



UNIVERSITY OF
South Carolina

Drug-Free Schools and Campuses
Regulations [Edgar Part 86] Biennial
Review: Academic Years 2020-2021 and
2021-2022

Carolina Community Coalition Sub-Committee

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

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

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

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

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

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

University of South Carolina
Columbia, SC 29208

Typed Name of Chief Executive Officer

IRS Employer Identification Number

Signature of the Chief Executive Officer

Telephone Number

Date

e-mail address

Table of Contents

University of South Carolina Drug-Free Schools and Campuses Regulations [EDGAR Part 86] Alcohol and Other Drug Prevention Certification.....	2
Table of Contents.....	3
Introduction/Overview	4
Biennial Review Process.....	6
Annual Policy Notification Process	7
AOD Prevalence Rate, Incidence Rate, Needs Assessment and Trend Data	8
Student Alcohol & Other Drug Behavior Data	8
AlcoholEdu Student Substance Use Data.....	8
National College Health Assessment (2010-2019, 2021+) Alcohol and Drug Data	9
Fraternity and Sorority Assessment Project	14
Students Overdoses & Fatalities:.....	14
Student Hardship Withdrawal Cases Involving AOD.....	15
University 101 AOD Programming	15
AOD Policy, Enforcement & Compliance Inventory with Related Outcomes/Data.....	17
List of Relevant Policies with Hyperlinks.....	17
Student Organization Misconduct	17
Student Conduct Violations and Sanctions.....	17
The Division of Law Enforcement and Safety	18
Alcohol Event Registration Process.....	20
AOD Comprehensive Program/Intervention Inventory with Related Process and Outcomes/Data.....	21
AOD Comprehensive Program Goals and Objectives for Biennium Period Being Reviewed	22
Goals and Objectives for the Biennium	22
Recommendations, Goals and Objectives for Next Biennium.....	27
Appendices.....	29

Introduction/Overview

First published in the Federal Register,

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

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

Title 34 of the Code of Federal Regulations was most recently amended on April 20, 2022. The most recent version of Part 86, Subpart B, Section 6.100 reads as follows:

The Institution of Higher Education's drug prevention program must, at a minimum, include the following:

(a) The annual distribution in writing to each employee, and to each student who is taking one or more classes for any type of academic credit except for continuing education units, regardless of the length of the student's program of study, of -

(1) Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities;

(2) A description of the applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol;

(3) A description of the health risks associated with the use of illicit drugs and the abuse of alcohol;

(4) A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students; and

(5) A clear statement that the IHE will impose disciplinary sanctions on students and employees (consistent with local, State, and Federal law), and a description of those sanctions, up to and including expulsion or

¹ Federal Register, Vol. 55, No. 159, Aug. 16, 1990, pp. 33580–33601

termination of employment and referral for prosecution, for violations of the standards of conduct required by [paragraph \(a\)\(1\)](#) of this section. For the purpose of this section, a disciplinary sanction may include the completion of an appropriate rehabilitation program.

(b) A biennial review by the IHE of its program to -

(1) Determine its effectiveness and implement changes to the program if they are needed; and

(2) Ensure that the disciplinary sanctions described in [paragraph \(a\)\(5\)](#) of this section are consistently enforced.²

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

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

UofSC has used the National College Health Assessment, the Core Institute alcohol and drug survey, and embedded surveys in the required educational program AlcoholEdu to measure students' behaviors, perceptions, and attitudes.

[1] These regulations were originally published in the Federal Register, Vol. 55, No. 159, Aug. 16, 1990, pp. 33580–33601, and are now available at <https://www.ecfr.gov/current/title-34/part-86> (accessed on June 30, 2022).

² 34 CFR 86.100(a), <https://www.ecfr.gov/current/title-34/subtitle-A/part-86> (access 6/30/2022)

Biennial Review Process

A sub-committee of the Carolina Community Coalition was recruited to serve as a biennial review work group for academic years 2020-2021 and 2021-2022. Committee members included:

- Ailish Stein, Outreach Assistant, Substance Abuse Prevention & Education
- Aimee Hourigan, Director of Substance Abuse Prevention & Education
- Alexis Rudnik, Sexual Assault & Violence Intervention & Prevention
- Carli Mercer, Director of Fraternity & Sorority Life
- Emily Mathias, Coalition Coordinator, Substance Abuse Prevention & Education
- Kat Yoffie, Coordinator for Residential Student Conduct
- Maureen Grewe, Director of Student Conduct
- Nikki Prudé, Assistant Director of Outreach & Communication, Substance Abuse Prevention & Education

The committee met seven times between May and August 2022. Our initial objectives were: 1) to gather information and determine the effectiveness of AOD prevention/education efforts, 2) to review the previous biennial review.

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

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

Annual Policy Notification Process

The annual distribution of the University's [Annual Security and Fire Safety Report](#) provides notification for continuing employees and students. This information is also distributed to new employees in New Employee Orientation through Human Resources and to new students through the required online alcohol education course completed during the first semester.

Along with the annual report, the University of South Carolina provides annual notification in the first week of each semester to all students, faculty, and staff of its alcohol and other substance policy through email distributed through Human Resources and Student Affairs (attached as Appendix A). This notification includes direct links to the following university policies:

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

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

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

Student Alcohol & Other Drug Behavior Data

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

AlcoholEdu Student Substance Use Data

All incoming students complete an alcohol education course (AlcoholEdu) that includes surveys of substance use behavior and related consequences. While the national data was not available, the previous trends have continued with a decline in students drinking in the two weeks prior to the survey. Additionally, there has been a shift away from drinking at public establishments to drinking at residences.

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

	2017	2018	2019	2020	2021	2021 National*
Abstainer/Non-Drinker	43%	46%	47%	53%	71%	Data
Moderate Drinker	21%	22%	21%	21%	11%	Not
Heavy Drinker	36%	32%	33%	19%	13%	Available
Problematic Drinker	12%	10%	11%	7%	4%	

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

There has been a steady increase in first year students being abstainers/non-drinkers with the category remaining descriptive of most of the first years drinking habits.

	2020-21 Pre-Survey	2020-21 Follow Up Survey	2021-22 Pre-Survey	2021-22 Follow Up Survey
Abstainer/Non-Drinker	63%	53%	84%	71%
Moderate Drinker	19%	21%	7%	11%
Heavy Drinker	15%	19%	7%	13%
Problematic Drinker	4%	7%	2%	4%

2020-2021 n=6982 students, 2021-2022 n=4803 students. Definitions: Abstainer/Non-Drinker: 0 drinks in the past two weeks. Moderate: 1-4 drinks for men, 1-3 drinks for women. Heavy: 5+ drinks for men, 4+ drinks for women. Problematic: 10+ drinks for men, 8+ drinks for women.

During the review period there was a drop in student reporting as abstainers/non-drinkers from the pre-survey to the follow-up survey. Overall, there was a significant decrease in Moderate Drinkers, a slight decrease in Heavy Drinkers, and no change in Problematic Drinkers during the review period.

Where Students Choose to Drink (Follow Up Survey)

First year students have shifted their preference to drinking in Residences (On and Off Campus) or At Home. Their second choice is a licensed establishment. This change can be attributed to pandemic restrictions along with the efforts of the university and campus to improve marketing and beverage services practices at the licensed establishments.

	2018-19	2019-20	2020-21	2021-22
Bar/Nightclub	36%	34%	21%	18%
Off Campus Residence	18%	19%	27%	25%
Fraternity/Sorority House	1%	1%	4%	4%
Athletic Event	10%	10%	3%	9%
On Campus Residence	10%	11%	16%	12%
At Home	9%	11%	15%	16%
All Other Locations	15%	15%	18%	19%

All Other Locations include Outdoor setting, Restaurant, In a Car, and None of These.

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

	2019-20	2020-21	2021-22
No Other Substance Use	52.4%	59.3%	84%
E-Cigarettes	18.6%	15.9%	12%
Cannabis	11.5%	10.4%	7%
Cigarettes	6.2%	4.7%	4%
Prescription Stimulants	1.7%	1.4%	<1%
Cocaine (any form)	<1%	<1%	<1%

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

National College Health Assessment (2010-2019, 2021+) Alcohol and Drug Data

Student Health Services conducts the National College Health Assessment biennially. The following data shows student behavior over time. It is important to note that the survey has changed since the last biennial review (version II to version III). The ACHA-NCHA III advises institutions to “Please note that it is not appropriate to compare trends between versions of the survey. Directly comparing data points between the Original ACHA-NCHA, the ACHA-NCHA II, and the ACHA-NCHA III can lead to an erroneous conclusion and is not recommended.” The following data from 2010 to 2019 is from ACHA-NCHA II and the data from 2021 is from ACHA-NCHA III. Any trend analysis including 2021 NCHA data that is given below is understood as not conclusive, but instead is indicative of items to watch in future biennial reviews.

Students reported level of alcohol (beer, wine, and liquor) use within the last 30 days:

	2017	2019
Never used	14.5%	16.5%
Have used but not in 30 days	14.5%	13.5%
Used 1-9 days	52.8%	48.6%
Used 10-29 days	16.9%	19.9%
All 30 Days	1.2%	1.5%
Any use within the last 30 days	70.9%	67.0%

Previous Observed Trends: Overall usage has been on a steady decline since 2015 with a slight increase in the percentage of those who report “Never used”.

Students perceived use of alcohol on campus within the past 30 days:

	2017	2019
Never used	3.7%	3.9%
Have used but not in 30 days	1.0%	1.1%
Used 1-9 days	26.9%	26.9%
Used 10-29 days	53.1%	48.2%
All 30 Days	15.1%	19.9%
Any use within the last 30 days	95.1%	95.0%

Previous Observed Trends: Students’ perception of use continues to be widely different from the reported use by students.

Students reported last time they drank alcohol, by reported gender identity (2021):

	Cis Men	Cis Women	Trans/GNC	Total
Never	16.9%	12.7%	5.0%	13.6%
Within the last 2 weeks	61.5%	65.1%	67.5%	64%
More than 2 weeks ago but within the last 30 days	6.2%	7.6%	10%	7.4%
More than 30 days ago but within the last 3 months	7.1%	6.5%	5%	6.7%
More than 3 months ago but	4.7%	5.2%	10%	5.4%

within the last 12 months				
More than 12 months ago	3.6%	2.8%	2.5%	3.0%

Cis Men n=339, Cis Women n=829, Trans/GNC n=40

2021 Observations: Most students either drank alcohol in the last two weeks or did not drink at all.

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

	2010	2013	2015	2017	2019		2021
4 or fewer	53.2 %	58.6%	56.3%	57.3%	67.6%		69.1%
5 or 6	19.9 %	21.7%	22.1%	20.7%	16.7%		17.5%
7 or more	26.9 %	19.7%	21.6%	22%	15.7%		13.4%

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

2021 Observations: The 2021 survey asked the same question as the previous survey and our numbers look consistent with the previous observed trends.

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

	2010	2013	2015	2017	2019		2021
N/A don’t drink	20.2%	19.8%	19.4%	19.0%	23.7%		36.1%
0 times	40.4%	43.6%	42.4%	43.6%	39.4%		26.2%
1-2 times	24.9%	22.2%	24.8%	24.5%	25.8%		23.7%
3-5 times	11.9%	11.8%	9.7 %	10.3%	8.6%		11.5%
6 or more times	2.6%	2.6%	3.6%	2.6%	2.5%		2.6%

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

2021 Observations: The 2021 survey asked the same question as the previous survey. Most of the data aligns with the previous observed trends. However, there has been an increase in the number of students reporting not drinking at all in the past two weeks.

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

	2010	2013	2015	2017	2019	2021
Driving after drinking alcohol	35.8%	29.6%	28.3%	26.8%	17.7%	14.9%

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

2021 Observations: The 2021 survey asked the same question as the previous survey and our numbers look consistent with the previous observed trends.

Students reported cigarette use within the past 30 days:

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

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

Students reported cannabis use within the past 30 days:

	2017	2019
Never Used	58.5%	56.7%
Used, but not in the past 30 days	22.3%	23.4%
Used 1-9 days	12.5%	12.2%
Used 10-29 days	4.6%	4.9%
Used all 30 days	2.2%	2.9%
Any use within the past 30 days	19.3%	19.9%

Previous Observed Trends: Unlike alcohol and tobacco use, cannabis use in the past 30 days has increased over the last 10 years but held mostly steady during the review period.

Students reported perception of other students' cannabis use within the past 30 days:

	2017	2019
Never Used	7.0%	5.7%
Used, but not in the past 30 days	4.6%	4.1%
Used 1-9 days	42.4%	39.4%
Used 10-29 days	34.9%	33.4%
Used all 30 days	11.1%	17.5%
Any use within the past 30 days	88.4%	90.2%

Previous Observed Trends: Perception of use continues to be significantly higher than reported use by students.

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

	2010	2013	2015	2017	2019
Antidepressants	3.7%	2.8%	2.1%	3.4%	3.8%
ED drug	0.9%	1%	0.4%	0.8%	0.3%
Pain killers	10.2%	6.1%	4.8%	4.3%	3.3%
Sedatives	6.8%	4.3%	5.5%	4.7%	3.6%
Stimulants	9.9%	10.9%	10.7%	10.7%	10.0%
Used one or more	18.3%	15.4%	15.2%	15.4%	15.2%

Previous Observed Trends: Stimulant use continues to be the highest reported non-prescription medication used, although there is a slight decline in reported use among all categories but antidepressants since 2017.

Student reported use of tobacco and misuse of other drugs in the last 3 months

	2021
Cigarettes	8.5%

E-cigarettes (or other vape products)	22.1%
Water pipe or hookah	1.5%
Chewing or smokeless tobacco	2.1%
Cigars or little cigars	3.5%
Other [tobacco products]	0.3%
Prescription stimulants	2.6%
Prescription sedatives or sleeping pills	1.4%
Prescription opioids	0.3%

n=1208

2021 Observations: Most students are not using tobacco or misusing prescription drugs, but a significant number of students are using E-cigarettes (or other vape products).

Fraternity and Sorority Assessment Project

The Fraternity and Sorority Assessment Project is a general community survey that was sent out to all Fraternity and Sorority Life (FSL) community members at the University of South Carolina to collect data related to their organizational experience in the Fall 2021 semester. “674 fraternity members and 2,541 sorority members completed at least the significant portions of the survey.”

The summary of the survey findings reports that “Both fraternity and sorority members self-report higher rates of alcohol consumption than their peers, both in terms of binge drinking and overall frequency. Almost all measures of alcohol use increased in the last year, particularly among sorority members.” Looking more closely at the data the Alcohol Use Disorders Identification Test (AUDIT) scores for UofSC fraternity and sorority members are higher than both national averages and SEC/peer averages. Across the board, UofSC scores were between 7 and 8 while the other benchmarks were below 7. This is statistically significant as the World Health Organization evaluates AUDIT scores of 7 or lower as being low risk and 8 to 14 as more hazardous. This places national and SEC/peer averages in the low-risk category with UofSC members as on the cusp of hazardous.

Students Overdoses & Fatalities:

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

In 2020-2021, 50% of those referred for hospital transport reported a Five Points establishment and 46% reported an off-campus residence as the location of their last drink. Zero of these students were

over the age of 21. In 2021-2022, 27% of those referred for hospital transport reported a Five Points establishment and 56% reported an off-campus residence as the location of their last drink. Three of these students were over the age of 21.

	2016-2018	2018-2020	2020-2022
AOD-Related Transports	418	220	94
AOD-related Fatalities: Overdose	3	0	2
AOD-Related Fatalities: Suicide or Suspected Suicide	9	0	9

Naloxone is available in the Pharmacy in the Center for Health and Well-Being as well as distributed through two local agencies: Midlands Recovery Center and The Courage Center. Campus police officers also carry naloxone. In the 2021-2022 academic year, through The Courage Center, 140 doses of Naloxone were distributed to students on campus.

Student Hardship Withdrawal Cases Involving AOD

Under the University’s withdrawal policy, if a student is experiencing a significant personal hardship that has prevented academic success during a past semester or the Withdrawal Fail (WF) period of a current academic term, the student may be eligible to withdraw from courses for the semester of concern. In the review period, 20 students, who have applied for Hardship Withdrawal, mentioned substance use in either their personal statement or supporting medical documentation.

Semester of Concern	# Students Applied for Withdrawal
Fall 2019	3*
Spring 2020	1*
Summer 2020	1
Fall 2020	7**
Spring 2021	4**
Summer 2021	0
Fall 2021	2
Spring 2022	3

*Students applied during 2020-2022 for semester of concern prior to review period.

**One student applied for both Fall 2020 and Spring 2021

University 101 AOD Programming

The University 101 course at the University of South Carolina was introduced in 1972 as an educational experiment in response to 1970 student riots against the Vietnam War, other perceived social injustices and local campus issues. The primary goal of the course was to build trust, understanding and open lines of communication between students, faculty and staff members, and administrators. One of the topics discussed in the course is alcohol at college. At the end of the course, students are asked to complete the survey. The data below is from Fall 2020 and Fall 2021 for the question they are asked regarding alcohol.

UNIV 101 End-of-Course Evaluation Statement	Fall 2020: Mean & Percent Agree N=3496	Fall 2021: Mean & Percent Agree N=4036
"As a result of University 101, I am more likely to apply strategies for reducing risks associated with alcohol."	M=6.47/7.0 94.0% agreed	M=6.46/7.0 94.2% agreed

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

List of Relevant Policies with Hyperlinks

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

Alcohol and drug-related behaviors are addressed in:

- STAF 6.26 [Student Code of Conduct](#)
- STAF 3.02 [Alcohol Policy & Guidelines for the University Community](#)
- STAF 3.18 [Drug Policy for University Students](#)
- STAF 3.19 [Overdose Medical Treatment](#)
- HR 1.01 [Drug-Free Workplace](#)
- HR 1.95 [Drug and Alcohol Testing Policy](#)

Student Organization Misconduct

The [Tucker Hipps Transparency Act](#) requires the establishment of a website that details the disciplinary actions against chapters as well as a list of chapters under suspension. At the time of writing this report, there is one fraternity chapters and one sport club team under suspension. There were 24 reports in 2020-2021 and 14 reports in 2021-2022.

Student Conduct Violations and Sanctions

Below is a table of student conduct violations and related sanctions which occurred during the review period. There was a dip in the total number of alcohol violations during the first academic year during the pandemic but shot back up to pre-COVID numbers in the second year. Hospitalizations, possession/consumption of alcohol, and public intoxication have all decreased. However, there has been a significant increase in the presence of alcohol in a dry room, alcohol paraphernalia, and gameday ejections due to alcohol.

Impact of COVID: Students who might not have been discovered as violating campus AOD policies were found in violation as a result of being in violation of COVID-related policies, such as large group gatherings. Additionally, a significant population of the student body was registered for online classes and remained off campus.

Student Conduct Violations and Sanctions 2020 Through 2022	2020-2021	2021-2022
Alcohol violations by type:	991	1283
Alcohol/drug hospitalizations	34	45
Possession/consumption	551	475
Fake ID	118	30

Health and Safety Concerns - DWI	28	16
Common Sources	1	15
Distribution	1	11
Presence of alcohol in a dry room	29	208
Laws and UOFSC regulations	10	15
Open container	4	25
Alcohol paraphernalia	150	193
Public intoxication	14	21
Violating other regulations while under the influence	0	12
Gameday Ejections due to Alcohol	51	217
Total drug violations (by category below):	226	267
Possession	146	148
Smoke only	0	4
Failed Drug Test	8	11
Paraphernalia	67	76
Distribution	5	6
Violating other provisions while under influence	0	20
Manufacturing	0	0
Gameday Ejections due to Drugs	0	2
Sanctions	1203	526
Housing Removals	6	5
Students sanctioned to the Carolina Awareness of Alcohol Policies and Safety (CAAPS) class and CAAPS Over 21 (includes substituted Online Alcohol Modules & TAO during Covid)	793	739
Parental notification letters (for alcohol transports and alcohol & drug offenses) sent	410	526
Number of students referred to Counseling and Psychiatry	3	0
Number of students referred to STIR or STIR+	275	184
Suspensions	36	33
Alcohol related charges	1	0
Drug related charges	5	4

The Division of Law Enforcement and Safety

From the Annual Security and Fire Safety Report, 2018-2020:

“The University of South Carolina Division of Law Enforcement and Safety (DLES) is the primary law enforcement agency responsible for the safety of the University’s Columbia Campus. DLES is operated and sustained by professionals in law enforcement, compliance and professional standards, environmental health and safety, and risk management. DLES works diligently to protect the people and property of the University of South Carolina and to uphold their values – human life, integrity, excellence and accountability... The police officers employed by DLES are appointed and commissioned as State Constables by the Governor of South Carolina as provided by South Carolina law. They are empowered to enforce the laws of South Carolina anywhere in the State as well as arrest individuals anywhere in the State. Certified officers complete twelve weeks of law enforcement instruction at the

South Carolina Criminal Justice Academy. All DLES officers receive at least 40 hours of continuing education every year, which exceeds the state’s minimum requirements... DLES works cooperatively with other law enforcement agencies in South Carolina to promote the safety and security of the Carolina Community. With a downtown location covering many city blocks, there is an increased likelihood that a crime occurring in the metropolitan area of Columbia may occur on campus. The University of South Carolina’s Columbia Campus shares jurisdiction with other law enforcement agencies, including the City of Columbia Police Department. DLES maintains working relationships with local and state prosecutors, the court system, coroners’ offices, and other investigative entities to ensure the ongoing safety and integrity of the Carolina Community. There are specific events that may occur on campus, such as the death of a student, which would require DLES to notify the South Carolina Law Enforcement Division (SLED). DLES also participates in intelligence sharing associations with other area law enforcement agencies. Ongoing collaboration between agencies enables DLES to gather data, identify crime trends on and around campus, and provides a system for notifying the Office of Student Conduct when off-campus student crimes or policy violations occur.”

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

Arrests for Weapons, Drugs, & Alcohol	Total On Campus			On Campus Residence Halls			Non-Campus			Public Property		
	'18	'19	'20	'18	'19	'20	'18	'19	'20	'18	'19	'20
Illegal Weapons Possession	1	0	0	0	0	0	0	0	0	6	6	5
Drug Law Violations	147	83	9	64	63	5	1	0	0	115	85	19
Liquor Law Violations	18	9	2	8	5	2	1	1	0	12	15	16

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

Disciplinary Referrals for Illegal Weapons, Drugs, & Alcohol

Disciplinary Referrals for Weapons, Drugs, & Alcohol	Total On Campus			On Campus Residence Halls			Non-Campus			Public Property		
	'18	'19	'20	'18	'19	'20	'18	'19	'20	'18	'19	'20
Illegal Weapons Possession	5	2	2	5	2	2	0	1	0	0	1	0
Drug Law Violations	53	80	79	37	67	54	13	12	0	5	10	0

Liquor Law Violations	577	635	773	533	537	705	8	16	12	8	16	0
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In contrast to criminal arrests, there was an increase in the number of disciplinary referrals for liquor law violations occurring on campus during the review period.

Impact of COVID: Students were less likely to be found going out to engage in AOD activities. As noted for the Student Conduct data, students were likely to be found in violation of COVID-related policies and consequently found in violation of the liquor laws.

Alcohol Event Registration Process

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

	2018-2019	2019-2020	2020-2021	2021-2022
Alcohol Policy Workshops	20	14	35	36
Workshop Participants	61	59	59	45
Registered Events	154	118	118	122

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

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

Impact of COVID – change of format for late night options and educational interventions, reduced events with alcohol on campus, protocols for events with limited participation = reduced staff trained in Alcohol Policy Workshops, variations in participation in campus activities

AOD Comprehensive Program Goals and Objectives for Biennium Period Being Reviewed

Goals and Objectives for the Biennium

The 2020 committee recommended the strategies below in pursuit of the goals of the previous biennium period. What was achieved within the biennium is summarized below each set of goals and objectives.

- 1. Assess the impact of the COVID-19 pandemic on student substance use and respond to changing behavior during the pandemic and afterwards.**
 - a. Conduct surveys, focus groups and interviews to gain insight into the student experience during COVID and changes in the student drinking culture.
 - b. Identify strategies for responding to changing substance use, including both risky use and support for the increasing number of non-drinking students.
 - c. Continue to work to increase communication efforts between campus departments, law enforcement and community stakeholders in pursuit of safe business districts and neighborhoods around campus.

In the Spring of 2021, the Coalition Coordinator conducted focus groups on the impact of the COVID-19 pandemic on student substance use. The recurring themes identified mental health strain, feeling unsupported, no change in cannabis use habits for regular users, and negative or ambivalent attitudes towards the campus “Wellness Days.”

In the Fall of 2020, questions about pandemic behaviors were added to the AlcoholEdu Course. 6912 students responded in the following way:

In the past two weeks, how frequently have you...

	Never	Occasionally	Sometimes	Frequently	Very Frequently
...worn a face covering when out in public?	1.1%	1.5%	2.4%	16.8%	78.1%
...socialized with others where you cannot maintain six feet of physical distance?	14.9%	36.4%	28%	13.1%	7.7%
...attended a party or social gathering with more than 10 people present?	56.6%	23.8%	10.8%	4%	1.8%

Additionally, correlative data was found between drinking habits and pandemic behaviors. Problematic Drinkers were least likely to wear a face covering, most likely to socialize with others when they could not maintain six feet of physical distance, and most likely to attend a party or social gathering with more than 10 people present.

The Good Choices for the Weekend newsletter has been sent every week showcasing events and opportunities in Columbia and on campus over the upcoming weekend. This was especially helpful during the pandemic as the changing COVID-related policies impacted the kinds of events and

opportunities that could be made available throughout the biennium. Students who indicated in AlcoholEdu that they wanted information about alcohol-free activities were added to the newsletter. At the beginning of Fall 2020, the first full semester after the start of the pandemic, the newsletter was sent to just over 3000 people with 45% of them opening the newsletter. At the end of Spring 2022 the newsletter was sent to 4100 people with 29% of them opening the letter. During the biennium, the highest numbers the newsletter achieved was in September 2021 with 4116 subscribers, 47% opening the newsletter.

UofSC continued offering sober programming through the biennium. One example of their programming was their award-winning Thursday After Dark series which includes going to a Columbia Fireflies game (local professional baseball team), trivia nights, movie nights (including one in the football stadium), goat yoga, and similar activities. In 2021, UofSC received funding from the Great Plays Grant Program. Great Plays was initiated in 2012 by the Miller Brewing Company, now part of Molson Coors. After the company signs a sports marketing contract with a university athletics department, the university can apply for a grant to support its programs to prevent high-risk drinking. Universities are eligible to apply each year their contract with Molson Coors is in effect. Typically, grants are \$10,000 per year but can be higher (up to a maximum of \$30,000) if a university's sports venues are especially large and the proposed project is worthwhile.

Our project focused on increasing the use of risk reduction strategies, raising awareness of the Good Samaritan policy, increasing knowledge of the signs of overdose, and expanding late night social options for students. Gamecock Entertainment offered "COVID Closeout" events at the end of April, including a "Flick on the Field" in the football stadium and "Last Night Carolina" on the last day of classes. These events helped to expand the reach of these late-night options for students on high-risk nights. Evaluation results from the events indicated that the events reached students who do not drink or drink in low-risk ways.

A total of twelve risk reduction messages were distributed through social media, created by our peer educators based on AlcoholEdu data and their experiences navigating the student party scene during the COVID-19 pandemic. These messages reached over 5,000 people with 333 likes, 10 shares, and 4 comments. Social media messages related to the Good Samaritan policy were incredibly successful, reaching over 37,000 people with seven posts. Our peer educators created a TikTok video reminding students of the signs of overdose using the popular Cups song made popular by Pitch Perfect that gained many views and shares in just one weekend. That post was shared 104 times and is mostly responsible for the exponential growth in followers on that platform. In addition, during a two-week sample of the spring semester, the Daily Gamecock advertising resulted in 355 total clicks on the Good Samaritan website. Restrictions related to the COVID-19 pandemic limited the distribution of educational materials, but key tags were distributed through Resident Mentors and fraternity and sorority leaders. Magnets with the signs of alcohol overdose and promoting the Good Samaritan policy were also distributed in 6,500 boxes of textbooks ordered from the bookstore.

The goals of this project were to increase use of risk reduction strategies and awareness and use of the Good Samaritan policy. There are several environmental factors that influence the number of students transported to the hospital due to intoxication and seeking help for friends, including the impact of the COVID-19 pandemic, decreased establishments serving alcohol in the area

surrounding campus, and increased enforcement of alcohol laws for both individuals and businesses. Our surveys indicated a need for continued work in this area to make students aware of the Good Samaritan policy, however engaging social media posts seem to be effective strategies for achieving this goal. Continued tracking of student awareness and use of the Good Samaritan policy assists us in understanding the impact of both environmental influences and marketing on student behavior. The Director of Substance Abuse Prevention and Education gave a presentation on this project, along with William Delong, at the 2022 ITGA Conference.

In 2020, the Carolina Community Coalition continued working on license protests and changes in Five Points. In determining whether to protest an establishment the coalition researched (i) the number of transported students reporting consuming their last drink in an establishment; (ii) if the establishment had drink specials that promote overconsumption of alcohol; (iii) the amount of food items sold, as required by state law; and (iv) the number of citations by local law enforcement. At the close of the biennium, 4 establishments closed, 3 have a conditional license, and 1 new license was denied. The establishments with their status and year(s) of protests are tabled below.

