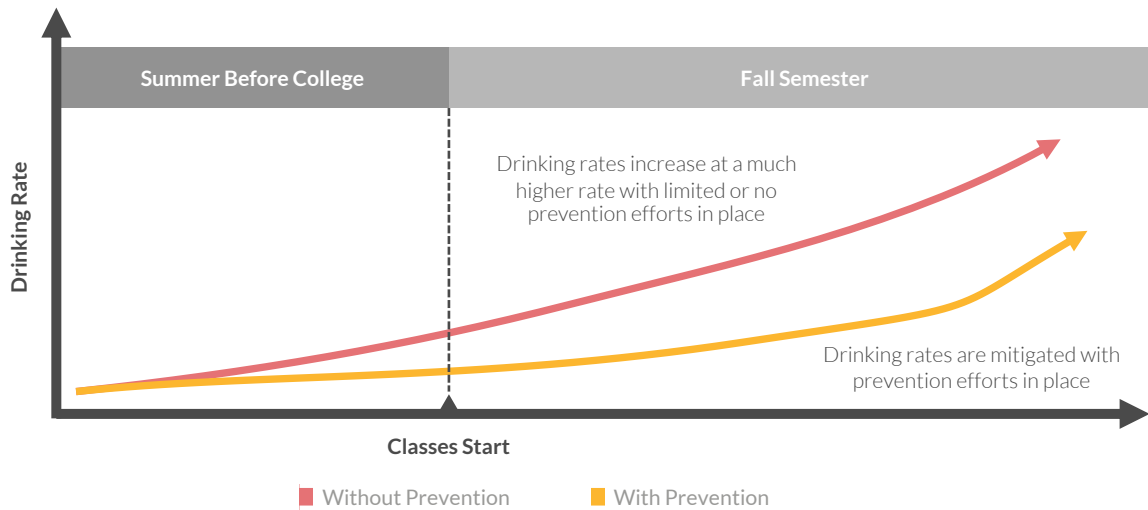
Institutionalization Tip: Intention has been shown to be the most important variable in predicting behavior change (Ajzen, 1991). Actual behavior change is driven, in part, by an individual's perception of the social environment surrounding the behavior (subjective norms). As such, a campus environment that reinforces safe and healthy norms can help support individual intentions and, ultimately, changes in behavior. Where unhealthy behaviors are perceived as accepted and even encouraged, individual intentions may not be sufficient to support change.

Alcohol On Your Campus

Data and insights from students at University of South Carolina - Columbia



College Effect



Nationally, student drinking rates follow a pattern: Alcohol use generally rises over the summer before students enter college, then increases substantially after their arrival on campus.

Institutions have a narrow window of opportunity for primary prevention. Through evidence-based education and prevention efforts, including AlcoholEdu for College, institutions can mitigate the impact of the College Effect.

To be most effective, these primary prevention efforts should address all students, not just those with a prior history of heavy or problematic drinking. Institutions should not overlook efforts to reinforce the behaviors of the healthy majority.



Programming Tip: Consider shifts in behavior that you see between pre- and post-course surveys within the context of the College Effect. This phenomenon will exist to a lesser or greater degree on your campus, depending on specific environmental and cultural influences, but in many cases, primary prevention efforts can be used to lessen the impact of the College Effect.

Examination of Drinking Rates

Considering the College Effect, here is how your students (n = 6,115) reported their drinking rates on pre- and post-course surveys (separated by four to six weeks).

Drinking categories include:

Abstainer

Consumed no alcohol in the past year.

Nondrinker

Consumed no alcohol in the past two weeks, but may have consumed in the past year.

Moderate Drinker

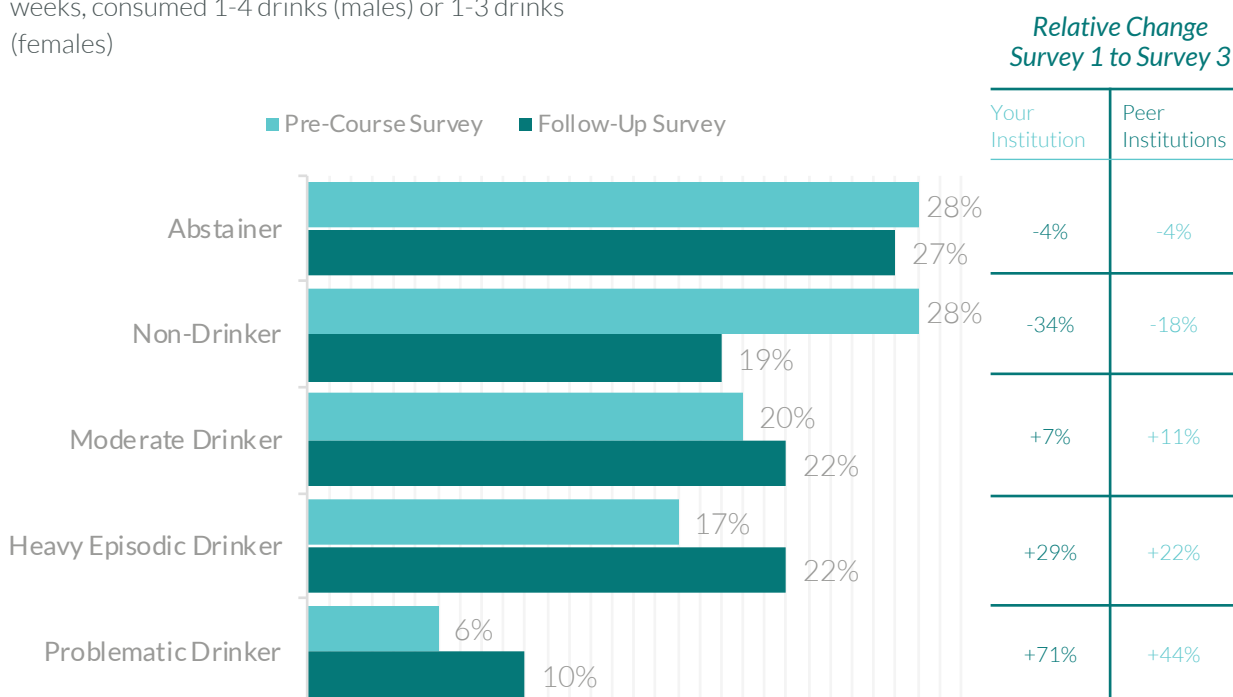
On their highest drinking day in the prior two weeks, consumed 1-4 drinks (males) or 1-3 drinks (females)

Heavy Episodic Drinker

On their highest drinking day in the prior two weeks, consumed 5-9 drinks (males) or 4-7 drinks (females)

Problematic Drinker

On their highest drinking day in the prior two weeks, consumed 10+ drinks (males) or 8+ drinks (females)

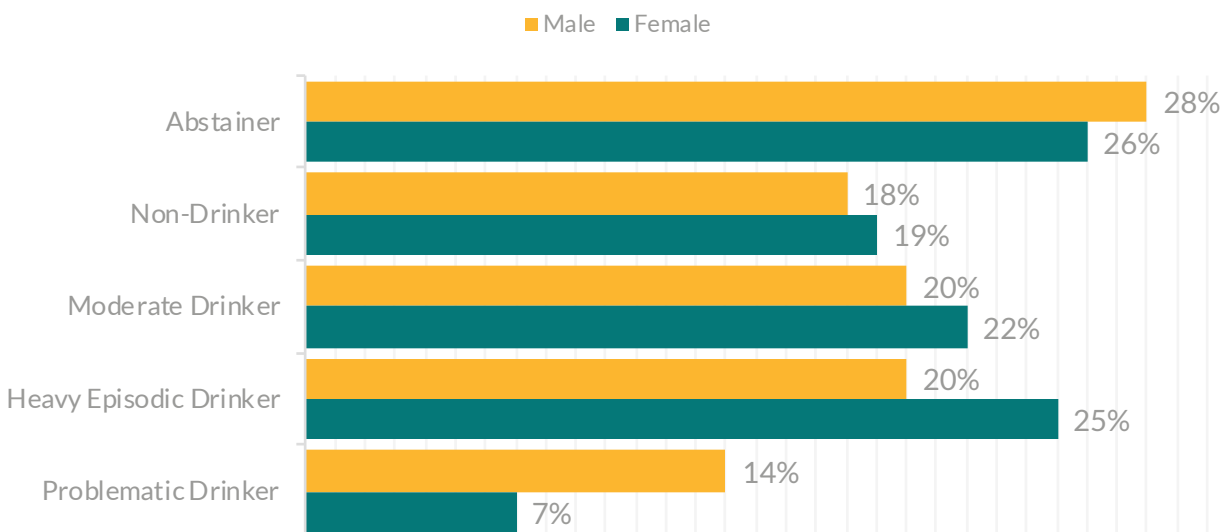


Programming Tip: How did your students' drinking behavior change in the four to six weeks between these surveys? Keep in mind that even small percentage changes can reflect significant differences, especially for low-frequency behaviors like problematic drinking. Look at how you compare to similar institutions and think about how you can use this information to inform student programming. For example, a relative drop in the share of abstainers could indicate a need for programming to support incoming abstaining students.

Drinking Rates By Gender Identity

Men and women often follow different drinking patterns and may experience the College Effect differently. Here are your students' drinking categories at the follow up survey (n = 6,115), broken down by gender identity.

Student Drinking Rates at Follow Up Survey, by gender



Critical Processes Tip: Notice how drinking behaviors may be different for male and female students. Think about what other demographic characteristics may have an influence on drinking behavior at your institution, including Race, Ethnicity, Group Membership, Year in School, etc. This may inform how different subgroups of students are experiencing the College Effect and where supplemental resources will be necessary.

Note: This page shows comparisons between male and female students. In the context of drinking rates, male and female students are identified by their self-reported biological sex, as biological sex influences how individuals metabolize alcohol and therefore helps to determine their drinking behavior categories. EVERFI recognizes and appreciates that not all respondents identify with these binary constructs.

While this report presents comparisons only between students who identify as male or female – they are the most researched populations regarding personal alcohol use and related behaviors – students can select additional gender identities (transgender male or female, genderqueer) or choose not to identify. To examine drinking behavior by additional gender identities, access your institution's data through the Higher Education Partner Center.

When Students Choose To Drink

The chart below shows student drinking rates over a three-week period of time. It represents the average number of drinks consumed by your students (drinkers only), compared to the average drinks consumed at peer institutions during that same three-week period.

(Follow-Up Survey, drinkers only, n = 3,307)



The date range for the above graph was selected as the peak drinking period for our national aggregate and may not represent the highest drinking days for your particular institution.

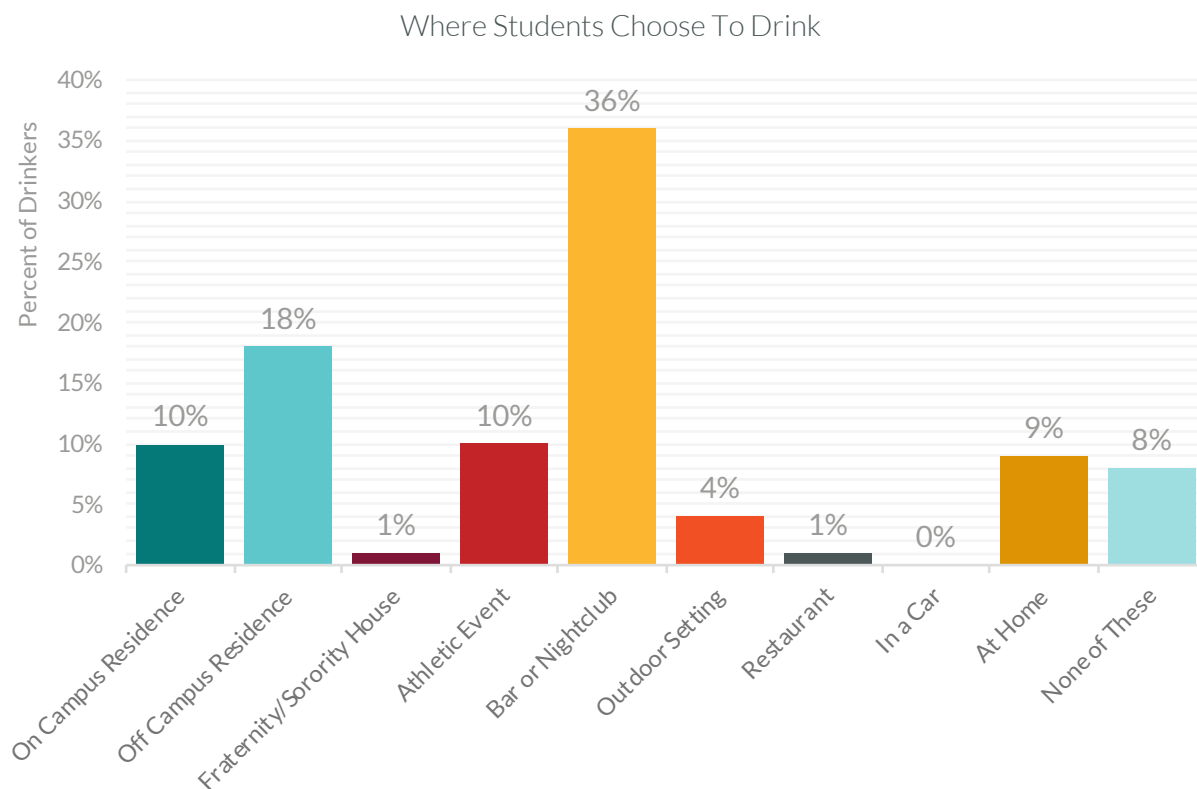


Critical Processes Tip: What is happening on or around your peak drinking days? Does this "pattern" seem reasonable for your campus? Can this data be used to reinforce or support other data you have collected to identify celebrations or events that encourage heavy drinking?

Where Students Choose To Drink

The most common locations where your students reported consuming alcohol recently, among those who had a drink in the previous two weeks.

(Follow-Up Survey, drinkers only, n = 3,307)



Policy Tip: Certain drinking locations – on campus pubs, off-campus house parties – have been shown to be associated with significant negative outcomes (EVERFI, 2012). The same study also indicated that certain locations (on-campus dances and concerts) have a greater relationship with sexual assault than other locations.

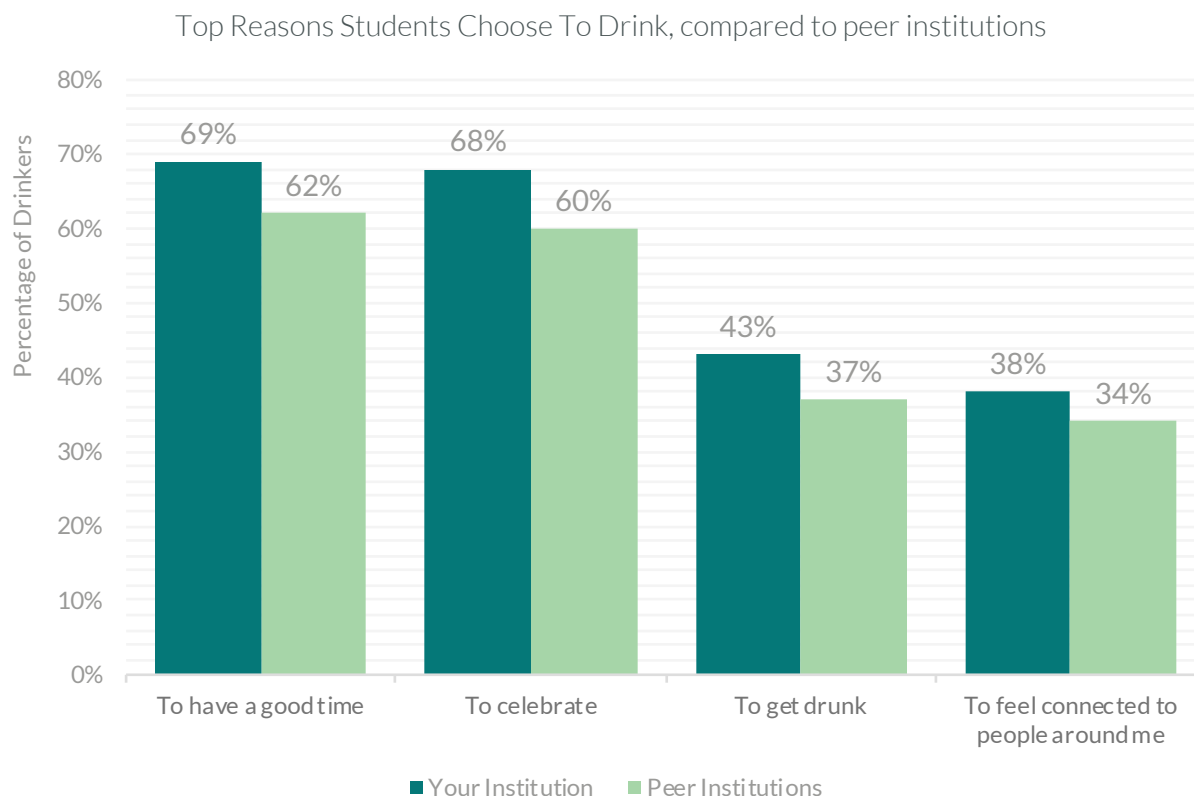
A more recent study found students living off-campus (without parents) report significantly more frequent alcohol consumption, drinking larger quantities, more frequent heavy drinking, and a greater number of negative alcohol-related outcomes than students living on-campus (Benz et al., 2017).

How can this research and drinking location data from your school inform housing and on-campus policy at your institution?

Why Students Choose To Drink

Drinkers indicated their most important reasons for choosing to drink alcohol.

(Follow-Up Survey, drinkers only, n = 3,307)



Percentages represent responses of 5-7 on 7-point Likert scale (1=Not at all important).



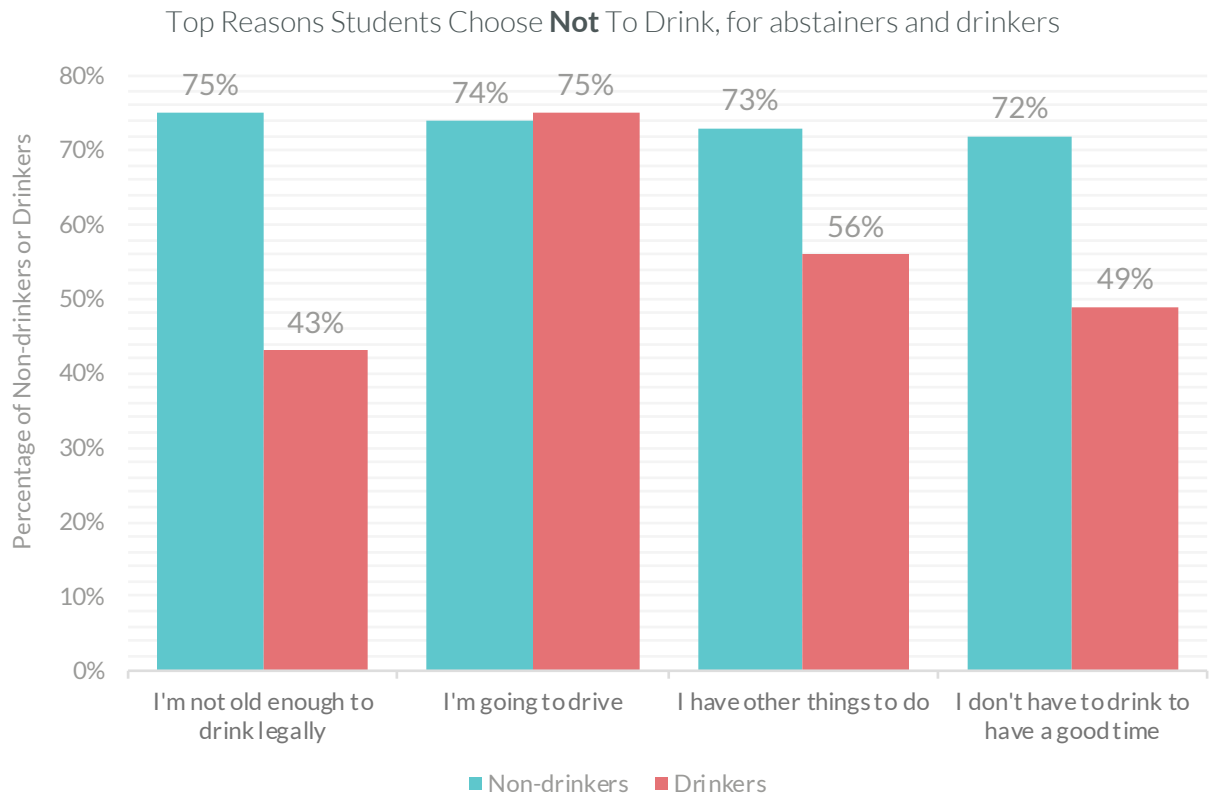
Programming Tip: Reasons for consuming alcohol vary greatly for institutions and across different groups of students. Consider the reasons why students are choosing to drink and investigate whether those challenges can be met with other strategies for these students.

With data available in the Higher Education Partner Center, you can also explore whether certain reasons for drinking are associated with higher-risk drinking behaviors and negative outcomes. These reasons could be candidates to target with social norm campaigns or other prevention efforts.

Why Students Choose Not To Drink

Both drinkers and non-drinkers indicated their most important reasons for choosing whether or not to drink alcohol.

(Follow-Up Survey, non-drinkers, n = 2,808 and drinkers, n = 3,307)



Percentages represent responses of 5-7 on 7-point Likert scale (1=Not at all important).

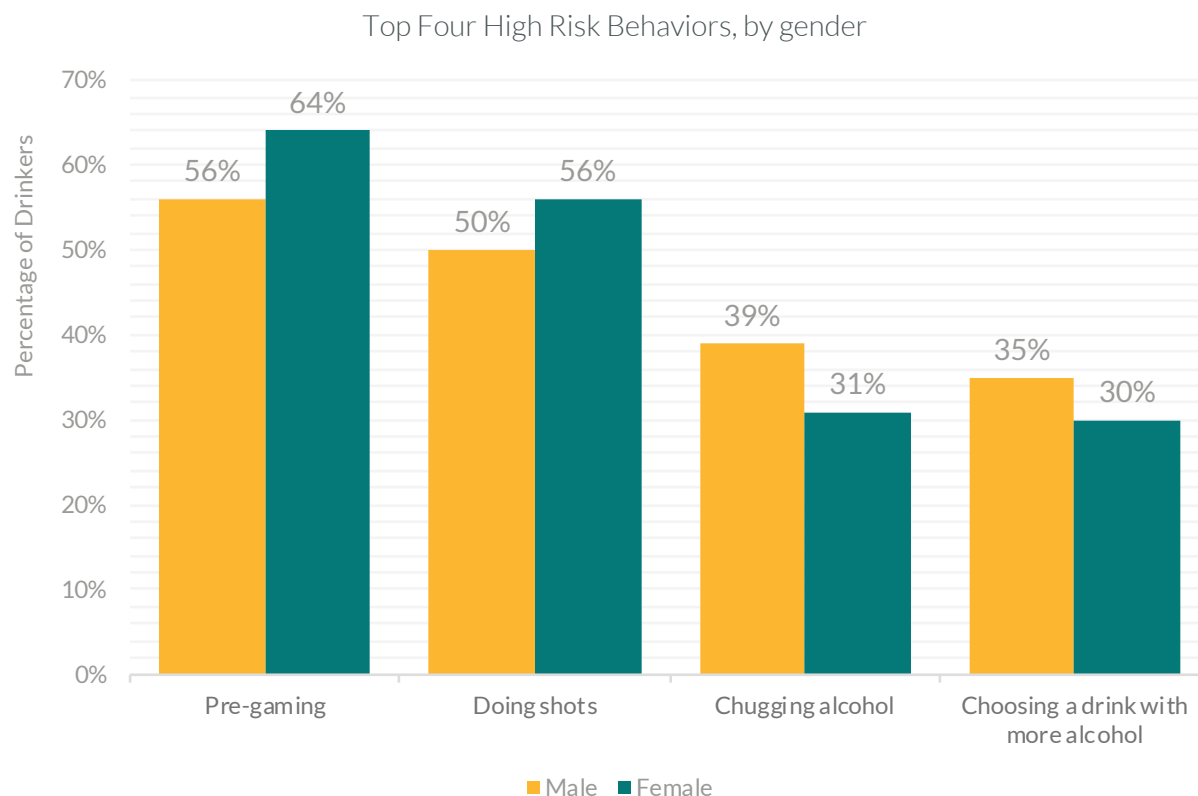


Programming Tip: "It would be far easier to increase the salience of existing reasons that drinkers have for restricting their alcohol use than to win their endorsement of still additional reasons that are primarily endorsed by abstainers (Huang et al., 2011)." Which reasons are most endorsed by drinkers on your campus? By non-drinkers? Consider those when designing campaigns focused on behavioral decision making for each of these groups of students.

