



## 2020 Biennial Review Report

### Alcohol and Other Drug Initiatives and Policies Academic Years 2017-2018 and 2018-2019

To create an environment that is free from illegal use of alcohol and drugs, USC Upstate takes various proactive steps. USC Upstate's Student Code of Conduct and employee policies prohibit any unlawful possession, use, distribution, or sale of alcohol and other drugs by students, faculty, staff, or visitors to USC Upstate, on USC Upstate-owned property and at all USC Upstate sponsored activities. USC Upstate students are also prohibited from the illegal use of drugs or alcohol whether on or off campus. The legal age in South Carolina to consume alcohol is 21. Any underage student consuming alcohol is violating standards for student conduct. Additionally, excessive alcohol use can lead to additional violations, such as driving while intoxicated or public intoxication. Health risks, educational information, and community resources associated with alcohol and drug use are discussed on our [website](#).

The Drug Free Schools and Campuses Regulations (34 CFR Part 86) of the Drug-Free Schools and Communities Act (DFSCA) of 1989 requires institutions of higher education to certify that they have adopted and implemented programs to prevent the abuse of alcohol and use or distribution of illicit drugs by students and employees both on its premises and as part of any of its activities.

The law further requires that USC Upstate conduct a biennial review of its program to assess the effectiveness of its drug and alcohol abuse prevention programs, evaluate the consistency of sanctions imposed for violations of its disciplinary standards and codes of conduct related to drugs and alcohol, identify areas requiring improvement or modification, and produce a biennial report to review USC Upstate's findings.

What follows is USC Upstate's biennial review of its drug and alcohol abuse prevention programs.

### **Introduction to the Drug-Free Schools and Campuses Act**

The Drug-Free Schools and Campuses Regulations requires that, an institution of higher education (IHE) must certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees. At a minimum, schools must annually distribute the following in writing to all students and employees:

- Standards of conduct prohibiting the unlawful possession, use or distribution of illicit drugs or alcohol by students and/or employees
- A description of the legal sanctions under local, state, or federal law related to the unlawful possession or distribution of illicit drugs and alcohol
- A description of any drug or alcohol counseling, treatment or rehabilitation or re-entry programs available to students and/or employees
- A clear statement that the institution will impose sanctions on students and employees, a description of those sanctions, up to and including expulsion/termination of employment, for violations of these standards of conduct

Additionally, the Drug-Free Schools and Communities Act (DFSCA), Part 86 requires that, as a condition of receiving funds or any other form of financial assistance under any federal program, an Institution of Higher Education (IHE) must certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees both on the institution's premises and as part of any of its activities. If audited, failure to comply with the Drug-Free Schools and Campuses Regulations may cause an institution to forfeit eligibility for federal funding. Creating a program that complies with the regulations requires an IHE to do the following:

1. Prepare a written policy on alcohol and other drugs.
2. Develop a sound method for distribution of the policy to every student and employee each year.
3. Prepare a biennial review report on the effectiveness of its Alcohol and Other Drug (AOD) programs and the consistency of policy enforcement.
4. Maintain its biennial review report on file so that it can be submitted, if requested by the U.S. Department of Education, other entity or individual.

### **Overview of the Biennial Review Report**

The law further requires institutions to conduct a biennial review of its alcohol/other drug prevention efforts. The following required review has two objectives:

1. To determine the effectiveness of the AOD prevention program and identify any improvements that need to be implemented.
2. To document that the institution consistently applies disciplinary sanctions for violations of its AOD-related policies.

The biennial review report should include a summary of strengths and weaknesses in the institution's prevention efforts. Most noteworthy would be the use of evidence-based programs and evaluation data showing that the institution's efforts are working. The biennial review must also include information related to the number of AOD-related violations and fatalities occurring on the campus, as well as the number and type of sanctions imposed on students and employees for violations of the standards of conduct. Finally, the biennial review report should include a copy of the distributed policies. Note that campus officials should review the annual notification on a regular basis so that it reflects current case law and changes in federal, state, and local laws, and to ensure that the policies are reasonable, comprehensive, and enforceable. The 2020 USC Upstate Biennial Review Report follows the recommended sequence published by the Campus Prevention Network, which includes:

- A. A description of the campus officials assigned responsibility for conducting the review;
- B. The inventory of programs, policies, and enforcement procedures, with special note made of those interventions that are evidence-based;
- C. Findings from the institution's data monitoring and evaluation work;
- D. Documentation regarding the consistency of enforcement; and
- E. Recommendations for improvement.

#### **A. Biennial Review Committee**

In support of the safety and health of its students and employees, and pursuant to its obligation to conduct a biennial review of its drug and alcohol abuse prevention programs, USC Upstate has authorized an administrative review of those programs to be completed every two years. The purpose of this review is to consider whether USC Upstate is meeting its obligations under DFSCA regulations, to summarize the related policies, procedures and programs, and to recommend any appropriate enhancements to those policies, procedures, and programs.

USC Upstate's Biennial Report is coordinated through the Division of Student Affairs. The report is a collaborative effort represented by colleagues from the Office of the Dean of Students; Campus Health Services; Greek Sorority and Fraternity Life; Housing/Residential Student Services; Office of Institutional Equity, Inclusion, and Engagement; Department of Financial Services; Department of Athletics; and Office of the Chancellor.

The 2019 Biennial Report Core Team/Committee included:

- **Dr. R. Britton Katz** - Interim Vice Chancellor for Student Affairs and Dean of Students; Division of Student Affairs

- **Jane Brown** – Risk Management and Compliance Coordinator; Department of Financial Services
- **Kyle Brunen** – Director of Institutional and Student-Athlete Wellness; Office of the Chancellor/Department of Athletics

## **B. Inventory of Programs, Policies, and Enforcement Procedures**

The University of South Carolina Upstate is committed to providing rigorous, career relevant, and accessible education; enhancing the quality of life in the Upstate of South Carolina; and being the University of choice for faculty, staff, students, and the community. While USC Upstate does not have an institutional goal or objective for the AOD Program, we are dedicated to the cultivation of an inclusive campus environment that advances equity, wellness, and civility, as outlined in item 3(b) of the *UpTogether* Strategic Plan. Procedures and strategies for distributing annual AOD notification to students and employees are included below. A primary shortcoming of USC Upstate's current AOD is the lack of distribution of AOD policies and procedures to every student, every year. An institutional definition, goals, objectives, strategies, tactics, and pervasive systematic distribution and assessment are certainly crucial aspects of USC Upstate's AOD improvement plan moving forward.