Establishment	Current Status	Year of Protest(s)
Five Points Roost	New License Denied	2017
Cover 3	Closed	2018
Horseshoe	Closed	2018
Group Therapy	Conditional License	2019
Pavlov's	Closed	2020
Five Points Saloon	Conditional License	2020
Moosehead Saloon	Closed	2020
Rooftop	Conditional License	2020, 2017

The establishments that have a conditional license must use a forensic ID scanner, have a hand stamp system, spot check 10% at Point-of-Sale, maintain updated software and records for ID scanners, have security cameras at all entrances and Point-of-Sale, must cooperate with law enforcement, have minimum drink prices of \$3.50 for liquor and \$3 for beer, have no drink promotions, and offer and promote food. The Director of Substance Abuse Prevention and Education presented on the protesting efforts at the 2022 NASPA (National Association of Student Personnel Administrators) Strategies Conference and the 2021 ITGA Conference.

In 2020, an Off Campus Behavior Group was formed by members of the Office of Off-Campus Living and Neighborhood Relations, the Office of Academic Integrity, the Office of Substance Abuse Prevention and Education, the Office of Fraternity and Sorority Life, UofSC PD, and the Office of the Dean of Students. The group met biweekly with the goal of sharing information and collaborating on strategies regarding risky behaviors in anticipation of high-risk times (e.g., Welcome Week, Homecoming, Spring Break, Wellness Days etc.). The Office of Off-Campus Living and Neighborhood Relations also held regular meetings with apartment complex managers to talk about high-risk behaviors and prepare them in anticipation of high-risk times.

2. Expand opportunities to reach diverse students in substance education efforts.

- a. Continue Gamecocks Talk focus groups with marginalized students in order to gather information about their experiences related to substance use and provide culturally relevant education and services.

- b. Develop marketing campaigns focused on bystander intervention and the medical overdose policy, working to develop credible messages that reach market saturation. Select behaviors with strong majority norms that students may be more likely to believe and consider using student “brand ambassadors” to accomplish these goals.

In 2020, the Assistant Director of Outreach & Communication for Substance Abuse Prevention and Education worked with and did presentations in Spring 2020 with members of the LGBTQ+ community and in Spring 2022 with members of the National Pan-Hellenic Council and the International Accelerator Program.

Since the last biennium, UofSC has developed a series of marketing campaigns focused on bystander intervention, namely the Good Samaritan campaign. UofSC revised the campaign; ads were posted in the campus newspaper, the Daily Gamecock, in the Good Choices for the Weekend newsletter, and in the Carolina Community Coalition newsletter; R.I.S.E. (Recognize, Intervene, Support, Empower) Ambassadors hosted two tabling events focused on bystander intervention and street harassment; and students, in their first semester on campus, were surveyed in their AlcoholEdu course in Fall 2021 on their knowledge of the Good Samaritan policy. There were 7,660 students that participated in the AlcoholEdu course. When asked what the policy prevented 75% of them identified University Conduct Charges and 80% of them identified Criminal Charges.

3. Diversify stakeholders participating in environmental management efforts, particularly the Carolina Community Coalition.

- a. Request representatives from student governance organizations, such as Student Government, Graduate Student Association, and Residence Hall Association, as well as relevant student groups such as Carolina Judicial Council and the Changing Carolina Peer Leaders.
- b. Identify faculty with relevant interests, offer presentation opportunities and encourage participation from students in relevant majors such as Public Health, Social Work, Public Policy, Criminology, etc.
- c. Extend invitations to off-campus stakeholders as well as staff and faculty from other institutions.

Invitations to participate in the coalition were sent to the following student groups: Student Government, the Graduate Student Association, the Residence Hall Association, Changing Carolina Peer Leaders, and Carolina Judicial Council. SAPE Peer Educators, students studying for their Master of Social Work degree, and members of student government participated. Faculty with research interests in Public Health, Social Work, Criminology, Public Policy, and AOD related topics were also invited to either participate or present material at a coalition meeting as part of the research series. There was increased participation from Public Health, Social Work, Criminology, and Public Policy faculty. One of the research series presenters was from the UofSC Medical School to talk about trends in opioid use during the pandemic and the efficacy of medical assisted treatment/recovery. The faculty from these departments also expanded our visibility by inviting their students to participate in the coalition as well. Moreover, there was an increase in participation from local law enforcement and members of higher education institutions across SC in both the research series and as participants in the steering committee.

In October 2021, UofSC hosted the Columbia Collegiate Forum for students, higher education leadership, and community leaders to discuss concerns and devise solutions pertaining to AOD in the area. Some of the topics discussed were students feeling unwelcome, safety concerns, and interactions with law enforcement. The forum came up suggestions like designated rideshare pick-up areas, increased lighting and police patrols, and to encourage establishments to be more welcoming towards HBCUs by posting schedules and having HBCU themed nights, to name a few. There was participation from UofSC Student Government, Carolina Judicial Council, Substance Abuse Prevention and Education, Allen University, Benedict College, Columbia College, Five Points Association, and local law enforcement. A report on the findings was submitted to Mayor Rickenmann.

Lastly, the coalition elected to keep the meetings virtual on the Zoom platform to increase participation from off-campus stakeholders and increase accessibility overall. The meetings were all recorded and can be found on the Substance Abuse Prevention and Education website.

Recommendations, Goals and Objectives for Next Biennium

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

- 1. Increase Cannabis Use/Misuse information and resources across campus**
 - a. Create a cannabis campaign including information and programming about social norms, driving under the influence, and other related harm reduction information.
 - b. Work with campus partners to increase accessibility and awareness of the T-Break guide.
 - c. Expand screening efforts by partnering with campus and community stakeholders so that groups on campus can be better informed about their particular data compared to overall campus data.
 - d. Identify additional screening opportunities with communities on campus through focus groups.
- 2. Expand access and awareness of naloxone**
 - a. Apply to become a Naloxone Community Distributor
 - b. Expand access by creating programming on how and when to use naloxone, along with advertised distribution days.
 - c. Identify campus knowledge on naloxone through focus groups, climate surveys, and tabling events.
- 3. Diversify participation in the Carolina Community Coalition**
 - a. Increase student involvement by contacting target groups such as the Residential Hall Association, Student Government, the Graduate Student Association, and students in recovery offering the opportunity to attend, be a panel member or even present research at a coalition meeting.
 - b. Increase community coalition building through the expansion of the SC Network. The network can collaborate on professional development ideas, tools, and resources to create a one-day conference for AOD professionals in South Carolina.
 - c. Increase market saturation on campus and in the community of the Carolina Community Coalition. Marketing materials should be targeting students, non-AOD professionals, and community members to increase community participation.
- 4. Increase Communication Efforts**
 - a. Continue to work to increase communication efforts between campus departments, law enforcement and community stakeholders in pursuit of safe business districts and neighborhoods around campus. - Off campus behavior group, apartment complex meetings, meetings with law enforcement, neighborhood associations
- 5. Increase Recovery Awareness**
 - a. Expand advertisements of the Recovery Ally program, especially towards graduate students, faculty and staff, and students who indicate they want to know more about recovery in AlcoholEdu.
 - b. Partner with other ally programming to cross advertise support programming (e.g., Gamecocks Stand Up, Support Zone Ally, and Safe Zone Ally)
 - c. Network with Allen University, Benedict College, and Columbia area recovery programs and communities to increase recovery outreach and programming across communities.

Appendices

- A. Annual Notification email distributed to all students, staff, and faculty.
- B. Comprehensive Program/Intervention Inventory
- C. Executive summaries from the National College Health Assessment in 2021, the College Prescription Drug Study in 2022 and AlcoholEdu Impact Report for 2020-2021 and 2021-2022.
- D. Policies: STAF 6.26 Student Code of Conduct, STAF 3.19 Overdose Medical Treatment, STAF 3.02 Alcohol Policy & Guidelines for the University Community, STAF 3.18 Drug Policy for University Students, HR 1.01 Drug-Free Workplace, HR 1.95 Drug and Alcohol Testing Policy

University of South Carolina
Division of Law Enforcement and Safety

2021 Annual Security and Fire Safety Report for Years 2018-2020



University of South Carolina

2021 Annual Security and Fire Safety Report for Calendar Years 2018-2020

Public & Safety Statistics for the Columbia Campus

The Report 5
Annual Disclosure of Crime Statistics and Preparing the Report 6
The Division of Law Enforcement and Safety
About the Division 8
Enforcement Authority and Training 8
Interagency Cooperation 8
Reporting Criminal Incidents and Other Emergencies
Reporting to the Division of Law Enforcement and Safety 11
Campus Security Authorities 12
Emergency Call Boxes 12
Sexual Assault, Domestic Violence, Dating Violence, Relationship Violence and Stalking
What is Consent?. 14
Definitions of Sexual Assault, Domestic Violence, Dating Violence, and Stalking 14
Interpersonal Violence: acts of relationship violence including domestic violence, dating violence, sexual assault, stalking, and harassment 14
Criminal Investigation 16
Rights of Victims 16
University Administrative Inquiries 18
Office of Equal Opportunity Programs 18
Office of Student Conduct and Academic Integrity 18
Rights of the Accuser 19
Possible Sanctions 20
No Contact Letters and Restraining Orders 20
Notification of Outcomes 21
Appeals 21
Sexual Assault and Violence Intervention & Prevention Office (SAVIP) 22
Confidential Reporting of Crime and Other Serious Incidents
Guidelines for Assistance for Sexual Assault Victims 23
Crime Prevention
Role of DLES in Crime Prevention 27
Role of Housing Staff in Crime Prevention 28
Training for Housing Staff 28
Crime Prevention Education for Residential Students 28
Monitoring and Recording Criminal Activity at Off-Campus Organizations
Access to Campus Facilities 31
Residence Halls 31
Classrooms 31
Libraries and other Public Buildings 31
Athletic Stadiums, Coliseums, and Arenas 31

Garages/Parking Lots	31
General Campus	32
Security Considerations in the Maintenance of Campus Facilities.	32
Missing Resident Students	
Reporting a Missing Student	34
Courtesy and Student Welfare Inspections.	34
Timely Warning Notices (Crime Alerts, Campus Safety Advisories, and their Distribution)	
Policies for Making Timely Warning Reports to Members of the Campus Community	36
Circumstances for Which a Warning Will Be Issued	36
Emergency Response, Notification, and Evacuation	
Ways Warnings are Disseminated	37
Activation Authority	39
Confirmation of an Emergency	39
Determining Where on Campus to Send Notifications	39
Communication Media	40
Determination of Message Content.	40
Initiating the Notification System.	41
Follow-Up Communication	41
Disseminating Information to the Surrounding Community	41
Emergency Notification Tests	41
Daily Crime Log	41
Sexual Assault, Relationship, and Dating Violence Programs.	42
Stand Up Carolina – Bystander Accountability Program	42
Recognizing Active Bystanders	43
Changing Carolina Peer Leaders	43
SAVIP Presentations and Training	43
Alcohol And Drug Policies and Programs To Prevent Alcohol and Drug Abuse	
Policy regarding the possession, use, and sale of alcoholic beverages	46
Guidelines for Students	46
Policy regarding the possession, use, and sale of illegal drugs.	46
Substance Abuse Prevention and Education.	47
Educational Programs	47
Transportation Options	
Transit Systems	48
Criminal statistics	
How We Compile These Statistics	51
Community Crime Map	51
Sex Offender Data	51
Crime Data	51
Criminal Statistics for Index Crimes	53
Criminal Statistics for VAWA Offenses	53
Criminal Arrests for Violations for Illegal Weapons, Drugs, & Alcohol	54
Disciplinary Referrals for Illegal Weapons, Drugs, & Alcohol	54
Hate Crimes	54
Unfounded Crimes.	54
Annual Security and Fire Safety Report	
Fire Log	56
Education, Training, Drills, Evacuation, Reporting	56

Portable Electrical Appliances and Open Flames	57
Misuse of Fire Alarms and Safety Equipment	57
Plans for Future Improvement.	57
Fire Alarm System Monitoring and Fire Extinguishers	57
University Residential Facilities	58
Fires at University Residential Facilities.	58

FOR CALENDAR YEARS 2018-2020

Annual Security and Fire Safety Report

Each year, the University of South Carolina compiles and provides the Annual Security and Fire Safety Report to current and future members of the Carolina Community. The Division of Law Enforcement and Safety (DLES) performs this task in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, referred to as the “Clery Act”, and also in accordance with the Division’s mission to create a safe and peaceful environment for all students, faculty, staff and visitors of the University of South Carolina.

The Report

The University of South Carolina, Columbia Campus’ Annual Security and Fire Safety Report is compiled by the Division of Law Enforcement and Safety (DLES). The Division takes great pride in protecting and serving the Carolina Community and is committed to the safety of all students, faculty, staff, and visitors.

The Division works with departments, units and individuals throughout the University to ensure accurate information and statistics provided in this report. Information concerning University policies may be found at <http://www.sc.edu/policies>.

The information in this report was prepared by the University to make current and prospective students as well as employees aware of key policies and programs in place at the University that: ensure equitable treatment of all members of the University community; maintain a safe campus environment; and make vital information available in the event of an emergency. The Annual Security and Fire Safety Report is also published in compliance with federal law.

If you have any questions regarding the report or would like a printed copy, please contact DLES at (803) 777-8400.

Annual Disclosure of Crime Statistics and Preparing the Report

DLES is the primary University office responsible for preparing and distributing the Annual Security and Fire Safety Report. This report is for the Columbia Campus; each campus is responsible for compiling and disclosing their individual reports. To compile information for the Annual Security Report, University offices collaborate with each other and external agencies, including local law enforcement agencies. Crimes that are reported in a specific area in and around University Property are collected from collaborating agencies for statistics that are disclosed to the United States Department of Education.

Federal law mandates that the University publishes and discloses this Report by the first of October each year. This law is called the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. Also referred to as the Clery Act, it was signed into law as part of the Crime Awareness and Campus Security Act of 1990.

Any current or future member of the University Community and other interested members of the general community can obtain a physical or electronic copy by calling DLES at (803) 777-8400 or visiting the “Annual Clery Report” page at <https://bit.ly/3pn1Egd>.

The Division of Law Enforcement and Safety



About the Division

The University of South Carolina Division of Law Enforcement and Safety (DLES) is the primary law enforcement agency responsible for the safety of the University's Columbia Campus. DLES is operated and sustained by professionals in law enforcement, compliance and professional standards, environmental health and safety, and risk management. DLES works diligently to protect the people and property of the University of South Carolina and to uphold their values – human life, integrity, excellence and accountability.

The University's Columbia Campus covers more than 400 acres downtown. If USC Columbia were its own city, it would be the 13th largest city in the state based on the size of its enrolled students and staff.

DLES is home to over 100 employees, including over 80 sworn police officers. DLES is divided into three bureaus; Operations, Support, and Administration.

The Operations Bureau, the largest and most visible bureau, is responsible for traditional policing functions. Patrol Officers provide a uniformed presence and respond to calls for service 24 hours a day, 365 days a year. Specialized units such as the Bike Patrol team and Crime Suppression Unit are also a part of this bureau.

The Support Services Bureau oversees the Telecommunications, Technical Operations and Physical Security (TOPS), and Investigations Units. Telecommunications Unit personnel take calls from 911 and the non-emergency line, dispatch police, monitor video and alarms, and installs and maintains over 300 security cameras located across all USC campuses. Criminal investigators are responsible for investigating crimes.

The Administration Bureau is responsible for the training of DLES personnel, maintaining vital records, providing crime analysis, and evidence control. This Bureau is also home to the Emergency Management Unit, which plans for and responds to natural and other disasters and is responsible for the safety of all University events.

Enforcement Authority and Training

The police officers employed by DLES are appointed and commissioned as State Constables by the Governor of South Carolina as provided by South Carolina law. They are empowered to enforce the laws of South Carolina anywhere in the State as well as arrest individuals anywhere in the State. DLES officers complete twelve weeks of law enforcement instruction at the South Carolina Criminal Justice Academy. They receive at least 40 hours of continuing education every year, which exceeds the state's minimum requirements.

Interagency Cooperation

DLES works cooperatively with other law enforcement agencies in South Carolina to promote the safety and security of the Carolina Community. With a downtown location covering many city blocks, there is an increased likelihood that a crime occurring in the metropolitan area of Columbia may occur on campus. The University of South Carolina's Columbia Campus shares jurisdiction with other law enforcement agencies, including the City of Columbia Police Department.

DLES maintains working relationships with local and state prosecutors, the court system, coroners' offices, and other investigative entities to ensure the ongoing safety and integrity of the Carolina Community. There are specific events that may occur on campus, such as the death of a student, which would require DLES to notify the South Carolina Law Enforcement Division (SLED). DLES also participates in intelligence sharing associations with other area law enforcement agencies. Ongoing collaboration between agencies enables DLES to gather data, identify crime trends on and around campus, and provides a system for notifying the Office of Student Conduct and Academic Integrity when off-campus student crimes or policy violations occur.

DLES and other law enforcement agencies enter into Memorandums of Understanding (MOU) for the purpose of best allocating resources for the protection of the communities the agencies serve. In particular, DLES enters into MOUs with the City of Columbia Police Department at times when the University leases significant portions of private housing facilities near the University so that the agencies may document which entity retains primary law enforcement jurisdiction over the leased property.

Reporting Criminal Incidents and Other Emergencies



Reporting to the Division of Law Enforcement and Safety

All on-campus crimes, suspicious activity, and safety concerns should be reported to DLES as soon as possible.

There are several ways to make a report or contact law enforcement, depending on where you are located and what is occurring.

On-Campus:

Call. If you are experiencing an emergency or someone is badly injured and cannot be easily transported, call 911. For non-emergencies, call 803-777-4215 to have an officer come gather the information and collect any evidence.

OR

Visit. You may also visit DLES at 1415 Henderson Street, Columbia, South Carolina.

Off-Campus:

Call. If you are the victim or witness to a crime off-campus, dial 9-1-1 and the law enforcement agency responsible for that jurisdiction will be contacted.

When you contact law enforcement, you will be asked questions about what happened, including:

- Your name and telephone number;
- The type of incident;
- The location of the incident of which you are reporting;
- A detailed description of the suspect(s) and his/her location or direction of travel;
- A detailed description of any vehicle involved in the incident; and
- Any need for medical assistance.

RAVE Guardian App:

The University provides a FREE mobile app, Rave Guardian, to keep students, faculty and staff safer on and off campus. Rave Guardian, available at <https://www.ravemobilesafety.com/rave-guardian>, turns any cell phone into a personalized protection network, connecting with University Police during an emergency and enhances safety through a virtual network of friends, family and campus law enforcement. Among its features:

- Caller profiles: Students, faculty and staff can set up complete profiles in Rave Guardian. By providing information about any medical conditions, course schedule, addresses, campus ID photo and other critical data, it is easier for campus police to help in an emergency.
- Panic Calls: These instantly connect with USC Police or with local 911. If the call is placed to USC Police, Rave Guardian automatically delivers the complete caller profile to telecommunications personnel.
- Safety networks: Safety timers notifies trusted “guardians” when the user doesn’t make it to a destination and deactivates the timer.
- Anonymous crime tips: Allows dispatchers to alert the appropriate agency.

Campus Security Authorities

Campus Security Authorities (CSAs) are individuals and organizations associated with the University that must disclose reports of Clery Crimes to DLES. CSAs include those who have significant responsibility for student activities.

CSAs can take reports of crimes from members of the University Community who may not feel comfortable going directly to law enforcement or who may come in contact with a CSA before having a chance to go to law enforcement. An accuser/reporter that reports a crime to a CSA does not have to prove that they were the victim or witness of a crime. Any report received in good faith (meaning without malice, and not based on rumor or hearsay) by a CSA must be reported to DLES.

Each year DLES sends a written request for statistical information to the following Campus Security Authorities:

- The Vice President for Student Affairs and all CSAs who work for him/her;
- The Provost and all CSAs who work for him/her;
- The General Counsel and all CSAs who work for him/her;
- The Vice President for Human Resources and all CSAs who work for him/her;
- The Associate Vice President of Student Affairs and all CSAs who work for him/her;
- The Executive Assistant to the President for Equal Opportunity Programs and all CSAs who work for him/her;
- The Athletics' Director and all CSAs who work for him/her; and
- The Director of Student Conduct and Academic Integrity and all CSAs who work for him/her.

Emergency Call Boxes

Over 300 emergency call boxes are located in visible places on the USC Columbia Campus and are constantly monitored. Emergency call boxes are topped with blue lights and give people on and around campus a fast way to contact DLES in an emergency. To activate, push the large red button on the front of the call box. You will immediately be connected to a DLES dispatcher. If you are unable to communicate, the dispatcher will send an officer to your location. If you are unable to stop and wait at the first call box you come to, continue moving after activating the call box. Push the button on the next available call box, and continue activating call boxes as long as you encounter them. This allows dispatch to know which way you are traveling, so they may send assistance to your area.

Sexual Assault, Domestic Violence, Dating Violence, Relationship Violence and Stalking



All forms of assault, abuse, harassment and violence are not tolerated at the University of South Carolina. There are confidential resources at the University and in the community to assist victims of interpersonal violence. The University works to educate, inform, and advocate for the Carolina Community to end sexual assault, stalking, and relationship violence.

What is Consent?

Consent is clear, conscious, willing and affirmative agreement to engage in sexual activity. Definitions of consent can vary across legal jurisdictions and institutions of higher education. The University of South Carolina defines consent as permitting, approving, or agreeing to act under University policy EOP 1.05 (Sexual Misconduct, Intimate Partner Violence and Stalking). University policy EOP 1.05 is available at <http://www.sc.edu/policies/ppm/eop105.pdf>. For consent to take place, the following elements must be present:

- Both are clear about their intent to engage in sexual activities and their desire to do so is willing.
- Both individuals are fully conscious.
- Consent can be withdrawn at any time.
- Someone who is incapacitated cannot consent.
- Neither individual is impaired by drugs or alcohol to the extent they do not know the who, what, when, where, why, or how of the situation.
- Silence or an absence of resistance does not in and of itself constitute consent.
- Coercion, force, or threat of either cancels consent.
- Past consent of sexual activities does not imply future consent.
- Consent to engage in sexual activity with one person does not give consent to engage in sexual activity with someone else.

Definitions of Sexual Assault, Domestic Violence, Dating Violence, and Stalking

To help you better understand the policies outlined in this report, terms used in University Policies on Sexual Assault and Interpersonal Violence are defined below. Additionally, definitions for similar terms and related statutes from the South Carolina Code of Laws are provided for reference. Terminology and state law vary from University Policy at times. This creates circumstances where DLES may not be able to bring criminal charges against an individual accused of violating University Policy. However, University Policy outlines consequences for the accused perpetrator if they are a member of the University Community, as well as protections for the accuser. This process occurs in the presence or absence of criminal charges.

Interpersonal Violence: acts of relationship violence including domestic violence, dating violence, sexual assault, stalking, and harassment.

Domestic Violence: violent offenses committed by one's current or former partner, spouse, or by a person with whom the victim shares a child in common. For purposes of University policy EOP 1.05 (Sexual Misconduct, Intimate Partner Violence and Stalking) and related procedures, this term refers to physical abuse (slapping, kicking, punching, hair pulling), threats of abuse, and emotional abuse (harassment). The term also includes damage to or threats to damage the property of the person who is, or has been involved in the relationship. University policy EOP 1.05 is found at <http://www.sc.edu/policies/ppm/eop105.pdf>.

Domestic violence is defined by South Carolina state law, S.C. Code Ann. § 16-25-10, as the unlawful causing of "physical harm or injury to a person's own household member" or the "offer or attempt to cause physical harm or injury to a person's own household member with apparent present ability in circumstances reasonably creating fear of imminent peril." A "household member" includes a spouse, a former spouse, persons who have a child in common, cohabitants involved during a romantic relationship or those who formerly cohabitated during a romantic relationship.

Dating Violence: violence committed by a person with a current or previous romantic or intimate relationship with the victim. Whether there was such a relationship will be gauged by its length, type, and frequency of interaction. Dating Violence is considered Intimate Partner Violence under University policy EOP 1.05. Dating violence is not a specific criminal violation in South Carolina. However, the state does prohibit a number of physically violent actions to include Homicide, Manslaughter, and Assault and Battery in multiple degrees, which may be applicable.

Stalking: a pattern of conduct that causes or is intended to cause a person to fear: death; assault; bodily injury; sexual assault; involuntary restraint; damage to property; threats or harassment via digital mediums including (but not limited to) email, social media, phone, fax; or to suffer significant emotional distress. The stalker may also intend to cause fear in the victim of these actions occurring to people they are close to. The relationship between the victim and the perpetrator may be a current or former partner or spouse, dating partner, acquaintance, or stranger. South Carolina law, S.C. Code Ann. § 16-3-1700, also prohibits stalking which is defined as a “pattern of words, whether verbal written, or electronic, or a pattern” of “two or more acts occurring over a period of time, however short, evidencing a continuity of purpose” that “serves no legitimate purpose and is intended to cause and does cause a targeted person and would cause a reasonable person in the targeted person’s position to fear” either “(1) death of the person or a member of his family; (2) assault upon the person or a member of his family; (3) bodily injury to the person or a member of his family; (4) criminal sexual contact on the person or a member of his family; (5) kidnapping of the person or a member of his family; or (6) damage to the property of the person or a member of his family.”

Advocate: a trained professional who supports others while empowering them to make informed choices, as well as assist with explaining what services are offered through criminal and social justice systems. At UofSC, advocates are primarily located in the Health Services’ Sexual Assault and Violence Intervention & Prevention (SAVIP) Office and DLES.

Advisor: a person who gives advice, leads a group, and provides assistance to help an individual meet their needs. Advisors are primarily located in USC’s academic offices and programs, professional staff within Student Affairs and Student Life, other administrative life, and DLES.

Sexual Misconduct: Under University policy EOP 1.05 (Sexual Misconduct, Intimate Partner Violence and Stalking), Sexual Misconduct includes three separate categories of offenses - offensive touching, sexual assault, and sexual exploitation. A member of the university community is in violation of and has committed sexual misconduct by the University’s definition if they have done one or more of the following:

Offensive Touching: the touching of an unwilling or non-consenting person’s intimate parts such as genitalia, groin, breast, buttocks, mouth, and/or clothes covering them; the touching of an unwilling person with one’s own intimate parts; or forcing an unwilling person to touch another’s intimate parts. Offensive Touching falls generally within the Clery Crime Category of “Forcible Fondling.”

Sexual Assault: any form of sexual contact that occurs without consent and/or through the use of force, threat of force, intimidation, incapacitation or coercion.

Sexual Exploitation: an action committed through non-consensual abuse or exploitation of another person’s sexuality for the purpose of sexual gratification, financial gain, personal benefit or advantage, or any other non-legitimate purposes such as non-consensual streaming of a video recording of an individual engaged in sexual activity.

Sexual Assault (State Law): state criminal law defines a sexual assault generally as the unwilling, non-consensual penetration of any bodily opening with any object or body part that is committed by force, threat, intimidation, or through exploitation of another's mental or physical condition of which the assailant was aware or should have been aware. State law governing such actions is found in S.C. Code Ann. §16-3-600 and §16-3-652 to 655.

Criminal Investigation

If survivors or witnesses want to file formal criminal charges against a perpetrator or request a criminal investigation, they can contact DLES via 9-1-1; activate an Emergency Call Box by pushing the large red button on the front; contact law enforcement through the RAVE Guardian app; or call (803) 777-4215 for the 24-hour dispatch line. Additionally, a victim may also request assistance from law enforcement if they are at a hospital to receive medical treatment for injuries that happened as the result of a crime.

Once a crime is reported, DLES will send a uniformed officer and/or criminal investigator to the victim. DLES criminal investigators receive special training in handling sexual assault cases and relationship-based crimes. DLES may, in certain circumstances, request assistance from the South Carolina Law Enforcement Division (SLED), the state's primary criminal investigative agency.

In most cases, a DLES victim advocate is there to help the survivor in a number of ways, such as explaining the investigative process; putting them in contact with SAVIP staff; and providing any additional help the victim may have in their time of need.

Rights of Victims

Under South Carolina law, victims have a number of rights, including:

- **the right** to be treated with fairness, respect, and dignity, and to be free from intimidation, harassment, or abuse, throughout the criminal and juvenile justice process, and informed of the victim's constitutional rights, provided by statute;
- **the right** to be reasonably informed when the accused or convicted person is arrested, released from custody, or has escaped;
- **the right** to be informed of and present at any criminal proceedings which are dispositive of the charges where the defendant has the right to be present;
- **the right** to be reasonably informed of and be allowed to submit either a written or oral statement at all hearings affecting bond or bail;
- **the right** to be heard at any proceeding involving a post-arrest release decision, a plea, or sentencing;
- **the right** to be reasonably protected from the accused or persons acting on his behalf throughout the criminal justice process;
- **the right** to confer with the prosecution, after the crime against the victim has been charged, before the trial or before any disposition and informed of the disposition;
- **the right** to have reasonable access after the conclusion of the criminal investigation to all documents relating to the crime against the victim before trial;
- **the right** to receive prompt and full restitution from the person or persons convicted of the criminal conduct that caused the victim's loss or injury including both adult and juvenile offenders;
- **the right** to be informed of any proceeding when any post-conviction action is being considered, and be present at any post-conviction hearing involving a post-conviction release decision;
- **the right** to a reasonable disposition and prompt and final conclusion of the case; and

- **the right** to have all rules governing criminal procedure and the admissibility of evidence in all criminal proceedings protect victims' rights and have these rules subject to amendment or repeal by the legislature to ensure protection of these rights.

Beyond these rights, DLES provides additional assistance to crime victims, including:

- providing a free copy of incident reports when requested;
- providing information about local victim assistance providers;
- informing them of how to be compensated by the State Office of Victim Assistance (SOVA) and assistance in applying for compensation and other forms of assistance that may be available; and
- informing them of their rights to be free of harassment or threats by perpetrators.

DLES victim advocates are trained in assisting victims and can serve as liaisons for them following a crime. They provide other forms of support and advocacy that make the criminal justice process less intimidating for victims.