High-Risk Drinking Behaviors

These are some of the most common risk-related drinking behaviors reported by your students who had a drink in the two weeks prior to survey.

(Follow-Up Survey, drinkers only, n = 3,307)



Percentages represent responses of 5-7 on 7-point Likert scale (1=Never engaged).

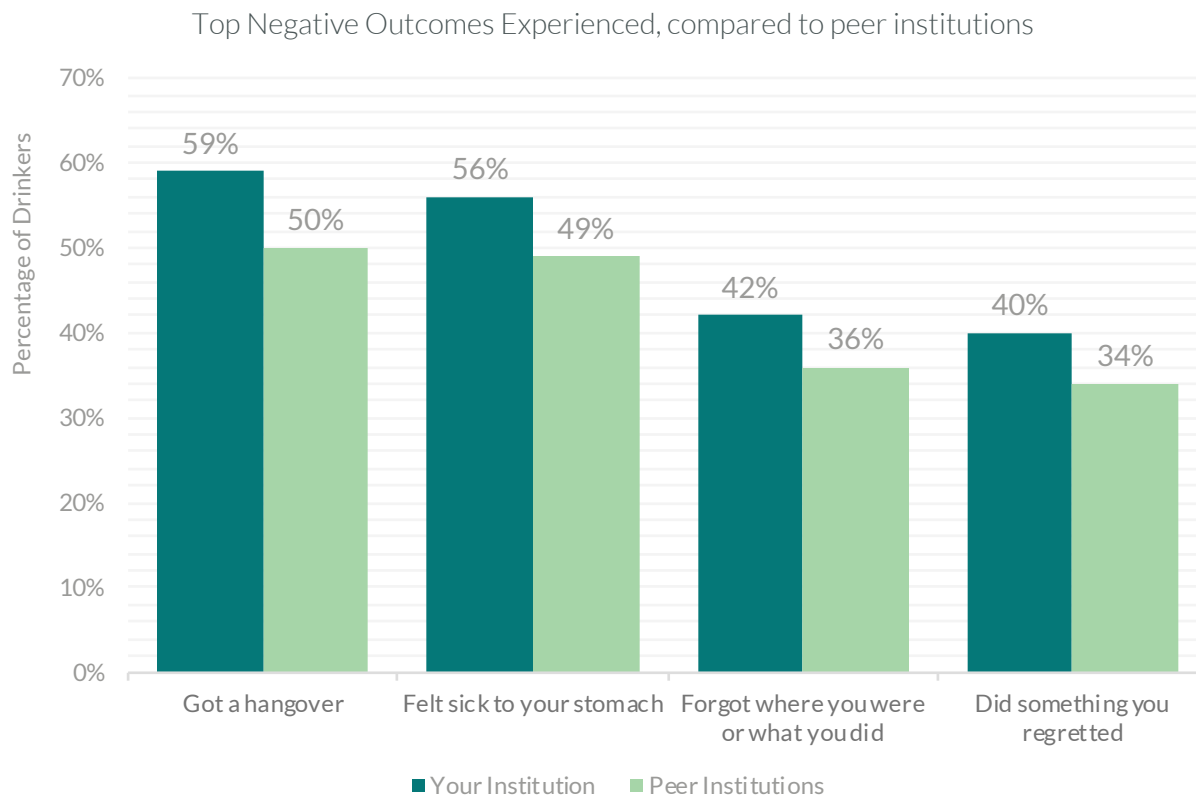


Programming Tip: More than other high-risk behaviors, pregaming has been shown to have a predictive relationship with a variety of negative outcomes (EVERFI, 2012). As such, participation in pregaming can potentially be used as a marker to identify students who are more likely to be at risk for experiencing negative outcomes.

Impact of High-Risk Drinking

Students who reported drinking in the past two weeks experienced the following as a result of their drinking.

(Follow-Up Survey, drinkers only, n = 3,307)



Percentages represent responses of 2-7 on 7-point Likert scale (1=Never experienced).



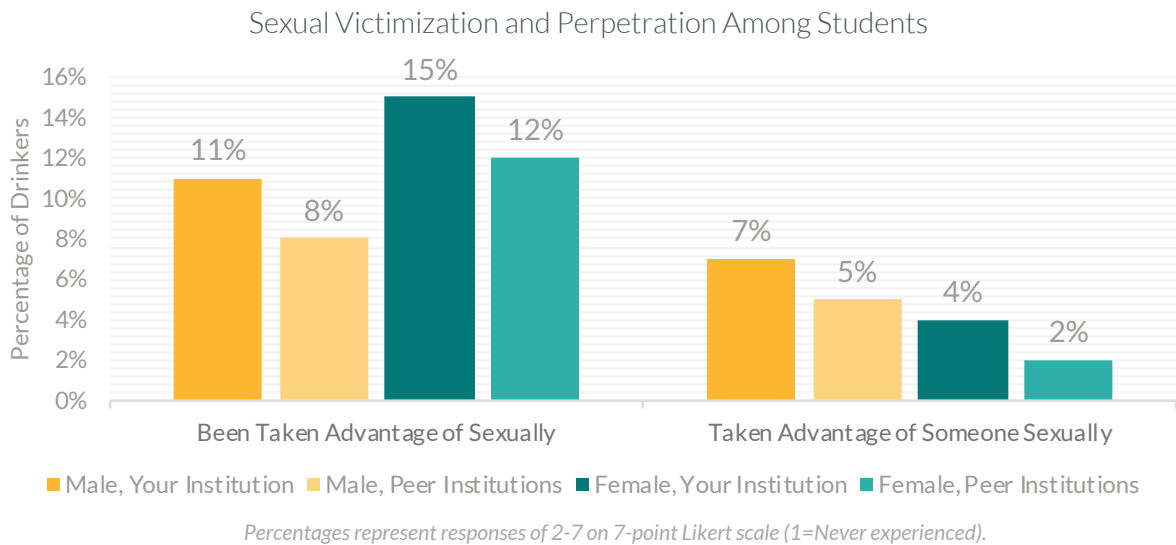
Programming Tip: The AlcoholEdu Partner Guide provides recommendations for campus programs that reinforce course content. It includes sample discussion topics and activities designed for use by trained facilitators, including ways to reduce the risk of experiencing negative outcomes.

For more on this topic: Download the AlcoholEdu Partner Guide from the Higher Ed Partner Center Resources Tab.

Student Drinking and Sexual Assault

Students with unhealthy attitudes about sexual violence report higher rates of alcohol use. Students who drank in the past two weeks reported that the following occurred in conjunction with their drinking.

(Follow-Up Survey, drinkers only, n = 3,307)



Students with unhealthy attitudes regarding sexual violence:

- Are much more likely to perpetrate sexual assault
- Have higher rates of alcohol use (frequency and quantity)
- Are much more likely to experience alcohol-related problems

“The fact that alcohol consumption and sexual assault frequently co-occur does not demonstrate that alcohol causes sexual assault.” -**ABBEY, 2008**



Critical Processes Tip: It is important to think about how we effectively identify and intervene with students at risk for being victimized or perpetrating sexual assault using the resources available, including this survey data available through the Higher Education Partner Center.

Engaging Your Students



Screenshot from the Student Engagement Report in the Higher Education Partner Center.

Effective prevention includes actively engaging students to reinforce positive behavioral intentions of all students: drinkers and non-drinkers alike.

A growing number of students arriving on campus choose to regularly abstain from alcohol use. Research has shown that these students are more likely to be successful in their commitment to not drink if they are able to connect with like-minded peers. AlcoholEdu for College provides campuses with a unique tool to identify and assist students with that process. At University of South Carolina - Columbia, 253 have opted in to be contacted by your institution about connecting peers who are interested in a social life that isn't focused on alcohol.

AlcoholEdu for College also enables students to indicate their interest in learning more about a school's programs and services to support recovery from alcohol or other substance use

disorders. Whether seeking information for themselves, a friend, or a family member, students may opt in to be connected with available resources.

So far 2078 have expressed interest in planning or attending alcohol-free activities at your institution or helping to review/revise campus policies regarding alcohol. These students can be a valuable resource for making a positive impact on their peers and for creating a climate of health and safety at your institution.



Programming Tip: Your students provided their name and email address in order to be contacted regarding any or all of these opportunities, and also indicated what specific types of alcohol-free activities they are most interested in attending. All student lists can be downloaded from the Higher Education Partner Center. We also recommend looking to the AlcoholEdu for College Partner Guide as a resource for ways to utilize this student engagement data.



Impact Snapshot

In order to make the content of this report easier to share with your colleagues and stakeholders, we have included a Snapshot section that highlights and visually displays the most salient data points from the full report.

This take-away can help your data get more traction and increase interest in the full report and the AlcoholEdu for College program at large.

We recommend cutting the Snapshot section from the full report and sharing with stakeholders, colleagues, and students who might be interested in the impact of the AlcoholEdu for College program, but have less direct experience in substance abuse prevention work.



AlcoholEdu for College Snapshot

Designed by prevention and compliance experts to provide your students with knowledge and skills to support healthier decisions related to alcohol.

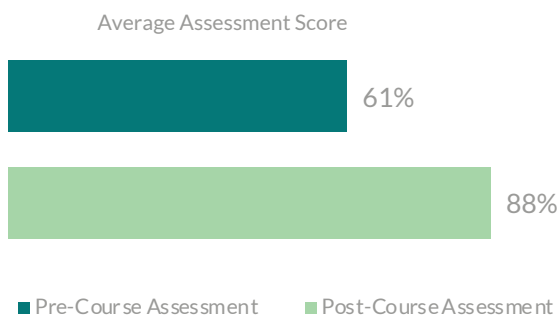
Reach

8,154 students at **University of South Carolina - Columbia**

have participated in AlcoholEdu for College since the start of the 2018-2019 academic year.

Course Impact

Students increased their alcohol-related knowledge, and their skills associated with healthier behavior.



Your students agree AlcoholEdu for College:

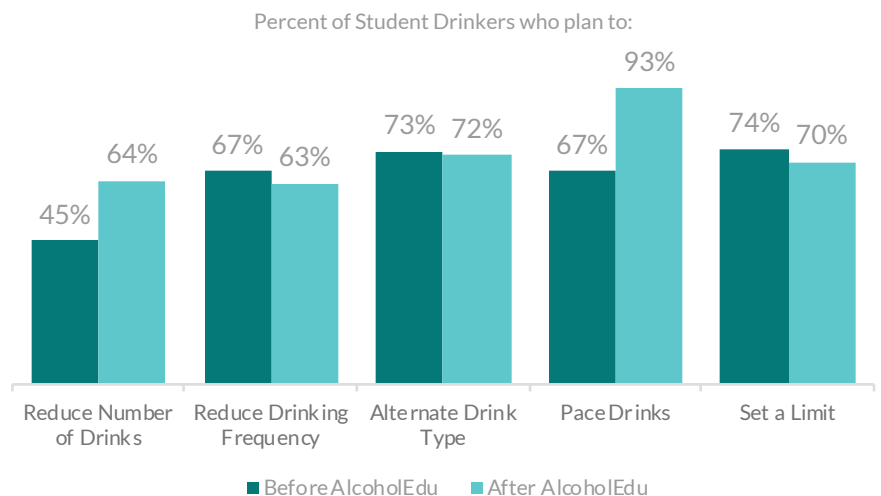
Helped them establish a plan ahead of time to make responsible decisions about drinking	92%
Prepared them to help someone who may have alcohol poisoning	92%
Prepared them to prevent an alcohol overdose	90%

Drinking Behavior and Norms

Behavioral intention – planning to make a change – is a key predictor of future behavior, and intent to change drinking habits can be impacted by perceptions – or misperceptions – of peers' behavior.

Prevention Education can influence the students' perception of norms at your school and increase their intention to avoid risky behavior in the future.

66%
of students at **University of South Carolina - Columbia** report that AlcoholEdu changed their perceptions of others' drinking behavior.

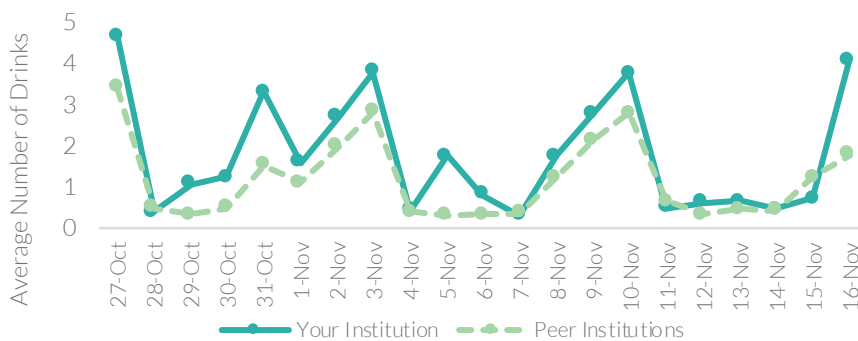


AlcoholEdu for College Snapshot

AlcoholEdu you provides you with a wealth of information on your students' drinking habits: When, Where, Why (and Why Not) are they drinking.

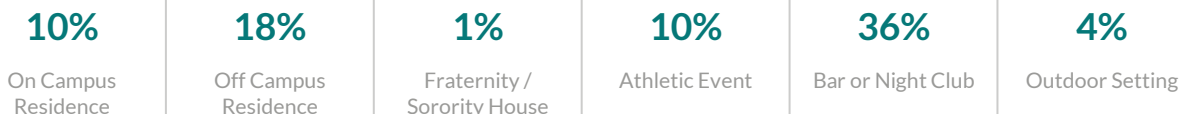
University of South Carolina - Columbia can use this information to inform prevention program content, audience, and delivery.

When

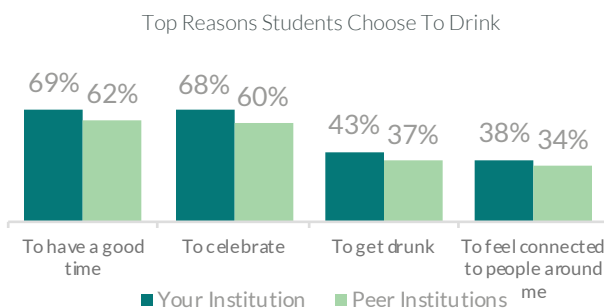


Tip: What is happening on or around your peak drinking days? Does this "pattern" seem reasonable for your campus? Can this data be used to reinforce or support other data you have collected to identify celebrations or events that encourage heavy drinking?

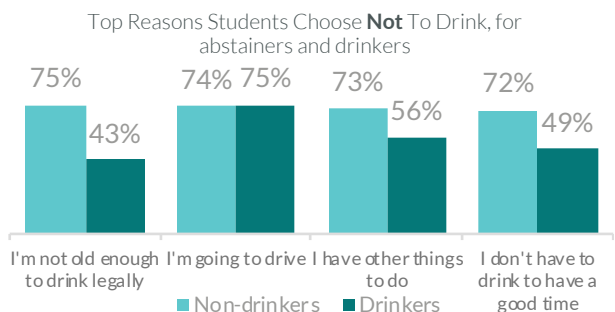
Where



Why



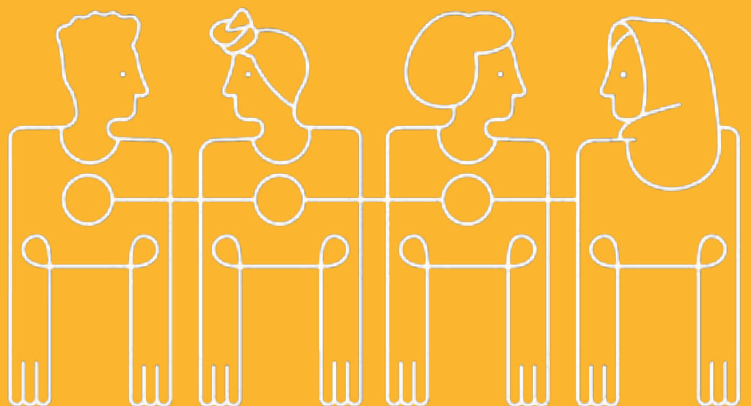
Why Not



Tip: "It would be far easier to increase the salience of existing reasons that drinkers have for restricting their alcohol use than to win their endorsement of still additional reasons that are primarily endorsed by abstainers (Huang et al., 2011)." Which reasons are most endorsed by drinkers on your campus? By non-drinkers? Consider those when designing campaigns focused on behavioral decision making for each of these groups of students.

Alcohol Edu for College

Supplemental Information



About AlcoholEdu for College

The Benefits of Working with EVERFI

- Proven Efficacy: Nine independent studies have been published demonstrating the efficacy of EVERFI online programs. Our approach improves knowledge, attitudes, and behaviors.
- True Expertise: Our team includes public health professionals, administrators from student affairs, campus prevention offices, legal experts, and more. Extend your team by partnering with ours.
- Beyond Compliance: Our online programs are built by prevention and compliance experts to meet and exceed requirements from Title IX, Clery Act, and EDGAR part 86.
- Data Driven: Our data and analytics provide real-time access to attitudinal and behavioral data from your unique populations, and national benchmarks to assess needs and strengths.

AlcoholEdu for College

- Developed in collaboration with leading prevention experts and researchers.
- Interactive content guided by recommendations from the National Institute of Alcohol Abuse and Alcoholism (NIAAA).
- Informed by emerging research on evidence-based practice (e.g., social norms approach, bystander intervention).
- Cited as a top-tier strategy by NIAAA in their CollegeAIM Matrix.
- Most widely used universal online AOD prevention program since its development in 2000.



About the Data in this Report

Data Accuracy

While learners are encouraged to answer all questions honestly and reminded that their responses are stored confidentially, all of the survey questions are optional and all data is self-reported. However, in our analysis of the responses, we find the data to be accurate, valid, and reliable. There is great consistency in the data from student cohorts over the years at specific institutions and our survey data correlates with external sources of information on these topic areas at the national and institutional level for college students.

Matched Data

Data in this report are based on responses from students at your institution who completed all 3 AlcoholEdu for College surveys. This is to better show Impact of the course for students who completed the intervention and provided all necessary data points for analysis.

Including and Excluding Survey Responses: Survey responses were removed if they exhibited erroneous response patterns, such as answering all questions in a section with the same response.

Calculating Percent Change: Instead of just using Percent Difference, we calculate percent change in our reports to include the size the baseline measurement in the change score we report.

AlcoholEdu for College Course Map

Part 1	1. Getting Started • Introductory Video • Custom Welcome Letter • Custom Welcome Video	2. Standard Drink • Student Alcohol Knowledge Interviews • Pre-Assessment • Standard Drink Definition • Identifying Standard and Non-Standard Drinks • Pouring Standard Drinks	Survey 1		3. Where Do You Stand? • Risk Factors & Choices • You Are Not Alone/Benefits of Not Drinking/Calories & Cash/Support for Your Choice • Your Drinking Profile/Your Peak BAC/Reducing Your BAC/Drinking Consequences/Calories & Cash/Your Drinking Habits
	4. Goal Setting • What's Important to You? • What Do You Want to Focus on this Year • My Choices	5. Drinking & Motivation • What Do You Think? • Factors That Can Influence Decisions • Why/Why Not Drink? Poll • Expectancy Theory & Advertising • Ads Appealing to Men/Women • Alcohol & Advertising Poll • Write a Tagline	6. Brain & Body • BAC Basics • What Factors Affect BAC • Risk/Protective Factors • BAC Calculator • Marijuana & Drugs • Sexual Assault & Understanding Consent • Brain & Body Science • Biphasic Effect • A BAC Story	7. My Action Plan • Drinker/Non-Drinker Plan • Choose Your Strategies • Activities on Campus	
	8. Laws & Policies • Alcohol Related Laws • Campus Policies • Drinking & Driving	9. Helping Friends • Taking Care of Yourself & Others • Alcohol Poisoning • Helping Your Friends Poll • Drinking & Driving • Getting Help	Exam		Intercession
Part 2	10. Introduction • Welcome Back	Survey 3		11. Recognizing Problems • Taking Care of Yourself & Others – The Roommate	12. Course Conclusion • Summary of Key Topics • Review Goals, Choices and Plan

Report References & Resource Links

Report References

Slide: The Importance of Behavioral Intentions

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179-211.

Slide: Where Students Drink

EVERFI analysis of data from AlcoholEdu for College national database, 2012.

Benz, M. B., DiBello, A. M., Balestrieri, S. G., Miller, M. B., Merrill, J. E., Lowery, A. D., ... & Carey, K. B. (2017). Off-campus residence as a risk factor for heavy drinking among college students. *Substance use & misuse*, 52(9), 1236-1241.

Slide: Why Students Choose Not to Drink

Huang, J-H, DeJong W, Schneider SK, & Towvim, LG. (2011). Endorsed reasons for not drinking alcohol: A comparison of college student drinkers and abstainers. *Journal of Behavioral Medicine*, 34, 64-73.

Slide: High-Risk Drinking Behaviors

EVERFI analysis of data from AlcoholEdu for College national survey database, 2012.

Slide: The Role of Alcohol in Sexual Assault

Parkhill, M.R., & Abbey, A. (2008). Does alcohol contribute to the confluence model of sexual assault perpetration? *Journal of Social and Clinical Psychology*, 27:6, 529-554.

Resource Links

Higher Education Partner Center

<https://admin.everfi.net/hepc>

AlcoholEdu for College Partner Guide

www.everfi.com/AlcholeduPartnerGuide

Join the Campus Prevention Network

<https://everfi.com/networks/campus-prevention-network/join-the-network/>



University of South Carolina - Columbia

AlcoholEdu for College

Impact Report

2019
—
2020

Academic Year

EVERFI

Dear University of South Carolina - Columbia partners,

Issues of health, wellness, and safety have been some of the most defining challenges facing higher education over the past 10 years. As we look ahead to a new decade, there is a tremendous need and opportunity for colleges and universities to revolutionize the way we serve and support our communities.