Regular updates to the campus inventory of all AOD prevention education policies and programming occur annually. A brief summary of programming consists of incoming 1<sup>st</sup> year and transfer student education including the Fall 2018 campus-wide adoption of the "Not Anymore-Alcohol and Substance Abuse" computer-based learning module; U101 courses in College Success, Student-Athlete AOD Education; Student Life and Department of Public Safety programs and literature specific to the dangers of alcohol and substance abuse (Spartan Safety Week, *Mocktails*, etc); residential programming in alcohol awareness; the USC Upstate Employee Policy Portal; the Employee Assistance Program (EAP); Annual Security and Fire Safety Report; the USC Upstate Student Handbook; Alcohol Awareness Email Communications; and a host of additional services supporting the health & wellbeing of students in relation to AOD education or response.

Copies of the [alcohol and drug policy](#) distributed to students and employees can be located on the [policies and procedures](#) page of the USC Upstate website.

## **Health Education**

USC Upstate is committed to providing a safe and healthy environment for students, faculty, staff and visitors. The mission of Health Education is to provide a diverse range of comprehensive health educational workshops, health promotion campaigns and supplementary health education strategies in addition to assisting students in understanding health issues that will serve as a basis for personal and professional lifestyle changes. As such, USC Upstate provides comprehensive alcohol and drug related services to all students on both the main campus and Greenville Campus. We also work to provide information to students and encourage them to address high-risk behaviors associated with heavy alcohol and/or drug use.

A student who is suspected of violating the drug policy while living in on-campus housing will be subject to immediate removal from housing as a response to violating the terms of the housing contract. Students found in violation of the drug policy jeopardize their ability to receive federal and state financial assistance for which they might otherwise be eligible.

Some of our resources include:

- Alcohol Education courses for incoming students
- Educational seminars, presentations, and [lunch and learns](#)

### **Not Anymore**

Not Anymore is a suite of interactive online alcohol and other drug and sexual assault prevention programs that features numerous true student testimonials to foster genuine empathy in viewers. Designed to prevent sexual assault, dating and domestic violence and stalking, Not Anymore helps your institution meet Title IX education mandates.

These responsibilities of documenting student compliance with the Not Anymore program are newly housed in the Office of Institutional Equity, Inclusion and Engagement but has historically been the responsibility of the Health Educator position in Student Affairs. That position is currently being reimagined to better serve our campus community. Current administration and oversight of Not Anymore programs and student compliance rests with the EO/Title IX Coordinator, Alphonso Atkins and the Office of Institutional Equity, Inclusion and Engagement. Before Fall 2018, USC Upstate used the Everfi-based Haven electronic learning modules for mandatory student training. The transition from the Everfi-based training to the Not Anymore program began late in the Fall 2018 semester due to unfortunate timing in employment transition between individuals in the Health Educator position. The Not Anymore system did not begin in the Summer of 2018 as it would have normally and began much later into the academic year (September, 2018). University administration deemed it unfair to enforce restrictions on student's ability to register or complete necessary processes due to the institutions inability to launch the training in a timeframe that allowed students a reasonable amount of time to complete the requirement. Testing completion percentages for first year students (58%) and non-traditional students (47%) reflect the absence of enforceable accountability measures in place for that time period.

Through the administrative portal of the Not Anymore software program, multiple reports can be run to determine which students successfully complete the mandatory training. Failure to do so could result in students being unable to enroll in future course terms until the module is successfully completed.

### **Alcohol & Other Drugs**

***Not Anymore for Alcohol & Other Drugs*** is a 30-minute, reality-driven suite of interactive, online videos and tests designed to educate students on the risks of the abuse of alcohol and other drugs, and to teach successful strategies for handling dangerous situations related to these substances. Student testimonials throughout the

program foster viewer empathy on these issues to help reduce the abuse of alcohol and other drugs. Topics include:

**GPA, Brain, Peers, Life.**

Features four modules: Your GPA, Your Brain, Your Peers and Your Life. Each section provides extensive, research-backed evidence of the detrimental effects alcohol and other drugs can have, and how social skills and interactions can help reduce harm associated with these substances.

**Social norming.**

Uses social norming throughout to overcome students' mistaken beliefs about their peers' use of these substances. For example, students leave the program fully informed that most students who drink do so responsibly.

**Peer-based reality.**

Uses peer presenters throughout and includes survivor stories and testimonials from students of similar ages who bring credence to the program's warnings.

**Harm reduction.**

Teaches students practical ways to reduce the risk of harm from these substances while maintaining an active social life.

**University Courses in College Success**

UNIV U101 - The Student in the University, UNIV U102 - Freshman Orientation, and UNIV U103 - Freshman Orientation each have curricula and education dedicated to the acclimation of freshman students to the University setting. The goal of these foundational classes are the successful transition into higher education through social, personal and academic development. Topics include study skills, time management, goal setting, careers, health and wellness, responsibility, cultural awareness, and the enhancement of the relationship between the faculty adviser and the student. Within the health & wellness portion of the curricula, instructors deliver alcohol and other drug education as well as additional education in related areas including sexual misconduct, bystander intervention, sexually transmitted diseases, and safe sex practices, among other meaningful topics.

The Division of Student Affairs, in partnership with Student Success, presented Dr. Lori Hart's "A Few Too Many: Our Campus Culture of Alcohol" on **August 28, 2019**. This session was delivered across 2 sessions in the HPAC Theater to 543 first year students enrolled in U101.

**Athletics – Student-Athlete AOD Education**

The Department of Athletics includes similar onboarding procedures to freshman students with an increased focus on alcohol, other drugs, and illegal performance-enhancing substances. These curricula are typically delivered via special speakers and or university staff. Typically, further education is coordinated throughout the specific period of time defined as "off-season" by each sport. This is a time where student-

athletes spend more time focused appropriate preparation for their competitive season. This preparation includes physical health, mental health, nutrition, stress management, sexual health, financial skill-building, among others. Woven into most of the preceding topics, alcohol and other drug information is discussed as a detriment to physical and mental performance, team culture, and accountability. Information is delivered through many different mechanisms including special speakers, online modules, educational podcasts and videos, and NCAA resources.