University Administrative Inquiries

In certain circumstances, students that engage in conduct that violates the University's standards may be subject to the University's administrative process. This process typically involves an investigation, conduct hearing, and potential disciplinary action by the University's Office of Equal Opportunity Programs (EOP) and/or Office of Student Conduct (OSC).

A student may file a complaint directly with DLES, EOP, or OSC. However, in some cases, the process starts when a student seeks help from University Health Services' Sexual Assault and Violence Intervention & Prevention Office (SAVIP). Beyond providing a wide range of assistance for victims, SAVIP can assist a victim in the process of filing complaints with DLES, EOP, and/or OSC. More information regarding the assistance SAVIP may offer is provided in this report.

Office of Equal Opportunity Programs

Through the Office of Equal Opportunity Programs (EOP), students, faculty, and staff may report incidents where members of the University Community have experienced discrimination and/or harassment based on age, race, ethnicity, sex, gender, religion, national origin, disability, genetics, or veteran status.

The EOP also handles Title IX complaints. Recently, the United States Department of Education has emphasized that Title IX requires Universities to include sexual assaults, sexual harassment, sexual violence, and sexual misconduct involving members of the University community under their investigative authority. Title IX also prohibits retaliation against an individual who, in good faith, asserts his/her rights under Title IX or other federal and state laws prohibiting discrimination.

Any student with a complaint of discrimination or discriminatory harassment should contact EOP. Students can file complaints against faculty, staff, other students, student organizations, and any entity doing business or associated with the University. If you believe you have experienced discrimination or harassment based on your status as a protected group, contact EOP at (803) 777-3854 for assistance, or submit your information to EOP using the "Report an Incident" option at <http://sc.edu/eop/titleix.shtml>.

Certain employees and persons associated with the university must contact the EOP if they receive a report from a student that has experienced harassment including but not limited to sexual misconduct, sexual violence, sexual assault, or any criminal behavior based on sex or discrimination. These persons with a duty to report include administrators, supervisors, department chairs, or person in a position of power over a student. Failure to immediately report any Title IX matter may result in disciplinary action against any person (e.g., administrators, faculty or staff members) in a position of power over a student. Students or staff may file a complaint at <http://sc.edu/eop/titleix.shtml>.

Office of Student Conduct and Academic Integrity

The Office of Student Conduct and Academic Integrity (OSC) is a University department designed to promote individual student development and a campus climate of civility and accountability. This office encourages education and accountability by providing processes designed to uphold the behavioral expectations of the University's Code of Conduct.

OSC reviews a wide range of student violations of the Code of Conduct from alcohol violations to sexual assaults. The investigation and possible prosecution of a University student in the criminal justice system does not prevent them from also being subject to civil sanctions imposed by the University. The University holds students to the standards outlined in the Code of Conduct while they are on campus or any other location for as long as they remain students at the University.

OSC may begin a student conduct investigation upon receiving information that a University student has violated the Code of Conduct.

Typically OSC receives such information from DLES, SAVIP, EOP, or through a complaint filed by another student. University students are also required to notify OSC within 72 hours after they have been arrested by a law enforcement agency other than DLES.

A complaint form may be submitted to OSC online at https://cm.maxient.com/reportingform.php?UnivofSouthCarolinaEOP&layout_id=6. Once a complaint is received, OSC will meet with individuals thought to have relevant information, including the student who has been accused. OSC will assess the Code of Conduct to determine which charges most closely meet the behaviors the student is accused of and offer the option of resolution through a conduct hearing or a Carolina Judicial Council hearing.

Hearings are conducted by officials who receive annual training on issues related to domestic violence, dating violence, sexual assault, and stalking. These individuals and those assisting throughout the process receive annual training on conducting investigations and hearing procedures that protect the safety of victims and promote accountability.

To determine if a violation of the Code of Conduct has occurred, OSC follows a standard referred to as a preponderance of evidence. This standard is used by courts of law in civil cases. It must be demonstrated that the charged student is more likely than not to have violated the Code of Conduct.

Rights of the Accuser

During the student conduct process, the victim has the following rights:

- **The right** to be notified in writing of their rights in the conduct process;
- **The right** to be assisted by various campus entities including but not limited to SAVIP, OSCAI, DLES;
- **The right** to have an advisor of their choosing accompany them throughout the duration of the conduct process;
- **The right** to submit a victim impact statement to the Hearing Officer or Council for consideration;
- **The right** to have their past behaviors excluded in a University Conduct Hearing where responsibility is being determined;
- **The right** to accommodations in giving testimony consistent with providing a safe atmosphere, and consistent with the rights of the accused;
- **The right** to be notified in writing of the final determination and any sanction imposed on the accused as a result of the conduct process;
- **The right** to receive a copy of the formal charges sent to the accused student;
- **The right** to be notified of the date, time, and place of hearings at least three university business days prior to the hearing;
- **The right** to have the hearing authority consider as an aggravating factor when sanctioning the perpetrator whether the perpetrator provided alcohol or other drugs in the commission of a sexual assault;
- **The right** to be notified of the findings and sanctions/outcome of the hearing within a timeframe close to that in which the charged student was notified;
- **The right** to appeal the outcome based on a due process error or on information that could not have been available at the time of the hearing; and
- **The right** to changes in academic, living, transportation, or working situations to avoid a hostile environment.

Rights of Accused

A student accused of violating the Student Code of Conduct is afforded the following rights:

- **The right** to be notified in writing of their rights in the conduct process;
- **The right** to be notified in writing of the charges against them with sufficient time to prepare for a hearing. In the event that additional charges are brought, a further written notice must be forwarded to the student(s) or student

organization(s). The student(s) or student organization(s) may waive the right to separate written notice of additional charges in order to expedite the hearing process;

- **The right** to be notified of the date, time, and place of formal hearings at least three university business days prior to the hearing;
- **The right** to know the nature and source of the information used in a hearing process. This includes the right to review all documents and exhibits to be introduced at a hearing as well as a list of witnesses asked to testify at the hearing, upon the student's request;
- **The right** to present information on one's behalf;
- **The right** to elect not to appear at the hearing, in which case the hearing shall be conducted in the absence of the charged party(ies);
- **The right** to refuse to answer any questions or make a statement. However, the hearing authority may draw inferences from this refusal;
- **The right** to present questions for the witnesses to answer. The Hearing Officer/Council may rule on relevance of these questions; and
- **The right** to be accompanied by an advisor throughout the hearing process.

The accused's advisor, with written permission of the charged student(s) or student organization(s), may:

- Advise the accused regarding preparation for the hearing;
- Accompany the accused to all conduct proceedings; and/or
- Have access to information to be introduced at the hearing.

Advisors are not permitted to participate directly in the hearing process, or to speak for the charged student(s) or student organization(s).

Possible Sanctions

The OSC disciplines students who violate the Code of Conduct based on the details in each individual case. Sanctions range from a written warning to suspension or possible expulsion from the University.

Possible sanctions for violations involving sexual assault, domestic violence, relationship violence, hazing, harassment, stalking or other violent crimes are:

- Issuing a No Contact letter;
- Campus restrictions (e.g., from the victim's residence hall);
- Conduct probation;
- Assessment with a counseling agency;
- Removal from University Housing;
- Suspension; and/or
- Expulsion.

These sanctions are separate from any criminal charges or sentences imposed against the student in criminal court.

No Contact Letters and Restraining Orders

A No Contact Letter is an official University notice from the Office of Student Conduct and Academic Integrity (OSC) restricting two University students from initiating contact with each other. Requests for No Contact Letters usually come from students, and require that

both students adhere to the notice.

A benefit of the No Contact Letter is that if it is violated, OSC may levy sanctions against the offender, removing the burden from the accuser. Violations of a No Contact Letter are violations of the Student Code of Conduct and will be punished by the OSC.

Although a No Contact Letter may be ordered during the hearing process, it is not necessary to have a hearing before one is issued. A student who expresses fear for their safety and the potential for danger if the alleged perpetrator is within geographic proximity should always apply for a Restraining Order.

Any USC student can request a No Contact Letter; however, both involved parties must be USC students. The student initiating the request will meet briefly with a staff member in the Office of Student Conduct and Academic Integrity. During this meeting, the staff member will review the parameters of the No Contact Letter and provide the student with the letter, explaining its stipulations. Students are not obligated to tell the staff member why they are requesting a No Contact Letter, as the student may not have decided to report a violation/crime.

Students interested in requesting a No Contact Letter may contact the Office of Student Conduct and Academic Integrity at 803-777-4333. SAVIP and DLES are also available to help facilitate this process.

Beyond a No Contact Letter, a student may obtain a Restraining Order from a court of law to get protection from someone who is harassing or stalking them. A Restraining Order is a civil order and does not appear on a person's criminal record. However, if the accused violates the Restraining Order, they can be arrested. A Restraining Order can be granted for up to one year.

The University cannot issue a Restraining Order, only a No Contact Letter. To obtain a Restraining Order, an individual must complete a Complaint and Motion for Restraining Order and submit it to the Magistrate's Office in the county where the victim lives or where the harassment/stalking has taken place. The SAVIP Office and DLES are available to help assist with the application process and provide support for students who pursue this option.

Notification of Outcomes

The alleged student accused and the alleged victim are notified simultaneously at the OSC hearing and in writing of the outcome of the proceeding.

Appeals

Both an accused student and alleged victim may appeal the outcome of the OSC hearing. If one student submits an appeal, the other student in the OSC case will be notified. The other student will have five university business days to submit an appeal if he/she chooses. After the five days, the appeal(s) will be sent to the Vice President of Student Affairs and Academic Support for consideration at which time all appeal opportunities are closed.

Hearing outcomes from the Office of Student Conduct and Academic Integrity or designee (including the Carolina Judicial Council) that meet the criteria for appeal must be submitted via an appeal form within five University business days from the date the decision letter is received. The OSC will forward it with a response memorandum to the Vice President of Student Affairs.

An appeal may be made for one or both of the following reasons:

- A procedural error was committed that has significantly prejudiced the findings of the Hearing Council;
- OR
- New evidence that could not have been available at the time of the hearing and would have a significant effect on the outcome of the case becomes available.

Decisions not appealed within five University business days are final. Both the charged student and accuser will be notified simultaneously and in writing of the outcome of the appeal or any changes to the decision or withdrawal of an appeal by either party.

Sexual Assault and Violence Intervention & Prevention Office (SAVIP)

The Sexual Assault and Violence Intervention & Prevention Office (SAVIP), part of University Health Services, is located on the first floor of the Thomson Student Health Center. SAVIP provides prevention education on interpersonal violence, sexual assault, stalking and harassment, encourages bystander accountability, and advocates for survivors of sexual assault and other forms of interpersonal violence.

The office provides support services for survivors of sexual assault, interpersonal violence (including all forms of relationship violence), stalking, and harassment. Services offered include:

- 24/7 on-call assistance to students, faculty, and staff;
- Academic support;
- Medical accompaniment for survivors who go to the hospital;
- temporary or permanent housing relocation;
- Safety planning;
- Legal advocacy; and
- Referrals.

Students who are sexually assaulted can request immediate on-campus housing relocation, transfer of classes, or other steps to prevent unnecessary or unwanted contact with their assailant, when reasonably available.

A major role of the Office is to provide 24/7 on-call services to assist students, faculty and staff in addition to intervention and prevention education to all students, faculty and staff on campus regarding sexual assault and interpersonal violence. The staff regularly provide workshops and training sessions for University faculty and staff, residential student staff, academic classes, and student organizations. SAVIP staff and trained peer educators provide many workshops to students, particularly through University 101 classes offered to first-year students. Topics include bystander accountability, healthy relationships, stalking, relationship/dating violence, and sexual assault.

All victims of sexual assault are encouraged to report the incident to the nearest law enforcement agency. Even if a victim chooses not to immediately involve law enforcement, they are strongly encouraged to go through the sexual assault protocol examination for medical attention and for the purpose of preserving important physical evidence of the assault. Preserved evidence can be used if the victim chooses to pursue criminal charges at a later date. If a student has been the victim of a sexual assault, he/she has the option to notify the appropriate law enforcement authorities, including DLES or local law enforcement agencies (depending on where the offense occurred). SAVIP will assist the student in making a report or notifying law enforcement, if the student requests. Information that is collected by SAVIP is documented to identify crime trends and determine if a risk to the community exists. If a risk to the community is identified, the SAVIP Office may contact DLES and the EOP Office to prevent future victimization.

SAVIP and the EOP offices work together to ensure that possible threats to campus safety can be identified and handled quickly. The SAVIP Office sends information on reports of assault, harassment, or discrimination to the EOP Office at least twice a month. SAVIP staff provides support and assistance for students that pursue disciplinary procedures and file criminal charges.

If you have any questions about services mentioned or would like to receive additional information, call Sexual Assault and Violence Intervention & Prevention at 803-777-8248 or go to the Thomson Building and one of the advocates in the office will be able to provide assistance.

Information and resources for sexual assault victims, including confidential counseling and anonymous reporting through law enforcement, can be found at <https://bit.ly/2Jx6vdX>.

Guidelines for Assistance for Sexual Assault Victims

If you or someone you know is sexually assaulted:

- Get to a safe place as soon as you can, and call 911 to contact emergency services if needed or to call an ambulance if you believe you may be seriously injured.
- Try to preserve physical evidence. Do not wash, use the toilet, or change clothing if you can avoid it. If you do change clothes, put all clothes you were wearing at the time of the assault in a paper, not plastic bag.
- Get medical attention as soon as possible to make sure you are physically well and to permit collection of important evidence in the event you may later wish to take legal action.
- Contact a law enforcement agency to report the assault.
- Talk with an advocate or counselor who will maintain confidentiality, help explain your options, give you information, and provide emotional support.
- Contact someone you trust for initial and ongoing support.

If an individual does not want to file a criminal complaint with DLES, they may still seek restorative justice by filing a complaint directly with the Office of Equal Opportunity Programs, the Office of Student Conduct and Academic Integrity, or inquiring about their options with SAVIP. Victims of such crimes have multiple options in seeking justice whether through the criminal justice system, the University's administrative process, the student judicial process, or a combination of these processes. Help and support are always available through SAVIP, Counseling and Psychiatry services, and other community resources.

Confidential Reporting of Crime and Other Serious Incidents



Victims and witnesses can report anonymously through the Counseling and Psychiatry Department (803) 777-5223, University Health Services, and SAVIP (803) 777-8248. Staff at these offices can explain the reporting process, the rights of victims and witnesses, and options. Confidentiality will be maintained when reporting to any of these offices, except under very rare circumstances.

Other University personnel, however, may have reporting and response obligations. University staff, depending on their role, may be required to share information regarding sexual harassment or misconduct with administrative authorities for investigation and follow up. The University wishes to support students who have experienced assault, harassment, or abuse in pursuing justice to the extent possible.

The University will protect the confidentiality of an alleged victim by not disclosing the alleged victim's information to anyone outside the University to the maximum extent permitted by law. The University must balance a victim's request for confidentiality with its responsibility to provide a safe and non-discriminatory environment for the University community. When the University cannot take disciplinary action against someone accused of discrimination or harassment because of a victim's wish for confidentiality, the University will pursue other steps to limit the effects of the alleged sexual misconduct and attempt to prevent its recurrence.

Staff of the SAVIP Office can provide safe and confidential support, explain common reactions to crises, and discuss coping methods that may assist immediately following the assault and later. The counselors will not reveal the victim's identity to anyone without the victim's permission except under very limited exceptions (e.g. if an immediate threat to the victim or others is present, if the alleged is a repeat offender, or if the victim is a minor).

Mandatory reporters are afforded the opportunity to submit a report through the Office of Equal Opportunity Program's website. However, the reporter should know that, during the course of an investigation, his/her identity may be discovered. If that occurs, the reporter will receive the same confidentiality safeguards offered to those who make a formal report. Reports submitted through any of the entities listed above are included in the University's Annual Security and Fire Safety Report.

Anonymous tips regarding criminal activity can be made to the Midlands Crimestoppers by dialing 1-888-CRIME-SC or by visiting <http://www.midlandscrimestoppers.com>. Individuals may also use the RAVE Guardian app to send anonymous tips or to provide law enforcement with concerns regarding suspicious activity. DLES does not generally investigate anonymous allegations of criminal activity outside of CRIMESTOPPERS and the RAVE Guardian app. Anonymous tips without further corroboration are not included in the University's Annual Security and Fire Safety Report.

The University does not have procedures to encourage pastoral or professional counselors to inform persons they are counseling of how to report Clery crimes on a voluntary, confidential basis for inclusion in the University's Annual Security and Fire Safety Report. The University does not prohibit pastoral or professional counselors from doing so when those individuals deem such advice appropriate.

The University's Annual Security and Fire Safety Report does not include personal identifying information of victims or reporters. Further, South Carolina law prohibits the publication of the name of a sexual assault victim.

Crime Prevention



Role of DLES in Crime Prevention

The Division of Law Enforcement and Safety (DLES) conducts crime prevention and safety presentations throughout the year to faculty, staff and students. Additionally, DLES distributes educational and crime prevention materials at display tables during campus events throughout the year. This also provides opportunities for students to ask questions, register property, and obtain important safety information.

The following programs are designed to inform students and employees about the prevention of crimes:

- **Residential Safety and Security:** methods of securing resident living space both on-campus and off-campus and the process of reporting suspicious activity and people.
- **Building Safety and Security:** methods and procedures for keeping the workplace and classroom safe and the process of reporting suspicious activity and persons.
- **Garage/Parking Lot Safety:** precautions for preventing theft and vandalism of parked vehicles and risk reduction to increase personal safety in and around garages and parking lots.
- **Campus Safety:** general and specific methods of personal protection and risk reduction. Identifies areas that are safe for the community, identifies tools available to enhance personal safety, and the outlines the process of reporting suspicious activity and individuals.
- **Workplace Violence Prevention:** identifies the warning signs of potential workplace violence and preventive measures.
- **Project ID:** offers free engraving for personal and university property. DLES also maintains a database of engraved items.
- **Project S.T.O.P.:** offers bicycle registration.
- **Womens' Self Defense Workshops:** increases recognition and response to potentially dangerous situations, increasing confidence in everyday activities and encouraging risk reduction practices. The University's Sexual Assault and Violence Intervention & Prevention (SAVIP) Office has partnered with DLES to offer a Womens' Self Defense Workshop. Call 777-8248 to sign up.

To get more information about these programs or to schedule a program, contact the DLES Office of Crime Prevention and Community Relations at 803-777-0855.

The DLES Office of Crime Prevention also assists in providing safety education to all incoming freshmen and new students through University 101 (U101).

DLES assigns police officers to specific campus areas and buildings through the Community Resource Officer Program. Community Resource Officers (CROs) interact with students and residence life staff, offering direct support from a familiar face, providing educational programs, serving as mentors. The CROs use community policing and problem solving to address quality-of-life issues and build positive relationships that help students understand how the resources we offer can help keep them and their property safe.

Residential communities are a priority under the CRO program with CROs assigned to academic and administrative buildings as staffing allows. These officers build partnerships and improve safety by attending community meetings (residence hall meetings, employee safety committees, etc.) and by making positive community contacts and disseminating crime trend and safety information. CROs pay special attention to their assigned communities and actively solicit input and information from community members on perceptions of crime and safety issues.

Role of Housing Staff in Crime Prevention

It should be noted that violent crime on campus is not common. The most prevalent crime our community experiences is theft. University Housing advises resident students that they should lock residence hall rooms and that anyone parked on campus should remove valuables from their vehicles. It is also noteworthy to remember that several facilities around campus are open to the public, like the Thomas Cooper Library; it is not uncommon to see non-students in these areas. Care should be taken in these areas to keep personal property under close watch.

The following security awareness and training programs are offered by University Housing to train/educate Housing staff and students residing on campus about campus security procedures and practices and to encourage both employees and students to be responsible for their own security and the security of others.

Training for Housing Staff

All staff members are required to complete an online training course on Crisis Management and Emergency Procedures. At the end of each session, employees are required to pass a test on the materials presented.

All Housing Staff members participate in another seminar during formal job training on crisis management and University-specific procedures.

All Housing Staff members participate in experiential sessions where they problem-solve through different situations and must discern when to apply the procedures they have learned. Training scenarios include: roommate issues; fire safety; alcohol overdose; suicidal students; drugs; sexual assault; and medical emergencies.

All Housing Staff members are trained on the emergency and safety protocol and procedures specific to the building where they work. Also included are the security systems in each area, including cameras and card access devices.

All full-time staff and graduate staff members who live and work in a residence hall are required to complete and pass Incident Command System (ICS) training offered through the Federal Emergency Management Agency (FEMA).

All staff members who serve in an emergency response capacity are trained in the Housing duty system.

Housing Staff members are trained on how to identify and report security issues they discover when working within their assigned buildings.

Housing Staff members are trained on the Visitation Policy for their specific buildings.

Crime Prevention Education for Residential Students

All residential buildings on campus have an orientation that covers many topics, including campus safety. When students move into residential halls on campus, each hosts an orientation that addresses campus safety. Residential Hall floors continue to meet during the academic year to reinforce safety information and discuss new topics and concerns as needed.

Several methods are used to distribute and reinforce information to students to educate them on safety matters. They include: one-on-one meetings with students; video boards located in residence halls; email blasts sent to students; WRHA cable TV channel; print newsletters; flyers; programs and activities; brochures; and room inspections. Housing Staff conduct room inspections in residence halls, during which they check for prohibited items and look for any health and safety concerns. Traditional dorms are inspected twice a semester by Housing Staff, while apartment-style residence halls are inspected monthly. Fire extinguishers are checked monthly in apartment style residences.

All students are informed about the Visitation Policy for their specific residence, and held accountable for violations of the policy.

Students who violate Housing policy or who create safety hazards are met with individually to be held accountable for their actions and to reinforce their roles as responsible members of our Housing and University community.

Other Crime Prevention Programs

The Office of Professional Development offers a yearly Violence in the Workplace Workshop for faculty and staff and is in the process of developing new presentations to bring the University in compliance with recent amendments to the Violence Against Women Act.

The university does not have any official student organizations that have housing facilities off-campus. There are several recognized student organizations that occupy privately owned houses within the campus boundaries of Greek Village; DLES responds to calls for services from these houses.

Monitoring and Recording Criminal Activity at Off-Campus Organizations



Some official student organizations, including faith based organizations, own private, non-residential facilities off campus. If a local law enforcement agency is called to respond to one of those facilities, they may notify the DLES of the situation, although this would be done as a courtesy and not obligation. DLES works with neighboring jurisdictions in identifying criminal activity by students at noncampus locations. Reporting procedures are established between neighboring jurisdictions and DLES to allow for the documentation of criminal activity by University students in those jurisdictions with information provided to the University's Office of Student Conduct and Academic Integrity.

Access to Campus Facilities

Residence Halls

Most residence hall entrances are staffed with contract security guards or Housing personnel. These employees are charged with the responsibility of checking the identification of those entering the residences and have direct contact with the Division of Law Enforcement and Safety (DLES) by telephone. Some residence halls, such as DeSaussure, Thornwell, and Woodrow, are apartment-style and have no security guard or Housing staff at their entry. All residence halls are within a designated patrol sector and patrolled by DLES officers day and night. The Greek Village is also patrolled by campus police officers day and night, and some of the houses located there are equipped with access control systems. They are locked at night, and can only be accessed by authorized students and staff.

Classrooms

Classroom buildings and individual rooms are under the protection of the DLES. These buildings are within designated patrol sectors and are patrolled twenty-four hours a day, seven days a week. Academic buildings with access control systems can only be entered by authorized persons after hours.

Libraries and other Public Buildings

To maintain a secure campus environment, DLES gives extra attention to University areas open to the public in the routine patrol plan. Staff located in these areas assist with monitoring the campus environment as well; Thomas Cooper Library uses Closed Circuit TV (CCTV) cameras, and staff check packages and bags as visitors exit the building. All public buildings on campus are staffed with University personnel who are instructed on the best method of contacting DLES. DLES patrols all public areas and buildings on campus, providing a twenty-four hour law enforcement presence.

Athletic Stadiums, Coliseums, and Arenas

CCTV and/or alarm devices monitor most of the areas in which athletic contests are held. Before, during, and after events, DLES officers and/or contract security personnel patrol and maintain a presence in the area to promote a safe environment and report any security issues. Suspicious activity observed by contract security personnel is reported to DLES by two-way radio or telephone. Security measures are customized for the activity to be held.

Garages/Parking Lots

Some garages and parking lots have CCTV cameras, and most have Emergency Call Boxes placed in conspicuous locations. People using the garages and parking lots are encouraged to report any suspicious activity to DLES. Officers regularly patrol the University's garages and lots.

General Campus

In addition to the routine patrol plan of the Division of Law Enforcement and Safety, certain days of the week and weekends are chosen in which high visibility patrols are implemented. These patrols are designed to exhibit a concentrated law enforcement presence in areas of the campus frequented by students at night. Special campus events are also common sites of high visibility patrols. DLES officers and/or contract security, at the request of organizations sponsoring events, provide security at many campus activities.

Security Considerations in the Maintenance of Campus Facilities

Facilities and landscaping are maintained in a manner that minimizes hazardous or unsafe conditions. DLES regularly patrols the campus and reports unsafe physical conditions to Facility Services or Housing for correction. Housing residents or other members of the University community also report equipment problems or potentially hazardous conditions to DLES, Housing, or Facility Services.

Missing Resident Students



Reporting a Missing Student

When anyone has reason to believe that a student who resides in campus housing is missing, they should immediately notify DLES at 803-777-4215 or call 911. DLES will generate a missing person report and initiate an investigation.

University policy states that when a resident student is missing, reports should be made immediately to any Residence Life staff member or directly to DLES. In the event that Residence Life staff is made aware that an on-campus residential student is missing, they will immediately contact DLES and file a missing person report.

Housing staff is required to provide law enforcement with the following information:

- The name, building, and room number of the student who is considered missing;
- The name(s) of those who initially reported the student missing (friends, roommates, family, etc);
- Contact information of person(s) provided by student in the event the student is determined to be missing (which is optionally given and kept confidential) as listed in the assignment database; and
- Emergency contact information of the missing student (which is kept confidential)

Courtesy and Student Welfare Inspections

Parents or legal guardians of a resident student who are unable to contact their child and, who believe that the student may be in danger or have suffered a medical debilitating condition may contact DLES. DLES will dispatch an officer to the student's on-campus address to determine whether he/she needs emergency assistance. The parent or legal guardian will be informed of the student's status subject to any limitations under federal or state law.

Timely Warning Notices (Crime Alerts, Campus Safety Advisories, and their Distribution)



Policies for Making Timely Warning Reports to Members of the Campus Community

The University of South Carolina makes timely warnings to the University community regarding certain crimes considered to be a serious or continuing threat to students, faculty, staff, and visitors when reported to the Division of Law Enforcement and Safety (DLES), and such warnings will not compromise an on-going criminal investigation.

Generally, DLES will issue a timely warning for the following crimes, when there is reason to believe that perpetrators of crime may present a threat to the University community and such disclosures would not harm investigation of incident or apprehension of the subject:

- Murder and non-negligent manslaughter;
- Manslaughter by negligence;
- Sex offenses;
- Robbery;
- Aggravated assault;
- Burglary;
- Motor vehicle theft; and
- Arson.

A number of factors are considered to determine if there is an ongoing threat to the University community that would make it necessary to issue a timely warning. Although the University is not required to provide notification for non-Clery Act crimes or when the incident does not occur within Clery Act geography, DLES may decide that a warning must be issued if a crime has the potential to compromise the safety of the University.

Circumstances for Which a Warning Will Be Issued

The following factors and circumstances will be considered when issuing a timely warning:

- The nature of the crime;
- The continuing danger to the campus community; and
- The possible risk of compromising law enforcement efforts.

When determining the content of the warning, the University will include as many available details as possible, including:

- Type of alert;
- Location;
- Suspect(s) description;
- Incident summary; and
- Any information that promotes safety and aids in the prevention of similar crimes.

Ways Warnings are Disseminated

The University may send timely warnings by various communication media including:

- University e-mail;
- Carolina Alert social media;
- Carolina Alert RSS feed;
- Carolina Alert website; and
- DLES website.

Additionally, warnings or advisories affecting the University Community will be posted on the DLES web site on the crime alert page: <http://bit.ly/1JGV46m>.

The DLES Associate Vice President-Chief of Police or his/her designee will be responsible for authorizing and issuing timely warnings, on behalf of the University.

Emergency Response, Notification, and Evacuation



When it is determined that there is an emergency or dangerous situation that poses an imminent threat to the safety or health of the Carolina Community, specific University personnel are responsible for activating the Carolina Alert System. The University will immediately notify the appropriate segment(s) of campus using one or more of the communication mediums in the Carolina Alert System.

Upon receiving a report or notification regarding a significant emergency or dangerous situation involving an immediate threat to the safety or health of the University of South Carolina Community, the University will confirm the emergency or dangerous situation and determine the content before initiating an emergency notification. Notification may not be made if it would compromise or impede efforts to assist victim(s), or contain, respond to, or mitigate the emergency.

Activation Authority

It is the responsibility of the following authorized persons to confirm an emergency, determine the appropriate segment(s) of the campus community to receive a notification, determine the content of the message, and initiate the selected communication media within the Carolina Alert emergency notification system:

- University's Division of Law Enforcement and Safety On-Duty Supervisor;
- University's Division of Law Enforcement and Safety (DLES) Emergency Management Coordinator;
- DLES Officer with the rank of Lieutenant or above;
- DLES Deputy Chief;
- DLES Associate Vice President/Chief of Police; and
- Chairperson, University's Executive Policy Group.