The good news is that we, as a field, know what works when it comes to behavior and culture change. There is robust and growing science behind prevention best practice, and EVERFI is committed to elevating the evidence base in our technology and across our partner network. We also know that investing in prevention has enormous impact at both the individual and institutional level. Issues of student drinking, sexual violence, discrimination, and mental health intersect with all facets of the student experience, from recruitment, to academic success, to retention, and beyond.

The question is how are we rising to the challenge and meeting the needs of our students? This report provides a snapshot of your community, presenting a curated set of insights that can inform your prevention strategy and elevate your impact. We encourage you to share this report with stakeholders across your institution to highlight your successes and focus your resources. We hope that you will also take advantage of the tools available in the EVERFI platform to dig deeper into your data, assess your prevention strategy, identify priority topics and populations, and contextualize your findings against peer or national benchmarks.

We are deeply grateful for our partnership with University of South Carolina - Columbia and we look forward to expanding our collective impact in 2020 and beyond.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rob Buelow', with a stylized, cursive script.

Rob Buelow

SVP, Campus Prevention Network

EVERFI

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How To Use This Report

This report provides key insights from your AlcoholEdu for College data. We encourage you to explore the data in the report, think about how you can use it to inform prevention efforts across your institution, and share it with others on your campus.

To help you make the most of this report, we have included benchmarks to help you understand where you stand relative to peer institutions, provided recommendations throughout the report tied to a framework for prevention, and included a sharable snapshot of your data at the end of this report.

For deeper insights, the EVERFI Analytics Platform provides real-time access to your EVERFI data, in both graphical and raw data formats.

Peer Institution Benchmarks

For select data points in this report, you will see comparisons to peer institution benchmarks. These peer institutions are similar to you in size, and public or private status. University of South Carolina - Columbia is a large public institution, so your benchmarks reflect other public schools with more than 10,000 students.

Campus Prevention Network Framework Tips

The Campus Prevention Network Framework for Prevention describes the elements of effective prevention efforts: *Institutionalization*, *Critical Processes*, *Policy*, and *Programming*. Throughout this report, you will find Tips and further research related to these prevention elements.

Sharable Snapshot

At the end of this report, you will find a snapshot of select data from your report. This snapshot is designed to be shared with other stakeholders at your institution. We hope that you will print these pages out and pass them along to your Vice President of Student Affairs, Provost, or other members of your team.

Data in this Report

This report refers to several student surveys. Pre-course surveys are taken immediately before a student begins the course. Post-course surveys are taken after the course is complete and follow-up surveys are taken after an intersession period, typically four to six weeks, following the completion of the course. Only data from students who responded to all of the surveys are included in this report. (n=7,557)

Data Accuracy

While learners are encouraged to answer all questions honestly and reminded that their responses are stored confidentially, all of the survey questions are optional and all data is self-reported. However, in our analysis of the responses, we find the data to be accurate, valid, and reliable. There is great consistency in the data from student cohorts over the years at specific institutions and our survey data correlates with external sources of information on these topic areas at the national and institutional level for college students.



Executive Summary

This school year, 8,183 University of South Carolina - Columbia students took part in AlcoholEdu for College. This course, developed by prevention education and compliance experts, uses relatable scenarios and interactive elements to provide students with alcohol information, strategies for healthy behavior, and skills to support bystander intervention.

Course Impact

AlcoholEdu is designed to equip your students with knowledge and skills to support healthier decisions related to alcohol.

University of South Carolina - Columbia students increased their knowledge of alcohol-related topics by 33%. When it comes to skills, 92% of your students agree that AlcoholEdu helped them establish a plan ahead of time to make responsible decisions about drinking, and 92% report that the education prepared them to help someone who may have alcohol poisoning.

Behavioral Intentions & Norms

Intention is a key variable in predicting behavior change. Change is driven, in part, by an

individual's perception of the social environment surrounding behavior – the community norms.

Nationally, a growing number of students arriving on college campuses choose to regularly abstain from alcohol use. At your school, 28% of students surveyed are abstainers and 28% nondrinkers. Many perceive, though, that their peers are drinking more than they are, and may feel alienated by that perception.

Among students at University of South Carolina - Columbia who took AlcoholEdu, 68% agreed that the course changed their perceptions of others' drinking behavior. And a substantial number of your students, after prevention education, report that they intend to limit their drinking frequency (57%) or the number of drinks they consume (62%).

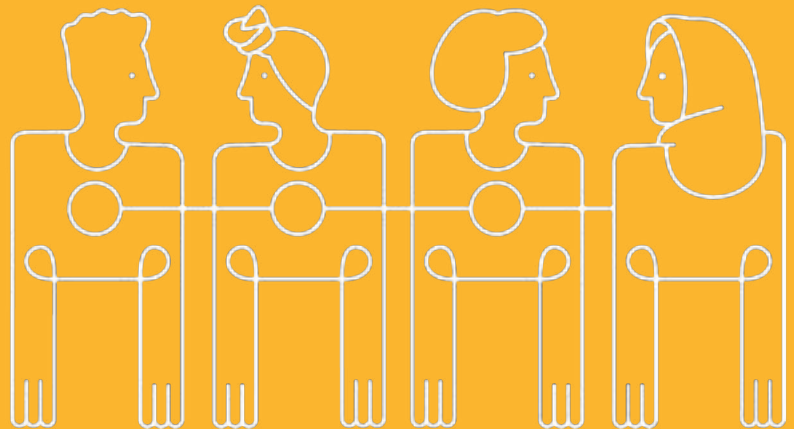
Drinking Motivation

At University of South Carolina - Columbia, the top reason students choose to drink is "To celebrate" (66% of drinkers). 72% of nondrinkers say they don't drink because "I'm going to drive" - 71% of drinkers cite the same reason when they choose not to drink.

Your AlcoholEdu for College Impact Report includes detailed information about when, where, and why your students drink – and why they don't. This data can be invaluable in guiding your prevention programming for maximum impact.

Alcohol Edu for College

Impact Snapshot





Impact Snapshot

In order to make the content of this report easier to share with your colleagues and stakeholders, we have included a Snapshot section that highlights and visually displays the most salient data points from the full report.

This take-away can help your data get more traction and increase interest in the full report and the AlcoholEdu for College program at large.

We recommend cutting the Snapshot section from the full report and sharing with stakeholders, colleagues, and students who might be interested in the impact of the AlcoholEdu for College program, but have less direct experience in substance abuse prevention work.



AlcoholEdu for College Snapshot

Designed by prevention and compliance experts to provide your students with knowledge and skills to support healthier decisions related to alcohol.

Reach

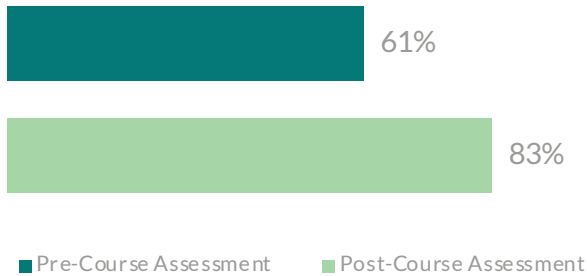
8,183 students at University of South Carolina - Columbia

have participated in AlcoholEdu for College since the start of the 2019-2020 academic year.

Course Impact

Students increased their alcohol-related knowledge, and their skills associated with healthier behavior.

Average Assessment Score



Your students agree AlcoholEdu for College:

Helped them establish a plan ahead of time to make responsible decisions about drinking	92%
Prepared them to help someone who may have alcohol poisoning	92%
Prepared them to prevent an alcohol overdose	90%

Drinking Behavior and Norms

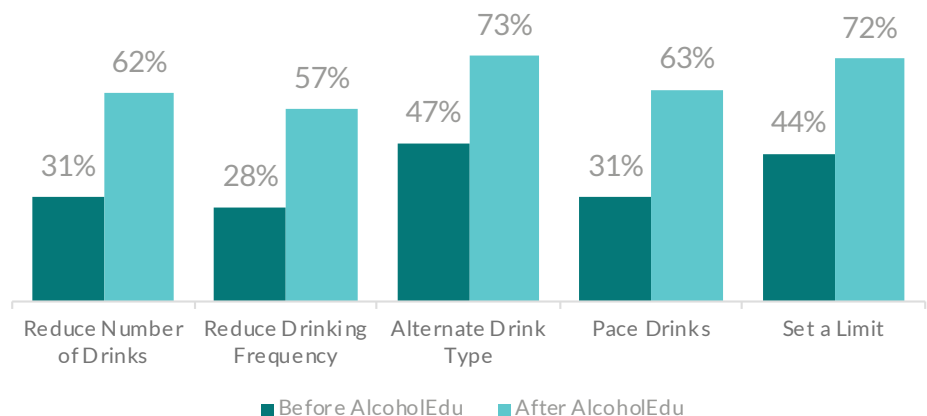
Behavioral intention – or planning to make a change – is a key predictor of future behavior. Intent to change drinking habits can be impacted by perceptions – or misperceptions – of peers' behavior.

Prevention education can influence the students' perception of norms at your school and increase their intention to avoid risky behavior in the future.

68%

of students at University of South Carolina - Columbia report that AlcoholEdu changed their perceptions of others' drinking behavior.

Percent of Student Drinkers who plan to:

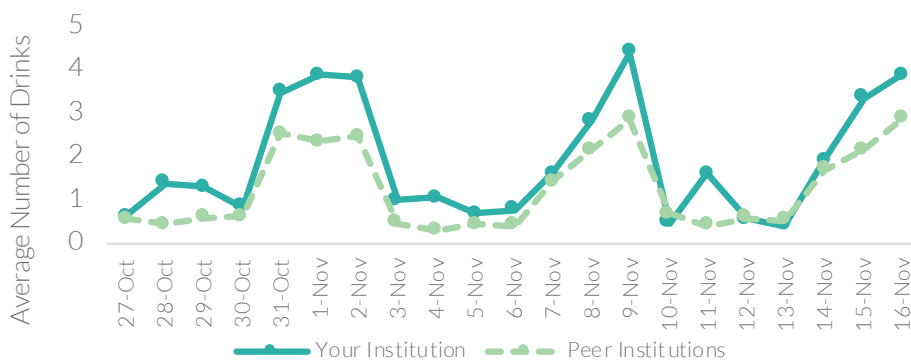


AlcoholEdu for College Snapshot

AlcoholEdu you provides you with a wealth of information on your students' drinking habits: When, Where, Why (and Why Not) they are drinking.

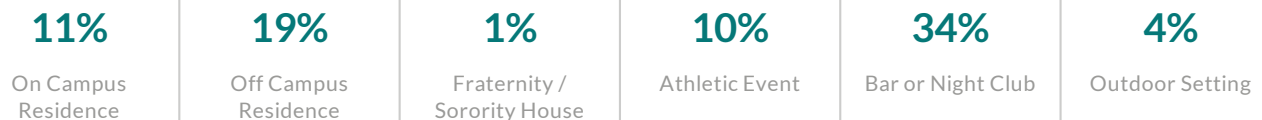
University of South Carolina - Columbia can use this information to inform prevention program content, audience, and delivery.

When

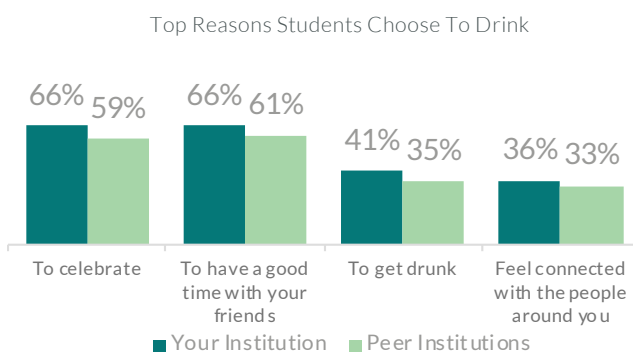


Tip: What is happening on or around your peak drinking days? Does this "pattern" seem reasonable for your campus? Can this data be used to reinforce or support other data you have collected to identify celebrations or events that encourage heavy drinking?

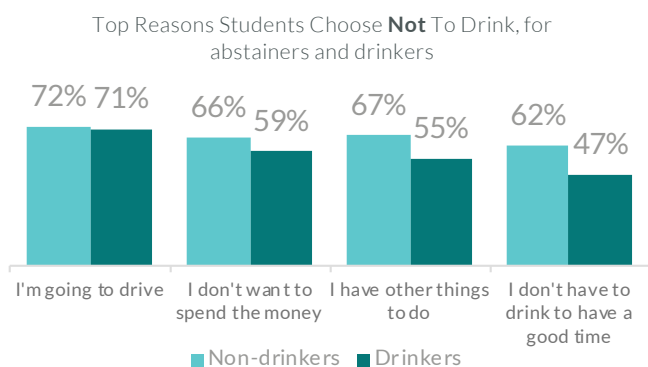
Where



Why



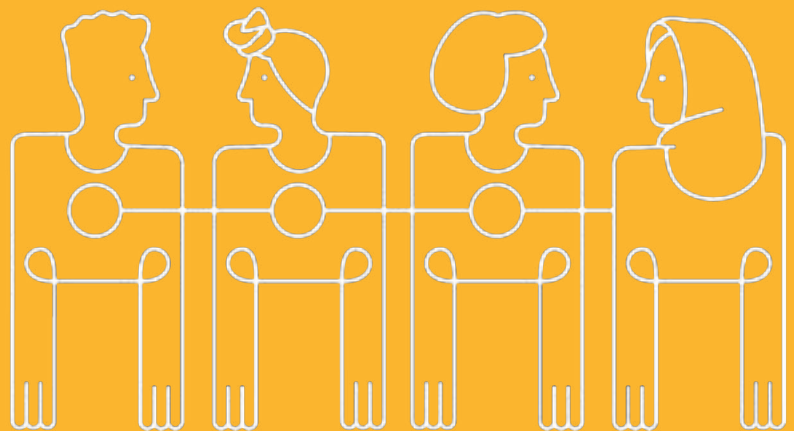
Why Not



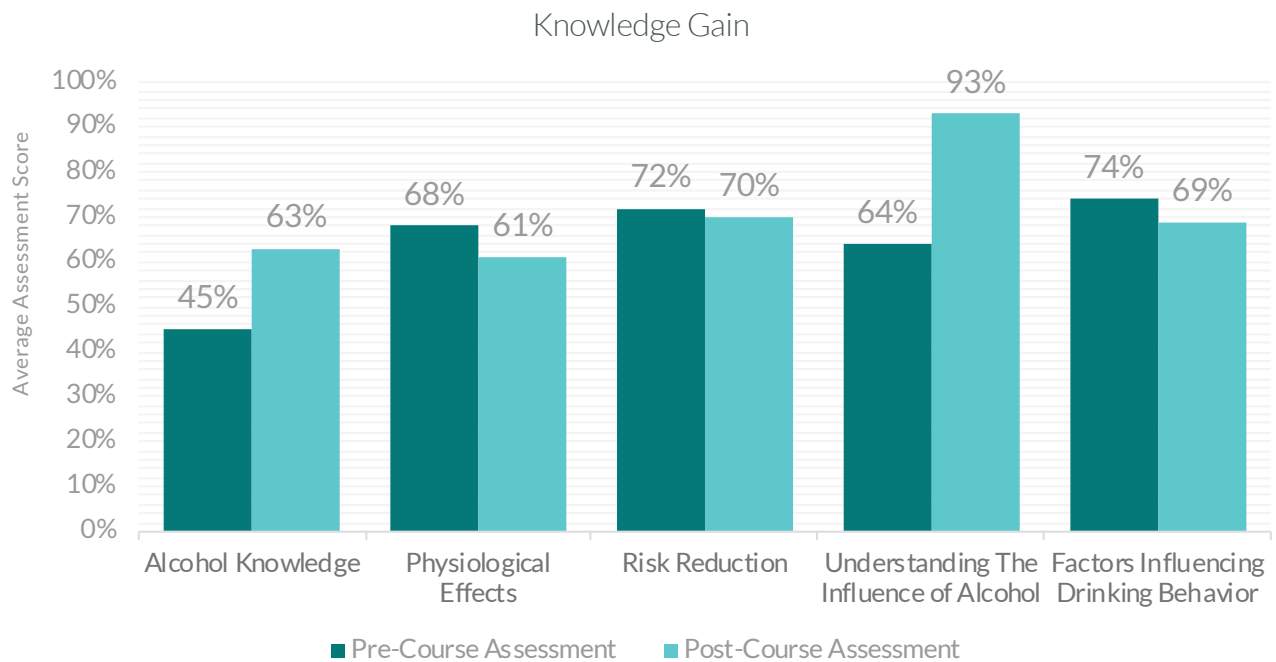
Tip: "It would be far easier to increase the salience of existing reasons that drinkers have for restricting their alcohol use than to win their endorsement of still additional reasons that are primarily endorsed by abstainers (Huang et al., 2011)." Which reasons are most endorsed by drinkers on your campus? By nondrinkers? Consider those when designing campaigns focused on behavioral decision making for each of these groups of students.

AlcoholEdu and Your Students

*Impact at University of South Carolina -
Columbia*



Course Impact



Learner Impact

Your students reported that AlcoholEdu for College:

Prepared them to prevent an alcohol overdose	90%
Prepared them to help someone who may have alcohol poisoning	92%
Helped them establish a plan ahead of time to make responsible decisions about drinking	92%
Changed their perceptions of others' drinking behavior	68%

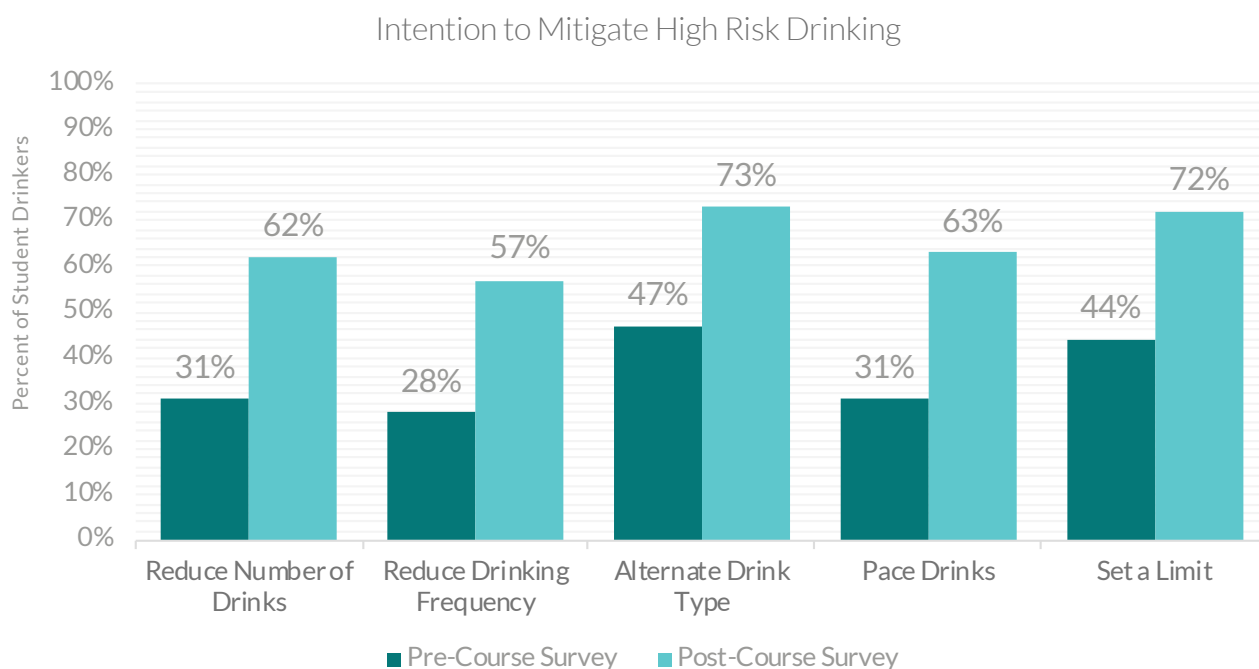
Percentages represent the share of students who agreed with these statements in post-course surveys.



Programming Tip: Where are your students knowledgeable and where are they lacking? AlcoholEdu is intended to provide foundational knowledge and skills that can be built upon. Knowledge data can inform which content areas should be built out or reinforced as part of your ongoing prevention efforts.

The Importance of Behavioral Intentions

After completing AlcoholEdu for College, 3,754 students reported an increase in their intention to practice strategies to mitigate high-risk drinking.



Percentages represent the share of students who intend to engage in these behaviors in pre- and post-course surveys.

Impact For High Risk Students

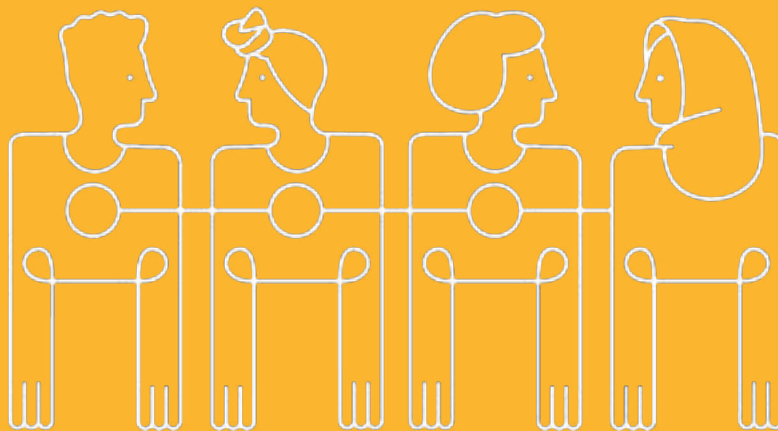
Among the 63% of high risk drinkers (1,016 students) who saw "no need to change the way they drink" before taking AlcoholEdu for College, 62% of those students (631 students) indicated their readiness to change after completing the course.



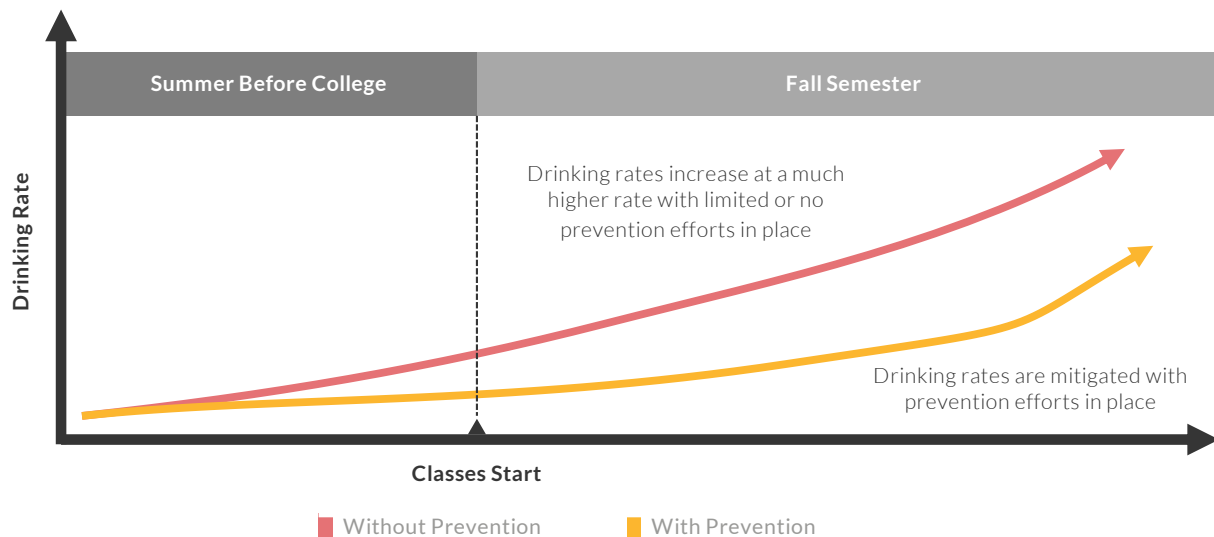
Institutionalization Tip: Intention has been shown to be the most important variable in predicting behavior change (Ajzen, 1991). Actual behavior change is driven, in part, by an individual's perception of the social environment surrounding the behavior (subjective norms). As such, a campus environment that reinforces safe and healthy norms can help support individual intentions and, ultimately, changes in behavior. Where unhealthy behaviors are perceived as accepted and even encouraged, individual intentions may not be sufficient to support change.