### **Division of Student Affairs/Student Life, Student Success, Public Safety, Residential Prevention Education**

Prevention education delivered through Housing & Residential Services include programs which focus on general alcohol education and recommendations related to alcohol and other drug safety. Integrated structure exists for alcohol and other drug monitoring. When violations of AOD policy occur, the ability to communicate and create accountability with students exists appropriately.

Programming generally includes 1-2 programs per semester per residential building with an alcohol education component for residents. 6-12 programs in a typical academic year. Examples include Mocktails, Safety Week, Safe Spring Break, Thirsty Thursday, among others.

The Division of Student Affairs, in partnership with Student Success, presented Dr. Lori Hart's "A Few Too Many: Our Campus Culture of Alcohol" on **August 28, 2019**. This session was delivered across 2 sessions in the HPAC Theater to 543 first year students enrolled in U101.

### **Employee Policy Portal**

Regular update and review of the USC Upstate [Employee Policy Portal](#) to ensure dissemination and annual acknowledgment and compliance with the Drug Free Workplace and AOD employee policies and corresponding rehabilitative resources

The Drug and Alcohol Use in the Workplace Policy can be found [here](#).

### **Employee Assistance Program (EAP)**

The Employee Assistance Program, commonly referred to as EAP, was developed as a way for the university to support our employees through times of need. Benefits-eligible employees have access to services 24 hours a day, 365 days a year to assessment and counseling services, legal access services, online educational seminars and training, and financial services among others. In regard to AOD related compliance, employees and family have access to face-to-face counseling sessions in which a thorough assessment can be conducted by a licensed, experienced clinician in their area. Reasons to use the EAP include many different aspects which includes dense resources dedicated to alcohol and drug use/abuse and life events which are closely related to substance abuse including: marital difficulties, parenting, stress, depression, work-related concerns, or grief and loss.

### **Annual Security and Fire Safety Report**

Continued publication and distribution of the USC Upstate Annual Security and Fire Safety Report (which contains Alcohol and Substance Abuse Information and Education) applicable to students and employees.

### **USC Upstate Student Handbook**

Continued publication and distribution of the USC Upstate Student Handbook which contains Alcohol and Substance Abuse Information; correlative resources; South Carolina Laws and definitions; and student grievance policies, general provisions regarding distribution consumption, and possession; subsequent sanctioning policies and educational outreach assessments.

### **Alcohol Awareness Email Communications**

Continued annual publication and dissemination of "Alcohol Awareness" email distributed by Department of Public Safety ahead of university homecoming in February.

### **Additional Services**

#### **Student Health Services**

Provides confidential, comprehensive health care and advice to students including educating students on health risks (short and long term) of substance use and abuse. Referrals are made to the mental health counselor and to community treatment agencies.

The professional medical staff provides screening and early intervention services. Any student who is evaluated in the USC Upstate Health Center and/or requires admittance for alcohol or other drug problems is referred to any number of institutional and/or external community resources.

### **Counseling Center**

The counseling center is staffed with professionally trained and experienced counselors in addition to a psychiatric consultant. They provide confidential short term counseling on almost any mental health issue. There are individual and/or group counseling sessions with the goal of the Counseling Center to empower clients to capitalize on their own resources and cope with their individual situations. Clients with a history of abuse or addiction issues are referred to the community resources with specialists in this area of expertise.

### **Spartans Care**

Spartans Care is a campus-wide initiative that encourages USC Upstate students to support, respect and take responsibility for one another. Spartans Care strives to foster a community where students reach out to students in need and assist in referring them to appropriate resources on campus.

The purpose of this initiative is to:

- Share a listing of campus and community resources that supports students in academic and personal matters.
- Promote participation of students in the lives of their friends who may not know how or feel comfortable seeking assistance from university resources.



- Assist in connecting students with campus resources.
- Reach out to students who are either self-identified or identified by others, to provide appropriate referrals.
- Teach faculty, staff and students about the resources available for our Upstate community.
- Avoid isolation of students who need assistance.
- Nurture a community that values and cares about each other.
- Send a positive message to students about our care and concern for them and their success.

### **Public Safety and Parking**

Public Safety and Parking exists to serve and protect the physical and human assets of the University of South Carolina Upstate by promoting and maintaining a safe, secure and healthy campus environment. This is realized through engaged community-oriented policing, effective fire prevention and inspection, service-oriented Fleet Management operations, efficient Parking Services and a professionally run Office of Risk Management. Our mission significantly contributes to and supports an environment where staff, students and faculty may flourish in the pursuit of academic excellence.

### **Upstate External Resources**

#### **USC Upstate Survival Resources**

For students that have been sexually assaulted or are a survivor of sexual violence, there are many resources that USC Upstate and surrounding communities offer in support. Several resources also maintain confidentiality. An asterisk (\*) denotes confidential resource below.

#### **External Resources:**

**Safe Homes Rape Crisis Coalition** (24 Hour Hotline) \*confidential resource

SAFE Homes – Rape Crisis Coalition provides services to victims of domestic violence in Spartanburg, Cherokee, and Union Counties. Their mission is to use a collective voice to address the impact of domestic and sexual violence by providing quality services to those affected and to create social change through education training and activism.

**Male Survivor Support** (online support group)

<https://1in6.org> \*confidential resource

The mission of [1in6](https://1in6.org) is to help men who have had unwanted or abusive sexual experiences live healthier, happier lives. Their mission also includes serving family members, friends, partners, and service providers by providing information and support resources on the web and in the community.

**Local County Alcohol and Drug Abuse Programs** (Out-patient drug and alcohol counseling and prevention services):

**The Forrester Center for Behavioral Health** (Spartanburg County): 864-582-7588

**Greenville County Commission on Alcohol and Drug Abuse:** 864-467-3790

**Local Support Groups:****Al-Anon and ACOA:** 864-585-1930**Alcoholics Anonymous:** 864-585-1930**Narcotics Anonymous:** 1-800-828-5689**Toll-free Resources:****Alcohol and Drug Abuse 24-hour Helpline:** 1-800-234-0420**Cocaine Hotline:** 1-800-COCAINE**Drugstore Clearinghouse:** 1-800-942-3425**Treatment Facilities** (in-patient drug and alcohol treatment)**Addlife Addiction Services** (Greenville): 864-852-8520**Center for Behavioral Health** (Greer): 864-235-2335**Haven for Hope** (Spartanburg): 864-472-9083**Strength and Weaknesses of Current AOD Programming:****Strengths:**

USC Upstate has recently completed the first National College Health Assessment (NCHA) developed by the American College Health Association. This assessment is a nationally recognized research survey that can assist the institution in collecting precise data about USC Upstate student's health habits, behaviors, and perceptions. This data, in tandem with the recent completion of campus climate surveys, will serve as a strong foundation for future assessment and subsequent improvement of AOD programming.