When it is appropriate, the authorized individuals (or their designees) will consult the next person in the chain of communication before sending an emergency message. However, if the next person is unavailable, or if time does not allow for a delayed warning, approval is not necessary.

Confirmation of an Emergency

If the person(s) authorized to send a message has not confirmed the emergency first-hand, they will contact the DLES on-duty shift supervisor to receive an update. They may also choose to contact surrounding law enforcement agencies and emergency response agencies for more information.

Determining Where on Campus to Send Notifications

Those authorized to send a message will also determine which segment(s) of campus will be notified.

The entire campus community may be notified if there is the potential for a very large segment of the community to be affected by the situation, or when the situation threatens the operation of the entire campus.

If emergency conditions are isolated to a specific part of campus, notifications may be made to that specific area instead of notifying the entire campus. As the incident progresses, personnel will monitor the situation and notify additional areas of the campus if needed.

Communication Media

The following is a list of communication media the University may use to send an emergency notification:

- Carolina Alert Website: visit www.sc.edu/CarolinaAlert;
- Facebook;
- Twitter;
- University Website www.sc.edu;
- Outdoor Warning Sirens;
- Tone Alert Radios;
- Voice Over Fire Alarms;
- Digital Signage;
- Alert FM;
- Text Alerts;
- E-mail;
- Emergency Information Line;
- Television Message Crawler;
- 90.5 WUSC Radio;
- Blackboard Announcement;
- Fire Alarm;
- Vehicle Public Address Speakers;
- Bullhorns; and/or
- Media Advisory.

Not all media will be used for every notification. Every incident is unique, and authorized personnel will use communication methods based on their reach, effectiveness and location.

The following guidelines are used to assist authorized personnel with selecting communication media, and to provide the community an understanding as to which forms of communication may be used in different scenarios.

Requires Action: If a situation exists that poses an immediate safety risk and requires persons to change their behavior (e.g. seek shelter, evacuate), information may be pushed using disruptive media (e.g. sirens, Alert FM, text messages, TV message crawler).

Public Notification: If a situation exists where persons should be notified about an incident that is not immediately life threatening (e.g. crime alerts, situations that have already been contained), media such as the Carolina Alert website, social media, or others may be used to communicate the information.

Determination of Message Content

The person(s) authorized to send a message will also determine the content of the message. There are a number of pre-scripted, pre-approved messages from which authorized person(s) may choose from.

Initiating the Notification System

Once the authorized person has confirmed the emergency, selected the areas of campus that need to be notified, chosen the appropriate communication media to use, and determined the content of the message, he/she will call the personnel responsible for physically activating each individual communication method.

Follow-Up Communication

Once a mass notification is issued, the person who authorized the notification will immediately contact the University Emergency Management Team Executive Policy Group.

The initial notification should be followed by a subsequent message(s) that provides greater detail of the incident and/or protective action recommendations. If the incident requires an extended response time, subsequent information releases should be done so at the discretion of the University Public Information Officer or designee.

Disseminating Information to the Surrounding Community

If a dangerous situation exists on campus that has the potential to affect the surrounding Columbia community, the person who authorized the alert will notify DLES dispatch to call Columbia – Richland 911 Communications Center, or the appropriate authority dependent on the nature and type of emergency, to make the determination to initiate its community notification process.

Emergency Notification Tests

The Carolina Alert System is tested at least once a year to ensure the system is operational and to introduce members of the Carolina community to the methods in which they can receive notifications during an emergency. The test also provides information regarding what to do in the event of an actual emergency.

A summary of the University's emergency response and evacuation procedures is distributed in conjunction with at least one annual test per year.

After each test or activation of the Carolina Alert system, a brief after action report is written to evaluate the event against measurable goals. This document includes: purpose, date / time, whether the test was announced or unannounced, participants, description, successes, shortcomings and corrective action recommendations.

Additional information concerning Carolina Alert can be found at: www.sc.edu/CarolinaAlert.

Daily Crime Log

DLES provides a daily log of all criminal reports for public inspection, which is available online or request from the DLES Records Unit located at 1415 Henderson Street, Columbia, South Carolina 29208. The daily crime log may be found at the DLES webpage by selecting "Reports, Logs, and Bulletins" Daily Crime Log" at <http://les.sc.edu>.

DLES complies with federal law that prohibits the disclosure of the names of victims when publishing the daily crime log. The daily crime log includes: the nature, date, time and general location of each crime; and the disposition of the complaint, if known.

Sexual Assault, Relationship, and Dating Violence Programs

The University of South Carolina prohibits dating violence, domestic violence, sexual assault, and stalking. To raise awareness of those issues and to assist survivors of such violence, the University offers a number of resources to the campus community.

The University utilizes a website to inform the campus community of issues involving interpersonal violence, including sexual assault. The website www.sc.edu/stopsexualassault is a one-stop destination for information concerning interpersonal violence, to include sexual assault prevention and education programs and resources for sexual assault survivors.

One of the primary University support units dealing with sexual assault is Sexual Assault and Violence Intervention & Prevention (SAVIP). SAVIP is located in the Thomson Building. Its advocates offer support and services to students, faculty, and staff who are survivors of interpersonal violence which includes sexual assault, attempted sexual assault, relationship/dating violence, domestic violence, stalking, and/or harassment.

SAVIP provides educational programming and training throughout the year (see below for a list of programs and trainings). SAVIP also coordinates annual campus-wide campaigns to raise awareness and promote prevention of interpersonal violence. Notable campaigns include Domestic Violence Awareness in October, Stalking Awareness in January, and Sexual Assault Awareness in April.

SAVIP recognizes Domestic Violence Awareness Month (DVAM) with events designed to increase awareness about intimate partner violence as a major social issue. They are debunking the myth that intimate partner violence is a women's issue, increasing the awareness and visibility of male involvement, and reinforcing bystander accountability through Stand Up Carolina, all while empowering individuals to have healthier relationships.

SAVIP recognizes Stalking Awareness Month with events and a vendor fair aimed at fostering understanding about stalking and harassment. They educate the University community about how to safely use mobile devices, the Rave Guardian app, social media, websites and computers to best protect themselves from stalking, identity theft and more.

SAVIP recognizes Sexual Assault Awareness Month (SAAM) with events aimed at fostering understanding about the devastating effects of sexual assault while promoting a culture of healing and accountability. SAAM events encourage members of the University community to speak up or step in before someone is sexually assaulted. Through education, campaigns, and bystander accountability, SAVIP actively seeks to foster a Carolina community of respect, trust, equality, and healthy relationships.

Stand Up Carolina - Bystander Accountability Program

SAVIP promotes bystander accountability through Stand Up Carolina, bystander intervention education that includes four bystander intervention strategies and resources on and off-campus for those involved in harmful or negative situations.

The scope of Stand Up Carolina is diverse, offering informational material, classroom discussions, and peer education. SAVIP also implemented a Stand Up Carolina Train the Facilitator program. The program allows SAVIP to train students, faculty, and staff to deliver Stand Up, enabling SAVIP to reach a larger number of those in the Carolina community so that a culture of bystander accountability becomes the norm, not the exception.

There are two versions of Stand Up Carolina: version 1 is designed for U101 classes, led by peer leaders, and lasts from 50 to 75 minutes, and version 2 is an extended-length presentation that can last up to two hours and includes a discussion about culture and social norms. Version 2 can be delivered by SAVIP's trained Stand Up Carolina facilitators who may be faculty, staff, or students. Facilitators are assigned based on the audience and facilitator availability.

A "bystander" is a person who observes a situation or event but is not directly involved in it. For example, if you're walking down the sidewalk and see two cars collide but you don't get involved you are a bystander to the event.

At the other end of the spectrum are “active bystanders.” These are people who notice a harmful situation is about to happen, is currently happening or has already happened, and then they make a conscious decision to step in and intervene. In the previous scenario, an active bystander would see the collision but stop to call USCPD and report the incident.

Recognizing Active Bystanders

The Hero Awards recognize community members who embody what it means to be an active bystander and a champion of the Carolinian Creed.

Changing Carolina Peers Leaders

Changing Carolina Peer Leaders are a group of undergraduate leaders from a variety of backgrounds and academic disciplines who have a passion for wellness and health education. Changing Carolina Peer Leaders give presentations and organize initiatives and events across campus. They're involved in a wide variety of health topics that are important to their peers including: physical Activity and Nutrition; Body Image and Eating Disorders; Stress Management; Suicide Prevention; Sleep; Sexual Health; Healthy Relationships; Interpersonal Violence Prevention; and Tobacco Treatment.

Changing Carolina Peer Leaders is a member group of the national peer education student organization BACCHUS Initiatives of NASPA.

SAVIP Presentations and Training

Other presentations given by SAVIP staff, graduate students, and peer educators include:

Defining the Relationship: a presentation for U101 classes that includes a review of the forms of interpersonal violence, parameters of consent and appropriate techniques for gaining consent, and a review of on- and off-campus resources for interpersonal violence survivors.

How to Support a Survivor: This presentation was developed to help attendees understand the impact of interpersonal violence, implement strategies to assist interpersonal violence survivors, and refer survivors to the appropriate on- and off-campus resources.

SAVIP Services and Reporting: This presentation covers all of SAVIP's services (advocacy, prevention, and consultation), reporting obligations for responsible employees, how to make an Interpersonal Violence Report, and where to refer students for help.

HAVEN: An online sexual assault prevention education course that presents realistic and interactive skill-building scenarios. New undergraduate (freshman, transfer and change-of-campus) students at the Columbia campus under the age of 23 are required to complete the Haven and Alcohol EDU courses.

Healthy Masculinity Series: This four-part series builds a foundational understanding of what a masculine identity is and how it can impact the campus community; the impact of pop culture on the development of masculinity; how masculinity plays into the development of healthy relationships, communication and consent; and how to be an effective ally and active bystander within the Carolina community. The series is designed to be inclusive of anyone, not just men.

Healthy Relationships, Communication, and Consent: Designed for University 101 classes, this presentation covers consent and healthy relationship characteristics; warning signs of unhealthy relationships, definitions of the three types of interpersonal violence (sexual assault, relationship/intimate partner violence and stalking); the relationship between alcohol and sexual assault; and resources on campus for interpersonal violence survivors.

How to Support a Survivor: This presentation teaches participants about the impact of interpersonal violence (sexual assault, relationship/intimate partner violence and stalking), how to implement strategies to support and assist survivors and resources for survivors.

LGBTQ+ and IPV: This training describes the impact of interpersonal violence within the LGBTQ+ community. It's particularly relevant for students who plan to work in "helping professions" such as social work, education, counseling and medical fields, however the content is important for anyone who is interested.

Trauma 101: This three-session workshop series aims to provide a different and more comprehensive way to think about trauma as the process of becoming flooded with overwhelming stress from a variety of causes. The modules focus on the effects of trauma, why it's hard to talk about, and how to cope with it or help others who have experienced it.

Alcohol And Drug Policies and Programs To Prevent Alcohol and Drug Abuse



The University of South Carolina treats the abuse of drugs and alcohol as a serious concern. The University is in compliance with the Drug-Free Schools and Communities Act of 1989 and has established the Office of Substance Abuse Prevention and Education (SAPE), under the guidance of the Vice President for Student Affairs and Academic Support.

The University's drug and alcohol policy is made available to all interested parties. Students, faculty, and staff are encouraged to read the entire drug and alcohol policies located in the office of the Vice President for Student Affairs and Academic Support and online at "Substances Abuse Prevention and Education", located at <https://www.sa.sc.edu/sape>. An alcohol and drug education and counseling program is also provided. Additional information is available by calling (803) 777-3933.

The Division of Law Enforcement and Safety (DLES) works closely with the Office of Student Conduct and Academic Integrity (OSC) and SAPE to educate the student population concerning the responsible use of alcohol. Although every situation is different, officers typically refer student violators of the state's alcohol laws to OSC for counseling and student discipline. Violations of the state's underage drinking laws may be enforced through filing appropriate criminal charges and are usually handled by OSC with a referral from law enforcement. Violations of drug laws are usually handled through the local criminal justice system. The vast majority of first time offenders are usually allowed to enter a diversionary program, referred to as Pre-Trial Intervention, which is coordinated by the local solicitor's office. Student violators of drug laws are also referred to OSC.

Policy regarding the possession, use, and sale of alcoholic beverages

No person under the age of 21 may purchase, possess, or consume any alcoholic beverages, and no person shall sell or give alcoholic beverages to anyone under 21 years of age anywhere at the University of South Carolina – Columbia.

Persons and their guests 21 years of age and older may possess and consume alcoholic beverages in individual campus residence hall rooms or apartments on campus, but not in the communal areas of a residence hall on campus such as lounges, balconies, decks, or bathrooms.

Common source containers of alcohol (e.g., kegs) are not permitted on the University of South Carolina – Columbia premises any time.

All events sponsored by any entity involving alcoholic beverages in University owned or controlled facilities must be registered through the Office of the Dean of Students. Upon submission of the Alcohol Event Registration Form, specific information and requirements will be requested.

Any container of alcohol being transported must be sealed and covered while on University premises.

No person, organization or corporation may sell any kind of alcoholic beverage on the campus of the University, unless there is an alcohol permit to do so.

No alcohol may be served or consumed in any University building or open space except as provided in the Alcohol Event Registration Form. This includes personal consumption as well as consumption at a private party event.

Guidelines for Students

Students must adhere to the Student Code of Conduct and the General Guidelines for the University Community as well as all federal, state, and local laws and ordinances. In addition, students should be aware of the following that under the Family Educational Rights and Privacy Act ("FERPA"), the University may disclose the result of a disciplinary proceeding to a parent or guardian so long as the student is under the age of 21 at the time of the incident and the proceeding has resulted in a violation of University drug or alcohol policies or any federal, state, or local law. The University may also notify a parent or guardian of a student under the age of 21 of any sanction that places the student on housing or conduct probation (official notice that any additional offense may affect the student's ability to live on campus or

attend the University), or that results in removal from University Housing or the institution (e.g., housing removal/relocation, suspension, or expulsion).

The University may also notify a parent or guardian upon a second violation of the University alcohol policy. Finally, the University's Student Care and Outreach Team will notify a parent or guardian of a student under the age of 21 where the consumption of alcohol has resulted in the hospitalization of the student. For more information or for Consent to Release Information waiver, refer to the Office of Student Conduct.

Policy regarding the possession, use, and sale of illegal drugs

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

Students are responsible for abiding by the Student Code of Conduct and local, state, and federal laws whether on or off campus. Failure to do so can result in criminal, civil, and University proceedings and sanctions. Students and student organizations that are in violation of the law are also violating the Student Code of Conduct and can be held accountable under both separate systems. Violations of the University's drug policy as well as other regulations contained in the Carolina Community will be referred to appropriate University offices.

The risks associated with the misuse of alcohol, illegal drugs, prescription medications, and other substances are numerous and include physical and mental impairment, emotional and psychological deterioration, addiction, infectious disease, and adverse effects on pregnancy. There are obvious risks, such as suffering a hangover, driving under the influence or committing other crimes, and sustaining or causing personal injury. There are a number of less obvious risks associated with alcohol and other drug misuse that students and employees may not realize, including: poor academic and/or job performance, initiating nonconsensual sexual activity, and jeopardizing future career prospects. In addition, alcohol and other drug misuse puts the user at considerable health risk, which can include nausea, vomiting, cancer, liver damage, elevated blood pressure, psychotic episodes, hallucinations, and overdose leading to death. A chart on the uses and effects of controlled substances can be found <https://bit.ly/2VkeJJB>.

Substance Abuse Prevention and Education

The Substance Abuse Prevention and Education Office (SAPE) is located on the third floor of the Strom Thurmond Wellness and Fitness Center and is open Monday through Friday during regular business hours. SAPE provides resources about alcohol and other drugs including DVDs, flyers, brochures, journal and newspaper articles, and local and nationwide data from surveys. SAPE maintains relationships with and listings of alcohol and drug support groups and resources in the Columbia and Midlands area of South Carolina.

Educational Programs

Students Taking Initiative and Responsibility (STIR): The mission of STIR is to help students identify high-risk behavior, reflect on their decision making skills, and take action towards making safer choices and reducing potential negative consequences. The course design is a two-session individualized meeting with SAPE graduate students. Participants are typically sanctioned to the STIR program by their conduct administrators for an alcohol or drug violation, but students may also voluntarily take part to explore their choices about substance use.

AlcoholEdu: AlcoholEdu is a required educational program and assessment that measures students' attitudes and perceptions about substance use and abuse. The course is taken in two parts, both of which are completed online. Part I takes about two and a half hours to complete, and is done before the student arrives on campus. Part II takes approximately 15 minutes, and is taken 30-45 days after the first part is completed. All new and transfer undergraduate students must complete AlcoholEdu.

Sexual Assault Prevention for Undergraduates: This program is a required educational and training module about sexual assault prevention. The course uses realistic scenarios and skill-building exercises. Similar in structure to AlcoholEdu, it is broken into two parts. Part I takes around an hour and a half to complete. After a 30-45 day waiting period, students must complete Part II, which takes about 15 minutes.

Transportation Options



The University maintains an active transit system that operates Monday through Friday. Regular service runs from 7:30 a.m. to 6:00 p.m., with an evening shuttle service operating from 6:00 p.m. to 12:30 a.m. Service is available during Fall and Spring Semesters when classes are in session.

Additionally, the University operates a special on-call late night shuttle whose schedule varies depending on whether classes are in session. An updated schedule may be found on the University's Transportation website at https://sc.edu/about/offices_and_divisions/parking/shuttles/index.php.

Criminal statistics



How We Compile These Statistics

A primary part of the Annual Security and Fire Safety Report is the statistics related to crime that have occurred at the University during the preceding calendar year. To assist in evaluating the statistics in context, the preceding three calendar years are provided for your review.

DLES, in compiling the annual statistics, coordinates with law enforcement partners as well as University Campus Security Authorities. DLES, along with the Richland County Sheriff's Department and the City of Columbia Police Department, share information about criminal incidents through the Lexis/Nexis Community Crime Map.

Community Crime Map

The Community Crime Map (www.communitycrimemap.com) is a crime mapping program made available to both the general public and law enforcement. The program allows site visitors to see crime data over a map of the county. Through the Community Crime Map system, DLES, the Richland County Sheriff's Department, and City of Columbia Police Department can share crime data, crime intelligence, and criminal reports. This program also allows DLES, when compiling the Annual Security and Fire Safety Report to directly retrieve information about crimes occurring off campus or on public property investigated by another agency.

A public version of the Community Crime Map program is also available. The public system allows a user to search crimes by address or by clicking on Columbia, South Carolina. The user interface shows a map of a particular area with incidents clearly marked. By clicking on the incident location pin, the user obtains basic information about the incident such as: type of crime; location type; block-level address; and incident date and time.

Sex Offender Data

Sex offender data is maintained and provided by the South Carolina Law Enforcement Division (SLED), which may be accessed via the following link: <http://scor.sled.sc.gov>

Registered sex offenders are prohibited from living in Campus Student Housing. Individuals found in the registry are not necessarily students, faculty, or staff. Individuals registered may carry on a vocation at the University of South Carolina such as a contractor or subcontractor.

Crime Data

The Clery Act requires the University to report data regarding specific crimes that happen within a defined geographical area to the United States Department of Education and then disclose the data to the general community. This area is referred to as "Clery Geography" and encompasses On Campus (including the subset of On Campus Residence Halls), Non-Campus, and Public Property. These terms create consistency in the way crime data is collected and reported across college campuses.

For purposes of the Clery Act and understanding disclosed data, the following definitions are used:

- 1) On-Campus is defined as either –
 - a. Any property –
Owned or controlled by the University;
That is reasonably contiguous to other University owned property; and
That is used by the University in direct support or in relation to the University's educational purpose.

OR

b. Any property -

Owned but not controlled by the University;
That is used frequently by University students; and
That is used to support the University's educational purpose.

2) Non-Campus is defined as either -

a. Any property -

Owned or controlled by the University;
That is used by the University to support its educational purposes;
That is frequently used by students; and
Is not considered part of the core campus.

OR

b. Any property -

Owned or controlled by a student organization; and
That the student organization is officially recognized by the University.

3) Public Property is defined as any property

Owned or controlled by governmental entities such as thoroughfares, streets, sidewalks, and parking facilities;
That is within the campus, or immediately adjacent to and accessible from the campus.

An example of On-Campus property would be many of the University classrooms and buildings located throughout its core campus. Non-Campus areas include Williams-Brice Stadium. Public property would be the public sidewalk located in front of the Horseshoe.

The crimes are collectively referred to as "Clery Crimes", The Clery Crimes consist of four categories of offenses: 1) Index Crimes; 2) Violence Against Women Act crimes; 3) Hate Crimes; and 4) Possession Crimes.

The Index Crimes include: 1) Murder/Non-Negligent Manslaughter; 2) Manslaughter by Negligence; 3) Sexual Assault 4) Robbery; 5) Aggravated Assault; 6) Burglary; 7) Motor Vehicle Theft (including Mopeds); and 8) Arson. The Violence Against Women Act Crimes include: 1) Domestic Violence; 2) Dating Violence; and 3) Stalking.

Hates Crimes are defined as "a criminal offense committed against a person or property which is motivated, in whole or in part, by the offender's bias." Where hate is a motivating factor the University is required to report hate crimes that involve any Index Crime as well as any of the following: 1) Larceny-Theft; 2) Simple Assault; 3) Intimidation; or 4) Destruction/Damage/Vandalism of Property.

Possession crimes include violations of law for the following crimes: 1) Weapons Possession; 2) Drug Offenses; and 3) Alcohol Offenses.

Criminal Statistics for Index Crimes

Criminal Offenses	Total On Campus			On Campus Residence Halls			Non-Campus			Public Property		
	'18	'19	'20	'18	'19	'20	'18	'19	'20	'18	'19	'20
Murder/Non-negligent manslaughter	0	0	0	0	0	0	0	0	0	0	0	0
Manslaughter by Negligence	0	0	0	0	0	0	0	0	0	0	0	0
Rape	9	5	9	8	2	9	0	0	0	0	0	0
Fondling	5	11	1	4	1	1	1	0	0	1	1	0
Incest	0	0	0	0	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0	0	0	0	0
Robbery	0	1	0	0	0	0	0	0	0	0	1	0
Aggravated assault	3	0	1	0	0	0	0	0	0	2	2	0
Arson	1	0	0	1	0	0	0	0	0	0	0	0
Burglary	15	14	10	5	6		0	0		0	0	
Motor vehicle theft	21	15	12	0	0		0	0		2	1	2

Criminal Statistics for VAWA Offenses

VAWA Offenses	Total On Campus			On Campus Residence Halls			Non-Campus			Public Property		
	'18	'19	'20	'18	'19	'20	'18	'19	'20	'18	'19	'20
Domestic Violence	2	2	1	0	1	0	0	0	0	0	0	0
Dating Violence	9	6	3	3	4	2	0	0	0	0	0	0
Stalking	3	12	4	1	3	2	0	0	0	0	0	0

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

Arrests for Weapons, Drugs, & Alcohol	Total On Campus			On Campus Residence Halls			Non-Campus			Public Property		
	'18	'19	'20	'18	'19	'20	'18	'19	'20	'18	'19	'20
Illegal Weapons Possession	1	0	0	0	0	0	0	0	0	6	6	5
Drug Law Violations	147	83	9	64	63	5	1	0	0	115	85	19
Liquor Law Violations	18	9	2	8	5	2	1	1	0	12	15	16

Disciplinary Referrals for Illegal Weapons, Drugs, & Alcohol

Disciplinary Referrals for Weapons, Drugs, & Alcohol	Total On Campus			On Campus Residence Halls			Non-Campus			Public Property		
	'18	'19	'20	'18	'19	'20	'18	'19	'20	'18	'19	'20
Illegal Weapons Possession	5	2	2	5	2	2	0	1	0	0	1	0
Drug Law Violations	53	80	79	37	67	54	13	12	0	5	10	0
Liquor Law Violations	577	635	773	533	537	705	8	16	12	8	16	0

Hate Crimes

The University did not experience any hate crimes, as defined by federal law, between 2018 and 2019. However, in 2020 victims at the University experienced two hate crimes. The first was for Intimidation of a victim under the “On Campus” category. The second was for Aggravated Assault against victims while “On Campus”.

Unfounded

The University’s Division of Law Enforcement and Safety unfounded or determined the following number of crimes, otherwise reportable were unfounded:

2018 = 2 Unfounded Cases; 2019 = 1 Unfounded Case; 2020 = 2 Unfounded Cases

Annual Fire Safety Report



Fire Log

The Housing facility fire log is kept at the DLES Records Unit located at 1415 Henderson Street, Columbia, South Carolina 29208. The log includes. This log includes the nature, date, time, and location of each fire.

Education, Training, Drills, Evacuation, Reporting

All Resident Mentors for each housing facility are trained in the use of fire extinguishers (to include use of with a live fire exercise), building evacuation, proper reporting of fires, the prohibitive use of extension cords and oversized light bulbs, blocking of fire sprinklers, and fire alarm equipment. The training each Resident Mentor receives is then provided to residents of each residence hall in the first weekly meeting after move-in.

DLES Fire Safety provides training to faculty, staff, students and food service vendors on campus. The training is tailored to the audience to provide the most applicable information related to their environment. The training consists of how to safely evacuate a building during a fire situation or other emergency, by outlining exit awareness and potential obstacles. The training also includes how to minimize the opportunity for fire and the proper procedures for reporting a fire. The class is finalized with fire extinguisher training that includes a summary on the types of fire extinguishers and the proper technique for discharging them, with the participants having the opportunity to discharge a fire extinguisher on a controlled fire.

In accordance with state law and for the safety of students, fire drills are conducted at various times throughout the semester. All persons must vacate the building during drills and remain outside until instructed to return by residence hall staff. Evacuation procedures are posted in each residence hall.

DLES holds an annual “Fire Safety Awareness Day” to coincide with “National Fire Safety Week” in October of each year. During the event a mock residence hall room is constructed and fire hazards are intentionally created within the room. Students are encouraged to identify the hazard to win prizes. The Columbia Fire Department assists and displays equipment and rescue techniques. The room is set on fire at the end of the event to demonstrate how quickly a room will burn and how important it is to follow established fire safety policies and procedures.

All students and employees must evacuate the building or residence hall in the event of a fire and follow the below procedures:

Some of these actions can be taken simultaneously:

The building shall be evacuated. In those buildings that have coded alarm systems in which the alarm rings only on the floor where the pull station is activated, the general alarm shall be sounded to alert all occupants to evacuate;

DLES shall be notified by dialing 911;

Supervisory personnel should search the area in which the alarm was activated to determine the location of the fire;

The determination if an alarm is a “nuisance fire alarm” shall be made by Columbia Fire Department. If the fire department is not present, this determination shall be made by a representative from DLES – Fire Safety Office; and

The fire alarm shall be silenced and reset only by a representative from the Columbia Fire Department or DLES when directed to do so by one of the aforementioned entities.

The University requires any fire to be immediately reported to the appropriate local authorities to include DLES.

Portable Electrical Appliances and Open Flames

The cooking of food in residence halls is primarily restricted to established kitchens. The only cooking equipment allowed in rooms are Underwriters Laboratories (UL) approved appliances that have no exposed heating coils (such as coffee pots and sandwich makers), and microwave ovens which do not exceed one cubic foot and/or 700 watts of power. One privately owned refrigerator per resident is permitted provided it does not exceed limitations established by the University. Extension cords and multiple socket plugs are prohibited due to electrical circuitry design limitations as well as health, fire, and safety regulations. Surge protectors with a circuit breaker and an on/off switch are approved for use in rooms or apartments. Only one surge protector may be plugged into a socket and at no time may one surge protector be plugged into another surge protector.

In conjunction with University Policy, smoking and the use of tobacco products is prohibited on all campus property. All members of the University residence hall community, including visitors and vendors working on campus, are expected to comply with this policy.

No person shall start a fire or create a fire hazard on University property without University authorization. This regulation is also intended to prohibit the possession and/or use of candles, torches, incense burners, other open flame apparatus, as well as extension cords and other devices or materials which may create a fire hazard if used without authorization or in unauthorized areas including, but not limited to, residence hall rooms.

Misuse of Fire Alarms and Safety Equipment

No person shall make, or cause to be made, a false fire alarm, or emergency report of any kind. No person shall tamper with, damage, disable or misuse fire safety equipment including, but not limited to, fire extinguishers, fire hoses, fire alarms, and fire doors.

Plans for Future Improvement

There are no current plans to modify the University's residential fire detection and warning systems at this time.

Fire Alarm System Monitoring and Fire Extinguishers

All fire alarm systems in residence halls are monitored through central reporting. All residence halls have fire extinguishers installed per national standards and undergo four fire drills per year.

University Residential Facilities

The following residential facilities have fire safety systems with addressable fire alarms and are fully sprinkled. The term “addressable fire alarm” as used in these statistics includes devices that provide exact location, for example, suite number, bedroom number, flow switch location, etc. of alarm initiation. The location of the residence facility is also provided below the name of the facility. All University residential facilities undergo four fire drills per calendar year.