Alcohol On Your Campus

Data and insights from students at University of South Carolina - Columbia



College Effect



Nationally, student drinking rates follow a pattern: Alcohol use generally rises over the summer before students enter college, then increases substantially after their arrival on campus.

Institutions have a narrow window of opportunity for primary prevention. Through evidence-based education and prevention efforts, including AlcoholEdu for College, institutions can mitigate the impact of the College Effect.

To be most effective, these primary prevention efforts should address all students, not just those with a prior history of heavy or problematic drinking. Institutions should not overlook efforts to reinforce the behaviors of the healthy majority.



Programming Tip: Consider shifts in behavior that you see between pre- and post-course surveys within the context of the College Effect. This phenomenon will exist to a lesser or greater degree on your campus, depending on specific environmental and cultural influences, but in many cases, primary prevention efforts can be used to lessen the impact of the College Effect.

Examination of Drinking Rates

Considering the College Effect, here is how your students (n = 7,289) reported their drinking rates on pre- and post-course surveys (separated by four to six weeks).

Drinking categories include:

Abstainer

Consumed no alcohol in the past year.

Nondrinker

Consumed no alcohol in the past two weeks but may have consumed in the past year.

Moderate Drinker

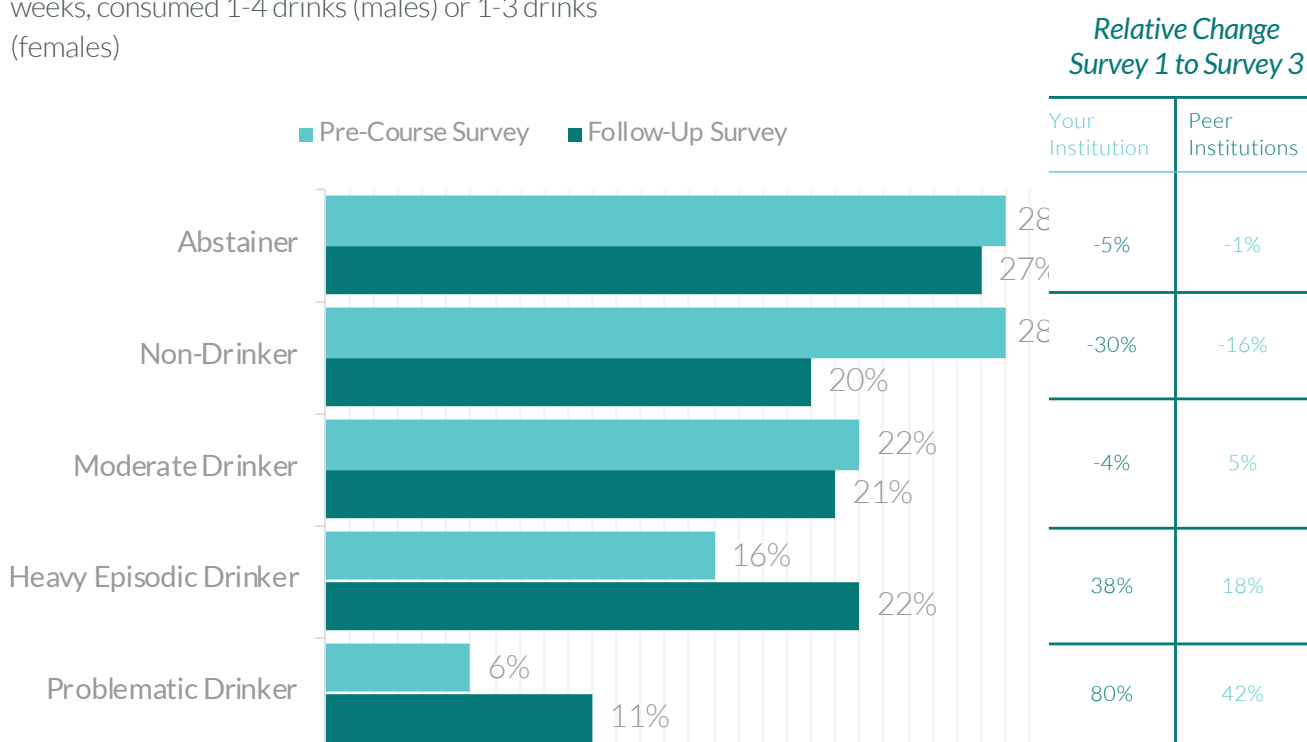
On their highest drinking day in the prior two weeks, consumed 1-4 drinks (males) or 1-3 drinks (females)

Heavy Episodic Drinker

On their highest drinking day in the prior two weeks, consumed 5-9 drinks (males) or 4-7 drinks (females)

Problematic Drinker

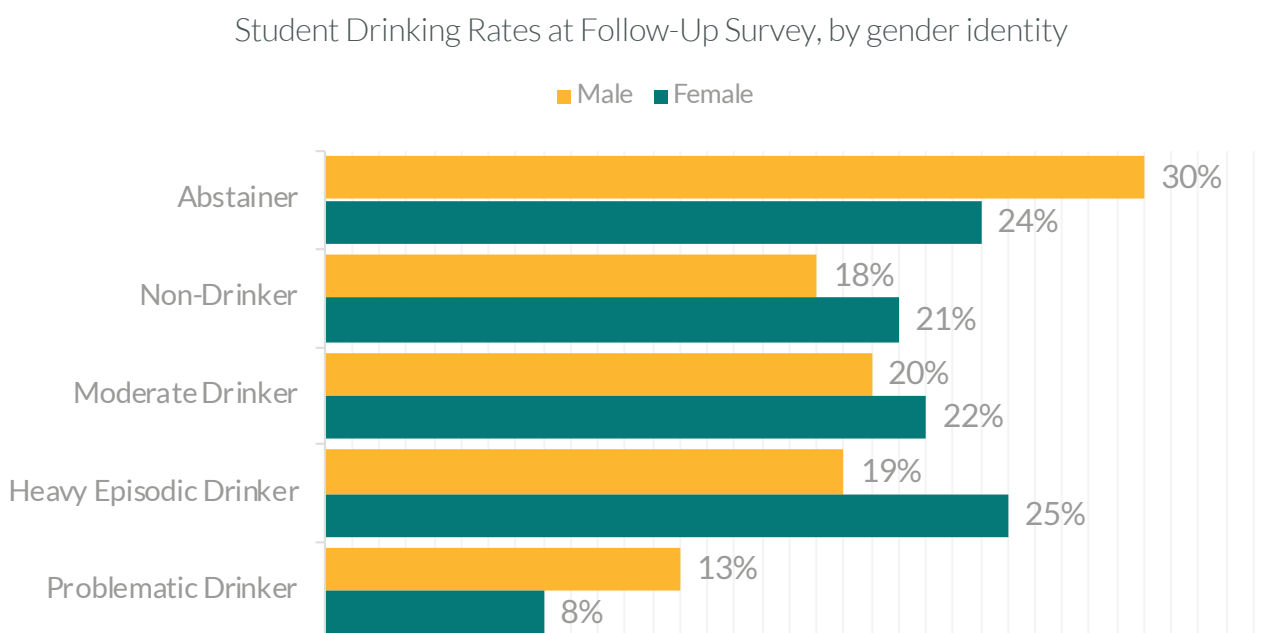
On their highest drinking day in the prior two weeks, consumed 10+ drinks (males) or 8+ drinks (females)



Programming Tip: How did your students' drinking behavior change in the four-to-six weeks between these surveys? Keep in mind that even small percentage changes can reflect significant differences, especially for low-frequency behaviors like problematic drinking. Look at how you compare to similar institutions and think about how you can use this information to inform student programming. For example, a relative drop in the share of abstainers could indicate a need for programming to support incoming abstaining students.

Drinking Rates By Gender Identity

Men and women often follow different drinking patterns and may experience the College Effect differently. Here are your students' drinking categories at the follow up survey (n = 7,289), broken down by gender identity.



Critical Processes Tip: Notice how drinking behaviors may be different for male and female students. Think about what other demographic characteristics may have an influence on drinking behavior at your institution, including race, ethnicity, group membership, year in school, etc. This may inform how different subgroups of students are experiencing the College Effect and where supplemental resources will be necessary.

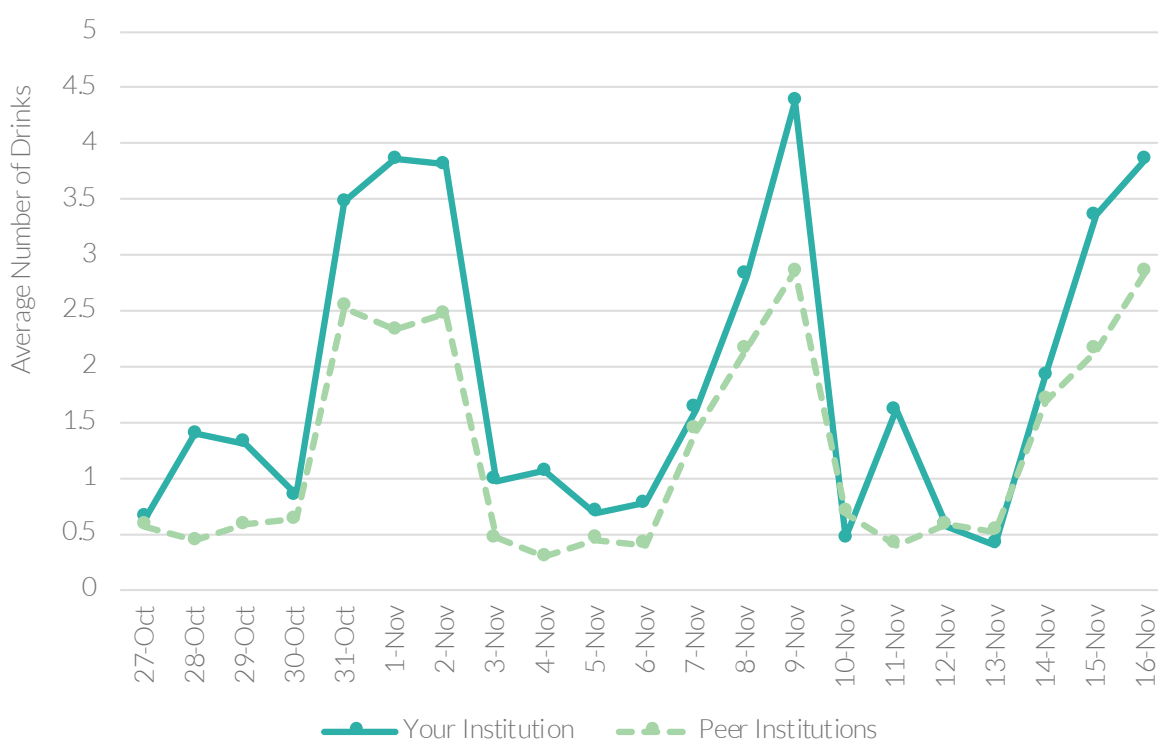
Note: This page shows comparisons between male and female students. In the context of drinking rates, male and female students are identified by their self-reported biological sex, as biological sex influences how individuals metabolize alcohol and therefore helps to determine their drinking behavior categories. EVERFI recognizes and appreciates that not all respondents identify with these binary constructs.

While this report presents comparisons only between students who identify as male or female – they are the most researched populations regarding personal alcohol use and related behaviors – students can select additional gender identities (transgender male or female, genderqueer) or choose not to identify. To examine drinking behavior by additional gender identities, access your institution's data through the Higher Education Partner Center.

When Students Choose To Drink

The chart below shows student drinking rates over a three-week period of time. It represents the average number of drinks consumed by your students (drinkers only), compared to the average drinks consumed at peer institutions during that same three-week period.

(Follow-Up Survey, drinkers only, n = 3,889)



The date range for the above graph was selected as the peak drinking period for our national aggregate and may not represent the highest drinking days for your particular institution.

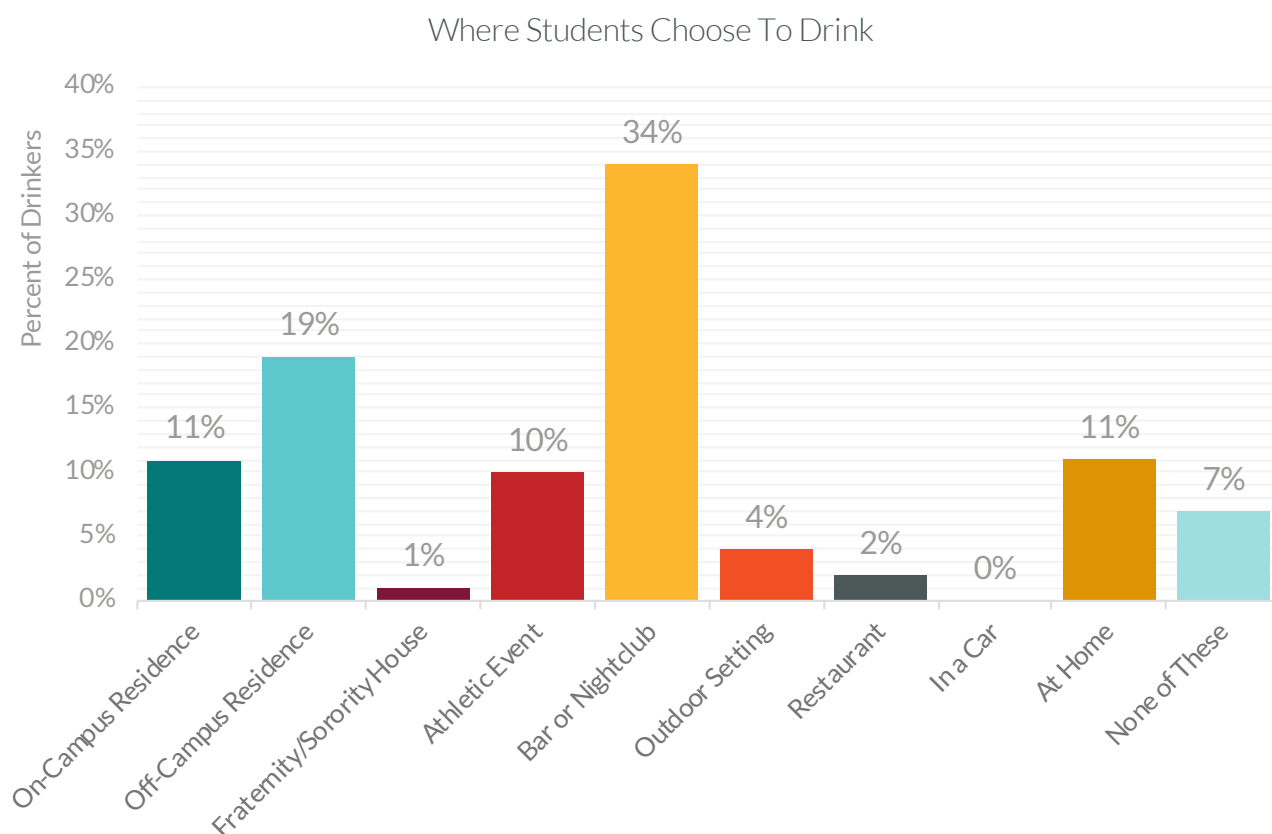


Critical Processes Tip: What is happening on or around your peak drinking days? Does this "pattern" seem reasonable for your campus? Can this data be used to reinforce or support other data you have collected to identify celebrations or events that encourage heavy drinking?

Where Students Choose To Drink

The most common locations where your students reported consuming alcohol recently, among those who had a drink in the previous two weeks.

(Follow-Up Survey, drinkers only, n = 3,889)



Policy Tip: Certain drinking locations – on campus pubs, off-campus house parties – have been shown to be associated with significant negative outcomes (EVERFI, 2012). The same study also indicated that certain locations (on-campus dances and concerts) have a greater relationship with sexual assault than other locations.

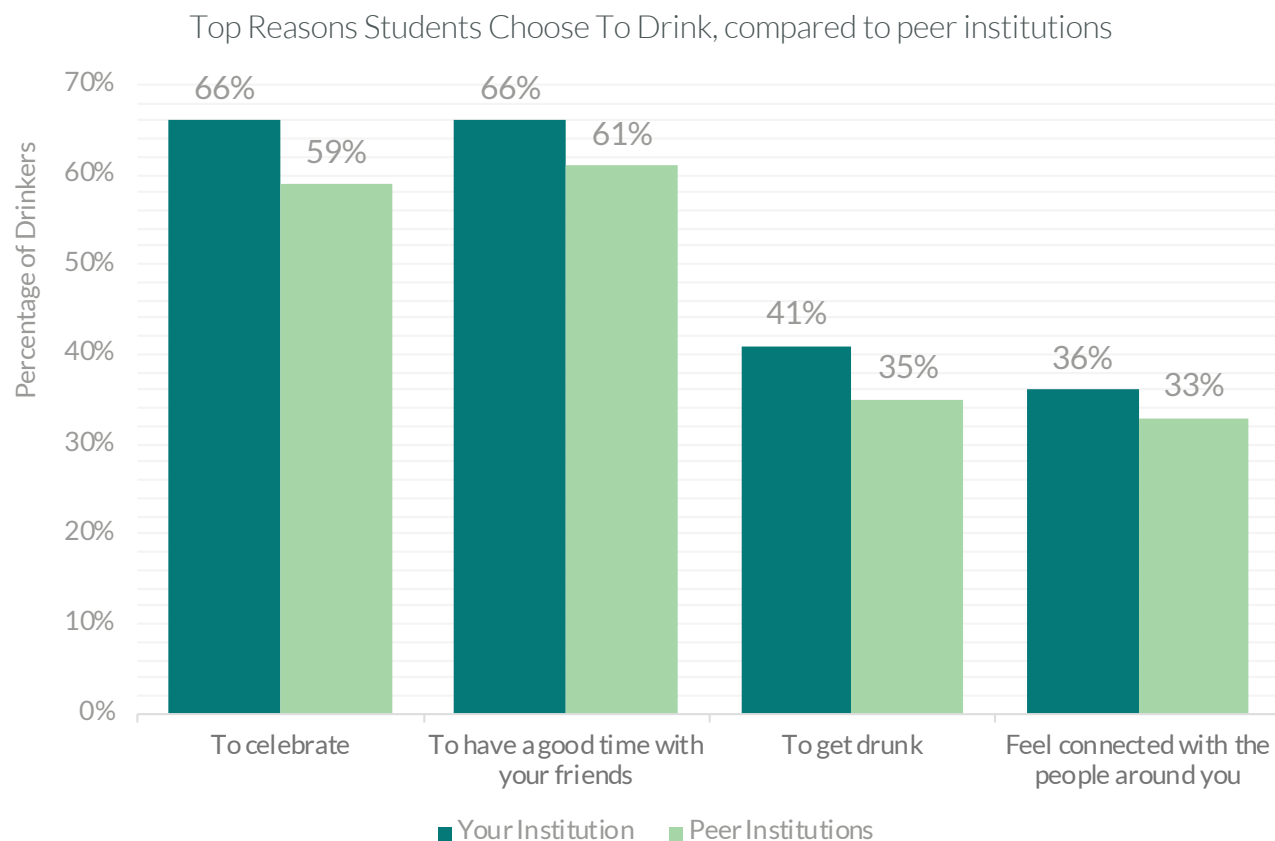
A more recent study found students living off-campus (without parents) report significantly more frequent alcohol consumption, drinking larger quantities, more frequent heavy drinking, and a greater number of negative alcohol-related outcomes than students living on-campus (Benz et al., 2017).

How can this research and drinking location data from your school inform housing and on-campus policy at your institution?

Why Students Choose To Drink

Drinkers indicated their most important reasons for choosing to drink alcohol.

(Follow-Up Survey, drinkers only, n = 3,889)



Percentages represent responses of 5-7 on 7-point Likert scale (1=Not at all important).



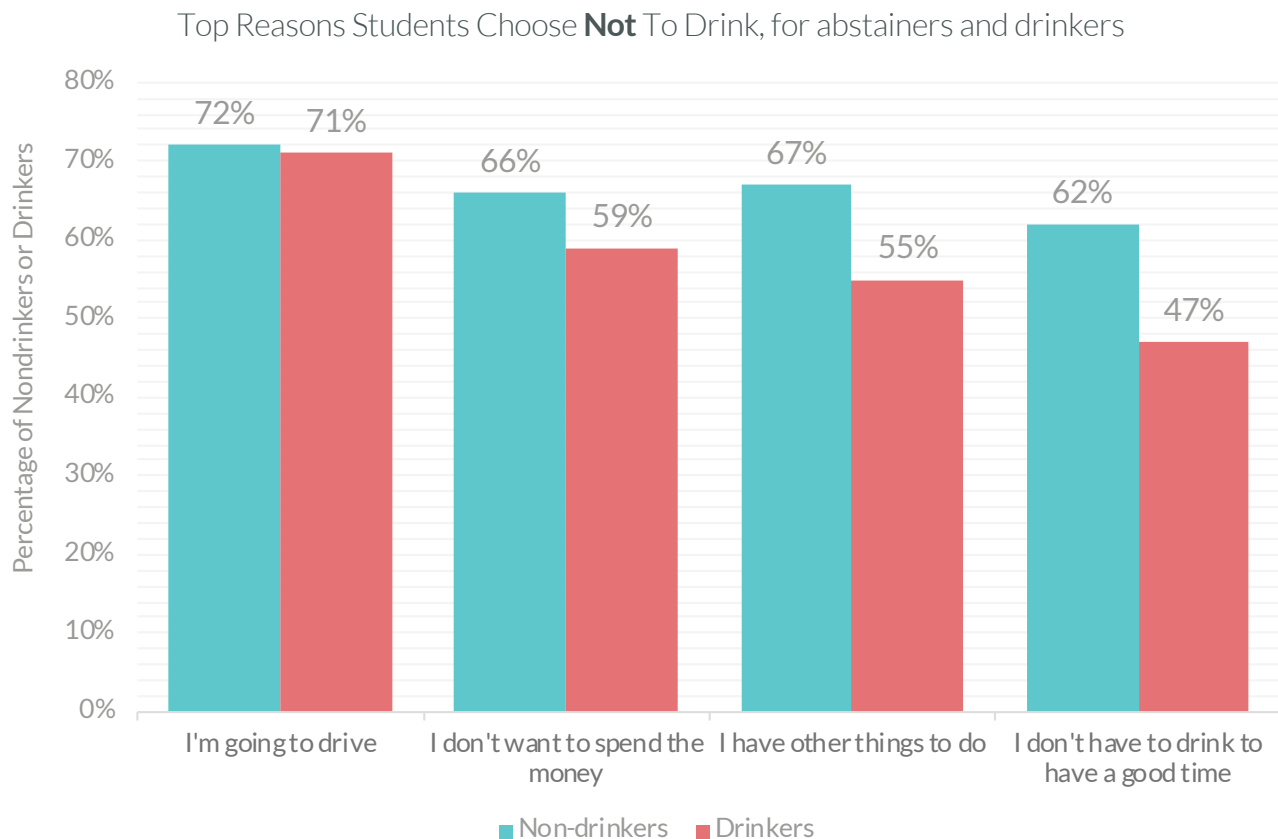
Programming Tip: Reasons for consuming alcohol vary greatly for institutions and across different groups of students. Consider the reasons why students are choosing to drink and investigate whether those challenges can be met with other strategies for these students.

