

Campus Report on Alcohol and Drug Programming



MILWAUKEE INSTITUTE OF ART & DESIGN

Academic Years 2013-14 & 2014-15

The Milwaukee Institute of Art & Design (MIAD), in order to meet its obligation of maintaining and promoting a safe, healthy and nurturing environment for learning and working provides numerous awareness, prevention, and intervention-support activities concerning drug, alcohol, and tobacco use on campus. Because the issues related to drug and alcohol use and abuse are so prevalent in our society the college chooses to embed its policies and practices within a wide variety of programs, departments, and campus activities rather than treat the issue as a stand-alone concern. The issue of tobacco use, although accepted within society, is addressed through the MIAD “smoke free environment” policy. This prohibition against smoking applies to all members of the MIAD community and visitors to the college – at no time is smoking allowed on college property.

This Report covers the specific programs, offices, and committees that engage the topic of drug and alcohol use on our campus. This Report was prepared for Neil Hoffman, President of MIAD, by Tony Nowak, Dean of Students. Oversight for the Drug and Alcohol Free Program is provided by:

- Jennifer Crandall, Associate Dean of Students
- Sara Thor, Student Accessibility Coordinator
- The Crisis Intervention Committee consisting of:
 - Marianne Honrath, Director of Residential Living & Student Engagement
 - Michelle Gross, Director of College Advising
 - Keith Kotowicz, Director of Security
 - Angel Calloway, Security Lieutenant

Counseling and supportive medical assistance for students is provided through an Articulation Agreement with the Marquette University’s Counseling Center; <http://www.mu.edu/counseling/> specifically overseen by Brenda Lenz, MS., CADC, LPC – Coordinator of Alcohol & Drug Prevention/ Treatment; Marquette University.

24-hour counseling and supportive medical assistance for faculty and staff is provided through a contracted employee assistance program agreement with Symmetry <http://www.symmetryeap.org/>

The Office of Human Resources at MIAD has initiated a practice of providing email notifications, and postings in the mailroom for preventative health care practices and opportunities for faculty and staff at MIAD. Webinars, Wellness Topics, Educational Materials/Health Promotions as well as all other Health Care information are also posted in the mailroom and on-line. Specific topics can be accessed by contacting: April Forray, Director of Human Resources at aprilforray@miad.edu or at MIAD phone ext 3233.

POLICY CHANGES

Only two policy changes regarding alcohol use have occurred at MIAD since the fall of 2005. Prior to 2005 MIAD was a 100% alcohol free campus. The possession and use of alcohol on campus was prohibited whether or not the activity was a MIAD sponsored event. While alcohol possession and consumption by *students* is still prohibited on College grounds, in the fall of 2005 a policy change was approved by the MIAD Board of Trustees to allow alcohol to be served by external licensed vendors at specific MIAD events. Those events including Board of Trustee Receptions; Donor and Dignitary Receptions & Dinners; Off-Campus Fundraising Events; and for events hosted by the MIAD Development Office.

During spring of 2006 the Board of Trustees approved a change to the MIAD alcohol policy to include one additional sponsored event: the "closed-to-the-public" Annual Graduating Student Exhibition, Pre-View Reception for Invited Guests and the Families of the Graduating Senior Class. This event is the single campus sponsored activity where students (graduating seniors) are in attendance. Now in its eighth year the policy change has been a success based on close monitoring, responsible alcohol use, and the absence of any alcohol related incidents. This event continues to be closely monitored and reviewed by MIAD administration for continuation as an alcohol present event. This event strictly adheres to all state and local laws pertaining to alcohol consumption and all other MIAD policies and practices related to alcohol on campus.

INSTITUTIONAL ACTIONS & REFERRALS RELATED TO DRUG & ALCOHOL VIOLATIONS

Student Referrals for Disciplinary Hearing by the Disciplinary Hearing Committee

FY14

FA13 - (no referrals)

SP14 - (no referrals)

FY15

FA14 - (no referrals)

SP15 - (no referrals)

Student Referrals for Disciplinary Hearing by the Dean of Student's Office

FY14

FA13 - (2 referrals; alcohol violations)

Sanctions Applied: In lieu of referral to the Disciplinary Hearing Committee the following were applied: Student 1, Parental notification, referral to MUCC for AODA assessment, residence hall probation. Student 2, Voluntary AODA assessment, residence hall probation.