- Harper/Elliott (902 Sumter St.)
- Sims (1501 Devine St.)
- Delta Zeta (514 Lincoln St.)
- Thornwell (1420 Pendleton St.)
- Patterson (1520 Devine St.)
- Kappa Kappa Gamma (520 Lincoln St.)
- Nada Apartments (820 Henderson St.)
- South Tower (614 Bull St.)
- Beta Theta Pi (527 Lincoln St.)
- McClintock (720 Bull St.)
- South Quad (500 Sumter St.)
- Phi Mu (6 Fraternity Circle)
- Preston College (1323 Greene St.)
- East Quad (1400 Blossom St.)
- Sigma Nu (515 Lincoln St.)
- Rutledge College (902 Sumter St.)
- Green Quad A (1216 A Wheat St.)
- Sigma Alpha Epsilon (509 Lincoln St.)
- Maxcy (1332 Pendleton St.)
- Green Quad B (1216 Wheat St.)
- Alpha Delta Pi (508 Gadsden St.)
- Desaussure (902 Sumter St.)
- Green Quad C (1216 C Wheat St.)
- Kappa Delta (514 Gadsden St.)
- Capstone (902 Barnwell St.)
- Park Place (506 Huger St.)
- YOUnion (1000 Whaley St.)
- Alpha Gamma Delta (502 Lincoln St.)
- Bates House (1423 Whaley St.)
- Delta Delta Delta (520 Gadsden St.)
- Columbia Hall (918 Barnwell St.)
- Bates West (1405 Whaley St.)
- Pi Beta Phi (526 Gadsden St.)
- Woodrow (1415 Greene St.)
- Wade Hampton (1528 Greene St.)
- Chi Psi (508 Lincoln St.)
- Pinckney/Legare (902 Sumter St.)
- Honors Residence (1215 Blossom St.)
- Gamma Phi Beta (527 Gadsden St.)
- McBryde A (1309 Blossom St.)
- Alpha Chi Omega (515 Gadsden St.)
- Pi Kappa Phi (4 Fraternity Circle)
- McBryde B (1311 Blossom St.)
- Chi Omega (509 Gadsden St.)
- Kappa Alpha (521 Lincoln St.)
- McBryde C (1313 Blossom St.)
- Kappa Sigma (808 Mark Buyck Way)
- Alpha Gamma Delta (502 Lincoln St.)
- McBryde F (611 Marion St.)
- Zeta Tau Alpha (814 Mark Buyck Way)
- 650 Lincoln Building A/B (650 Lincoln St.)
- 650 Lincoln Building D (700 Lincoln St.)
- McBryde G (613 Marion St.)
- Alpha Xi Delta (820 Mark Buyck)

Fires at University Residential Facilities

The following fires occurred at a University residential facility in the previous three years.

2020

None

2019

(1) Delta Zeta House (514 Lincoln Street) - fire resulting from a plastic cutting board catching fire while on a stove being used to prepare meals. Estimated damage to property was \$165 including disposal of all exposed food products. No injuries reported.

(2) Honors Residence (1215 Blossom Street) - a mechanical fire occurred on a trash compactor located in a garbage shoot. There was no report of monetary damages and no injuries.

2018

(1) Park Place Apartments - fire intentionally set by a person using a lighter to ignite a name tag. There were no injuries and damage did not exceed \$99.

HOURIGAN, AIMEE

From: Divisions of Human Resources and Student Affairs <noreply@sc.edu>
Sent: Wednesday, April 14, 2021 4:15 PM
To: HOURIGAN, AIMEE
Subject: Annual Notification: Drug-Free Schools and Communities



Dear Students, Faculty and Staff,

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

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

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

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

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

The possession, use, or distribution of illicit drugs is prohibited by federal law. Strict penalties are enforced for drug convictions, including fines, forfeiture of personal property and real estate, and mandatory prison terms for many offenses. Many penalties are increased for subsequent drug convictions. Additional information about federal laws is available from the [Legal Information Institute](#).

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

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

The risks associated with the misuse of alcohol, illegal drugs, prescription medications, and other substances are numerous and include physical and mental impairment, emotional and psychological deterioration, addiction, infectious disease, and adverse effects on pregnancy. There are obvious risks, such as suffering a hangover, driving under the influence or committing other crimes, and sustaining or causing personal injury. There are other less obvious risks associated with alcohol and other drug misuse that students and employees may not realize, including: poor academic and/or job performance, initiating nonconsensual sexual activity, and jeopardizing future career prospects. In addition, alcohol and other drug misuse puts the user at considerable health risk, which can include nausea, vomiting, cancer, liver damage, elevated blood pressure, psychotic episodes, hallucinations, and overdose leading to death. The National Institute on Drug Abuse provides a [chart on the uses and effects of controlled substances](#).

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

- Resources For Students: The [STIR Screening & Intervention](#) program and [Gamecock Recovery](#) are both available through the Office of Substance Abuse Prevention & Education. Individual and group counseling is available through the [Counseling & Psychiatry Department](#) of Student Health Services.
- Resources For Employees: The [Employee Assistance Program](#) provides assessment and counseling conducted by a licensed, experienced counselor. This includes short-term individual, family, couples and group counseling, up to four sessions per person, per issue, per year, at no cost to employees and their immediate household members.

Students who violate the [Student Code of Conduct](#) [pdf] face disciplinary sanctions ranging from monetary fines, written essays, parent or guardian notification, educational modules, individual interventions, housing removal or relocation,

restitution, drug screenings, conduct probation, suspension, and expulsion. Please visit the [Student Conduct and Academic Integrity](#) website for more information about the Student Conduct process and sanctions.

No employee shall report for duty or remain on duty under the influence of any illegal drugs, unauthorized prescription medication or alcohol. Employees who violate the [Drug-Free Workplace Policy](#) [pdf], regardless of tenure status, will face disciplinary actions up to and including termination based upon the criteria in the [Faculty Manual](#) and university policy [HR 1.39, Disciplinary Action and Termination for Cause](#) [pdf], and may have additional legal consequences.

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

Hourigan, Aimee

From: Divisions of Human Resources and Student Affairs <noreply@sc.edu>
Sent: Tuesday, August 24, 2021 4:04 PM
To: Hourigan, Aimee
Subject: Annual Notification: Drug-Free Schools and Communities



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suspended for at least one year, with increasing penalties for subsequent violations. Those who lose [eligibility](#) can regain eligibility by successfully completing an approved drug rehabilitation program.

In South Carolina, 21 is the minimum age to purchase, possess, or consume alcohol ([SC Code of Laws Section 63-19-2440](#)). Providing alcohol to minors and using false identification is illegal. Sanctions for violations of these laws include loss of driver's license, fines, educational classes, jail time, and community service ([SC Code of Laws Section 61](#)). It is illegal for anyone underage to drive a car after drinking alcohol and illegal for ALL individuals of legal drinking age to operate a motor vehicle at or above .08 BAC. Consequences for driving after drinking can include significant fines, loss of driver's license, mandated treatment or educational programs, community service and time in jail. Possession of cannabis products, including concentrates, and other illicit drugs is illegal and can result in fines and jail time. Penalties increase with subsequent offenses ([SC Code of Laws Section 44-53](#)).

The risks associated with the misuse of alcohol, illegal drugs, prescription medications, and other substances are numerous and include physical and mental impairment, emotional and psychological deterioration, addiction, infectious disease, and adverse effects on pregnancy. There are obvious risks, such as suffering a hangover, driving under the influence or committing other crimes, and sustaining or causing personal injury. There are other less obvious risks associated with alcohol and other drug misuse that students and employees may not realize, including: poor academic and/or job performance, initiating nonconsensual sexual activity, and jeopardizing future career prospects. In addition, alcohol and other drug misuse puts the user at considerable health risk, which can include nausea, vomiting, cancer, liver damage, elevated blood pressure, psychotic episodes, hallucinations, and overdose leading to death. The National Institute on Drug Abuse provides a [chart on the uses and effects of controlled substances](#).

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Hourigan, Aimee

From: University of South Carolina <noreply@sc.edu>
Sent: Friday, October 1, 2021 9:27 AM
To: Hourigan, Aimee
Subject: Annual Security and Fire Safety Report



As required by the federal Clery Act, the University of South Carolina's combined 2021 Annual Security and Fire Safety Report includes criminal and fire statistics for the previous three calendar years (2018-2020), as well as university policies, programs and resources related to the safety of the university community.

You may [view the University of South Carolina's 2021 Annual Security and Fire Safety Report \(ASR\) online](#).

You may download a copy of the report or request a physical copy by contacting the Office of Compliance and Professional Standards at 803-777-8625 or by email to haginsct@mailbox.sc.edu.

Hourigan, Aimee

From: Divisions of Human Resources and Student Affairs <noreply@sc.edu>
Sent: Wednesday, January 19, 2022 10:07 AM
To: Hourigan, Aimee
Subject: Annual Notification: Drug-Free Schools and Communities



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**Program and Policy Levels
(social ecological framework)**

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

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

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



UNIVERSITY OF SOUTH CAROLINA

Executive Summary

Spring 2021

American College Health Association National College Health Assessment III

ACHA-NCHA III

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



AMERICAN COLLEGE HEALTH ASSOCIATION

Table of Contents



I. Introduction and Notes	1
II. Findings	
A. General Health and Campus Climate	3
B. Nutrition, BMI, Physical Activity, and Food Security	3
C. Health Care Utilization	4
D. Impediments to Academic Performance	5
E. Violence, Abusive Relationships, and Personal Safety	7
F. Tobacco, Alcohol, and Other Drug Use	8
G. Sexual Behavior	11
H. Mental Health and Wellbeing	12
I. Acute Conditions	14
J. Ongoing or Chronic Conditions	15
K. Sleep	17
III. Demographics and Sample Characteristics	18

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

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Introduction and Notes

The ACHA-National College Health Assessment (ACHA-NCHA) is a national research survey organized by the American College Health Association (ACHA) to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' habits and behaviors on the most prevalent health topics. The ACHA-NCHA now provides the largest known comprehensive data set on the health of college students, providing the college health and higher education fields with a vast spectrum of information on student health.

ACHA initiated the original ACHA-NCHA in 2000 and the instrument was used nationwide through the Spring 2008 data collection period. A revised survey, the ACHA-NCHA-II, was in use from Fall 2008 - Spring 2019 data collection periods. The survey was redesigned again, and data collection with the ACHA-NCHA III began in Fall 2019.

Please note that it is not appropriate to compare trends between versions of the survey. Directly comparing data points between the Original ACHA-NCHA, the ACHA-NCHA II, and the ACHA-NCHA III can lead to an erroneous conclusion and is not recommended.

Notes about this report:

1. Missing values have been excluded from analysis and only valid percents are included in this document, unless otherwise noted.
2. **The ACHA-NCHA III is programmed differently than earlier versions of the survey.** Rather than asking the respondents to answer every question (and offering a "not applicable" option), display logic was used throughout the survey to determine whether, based on their response to an earlier question, the student saw a follow-up question. This makes the valid percents of certain questions impossible to apply to the entire sample, as the denominator used was limited to only the number of students that saw the question. When appropriate, results are also presented using the entire sample as the denominator to show the proportion of the overall sample that experienced a particular issue. These differences in presentation are carefully noted throughout the document and will often explain differences observed between this document and the full data report. Please look carefully at descriptions of the data presented in each table, as well as any footnotes included.
3. **About the use of sex and gender in this report:** Survey results are reported by sex based on the responses to questions 67A, 67B, and 67C. The responses to these questions are used to create a new variable called RSEX. RSEX is used for organizing results in the ACHA-NCHA report documents. Respondents are reported as cis men or cis women only when their responses to 67A, 67B, and 67C are consistent with one another. If gender identity is consistent with sex at birth AND "no" is selected for transgender, then respondents are designated as either cis men or cis women in RSEX. If respondents select "yes" for transgender OR their sex at birth is not consistent with their gender identity, then they are designated as transgender/gender non-conforming in RSEX. A respondent that selects "intersex" for sex at birth, "no" for transgender, and man or woman for gender identity are designated as cis men or cis women in RSEX. A respondent that selects "intersex" for sex at birth, "yes" for transgender, or selects a gender identity other than man or woman are designated as transgender/gender non-conforming in RSEX. A respondent that selects "another identity" on 67C is designated missing in RSEX. A respondent that skips any of the three questions is designated as missing in RSEX. Totals displayed in this report include missing responses. Please see the ACHA-NCHA III survey codebook for more information about how data on sex and gender are coded.

For additional information about the survey's development, design, and methodology, email Mary T Hoban, PhD, MCHES, (mhoban@acha.org), Christine Kukich, MS (ckukich@acha.org), or visit www.acha-ncha.org.

We need to draw your attention to an important change in your ACHA-NCHA Report documents. Beginning in Spring 2021, responses for transgender and gender-nonconforming students are readily available directly in the report documents. This represents an important change in the way we have been reporting ACHA-NCHA results. We've prepared the following information to better explain the specific changes, our reasoning for doing so, and tips for using these redesigned report documents.

I. What we've done to date

- The ACHA-NCHA has asked respondents about their gender identity for 12 years.
- Data on transgender and gender-nonconforming (TGNC) students was available in the data file, but not displayed explicitly in the report documents in an effort to protect the privacy of TGNC students, particularly those students in smaller campus environments and at schools that publicly shared their ACHA-NCHA report documents.
- We have been trying to find the right balance between protecting students' privacy and making the results accessible to campus surveyors who may not use the statistical software that would be required to extract this information directly from the data files. Until now, we've erred on the side of protecting student privacy.

II. Why change?

- The number of TGNC students in our samples has been increasing over the years. Between 2008 and 2015, the number of students identifying as TGNC was very small (less than 0.05%). We've learned over the years that gender identity is complex and fluid. To better capture this complexity, we began asking separate questions about sex at birth and gender identity in Fall 2015. Now TGNC students tend to represent 3-4% of the overall sample.
- With greater number of students identifying as TGNC on the ACHA-NCHA in recent years, we have a better opportunity to understand their needs and behaviors than we have in years past.
- A number of health disparities between TGNC students and their cisgender peers have been well documented^[1], and schools need readily available access to this data in order to better address the needs of TGNC students.

III. What's different about the way we are reporting?

- First – a note about how we have been reporting ACHA-NCHA results to date. RSEX is a variable we create based on the responses to the questions on sex at birth, whether or not a student identifies as transgender, and their gender identity. The RSEX variable had allowed us to sort respondents into 4 groups for reporting purposes: male, female, non-binary, and missing. (Details about this variable can be found in all report documents.)
- The value labels for RSEX have been revised to better represent gender identity rather than sex. A value of "1" has been changed from "Male" to "Cis Men^[2]." A "2" has been changed from "Female" to "Cis Women^[3]." The value "3" has been changed from "non-binary" to "Transgender and Gender-Nonconforming" (TGNC), as it's a more accurate and inclusive term. The value "4" on RSEX remains "missing/unknown" and is used for students who do not answer all three questions.
- The "missing/unknown" column in the Data Report document has been replaced with a "Trans/Gender-Nonconforming" column. Because space limitations in the report prevent us from displaying all 4 categories plus a total column in the same document, it's now the "missing/unknown" column that is not displayed. Now when the Total of any given row is higher than the sum of the cis men, cis women, and TGNC respondents, the difference can be attributed to "missing/unknown" respondents that selected the response option presented in that row
- A column for "Trans/Gender-Nonconforming" has been added the Executive Summary Report document.

IV. Important considerations with this new format

- Percentages in the Executive Summary may represent a very small number of TGNC students and can limit the generalizability of a particular finding. To assist with the interpretation of the percentages displayed in the Executive Summary, the total sample size for each group has been added to every page.
- We encourage ACHA-NCHA surveyors to carefully review their report documents, particularly among the student demographic variables, and consider students who may be inadvertently identified in the results based on a unique combination of the demographic characteristics before sharing the documents widely or publicly. This is especially true for very small schools, as well as schools that lack diversity in the student population.
- Think about the implication of working with and documenting very small samples – from the perspective of making meaningful interpretations, as well as the privacy of respondents. This is true of all demographic variables, and not limited to gender identity. You may consider a minimum cell size or another threshold by which you make decisions about making your Institutional Data Report publicly available. It is less of a concern in your Institutional Executive Summary as we only display the percentages with the overall sample size.

[1] Greathouse M, BrckaLorenz A, Hoban M, Huseman R, Rankin S, Stolzenberg EB. (2018). Queer-spectrum and trans-spectrum student experiences in American higher education: The analysis of national survey findings. New Brunswick, NJ: Tyler Clementi Center, Rutgers University.

[2] Cisgender refers to people whose gender identity matches their sex assigned at birth. Cis men is short for "cisgender men" and is a term used to describe persons who identify as men and were assigned male at birth.

[3] Cis women is short for "cisgender women" and is a term used to describe persons who identify as women and were assigned female at birth.

This Executive Summary highlights results of the ACHA-NCHA III Spring 2021 survey for University of South Carolina consisting of 1217 respondents. The response rate was 61.0%.

Findings

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

A. General Health and Campus Climate

- 55.7 % of college students surveyed (63.5 % cis men, 53.9 % cis women, and 36.8 % transgender/gender non-conforming) described their health as *very good or excellent*.
- 87.3 % of college students surveyed (89.5 % cis men, 87.1 % cis women, and 73.7 % transgender/gender non-conforming) described their health as *good, very good or excellent*.

Proportion of college students who reported they *agree or strongly agree* that:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
I feel that I belong at my college/university	72.4	74.0	60.0	73.0
I feel that students' health and well-being is a priority at my college/university	59.2	53.4	17.5	53.7
At my college/university, I feel that the campus climate encourages free and open discussion of students' health and well-being.	66.1	60.0	50.0	61.1
At my college/university, we are a campus where we look out for each other	55.7	50.2	30.0	50.9

B. Nutrition, BMI, Physical Activity, and Food Security

College students reported:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Drinking 0 sugar-sweetened beverages (per day), on average, in the last 7 days	38.0	32.1	27.5	33.4
Drinking 1 or more sugar-sweetened beverages (per day), on average, in the last 7 days	62.0	67.9	72.5	66.6
Drinking energy drinks or shots on 0 of the past 30 days	76.3	84.0	72.5	81.2
Drinking energy drinks or shots on 1-4 of the past 30 days	15.3	10.8	22.5	12.7
Drinking energy drinks or shots on 5 or more of the past 30 days	8.4	5.2	5.0	6.0
Eating 3 or more servings of fruits (per day), on average, in the last 7 days	15.1	17.5	17.5	16.8
Eating 3 or more servings of vegetables (per day), on average, in the last 7 days	32.8	32.4	27.5	32.3

■ **Estimated Body Mass Index (BMI):** This figure incorporates reported height and weight to form a general indicator of physical health. Categories defined by The World Health Organization (WHO) 2000, reprinted 2004. Obesity: Preventing and Managing the Global Epidemic. WHO Tech Report Series: 894.

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
BMI				
<18.5 Underweight	5.1	5.2	7.7	5.4
18.5-24.9 Healthy Weight	51.2	59.9	51.3	57.1
25-29.9 Overweight	28.4	20.5	30.8	22.9
30-34.9 Class I Obesity	10.5	8.2	0.0	8.5
35-39.9 Class II Obesity	3.9	3.7	5.1	3.8
≥40 Class III Obesity	0.9	2.6	5.1	2.3
Mean	25.31	24.79	25.41	24.98
Median	24.39	23.30	23.30	23.69
Std Dev	5.42	5.69	7.46	5.77

Students meeting the recommended guidelines for physical activity

Based on: US Dept of Health and Human Services. *Physical Activities Guidelines for Americans*, 2nd edition. Washington, DC: US Dept of Health and Human Services; 2018

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

Definitions:

- Recommendation for **aerobic activity**: 150 minutes or more of moderate-intensity physical activity per week or 75 minutes of vigorous-intensity physical activity or the equivalent combination
- Recommendation for **strength training**: 2 or more days a week of moderate or greater intensity activities that involve all major muscle groups
- **Active Adults** meet the recommendation for strength training **AND** aerobic activity
- **Highly Active Adults** meet the recommendation for strength training and **TWICE** the recommendation for aerobic activity (300 minutes or more of moderate-intensity physical activity per week or 150 minutes of vigorous-intensity physical activity or the equivalent combination)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Guidelines met for aerobic exercise only	76.5	69.6	62.5	71.2
Guidelines met for Active Adults	55.1	43.5	32.5	46.3
Guidelines met for Highly Active Adults	43.5	34.2	27.5	36.5

Food Security

Based on responses to the *US Household Food Security Survey Module: Six-Item Short Form (2012)* from the USDA Economic Research Service.

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
High or marginal food security (score 0-1)	57.7	62.7	50.0	60.8
Low food security (score 2-4)	27.7	22.3	17.5	23.7
Very low food security (score 5-6)	14.6	15.0	32.5	15.5
Any food insecurity (low or very low food security)	42.3	37.3	50.0	39.2

C. Health Care Utilization

College students reported:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Receiving psychological or mental health services within the last 12 months	22.8	33.2	50.0	31.0

*The services were provided by:

My current campus health and/or counseling center	56.0	51.8	52.6	52.6
A mental health provider in the local community near my campus	29.7	25.7	31.6	26.9
A mental health provider in my home town	28.9	43.4	45.0	40.4
A mental health provider not described above	10.8	6.6	0.0	7.1

**Only students who reported receiving care in the last 12 months were asked these questions*

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Visiting a medical provider within the last 12 months	56.8	79.4	77.5	73.0

*The services were provided by:

My current campus health center	42.3	42.6	46.7	42.7
A medical service provider in the local community near my campus	28.2	32.1	43.3	31.7
A medical service provider in my home town	65.8	75.3	70.0	72.9
A medical service provider not described above	7.2	3.7	0.0	4.3

**Only students who reported receiving care in the last 12 months were asked these questions*

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

College students reported:

	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Flu vaccine within the last 12 month		49.1	55.4	60.0	53.8
Not starting the HPV vaccine series		27.6	18.2	22.5	20.9
Starting, but not completing HPV vaccine series		2.1	6.8	5.0	5.4
Completing HPV vaccine series		41.2	60.1	55.0	54.7
Not knowing their HPV vaccine status		29.1	15.0	17.5	19.0
Ever having a GYN visit or exam (females only)			63.3	55.0	
Having a dental exam in the last 12 months		69.5	70.4	55.0	69.5
Being tested for HIV within the last 12 months		10.9	11.3	7.5	11.1
Being tested for HIV more than 12 months ago		10.4	10.0	22.5	10.6
Wearing sunscreen usually or always when outdoors		17.2	39.7	25.0	33.0
Spending time outdoors with the intention of tanning at least once in the last 12 months		46.5	66.1	42.5	59.7

D. Impediments to Academic Performance

Respondents are asked in numerous places throughout the survey about issues that might have negatively impacted their academic performance within the last 12 months. This is defined as negatively impacting their performance in a class or delaying progress towards their degree. Both types of negative impacts are represented in the figures below. Please refer to the corresponding Data Report for specific figures on each type of impact. Figures in the left columns use all students in the sample as the denominator. Figures in the right columns use only the students that experienced that issue (e.g. students who used cannabis, reported a problem or challenge with finances, or experienced a particular health issue) in the denominator. *(items are listed in the order in which they appear in the survey)*

Negatively impacted academic performance among all students in the sample

	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Alcohol use		4.4	2.3	5.0	3.0
Cannabis/marijuana use		4.1	0.8	2.5	1.9

Negatively impacted academic performance among only students that experienced the issue

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
	5.6	2.7	5.4	3.6
	11.6	2.7	5.3	5.6

Problems or challenges in the last 12 months

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Career	11.5	12.3	22.5	12.3
Finances	10.9	11.8	20.0	11.8
Procrastination	45.1	45.7	65.0	46.3
Faculty	9.4	6.2	7.5	7.2
Family	7.4	7.5	20.0	8.1
Intimate Relationships	13.3	11.5	15.0	12.1
Roommate/housemate	5.3	6.3	10.0	6.3
Peers	3.8	4.6	10.0	4.6
Personal appearance	3.8	4.6	15.0	4.8
Health of someone close to me	10.3	10.4	20.0	10.7
Death of a family member, friend, or someone close to me	8.8	9.8	10.0	9.5
Bullying	1.5	1.3	0.0	1.3
Cyberbullying	0.6	0.0	2.5	0.2
Hazing	0.3	0.0	0.0	0.2
Microaggression	0.6	2.2	5.0	1.9
Sexual Harassment	0.3	2.1	2.5	1.6
Discrimination	0.6	1.8	7.5	1.6

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
	37.5	34.5	52.9	35.7
	27.0	27.8	36.4	28.0
	63.5	61.3	76.5	62.6
	66.7	54.8	42.9	58.7
	30.1	22.3	33.3	25.2
	34.9	29.9	26.1	31.0
	23.1	18.5	40.0	20.7
	21.3	19.1	40.0	20.4
	9.5	7.9	22.2	8.9
	28.0	24.2	38.1	25.8
	36.1	36.2	40.0	36.4
	50.0	22.0	0.0	25.4
	28.6	0.0	50.0	10.7
	100.0	0.0	0.0	40.0
	6.5	13.8	13.3	13.0
	16.7	17.9	20.0	17.9
	10.0	18.8	27.3	18.0

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

Negatively impacted academic performance among all students in the sample

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Acute Diagnoses in the last 12 months				
Bronchitis	0.3	0.7	0.0	0.7
Chlamydia	0.0	0.1	0.0	0.1
Chicken Pox (Varicella)	0.0	0.0	0.0	0.0
Cold/Virus or other respiratory illness	5.9	11.8	5.0	9.9
Concussion	0.6	1.4	5.0	1.3
Gonorrhea	0.0	0.0	0.0	0.0
Flu (influenza or flu-like illness)	2.4	1.6	2.5	1.8
Mumps	0.0	0.0	0.0	0.0
Mononucleosis (mono)	0.9	1.2	0.0	1.2
Orthopedic injury	1.5	2.3	0.0	2.0
Pelvic Inflammatory Disease	0.0	0.1	0.0	0.1
Pneumonia	0.0	0.5	2.5	0.5
Shingles	0.3	0.1	0.0	0.2
Stomach or GI virus or bug, food poisoning or gastritis	1.2	2.9	7.5	2.5
Urinary tract infection	0.3	2.5	2.5	1.9

Negatively impacted academic performance among only students that experienced the issue

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
11.1	25.0	0.0	23.7
0.0	6.3	0.0	5.3
0.0	0.0	0.0	0.0
27.0	29.8	20.0	29.2
40.0	70.6	66.7	61.5
0.0	0.0	0.0	0.0
36.4	33.3	50.0	34.9
0.0	0.0	0.0	0.0
50.0	66.7	0.0	60.9
18.5	29.2	0.0	24.7
0.0	33.3	0.0	25.0
0.0	40.0	100.0	46.2
50.0	100.0	0.0	66.7
26.7	38.1	50.0	36.0
20.0	14.6	16.7	14.7

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Any ongoing or chronic medical conditions diagnosed or treated in the last 12 months				
	16.8	29.6	47.5	26.7

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
26.4	37.5	59.4	35.9

Other impediments to academic performance

Assault (physical)	0.6	0.2	0.0	0.3
Assault (sexual)	0.6	2.7	2.5	2.1
Allergies	1.8	3.3	5.0	3.0
Anxiety	25.1	34.0	62.5	32.5
ADHD or ADD	8.3	10.1	27.5	10.1
Concussion or TBI	0.6	1.7	5.0	1.5
Depression	18.3	23.4	45.0	22.7
Eating disorder/problem	1.5	3.7	2.5	3.0
Headaches/migraines	4.7	11.8	22.5	10.2
Influenza or influenza-like illness (the flu)	1.8	2.4	2.5	2.2
Injury	1.8	1.8	0.0	1.7
PMS	0.0	10.4	7.5	7.3
PTSD	1.8	2.1	7.5	2.2
Short-term illness	1.5	3.6	5.0	3.0
Upper respiratory illness	3.2	5.5	2.5	4.8
Sleep difficulties	20.1	24.2	40.0	23.6
Stress	34.8	41.4	50.0	39.8

20.0	14.3	0.0	16.7
40.0	36.7	25.0	35.7
5.9	7.6	11.8	7.6
48.6	49.5	78.1	50.5
56.0	66.7	100.0	65.4
25.0	51.9	66.7	46.2
59.0	60.1	64.3	60.0
19.2	26.1	10.0	23.6
22.9	27.2	42.9	27.3
28.6	32.8	33.3	31.8
15.0	21.4	0.0	17.6
0.0	22.7	18.8	22.5
60.0	37.8	27.3	39.7
17.2	24.0	33.3	23.0
19.6	21.5	8.3	20.4
46.6	46.6	57.1	47.0
51.3	50.2	57.1	50.8

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

E. Violence, Abusive Relationships, and Personal Safety

Within the last 12 months, college students reported experiencing:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
A physical fight	6.2	1.2	0.0	2.7
A physical assault (not sexual assault)	1.8	1.2	0.0	1.3
A verbal threat	12.8	7.3	7.7	9.1
Sexual touching without their consent	3.0	6.6	7.7	5.6
Sexual penetration attempt without their consent	1.5	1.7	5.1	1.7
Sexual penetration without their consent	1.5	1.8	5.1	1.8
Being a victim of stalking	2.7	3.5	2.6	3.3
A partner called me names, insulted me, or put me down to make me feel bad	11.4	11.6	23.7	11.9
A partner often insisted on knowing who I was with and where I was or tried to limit my contact with family or friends	5.4	6.7	13.2	6.5
A partner pushed, grabbed, shoved, slapped, kicked, bit, choked or hit me without my consent	3.6	2.8	2.6	3.0
A partner forced me into unwanted sexual contact by holding me down or hurting me in some way	2.1	1.0	5.3	1.4
A partner pressured me into unwanted sexual contact by threatening me, coercing me, or using alcohol or other drugs	1.2	2.8	7.9	2.6

College students reported feeling *very safe* :

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
On their campus (daytime)	87.2	74.5	72.5	77.9
On their campus (nighttime)	39.2	11.1	10.0	19.0
In the community surrounding their campus (daytime)	54.3	31.0	32.5	37.6
In the community surrounding their campus (nighttime)	18.2	5.6	5.0	9.1

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

F. Tobacco, Alcohol, and Other Drug Use

Percent (%)	Ever Used			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Tobacco or nicotine delivery products (cigarettes, e-cigarettes, Juul or other vape products, water pipe or hookah, chewing tobacco, cigars, etc.)	46.6	39.5	45.0	41.8
Alcoholic beverages (beer, wine, liquor, etc.)	76.6	83.5	90.0	81.9
Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) [Please report nonmedical use only.]	47.6	43.8	57.5	45.5
Cocaine (coke, crack, etc.)	11.6	7.2	2.5	8.3
Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) [Please report nonmedical use only.]	14.2	8.9	5.0	10.3
Methamphetamine (speed, crystal meth, ice, etc.)	0.3	0.1	2.5	0.2
Inhalants (poppers, nitrous, glue, gas, paint thinner, etc.)	7.4	1.7	0.0	3.3
Sedatives or Sleeping Pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) [Please report nonmedical use only.]	8.3	3.5	2.5	4.9
Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.)	16.7	5.2	10.0	8.9
Heroin	0.3	0.0	0.0	0.1
Prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) [Please report nonmedical use only.]	7.7	2.7	5.0	4.1

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

*Used in the last 3 months			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
31.9	24.5	30.0	26.9
72.9	78.3	80.0	76.7
31.0	27.0	35.0	28.4
5.0	2.9	2.5	3.5
5.9	4.5	0.0	4.7
0.0	0.0	0.0	0.0
3.5	0.6	0.0	1.5
2.4	1.6	0.0	1.7
5.3	1.9	7.5	3.2
0.0	0.0	0.0	0.0
0.6	0.6	0.0	0.6

Substance Specific Involvement Scores (SSIS) from the ASSIST

Percent (%)	*Moderate risk use of the substance			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Tobacco or nicotine delivery products	24.8	15.9	20.0	18.6
Alcoholic beverages	20.6	15.0	22.5	16.8
Cannabis (nonmedical use)	22.1	15.4	30.0	17.8
Cocaine	2.9	1.4	0.0	1.8
Prescription stimulants (nonmedical use)	3.8	2.4	0.0	2.7
Methamphetamine	0.3	0.0	0.0	0.1
Inhalants	2.4	0.2	0.0	0.8
Sedatives or Sleeping Pills (nonmedical use)	2.1	1.2	0.0	1.4
Hallucinogens	3.2	1.2	2.5	1.8
Heroin	0.3	0.0	0.0	0.1
Prescription opioids (nonmedical use)	0.9	0.4	0.0	0.5

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

*High risk use of the substance			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
1.8	1.1	0.0	1.3
1.2	1.0	5.0	1.2
1.5	0.6	0.0	0.9
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

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:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Prescription stimulants	2.9	2.7	0.0	2.6
Prescription sedatives or sleeping pills	2.1	1.2	0.0	1.4
Prescription opioids	0.3	0.4	0.0	0.3

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

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Cigarettes	11.5	7.0	10.0	8.5
E-cigarettes or other vape products (for example: Juul, etc.)	24.2	21.1	22.5	22.1
Water pipe or hookah	3.2	0.8	0.0	1.5
Chewing or smokeless tobacco	6.2	0.4	2.5	2.1
Cigars or little cigars	9.1	1.0	7.5	3.5
Other	0.3	0.2	2.5	0.3

*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 (3.6 % cis men, 1.0 % cis women, and 2.6 % transgender/gender non-conforming) indicated they were in recovery from alcohol or other drug use.