Numerous credentialed and experienced educators in alcohol/drug education are employed at USC Upstate. This is a ready and willing resource to help meet the needs discovered by this study of the institution's current program inventory. Additionally, USC Upstate made the strategic decision to utilize "Not Anymore", an evidence-based educational resource on AOD and sexual misconduct provided by Vector Solutions. While the previous resource utilized for delivery of this education was evidence-based as well, Not Anymore allows the institution to educate students and systematically track their progress and completion seamlessly. This type of programming and assessment can potentially be used with the entire student population and evaluated in tandem with campus climate data to create unique programming to meet specific goals. Utilization of Not Anymore is also implemented as a mandatory step in the application process for new students and utilized as a sanctioning tool for policy offenders. The integration of this education in the onboarding process leads to higher compliance among first year and new transfer students. Furthermore, to minimize the amount of holds, current AOD administrators have collaborated with Admissions and Enrollment to incorporate Not Anymore module compliance into "Virtual Orientation" processes for the upcoming entering class (new students and transfers) in Fall 2020. By sharing Not Anymore completion data with Enrollment in a timely fashion, we should be able to monitor and ensure compliance throughout the orientation period and more importantly, previous to the start of the semester (with some exceptions for late student enrollment). If aligned properly, completing the Not Anymore module will be required of incoming students in orientation before being allowed advisement and enrollment.

USC Upstate also holds numerous, meaningful campus events including: Spartan Safety Week, *Mocktails*, *#MeTooHigherEd* – Coercion, Law, and Ethics and Sexual Misconduct on Campus. In combination, these events reach a wide breadth of the student population, although intentional collection of program feedback is required to assess its effectiveness.

Finally, the systematic and electronic annual distribution of Drug Free Workplace policies and procedures to USC Upstate employees is a strength in meeting the requirements of DFSCA. Responsible parties must ensure that this action is continually tracked and enforced effectively.

**Weaknesses:**

In contrast to the University's strengths, several weaknesses have been revealed in this self-study. While USC Upstate has a wealth of faculty and staff that have alcohol and other drug expertise, their position descriptions lack the intentional assignment to contribute to AOD related work. This strategic action assists in creating systematic effectiveness, regardless of faculty or staff attrition and seeks to hire employees who embrace this responsibility as a part of their role at the University.

A history of providing programs and services is present at USC Upstate although they are discretely provided without a centralized office to administer them. A centralized approach under one administrator and division is an integral strategy for improvement moving forward.

USC Upstate also lacks a specific mission and objective dedicated to AOD Programming. This is a foundational weakness which should also be addressed by the institution's improvement plan.

Current educational efforts exist pervasively for first year and new transfer students, but universal education for the entire student population does not currently exist. While meaningful AOD programming does happen on campus, it is siloed, and a common lack of cross communication exists. The aforementioned execution of a centralized approach, along with the creation of the USC Upstate AOD Task Force, will help to remedy the lack of communication and potentially improve collaboration on future AOD programming.

Currently, a new culture of systematic tracking and assessment at USC Upstate is beginning under new leadership. For the confines of this report, that strength did not exist but certainly will moving forward. This culture of assessment in place will assert that all students have received AOD policies, procedures, and sanctions every year, and will continually assess student learning.

Current strategic action in regard to public scholarship should focus on partnerships dedicated to strengthening AOD related programming at the university and in the community. Currently, this type of partnership does not exist pervasively with partners

such as primary education institutions to help change behaviors before attending secondary education institutions.

The USC Upstate Health Educator position was paused in the 2018-2019 Academic year for potential restructuring and revisioning of this important role. These duties were not being actively overseen by another staff member at the institution during that time. This lack of oversight led to underachievement in AOD related education efforts across campus which still persists. The activation of this responsibility by either this role or a combination of others at the institution is an important part of the AOD improvement plan. Prior to the pausing of this position, tracking of AOD Education completion was done manually and inherently, was a monumental task for the Health Educator position. This responsibility limited the amount of educational impact that was intended for the role and was the impetus of the position's pausing and reimagining.

The adoption of the Not Anymore suite of educational products began late in the Fall 2018 semester. Current administrative leadership at the time felt that it was unfair to enforce restrictions on student's ability to register or complete necessary processes due to the institutions inability to launch the training in a timeframe that allowed students a reasonable amount of time to complete the requirement. Testing completion percentages for first year students and transfer students reflect the absence of accountability measures in place for that time period. The ability to assess completion seamlessly will help to remedy the aforementioned challenge of manual tracking in the past.

Another foundational shortcoming is the lack of a distribution of AOD policies and procedures to all students. In the past, fulfillment of this requirement was only partially met by distributing hard copies of the Student Handbook, which discloses the aforementioned policies and procedures regarding AOD conduct, offenses, and sanctions. Receipt of the Student Handbook was not tracked systematically and is difficult to ascertain how effective this strategy was at meeting compliance. USC Upstate has decided to electronically disseminate the Student Handbook and consequently, institutional policies and procedures related to alcohol and drug use in the future. This strategy holds the potential for more pervasive distribution. Additionally, the annual receipt of these policies and procedures should be strategically documented and tracked appropriately for students, faculty, and staff.

### **C. Institutional Data Monitoring and Evaluation**

USC Upstate has utilized a series of assessment tools to capture the effectiveness of prevention education programming. In Fall 2018, USC Upstate launched its inaugural student-focused **campus climate survey** and **employee engagement survey** to elevate the impact of University efforts in promoting student and employee wellness, sense of belonging and identity affirmation. While the campus climate survey does not ask specific questions about alcohol and other drugs, it does ask related questions regarding sexual assault and misconduct, where free form comments help to guide where students are receiving education and information regarding alcohol and other drugs.