SP14 - (1 referral; alcohol violation)

Sanctions Applied: In lieu of referral to the Disciplinary Hearing Committee the following were applied: Parental notification, referral to MUCC for AODA assessment, residence hall probation.

FY15

FA14 - (3 referrals; alcohol violations)

Sanctions Applied: In lieu of referral to the Disciplinary Hearing Committee the following were applied: Students 1 & 2, Parental notification, referral to MUCC for AODA assessment, residence hall probation. Student 3, Voluntary AODA assessment, residence hall probation.

SP15 - (2 referrals; alcohol violations)

Sanctions Applied: Student 1, In lieu of referral to the Disciplinary Hearing Committee the following were applied: Parental notification, referral to MUCC for AODA assessment, residence hall probation. Student 2, verbal warning

Student Referrals for Evaluation/Counseling at the Marquette University Counseling Center

FY14

FA13 - (6 referrals from Student Services)

SP14 - (1 referral from Student Services)

FY15

FA14 - (3 referrals from Student Services)

SP15 - (2 referrals from Student Services)

Student Referrals by Faculty for Monitoring by MIAD Student Services*

FY14

FA13 - (2 referrals, drug use)

SP14 - (1 referral, alcohol use)

FY15

FA14 - (1 referral, alcohol use)

SP15 - (no referrals)

* All faculty referrals subsequently referred on to MUCC for substance use evaluation. Two took medical leave for in-patient treatment. Both re-enrolled after leave and graduated.

Campus Crime Statistics Relating to Drugs and Alcohol provided by the Office of Safety and Security - Keith Kotowicz, Director of Security

FY14

FA13 - (no referrals; no arrests)

SP14 - (no referral; no arrests)

FY15

FA14 - (no referrals; no arrests)

SP15 - (no referral; no arrests)

INSTITUTIONAL ACTIVITIES & EVENTS RELATED TO THE DRUG & ALCOHOL PROGRAM

Student Services Activities & Events

FY14

FA13 Continuation of Student Health Insurance Program that includes alcohol & drug counseling & preventative care coverage (WAICU – WPS)

FA13 - New Student Orientation includes Drug & Alcohol Awareness Workshop

FA13 - Fall Welcoming Party for New Students; alcohol free event

FA13 - All Campus Bowl-A-Thon; alcohol free event

FA13 - Sand Sculpture Competition; alcohol free event

FA13 - AIDS Walk fundraiser; alcohol free event

FA13 - Halloween Campus Party; alcohol free event

FA13 - Thanksgiving Turkey Fry & Pot Luck All Campus Dinner; alcohol free event

FA13 – *Nezumi Con* Anime & Cosplay Convention; alcohol free event

FA13 - 53 alcohol free residence hall activities & events

FA13 - Student/Alumni Art Sale; alcohol free event

SP14 - New Student Orientation includes Drug & Alcohol Awareness Workshop

SP14 - 46 alcohol free residence hall activities & events

SP14 - MIAD Movie Marathon; alcohol free event

SP14 - *MIAD Has Talent* all campus talent show; alcohol free event

SP14 - *MIAD Define*, Senior Thesis Show Symposium; alcohol free event

SP14 - End of Year Campus Party as an alcohol free event

FY15

FA14 Continuation of Student Health Insurance Program that includes alcohol & drug counseling & preventative care coverage (WAICU – WPS)