When, if ever, was the last time you:

	Drank Alcohol			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Never	16.9	12.7	5.0	13.6
Within the last 2 weeks	61.5	65.1	67.5	64.0
More than 2 weeks ago but within the last 30 days	6.2	7.6	10.0	7.4
More than 30 days ago but within the last 3 months	7.1	6.5	5.0	6.7
More than 3 months ago but within the last 12 months	4.7	5.2	10.0	5.4
More than 12 months ago	3.6	2.8	2.5	3.0

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

	*Used Cannabis/Marijuana			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Never	47.9	52.5	37.5	50.6
Within the last 2 weeks	18.6	13.1	22.5	15.1
More than 2 weeks ago but within the last 30 days	4.1	4.9	10.0	4.8
More than 30 days ago but within the last 3 months	7.4	6.2	5.0	6.5
More than 3 months ago but within the last 12 months	6.8	8.0	10.0	7.8
More than 12 months ago	15.1	15.3	15.0	15.2

Driving under the influence

- 14.9 % 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.
- 29.5 % 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.

Estimated Blood Alcohol Concentration (or eBAC) of college students. Due to the improbability of a student surviving a drinking episode resulting in an extremely high eBAC, all students with an eBAC of 0.50 or higher are also omitted from these eBAC figures. eBAC is an estimated figure based on the reported number of drinks consumed during the last time they drank alcohol in a social setting, their approximate time of consumption, sex, weight, and the average rate of ethanol metabolism. Only students who reported drinking alcohol within the last 3 months answered these questions.

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Estimated BAC				
< .08	77.8	75.7	81.8	76.6
< .10	81.9	82.5	81.8	82.4
Mean	0.05	0.05	0.05	0.05
Median	0.03	0.03	0.02	0.03
Std Dev	0.07	0.06	0.07	0.06

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

*Reported number of drinks consumed the last time students drank alcohol in a social setting.

Number of drinks	Percent (%)	Trans/ Gender Non- conforming			Total
		Cis Men	Cis Women		
4 or fewer		55.0	74.0	75.8	69.1
5		11.2	11.1	6.1	10.9
6		8.8	5.8	6.1	6.6
7 or more		24.9	9.1	12.1	13.4
Mean		4.8	3.3	3.5	3.7
Median		4.0	3.0	3.0	3.0
Std Dev		3.7	2.4	2.7	2.9

*Only students who reported drinking alcohol in the last three months were asked this question.

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

	Among all students surveyed				
	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Did not drink alcohol in the last two weeks (includes non-drinkers)		38.7	35.0	32.5	36.1
None		19.3	28.9	32.5	26.2
1-2 times		23.5	23.7	25.0	23.7
3-5 times		14.0	10.6	10.0	11.5
6 or more times		4.5	1.8	0.0	2.6

*Only students who reported drinking alcohol in the last two weeks were asked this question.

*Among those who reported drinking alcohol within the last two weeks

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
31.6	44.5	48.1	41.0
38.3	36.4	37.0	37.0
22.8	16.3	14.8	17.9
7.3	2.8	0.0	4.0

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

	Percent (%)			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Did something I later regretted	20.2	21.6	13.5	20.9
Blackout (forgot where I was or what I did for a large period of time and cannot remember , even when someone reminds me)	16.9	13.8	16.2	14.7
Brownout (forgot where I was or what I did for short periods of time, but can remember once someone reminds me)	29.6	28.7	32.4	29.1
Got in trouble with the police	1.9	0.6	0.0	0.9
Got in trouble with college/university authorities	1.9	0.4	2.7	0.9
Someone had sex with me without my consent	1.5	2.0	2.7	1.9
Had sex with someone without their consent	0.4	0.1	0.0	0.2
Had unprotected sex	16.2	14.5	10.8	14.7
Physically injured myself	8.3	9.8	8.1	9.3
Physically injured another person	1.9	0.1	0.0	0.6
Seriously considered suicide	5.2	2.0	2.7	3.0
Needed medical help	1.5	1.0	0.0	1.1
Reported one or more of the above	31.9	29.6	25.8	30.2

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

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

G. Sexual Behavior

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

Percent (%)	Oral sex			Total
	Cis Men	Cis Women	Trans/ Gender Non- conforming	
Never	28.4	29.1	25.0	28.6
Within the last 2 weeks	34.3	34.1	35.0	34.1
More than 2 weeks ago but within the last 30 days	8.9	10.4	15.0	10.1
More than 30 days ago but within the last 3 months	9.5	8.9	10.0	9.2
More than 3 months ago but within the last 12 months	9.8	8.2	7.5	8.7
More than 12 months ago	9.2	9.2	7.5	9.3

Vaginal intercourse			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
34.8	32.8	47.5	33.8
34.5	39.2	22.5	37.2
8.3	8.4	7.5	8.3
6.2	6.9	7.5	6.7
7.7	6.6	10.0	7.0
8.6	6.1	5.0	7.0

Percent (%)	Anal intercourse			Total
	Cis Men	Cis Women	Trans/ Gender Non- conforming	
Never	77.0	83.9	77.5	81.7
Within the last 2 weeks	4.2	1.7	0.0	2.3
More than 2 weeks ago but within the last 30 days	0.9	0.7	0.0	0.8
More than 30 days ago but within the last 3 months	2.4	2.5	5.0	2.6
More than 3 months ago but within the last 12 months	5.4	3.3	10.0	4.1
More than 12 months ago	10.1	7.9	7.5	8.5

*College students who reported having oral sex, or vaginal or anal intercourse within the last 12 months reported having the following number of sexual partners:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
	None	0.0	0.0	0.0
1	67.7	68.9	63.0	68.3
2	10.8	13.5	18.5	13.0
3	6.3	6.3	7.4	6.4
4 or more	15.2	11.3	11.1	12.3
Mean	2.2	1.9	2.2	2.0
Median	1.0	1.0	1.0	1.0
Std Dev	2.8	2.0	2.7	2.2

*Only students who reported having oral sex, or vaginal or anal intercourse in the last 12 months were asked this question.

College students who reported having oral sex, or vaginal or anal intercourse within the last 30 days who reported using a condom or another protective barrier *most of the time* or *always*:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
	Oral sex	4.1	2.7	5.0
Vaginal intercourse	35.4	30.4	33.3	31.9
Anal intercourse	5.9	5.0	0.0	5.4

*Only students who reported having oral sex, or vaginal or anal intercourse in the last 30 days were asked these questions.

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they or their partner used any method to prevent pregnancy the last time they had vaginal intercourse:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
	Yes, used a method of contraception	84.8	89.8	89.5
No, did not want to prevent pregnancy	1.0	2.6	0.0	2.1
No, did not use any method	11.5	7.2	10.5	8.6
Don't know	2.6	0.4	0.0	1.0

*Only students who reported having oral sex, or vaginal or anal intercourse in the last 12 months were asked this question.

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

*Those students who reported using a contraceptive use the last time they had vaginal intercourse, reported they (or their partner) used the following methods:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Birth control pills (monthly or extended cycle)	54.3	62.1	58.8	59.9
Birth control shots	3.1	0.7	0.0	1.3
Birth control implants	6.2	8.5	0.0	7.8
Birth control patch	1.2	0.7	5.9	1.0
The ring	0.6	1.8	0.0	1.4
Emergency contraception ("morning after pill" or "Plan B")	3.1	4.9	0.0	4.3
Intrauterine device	18.5	14.1	11.8	15.1
Male (external) condom	43.8	39.1	52.9	40.8
Female (internal) condom	0.0	0.0	0.0	0.0
Diaphragm or cervical cap	0.0	0.0	0.0	0.0
Contraceptive sponge	0.0	0.0	0.0	0.0
Withdrawal	21.0	31.0	17.6	28.0
Fertility awareness (calendar, mucous, basal body temperature)	4.3	3.8	11.8	4.1
Sterilization (hysterectomy, tubes tied, vasectomy)	5.6	1.1	0.0	2.2
Other method	1.2	0.7	0.0	0.8
<i>Male condom use plus another method</i>	28.4	31.7	41.2	31.2
<i>Any two or more methods (excluding male condoms)</i>	24.1	32.4	11.8	29.6

*Only students who reported they or their partner used a method the last time they had vaginal intercourse were asked these questions.

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they or their partner used emergency contraception ("morning after pill" or "Plan B") in the last 12 months:

Yes (10.9 % cis men, 15.7 % cis women, 26.3 % trans/gender non-conforming)

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they experienced an unintentional pregnancy or got someone pregnant within the last 12 months:

Yes (0.5 % cis men, 0.4 % cis women, 0 % trans/gender non-conforming)

H. Mental Health and Wellbeing

Kessler 6 (K6) Non-Specific Psychological Distress Score (Range is 0-24)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
No or low psychological distress (0-8)	64.0	54.3	32.5	56.2
Moderate psychological distress (9-12)	20.1	25.0	15.0	23.4
Serious psychological distress (13-24)	15.9	20.7	52.5	20.4
Mean	7.43	8.42	11.65	8.26
Median	6.00	8.00	13.00	8.00
Std Dev	5.07	5.17	5.52	5.22

UCLA Loneliness Scale (ULS3) Score (Range is 3-9)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Negative for loneliness (3-5)	56.7	49.9	45.0	51.5
Positive for loneliness (6-9)	43.3	50.1	55.0	48.5
Mean	5.23	5.49	5.70	5.43
Median	5.00	6.00	6.00	5.00
Std Dev	1.92	1.89	1.76	1.90

Diener Flourishing Scale – Psychological Well-Being (PWB) Score (Range is 8-56)

(higher scores reflect a higher level of psychological well-being)

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Mean	44.25	46.32	41.25	45.52
Median	46.00	48.00	43.00	47.00
Std Dev	8.78	8.05	9.30	8.44

The Connor-Davison Resilience Scale (CD-RISC2) Score (Range is 0-8)

(higher scores reflect greater resilience)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Mean	6.26	6.21	5.95	6.21
Median	6.00	6.00	6.00	6.00
Std Dev	1.57	1.45	1.72	1.50

Self injury

■ 8.0 % of college students surveyed (5.6 % cis men, 7.9 % cis women, and 27.5 % trans/gender non-conforming) indicated they had intentionally cut, burned, bruised, or otherwise injured themselves within the last 12 months.

Within the last 12 months, have you had problems or challenges with any of the following:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Academics	46.2	46.2	57.5	46.8
Career	30.8	35.7	42.5	34.7
Finances	40.5	42.9	55.0	42.6
Procrastination	71.3	74.9	85.0	74.4
Faculty	14.3	11.2	17.5	12.4
Family	24.6	33.7	60.0	32.2
Intimate relationships	38.3	38.6	57.5	39.3
Roommate/housemate	23.1	34.2	25.0	30.9
Peers	18.2	24.0	25.0	22.7
Personal appearance	40.8	58.2	67.5	53.9
Health of someone close to me	37.2	43.0	53.8	41.8
Death of a family member, friend, or someone close to me	24.7	27.2	25.0	26.5
Bullying	3.0	6.1	5.0	5.2
Cyberbullying	2.1	2.3	5.0	2.3
Hazing	0.3	0.4	0.0	0.4
Microaggression	9.8	15.7	37.5	14.8
Sexual Harassment	1.8	11.5	12.5	8.8
Discrimination	5.9	9.7	27.5	9.2

*Only students who reported a problem or challenge in the last 12 months were asked about level of distress.

Students reporting none of the above	10.4	5.6	0.0	6.7
Students reporting only one of the above	8.3	7.9	7.5	8.0
Students reporting 2 of the above	13.6	10.6	0.0	11.0
Students reporting 3 or more of the above	67.8	76.0	92.5	74.3

***Of those reporting this issue, it caused moderate or high distress**

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
87.2	92.1	87.0	90.6
79.4	78.4	76.5	78.7
61.3	75.9	63.6	71.7
61.5	68.6	76.5	66.8
57.4	54.8	71.4	57.0
63.4	62.5	87.5	64.6
62.8	63.8	73.9	64.3
50.0	59.4	70.0	58.1
49.2	50.8	60.0	51.5
44.5	61.9	70.4	58.5
60.0	67.5	57.1	65.2
69.9	82.1	80.0	78.9
60.0	66.0	50.0	65.1
42.9	42.1	50.0	42.9
100.0	33.3	0.0	60.0
21.2	36.4	40.0	34.3
50.0	44.7	60.0	45.7
35.0	48.1	45.5	45.5

Suicide Behavior Questionnaire-Revised (SBQR) Screening Score (Range is 3-18)

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Negative suicidal screening (3-6)	71.4	77.1	55.0	74.6
Positive suicidal screening (7-18)	28.6	22.9	45.0	25.4
Mean	5.24	5.08	6.90	5.21
Median	4.00	4.00	6.00	4.00
Std Dev	3.06	2.93	3.33	3.02

Suicide attempt

- 2.1 % of college students surveyed (2.4 % cis men, 1.6 % cis women, and 5 % trans/gender non-conforming) indicated they had attempted suicide within the last 12 months.

Within the last 12 months, how would you rate the overall level of stress experienced:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
No stress	3.0	1.1	0.0	1.6
Low	27.8	13.9	17.5	17.9
Moderate	43.8	53.3	42.5	50.2
High	25.4	31.7	40.0	30.3

I. Acute Conditions

College students reported being diagnosed by a healthcare professional within the last 12 months with:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Bronchitis	2.7	3.0	7.5	3.2
Chlamydia	0.6	1.9	2.5	1.6
Chicken Pox (Varicella)	0.6	0.0	2.5	0.3
Cold/virus or other respiratory illness (for example: sinus infection, ear infection, strep throat, tonsillitis, pharyngitis, or laryngitis)	21.9	39.9	25.0	34.3
Concussion	1.5	2.2	7.5	2.2
Gonorrhea	0.9	0.4	2.6	0.6
Flu (influenza) or flu-like illness	6.5	4.7	5.0	5.2
Mumps	0.6	0.0	2.6	0.2
Mononucleosis (mono)	2.1	1.8	2.5	2.0
Orthopedic injury (for example: broken bone, fracture, sprain, bursitis, tendinitis, or ligament injury)	8.0	7.9	10.0	8.0
Pelvic Inflammatory Disease	0.3	0.4	0.0	0.3
Pneumonia	0.3	1.2	2.6	1.1
Shingles	0.6	0.1	0.0	0.2
Stomach or GI virus or bug, food poisoning or gastritis	4.4	7.6	15.0	7.1
Urinary tract infection	1.5	17.5	15.0	12.9

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

J. Ongoing or Chronic Conditions

The questions for the *ongoing or chronic conditions* are presented differently in this report than the order they appear in the survey. In the survey, all items appear in a single list, ordered alphabetically. In this report, the conditions are presented in groups to ease burden on the reader. The findings are divided into mental health conditions, STIs and other chronic infections, and other ongoing or chronic conditions in this report.

Mental Health	College students reported ever being diagnosed with the following:			
	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming
ADD/ADHD - Attention Deficit/Hyperactivity Disorder	11.6	11.0	22.5	11.6
Alcohol or Other Drug-Related Abuse or Addiction	1.5	0.5	0.0	0.7
Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia)	21.1	37.0	48.7	32.9
Autism Spectrum	2.4	0.5	7.5	1.2
Bipolar and Related Conditions (for example: Bipolar I, II, Hypomanic Episode)	2.1	1.2	5.0	1.6
Borderline Personality Disorder (BPD), Avoidant Personality, Dependent Personality, or another personality disorder	0.9	0.8	0.0	0.8
Depression (for example: Major depression, persistent depressive disorder, disruptive mood disorder)	16.0	24.8	45.0	23.1
Eating Disorders (for example: Anorexia Nervosa, Bulimia Nervosa, Binge-Eating)	1.8	6.3	5.0	5.1
Gambling Disorder	0.3	0.0	0.0	0.1
Insomnia	3.3	6.6	15.0	6.0
Obsessive-Compulsive and Related Conditions (for example: OCD, Body Dysmorphia, Hoarding, Trichotillomania and other body-focused repetitive behavior disorders)	4.2	6.7	10.0	6.1
PTSD (Posttraumatic Stress Disorder), Acute Stress Disorder, Adjustment Disorder, or another trauma- or stressor- related condition	2.7	5.6	22.5	5.5
Schizophrenia and Other Psychotic Conditions (for example: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder)	0.0	0.0	0.0	0.0
Tourette's or other neurodevelopmental condition not already listed	0.3	0.5	0.0	0.4
Traumatic brain injury (TBI)	0.9	1.0	2.5	1.0

***Of those ever diagnosed, those reporting contact with healthcare or MH professional within last 12 months**

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
64.1	80.0	100.0	76.3
80.0	25.0	0.0	55.6
69.0	73.8	94.7	73.8
0.0	50.0	100.0	33.3
57.1	90.0	100.0	78.9
100.0	85.7	0.0	90.0
68.5	77.1	94.4	76.3
50.0	55.8	0.0	52.5
100.0	0.0	0.0	100.0
54.5	61.1	66.7	61.1
71.4	61.8	25.0	61.6
66.7	62.2	55.6	60.0
0.0	0.0	0.0	0.0
0.0	75.0	0.0	60.0
0.0	50.0	0.0	33.3

*Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Students reporting none of the above</i>	66.2	53.3	40.0	56.5
<i>Students reporting only one of the above</i>	15.1	16.8	10.0	16.0
<i>Students reporting both Depression and Anxiety</i>	12.8	21.6	37.5	19.8
<i>Students reporting any two or more of the above (excluding the combination of Depression and Anxiety)</i>	5.9	8.2	12.5	7.7

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

STI's/Other chronic infections

College students reported ever being diagnosed with the following:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Genital herpes	0.3	1.6	0.0	1.2
Hepatitis B or C	0.3	0.0	0.0	0.1
HIV or AIDS	0.0	0.0	0.0	0.0
Human papillomavirus (HPV) or genital warts	0.0	1.6	0.0	1.1

*Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.

***Of those ever diagnosed, had contact with healthcare or MH professional within last 12 months**

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
0.0	46.2	0.0	42.9
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	46.2	0.0	46.2

Other Chronic /Ongoing Medical Conditions

College students reported ever being diagnosed with the following:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Acne	22.6	33.3	30.0	30.2
Allergies - food allergy	9.5	13.8	12.5	12.7
Allergies - animals/pets	13.6	16.1	20.0	15.6
Allergies - environmental (for example: pollen, grass, dust, mold)	30.3	35.5	32.5	34.0
Asthma	15.2	15.8	25.0	16.0
Cancer	0.3	0.7	0.0	0.6
Celiac disease	0.3	1.5	0.0	1.1
Chronic pain (for example: back or joint pain, arthritis, nerve pain)	4.5	7.4	15.0	6.9
Diabetes or pre-diabetes/insulin resistance	1.2	2.1	2.5	1.9
Endometriosis	0.0	2.3	7.5	1.8
Gastroesophageal Reflux Disease (GERD) or acid reflux	4.5	6.0	10.0	5.8
Heart & vascular disorders (for example: atrial fibrillation or other cardiac arrhythmia, mitral valve prolapse or other valvular heart disease, congenital heart condition)	2.1	2.7	2.5	2.5
High blood pressure (hypertension)	3.9	2.1	2.5	2.7
High cholesterol (hyperlipidemia)	5.0	3.0	7.5	3.8
Irritable bowel syndrome (spastic colon or spastic bowel)	2.1	5.8	7.5	4.9
Migraine headaches	5.6	15.8	10.0	12.8
Polycystic Ovarian Syndrome (PCOS)	0.0	4.4	7.5	3.3
Sleep Apnea	2.7	0.7	2.5	1.4
Thyroid condition or disorder	0.9	3.7	5.0	3.0
Urinary system disorder (for example: bladder or kidney disease, urinary reflux, interstitial cystitis)	0.6	1.6	0.0	1.3

*Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.

***Of those ever diagnosed, had contact with healthcare or MH professional within last 12 months**

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
23.7	43.1	16.7	37.8
34.4	42.5	20.0	39.5
30.4	36.4	50.0	35.6
23.5	35.1	23.1	32.3
22.0	39.5	40.0	35.6
0.0	50.0	0.0	42.9
100.0	75.0	0.0	76.9
80.0	68.3	83.3	72.3
50.0	94.1	0.0	82.6
0.0	78.9	66.7	77.3
40.0	57.1	75.0	54.3
42.9	59.1	100.0	56.7
46.2	68.8	0.0	58.1
70.6	60.0	66.7	65.2
42.9	57.4	33.3	55.2
26.3	55.8	75.0	52.9
0.0	69.4	66.7	70.0
66.7	33.3	100.0	52.9
66.7	83.3	100.0	83.3
100.0	61.5	0.0	62.5

Cis Men n =	339
Cis Women n =	829
Trans/GNC n =	40

Students who reported being diagnosed with diabetes or pre-diabetes/insulin resistance, indicated they had:

<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Type I Diabetes	25.0	33.3	0.0	28.6
Type II Diabetes	50.0	18.8	0.0	22.7
Pre-diabetes or insulin resistance	25.0	62.5	0.0	54.5
Gestational Diabetes	0.0	6.7	0.0	4.8

K. Sleep

Reported amount of time to usually fall asleep at night (sleep onset latency):

<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Less than 15 minutes	45.9	36.0	37.5	38.7
16 to 30 minutes	25.1	28.9	7.5	26.9
31 minutes or more	29.0	35.1	55.0	34.3

Over the last 2 weeks, students reported the following average amount of sleep (excluding naps):

On weeknights				
<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Less than 7 hours	39.2	37.8	52.5	38.8
7 to 9 hours	59.9	60.6	42.5	59.7
10 or more hours	0.9	1.6	5.0	1.5

On weekend nights				
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total	
24.3	25.1	30.0	25.0	
69.5	68.2	50.0	67.9	
6.2	6.8	20.0	7.1	

Students reported the following on 3 or more of the last 7 days:

Felt tired or sleepy during the day				
<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
0 days	7.1	1.7	0.0	3.1
1-2 days	27.2	20.0	7.5	21.6
3-5 days	42.6	42.0	40.0	42.1
6-7 days	23.1	36.2	52.5	33.2

Got enough sleep so that they felt rested				
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total	
13.6	22.0	30.8	20.0	
35.8	35.6	41.0	36.0	
37.6	33.9	23.1	34.5	
13.0	8.5	5.1	9.6	

Demographics and Sample Characteristics

■ Age		■ Students describe themselves as	
18 - 20 years:	45.9 %	Straight/Heterosexual:	80.6 %
21 - 24 years:	32.8 %	Asexual:	0.7 %
25 - 29 years:	10.2 %	Bisexual:	10.7 %
30+ years:	11.1 %	Gay:	1.3 %
Mean age:	23.0 years	Lesbian:	1.5 %
Median age:	21.0 years	Pansexual:	1.2 %
		Queer:	1.2 %
		Questioning:	1.7 %
		Identity not listed above:	1.0 %
■ Gender*			
Cis Women:	68.1 %		
Cis Men:	27.9 %		
Transgender/Gender Non-conforming:	3.3 %		
<i>* See note on page 2 regarding gender categories</i>			
■ Student status		■ Housing	
1st year undergraduate:	18.3 %	Campus or university housing:	22.7 %
2nd year undergraduate:	18.0 %	Fraternity or sorority residence:	1.3 %
3rd year undergraduate:	18.9 %	Parent/guardian/other family:	10.9 %
4th year undergraduate:	13.9 %	Off-campus:	63.7 %
5th year or more undergraduate:	1.2 %	Temporary or "couch surfing":	0.2 %
Master's (MA, MS, MFA, MBA, etc.):	12.4 %	Don't have a place to live:	0.1 %
Doctorate (PhD, EdD, MD, JD, etc.):	16.6 %	Other:	1.2 %
Not seeking a degree:	0.2 %		
Other:	0.3 %		
		■ Students describe themselves as	
Full-time student:	93.4 %	American Indian or Native Alaskan	1.0 %
Part-time student:	6.3 %	Asian or Asian American	8.4 %
Other student:	0.3 %	Black or African American	9.3 %
		Hispanic or Latino/a/x	4.2 %
■ Visa to work or study in the US:	4.8 %	Middle Eastern/North African (MENA) or Arab Origin:	1.5 %
		Native Hawaiian or Other Pacific Islander Native:	0.3 %
■ Relationship status		White:	78.8 %
Not in a relationship:	51.0 %	Biracial or Multiracial:	3.3 %
In a relationship but not married/partnered:	38.9 %	Identity not listed above:	0.7 %
Married/partnered:	10.1 %		
		<i>If Hispanic or Latino/a/x, are you</i>	
■ Primary Source of Health Insurance		Mexican, Mexican American, Chicano:	33.3 %
College/university sponsored SHIP plan:	15.8 %	Puerto Rican:	19.6 %
Parent or guardian's plan:	66.8 %	Cuban:	3.9 %
Employer (mine or my spouse/partners):	8.6 %	Another Hispanic, Latino/a/x, or Spanish Origin:	49.0 %
Medicaid, Medicare, SCHIP, or VA:	4.6 %		
Bought a plan on my own:	2.4 %	<i>If Asian or Asian American, are you</i>	
Don't have health insurance:	0.5 %	East Asian:	44.1 %
Don't know if I have health insurance:	0.6 %	Southeast Asian:	31.4 %
Have insurance, but don't know source:	0.7 %	South Asian:	26.5 %
		Other Asian:	1.0 %
■ Student Veteran:	2.1 %		
■ Parent or primary responsibility for someone else's child/children under 18 years old:	5.6 %		

■ **First generation students** 26.6 %
(Proportion of students for whom no parent/guardian have completed a bachelor's degree)

■ **Do you have any of the following?**
Attention Deficit/Hyperactivity Disorder (ADD or ADHD): 13.2 %
Autism Spectrum Disorder: 1.5 %
Deaf/Hearing loss: 1.7 %
Learning disability: 3.2 %
Mobility/Dexterity disability: 0.9 %
Blind/low vision: 2.8 %
Speech or language disorder: 0.9 %

■ **Participated in organized college athletics:**
Varsity: 1.7 %
Club sports: 6.4 %
Intramurals: 11.9 %

■ **Member of a social fraternity or sorority:**
Greek member: 17.9 %



COLLEGE 2022
PRESCRIPTION
DRUG STUDY

Institutional Report:
University of
South Carolina

INTRODUCTION

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

RESULTS

The results in this report are organized by the major topic areas within the survey. Fifteen institutions participated in the study in spring 2022. The frequencies are presented for each institution type that participated in the survey: Institutions with a total student body greater than 15,000 students ($n = 5$, 33.3% of participating institutions) and Institutions with a total student body less than 15,000 students ($n = 10$, 66.7% of participating institutions).