USC Upstate does have pertinent data for AOD module compliance (*Alcohol.edu* and *Not Anymore*) from previous academic terms (beginning 2015-16) that document efforts specific to AOD prevention education and EDGAR 86 compliance. Prior to the 2018-2019 academic year, tracking of Everfi AlcoholEDU platform was accomplished manually by the Health Educator position. Retrospectively, it is difficult to ascertain the accuracy of these tracking tools. Excel spreadsheets are not time/date stamped with a completed version of the tracker which makes it difficult to determine an accurate percentage of trainings completed. For this reason, we have not included that data below, but have included the accurate data collected since the implementation of the Not Anymore education platform. Additionally, an inherent shortcoming of this strategy is its narrow focus at the institution. It is aimed at incoming freshman and transfers and inherently misses a significant percentage of students attending the university. Systematic education and training are necessary which target the entire campus population of students (of any tenure) faculty and staff.

A future enhancement planned for systematic assessment is the dissemination of the American College Health Association - National College Health Assessment (NCHA), which is a nationally recognized research survey designed to collect precise data about students' health habits, behaviors, and perceptions. This survey will be combined with the institutional Campus Climate Survey to get a comprehensive perspective of the impact of University efforts in promoting student and employee wellness, sense of belonging and identity affirmation.

**Data Evaluation:**  
**Not Anymore Completions**

<b>Cohort File</b>	<b>Curriculum</b>	<b>Course</b>	<b>Total</b>	<b>Complete</b>	<b>% Complete</b>	<b>Avg. Pre Test</b>	<b>Avg. Post Test</b>
FA18 New Undergraduate Students	Alcohol and Other Drugs	University of South Carolina Upstate - Alcohol and Other Drugs	2149	1242	58%	54%	78%
FA18 New Non-Traditional Students	Alcohol and Other Drugs	University of South Carolina Upstate - Alcohol and Other Drugs	591	279	47%	58%	79%

## **National Collegiate Health Assessment (NCHA) - Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)**

### **Introduction:**

The [NCHA survey](#) is a tool administered by the American College Health Association (ACHA) and includes several previously validated instruments including the ASSIST. The [ASSIST was developed](#) by a collaboration of substance abuse researchers in coordination with the World Health Organization. The primary use of the ASSIST is to screen for substance abuse in health settings, and there is considerable reliability and validity evidence from a number of independent researchers in various clinical and non-clinical settings. The current version, ASSIST 2.0, contains 8 items related to life-time substance use, current (past 3 months) use, current dependence, current problems, and risk.

*From the ACHA:* The ASSIST generates a Substance Specific Involvement Score (SSIS) for each of 12 different substances (tobacco, alcohol, cannabis, cocaine, prescription stimulants, meth, inhalants, sedatives or sleeping pills, hallucinogens, heroin, prescription opioids, and other substances). The range for each SSIS is 0-39, where the higher the score reflecting a higher level of risk associated with that substance use. Each of the 12 SSIS's are then collapsed into a risk category of low risk, moderate risk, or high risk.

### **Administration Details**

Full-time degree-seeking students that are not 100% online ( $N = 3,960$ ) were solicited for participation via e-mail from ACHA from Thursday March 26<sup>th</sup> until Friday April 10<sup>th</sup>. A total of 159 students opted to participate, a response rate of approximately 4%. While this response rate is not desirable, the onset of a global pandemic (COVID-19) and accompanying peripheral disruptions in education, child-care, employment, and well-being are likely to have attenuated the participation of students.

Sample characteristics generally aligned with the broader student population's demographics, with 29% and 61% of respondents reporting as "Black or African American" and "White," respectively. The average age of respondents was 21.5 years, and 73% reported female gender, 25% male, and 1.3% non-binary. Thus, it appears that the sample is an acceptable reflection of the university's student population in terms of race, gender, and age.

### **Findings**

#### ***Self-reported Lifetime and Recent Substance Use***

Self-reported use of various substances was distinguishing between "ever used" and "used in the last 3 months." In regard to recent substance use, males were generally more likely to report substance use at relatively higher levels than females except for alcohol where 67.2% of females reported recent use versus 37.5% of males.

Additionally, students reported substance use that mimics national non-college and college trends as well, with alcohol, tobacco, and marijuana use being the most prevalent substances used in the last 3 months, and methamphetamine, heroine, and inhalants being the least prevalent.

### ***Moderate and High-Risk Categories***

The percentage of total students taking the NCHA survey were aligned to moderate and high-risk categories. Trends within moderate risk of use were meaningful, as there were adequate numbers of respondents in several substance categories to make inferences regarding students' risk of use. Students' use of tobacco is a pressing concern for both male and female students. Of those using tobacco (14 males and 28 females), e-cigarettes appear to be the most frequent method for consuming tobacco/nicotine. Additionally, more than 10% of students were categorized as being at moderate risk for both alcohol and cannabis. No other categories reported levels high enough for a confident interpretation given the sample size.

### ***Negative Experiences with Alcohol Use – Last 12 Months***

The survey results reveal percentages of students reporting various negative experiences when drinking in the last 12 months. This data includes only those that reported drinking alcohol within the last 12 months and not the entire sample. Most concerning is the much higher rate of blackout, brownout, and physical injury experiences for females compared to males.

The full analysis of the ACHA-NCHA ASSIST results is included as an addendum to this report.

### **D. Consistency of AOD Enforcement**

The following data regarding AOD violations, sanctions and fatalities is from the period Jan-Dec 2018 and pulled from our **Department of Public Safety**:

- 0 fatalities due to drug or alcohol use/abuse on campus.
- 60 criminal reports for drug law violations on campus
- 62 disciplinary referrals to Dean of Students for drug law violations on campus
- 4 criminal reports for alcohol violations on campus
- 50 disciplinary referrals to Dean of Students for alcohol violations on campus

Specific to the **Office of Dean of Student and Student Conduct**:

#### **Reported disciplinary cases:**

- 28 alcohol and 32 drugs (AY 2017-18)
- Sanctions Issued (41)
- *Not Anymore* Module Completion
  
- 14 alcohol and 14 drugs (2018-2019)
- Sanctions (26)
- *Not Anymore* Module Completion

All AOD related disciplinary cases in which students are found responsible for conduct violations include the sanction of *Not Anymore* module completion which consists of

several vignettes/videos that included vivid descriptions of the health risks associated with illicit drug use and alcohol abuse.