With data available in the Higher Education Partner Center, you can also explore whether certain reasons for drinking are associated with higher-risk drinking behaviors and negative outcomes. These reasons could be candidates to target with social norm campaigns or other prevention efforts.

Why Students Choose Not To Drink

Both drinkers and nondrinkers indicated their most important reasons for choosing whether or not to drink alcohol.

(Follow-Up Survey, nondrinkers, n = 3,400 and drinkers, n = 3,889)



Percentages represent responses of 5-7 on 7-point Likert scale (1=Not at all important).

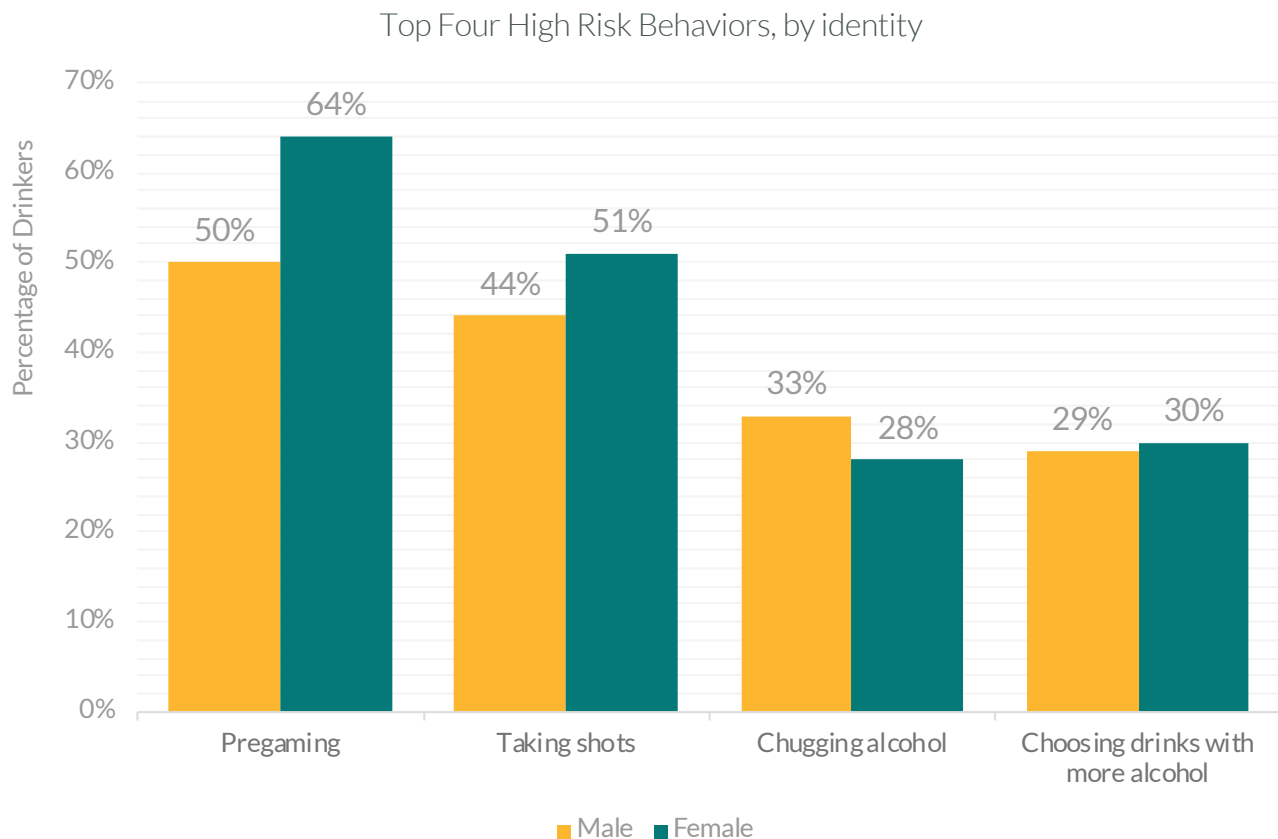


Programming Tip: "It would be far easier to increase the salience of existing reasons that drinkers have for restricting their alcohol use than to win their endorsement of still additional reasons that are primarily endorsed by abstainers (Huang et al., 2011)." Which reasons are most endorsed by drinkers on your campus? By nondrinkers? Consider those when designing campaigns focused on behavioral decision making for each of these groups of students.

High-Risk Drinking Behaviors

These are some of the most common risk-related drinking behaviors reported by your students who had a drink in the two weeks prior to survey.

(Follow-Up Survey, drinkers only, n = 3,889)



Percentages represent responses of 5-7 on 7-point Likert scale (1=Never engaged).

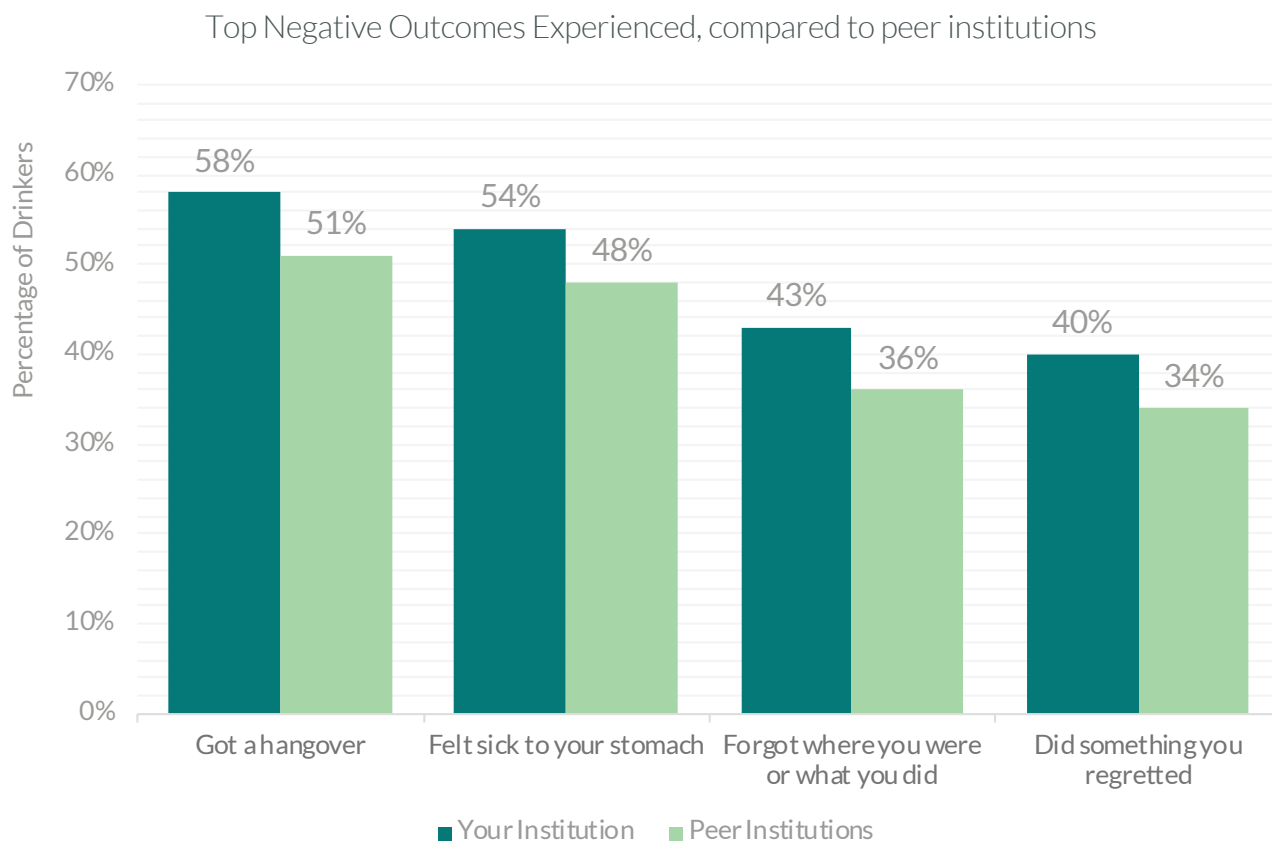


Programming Tip: More than other high-risk behaviors, pregameing has been shown to have a predictive relationship with a variety of negative outcomes (EVERFI, 2012). As such, participation in pregameing can potentially be used as a marker to identify students who are more likely to be at risk for experiencing negative outcomes.

Impact of High-Risk Drinking

Students who reported drinking in the past two weeks experienced the following as a result of their drinking.

(Follow-Up Survey, drinkers only, n = 3,889)



Percentages represent responses of 2-7 on 7-point Likert scale (1=Never experienced).



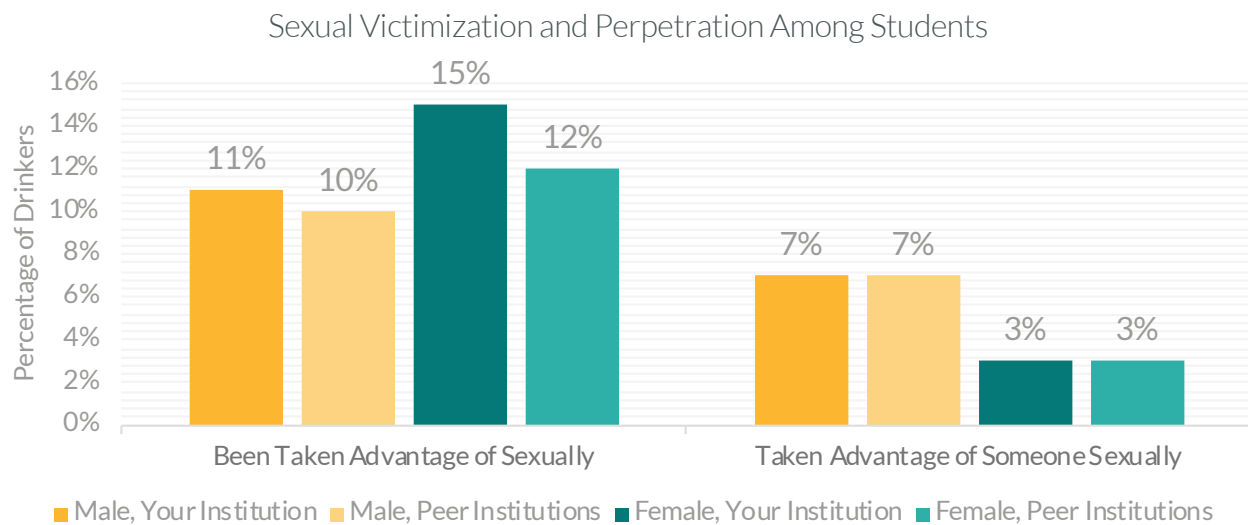
Programming Tip: The AlcoholEdu Partner Guide provides recommendations for campus programs that reinforce course content. It includes sample discussion topics and activities designed for use by trained facilitators, including ways to reduce the risk of experiencing negative outcomes.

For more on this topic: Download the AlcoholEdu Partner Guide from the Higher Ed Partner Center Resources Tab.

Student Drinking and Sexual Assault

Students with unhealthy attitudes about sexual violence report higher rates of alcohol use. Students who drank in the past two weeks reported that the following occurred in conjunction with their drinking.

(Follow-Up Survey, drinkers only, n = 3,889)



Percentages represent responses of 2-7 on 7-point Likert scale (1=Never experienced).

Students with unhealthy attitudes regarding sexual violence:

- Are much more likely to perpetrate sexual assault
- Have higher rates of alcohol use (frequency and quantity)
- Are much more likely to experience alcohol-related problems

“The fact that alcohol consumption and sexual assault frequently co-occur does not demonstrate that alcohol causes sexual assault.” **-ABBEY, 2008**



Critical Processes Tip: It is important to think about how we effectively identify and intervene with students at risk for being victimized or perpetrating sexual assault using the resources available, including this survey data available through the Higher Education Partner Center.

Engaging Your Students

Student Engagement	
Abstaining Students	
39 students would like to be contacted by your school to learn more about connecting with other students who are interested in a social life that isn't focused around alcohol. View Export	
Recovery Support	
26 students would like to be contacted by your school to learn more about alcohol and other drug addiction recovery related programs and services available on your campus. View Export	
Entire Community	
48 students would like to get more involved in setting their own campus policies or improving the campus social climate. View Export	
361 students would like to attend events that do not focus on alcohol. View Export	
71 students would like to plan events that do not focus on alcohol. View Export	

Screenshot from the Student Engagement Report in the Higher Education Partner Center.

Effective prevention includes actively engaging students to reinforce positive behavioral intentions of all students: drinkers and nondrinkers alike.

A growing number of students arriving on campus choose to regularly abstain from alcohol use. Research has shown that these students are more likely to be successful in their commitment to not drink if they are able to connect with like-minded peers. AlcoholEdu for College provides campuses with a unique tool to identify and assist students with that process. At University of South Carolina - Columbia, 262 have opted in to be contacted by your institution about connecting peers who are interested in a social life that isn't focused on alcohol.

AlcoholEdu for College also enables students to indicate their interest in learning more about a school's programs and services to support recovery from alcohol or other substance use

disorders. Whether seeking information for themselves, a friend, or a family member, students may opt in to be connected with available resources.

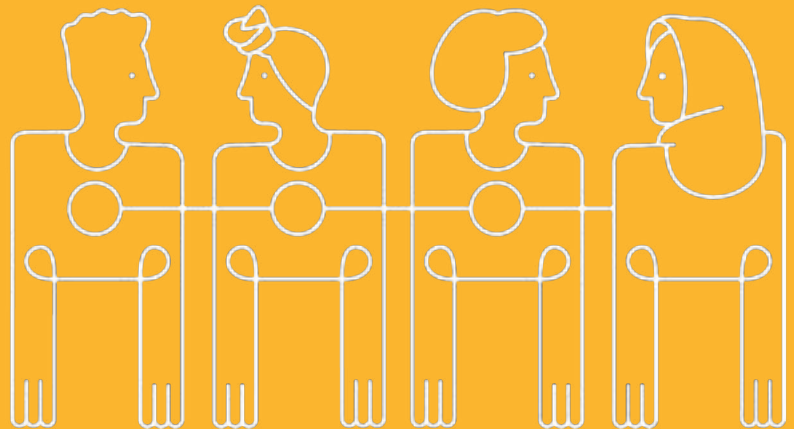
So far 1,781 have expressed interest in planning or attending alcohol-free activities at your institution or helping to review/revise campus policies regarding alcohol. These students can be a valuable resource for making a positive impact on their peers and for creating a climate of health and safety at your institution.



Programming Tip: Your students provided their names and email addresses in order to be contacted regarding any or all of these opportunities, and also indicated which specific types of alcohol-free activities they are most interested in attending. All student lists can be downloaded from the Higher Education Partner Center. We also recommend looking to the AlcoholEdu for College Partner Guide as a resource for ways to utilize this student engagement data.

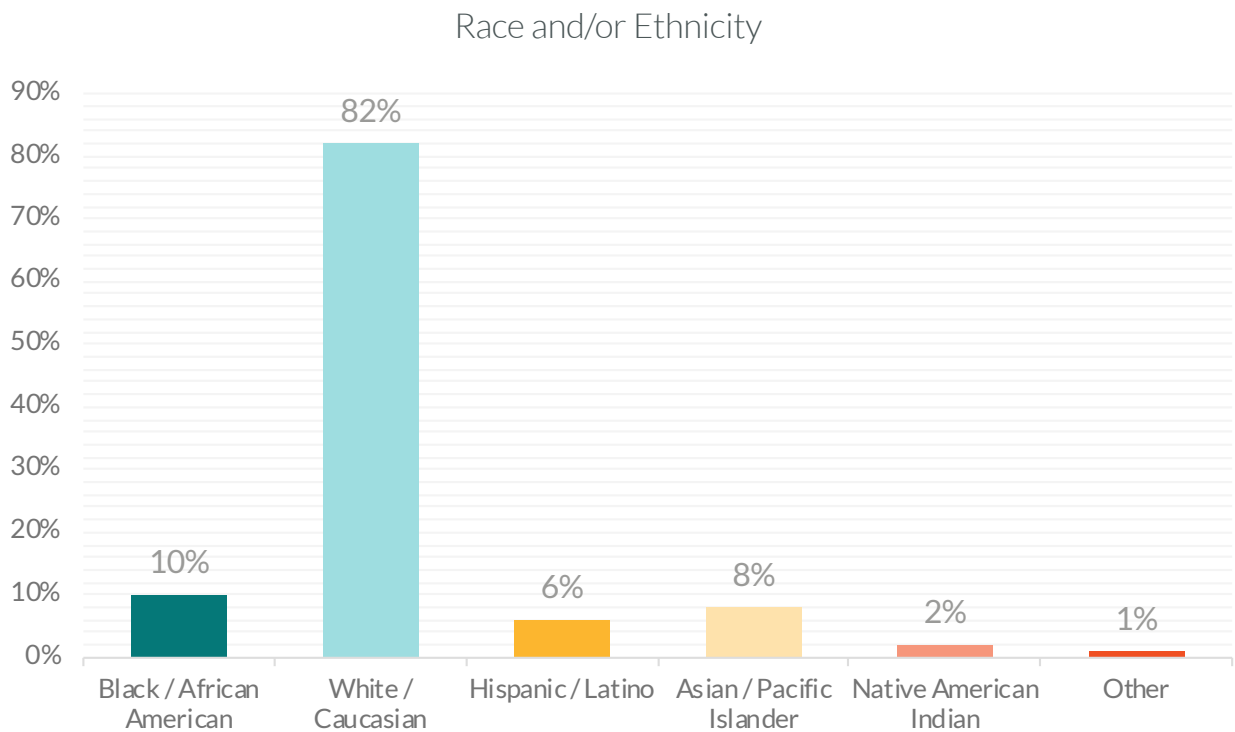
AlcoholEdu for College.

Appendix – Student Demographics



Student Demographics

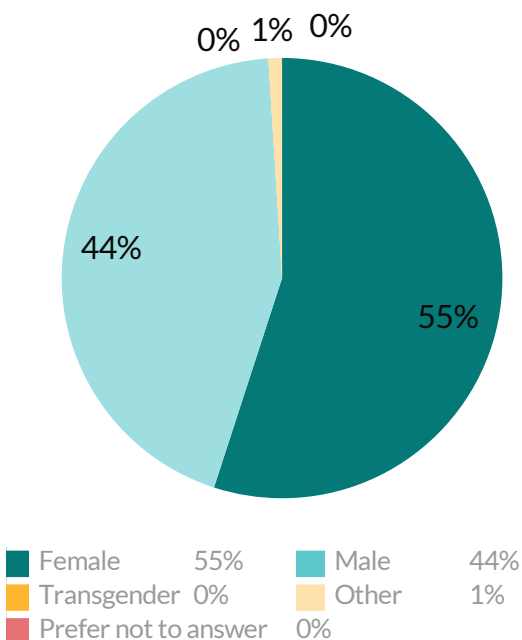
The following is a summary of the demographics of students who participated in AlcoholEdu this year. Demographic information is self-reported by students as part of pre-course survey. All questions are optional, and students may choose not to share demographic information.



Students could select more than one response; bars may sum > 100%.

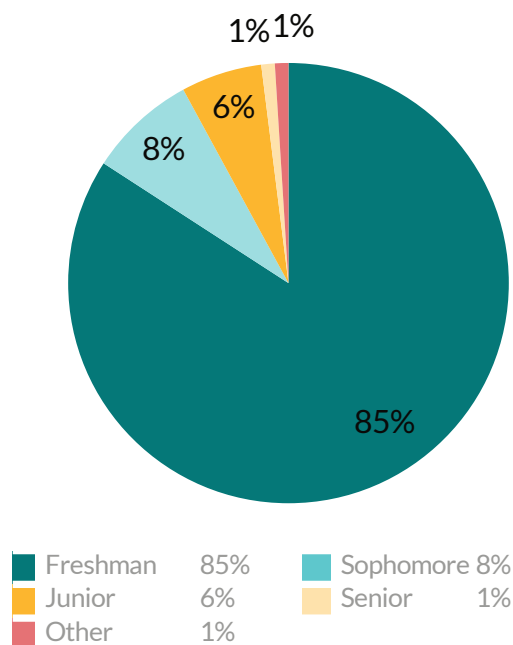
Student Demographics (Continued)

Gender Identity



'Other' includes students who selected Genderqueer, Gender-nonconforming, or Not listed.

Year in School



'Other' includes students who selected Graduate student, Continuing education student, Certificate program, Other, or Not a student.

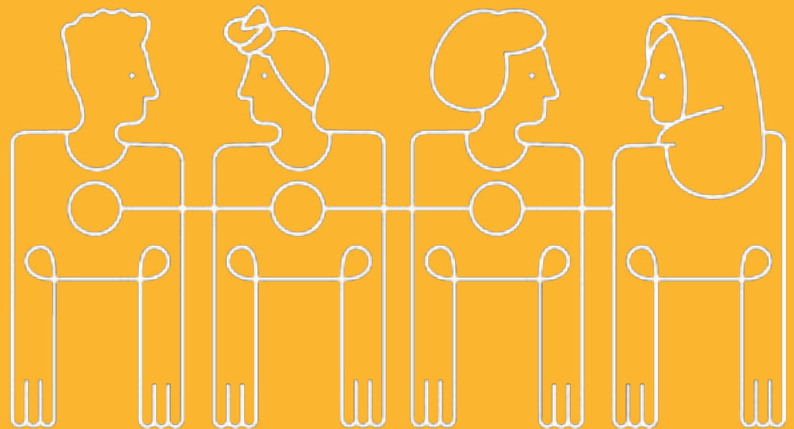


Critical Processes Tip: Does this data reflect the overall demographic makeup of your students assigned to take AlcoholEdu? Demographic data can be used to identify challenges for underrepresented populations. You will see some demographic comparisons in this report and to further explore demographic differences, access your detailed data in the Higher Education Partner Center.

Additional demographics available to explore include: sexual orientation, age, current residence type, membership in student clubs or activities.