The survey response rates were:

	Invited Students	Student Responses	Response Rate
Your Institution	5,000	492	9.84%
All Institutions	58,000	6,510	11.22%
Institutions >15,000 students	50,000	5,043	10.09%
Institutions <15,000 students	8,000	1,196	14.95%

Please note when reading and interpreting results in the report:

- Not every respondent responded to each question. Respondents were free to skip questions that they did not wish to answer.
- The survey included routing whereby not every respondent had the opportunity to answer every question; the routing is described in footnotes.
- Survey items that were "Select all that apply" are noted throughout the report. The percentages for these items may not add up to 100% since respondents could select multiple response choices.
- This report only includes descriptive statistics; caution should be used when making comparisons and generalizations.
- This report follows the format of the CPDS survey itself, so there are two sections of demographics, one at the beginning and one at the end of the report.
- All percentages in the descriptive reports are rounded to the first decimal, therefore there may be discrepancies in the sum of percentages equaling 100%.

PARTICIPATING INSTITUTIONS

15 institutions participated in the 2022 College Prescription Drug Study.

Institutions >15,000 students

Indiana University
Marshall University
San Francisco State University
The Ohio State University
University of Arizona
University of Mississippi
University of Oklahoma
University of South Carolina
University of Texas at Austin
West Virginia University

Institutions <15,000 students

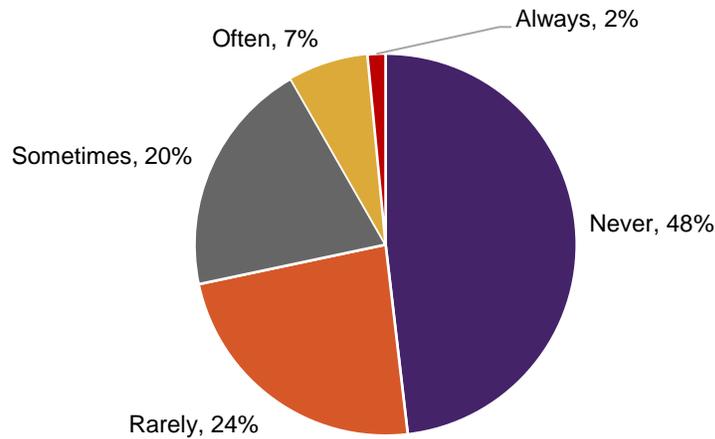
Clarion University of Pennsylvania
Missouri University of Science & Technology
Northwest State Community College
Ohio University
St. Cloud State University

KEY FINDINGS AT YOUR INSTITUTION

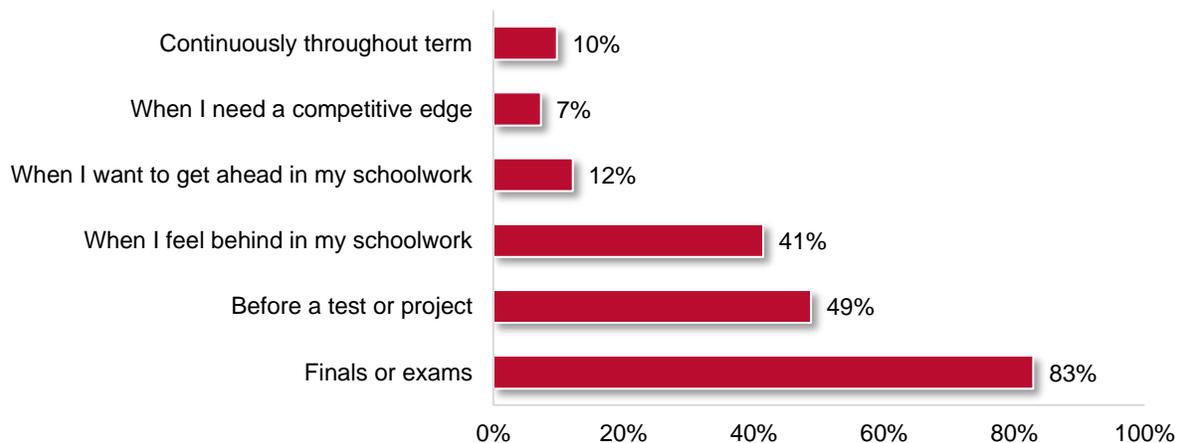
Percentage of respondents reporting they have ever used prescription drugs non-medically

	Your Institution	Institutions >15,000 Students	Institutions <15,000 Students
Pain Medications	7.5%	6.9%	6.4%
Sedatives	7.5%	8.1%	6.7%
Stimulants	16.2%	15.5%	10.7%

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



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



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

COLLEGE PRESCRIPTION DRUG STUDY

DEMOGRAPHICS PART ONE

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Age of respondents (Recoded into categories)						
18-23	79.3%	390	77.1%	3,917	68.5%	976
24-29	13.2%	65	13.8%	703	15.3%	218
30-39	4.1%	20	6.4%	323	8.6%	123
40-49	2.4%	12	1.8%	89	4.3%	61
50-59	1.0%	5	0.6%	30	2.7%	39
60 or older	0.0%	0	0.4%	20	0.5%	7
Total Responses	100.0%	492	100.0%	5,082	100.0%	1,424
What is your class rank?						
First year undergraduate	23.2%	114	20.8%	1,058	22.2%	316
Second year undergraduate	18.3%	90	17.4%	885	18.5%	263
Third year undergraduate	16.3%	80	18.1%	919	18.7%	267
Fourth year undergraduate	10.8%	53	16.0%	811	11.9%	169
Fifth year+ undergraduate	2.2%	11	3.7%	187	6.5%	92
Graduate student (Master's)	13.6%	67	10.4%	530	13.9%	198
Graduate student (Doctoral)	9.3%	46	9.6%	488	4.6%	66
Graduate student (Professional, e.g., MBA, JD, MD, DDS, etc.)	5.5%	27	3.2%	162	2.2%	31
Other	0.8%	4	0.8%	40	1.6%	23
Total Responses	100.0%	492	100.0%	5,080	100.0%	1,425
What broad category does your major(s) or field of study fall under? (Select all that apply; Recoded into categories)						
Arts or Humanities	59.5%	247	16.0%	726	10.4%	138
Business	3.6%	15	15.7%	711	12.0%	159
Education	2.7%	11	10.6%	480	14.8%	197
Health or Medicine	8.0%	33	10.7%	484	23.1%	307
Social Sciences	3.9%	16	16.8%	765	14.1%	188
STEM (Science, Technology, Engineering or Mathematics)	10.6%	44	25.6%	1,164	24.3%	323
Vocational	9.4%	39	2.4%	108	0.2%	2
Other	2.4%	10	2.3%	105	1.1%	15
Total Responses	100.0%	415	100.0%	4,543	100.0%	1,329

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
What is your gender? (Select all that apply; Recoded into categories)						
Female	67.3%	329	66.2%	3,354	61.3%	873
Male	29.4%	144	29.5%	1,497	33.6%	478
Genderqueer / Gender Non-conforming	2.2%	11	2.5%	129	2.7%	38
Intersex	0.0%	0	0.0%	2	0.0%	0
Transgender Male / Transgender Man	0.2%	1	0.3%	17	0.6%	9
Transgender Female / Transgender Woman	0.0%	0	0.1%	5	0.6%	8
Other	0.0%	0	0.0%	2	0.1%	1
More than one gender	0.4%	2	0.8%	40	0.7%	10
Prefer not to answer	0.4%	2	0.4%	21	0.4%	6
Total Responses	100.0%	489	100.0%	5,067	100.0%	1,423
Are you Hispanic or Latino?						
Yes	2.5%	12	8.4%	425	15.1%	215
No	97.5%	477	91.6%	4,641	84.9%	1,205
Total Responses	100.0%	489	100.0%	5,066	100.0%	1,420
Which of the following represents your race/ethnicity? (Select all that apply)						
Asian American / Asian (East, South, Southeast)	24.0%	113	10.3%	515	8.4%	120
Black or African American	7.9%	37	12.1%	606	4.9%	69
Native Hawaiian or other Pacific Islander	0.0%	0	0.0%	1	0.0%	0
Native American / American Indian / Alaskan Native	0.2%	1	0.3%	13	0.1%	1
Middle Eastern / Arab American	7.0%	33	2.5%	126	0.2%	3
White or European American	31.5%	148	48.4%	2,421	72.1%	1,024
Multiracial	28.3%	133	12.2%	611	4.6%	65
Other	1.1%	5	14.2%	708	9.8%	139
Total Responses	100.0%	470	100.0%	5,001	100.0%	1,421
Are you:						
<i>A member or a former member of the United States military?</i>						
Yes	1.4%	7	1.5%	77	15.1%	216
No	98.6%	485	98.5%	5,006	84.9%	1,211
Total Responses	100.0%	492	100.0%	5,083	100.0%	1,427
<i>An international student?</i>						
Yes	2.2%	11	7.0%	358	3.4%	48
No	97.8%	481	93.0%	4,725	96.6%	1,374
Total Responses	100.0%	492	100.0%	5,083	100.0%	1,422
<i>A varsity-level athlete?</i>						
Yes	21.7%	107	10.5%	534	8.3%	118
No	78.3%	385	89.5%	4,547	91.7%	1,298
Total Responses	100.0%	492	100.0%	5,081	100.0%	1,416

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
A member of a fraternity or sorority?						
Yes	32.7%	161	26.1%	1,328	3.7%	53
No	67.3%	331	73.9%	3,755	96.3%	1,365
Total Responses	100.0%	492	100.0%	5,083	100.0%	1,418
A transfer student?						
Yes	3.3%	16	6.8%	346	12.1%	172
No	96.7%	476	93.2%	4,737	87.9%	1,253
Total Responses	100.0%	492	100.0%	5,083	100.0%	1,425
A member of a student organization on campus?						
Yes	40.7%	200	37.9%	1,924	26.9%	384
No	59.3%	292	62.1%	3,159	73.1%	1,043
Total Responses	100.0%	492	100.0%	5,083	100.0%	1,427

PAIN MEDICATION

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Have you ever used a pain medication (e.g., OxyContin, Vicodin, Percodan) for non-medical reasons (e.g., it was not prescribed for you, you only used it for the experience or feeling it caused or you used it in a way other than the prescriber intended or ordered)?¹						
Yes	7.5%	37	6.9%	350	6.4%	91
No	92.3%	454	92.6%	4,707	93.3%	1,329
I'd rather not say	0.2%	1	0.5%	24	0.4%	5
Total Responses	100.0%	492	100.0%	5,081	100.0%	1,425
How often do you generally use pain medications for non-medical reasons?						
Less than once a year	66.7%	24	65.7%	224	64.0%	57
At least once a year	13.9%	5	14.1%	48	9.0%	8
At least once an academic term	8.3%	3	7.9%	27	5.6%	5
At least once a month	5.6%	2	6.5%	22	5.6%	5
At least once a week	0.0%	0	1.5%	5	2.2%	2
At least once a day	0.0%	0	1.5%	5	7.9%	7
I'd rather not say	5.6%	2	2.9%	10	5.6%	5
Total Responses	100.0%	36	100.0%	341	100.0%	89

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

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
When did you first start using pain medications for non-medical reasons?						
Elementary School (Grades K-5)	0.0%	0	0.4%	1	3.2%	2
Middle School (Grades 6-8)	4.0%	1	6.4%	15	7.9%	5
High School (Grades 9-12)	56.0%	14	55.4%	129	46.0%	29
College (Undergraduate)	32.0%	8	28.8%	67	25.4%	16
Between undergraduate degree completion and starting graduate school	0.0%	0	4.3%	10	11.1%	7
Graduate or Professional School	0.0%	0	1.7%	4	3.2%	2
I'd rather not say	8.0%	2	3.0%	7	3.2%	2
Total Responses	100.0%	25	100.0%	233	100.0%	63
How many times would you estimate that you have used pain medications for non-medical reasons?						
<i>In the last 30 days...</i>						
0 times	87.0%	20	87.0%	187	82.7%	43
1-2 times	8.7%	2	9.8%	21	7.7%	4
3-9 times	4.3%	1	1.4%	3	5.8%	3
10-19 times	0.0%	0	0.9%	2	0.0%	0
20-49 times	0.0%	0	0.5%	1	0.0%	0
50-99 times	0.0%	0	0.0%	0	0.0%	0
100 or more times	0.0%	0	0.0%	0	1.9%	1
I'd rather not say	0.0%	0	0.5%	1	1.9%	1
Total Responses	100.0%	23	100.0%	215	100.0%	52
<i>In the last 12 months...</i>						
0 times	54.5%	12	63.4%	135	61.1%	33
1-2 times	22.7%	5	18.8%	40	20.4%	11
3-9 times	18.2%	4	9.9%	21	5.6%	3
10-19 times	0.0%	0	4.2%	9	7.4%	4
20-49 times	0.0%	0	2.3%	5	3.7%	2
50-99 times	0.0%	0	0.0%	0	0.0%	0
100 or more times	4.5%	1	0.9%	2	1.9%	1
I'd rather not say	0.0%	0	0.5%	1	0.0%	0
Total Responses	100.0%	22	100.0%	213	100.0%	54
<i>In your lifetime...</i>						
0 times	4.2%	1	1.3%	3	0.0%	0
1-2 times	29.2%	7	23.5%	53	33.3%	19
3-9 times	16.7%	4	30.5%	69	17.5%	10
10-19 times	29.2%	7	13.7%	31	12.3%	7
20-49 times	8.3%	2	11.9%	27	8.8%	5
50-99 times	8.3%	2	7.5%	17	3.5%	2
100 or more times	4.2%	1	10.6%	24	21.1%	12
I'd rather not say	0.0%	0	0.9%	2	3.5%	2
Total Responses	100.0%	24	100.0%	226	100.0%	57

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Where do you typically obtain pain medications that you use for non-medical reasons? (Select all that apply)						
From a friend	52.0%	13	44.1%	101	43.6%	24
From a peer who is not a friend	12.0%	3	11.8%	27	18.2%	10
From a relative	12.0%	3	21.4%	49	30.9%	17
From a pharmacy	28.0%	7	24.5%	56	32.7%	18
From a drug dealer	4.0%	1	17.5%	40	23.6%	13
Other	8.0%	2	9.6%	22	10.9%	6
I'd rather not say	8.0%	2	5.7%	13	1.8%	1
Total Responses		31		308		89
How did you obtain pain medications from your friend, peer or relative? ²						
They gave me the pain medication(s)	56.3%	9	64.3%	92	61.8%	21
I took the pain medication(s) without my friend, peer or relative knowing	18.8%	3	15.4%	22	17.6%	6
I paid my friend, peer or relative for the pain medication(s)	25.0%	4	16.8%	24	20.6%	7
Other	0.0%	0	2.8%	4	0.0%	0
I'd rather not say	0.0%	0	0.7%	1	0.0%	0
Total Responses	100.0%	16	100.0%	143	100.0%	34
Why have you used pain medications for non-medical reasons? (Select all that apply)						
To relieve pain	35.3%	12	40.4%	128	42.5%	37
To sleep	23.5%	8	22.7%	72	23.0%	20
To relieve anxiety	26.5%	9	30.3%	96	28.7%	25
To get high	44.1%	15	44.5%	141	51.7%	45
To help study or improve grades	8.8%	3	5.0%	16	9.2%	8
To counter the effects of other drugs	2.9%	1	4.7%	15	2.3%	2
To enhance social interactions or	11.8%	4	11.0%	35	10.3%	9
Because I felt dependent on it	8.8%	3	7.3%	23	12.6%	11
Because I felt pressured by others	0.0%	0	1.9%	6	11.5%	10
To see what it was like	26.5%	9	32.8%	104	25.3%	22
To feel better	17.6%	6	22.7%	72	31.0%	27
To escape from reality	26.5%	9	24.3%	77	28.7%	25
Because of a personal or emotional	20.6%	7	20.2%	64	23.0%	20
Because they felt safer than street drugs	5.9%	2	5.4%	17	8.0%	7
Because they felt less addictive than street drugs	0.0%	0	0.9%	3	4.6%	4
Because I don't consider it illegal to do	5.9%	2	6.3%	20	1.1%	1
Because I like the way they make me	20.6%	7	22.4%	71	14.9%	13
I'd rather not say	5.9%	2	1.9%	6	1.1%	1
Other	2.9%	1	3.5%	11	2.3%	2
Total Responses		100		977		289

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

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Do you use pain medications while drinking alcohol?						
Never	61.9%	13	65.8%	144	65.0%	39
Rarely	28.6%	6	16.9%	37	11.7%	7
Sometimes	9.5%	2	10.5%	23	15.0%	9
Often	0.0%	0	4.6%	10	3.3%	2
Very often	0.0%	0	1.4%	3	5.0%	3
I'd rather not say	0.0%	0	0.9%	2	0.0%	0
Total Responses	100.0%	21	100.0%	219	100.0%	60
Have you ever experienced any of the following effects from your non-medical use of prescription pain medications (e.g., OxyContin, Vicodin, Percodan)?						
<i>Not been able to stop using these types of medications when you wanted to?</i>						
Yes	15.8%	3	18.3%	39	23.7%	14
No	84.2%	16	80.3%	171	74.6%	44
I'd rather not say	0.0%	0	1.4%	3	1.7%	1
Total Responses	100.0%	19	100.0%	213	100.0%	59
<i>Had family members or friends express their concern about your use?</i>						
Yes	21.1%	4	18.7%	40	22.0%	13
No	78.9%	15	79.9%	171	76.3%	45
I'd rather not say	0.0%	0	1.4%	3	1.7%	1
Total Responses	100.0%	19	100.0%	214	100.0%	59
<i>Stayed away from your family or friends because of your use?</i>						
Yes	15.8%	3	18.3%	39	25.4%	15
No	84.2%	16	80.8%	172	74.6%	44
I'd rather not say	0.0%	0	0.9%	2	0.0%	0
Total Responses	100.0%	19	100.0%	213	100.0%	59
<i>Engaged in criminal activity in order to obtain these types of medications?</i>						
Yes	5.3%	1	12.7%	27	15.3%	9
No	94.7%	18	85.8%	182	81.4%	48
I'd rather not say	0.0%	0	1.4%	3	3.4%	2
Total Responses	100.0%	19	100.0%	212	100.0%	59
<i>Experienced memory loss as a result of your use?</i>						
Yes	26.3%	5	25.9%	55	25.4%	15
No	73.7%	14	73.6%	156	74.6%	44
I'd rather not say	0.0%	0	0.5%	1	0.0%	0
Total Responses	100.0%	19	100.0%	212	100.0%	59
<i>Experienced a negative impact on your academics as a result of your use?</i>						
Yes	15.8%	3	17.0%	36	18.6%	11
No	84.2%	16	81.6%	173	81.4%	48
I'd rather not say	0.0%	0	1.4%	3	0.0%	0
Total Responses	100.0%	19	100.0%	212	100.0%	59

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Experienced a positive impact on your academics as a result of your use?</i>						
Yes	10.5%	2	13.7%	29	13.6%	8
No	89.5%	17	85.3%	180	84.7%	50
I'd rather not say	0.0%	0	0.9%	2	1.7%	1
Total Responses	100.0%	19	100.0%	211	100.0%	59
<i>Experienced problems at work?</i>						
Yes	10.5%	2	9.4%	20	20.3%	12
No	89.5%	17	89.6%	190	79.7%	47
I'd rather not say	0.0%	0	0.9%	2	0.0%	0
Total Responses	100.0%	19	100.0%	212	100.0%	59
<i>Done things you wish you hadn't?</i>						
Yes	16.7%	3	27.6%	58	32.2%	19
No	83.3%	15	71.9%	151	66.1%	39
I'd rather not say	0.0%	0	0.5%	1	1.7%	1
Total Responses	100.0%	18	100.0%	210	100.0%	59
<i>Harmed another person?</i>						
Yes	0.0%	0	2.9%	6	11.9%	7
No	100.0%	18	96.2%	202	88.1%	52
I'd rather not say	0.0%	0	1.0%	2	0.0%	0
Total Responses	100.0%	18	100.0%	210	100.0%	59
<i>Been harmed by another person?</i>						
Yes	0.0%	0	11.8%	25	23.7%	14
No	100.0%	18	87.2%	184	76.3%	45
I'd rather not say	0.0%	0	0.9%	2	0.0%	0
Total Responses	100.0%	18	100.0%	211	100.0%	59
<i>Experienced withdrawal symptoms (felt sick) when you stopped using?</i>						
Yes	21.1%	4	19.0%	40	32.2%	19
No	78.9%	15	80.5%	169	67.8%	40
I'd rather not say	0.0%	0	0.5%	1	0.0%	0
Total Responses	100.0%	19	100.0%	210	100.0%	59
<i>Experienced medical problems?</i>						
Yes	11.1%	2	8.6%	18	23.7%	14
No	88.9%	16	90.9%	190	74.6%	44
I'd rather not say	0.0%	0	0.5%	1	1.7%	1
Total Responses	100.0%	18	100.0%	209	100.0%	59
<i>Experienced emotional or psychological problems?</i>						
Yes	22.2%	4	28.2%	59	28.8%	17
No	77.8%	14	70.8%	148	69.5%	41
I'd rather not say	0.0%	0	1.0%	2	1.7%	1
Total Responses	100.0%	18	100.0%	209	100.0%	59

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Had to undergo medical treatment?</i>						
Yes	11.1%	2	5.8%	12	15.3%	9
No	88.9%	16	93.7%	194	84.7%	50
I'd rather not say	0.0%	0	0.5%	1	0.0%	0
Total Responses	100.0%	18	100.0%	207	100.0%	59
<i>Had to undergo emotional or psychological treatment?</i>						
Yes	11.1%	2	13.9%	29	15.3%	9
No	88.9%	16	84.6%	176	84.7%	50
I'd rather not say	0.0%	0	1.4%	3	0.0%	0
Total Responses	100.0%	18	100.0%	208	100.0%	59
<i>Experienced financial problems?</i>						
Yes	5.6%	1	8.2%	17	20.3%	12
No	94.4%	17	90.3%	187	78.0%	46
I'd rather not say	0.0%	0	1.4%	3	1.7%	1
Total Responses	100.0%	18	100.0%	207	100.0%	59
<i>Experienced legal problems?</i>						
Yes	0.0%	0	5.3%	11	8.5%	5
No	100.0%	18	93.7%	194	89.8%	53
I'd rather not say	0.0%	0	1.0%	2	1.7%	1
Total Responses	100.0%	18	100.0%	207	100.0%	59
<i>Been depressed?</i>						
Yes	44.4%	8	34.6%	72	37.3%	22
No	55.6%	10	63.9%	133	61.0%	36
I'd rather not say	0.0%	0	1.4%	3	1.7%	1
Total Responses	100.0%	18	100.0%	208	100.0%	59
<i>Had suicidal thoughts?</i>						
Yes	22.2%	4	20.2%	42	28.8%	17
No	72.2%	13	77.9%	162	69.5%	41
I'd rather not say	5.6%	1	1.9%	4	1.7%	1
Total Responses	100.0%	18	100.0%	208	100.0%	59

SEDATIVES

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Have you ever used sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien) for non-medical reasons (e.g., it was not prescribed for you, you only used it for the experience or feeling it caused or you used it in a way other than the prescriber intended or ordered)? ¹						
Yes	7.5%	36	8.1%	408	6.7%	95
No	92.3%	446	91.6%	4,599	92.9%	1,313
I'd rather not say	0.2%	1	0.3%	16	0.4%	6
Total Responses	100.0%	483	100.0%	5,023	100.0%	1,414
How often do you generally use sedatives for non-medical reasons?						
Less than once a year	51.4%	18	62.1%	246	69.9%	65
At least once a year	20.0%	7	13.1%	52	8.6%	8
At least once an academic term	11.4%	4	12.6%	50	6.5%	6
At least once a month	11.4%	4	5.8%	23	9.7%	9
At least once a week	5.7%	2	4.0%	16	1.1%	1
At least once a day	0.0%	0	1.0%	4	2.2%	2
I'd rather not say	0.0%	0	1.3%	5	2.2%	2
Total Responses	100.0%	35	100.0%	396	100.0%	93
When did you first starting using sedatives for non-medical reasons?						
Elementary School (Grades K-5)	0.0%	0	0.0%	0	0.0%	0
Middle School (Grades 6-8)	5.3%	1	3.8%	9	4.1%	2
High School (Grades 9-12)	42.1%	8	42.1%	101	38.8%	19
College (Undergraduate)	42.1%	8	43.8%	105	38.8%	19
Between undergraduate degree completion and starting graduate school	5.3%	1	5.4%	13	12.2%	6
Graduate or Professional School	5.3%	1	4.2%	10	4.1%	2
I'd rather not say	0.0%	0	0.8%	2	2.0%	1
Total Responses	100.0%	19	100.0%	240	100.0%	49
How many times would you estimate that you have used sedatives for non-medical reasons?						
<i>In the last 30 days...</i>						
0 times	63.2%	12	79.1%	174	83.3%	40
1-2 times	21.1%	4	13.2%	29	12.5%	6
3-9 times	10.5%	2	4.1%	9	2.1%	1
10-19 times	5.3%	1	2.3%	5	0.0%	0
20-49 times	0.0%	0	0.5%	1	0.0%	0
50-99 times	0.0%	0	0.5%	1	2.1%	1
100 or more times	0.0%	0	0.5%	1	0.0%	0
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	19	100.0%	220	100.0%	48

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>In the last 12 months...</i>						
0 times	55.6%	10	55.4%	123	62.5%	30
1-2 times	5.6%	1	19.4%	43	18.8%	9
3-9 times	27.8%	5	14.4%	32	14.6%	7
10-19 times	5.6%	1	5.9%	13	4.2%	2
20-49 times	5.6%	1	3.2%	7	0.0%	0
50-99 times	0.0%	0	0.9%	2	0.0%	0
100 or more times	0.0%	0	0.9%	2	0.0%	0
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	18	100.0%	222	100.0%	48
<i>In your lifetime...</i>						
0 times	0.0%	0	0.4%	1	0.0%	0
1-2 times	21.1%	4	32.9%	76	38.3%	18
3-9 times	36.8%	7	26.8%	62	21.3%	10
10-19 times	21.1%	4	11.3%	26	10.6%	5
20-49 times	15.8%	3	13.9%	32	0.0%	0
50-99 times	5.3%	1	3.9%	9	4.3%	2
100 or more times	0.0%	0	10.0%	23	25.5%	12
I'd rather not say	0.0%	0	0.9%	2	0.0%	0
Total Responses	100.0%	19	100.0%	231	100.0%	47
Where do you typically obtain sedatives that you use for non-medical reasons? (Select all that apply)						
From a friend	35.0%	7	55.2%	128	52.1%	25
From a peer who is not a friend	15.0%	3	17.2%	40	10.4%	5
From a relative	25.0%	5	18.5%	43	20.8%	10
From a pharmacy	25.0%	5	19.4%	45	25.0%	12
From a drug dealer	10.0%	2	19.8%	46	22.9%	11
Other	10.0%	2	4.3%	10	8.3%	4
I'd rather not say	5.0%	1	3.9%	9	6.3%	3
Total Responses		25		321		70
How did you obtain sedatives from your friend, peer or relative? ²						
They gave me the sedative(s)	66.7%	8	71.5%	123	81.3%	26
I took the sedative(s) without my friends, peer or relative knowing	16.7%	2	4.7%	8	0.0%	0
I paid my friend, peer or relative for the sedative(s)	8.3%	1	22.1%	38	18.8%	6
Other	8.3%	1	1.7%	3	0.0%	0
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	12	100.0%	172	100.0%	32

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Why have you used sedatives for non-medical reasons? (Select all that apply)						
To relieve pain	6.5%	2	10.6%	40	7.9%	7
To sleep	38.7%	12	49.2%	185	39.3%	35
To relieve anxiety	58.1%	18	51.3%	193	48.3%	43
To get high	35.5%	11	37.8%	142	25.8%	23
To help study or improve grades	3.2%	1	6.6%	25	2.2%	2
To counter the effects of other drugs	6.5%	2	8.5%	32	6.7%	6
To enhance social interactions or	12.9%	4	14.4%	54	12.4%	11
Because I felt dependent on it	6.5%	2	4.5%	17	3.4%	3
Because I felt pressured by others	3.2%	1	2.1%	8	3.4%	3
To see what it was like	25.8%	8	31.4%	118	21.3%	19
To feel better	38.7%	12	24.7%	93	23.6%	21
To escape from reality	29.0%	9	23.1%	87	19.1%	17
Because of a personal or emotional	16.1%	5	20.5%	77	16.9%	15
Because they felt safer than street drugs	3.2%	1	4.5%	17	5.6%	5
Because they felt less addictive than street drugs	0.0%	0	1.6%	6	2.2%	2
Because I don't consider it illegal to do	3.2%	1	6.1%	23	3.4%	3
Because I like the way they make me	19.4%	6	18.1%	68	14.6%	13
I'd rather not say	3.2%	1	0.5%	2	0.0%	0
Other	3.2%	1	3.5%	13	2.2%	2
Total Responses		97		1,200		230
Do you use sedatives while drinking alcohol?						
Never	50.0%	10	60.4%	148	63.0%	34
Rarely	30.0%	6	20.0%	49	18.5%	10
Sometimes	10.0%	2	12.7%	31	13.0%	7
Often	5.0%	1	3.3%	8	5.6%	3
Very Often	5.0%	1	3.3%	8	0.0%	0
I'd rather not say	0.0%	0	0.4%	1	0.0%	0
Total Responses	100.0%	20	100.0%	245	100.0%	54
Have you ever experienced any of the following effects from your non-medical use of prescription sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien)?						
<i>Not been able to stop using these types of medications when you wanted to?</i>						
Yes	5.0%	1	11.2%	27	17.3%	9
No	95.0%	19	88.4%	213	82.7%	43
I'd rather not say	0.0%	0	0.4%	1	0.0%	0
Total Responses	100.0%	20	100.0%	241	100.0%	52
Had family members or friends express their concern about your use?						
Yes	10.0%	2	15.8%	38	19.2%	10
No	90.0%	18	83.8%	202	80.8%	42
I'd rather not say	0.0%	0	0.4%	1	0.0%	0
Total Responses	100.0%	20	100.0%	241	100.0%	52