FA14 - New Student Orientation includes Drug & Alcohol Awareness Workshop

FA14 - Fall Welcoming Party for New Students; alcohol free event

FA14 - All Campus Bowl-A-Thon; alcohol free event

FA14 - Sand Sculpture Competition; alcohol free event

FA14 - AIDS Walk fundraiser; alcohol free event

- FA14 - Halloween Campus Party; alcohol free event
- FA14 - Thanksgiving Turkey Fry & Pot Luck All Campus Dinner; alcohol free event
- FA14 - *Nezumi Con* Anime & Cosplay Convention; alcohol free event
- FA14 - 67 alcohol free residence hall activities & events
- FA14 - Student/Alumni Art Sale; alcohol free event
- SP15 - New Student Orientation includes Drug & Alcohol Awareness Workshop
- SP15 - 52 alcohol free residence hall activities & events
- SP15 - MIAD Movie Marathon; alcohol free event
- SP15 - *MIAD Has Talent* all campus talent show; alcohol free event
- SP15 - *MIAD Define*, Senior Thesis Show Symposium; alcohol free event
- SP15 - End of Year Campus Party; alcohol free event

Academic Resources Activities & Events

FY14

- FA13 - Academic Division Meeting (4) Orientations for Full & Part-Time Faculty
- FA13 - Submission of Budget Proposal to Host an Educational Program on Disabilities & Assisting Students in Distress (Suicide, Alcohol & Drugs)
- SP14 - Academic Division Meeting Orientations for New Full & Part-Time Faculty
- SP14 - Budget Approval to Host FA14 Educational Program on disabilities & Assisting Students in Distress (Suicide, Alcohol & Drugs)
 - Faculty & Staff Training Sessions
 - All Campus Workshop given by Marquette University Counseling Center
- SP14 - Academic advisor training on identification of and communication with students in crisis to include issues of substance use and counseling referral.

FY15

- FA14 - Academic Division Meeting (4) Orientations for Full & Part-Time Faculty
- FA14 - Submission of Budget Proposal to Host an Educational Program on Disabilities & Assisting Students in Distress (Suicide, Alcohol & Drugs)
- FA14 - Conduct Educational Program on disabilities & Assisting Students in Distress (Suicide, Alcohol & Drugs)
 - Faculty & Staff Training Sessions (Todd Wehr Auditorium)
 - Faculty & Staff Workshop given by Marquette University Counseling Center (4th Floor Open Studio – Exhibition Space)
- FA14 - Academic advisor training on identification of and communication with students in crisis to include issues of substance use and counseling referral.
- SP15 - Academic Division Meeting Orientations for New Full & Part-Time Faculty
- SP15 - Inclusion of alcohol & drug intervention and referral information on the Academic Advising Moodle.

Student Organizations and Campus Life Activities

FY14

FA13 - Student Government Sets Agenda for FY14 and affirms Drug & Alcohol use ban at Campus Events hosted by Student Organizations

FA13 - All 17 Student Organizations adopt policy on banning Drug & Alcohol Use at Organization Events and Activities (notable Student Adventure Club focuses all activities as being drug & alcohol free alternative events)

SP14 - Student Government & Student Organizations continue practice of being drug & alcohol free organizations

FY15

FA14 - SG changes name to "Student Party" and ironically affirms policy on funding only alcohol free events.

FA14 – Funds and/or promotes all events in the "MIAD Traditions" all-campus programming series; all alcohol free events. Programs included in list of Student Services activities and events above.

Residence Hall Staff Training

FY14

FA13 - Residence Hall Floor Representatives are provided with training on recognizing and addressing alcohol & drug use (Training provided by Marquette University Drug & Alcohol Counselor)

SP14 - Residence Hall Floor Representatives are provided with refresher training (Training provided by Marquette University Drug & Alcohol Counselor)

FY15

FA14 - Residence Hall Floor Representatives are provided with training on recognizing and addressing alcohol & drug use (Training provided by Marquette University Drug & Alcohol Counselor)

SP15 - Residence Hall Floor Representatives are provided with refresher training (Training provided by Marquette University Drug & Alcohol Counselor)

CURRENT MIAD STUDENT DRUG, ALCOHOL AND TOBACCO USE POLICIES

(Excerpted from the Student Handbook)