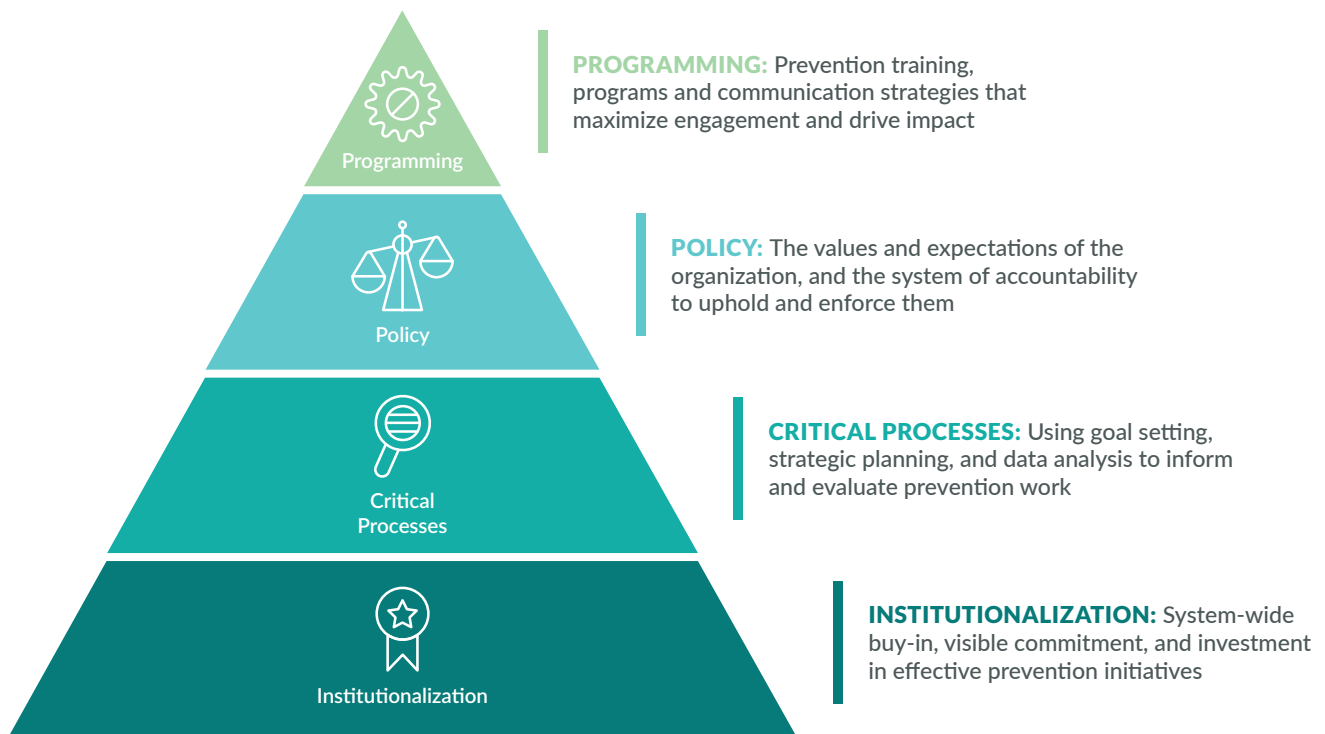
Alcohol Edu for College

Supplemental Information



Prevention Framework

The Prevention Framework, developed by EVERFI's Campus Prevention Network, defines the elements of a comprehensive approach to prevention, and the ways in which those elements build to an effective prevention program.



About AlcoholEdu for College

The Benefits of Working with EVERFI

- Proven Efficacy: Nine independent studies have been published demonstrating the efficacy of EVERFI online programs. Our approach improves knowledge, attitudes, and behaviors.
- True Expertise: Our team includes public health professionals, administrators from student affairs, campus prevention offices, legal experts, and more. Extend your team by partnering with ours.
- Beyond Compliance: Our online programs are built by prevention and compliance experts to meet and exceed requirements from Title IX, Clery Act, and EDGAR part 86.
- Data Driven: Our data and analytics provide real-time access to attitudinal and behavioral data from your unique populations, and national benchmarks to assess needs and strengths.

AlcoholEdu for College

- Developed in collaboration with leading prevention experts and researchers.
- Interactive content guided by recommendations from the National Institute of Alcohol Abuse and Alcoholism (NIAAA).
- Informed by emerging research on evidence-based practice (e.g., social norms approach, bystander intervention).
- Cited as a top-tier strategy by NIAAA in their CollegeAIM Matrix.
- Most widely used universal online AOD prevention program since its development in 2000.



AlcoholEdu for College Course Map

Part 1	1. Getting Started • Introductory Video • Custom Welcome Letter • Custom Welcome Video	2. Standard Drink • Student Alcohol Knowledge Interviews • Pre-Assessment • Standard Drink Definition • Identifying Standard and Non-Standard Drinks • Pouring Standard Drinks	Survey 1		3. Where Do You Stand? • Risk Factors & Choices • You Are Not Alone/Benefits of Not Drinking/Calories & Cash/Support for Your Choice • Your Drinking Profile/Your Peak BAC/Reducing Your BAC/Drinking Consequences/Calories & Cash/Your Drinking Habits
	4. Goal Setting • What's Important to You? • What Do You Want to Focus on this Year • My Choices	5. Drinking & Motivation • What Do You Think? • Factors That Can Influence Decisions • Why/Why Not Drink? Poll • Expectancy Theory & Advertising • Ads Appealing to Men/Women • Alcohol & Advertising Poll • Write a Tagline	6. Brain & Body • BAC Basics • What Factors Affect BAC • Risk/Protective Factors • BAC Calculator • Marijuana & Drugs • Sexual Assault & Understanding Consent • Brain & Body Science • Biphasic Effect • A BAC Story	7. My Action Plan • Drinker/NonDrinker Plan • Choose Your Strategies • Activities on Campus	
	8. Laws & Policies • Alcohol Related Laws • Campus Policies • Drinking & Driving	9. Helping Friends • Taking Care of Yourself & Others • Alcohol Poisoning • Helping Your Friends Poll • Drinking & Driving • Getting Help	Exam		Intercession
Part 2	10. Introduction • Welcome Back	Survey 3		11. Recognizing Problems • Taking Care of Yourself & Others – The Roommate	12. Course Conclusion • Summary of Key Topics • Review Goals, Choices and Plan

Report References & Resource Links

Report References

Slide: The Importance of Behavioral Intentions

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179-211.

Slide: Where Students Drink

EVERFI analysis of data from AlcoholEdu for College national database, 2012.

Benz, M. B., DiBello, A. M., Balestrieri, S. G., Miller, M. B., Merrill, J. E., Lowery, A. D., ... & Carey, K. B. (2017). Off-campus residence as a risk factor for heavy drinking among college students. *Substance use & misuse*, 52(9), 1236-1241.

Slide: Why Students Choose Not to Drink

Huang, J-H, DeJong W, Schneider SK, & Towvim, LG. (2011). Endorsed reasons for not drinking alcohol: A comparison of college student drinkers and abstainers. *Journal of Behavioral Medicine*, 34, 64-73.

Slide: High-Risk Drinking Behaviors

EVERFI analysis of data from AlcoholEdu for College national survey database, 2012.

Slide: The Role of Alcohol in Sexual Assault

Parkhill, M.R., & Abbey, A. (2008). Does alcohol contribute to the confluence model of sexual assault perpetration? *Journal of Social and Clinical Psychology*, 27:6, 529-554.

Resource Links

Higher Education Partner Center

<https://admin.everfi.net/hepc>

AlcoholEdu for College Partner Guide

www.everfi.com/AlcoholeduPartnerGuide

Join the Campus Prevention Network

<https://everfi.com/networks/campus-prevention-network/join-the-network/>



EVERFI

ADMINISTRATIVE DIVISION STAF Division of Student Affairs		POLICY NUMBER STAF 6.26
POLICY TITLE Student Code of Conduct		
SCOPE OF POLICY U of SC Columbia		DATE OF REVISION August 25, 2020
RESPONSIBLE OFFICER Vice President for Student Affairs		ADMINISTRATIVE OFFICE Office of the Dean of Students

PURPOSE

The purpose of the Code of Conduct is to articulate the university's authority to initiate disciplinary action against a student in accordance with procedure and due process protections. The Code of Conduct also identifies prohibited conduct and sanctions for violations of prohibited conduct.

DEFINITIONS

Administrative conference/hearing: meeting between a conduct administrator and a student to discuss the alleged code violation, explain university process, and potentially adjudicate violations of the Code of Conduct.

Advisor: a single individual whom the charged student or complainant may elect to accompany that individual to an administrative conference or a hearing regarding an alleged violation of university policy. Because the accused student is solely responsible for presenting their case during the disciplinary process, an advisor may confer with and advise the accused student but may not advocate for the student. If an advisor is directly related to a disciplinary case or if the advisor's presence poses a conflict of interest, the hearing chair of the Carolina Judicial Council panel, or the conduct administrator may dismiss the advisor from the administrative conference or hearing. Advisors may be dismissed from any disciplinary proceedings if they disrupt the process.

Carolina Judicial Council (CJC): a group of students, faculty, and staff who are selected and then trained to provide both educational outreach on behalf of the office of student conduct and academic integrity as well as serve on hearing panels to adjudicate allegations of student misconduct.

Carolina Judicial Council hearing: a meeting between the Carolina Judicial Council and a student to discuss the alleged code violation and adjudicate potential violations of the Code of Conduct.

Common sources: common sources of alcohol, including bulk quantities, which are not being served by a licensed and insured third party vendor, (i.e., amounts of alcohol greater than what a reasonable person should consume over the duration of an event).

Day: a university business day is one in which both the university is open and classes are in session. This excludes university holidays, Saturday and Sunday, Reading Day and final exam periods. Students may elect to participate in the conduct process during times when the university is open but classes are not in session. In extraordinary circumstances in which timely resolution is necessary, a required hearing may be scheduled on a date in which the university is open but classes are not in session.

Decision/Finding: the final disposition as to whether the weight of the information/evidence meets the preponderance standard of “Responsible”, “Responsible with Diversion” or “Not Responsible” for an alleged violation of the Code of Conduct. A “For Information Only” (FIO) finding may be given when the weight of the relevant information is just over the preponderance standard and there are extenuating circumstances.

Incident report: written narrative documentation of an incident that involves potential violations of the Code of Conduct; examples include, but are not limited to the conduct incident report or the interpersonal violence incident report.

Preponderance of the evidence: the preponderance of evidence is the standard used for a university conduct administrator or a Carolina Judicial Council hearing board to reach a decision or finding in a disciplinary case; using the preponderance of evidence standard, the university will weigh whether or not the information supports that a violation occurred or not.

Recognized student organization: a student organization that is currently active on campus, has fulfilled all responsibilities of a student organization and represents a group of students who desire to come together to support a particular view, explore common interests or accomplish identified tasks.

Student: a person who is currently enrolled at the university, or who is accepted for admission or readmission to the university, or who has been enrolled at the university in a prior semester or summer session and is eligible to continue enrollment in the semester or summer session that immediately follows, or who is attending an educational program sponsored by the university while that person is on campus, or who engaged in prohibited conduct at a time when the individual met the above criteria. Individuals who are not currently enrolled at the university remain subject to the disciplinary process for conduct that occurred while they were enrolled.

University official: an employee of the university including faculty members and staff members. Student employees may be considered university officials when acting in the performance of their duties.

University operated facility/University property: any buildings or properties that are owned or controlled by the university, reasonably contiguous to one another and directly support or relate to the university’s educational purpose.

Witness: a person who was present during the incident and observed what occurred; or in limited circumstances, a person to whom a respondent or complainant interacted with regarding the incident. Character witnesses are not permitted.

POLICY STATEMENT

The University of South Carolina's mission includes providing students with the knowledge, skills, and values necessary for success and responsible citizenship in a complex and changing world. The university's aspirational set of values that will guide student behavior are encompassed in the Carolinian Creed (www.sc.edu/creed). Consistent with procedural and due process protections, however, this policy outlines specific prohibited conduct that can result in the disciplinary process being initiated with a student, group of students, or student organization.

A. Authority

The Board of Trustees and the President of the university are ultimately responsible for governing the university. The student conduct system is administered by the Division of Student Affairs and Academic Support. The Vice President for Student Affairs and Academic Support, in turn, designates the office of the dean of students and the office of student conduct with administrative authority and responsibility for student conduct policies and procedures. This responsibility includes: (a) formulating and implementing conduct-related policies and procedures in cooperation with other appropriate university bodies; and (b) the imposition of sanctions in an efficient, consistent, fair, legal, and educationally meaningful manner. The office of student conduct may further delegate its adjudicatory responsibility to various student conduct bodies and administrative staff including the Carolina Judicial Council, university housing staff, as well as fraternity and sorority life staff.

B. Application and Jurisdiction

1. The university may initiate disciplinary action for prohibited conduct that occurs on university property or within a university operated facility. The university may initiate disciplinary action for prohibited conduct that occurs while the student, students, or student organization is participating in off-campus activities sponsored by or affiliated with the university (including student organization functions, field trips, internships, rotations, and clinical assignments) or for any conduct that is deemed to potentially threaten the health/safety of the campus or disrupt the university learning environment no matter where such behavior may occur.
2. University disciplinary action may be instituted against a student or student organization charged with conduct that potentially violates both criminal/civil law and university policy without regard to the pendency of civil or criminal litigation in court or arrest. The university's disciplinary process may be initiated prior to, simultaneously with, or following criminal/civil proceedings off campus and any disciplinary sanctions reached under the university's process will not be re-evaluated based on the results of a criminal/civil legal proceeding. Students or student organization conduct proceedings and actions are not subject to challenge or postponement on the grounds that criminal or civil charges involving the same/similar incident have been dismissed, reduced, or are pending in criminal/civil court.

3. University disciplinary action occurring under the Code of Conduct will be based on the preponderance of evidence standard.
4. Students, guests of students, and student organizations remain subject to discipline for prohibited conduct that occurs while suspended from the university.
5. Adjudication of any alleged violation of prohibited conduct will advance under established policies that are in effect on the day that the university receives notification of the alleged violation and not the date on which the purported infraction is noted to have occurred.
6. Additional rules and regulations may be put in place during the year and will be updated to the university's website upon adoption.

C. Student Organization Misconduct:

STAF 3.10 governs specific policies pertaining to the university recognition of student organizations as well as a number of specific regulations student organization must follow. Student organizations accused of violating the regulations contained in STAF 3.10 or the Code of Conduct, will follow the same disciplinary procedures outlined in this policy.

D. Findings

The outcome of an administrative conference or Carolina Judicial Council hearing will be one of the following:

1. Not Responsible: Insufficient information exists to warrant a responsible finding.
2. Responsible: Based on the preponderance of the evidence standard, a violation of the Code of Conduct occurred.
3. Responsible with Diversion: May be given when the weight of the information is just over the preponderance standard and there are extenuating circumstances. Code charges with a finding of Responsible with Diversion will be deemed as a non-reportable offense after a period of time, no less than six months, designated by the office of student conduct, after the date of resolution when both of the following stipulations are met: educational sanctions are completed by the prescribed deadlines and there are no additional offenses. A non-reportable offense is a record that is not reportable outside of the university (i.e. graduate schools, background checks).

E. Prohibited Conduct

1. Compliance with General Laws and Arrests - Disciplinary action imposed by the university may precede and/or be in addition to any penalty imposed by an off-campus authority if a student engages in conduct that is determined by the institution to violate any provision of federal, state, or local laws.

2. Alcohol Related Misconduct

Prohibited behaviors include:

- a. Possession or consumption of alcohol by a person under the age of 21 or under the lawful age of the jurisdiction in which the student resides.
- b. Possession or consumption of alcohol by students of legal age in non-designated areas at the university.
- c. Public intoxication in a public place or gathering in a grossly intoxicated condition or otherwise conducting oneself in a disorderly or boisterous manner.
- d. Possession of alcohol related paraphernalia (empty containers, beer pong table, etc.) or games that are specifically designed for alcohol consumption in any University operated facility unless approved by a university official acting within the line and scope of their duties.
- e. Open containers of alcohol in vehicles or in open spaces, or public areas of residence halls or the Greek Village or university operated facilities (lobbies, hallways, etc.).
- f. Possessing, manufacturing, distributing, dispensing or selling alcohol on university-controlled property or in connection with a university-affiliated activity unless expressly permitted by university policy.
- g. Providing or distributing alcohol to individuals under the age of 21 or to an intoxicated person.
- h. Common sources of alcohol, including bulk quantities, which are not being served by a licensed and insured third party vendor, (i.e., amounts of alcohol greater than what a reasonable person should consume over the duration of an event) are prohibited.
- i. Students and student organizations must comply with the published regulations and applicable laws concerning the transport, display, provision, possession, and consumption of beer, wine, and other alcoholic beverages. Stipulations of the university alcohol policy can be found at www.sc.edu/policies/staf302.pdf.
- j. Possession of fake or altered identification.
- k. In the presence of alcohol under the age of 21 in university operated housing.

3. Drug Related Misconduct

Prohibited behaviors include:

- a. Possession or use of any illegal, counterfeit, or controlled drug or narcotic is prohibited. This includes the unauthorized use or possession of prescription medications, prescription medication that is not issued under your own name, and medical marijuana in any university operated facility.
- b. Possession of quantities of any illegal, counterfeit, or controlled drug or narcotic that meet the legal definition for distribution.
- c. Selling, transferring, giving away, or exchanging something in return for narcotics, prescription medications, or other illegal, controlled, or counterfeit substances.
- d. Possession of drug paraphernalia (i.e. pipes, bongs, rolling papers, grinder, scale, nicotine cartridges, etc.).
- e. Failing, missing, forging or submitting a dilute test or late test for a drug screen that is required by the university.

4. Health and Safety Concerns

Intent is not an element of this violation, but will be considered in the application of sanctions. Prohibited behaviors include:

- a. Conduct that threatens or endangers the health or safety of another living being.
- b. The use of any object or instrument in a manner that a reasonable person in a similar situation would believe to be threatening.
- c. Driving while impaired under the influence of alcohol or drugs.
- d. The use of skateboards, bicycles, rollerblades or any motorized vehicle in unauthorized areas or in a manner that threatens physical safety, damages university or personal property, disrupts university classes or activities or disrupts normal pedestrian or vehicular traffic flow.
- e. Intentional obstruction or restriction which unreasonably interferes with freedom of movement (including but not limited to pedestrian or vehicular obstruction).
- f. Physical, verbal, or electronic threats of violence or placing a reasonable person in fear of imminent physical injury or danger.
- g. Physical abuse, physical intimidation, coercion, and/or other conduct that threatens or endangers the health or safety of another person or violates a legal protective order or No Contact directive.
- h. Throwing or dropping objects or substances out of university operated facilities.

- i. The entry or exit of any person through a window, balcony access, rooftop or any otherwise authorized/unsafe opening without cause for emergency.

5. Weapons

Prohibited behaviors include:

- a. Unauthorized use, possession, or storage on university property or in any university operated facility of any weapon since the university is designated as a school safety zone. Weapons may be defined as any object used or designed to inflict or attempt to inflict harm or injury or fear of harm or injury. Weapons include, but are not limited to firearms, any weapon designed or intended to propel a missile of any kind (this includes air soft, paintball, BB or pellet guns, potato guns and other such homemade devices), knives over two inches, slingshots, metal knuckles, explosives, fireworks, any dangerous chemical or biological agent, or any other object or material capable of causing harm.
- b. Possession of ammunition is not permitted in any university facility or on university property.

6. Disruptive Activity

Disruptive Activity is any conduct that impedes, interferes with, or disrupts any teaching, research, administrative, disciplinary, public service, learning, or other authorized behavior. Disruptive Activity may occur at functions on or off campus, or at other authorized non-university activities when the conduct occurs on university property.

Prohibited behaviors include:

- a. Behavior in a classroom or instructional program that unreasonably interferes with the instructor or presenter's ability to conduct the class or program after the instructor requests the activity to cease.
- b. Non-compliance with reasonable time, place, and manner restrictions on activities.
- c. Making, causing, or continuing any loud, unnecessary, or unusual noise that disrupts the normal operations of the university or infringes on the rights of other members of the university community or in off-campus living communities.

7. Violent Conduct

Prohibited behaviors include:

- a. Fighting, assaults, or actions which inflict bodily harm upon any person or animal or threaten force of bodily harm against any person or animal.

b. Hazing as defined by the university policy [STAF 3.05 Hazing](#).

8. Damage to Property

a. Damage to or destruction of property

9. Discrimination and Harassment

a. Prohibited behaviors as defined in university policy [EOP 1.02 Sexual Harassment](#), [EOP 1.03 Prohibition of Unlawful Discrimination and Harassment](#), [EOP 1.05 Sexual Misconduct, Intimate Partner Violence and Stalking](#), or other university approved policies or prohibitions relating to interpersonal violence and/or discrimination and harassment.

10. Retaliation

a. Retaliation against a person who reports a potential violation under the Code of Conduct, assists someone with a report of a violation, or participates in any manner in an investigation or in the resolution of a complaint made under the Code of Conduct is prohibited. Retaliation includes but is not limited to threats, intimidation, reprisals and/or adverse actions related to an individual's employment or education. The university will take appropriate steps to assure that a person who in good faith reports, complains about, or participates in an investigation pursuant to this institutional rule will not be subjected to retaliation. Individuals who believe they are experiencing retaliation are strongly encouraged to file a complaint with the university.

11. Sexual Misconduct, Intimate Partner Violence and Stalking

Prohibited behaviors include:

- a. Sexual assault as defined by the university policy [EOP 1.05 Sexual Misconduct, Intimate Partner Violence, and Stalking](#).
- b. Sexual harassment and discriminatory harassment as defined in the University's Sexual Harassment and Discriminatory Harassment Policies (EOP 1.05 <http://www.sc.edu/policies/ppm/staf105.pdf>).

12. Fire and General Safety

Prohibited behaviors include:

- a. Starting a fire or creating a fire hazard on university property without university authorization.

- b. The unauthorized possession and/or use of candles, torches, incense and/or incense burners, other open flame apparatus, extension cords, gasoline, propane tanks or lighter fluid in any university operated facility or on-campus location without written permission from a university official.
- c. Unauthorized possession of or use of fireworks and explosive materials, the ignition or detonation of anything which could cause damage to persons or property or disruption by fire, smoke, explosion, noxious odors, stain, or corrosion.
- d. Making or causing to be made, a false fire alarm or emergency report of any kind.
- e. Tampering with, damaging, disabling or misusing fire safety equipment and/or warning systems including fire extinguishers, fire sprinklers, fire hoses, fire alarms and fire doors.
- f. Failing to immediately evacuate any university building when a fire alarm or other emergency notification has been sounded or hindering or impairing orderly evacuation.
- g. Disobeying a directive or command by any university or emergency official in connection with a fire, alarm, or other safety, security, or emergency matter.
- h. Misuse of emergency call boxes.

13. Theft and Burglary

Prohibited behaviors include:

- a. Theft of any kind, including obtaining academic materials or services through deceptive means or possessing public, private or university property that was removed without authorization.
- b. Burglary, the unlawful entry of a structure to commit a theft.
- c. Knowingly giving assistance or information to aid in the action of theft.
- d. Sale, possession, appropriation or attempt to appropriate property without the consent of the owner or the person to whom it belongs.
- e. Selling or attempting to sell textbooks not owned by the student.

14. Fraudulent Behavior

Prohibited behaviors include:

- a. Fraudulent behavior in any oral or written transaction with the university.

- b. Dishonesty or misrepresenting the truth before a hearing of the university, or furnishing false information or withholding information to any university official which interferes with university processes or procedures.
- c. Forgery, alteration, or misuse of any document, record, or officially issued identification information from university processes and/or officials, including parking permits and athletic tickets.

15. Misuse of Identification or University Resources

Prohibited behaviors include:

- a. Violating, attempting to violate, or assisting the violation of any established rule or regulation of the university not specifically included in the Code of Conduct.
- b. Possession of fake or altered identification.
- c. Unauthorized entry into, presence in, or use of university operated facilities, equipment or property which has not been reserved or accessed through appropriate university officials.
- d. Student identification cards and keys:
 - i. failing to present a Student ID/Carolina Card when requested by a university official acting in the performance of that individual's duties.
 - ii. possession of more than one Student ID/Carolina Card.
 - iii. lending a university Student ID/Carolina Card to anyone for reasons not authorized by the university Student ID/Carolina Card policy (violations may subject both the owner and the holder to disciplinary action).
 - iv. failure to report within 24 hours a lost ID/key to a secured facility.
 - v. unauthorized use, possession, or duplication of any university key.
- e. Unauthorized disclosure of confidential or proprietary information gained in the course of or by reason of the student's responsibilities or duties as a student employee.