## **E. Recommendations for AOD Program Improvement**

### **General Recommendations for Improvement**

Part 86 of the Drug-Free Schools and Communities Regulations requires that, as a condition of receiving funds or any other form of financial assistance under any federal program, an Institution of Higher Education (IHE) must certify that it has adopted and implemented a policy and program to prevent the unlawful possession, use, or distribution of illicit alcohol and other drugs (AOD) by students and employees. Creating a policy and program that complies with the regulations requires an IHE to do the following:

1. Prepare a written AOD policy.
2. Develop an AOD prevention program.
3. Develop a sound method for distribution of the AOD policy and (information on) prevention program to every student and employee every year.
4. Enumerate the number of AOD violations and arrests that occur on campus or as part of the university's activities.
5. Enumerate the number and type of sanctions imposed from AOD violations and arrests that occur on campus or as part of the university's activities.
6. Review the colleges' AOD policy and program(s) and document recommendations for their improvement biennially.
7. Maintain a copy of the Biennial Review Report on file, so that, if requested to do so by the U.S. Department of Education, the campus can submit the Report for a compliance review.

The biennial review report should include a summary of strengths and weaknesses in the institution's prevention efforts. Most noteworthy would be the use of **evidence-based programs and evaluation data showing that the institution's efforts are working**. Other potential areas of strength might include visible presidential leadership, having a well-trained and experienced AOD prevention office, strong budgetary support, an active campus community coalition, and a solid data collection system. The list of identified gaps should be informed by an updated, systematic assessment of the AOD-related problems that both students and the community are experiencing.

### **Having a compliant program also requires that IHEs do the following:**

1. Annually provide each student and employee with a **written** statement outlining its standards of conduct; a description of appropriate sanctions for violation of federal, state, and local law and campus policy; a description of the health risks associated with alcohol and other drug (AOD) use; and a description of available treatment programs.
  - The regulations specify that the annual notification to students and employees must include the following items:



- a. Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees
  - b. A list of applicable legal sanctions under federal, state, or local laws for the unlawful possession or distribution of illicit drugs and alcohol
  - c. A list of applicable legal sanctions under federal, state, or local laws for the unlawful possession or distribution of illicit drugs and alcohol
  - d. A description of the health risks associated with the abuse of alcohol or use of illicit drugs
  - e. A list of drug and alcohol programs (counseling, treatment, rehabilitation, and reentry) that are available to students and employees
  - f. A clear statement that the IHE will impose disciplinary sanctions for violations of these standards of conduct and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution
2. Use several diverse, reliable methods for distributing the annual notification so it can be **documented that it reached every student and employee.**
  3. Prepare a biennial review report on the effectiveness of its AOD programs and policies and the consistency of its policy enforcement.

### **Assigning Responsibility for Ensuring Compliance with EDGAR**

The federal regulations do not specifically instruct IHE's on which individual or office should be responsible for overseeing compliance with Part 86. However, an institution may be best served by assigning this responsibility to an entity already charged with ensuring compliance of other federal regulations such as Title IV, Title IX, and the Clery Act. This is preferable to responsibility being spread across multiple departments or divisions, particularly at institutions where communication is more of a challenge due to size or organizational structure. Campuses have several options for who or where to assign responsibility: general counsel, compliance office, office of financial aid, etc. For a number of reasons, it may not be appropriate to delegate responsibility to the AOD office or practitioner. As the resident prevention expert, they can and should play a significant role in development of the biennial review and serve in an advisory role to whoever is ultimately responsible for certifying the institution's compliance.

Basic to the success of any prevention program is the need to ensure the widespread involvement of key stakeholders, including students, faculty members, alumni, and community members, in the program's design and implementation. Leadership from college and university presidents and other senior administrators is key to institutionalizing prevention as a priority on campus.

- Design programs based on a thorough needs assessment of objective data.
- Establish a set of measurable goals and objectives linked to identified needs.
- Implement prevention activities that research or evaluation have shown to be effective in preventing high-risk drinking or violent behavior.
- Use evaluation results to refine, improve, and strengthen the program and refine goals and objectives as appropriate.

## **Specific Recommendations for Improvement** **Institutional Structure and Function**

**Recommendation 1:** Hiring a full-time Health Educator position to act as the lead Alcohol and Other Drug liaison for both USC Upstate campuses.

**Recommendation 2:** Assigning responsibility to one University entity to ensure compliance with EDGAR. USC Upstate may be best served by assigning this responsibility to an entity already charged with ensuring compliance of other federal regulations such as Title IV, Title IX, and the Clery Act.

**Recommendation 3:** Forming the USC Upstate AOD Task Force. Ensuring the widespread involvement of key stakeholders including the University Chancellor and other senior leaders/administrators is key to institutionalizing AOD prevention as a priority on campus. Students, faculty members, alumni, and community members, should be included in the program's design process and implementation.

**Recommendation 4:** Develop an AOD prevention program implementing evidence-based strategies:

1. Develop a sound method for distribution of the AOD policy and (information on) prevention program to every student and employee every year.
2. Enumerate the number of AOD violations and arrests that occur on campus or as part of the university's activities.
3. Enumerate the number and type of sanctions imposed from AOD violations and arrests that occur on campus or as part of the university's activities.
4. Review the colleges' AOD policy and program(s) and document recommendations for their improvement biennially.
5. Maintain a copy of the Biennial Review Report on file, so that, if requested to do so by the U.S. Department of Education, the campus can submit the Report for a compliance review.

## **Student Attitudes and Culture**

**Recommendation 1:** USC Upstate should assess the Alcohol and Other Drug (AOD) culture on its individual campuses through environmental scans, current campus data and faculty/staff/student focus groups, and systematic NCHA assessment which can provide a strong baseline of information, including documenting and evaluating all programs for effectiveness.

**Recommendation 2:** USC Upstate should create and adopt institutional guidelines and procedures that require regular reporting of AOD abuse issues.

## **Education and Prevention**

**Recommendation 1:** USC Upstate should develop comprehensive, evidence-based programs to reduce the harm associated with AOD abuse among students.

**Recommendation 2:** USC Upstate, with guidance and assistance from the USC Columbia where appropriate, should assess options for ensuring the presence of a professional staff of AOD abuse counselors and/or other trained professionals necessary to support the AOD education and prevention efforts of the institution.