The Milwaukee Institute of Art & Design's Alcohol and Drug Program attempts to address not only policies and procedures for the legal use of such substances but also serves as a support mechanism for individuals who believe they are suffering from a substance abuse problem. While alcohol consumption is legal for persons over the age of 21, MIAD does not allow alcoholic beverages to be served to or consumed by students on campus or while participating in educational endeavors such as field trips or any other MIAD sponsored off-site activities. While tobacco use is legal for persons over the age of 18, MIAD is a smoke-free environment. Smoking is not allowed on campus property or directly in front of the MIAD building. Ashtrays are available across

the street from the academic building. In addition, the possession and/or use of illicit drugs is never permitted on campus. Finally, the manufacture, distribution, possession, or use of controlled substances is prohibited on MIAD property or as part of any of its student activities. MIAD students should understand that civil laws become the Institute's laws and MIAD reserves the right to refer violations to civil authorities for prosecution. Any violation of these policies or civil laws is grounds for immediate disciplinary sanctions, up to and including dismissal and referral for legal prosecution. Disciplinary sanctions may also require the successful completion of an appropriate rehabilitation program. Caution: Announcements and/or advertisements that encourage alcohol or drug abuse or excessive alcohol consumption will not be permitted on campus. (See "Bulletin Boards" in the "Services and Support Systems" section of this Handbook for more information on posting notices.)

ALCOHOL AND DRUG TREATMENT PROGRAM - PROCEDURE

A student's involvement with drugs can adversely affect academic performance, jeopardize personal wellbeing, and lead to an undermining of the professional and academic stature of the College. MIAD's goal is to maintain a healthy and efficient atmosphere free from the effects of drug use.

1. Students desiring confidential assistance for a drug, alcohol, or other personal problem should contact the Associate Dean of Students (Room RL95 / x3344), the Student Accessibility Coordinator (RL100B / x3347) or the Dean of Students (Room RL45C / x3240). Student Services will facilitate a referral to the Substance Abuse Counselor at the Marquette University's Counseling Center. Students are also encouraged to contact or the MU Counseling Center directly (414-288-7172).
2. When an instructor or staff member believes a student should be referred for treatment, the instructor or staff member first notifies the student that he/she believes a problem exists. The instructor or staff member then contacts any of the Student Service staff members identified above to initiate the referral process to the MU Counseling Center.
3. If an incident occurs on campus that involves an individual who is violent because of alcohol or drugs, security should be contacted immediately. Security will dispatch the appropriate services.
4. Students who desire a substance-abuse support group are encouraged to contact the Dean of Students.

PARENTAL NOTIFICATION:

The College reserves the right to notify parents/guardians of students who are found to be in violation of College policies and/or state statutes regarding underage possession or consumption of alcoholic beverages or drugs for which the student does not have a

valid prescription – regardless of whether the student has signed a FERPA release of information release form.

HEALTH RISKS OF ALCOHOL AND DRUGS

Alcohol: Alcohol is a mood-altering drug that depresses the central nervous system. Initially it will appear to stimulate and reduce inhibitions. When consumed in greater amount, alcohol will depress parts of the brain, leading to loss of judgment and impaired sensory perception and motor skills (impairs coordination reflexes, memory, and judgment). Abuse of alcohol can cause a number of health risks including damage to the heart and liver; irritation of the stomach lining, possibly leading to ulcers; and depression of brain centers, causing lack of coordination, confusion, disorientation, coma, stupor, and death. Brain damage is permanent when caused by alcohol abuse.

Stimulants: (Amphetamines, Cocaine). Stimulants are drugs that stimulate the central nervous system. These drugs have high potential for abuse because use can result in psychological dependence. Low doses of stimulants can cause increased heart rate, increased blood pressure, increased breathing rate, sleeplessness, and anxiety. Higher doses of stimulants cause irritability, excitability, feelings of paranoia, and illusions or hallucinations. Abuse of stimulants causes increased risk of heart failure, malnutrition, and a weakening of the body's immune system.