16. Misuse of Institutional Technology

- a. Failure to adhere to the university policy [UNIV 1.52 Responsible Use of Data, Technology, and User Credentials](#).

- b. Engaging in an inappropriate or disproportionate use of an information technology resource owned or controlled by the university or using an information technology resource for an illegal, threatening, or intentionally destructive purpose. Prohibited conduct includes, but is not limited to, circumventing system or network security, committing copyright infringement, transmitting unsolicited email, sharing a university-issued password, falsifying an email header, and using resources for personal financial gain or profit.

17. Failure to Comply

Prohibited behaviors include:

- a. Failure to comply with and respond appropriately to the reasonable and lawful requests of university officials (including resident mentors) in the performance of their duties.
- b. Failure to properly comply with or complete a sanction or obligation resulting from a conduct or honor code hearing.

18. Shared Responsibility for Violations

Prohibited behaviors include:

- a. Acting in concert to violate university policy.
- b. Attempting, assisting or promoting any act prohibited by university policy.
- c. Condoning, encouraging, or the collusion of behavior that violates university conduct regulations. Collusion is any action or inaction with another one or more individual(s) to intentionally violate university policy.
- d. Allowing, permitting or providing opportunity for a guest to violate university policy.
- e. Being an accessory to any act prohibited by university policy.

19. Privacy Violation

- a. Engaging in surveillance or recording of any type without the subject's knowledge or consent in areas where there is a reasonable expectation of privacy and/or the broadcasting or distribution of such material.

20. Harassing Behavior

- a. Repeated conduct of a harassing nature that reasonably interferes with one's ability to succeed in an academic setting or major life activity and that persists after such conduct has been requested to stop.

F. Sanctions

One or more of the following sanctions may be utilized to provide educational interventions and to hold the student accountable. The severity of the sanctions will align with the severity of the offense, community standards and will increase with subsequent violations of the Code of Conduct. Although not an exhaustive list, the following are examples of sanctions that may be applied:

1. Educational workshops: seminar style educational sessions which may focus on alcohol, decision making, off-campus living, civility, etc. Workshops may include a pretest and posttest.
2. Conduct probation: a period of review during which a student is on official notice that subsequent violations of the Code of Conduct are likely to result in more severe sanctions, including suspension.
3. Reflection papers: a written response to prompts with the goal of promoting student learning reflection on their actions to determine what they have learned, how they impacted others, and how they may avoid future missteps. The topic and essay questions assigned will depend on the incident type.
4. Community service: compensatory hours of unpaid service to a non-profit organization or university office to facilitate self-awareness. A reflection paper is part of the community service assignment. Hours must be documented and signed by a site supervisor.
5. Fines: fines assist with costs associated with administering, facilitating and evaluating the educational workshops and programs. Violations of policies may result in administrative fees. For the schedule of fine and fees, please refer to https://sc.edu/about/offices_and_divisions/student_conduct_and_academic_integrity/hearings/hearing_outcomes/code_of_conduct_sanctions/index.php
6. Restitution: for theft, misappropriation or damage to university property, students may be required to reimburse the university for the loss, which may also include cost of materials and labor for repairs.
7. Students Taking Initiative and Responsibility (STIR): Three one-on-one sessions with staff members from Substance Abuse Prevention and Education (SAPE) to assess their substance use and consider ways to avoid negative consequences in the future. Students will pay a \$100 fee to SAPE for this evaluation.
8. Drug testing: Required for students found in violation of the drug policy. Tests are available at off-campus licensed agencies. Students are responsible for the costs.

9. Anger management or substance use interventions and treatment: For times students may need higher level of services and may be referred to an off-campus provider for substance use or anger management assessments. Students are responsible for the costs.
10. Removal from an academic class: When permission has been granted by academic affairs, the student may be removed from a course(s).
11. Disciplinary withdrawal: under certain circumstances when it is impossible for a student to address disciplinary action due to specific mitigating factors and the incident in question does not require a suspension, the university may grant a student a disciplinary withdrawal. The decision to grant a disciplinary withdrawal will be made by the hearing officer or their designee(s), in consultation with the Executive Director of Student Conduct. The student will be permitted to withdraw from classes and a disciplinary hold will be placed on the student's registration and transcript. The student must understand that they will not be permitted to return to the university until the disciplinary matter has been resolved.
12. Access Restriction: Access restriction for a period of time to specific or all university operated buildings may be a part of sanctions imposed for a violation of the code of conduct.
13. Housing removal/cancellation of housing contract: an action requiring that a student be removed from that student's on-campus room either on a temporary, interim basis or permanently if found responsible for a Code of Conduct violation. Students removed from housing are restricted from university housing operated facilities.
14. Housing relocation: an action requiring that a student be either immediately moved to a newly assigned on-campus housing room on an interim basis during the time a disciplinary complaint is investigated, resolved, or relocated on a permanent basis if the student is found responsible for a Code of Conduct violation.
15. Delayed suspension: a status used in situations where the conduct is severe enough to justify suspension but mitigating circumstances exist to permit the student an opportunity to correct behavior. During this period of time, students who fail to follow all requirements of their restrictions will almost always be immediately suspended. Like probation, delayed suspension is imposed for a certain period of time and may be contingent on completing additional requirements.
16. Suspension: a denial of enrollment, attendance, presence on university property, and other privileges at the university for no less than one semester. Permission to apply for readmission upon termination of the period may be granted with or without conditions/restrictions.
17. Expulsion: permanent dismissal from the university.

18. Degree revocation: the termination of a student's degree based on a violation that occurs after a student graduates.

G. Retention and Release of Conduct Records

All records related to a student's interaction with the office of student conduct are deemed educational records in accordance with university policy [ACAF 3.03 Handling of Student Records](#) and the release of such records is governed by that policy. The office of student conduct maintains its educational records for six years from the last day of the academic year of the offense. Records of suspension and expulsion are permanently retained and reported.

PROCEDURES

The set of processes and procedures that involve the receipt of allegations of student misconduct, the investigation of such allegations, and the resolution of such allegations is maintained online by the office of student conduct; see

https://sc.edu/about/offices_and_divisions/student_conduct_and_academic_integrity/index.php

RELATED UNIVERSITY POLICIES

[ACAF 3.03 Handling of Student Records](#)

[EOP 1.05 Sexual Misconduct, Intimate Partner Violence and Stalking](#)

[STAF 3.02 Alcohol Policy and Guidelines for the University Community](#)

[STAF 3.05 Hazing](#)

[STAF 3.10 Student Organizations](#)

[STAF 4.03 Campus Housing Policies and Regulations](#)

[STAF 6.24 Student Non-Discrimination and Non-Harassment Policy](#)

[UNIV 1.52 Responsible Use of Data, Technology, and User Credentials](#)

[UNIV 3.03 Quarantine and Isolation of Students, Faculty, and Staff](#)

[UNIV 3.04 Communicable Disease Outbreak Mitigation Measures](#)

HISTORY OF REVISIONS

DATE OF REVISION	REASON FOR REVISION
June 1, 1992	New policy approval
March 4, 2014	More concise and specific
June 6, 2019	Updated to fit the new formatting and to be more concise, specific and accessible to students, faculty, and staff.
August 25, 2020	Updated to include accurate process, procedures and additional violations/sanctions in relation to health directive violations

ADMINISTRATIVE DIVISION STAF Division of Student Affairs		POLICY NUMBER STAF 3.19
POLICY TITLE Overdose Medical Treatment		
SCOPE OF POLICY Columbia Campus		DATE OF REVISION July 31, 2019
RESPONSIBLE OFFICER Vice President for Student Affairs and Academic Support		ADMINISTRATIVE OFFICE Division of Student Affairs and Academic Support

PURPOSE

This policy outlines the process by which the university will consider the forbearance of disciplinary sanctions in situations where students or student groups seek medical assistance in situations involving a drug or alcohol-related overdose; this is often referred to as amnesty in some law enforcement and higher education agencies.

DEFINITIONS

Controlled substance: a substance meeting the definition set forth in Section 44-53-110 of the South Carolina Code of Laws.

Drug or alcohol-related overdose: an acute condition, including mania, hysteria, extreme physical illness, coma, or death resulting from the consumption or use of a controlled substance, alcohol, or another substance with which a controlled substance or alcohol was combined, that a layperson would reasonably believe to be a drug or alcohol overdose that requires medical assistance.

Seeks medical assistance: seeking medical assistance by contacting university personnel, the 911 system, a law enforcement officer, or emergency services personnel.

Registered Student Organization: a student organization that is currently active on the University of South Carolina Campus, has fulfilled all responsibilities of a student organization and represents a group of students who desire to come together to support a particular view, explore common interests or accomplish identified tasks.

Student: A person who is currently enrolled at the university, or who is accepted for admission or readmission to the university, or who has been enrolled at the university in a prior semester or summer session and is eligible to continue enrollment in the semester or summer session that immediately follows, or who is attending an educational program sponsored by the university while that person is on campus, or who engaged in prohibited conduct at a time when the individual met the above criteria. Individuals who are not currently enrolled at the university remain subject to the disciplinary process for conduct that occurred while they were enrolled.

POLICY STATEMENT

The University of South Carolina values the health and safety of all students. Bystander intervention is a crucial component of the university's comprehensive approach to alcohol and other drug prevention, intervention, and education. The university encourages students and student groups to ensure the well-being of others by taking responsible steps to seek medical assistance for individuals at risk of overdose (including themselves). When such medical assistance is sought, the university honors that care by prioritizing educational and supportive measures over disciplinary sanctions. The university will not hold students or student groups who seek or receive medical assistance in perceived overdose situations accountable for violations of the university's Student Code of Conduct related to alcohol or drug related misconduct with the exception of violations related to manufacturing, selling or distribution of alcohol and/or controlled substances. This policy is separate from the state law on Drug or Alcohol-Related Overdose Medical Treatment; law enforcement agencies, including the University of South Carolina Police Department, are not influenced by this internal university policy. The university cannot grant an exemption for consequences associated with a violation of Federal, State, or local law.

PROCEDURES

A. Conditions

1. A student or student group seeking medical assistance for another individual (student or non-student) may be eligible under the overdose medical treatment policy if all of the conditions are met:
 - a. Acts in good faith when seeking medical assistance, upon a reasonable belief that the individual was the first person to call for assistance and that someone present is suffering from an apparent drug-or alcohol related overdose;
 - b. Actively seeks medical assistance by contacting university personnel, the 911 systems, a law enforcement officer, or emergency services personnel and provides the individual's own name to the responding agent;
 - c. Remains with the person(s) until help arrives and is told that assistance is no longer needed;
 - d. Cooperates with responding university and/or emergency personnel, including all requests for information or assistance; and
 - e. Did not seek medical assistance during the course of a housing inspection or execution of an arrest warrant, search warrant, or other lawful law enforcement activity.
2. In situations where a student takes responsible action (for themselves or for others) and meets the criteria outlined above, the responding party will fully document the incident.

Students will be asked to provide their name, ID number, and contact information to the responding party(ies). Students and, if applicable, student groups will receive a notice from the office of student conduct and academic integrity and are expected to attend a meeting with a staff member regarding the incident.

B. Decisions of Applicability

1. If it is determined through a meeting with a representative from student conduct that the student or student group met the overdose medical treatment policy criteria, the student or student group will not be found responsible for an alcohol or other drug policy violation. Determinations as to when this policy will apply to student groups will be made by the conduct office or delegate for recognized student organizations based on the totality of the circumstances.
2. Criteria to be considered include but are not limited to: role of group leadership in providing coordinated response and assistance during the incident; role of group leadership in providing an environment during the incident with safety and/or risk management practices already in place prior to the call for assistance; and role of leadership in cooperating with official during and following the incident.

C. Educational Interventions

1. The student who experienced the overdose may still be asked to complete an alcohol or other drug intervention and to complete educational activities (i.e., Students Taking Individual Responsibility “STIR” assessment or Carolina Awareness on Alcohol Policies and Safety Class “CAAPS” – charges associated with interventions may apply).
2. Student groups may be asked to participate in educational activities as means of reducing further risk. The overdose medical treatment policy only applies to alcohol and other drug related policies. If other policy violations are alleged to have occurred, the student, students, or student groups will participate in the student conduct process related to those policies and may be found responsible.

D. Parental Notification

1. As with any incident involving alcohol or drugs, parents of students may be notified.
2. A group that facilitates the acquisition of alcohol may also be required to notify its advisor, provide an educational program for its members, and/or change its processes for hosting events.

E. Failure to Complete/Subsequent Violations

1. In the event that a student who receives medical assistance fails to complete the required course of action or exhibits a pattern of problematic behavior with alcohol or other drugs,

that student or associated student group may be subject to formal disciplinary action under the code of conduct or student organization policy.

2. If the student who received treatment, or student group where the student who received treatment is a member, is found responsible for a subsequent violation of the overdose medical treatment policy, the office of student conduct or Carolina Judicial Council may be informed of such for the purposes of determining an appropriate outcome, which may include the first incident and any resulting charges being treated as an alleged second offense.

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES

[STAF 3.02 Alcohol Policy and Guidelines for the University Community](#)

[STAF 3.10 Student Organizations](#)

[STAF 6.26 Student Code of Conduct](#)

[South Carolina Code of Laws, Chapter 53, Title 44, Article 19: South Carolina Drug or Alcohol-Related Overdose Medical Treatment](#)

HISTORY OF REVISIONS

DATE OF REVISION	REASON FOR REVISION
July 31, 2019	New policy

ADMINISTRATIVE DIVISION STAF Division of Student Affairs		POLICY NUMBER STAF 3.02
POLICY TITLE Alcohol Policy and Guidelines for the University Community		
SCOPE OF POLICY Columbia Campus		DATE OF REVISION July 31, 2019
RESPONSIBLE OFFICER Vice President for Student Affairs and Academic Support		ADMINISTRATIVE OFFICE Division of Student Affairs and Academic Support

PURPOSE

This policy governs the consumption, possession, distribution and sale of alcoholic beverages (including beer, wine and distilled spirits) on the University of South Carolina Columbia campus, in or at any university-owned, -leased or -controlled building, grounds or other facility and by members of the university community.

DEFINITIONS

For the purposes of this policy, these terms are defined as follows:

Alcohol Event Registration: The process through which an individual or organization must participate in order to host any function involving the consumption of alcohol in a university-owned, -leased or -controlled building, grounds or other facility.

Behavioral Intervention Team (BIT): A group of qualified UofSC professionals whose mission is to balance the individual needs of the student and those of the greater campus community, provide a structured positive method for addressing student behaviors that impact the university community and may involve mental health and/or safety issues, manage each case individually, initiate appropriate intervention without resorting to punitive measures and enhance quality of care for students, as defined in [STAF 1.07 Student Suicide Attempts, Threats, or Gestures](#).

Campus: Buildings, grounds or other facilities that are owned, leased or controlled by the University of South Carolina Columbia.

Faculty: All employees who hold a tenure-track or non-tenure track title as defined by university policy ACAF 1.06 Academic Titles for Faculty and Unclassified Academic Staff Positions.

Guest: A person who is not a student, faculty or staff of the university who is attending an event or participating in an activity on campus.

Off Campus: Buildings, grounds or other facilities that are not owned, leased or controlled by the University of South Carolina Columbia.

Registered Student Organization: a student organization that is currently active on the University of South Carolina Campus, has fulfilled all responsibilities of a student organization and represents a group of students who desire to come together to support a particular view, explore common interests or accomplish identified tasks.

Staff: All employees who hold a classified State title and a State class or an unclassified academic staff title as defined by university policy ACAF 1.06 Academic Titles for Faculty and Unclassified Academic Staff Positions.

Student: A person who is currently enrolled at the university, or who is accepted for admission or readmission to the university, or who has been enrolled at the university in a prior semester or summer session and is eligible to continue enrollment in the semester or summer session that immediately follows, or who is attending an educational program sponsored by the university while that person is on campus, or who engaged in prohibited conduct at a time when the individual met the above criteria. Individuals who are not currently enrolled at the university remain subject to the disciplinary process for conduct that occurred while they were enrolled.

POLICY STATEMENT

As an institution in higher education and in compliance with the Drug-Free Schools and Communities Act of 1989, the University of South Carolina Columbia places significant value on the concepts of healthy and responsible decision-making for all members of the community. The university supports enforcement of South Carolina's laws in regard to consumption, possession and sale of alcoholic beverages. This policy applies to every function or event, including, but not limited to, receptions, dinners, banquets and campus-wide activities sponsored by organizations or individuals associated with the University of South Carolina Columbia.

PROCEDURES

A. General Guidelines for the University Community

1. No person under the age of 21 may purchase, possess or consume any alcoholic beverages anywhere on the University of South Carolina Columbia campus.
2. Persons of any age may not sell or give any alcoholic beverage to a person under 21 years of age.
3. Persons and their guests 21 years of age and older may possess and consume alcoholic beverages in individual campus residence hall rooms or apartments on campus but not in the common areas of a residence hall on campus (e.g., lounges, lobbies, hallways, balconies, decks, bathrooms, study areas, etc.).
4. Common source containers of alcohol (e.g, kegs or punch that is self-served) are not permitted on the University of South Carolina Columbia campus at any time.

5. All events sponsored by a university entity that involve alcoholic beverages in university-owned, -leased or -controlled buildings, grounds or other facilities must be registered through the Office of the Dean of Students by submitting the [Alcohol Event Registration Form](#). All events with alcohol must include monitoring for legal age, provide food and non-alcoholic drinks, and last no longer than four hours. All events with alcohol must have a trained Event Supervisor from the sponsoring entity who has attended an [Alcohol Policy Training Workshop](#).
6. No alcohol may be served or consumed in any university-owned, -leased or -controlled building, grounds or other facility except as provided in the [Alcohol Event Registration Form](#).
7. Any container of alcohol being transported must be sealed and covered while on the University of South Carolina Columbia campus.
8. No person, organization or corporation may sell any kind of alcoholic beverage on the University of South Carolina Columbia campus, unless there is an alcohol permit to do so.
9. Events on campus must purchase and serve alcohol through the contract of a trained, qualified and properly insured caterer or bartender with an appropriate liquor license from the Department of Revenue. University faculty, staff or students are not permitted to serve alcohol unless employed by the contracted bartending service.
10. Co-sponsorship with an alcohol distributor, charitable organization or tavern (an establishment generating more than half of its annual gross sales from alcohol) where alcohol is given away, sold or otherwise provided to those present is prohibited.

B. Guidelines for Students

Students (as defined above) must adhere to [STAF 6.26 Student Code of Conduct](#) and the General Guidelines for the University Community (Section A of this policy), as well as all federal, state and local laws and ordinances. In addition, students must be aware of the following:

1. FERPA/Parental Notification: In the following circumstances, the university may disclose the result of a disciplinary proceeding to a parent or guardian if the student is under the age of 21 at the time of the incident, and the proceeding has resulted in a violation of university drug or alcohol policies or any federal, state or local law:
 - a. a sanction that places the student on housing or conduct probation (official notice that any additional offense may affect the student's ability to live on campus or attend the university) or that results in removal from University Housing or the university (e.g., suspension or expulsion).

- b. the second violation of this Alcohol Policy and/or the alcohol- and drug-related misconduct behaviors in [STAF 6.26 Student Code of Conduct](#).
- c. any incident in which the use of alcohol has resulted in hospitalization. Notification will come from the [Behavioral Intervention Team](#) chair or designee.

For more information or for a [FERPA Waiver to Release Information](#), refer to the [Office of Student Conduct](#).

- 2. Students arrested off campus may be subject to university disciplinary action when their conduct violates university standards. Failure to report this information to the [Office of Student Conduct](#) can result in a “Failure to Comply” charge and may result in further disciplinary action.

3. Sanctions

- a. Students and/or student organizations are responsible for abiding by university policies, including the [STAF 6.26 Student Code of Conduct](#), as well as all state and federal laws and ordinances, whether on or off campus. Failure to do so can result in criminal, civil and university proceedings and sanctions.
- b. Students and student organizations that are in violation of the law are also violating the [STAF 6.26 Student Code of Conduct](#) and can be held accountable under both the legal system and the university.
- c. Suspected violations of the Alcohol Policy, as well as the [STAF 6.26 Student Code of Conduct](#), will be referred to appropriate university offices.
- d. Sanctions for the violation of university policies are based on the severity and frequency of the violation. Sanctions may include, but are not limited to:
 - completion of educational and risk reduction programs
 - fines
 - community service
 - probation
 - individual screenings
 - research papers
 - educational counseling groups
 - suspension of student organization status
 - suspension from use of university facilities for a designated time period
 - appropriate probation conditions in order to maintain one's student or organizational status

C. Guidelines for Student Organizations

1. Student organizations hosting an event must adhere to the General Guidelines for the University Community (Section A of this policy), as well as all federal, state and local laws and ordinances.
2. For guidelines on promoting events, please refer to Section I of this policy, located below.
3. These guidelines are minimum standards. Student organizations and groups are encouraged to adopt standards that go beyond the minimum requirements of this policy.
4. Sanctions for student organizations failing to abide by these policies are listed above in the student section and noted accordingly.

D. Guidelines for Faculty, Staff and University Guests

1. Faculty and staff must adhere to the General Guidelines for the University Community (Section A of this policy) and [HR 1.01 Drug-Free Workplace](#).
2. Guests occupying university-owned, -leased or -controlled buildings, grounds or other facilities must abide by university policies and federal, state and local laws.
3. Failure to follow established guidelines and policies will be addressed by the faculty or staff member's department or law enforcement, as appropriate.

E. Funds

1. No student activity fee or other university-collected fee will be used to purchase alcohol for use on or off campus.
2. No other funds of an officially-recognized student organization deposited or administered through the [Leadership and Service Center](#) may be used to purchase alcohol for use on or off campus.

F. Promotional Guidelines

1. Advertisements that promote or allude to alcohol use as an incentive to attract participants (e.g., bar nights, free alcohol, drink specials, etc.) are prohibited in all university publications and other media, whether print or digital.
2. Materials posted or distributed may not glorify, edify, promote or support the use, sale or consumption of alcohol and illegal drugs. These materials may not display trademarks and/or brand names of alcohol or illegal drug products.

3. The printed (or implied) advertising message for an event may not promote the consumption or frequency of consumption of alcohol, the presence of any quantity of alcohol or the price of any alcoholic beverages.
4. If a non-university outlet is utilized for the support of advertising an event, the content of the advertisement or promotion must clearly promote the student organization's or campus organization's name and function as the central message. This includes all flyers, posters, ads, banners, digital displays, social media posts, endorsements, sponsorships, etc.

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES

[ACAF 1.06 Academic Titles for Faculty and Unclassified Academic Staff Positions](#)

[HR 1.01 Drug-Free Workplace](#)

[STAF 1.07 Student Attempts, Suicide Threats, or Gestures](#)

[STAF 3.10 Student Organizations](#)

[STAF 6.26 Student Code of Conduct](#)

[Alcohol Event Registration Form](#)

[Alcohol Policy Training Workshop](#)

[South Carolina Code of Laws Section 63-19-2440 and 2450](#)

HISTORY OF REVISIONS

DATE OF REVISION	REASON FOR REVISION
June 1, 1992	New policy approval
July 15, 2014	Non-substantive revision to update office names, contact information and website links.
July 31, 2019	Policy was reorganized and reworked to be clearer and student friendly.