**Recommendation 3:** USC Upstate should select a representative to participate in regular, system-wide meetings to review and discuss current trends and emerging best

practices in AOD education, prevention, intervention, and recovery and support services for adoption and implementation across the state.

**Recommendation 4:** USC Upstate should develop a positive messaging framework that promotes healthy decision-making around AOD use and discourages AOD abuse.

### **Public/Private Partnerships**

**Recommendation 1:** USC Upstate should engage with the South Carolina Alcohol and Beverage Commission to explore stronger penalties for the underage sale of liquor and similar violations.

**Recommendation 2:** USC Upstate should promote greater interaction between officials involved in alcohol and drug enforcement at the campus and local levels.

**Recommendation 3:** USC Upstate should create dialogue with Spartanburg County and appropriate community groups by directing its Committee on Student Activities and Student Life to bring fresh perspective to these and other issues:

1. AOD abuse in middle schools and high schools and how prevention efforts, if introduced at this level, could reduce the AOD problem in colleges and universities;
2. A more in-depth review of the prevalence of illicit drug use within institutions of higher learning in the state;
3. Pilot programs to combat AOD abuse and gather relevant data.
4. The Task Force should also note the importance of continuing to ensure the voice of USC Upstate students is heard and part of future discussions.

### **Policies**

Copies of the [alcohol and drug policy](#) distributed to students and employees can be located on the [policies and procedures](#) page of the USC Upstate website.

## **Addendum**

USC Upstate ACHA/NCHA ASSIST Report - Spring 2020  
Prepared by Academic Affairs 5/18/2020

### **Purpose**

The purpose of this report is to provide a) a brief introduction of the National Collegiate Health Assessment (NCHA) survey, b) a summary of self-reported substance use, and c) a general discussion of those findings. This document accompanies the American College Health Association's (ACHA) reports, and together they provide an indicator of students' substance use-related behaviors. Despite the limitations noted below, the data may inform decision-making related to students' well-being.

### **Overview of the NCHA and ASSIST**

The [NCHA survey](#) is a tool administered by the American College Health Association (ACHA) that includes several previously validated instruments (e.g., the Alcohol, Smoking and Substance Involvement Screening Test; ASSIST) and publisher-created items that measure facets of students' on and off-campus experiences, such as sleep and food insecurity. The [ACHA provides psychometric evidence](#) for the current version of the survey, the ACHA-NCHA-II, and the subscales contained within the survey are acceptable measures of their espoused constructs (e.g., sleeping behavior, physical health, etc.). The ACHA also provides [examples of published research](#) using its survey – many of which use the ASSIST. Substance abuse researchers and the World Health Organization [developed the ASSIST](#) to screen for substance abuse in health settings. The current version, ASSIST 2.0, contains items related to lifetime substance use, current (past 3 months) use, current dependence, current problems, and risk.

*From the ACHA:* The ASSIST generates a Substance Specific Involvement Score (SSIS) for each of 12 different substances (tobacco, alcohol, cannabis, cocaine, prescription stimulants, meth, inhalants, sedatives or sleeping pills, hallucinogens, heroin, prescription opioids, and other substances). The range for each SSIS is 0-39, where the higher the score reflecting a higher level of risk associated with that substance use. Each of the 12 SSIS's are then collapsed into a risk category of low risk, moderate risk, or high risk.

### **Administration Details**

Full-time degree-seeking students that are not 100% online ( $N = 3,960$ ) were solicited for participation via e-mail from ACHA from Thursday March 26<sup>th</sup> until Friday April 10<sup>th</sup>. One hundred fifty nine students opted to participate, a response rate of approximately 4%. While this response rate is not desirable, the onset of a global pandemic (COVID-19) and the accompanying disruptions to education, child-care, employment, and broader well-being are likely to have attenuated the participation of students. Thus, interpreting the results require consideration of these limitations.

Sample characteristics generally aligned with the broader student population's demographics, with 29% and 61% of respondents reporting as "Black or African American" and "White," respectively. The average age of respondents was 21.5 years, and 73% ( $N = 116$ ) reported female gender, 25% ( $N = 40$ ) male, and 1.3% ( $N = 1$ ) non-binary. Thus, it appears that the sample is an acceptable reflection of the university's student population in terms of race, gender, and age. Nevertheless, it is important to note that due to the small sample size, social desirability, and the low-base rate of several substance use categories (e.g., sedatives or heroin), there should be considerable caution in overgeneralizing the findings for those low-base rate categories. For example, Table 2 indicates that there were 3 times as many males than females falling in the "moderate risk" category for sedative use. However, only 14 males, compared to 86 females, provided valid responses that could be used to create the risk categories and in fact, only 1 male and 1 female fell into the moderate risk category. Therefore, findings are discussed where the author of this document believes a meaningful interpretation can be made.

## **Findings**

### ***Self-reported Lifetime and Recent Substance Use***

Table 1 shows self-reported use of various substances, distinguishing between "ever used" and "used in the last 3 months." In regard to recent substance use, males were generally more likely to report substance use at relatively higher levels than females except for alcohol where 67.2% of females reported recent use versus 37.5% of males. Additionally, students reported substance use that mimics national non-college and college trends as well, with alcohol, tobacco, and marijuana use being the most prevalent substances used in the last 3 months, and methamphetamine, heroin, and inhalants being the least prevalent.

**Table 1**

### ***Self-reported Lifetime and Recent Substance Use***

## F. Tobacco, Alcohol, and Other Drug Use

Percent (%)	Ever Used			*Used in the last 3 months		
	Male	Female	Total	Male	Female	Total
Tobacco or nicotine delivery products (cigarettes, e-cigarettes, Juul or other vape products, water pipe or hookah, chewing tobacco, cigars, etc.)	35.0	26.1	28.5	22.5	20.7	21.4
Alcoholic beverages (beer, wine, liquor, etc.)	47.5	73.9	67.7	37.5	67.2	60.4
Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) <b>[Please report nonmedical use only.]</b>	32.5	27.2	28.0	22.5	15.5	17.0
Cocaine (coke, crack, etc.)	5.0	6.1	5.7	5.0	3.4	3.8
Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) <b>[Please report nonmedical use only.]</b>	10.0	7.0	7.6	10.0	4.3	5.7
Methamphetamine (speed, crystal meth, ice, etc.)	0.0	0.0	0.0	0.0	0.0	0.0
Inhalants (poppers, nitrous, glue, gas, paint thinner, etc.)	0.0	2.7	1.9	0.0	0.9	0.6
Sedatives or Sleeping Pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) <b>[Please report nonmedical use only.]</b>	2.5	5.3	4.5	2.5	2.6	2.5
Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.)	2.5	6.2	5.1	2.5	3.4	3.1
Heroin	2.6	0.0	0.6	2.5	0.0	0.6
Prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) <b>[Please report nonmedical use only.]</b>	5.0	4.4	4.5	5.0	1.7	2.5

\*These figures use all students in the sample as the denominator, rather than just those students who reported lifetime use.