Depressants: (Barbiturates, narcotics, hypnotics, and tranquilizers). Depressants depress the central nervous system and may produce habituation and physical dependence. Depressants slow bodily functions, causing sleepiness or grogginess, impaired motor skills, poor memory, and faulty judgment. Large doses of depressants may cause unconsciousness or death. Depressants taken over time will result in physical dependency. Abruptly stopping the depressant can cause delirium and convulsions. If physically dependent on depressants, withdrawal from the drug must be medically supervised. When depressants are used in combination with other CNS depressants, specifically alcohol, the risk of death is greatly increased. Many unintentional overdoses result from combining alcohol with other depressants.

Hallucinogens: (PCP, LSD, and Mescaline). Hallucinogens can cause habituation and/or psychological dependence. When regular use of the drug is stopped, there are no withdrawal symptoms; however, there may be unpleasant psychological reactions. Psychological risks include breaks from reality, flashbacks, emotional breakdown, and memory lapse. More severe reactions can include convulsions, partial paralysis, delusion, hysteria, and outbreaks of violence.

Marijuana: Marijuana produces an intoxicating effect that slows reasoning abilities. It impairs concentration and problem-solving abilities. It may also result in slow reflexes and reaction time, poor peripheral vision, and possible damage to the heart and immune systems.

WISCONSIN AND FEDERAL LEGAL SANCTIONS RELATING TO ALCOHOL AND DRUG VIOLATIONS

OFFENSE	SANCTION
Procure alcohol for underage Person (under 21 years)	1 st : \$250-\$500 & 30-90 days jail, Suspension of Drivers License 2 nd : \$300-\$500 & up to 1 yr jail, Suspension of Drivers License 3 rd : \$500-\$750 & up to 2 yrs jail, Revocation of Drivers License
Underage Consumption	1 st : \$250-\$500 & 30-90 days jail, Suspension of Drivers License 2 nd : \$300-\$500 & up to 1 yr jail, Suspension of Drivers License 3 rd : \$500-\$750 & up to 2 yrs jail, Revocation of Drivers License
Driving While Intoxicated	1 st : \$440-\$550 & 6-9 Months jail, Suspension of Drivers License 2 nd : \$550-\$1250 5 days-6 months up to 1 yr jail, Suspension of Drivers License 3 rd : \$500-\$750 & up to 2 yrs jail, Revocation of Drivers License
Open Container in Vehicle	Driver: \$125 Passenger: \$67.50
Homicide While DUI	Up to \$10,000, up to 5 yrs jail, 5 yr Revocation of Drivers License
Chemical Test Refusal	1 st : 12 months Revocation of Drivers License 2 nd : 24 months Revocation of Drivers License 3 rd : 36 months Revocation of Drivers License

Please note these fines may change at any time.

WISCONSIN AND FEDERAL LEGAL SANCTIONS FOR DRUG VIOLATIONS

The Controlled Substance Act (CSA 1970) is the "legal foundation" of the government's fight against drugs in our society. The CSA has placed all controlled substances in one of five SCHEDULES (SC I-V) according to the drug's potential for abuse and safety or dependence liability.

SCI: High potential for abuse and no medical use (i.e. LSD, opiates, mescaline, etc.)

SCII: High potential for abuse and accepted medical use (i.e. cocaine, amphetamines, marijuana)

SCIII: Has potential for abuse and accepted medical use (i.e. narcotics, stimulants, depressants)

SCIV: Low potential for abuse and accepted medical use (i.e. some depressants)

SCV: Low potential for abuse and accepted medical use (i.e. prescription drugs and some narcotics)

	Wisconsin Sanctions		Federal Sanctions
SC	Manufacture or Distribution	Possession	
I	<u>Narcotics</u> : \$25,000 and/or up to 15 yrs jail <u>Others</u> : \$15,000 and/or up to 5 yrs	<u>Narcotics</u> : \$25,000 and/or up to 15 yrs jail <u>Others</u> : \$5,000 and/or up to 5 yrs jail	All drugs in schedule except narcotics; \$100,000 and 20 yrs

	jail		to life jail
II	Narcotics & Others: Same as above Heroin (>3 g): \$100,000 - \$200,000 and/or up to 15 yrs jail	Narcotics: Same as above Heroin (> 3 g): \$15,000 and/or up to 5 yrs jail Amphetamines (3 g): \$1,000 - \$100,000 and/or up to 5 yrs jail	Same as above
III	\$15,000 and/or 3 yrs jail	\$10,000 and/or 3 yrs jail	\$500,000 and/or 3 yrs jail
IV	\$5,000 and/or 1 yr jail	\$5,000 and/or 1 yr jail	\$200,000 and/or 1 yr jail