NUMBER: STAF 3.18

SECTION: Division of Student Affairs and Academic Support

SUBJECT: Drug Policy for University Students

DATE: December 9, 2010

REVISED: October 18, 2016

Policy for: Columbia Campus

Procedure for: Columbia Campus

Authorized by: Vice President for Student Affairs

Issued by: Student Life and Development

I. Policy

The purpose of this policy is to educate the University of South Carolina – Columbia Campus on the expectations and guidelines regarding the use of illegal and controlled drugs. (For the purposes of this policy, the University of South Carolina – Columbia may also be referred to as the “university.”) This policy governs the consumption, possession, distribution, and sale of illegal and controlled drugs on the University of South Carolina – Columbia campus, in or at any university owned or controlled facility, and by members of the university community.

The University of South Carolina – Columbia is concerned with both the welfare of the university community and the academic and personal development of each student. The university strives to create a healthy environment where the illegal and/or improper use of drugs does not interfere with learning, performance or development. Abuse of drugs disrupts this environment and places at risk the lives and well-being of the members of the university community as well as the potential for students to contribute to society. It is important for all members of the university community to take responsibility for preventing the illegal and/or improper use of drugs from negatively affecting the community's learning environment and the academic, physical and emotional well-being of its students. Since there are numerous means by which the use of drugs may adversely affect both students and the university community, it is important that the university issue to all students a clear statement of policy concerning the illegal and/or improper use of drugs. This policy is intended to accomplish the following:

1. To promote a healthy and safe learning environment;
2. To demonstrate the commitment of the university to the provision of:
 - a. Education and prevention services designed to help prevent illegal and/or improper use of drugs;
 - b. Referral services related to the illegal and/or improper use of drugs;

3. To encourage and facilitate the use of treatment and support services by those students who seek or are in need of assistance;
4. To define expectations for student behavior with respect to the illegal and/or improper use of drugs;
5. To identify appropriate disciplinary procedures for those students who engage in illegal and/or improper drug-related behaviors.

A. General Guidelines and Definitions

For the purposes of this policy, the following terms are defined as follows:

1. Student - A student is defined as any person who is admitted, enrolled, or registered for study at the University of South Carolina – Columbia for any academic period, is participating in any university sponsored academic or preparatory programs, and/or resides in a University of South Carolina – Columbia residence facility. Persons who are not officially enrolled for a particular term but who have a continuing student relationship with, or an educational interest in, the University of South Carolina – Columbia are considered "students". A person shall also be considered a student during any period that follows the end of either the Spring or Fall semester that the student has completed until the last day for registration for the next succeeding semester. A person shall also be considered a student during any period while the student is under suspension from the institution or when the person is attending or participating in any activity preparatory to the beginning of school including, but not limited to, fraternity or sorority recruitment, orientation, placement testing, and residence hall check-in.
2. Illegal Drug - any drug or controlled substance which is (1) not legally obtainable or (2) is legally obtainable but was not legally obtained.
3. Controlled Substance - a drug which has been declared by federal or state law to be illegal for sale or use, but may be dispensed under a physician's prescription.
4. Improper Use – the use of a drug for something other than for what it was prescribed and issued by a licensed medical practitioner.
5. Paraphernalia - any instrument, device, article, or contrivance used, designed for use, or intended for use in ingesting, smoking, administering, manufacturing, or preparing a controlled substance

B. State Laws

The University of South Carolina – Columbia supports strict enforcement of laws concerning the possession, consumption, and distribution of illegal drugs and controlled substances as set forth in the [South Carolina Code of Laws, Title 44, Chapter 53](#). Students, as citizens, are responsible for knowing about and complying with South Carolina laws concerning illegal drugs and the use of other controlled substances. Important points covered in Chapter 53 include:

1. SECTION 44-53-370. It shall be unlawful for any person:
 - a. to manufacture, distribute, dispense, deliver, purchase, aid, abet, attempt, or conspire to manufacture, distribute, dispense, deliver, or purchase, or possess with the intent to manufacture, distribute, dispense, deliver, or purchase a controlled substance or a controlled substance analogue.
 - b. to create, distribute, dispense, deliver, or purchase, or aid, abet, attempt, or conspire to create, distribute, dispense, deliver, or purchase, or possess with intent to distribute, dispense, deliver, or purchase a counterfeit substance.
2. SECTION 44-53-391. It shall be unlawful to advertise for sale, manufacture, possess, sell or deliver, or to possess paraphernalia with intent to sell or deliver,

C. Programs and Services

The university's first obligation in addressing drug abuse is to educate the University community on expectations and available resources concerning drug use. This obligation is addressed by a variety of prevention and education programs that are offered. Please visit the [Office of Substance Abuse Prevention & Education](#).

A second responsibility of the university is to promote an atmosphere where students seeking assistance will be offered information on, or referral to appropriate services which address the improper use of drugs, including the misuse of prescription or over the counter drugs. For more information, please refer to the [Office of Substance Abuse Prevention and Education](#). Available services may include structured groups, counseling, inpatient treatment, and self-help groups. Please visit [Counseling and Psychiatry](#) for more information.

This policy is not intended to create obligations or restrictions that may interfere with the confidential nature of counseling, clinical or therapeutic relationships. Confidentiality will be maintained in accordance with state and federal laws.

D. Enforcement, Student Conduct Process and Consequences

1. Students are responsible for abiding by the [Student Code of Conduct](#) and state/federal laws whether on or off campus. Failure to do so can result in criminal, civil, and university proceedings and sanctions. Students and student

organizations that are in violation of the law are also violating the [Student Code of Conduct](#) and can be held accountable under both separate systems. Violations of this campus Drug Policy as well as other published regulations will be referred to appropriate university offices. In addition, students should be aware of the following:

a. Off-Campus Accountability

Students arrested off campus may be subject to university disciplinary action when their conduct violates university standards. Failure to report this information to the Office of Student Judicial Programs can result in a “Failure to Comply” charge and may result in further disciplinary action.

b. FERPA/Parental Notification

The university may disclose the result of a disciplinary proceeding to a parent or guardian so long as the student is under the age of 21 at the time of the incident and the proceeding has resulted in a violation of university drug or alcohol policies, or any federal, state, or local law or under any of the following conditions:

- i. following a sanction that places the student on housing or conduct probation (official notice that any additional offense may affect the student's ability to live on campus or attend the university), or that results in removal from University Housing or the institution (e.g. housing removal/relocation, suspension, or expulsion).
- ii. following the second violation of university policy regarding drug use.
- iii. following any incident in which the use of illegal drugs and/or the improper use of controlled substances has resulted in hospitalization. Notification will come from the [Behavioral Intervention Team](#) Chair or designee.

For more information or for a Consent to Release Information waiver, refer to the [Office of Student Conduct](#).

- 2. The university considers any violation of the drug policy to be a serious offense. The university will respond to all reported violations of this policy in accordance with the Student Code of Conduct. The sanctions imposed by the university include, but are not limited to drug screens (at student's expense), psychoeducational group counseling, fines, probation, community service, removal from University Housing, suspension, and expulsion.

F. Guidelines for Types of Drug Violations

All drug policy cases will have outcomes determined on case by case basis. However, in certain types of cases, additional guidelines may apply:

1. Possession or Use of Illegal Drugs: In the adjudication of all cases involving the possession or use of illegal drugs, the university's presumptive response will be suspension (as defined within this section). Residents of University Housing suspected to be in violation of any drug related policy will also be subject to immediate removal in keeping with [Student Code of Conduct](#) .
2. Trafficking in Illegal Drugs
 - a. Prior to hearing: Because the distribution of illegal drugs is a threat and danger to the health and safety of the community, when available facts indicate that the student represents an immediate threat to the safety, health, or welfare of herself/himself, other persons, or property, the university will immediately suspend alleged offenders prior to a hearing. Students who are immediately suspended may have restricted access to campus including University Housing while suspended. The continued enrollment of students not immediately suspended may be subject to conditions and restrictions.
 - b. Following the hearing: Students found responsible for the illegal distribution of drugs or controlled substances will likely be suspended or expelled.
 - c. For information on the hearing process, please contact the Office of Student Conduct at 777-4333 or www.sc.edu/osjp.

G. Financial Aid Eligibility

Students found in violation of the drug policy jeopardize their ability to receive federal financial aid for which they might otherwise be eligible.

H. Drug-Free Workplace

Faculty, staff, and administrators must adhere to the [Drug-Free Workplace Policy](#).

I. Resources

Members of the university community who are concerned about the use or abuse of alcohol or other drugs (by themselves, colleagues or their friends) may receive assistance from the following contacts:

1. Lexington/Richland Alcohol & Drug Abuse Council (LRADAC): (803) 726-9300

2. USC Counseling and Psychiatry: (803) 777-5223
3. USC Department of Student Life: (803) 777-6688
4. USC Division of Law Enforcement and Safety: (803) 777-4215
5. USC Office of Student Conduct (803) 777-4333
6. USC Office of Substance Abuse Prevention and Education: (803) 777-7716
7. USC Thomson Student Health Center: (803) 777-3175

II. Related Policies

University Policy STAF 6.26 Student Code of Conduct <http://www.sc.edu/policies/staf626.pdf>

III. Reason for Revision

Policy organization, content, and accuracy reviewed. Non-substantive changes include updating office names.

NUMBER: HR 1.01

SECTION: Human Resources

SUBJECT: Drug-Free Workplace

DATE: September 1990

REVISED: April 19, 2016

Policy for: All Campuses

Procedure for: All Campuses

Authorized by: Vice President for Human Resources

Issued by: Division of Human Resources

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I. Policy

- A. This document sets forth the University of South Carolina policy prohibiting the unlawful manufacture, distribution, dispensation, possession or use of illegal drugs, other controlled substances unless prescribed by a licensed medical practitioner, and alcohol on its property or as a part of any activities by faculty, staff and student employees regardless of status, pursuant to state and federal law. This policy is implemented in compliance with the Drug-Free Workplace Act of 1988, the Drug-Free Schools and Communities Act Amendments of 1989 and the South Carolina Drug Free Workplace Act of 1990.
- B. No employee shall report for duty or remain on duty under the influence of any illegal drugs, unauthorized prescription medication or alcohol. Violation of this policy by academic employees, regardless of tenure status, will lead to disciplinary actions up to and including termination based upon the criteria in the

Faculty Manual of the campus, and may have legal consequences.

- C. Violation of this policy by staff employees will be cause for disciplinary actions up to and including termination, pursuant to Human Resources Policy 1.39, "Disciplinary Action" and may have legal consequences.
- D. Violation of this policy by student employees will lead to sanctions detailed in the Student Drug Policy of the campus.
- E. Faculty, staff and students employed on a grant or contract are required to abide by the terms of this policy as a condition of employment on the grant or contract.

II. Procedure

- A. A copy of this policy will be made available to each new employee of the University of South Carolina at the time of their orientation and annually to all employees.
- B. Grant or contract employees are required to notify the Vice President for Human Resources or the Campus Human Resources Office, as appropriate, of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after the conviction. Federal law requires the University to notify the granting or contracting agency of a criminal drug statute conviction in the workplace within 10 days of the date the University received notification. Therefore, upon receiving notice, the Vice President for Human Resources will notify the Vice President for Research so the notice requirement to the granting or contracting agency may be satisfied.
- C. The University of South Carolina recognizes drug and/or alcohol dependence as a treatable illness. Notwithstanding Section I., and Sections II., A., B., of this policy, employees are encouraged to seek assistance for drug and/or alcohol problems before there is an incident which would cause the University to impose sanctions. Assistance may be sought through the University's Employee Assistance Program (EAP) or other programs and/or treatment facilities licensed by the State of South Carolina or by the state in which the program and/or treatment facility is located.
 - 1. Referrals to such programs may be self-referrals or supervisory referrals. If a supervisory referral is made which includes satisfactory participation in a rehabilitation program as a condition of continued employment, the referral must be made through the Division of Human Resources or the Campus Human Resources Officer.
 - 2. Referrals and records of referrals will be handled with the same degree of

confidentiality as for medical records.

- D. The University of South Carolina has established a drug-free awareness program to inform employees about the dangers of alcohol and/or drug abuse in the workplace, available drug counseling, rehabilitation and employee assistance information and the penalties that may be imposed for alcohol and/or drug abuse violations.

III. Related Policies

HR 1.95 Drug and Alcohol Testing

HR 1.39 Disciplinary Action and Termination for Cause

IV. Reason for Revision

The disclaimer was updated and references to permanent employees removed.

ADMINISTRATIVE DIVISION HR Division of Human Resources		POLICY NUMBER HR 1.95
POLICY TITLE Drug and Alcohol Testing Policy		
SCOPE OF POLICY USC System		DATE OF REVISION May 28, 2020
RESPONSIBLE OFFICER Vice President for Human Resources		ADMINISTRATIVE OFFICE Division of Human Resources

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PURPOSE

The purpose of drug and alcohol testing is to prevent the hiring and/or continued employment of individuals in safety-sensitive or security-sensitive positions who, due to the abuse of alcohol or use of illegal drugs, may harm themselves or others, or cause damage to property.

DEFINITIONS

Diluted Sample: A urine specimen with creatinine and specific gravity values that are lower than expected for human urine.

Drug and/or Alcohol Test: Any evaluation used to detect the presence of illegal drugs and/or alcohol in an individual's system. Testing will usually consist of urine sampling for drugs and/or breath testing for alcohol.

Employee: Any person having an employment relationship with the university, regardless of the appointment type (e.g. classified, unclassified, full-time, part-time, temporary, student, intern, affiliate), who works in a safety-sensitive or security-sensitive position. This policy also will apply to volunteers working in safety-sensitive or security-sensitive positions.

Illegal Drug: Any illegal substance, including but not limited to narcotics, hallucinogens, cocaine, marijuana, and designer drugs, and any controlled substances, including but not limited to amphetamines and barbiturates, that are used either without being prescribed by a licensed physician or in excess of the amount prescribed by a licensed physician. Any drug that is not legally obtainable or

that has not been legally obtained, to include prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes or being used by an individual other than the person for whom prescribed.

Medical Review Officer (MRO): A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.

Negative Result: The result reported by a certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen.

Non-Negative Specimen: A urine specimen that is reported as adulterated, substituted, positive (for drug(s) or drug metabolite(s)), and/or invalid.

Positive Result: The result reported by a certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations.

Reasonable Suspicion: Belief based upon reliable, objective facts derived from direct observation of specific physical, behavioral, odorous presence, or performance indicators being of sufficient import and quantity to lead a reasonable person to suspect that an employee has used or may be impaired by drugs or alcohol.

Safety-Sensitive or Security-Sensitive Position: A position determined by the Vice President for Human Resources or their designee to contain duties of such a nature that a compelling university interest to keep the incumbent drug-free outweighs the employee's privacy interests.

Unfit Condition: Behavior including but not limited to: drowsiness, sleepiness or sleeping, slurred and/or incoherent speech, unusually aggressive behavior, unusually depressive behavior, unusual and rapid changes in mood, disorientation or inability to concentrate, or lack of coordination in walking or performing other tasks.

Workplace: Any location on university property, including all offices and facilities (including all vehicles and equipment) whether owned, leased or otherwise used by the university or by an employee on behalf of the university from any location from which an individual conducts university business.

POLICY STATEMENT

Drug and alcohol testing applies to all employees of the university who are employed in safety-sensitive or security-sensitive positions and to employees who are required to have a Commercial Driver's License (CDL) in order to perform the essential function of their job.

Drug testing for employees required to have a CDL must conform to USDOT Regulation 49 CFR Part 40.

Job announcements for safety-sensitive or security-sensitive positions must contain language indicating that employees are subject to pre-employment and post-employment drug testing in accordance with this policy.

Every employee in a safety-sensitive or security-sensitive position shall be required to submit to random drug testing. Employees selected at random are required to report for testing within two hours after notification. All such testing shall, if practicable, occur during the selected employee's scheduled work hours and will be considered hours worked.

The university shall also require drug testing under the following conditions:

- A. Pre-employment – Each prospective employee accepting a safety-sensitive or security-sensitive position shall be required to submit to drug testing at a designated time and place following a job offer contingent upon a “negative” drug-testing result. A prospective employee who tests “non-negative” for the presence of drugs in the initial test shall be eliminated from consideration for employment. Prospective employees whose test results in a diluted sample may receive up to one re-test at the discretion of the hiring official. A subsequent diluted sample will result in the withdrawal of the job offer.
- B. Each current employee who is offered a safety-sensitive or security-sensitive position (as defined in this policy) shall be required to pass a drug test before being placed in such position, whether through appointment or promotion.
- C. Reasonable Suspicion – Any employee in a safety-sensitive or security-sensitive position shall be required to submit to a drug or alcohol test if there is reasonable suspicion (as defined in this policy) that the employee is using and/or under the influence of drugs and/or alcohol.
- D. Immediately following the discharge of a firearm or other weapon, or any use of physical force by a USC police officer that results in hospitalization, serious bodily injury, or fatality.
- E. Post-accident – Each employee in a safety-sensitive or security-sensitive position involved in an accident that occurs during the course and scope of employment shall be required to submit to a drug or alcohol test if the accident:
 - 1. Involves circumstances leading to a reasonable suspicion of the employee's drug or alcohol use; or
 - 2. Results in hospitalization, serious bodily injury, or fatality; or
 - 3. Results in or causes the release of hazardous materials.
- F. Rehabilitation Monitoring – Any employee in a safety-sensitive or security-sensitive position who is participating in a mandatory substance abuse after-treatment program (such as the Employee Assistance Program) following a “non-negative” test shall be required to submit to quarterly drug testing for a period of one year following completion of the treatment program.

An employee may not refuse to submit to substance abuse testing administered under the terms of

this policy. An employee who refuses to submit to such tests will be subject to corrective disciplinary actions and penalties up to and including termination of employment.

Employees in safety-sensitive or security-sensitive positions who test “non-negative” for illegal drugs and/or alcohol must be immediately removed from their safety-sensitive or security-sensitive duties. Employees who test “non-negative” will be subject to corrective disciplinary actions and penalties up to and including termination of employment and/or may be offered the opportunity for treatment depending on the facts/circumstances of the incident for which the test was required.

Section 56-1-2220 of the SC Commercial Driver’s License Drug Testing Act requires that all employers report to the SC Department of Motor Vehicles within three business days if an employee holding a CDL refuses to submit to a drug and/or alcohol test, tests positive for drugs and/or alcohol, or submits an altered drug and/or alcohol test.

Violation of this policy by staff will be cause for disciplinary actions up to and including termination, pursuant to university policy HR 1.39 Disciplinary Action and Termination for Cause, and may have legal consequences.

Violation of this policy by faculty will lead to disciplinary actions up to and including termination based upon the criteria in the Faculty Manual of the applicable campus, and may have legal consequences.

All information and/or test results received by the university through its drug and alcohol testing program are confidential communications, but may be used or disclosed in any civil or administrative proceeding as allowed by applicable law. Only university employees who have a need to know will have access to test results, and those employees shall keep test results confidential.

Supervisors have a significant role in establishing and maintaining the university's drug and alcohol testing program, including identifying positions that qualify as safety-sensitive or security-sensitive. Their understanding and support are key factors in establishing a successful program. Supervisors of safety-sensitive or security-sensitive positions will receive training on their responsibilities relating to alcohol and drug testing. Supervisor training is not intended to train supervisors to be drug- or alcohol-abuse experts, counselors, or to conduct medical evaluations.

The university will provide drug- and alcohol-awareness information to all employees. This is available to employees on the university’s website in the Cleary Annual Security Report provided by the Division of Law Enforcement and Safety.

The University of South Carolina recognizes drug and/or alcohol dependence as a treatable illness. Per HR 1.01 Drug-Free Workplace, employees are encouraged to seek assistance for drug and/or alcohol problems before there is an incident that would cause the university to impose sanctions.

PROCEDURES

- A. Campuses/Departments must use the drug testing vendor under contract with the university’s Division of Human Resources, unless the Vice President for Human Resources has approved the campus/department to use an alternate vendor.

- B. Campuses/Departments employing safety-sensitive or security-sensitive positions will designate an employee who will be responsible for the drug testing function in their respective campus/departments, to include record keeping and report generation.
- C. Testing will be conducted by a certified drug testing laboratory that follows accepted standards of testing and chain-of-custody requirements. Testing will usually consist of urine sampling and/or breath testing for alcohol.
- D. All “non-negative” tests will be confirmed by a second test using the same sample. All “non-negative” tests will receive a professional medical review by a licensed Medical Review Officer (MRO) whose services will be provided by the certified drug testing laboratory (vendor), which includes the opportunity for employees to explain the result.
- E. Employees who test “non-negative” will be subject to disciplinary action and/or may be offered the opportunity for treatment depending on the facts/circumstances of the incident for which the test was required.
- F. The failure of an employee to take an alcohol or drug test is considered equivalent to a verified “non-negative” drug test and subjects the employee to the same adverse employment action up to and including termination of employment.
- G. An employee who refuses to submit to an alcohol or drug test is subject to adverse employment action up to and including termination of employment. Refusing to submit to testing may include any of the following:
 - 1. Expressly declining to submit to testing.
 - 2. Failure to appear for testing after proper notification.
 - 3. Failure to provide adequate breath for alcohol testing without a valid medical explanation.
 - 4. Failure to provide adequate urine for drug testing without a valid medical explanation.
 - 5. Providing a urine sample determined by the testing laboratory and/or the Medical Review Officer to have been tampered with or otherwise altered.
 - 6. Engaging in conduct that clearly obstructs the testing process.
- H. Prospective employees, or employees hired contingent upon a “negative” drug test, will not be offered employment or will be terminated immediately if they test “non-negative.”

The following are examples of safety-sensitive and security-sensitive positions:

- 1. Positions with duties that are required or are authorized to perform the safety inspection of a structure;
- 2. Positions with duties that are required or are authorized to carry a firearm or other weapon or

- are authorized to use physical force when necessary that could result in bodily injury or death;
3. Positions with duties that allow access to controlled substances (drugs);
 4. Positions involved in patient care, to include those providing direct patient care or those drivers of State vehicles who transport patients receiving care;
 5. Positions with duties that are required or authorized to inspect, handle, or transport hazardous materials;
 6. Positions with duties that are authorized to operate or exercise any responsibility over potentially heavy or dangerous equipment;
 7. Positions with duties that require the operation or supervision of heavy equipment or machinery;
 8. Employees who are required to have a CDL in order to perform the essential functions of their position.

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES

[USDOT Regulation CFR 39 Part 40](#)

[Section 56-1-2220 of the SC Commercial Driver's License Drug Testing Act](#)

[HR 1.01 Drug-Free Workplace](#)

[HR 1.39 Disciplinary Action and Termination for Cause](#)

HISTORY OF REVISIONS

DATE OF REVISION	REASON FOR REVISION
May 28, 2020	Updated to new format Added definitions of key terms Clarified pre-employment testing (diluted sample) Clarified Rehabilitation monitoring Clarification of results of "non-negative" test Added information regarding reporting requirements under the CDL Drug Testing Act Clarified role of supervisors Removed language provided in HR 1.01 Provide for approval of alternative drug testing vendors Provided information regarding what qualifies as refusal to submit to a test