### Moderate and High-Risk Categories

Table 2 shows the percentage of total students taking the NCHA survey that fall into the moderate and high-risk categories. The focus here should be on the trend within moderate risk of use, as there were adequate numbers of respondents in several substance categories to make inferences regarding students' risk of use. As shown in the table, students' use of tobacco is a pressing concern for both male and female students. Of those using tobacco (14 males and 28 females), e-cigarettes appear to be the most frequent method for consuming tobacco/nicotine (see Appendix). Additionally, the ASSIST identified more than 10% of students as being at moderate risk for both alcohol and cannabis. No other categories reported levels high enough for a confident interpretation given the sample size.

**Table 2**  
**Moderate and High-Risk Categories**

**Substance Specific Involvement Scores (SSIS) from the ASSIST**

	<b>*Moderate risk use of the substance</b>			<b>*High risk use of the substance</b>			
	<i>Percent (%)</i>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Tobacco or nicotine delivery products		15.0	12.9	13.2	2.5	0.9	1.3
Alcoholic beverages		10.0	10.3	10.1	0.0	0.9	0.6
Cannabis (nonmedical use)		12.5	10.3	10.7	0.0	0.0	0.0
Cocaine		2.5	1.7	1.9	0.0	0.0	0.0
Prescription stimulants (nonmedical use)		5.0	2.6	3.1	0.0	0.0	0.0
Methamphetamine		0.0	0.0	0.0	0.0	0.0	0.0
Inhalants		0.0	0.0	0.0	0.0	0.0	0.0
Sedatives or Sleeping Pills (nonmedical use)		2.5	0.9	1.3	0.0	0.0	0.0
Hallucinogens		0.0	0.9	0.6	2.5	0.0	0.6
Heroin		0.0	0.0	0.0	0.0	0.0	0.0
Prescription opioids (nonmedical use)		0.0	0.9	0.6	2.5	0.0	0.6

*\*These figures use all students in the sample as the denominator, rather than just those students who reported lifetime use.*

***Negative Experiences with Alcohol Use – Last 12 Months***

Table 3 shows the percent of students reporting various negative experiences when drinking in the last 12 months – and includes only those that reported drinking alcohol within the last 12 months and not the entire sample. Most concerning is the much higher



rate of blackout, brownout, and physical injury experiences for females compared to males.

**Table 3**  
**Negative Experiences with Alcohol Use – Last 12 Months**

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

	<i>Percent (%)</i>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Did something I later regretted		14.3	12.6	12.6
Blackout (forgot where I was or what I did for a <b>large period of time and cannot remember</b> , even when someone reminds me)		4.8	17.2	14.4
Brownout (forgot where I was or what I did for <b>short periods of time, but can remember</b> once someone reminds me)		4.8	16.1	13.5
Got in trouble with the police		4.8	1.2	1.8
Got in trouble with college/university authorities		0.0	0.0	0.0
Someone had sex with me <b>without my</b> consent		0.0	0.0	0.0
Had sex with someone <b>without their</b> consent		0.0	0.0	0.0
Had unprotected sex		4.8	8.1	7.3
Physically injured myself		0.0	6.9	5.4
Physically injured another person		0.0	0.0	0.0
Seriously considered suicide		0.0	1.2	0.9
Needed medical help		0.0	1.1	0.9
<b>Reported one or more of the above</b>		<b>11.1</b>	<b>16.9</b>	<b>15.2</b>

*\*Only students who reported drinking alcohol in the last 12 months were asked these questions.*

## APPENDIX



**Proportion of students (overall sample) who report misusing prescription medications (taking without a prescription, or taking more medication or more often than prescribed) in the past 3 months:**

	Percent (%)	Male	Female	Total
Prescription stimulants		7.5	3.4	4.4
Prescription sedatives or sleeping pills		2.5	1.7	1.9
Prescription opioids		2.5	0.9	1.3

**\*Tobacco or nicotine delivery products used in the last 3 months**

	Percent (%)	Male	Female	Total
Cigarettes		10.0	5.2	6.3
E-cigarettes or other vape products (for example: Juul, etc.)		10.0	15.5	13.8
Water pipe or hookah		0.0	2.6	1.9
Chewing or smokeless tobacco		0.0	0.0	0.0
Cigars or little cigars		15.0	3.4	6.3
Other		0.0	0.9	1.3

*\*These figures use all students in the sample as the denominator, rather than just those students who reported tobacco or nicotine delivery product use in the last 3 months.*

**Students in Recovery**

- 1.7 % of college students surveyed ( 0.0 % male and 2.2 % female) indicated they were in recovery from alcohol or other drug use.

**When, if ever, was the last time you:**

	Percent (%)	Drank Alcohol			*Used Cannabis/Marijuana		
		Male	Female	Total	Male	Female	Total
Never		42.5	20.0	25.3	62.5	66.1	65.8
Within the last 2 weeks		25.0	38.3	36.1	7.5	7.8	7.6
More than 2 weeks ago but within the last 30 days		15.0	12.2	12.7	5.0	1.7	2.5
More than 30 days ago but within the last 3 months		5.0	19.1	15.2	0.0	4.3	3.2
More than 3 months ago but within the last 12 months		7.5	6.1	6.3	12.5	5.2	7.0
More than 12 months ago		5.0	4.3	4.4	12.5	14.8	13.9

*\*Students were instructed to include medical and non-medical use of cannabis.*

**Driving under the influence**

- 11.4 % of college students reported driving after having *any alcohol* in the last 30 days.\*  
*\*Only students who reported driving in the last 30 days and drinking alcohol in the last 30 days were asked this question.*
- 42.9 % of college students reported driving within 6 hours of using cannabis/marijuana in the last 30 days.\*  
*\*Only students who reported driving in the last 30 days and using cannabis in the last 30 days were asked this question.*