CURRENT MIAD FACULTY & STAFF DRUG, ALCOHOL AND TOBACCO USE POLICIES (Excerpted from the Faculty & Staff Handbooks)

FacHndbk No. IPP-515
Effective Date: 8/2003

Admin. HR No. GEN-100
Effective Date: 3/2003
Revised Date: 9/2003

Drugs and Alcohol

An employee's involvement with drugs and alcohol can adversely affect job performance, jeopardize an employee's wellbeing and undermine the professional and academic stature of the Institute. The goal of the institute is to maintain a healthy and efficient workforce free from the effects of drug and alcohol abuse. Accordingly, the manufacture, distribution, possession, or use of a controlled substance is prohibited on MIAD property or as part of any of its activities. Violation of this policy is grounds for immediate disciplinary sanctions, up to and including termination of employment and referral for legal prosecution. Disciplinary sanctions may require the successful completion of an appropriate rehabilitation program.

Annually, via our website MIAD distributes to all employees its policies prohibiting illicit drugs and alcohol along with a). Description of health risks associated with drug and alcohol abuse; b). Description of the applicable legal sanctions under local, state and Federal law for unlawful possession or distribution of illicit drugs and alcohol; and c). Description of the counseling, rehabilitation or re-entry programs that are available to employees and how to access them.

Biennially, MIAD reviews its drug and alcohol prevention program for determining its effectiveness, implementing needed changes and assuring that any disciplinary sanctions are consistently enforced.

Social and Academic MIAD Sponsored Events

All alcoholic beverages must be purchased from a listing of approved vendors. The employment of bartenders must also be arranged through from the vendor list or another licensed purveyor of alcoholic beverages approved by the Vice President for Institutional Advancement.

RECOMMENDATIONS FOR REVIEW AND IMPLEMENTATION DURING 2013-15 BIANNIUM

Adoption of Board Approved policy on use of external licensed vendors of alcohol (wine) at Board Receptions, Donor & Dignitary Receptions and Dinners, and Major donor Events has not resulted in any incidents being reported during or following any of these events. Policy should be continued under the current guidelines and reviewed annually to ensure on-going compliance with MIAD policies and state and federal laws.

The institution should continue to monitor the use of alcohol during the Graduating Senior Pre-View Reception for Invited Guests & Families of Graduating Students. To date no incidents have occurred during or following this event since adoption of the policy.

The Student Services and Student Organization practice of using events as opportunities to be (quietly) alcohol free is proving to be effective in expanding student and staff attendance.

Student Services workshops on recognizing and taking appropriate steps with student substance and alcohol problems has proven to be of great value to the faculty. Faculty has responded by using the referral system. Continuation of this training during Fall and Spring Semester Division meetings is recommended.

The Formal Staff – Faculty Workshop on Suicide, Alcohol and Drugs provided by the Marquette University Counseling Center has reduced the level of anxiety for faculty and staff though the acquisition of knowledge and training on recognizing the signs of when students may be having trouble and how to appropriately address these signs. Continuation of this program is recommended as part of faculty and staff training on an annual basis.

The relationships with Marquette University's Counseling Center and the Employee Assistance Program provided by Symmetry are both proving to be valuable tools in addressing student and staff concerns. These should be continued, and where appropriate expanded. Because the use of Symmetry's services is a confidential relationship protected by HIPAA guidelines, no referral numbers have been documented. It does appear that through aggregate billing, the services are being used by the faculty and/or staff although purposes cannot be ascertained.

The adjustment of Disciplinary Hearing practices to deal with problems at the most

immediate level possible by using the referral system to Marquette University's Counseling Center is providing more rapid response to the problem of drug and alcohol use on campus. However, because the issue of alcohol and drug abuse is a societal problem, MIAD is experiencing the same increasing use & abuse trends as are all other colleges & universities across the country.

It is recommended that Offices of Academic Resources & Student Services continue to expand their use of educational workshops, substance free programs, referral to MUCC, and other practices to engage the students, faculty and staff.

It is recommended that the Human Resources Office continue and expand upon the use of email notifications and posting of documents from our Health Insurance Provider related to issues of Work place stress and Drug & Alcohol use / abuse. This practice is reaching the entire staff and faculty. Combined with the Managed / Preventative Care component of the Health Care provider these two programs are becoming valuable assets to the community. Student Health Insurance is also providing support to the students since enrollees are eligible for referral beyond the Marquette University Health Care agreement.

Is it also recommended that MIAD continue engaging the Marquette University Counseling Center for staff training and guidelines on the best forms for creating a set of internal instruments.

NATIONAL NORMING DATA ON COLLEGE DRUG AND ALCOHOL USE/ABUSE 2013-2015 BIANNIUM

College Students and Alcohol Abuse Statistics

- * Data from several national surveys indicate that about four in five college students drink and that about half of college student drinkers engage in heavy episodic consumption.
- * Young people ages 18 to 25 have the highest prevalence of binge (38.7 percent) and heavy (13.6 percent) drinking, with a peak rate (48.2 percent for binge and 17.8 percent or heavy drinking) occurring at age 21, according to the 2013 National Household Survey on Drug Abuse.
- * Binge drinking, is typically defined as consuming five or more drinks in a row for men, and four or more drinks in a row for women.
- * The U.S. Surgeon General and the U.S. Department of Health and Human Services have identified binge drinking among college students as a major public health problem.
- * The National Institute on Alcohol Abuse and Alcoholism's Task Force on College Drinking reports that:
 - 1,700 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes.
 - 599,000 students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol.
 - More than 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking.
 - More than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape.
- * According to a recent study in the Archives of General Psychiatry, 18 percent of U.S. college students (24 percent of men, 13 percent of women) suffered from clinically significant alcohol-related problems, compared with 15 percent of their non-college attending peers (22 percent of men, 9 percent of women).
- * The National Mental Health Association reports that one in three depressed persons suffer from some form of substance abuse or dependence.
- * According to a 2004 survey by the American College Health Association, nearly half of all college students report feeling so depressed at some point in time that they have trouble functioning, and 14.9 percent meet the criteria for clinical depression.

Of the 14.9 percent of students who reported having ever been diagnosed with depression:

- 35.8 percent said they had been diagnosed with depression in the last school year.
- 25.2 percent said they are currently in therapy for depression.
- 38 percent said they are currently taking medication for depression.

Students reported during the last school year feeling the following:

- Over 60 percent reported feeling things were hopeless one or more times.
- Almost 40 percent of the men and 50 percent of the women reported feeling so depressed that they had difficulty functioning one or more times.
- 10 percent reported seriously considering attempting suicide at least one time.

Drug Use Information from the Bureau of Justice Statistics; US Department of Justice

Percent of all college students, 2005-2014

Drug use	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Marijuana										
Daily		2.8 %	3.7 %	4.0 %	4.0 %	4.6 %	4.5 %	4.1 %	4.7 %	4.5 %
Last month		17.5	7.7	18.6	20.7	20.0	20.2	19.7	19.3	18.9
Last year		33.1	31.6	35.9	35.2	34.0	35.6	34.7	33.7	33.3
Cocaine										
Daily		0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.05%	0.0 %
Last month		0.8	1.6	1.6	1.2	1.4	1.9	1.6	1.9	2.4
Last year		2.9	3.4	4.6	4.6	4.8	4.7	4.8	5.4	6.6

Rates of past year cocaine use by college students have varied over the past 10 years from a low of 1.3% in 2013 to a high of 5.7% in 2005. Past year marijuana use has ranged from a low of 31.2% in 2005 to a high of 38.4% in 2014.

According to data from the 2014 National Household Survey on Drug Use and Health (NSDUH) --

* 112 million Americans age 12 or older (46% of the population) reported illicit drug use at least once in their lifetime

* 14% reported use of a drug within the past year

* 8% reported use of a drug within the past month.

Data from the 2005 survey showed that marijuana and cocaine use is the most prevalent among persons age 18 to 25.

Age of respondent, 2004

Drug use	12-17	18-25	26 or older
Marijuana			
Last month	6.8 %	16.6 %	4.1 %
Last year	13.3	28.0	6.9
Cocaine			
Last month	0.6 %	2.6 %	0.8 %
Last year	1.7	6.9	1.5

Source: SAMHSA, Office of Applied Studies, 2005 National Survey on Drug Use and Health: National Findings, September 2006.

The Drug Abuse Warning Network (DAWN) monitors drug-related emergency department (ED) visits for the nation and for selected metropolitan areas. DAWN also collects data on drug-related deaths investigated by medical examiners and coroners in selected metropolitan areas and States.

In 2005, DAWN estimates that nearly 1.4 million emergency department visits nationwide were associated with drug misuse or abuse.

An estimated 816,696 drug-related emergency department visits involved a major substance of abuse. DAWN estimates that:

- * Cocaine was involved in 448,481 ED visits.
- * Marijuana was involved in 242,200 ED visits.
- * Heroin was involved in 164,572 ED visits.
- * Stimulants, included amphetamines and methamphetamine, were involved in 138,950 ED visits.
- * Other illicit drugs, such as PCP, Ecstasy, and GHB, were much less frequent than any of the above.

Source: U. S. Department of Health and Human Services, SAMHSA, Office of Applied Studies, Drug Abuse Warning Network, 2005: National Estimates of Drug-Related Emergency Department Visits. DAWN Series D-29, DHHS Publication No. (SMA) 07-4256, Rockville, MD, 2007.

Public opinion about drugs

As reported in the 2003 BJS Sourcebook of Criminal Justice Statistics, the percentage of Gallup Poll respondents describing drug abuse as the single most important problem facing our country peaked in 1989:

Date of poll	Drug abuse most serious problem
May 1989	27 %

July 1990	18
March 1991	11
March 1992	8
January 1993	6
January 1994	9
January 1995	6
May 1996	10
January 1997	17
April 1998	12
May 1999	5
March 2000	5
January 2001	7
March 2002	3
February 2003	2
June 2004	1

Among Gallup Poll respondents, the use of drugs was most often mentioned as one of the biggest problems for schools in their communities. Giving that response in 2003 were --

- * 7% of public school parents
- * 10% of those with no children in school
- * 9% of all surveyed.

When asked about spending for various social problems, 56% of the respondents to a 2002 National Opinion Research Center (NORC) Poll said this country is spending too little to deal with drug addiction.

In 2001 the Pew Research Center for the People and the Press reported that respondents were asked the most effective actions the government could take to control the use of drugs --

- * 52% said "stop the illegal importation of drugs from other countries"
- * 49% said "arrest people who sell illegal drugs in the this country"
- * 36% said "provide drug treatment programs for drug users"
- * 35% said "educate Americans about the dangers of using illegal drugs"
- * 30% said "arrest drug users in the country"

NORC has asked adults (age 18 or older) about legalization of marijuana since 1973. In 2002, 34% believed that marijuana should be made legal, which compared to the peak of 30% in 1978. College freshmen have been surveyed by NORC since 1968. In 2003, 40% of those surveyed agreed strongly or somewhat that marijuana should be legalized, down from a peak of 53% in 1977 and up from a low of 17% in 1989. Of 2003 high school seniors --

- 30% felt using marijuana should be legal, compared to the peak of 33% feeling that way in 1978 and a low of 16% in 1986
 - * 53% reported worrying often or sometimes about drug abuse, down from 66% in 1978 and 83% in 1990.

Source: The Gallup Report, National Opinion Research Center, and the BJS Sourcebook of Criminal Justice Statistics, 2003.