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Stayed away from your family or friends because of your use?</i>						
Yes	10.0%	2	12.0%	29	15.4%	8
No	85.0%	17	87.1%	210	84.6%	44
I'd rather not say	5.0%	1	0.8%	2	0.0%	0
Total Responses	100.0%	20	100.0%	241	100.0%	52
<i>Engaged in criminal activity in order to obtain these types of medications?</i>						
Yes	5.0%	1	9.1%	22	15.4%	8
No	85.0%	17	89.6%	216	84.6%	44
I'd rather not say	10.0%	2	1.2%	3	0.0%	0
Total Responses	100.0%	20	100.0%	241	100.0%	52
<i>Experienced memory loss as a result of your use?</i>						
Yes	30.0%	6	36.9%	89	28.8%	15
No	70.0%	14	63.1%	152	71.2%	37
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	20	100.0%	241	100.0%	52
<i>Experienced a negative impact on your academics as a result of your use?</i>						
Yes	10.0%	2	13.3%	32	9.6%	5
No	90.0%	18	86.3%	207	90.4%	47
I'd rather not say	0.0%	0	0.4%	1	0.0%	0
Total Responses	100.0%	20	100.0%	240	100.0%	52
<i>Experienced a positive impact on your academics as a result of your use?</i>						
Yes	0.0%	0	14.1%	34	13.5%	7
No	100.0%	20	85.5%	206	86.5%	45
I'd rather not say	0.0%	0	0.4%	1	0.0%	0
Total Responses	100.0%	20	100.0%	241	100.0%	52
<i>Experienced problems at work?</i>						
Yes	5.0%	1	7.9%	19	11.5%	6
No	90.0%	18	91.3%	220	88.5%	46
I'd rather not say	5.0%	1	0.8%	2	0.0%	0
Total Responses	100.0%	20	100.0%	241	100.0%	52
<i>Done things that you wish you hadn't?</i>						
Yes	20.0%	4	24.1%	58	26.9%	14
No	80.0%	16	75.9%	183	73.1%	38
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	20	100.0%	241	100.0%	52
<i>Harmed another person?</i>						
Yes	0.0%	0	3.3%	8	3.8%	2
No	100.0%	20	96.3%	232	94.2%	49
I'd rather not say	0.0%	0	0.4%	1	1.9%	1
Total Responses	100.0%	20	100.0%	241	100.0%	52

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Been harmed by another person?</i>						
Yes	0.0%	0	5.4%	13	15.4%	8
No	100.0%	20	94.2%	227	82.7%	43
I'd rather not say	0.0%	0	0.4%	1	1.9%	1
Total Responses	100.0%	20	100.0%	241	100.0%	52
<i>Experienced withdrawal symptoms (felt sick) when you stopped using?</i>						
Yes	0.0%	0	7.5%	18	11.5%	6
No	100.0%	20	92.5%	223	88.5%	46
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	20	100.0%	241	100.0%	52
<i>Experienced medical problems?</i>						
Yes	5.0%	1	4.6%	11	13.5%	7
No	95.0%	19	94.6%	227	84.6%	44
I'd rather not say	0.0%	0	0.8%	2	1.9%	1
Total Responses	100.0%	20	100.0%	240	100.0%	52
<i>Experienced emotional or psychological problems?</i>						
Yes	15.8%	3	20.8%	50	23.1%	12
No	84.2%	16	78.8%	189	76.9%	40
I'd rather not say	0.0%	0	0.4%	1	0.0%	0
Total Responses	100.0%	19	100.0%	240	100.0%	52
<i>Had to undergo medical treatment?</i>						
Yes	0.0%	0	2.1%	5	11.5%	6
No	100.0%	19	97.5%	233	88.5%	46
I'd rather not say	0.0%	0	0.4%	1	0.0%	0
Total Responses	100.0%	19	100.0%	239	100.0%	52
<i>Had to undergo emotional or psychological treatment?</i>						
Yes	10.5%	2	9.2%	22	19.2%	10
No	89.5%	17	90.8%	217	80.8%	42
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	19	100.0%	239	100.0%	52
<i>Experienced financial problems?</i>						
Yes	0.0%	0	5.0%	12	9.6%	5
No	100.0%	19	94.6%	226	90.4%	47
I'd rather not say	0.0%	0	0.4%	1	0.0%	0
Total Responses	100.0%	19	100.0%	239	100.0%	52
<i>Experienced legal problems?</i>						
Yes	0.0%	0	3.3%	8	5.8%	3
No	100.0%	19	96.7%	231	94.2%	49
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	19	100.0%	239	100.0%	52

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Been depressed?</i>						
Yes	21.1%	4	27.5%	66	34.6%	18
No	78.9%	15	71.3%	171	65.4%	34
I'd rather not say	0.0%	0	1.3%	3	0.0%	0
Total Responses	100.0%	19	100.0%	240	100.0%	52
<i>Had suicidal thoughts?</i>						
Yes	10.5%	2	16.3%	39	21.2%	11
No	84.2%	16	81.7%	196	76.9%	40
I'd rather not say	5.3%	1	2.1%	5	1.9%	1
Total Responses	100.0%	19	100.0%	240	100.0%	52

STIMULANTS

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Have you ever used a stimulant (e.g., Ritalin, Adderall, Dexedrine) for non-medical reasons (e.g., it was not prescribed for you, you only used it for the experience or feeling it caused or you used it in a way other than the prescriber intended or ordered)? ¹						
Yes	16.2%	78	15.5%	777	10.7%	150
No	82.5%	397	83.9%	4,191	88.8%	1,247
I'd rather not say	1.2%	6	0.6%	29	0.5%	7
Total Responses	100.0%	481	100.0%	4,997	100.0%	1,404
How often do you generally use stimulants for non-medical reasons?						
Less than once a year	42.9%	33	47.7%	366	50.7%	75
At least once a year	3.9%	3	10.4%	80	16.2%	24
At least once an academic term	32.5%	25	24.0%	184	18.2%	27
At least once a month	9.1%	7	11.3%	87	8.8%	13
At least once a week	5.2%	4	3.5%	27	3.4%	5
At least once a day	2.6%	2	1.4%	11	0.7%	1
I'd rather not say	3.9%	3	1.6%	12	2.0%	3
Total Responses	100.0%	77	100.0%	767	100.0%	148
When did you first starting using stimulants for non-medical reasons?						
Elementary School (Grades K-5)	0.0%	0	0.0%	0	0.0%	0
Middle School (Grades 6-8)	2.2%	1	1.1%	5	3.1%	3
High School (Grades 9-12)	20.0%	9	29.2%	139	29.9%	29
College (Undergraduate)	71.1%	32	63.4%	302	59.8%	58
Between undergraduate degree completion and starting graduate school	4.4%	2	3.4%	16	1.0%	1
Graduate or Professional School	2.2%	1	2.1%	10	4.1%	4
I'd rather not say	0.0%	0	0.8%	4	2.1%	2
Total Responses	100.0%	45	100.0%	476	100.0%	97

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
How many times would you estimate that you have used stimulants for non-medical reasons?						
<i>In the last 30 days...</i>						
0 times	70.0%	28	75.9%	330	68.7%	57
1-2 times	17.5%	7	14.7%	64	22.9%	19
3-9 times	7.5%	3	5.7%	25	6.0%	5
10-19 times	0.0%	0	1.8%	8	1.2%	1
20-49 times	0.0%	0	1.4%	6	1.2%	1
50-99 times	0.0%	0	0.0%	0	0.0%	0
100 or more times	5.0%	2	0.5%	2	0.0%	0
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	40	100.0%	435	100.0%	83
<i>In the last 12 months...</i>						
0 times	35.9%	14	43.4%	189	44.0%	37
1-2 times	35.9%	14	25.1%	109	29.8%	25
3-9 times	12.8%	5	17.0%	74	16.7%	14
10-19 times	7.7%	3	6.7%	29	7.1%	6
20-49 times	5.1%	2	4.6%	20	1.2%	1
50-99 times	2.6%	1	1.8%	8	1.2%	1
100 or more times	0.0%	0	1.1%	5	0.0%	0
I'd rather not say	0.0%	0	0.2%	1	0.0%	0
Total Responses	100.0%	39	100.0%	435	100.0%	84
<i>In your lifetime...</i>						
0 times	2.4%	1	1.3%	6	0.0%	0
1-2 times	36.6%	15	31.5%	144	30.4%	28
3-9 times	31.7%	13	30.2%	138	26.1%	24
10-19 times	9.8%	4	14.2%	65	13.0%	12
20-49 times	9.8%	4	9.6%	44	13.0%	12
50-99 times	7.3%	3	7.2%	33	5.4%	5
100 or more times	2.4%	1	5.5%	25	12.0%	11
I'd rather not say	0.0%	0	0.4%	2	0.0%	0
Total Responses	100.0%	41	100.0%	457	100.0%	92
Where do you typically obtain stimulants that you use for non-medical reasons? (Select all that apply)						
From a friend	76.2%	32	78.1%	361	70.7%	65
From a peer who is not a friend	11.9%	5	14.1%	65	19.6%	18
From a relative	7.1%	3	5.8%	27	7.6%	7
From a pharmacy	9.5%	4	8.4%	39	12.0%	11
From a drug dealer	4.8%	2	10.6%	49	12.0%	11
Other	4.8%	2	2.4%	11	3.3%	3
I'd rather not say	7.1%	3	4.3%	20	5.4%	5
Total Responses		51		572		120

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
How did you obtain stimulants from your friend, peer or relative?²						
They gave me the stimulant(s)	66.7%	24	67.6%	261	63.2%	48
I took the stimulant(s) without my friend, peer or relative knowing	2.8%	1	1.3%	5	3.9%	3
I paid my friend, peer or relative for the stimulant(s)	22.2%	8	29.0%	112	27.6%	21
Other	5.6%	2	1.0%	4	3.9%	3
I'd rather not say	2.8%	1	1.0%	4	1.3%	1
Total Responses	100.0%	36	100.0%	386	100.0%	76
Why have you used stimulants for non-medical reasons? (Select all that apply)						
To relieve pain	0.0%	0	1.4%	10	1.4%	2
To sleep	0.0%	0	0.8%	6	2.1%	3
To relieve anxiety	6.8%	5	8.5%	62	6.3%	9
To get high	10.8%	8	13.4%	98	22.4%	32
To help study or improve grades	74.3%	55	75.9%	555	76.9%	110
To counter the effects of other drugs	6.8%	5	5.1%	37	5.6%	8
To enhance social interactions or	17.6%	13	23.7%	173	26.6%	38
Because I felt dependent on it	2.7%	2	3.0%	22	4.9%	7
Because I felt pressured by others	0.0%	0	1.6%	12	3.5%	5
To see what it was like	23.0%	17	24.8%	181	18.9%	27
To feel better	4.1%	3	9.7%	71	11.9%	17
To escape from reality	1.4%	1	3.1%	23	5.6%	8
Because of a personal or emotional	2.7%	2	5.3%	39	7.7%	11
Because they felt safer than street drugs	1.4%	1	4.0%	29	5.6%	8
Because they felt less addictive than street drugs	1.4%	1	1.9%	14	1.4%	2
Because I don't consider it illegal to do	4.1%	3	5.2%	38	4.2%	6
Because I like the way they make me	9.5%	7	11.8%	86	18.9%	27
I'd rather not say	0.0%	0	0.3%	2	1.4%	2
Other	6.8%	5	6.2%	45	7.7%	11
Total Responses		128		1,503		333
Do you use stimulants while drinking alcohol?						
Never	47.7%	21	53.4%	251	56.4%	57
Rarely	15.9%	7	22.3%	105	23.8%	24
Sometimes	29.5%	13	16.8%	79	9.9%	10
Often	6.8%	3	6.6%	31	6.9%	7
Very Often	0.0%	0	0.9%	4	2.0%	2
I'd rather not say	0.0%	0	0.0%	0	1.0%	1
Total Responses	100.0%	44	100.0%	470	100.0%	101

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Have you ever experienced any of the following effects from your non-medical use of prescription stimulants (e.g., Ritalin, Adderall, Dexedrine)?						
<i>Not been able to stop using these types of medications when you wanted to?</i>						
Yes	7.1%	3	10.2%	47	12.2%	12
No	92.9%	39	89.1%	409	86.7%	85
I'd rather not say	0.0%	0	0.7%	3	1.0%	1
Total Responses	100.0%	42	100.0%	459	100.0%	98
<i>Had family members or friends express their concern about your use?</i>						
Yes	14.3%	6	8.5%	39	10.2%	10
No	85.7%	36	90.2%	413	89.8%	88
I'd rather not say	0.0%	0	1.3%	6	0.0%	0
Total Responses	100.0%	42	100.0%	458	100.0%	98
<i>Stayed away from your family or friends because of your use?</i>						
Yes	7.1%	3	4.6%	21	7.2%	7
No	92.9%	39	95.0%	435	92.8%	90
I'd rather not say	0.0%	0	0.4%	2	0.0%	0
Total Responses	100.0%	42	100.0%	458	100.0%	97
<i>Engaged in criminal activity in order to obtain these types of medications?</i>						
Yes	7.1%	3	4.4%	20	7.2%	7
No	92.9%	39	95.4%	437	90.7%	88
I'd rather not say	0.0%	0	0.2%	1	2.1%	2
Total Responses	100.0%	42	100.0%	458	100.0%	97
<i>Experienced memory loss as a result of your use?</i>						
Yes	9.5%	4	5.7%	26	6.2%	6
No	88.1%	37	93.9%	430	92.8%	90
I'd rather not say	2.4%	1	0.4%	2	1.0%	1
Total Responses	100.0%	42	100.0%	458	100.0%	97
<i>Experienced a negative impact on your academics as a result of your use?</i>						
Yes	4.8%	2	4.8%	22	10.2%	10
No	95.2%	40	94.3%	431	89.8%	88
I'd rather not say	0.0%	0	0.9%	4	0.0%	0
Total Responses	100.0%	42	100.0%	457	100.0%	98
<i>Experienced a positive impact on your academics as a result of your use?</i>						
Yes	66.7%	28	61.1%	280	65.3%	64
No	33.3%	14	38.2%	175	34.7%	34
I'd rather not say	0.0%	0	0.7%	3	0.0%	0
Total Responses	100.0%	42	100.0%	458	100.0%	98
<i>Experienced problems at work?</i>						
Yes	2.4%	1	2.2%	10	8.2%	8
No	97.6%	41	97.4%	446	91.8%	90
I'd rather not say	0.0%	0	0.4%	2	0.0%	0
Total Responses	100.0%	42	100.0%	458	100.0%	98

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Done things that you wish you hadn't?</i>						
Yes	9.5%	4	9.8%	45	19.4%	19
No	90.5%	38	89.3%	409	80.6%	79
I'd rather not say	0.0%	0	0.9%	4	0.0%	0
Total Responses	100.0%	42	100.0%	458	100.0%	98
<i>Harmed another person?</i>						
Yes	0.0%	0	0.4%	2	1.0%	1
No	100.0%	42	99.3%	455	99.0%	96
I'd rather not say	0.0%	0	0.2%	1	0.0%	0
Total Responses	100.0%	42	100.0%	458	100.0%	97
<i>Been harmed by another person?</i>						
Yes	0.0%	0	1.1%	5	5.1%	5
No	100.0%	42	98.3%	450	94.9%	93
I'd rather not say	0.0%	0	0.7%	3	0.0%	0
Total Responses	100.0%	42	100.0%	458	100.0%	98
<i>Experienced withdrawal symptoms (felt sick) when you stopped using?</i>						
Yes	11.9%	5	10.3%	47	16.3%	16
No	88.1%	37	89.3%	409	83.7%	82
I'd rather not say	0.0%	0	0.4%	2	0.0%	0
Total Responses	100.0%	42	100.0%	458	100.0%	98
<i>Experienced medical problems?</i>						
Yes	2.4%	1	5.2%	24	6.1%	6
No	97.6%	41	94.1%	431	93.9%	92
I'd rather not say	0.0%	0	0.7%	3	0.0%	0
Total Responses	100.0%	42	100.0%	458	100.0%	98
<i>Experienced emotional or psychological problems?</i>						
Yes	14.3%	6	17.9%	82	24.5%	24
No	85.7%	36	81.4%	373	75.5%	74
I'd rather not say	0.0%	0	0.7%	3	0.0%	0
Total Responses	100.0%	42	100.0%	458	100.0%	98
<i>Had to undergo medical treatment?</i>						
Yes	0.0%	0	1.3%	6	4.1%	4
No	100.0%	42	98.2%	448	94.9%	93
I'd rather not say	0.0%	0	0.4%	2	1.0%	1
Total Responses	100.0%	42	100.0%	456	100.0%	98
<i>Had to undergo emotional or psychological treatment?</i>						
Yes	2.4%	1	3.5%	16	9.3%	9
No	97.6%	41	95.8%	437	90.7%	88
I'd rather not say	0.0%	0	0.7%	3	0.0%	0
Total Responses	100.0%	42	100.0%	456	100.0%	97

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Experienced financial problems?</i>						
Yes	4.8%	2	3.1%	14	4.1%	4
No	95.2%	40	96.5%	440	95.9%	93
I'd rather not say	0.0%	0	0.4%	2	0.0%	0
Total Responses	100.0%	42	100.0%	456	100.0%	97
<i>Experienced legal problems?</i>						
Yes	2.4%	1	0.7%	3	3.1%	3
No	97.6%	41	98.7%	450	96.9%	93
I'd rather not say	0.0%	0	0.7%	3	0.0%	0
Total Responses	100.0%	42	100.0%	456	100.0%	96
<i>Been depressed?</i>						
Yes	16.7%	7	16.4%	75	26.8%	26
No	83.3%	35	82.5%	377	72.2%	70
I'd rather not say	0.0%	0	1.1%	5	1.0%	1
Total Responses	100.0%	42	100.0%	457	100.0%	97
<i>Had suicidal thoughts?</i>						
Yes	11.9%	5	7.9%	36	14.4%	14
No	88.1%	37	90.8%	414	85.6%	83
I'd rather not say	0.0%	0	1.3%	6	0.0%	0
Total Responses	100.0%	42	100.0%	456	100.0%	97

ALCOHOL AND DRUG USE

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Are you aware of resources to help you use prescription drugs safely?</i>						
Yes, I am aware of resources on campus	39.5%	189	32.5%	1,613	25.2%	352
Yes, I am aware of resources off campus	19.2%	92	18.1%	897	29.2%	409
No	41.2%	197	49.5%	2,457	45.6%	638
Total Responses	100.0%	478	100.0%	4,967	100.0%	1,399
<i>Have you ever taken a workshop, class or had training on the appropriate ways to use prescription</i>						
Yes	11.9%	56	11.7%	571	15.8%	218
No	88.1%	414	88.3%	4,322	84.2%	1,158
Total Responses	100.0%	470	100.0%	4,893	100.0%	1,376
<i>If you were concerned or worried about your non-medical use of prescription drugs, do you know where to go for help?³</i>						
Yes, somewhere on campus	39.6%	40	34.2%	345	17.6%	37
Yes, somewhere off campus	34.7%	35	37.5%	378	61.9%	130
No	25.7%	26	28.3%	285	20.5%	43
Total Responses	100.0%	101	100.0%	1,008	100.0%	210

³ Or

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
You responded that you have used prescription medications to study or to help improve your grades. With whom do you usually use prescription medications non-medically when studying? ⁴						
Alone	71.2%	37	62.5%	331	67.6%	71
With others	5.8%	3	12.8%	68	13.3%	14
Both	19.2%	10	22.6%	120	18.1%	19
I'd rather not say	3.8%	2	2.1%	11	1.0%	1
Total Responses	100.0%	52	100.0%	530	100.0%	105
When are you most likely to use prescription drugs non-medically to study? (Select all that apply) ⁴						
Finals or exam week	82.9%	34	71.6%	325	64.0%	55
Before a test or big project	48.8%	20	50.4%	229	55.8%	48
When I feel behind in schoolwork	41.5%	17	45.8%	208	51.2%	44
When I want to get ahead in my	12.2%	5	18.5%	84	27.9%	24
When I feel that I need a competitive edge among my classmates	7.3%	3	4.8%	22	3.5%	3
Continuously throughout the academic	9.8%	4	9.9%	45	11.6%	10
Total Responses		83		913		184
When did you start using prescription drugs non-medically to study? (shown only to undergrad students)						
Before college	16.7%	5	30.7%	103	42.6%	26
First year of college	56.7%	17	37.5%	126	34.4%	21
Second year of college	23.3%	7	20.5%	69	13.1%	8
Third year of college	3.3%	1	8.6%	29	8.2%	5
Fourth year of college	0.0%	0	2.7%	9	1.6%	1
Fifth year or later year of college	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	30	100.0%	336	100.0%	61
When did you start using prescription drugs non-medically to study? (shown only to grad students)						
Before college	0.0%	0	16.2%	16	8.7%	2
During college	88.9%	8	70.7%	70	73.9%	17
During the time between undergraduate degree completion and starting graduate school	0.0%	0	5.1%	5	0.0%	0
First year of grad school	11.1%	1	7.1%	7	4.3%	1
Second year of grad school	0.0%	0	1.0%	1	0.0%	0
Third year of grad school	0.0%	0	0.0%	0	8.7%	2
Fourth year of grad school	0.0%	0	0.0%	0	0.0%	0
Fifth year or higher year of grad school	0.0%	0	0.0%	0	4.3%	1
Total Responses	100.0%	9	100.0%	99	100.0%	23
Have you ever used more than one prescription drug non-medically at the same time? ³						
Yes	10.7%	9	13.2%	117	17.0%	32
No	89.3%	75	85.9%	759	81.9%	154
I'd rather not say	0.0%	0	0.9%	8	0.0%	0
Total Responses	100.0%	84	100.0%	884	100.0%	188

⁴ Or

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
In what ways have you taken prescription drugs for non-medical reasons? (Select all that apply)³						
Ingest orally	89.7%	70	93.6%	781	93.8%	165
Snort nasally	25.6%	20	25.1%	209	29.5%	52
Inject	0.0%	0	1.0%	8	3.4%	6
Smoke	6.4%	5	7.9%	66	8.5%	15
Other	3.8%	3	2.5%	21	3.4%	6
Total Responses		98		1,085		244
How often do you have 5 or more alcoholic drinks in one sitting?						
Never, I do not drink alcohol	15.2%	67	21.9%	1,022	31.0%	413
Never, I never drink 5 or more drinks in one sitting	19.7%	87	19.9%	930	20.0%	267
Once a year	6.3%	28	6.6%	310	6.1%	81
A few times a year	19.2%	85	19.8%	927	22.4%	299
Once a month	12.0%	53	11.4%	534	8.9%	118
Every other week	8.8%	39	8.2%	384	4.7%	63
Once a week	10.2%	45	7.8%	365	4.4%	59
More than once a week	8.6%	38	4.3%	203	2.5%	33
Total Responses	100.0%	442	100.0%	4,675	100.0%	1,333
Have you ever used any of the following? (Select all that apply)						
Cocaine	8.2%	38	7.4%	362	4.7%	65
Fentanyl	0.0%	0	0.5%	22	0.7%	10
Hallucinogens (e.g., LSD, shrooms, psilocybin, mescaline, peyote,	7.8%	36	10.7%	521	7.2%	99
Heroin	0.0%	0	0.2%	9	0.5%	7
Inhalants	2.2%	10	2.0%	99	1.6%	22
Marijuana	31.3%	145	33.2%	1,614	25.9%	356
MDMA (e.g., ecstasy, Molly)	3.2%	15	5.9%	287	3.9%	53
Methamphetamine (e.g., meth)	0.2%	1	0.7%	32	0.9%	12
Other	2.4%	11	2.9%	141	3.4%	47
Total Responses		256		3,087		671
You responded that you have used fentanyl. Where do you typically obtain fentanyl? (Select all that						
I have a prescription for it	0.0%	0	9.1%	2	20.0%	2
I know someone with a prescription for it	0.0%	0	13.6%	3	0.0%	0
From a friend	0.0%	0	9.1%	2	0.0%	0
From a peer who is not a friend	0.0%	0	9.1%	2	0.0%	0
From a relative	0.0%	0	9.1%	2	0.0%	0
From a drug dealer	0.0%	0	50.0%	11	40.0%	4
Other	0.0%	0	13.6%	3	40.0%	4
I'd rather not say	0.0%	0	4.5%	1	10.0%	1
Total Responses		0		26		11

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

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
How did you obtain fentanyl from your friend, peer or relative? ^{2, 5}						
They gave me the fentanyl	0.0%	0	83.3%	5	0.0%	0
I took the fentanyl without my friend, peer or relative knowing	0.0%	0	0.0%	0	0.0%	0
I paid my friend, peer or relative for the fentanyl	0.0%	0	16.7%	1	0.0%	0
Other	0.0%	0	0.0%	0	0.0%	0
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	0.0%	0	100.0%	6	0.0%	0
Have you ever used fentanyl with other prescription drugs? ⁵						
Never	0.0%	0	38.1%	8	20.0%	2
Rarely	0.0%	0	23.8%	5	0.0%	0
Sometimes	0.0%	0	14.3%	3	10.0%	1
Often	0.0%	0	4.8%	1	10.0%	1
Always	0.0%	0	4.8%	1	20.0%	2
I don't know	0.0%	0	14.3%	3	40.0%	4
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	0.0%	0	100.0%	21	100.0%	10
You responded that you have used heroin. Where do you typically obtain heroin? (Select all that apply) ⁶						
From a friend	0.0%	0	0.0%	0	0.0%	0
From a peer who is not a friend	0.0%	0	0.0%	0	0.0%	0
From a relative	0.0%	0	0.0%	0	0.0%	0
From a drug dealer	0.0%	0	100.0%	8	100.0%	7
Other	0.0%	0	12.5%	1	28.6%	2
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses		0		9		9
How did you obtain heroin from your friend, peer or relative? ^{2, 6}						
They gave me the heroin	0.0%	0	0.0%	0	0.0%	0
I took the heroin without my friend, peer or relative knowing	0.0%	0	0.0%	0	0.0%	0
I paid my friend, peer or relative for the	0.0%	0	0.0%	0	0.0%	0
Other	0.0%	0	0.0%	0	0.0%	0
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	0.0%	0	0.0%	0	0.0%	0

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

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Have you ever used heroin with other prescription drugs?⁶						
Never	0.0%	0	33.3%	3	28.6%	2
Rarely	0.0%	0	11.1%	1	14.3%	1
Sometimes	0.0%	0	33.3%	3	14.3%	1
Often	0.0%	0	22.2%	2	0.0%	0
Always	0.0%	0	0.0%	0	28.6%	2
I don't know	0.0%	0	0.0%	0	14.3%	1
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	0.0%	0	100.0%	9	100.0%	7
Have you ever been treated for a heroin overdose?⁶						
Yes	0.0%	0	25.0%	2	57.1%	4
No	0.0%	0	75.0%	6	42.9%	3
I don't know	0.0%	0	0.0%	0	0.0%	0
I'd rather not say	0.0%	0	0.0%	0	0.0%	0
Total Responses	0.0%	0	100.0%	8	100.0%	7
How often do you use drugs or alcohol to manage your stress?						
Never	48.1%	221	52.5%	2,541	59.1%	808
Rarely	23.5%	108	23.1%	1,117	21.5%	294
Sometimes	20.0%	92	16.2%	786	12.9%	177
Often	6.8%	31	6.8%	327	5.3%	72
Always	1.5%	7	1.4%	66	1.2%	17
Total Responses	100.0%	459	100.0%	4,837	100.0%	1,368
Have you ever used illicit drugs instead of using prescription medications non-medically?³						
Yes	32.5%	26	36.0%	315	47.3%	87
No	65.0%	52	60.3%	528	48.9%	90
I'd rather not say	2.5%	2	3.7%	32	3.8%	7
Total Responses	100.0%	80	100.0%	875	100.0%	184
Which illicit drugs have you used instead of using prescription medications non-medically? (Select all that apply)⁷						
Cocaine	42.3%	11	36.0%	113	38.4%	33
Fentanyl	0.0%	0	2.9%	9	5.8%	5
Hallucinogens (e.g., LSD, shrooms, psilocybin, mescaline, peyote,	42.3%	11	42.7%	134	37.2%	32
Heroin	0.0%	0	3.8%	12	7.0%	6
Inhalants	3.8%	1	9.9%	31	7.0%	6
Marijuana	100.0%	26	95.2%	299	91.9%	79
MDMA (e.g., ecstasy, Molly)	19.2%	5	26.8%	84	23.3%	20
Methamphetamine (e.g., meth)	3.8%	1	6.7%	21	10.5%	9
Other	7.7%	2	1.9%	6	5.8%	5
I'd prefer not to say	0.0%	0	0.6%	2	2.3%	2
Total Responses		57		711		197

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

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Why did you use illicit drugs instead of using prescription medications non-medically? (Select all that apply)						
It was easier to access	33.3%	7	51.8%	141	47.3%	35
It was cheaper	38.1%	8	21.3%	58	14.9%	11
It has a stronger effect	33.3%	7	26.1%	71	36.5%	27
I felt dependent on it	14.3%	3	9.6%	26	9.5%	7
I felt it was safer than prescription drugs	23.8%	5	24.3%	66	20.3%	15
I felt it was less addictive than prescription drugs	33.3%	7	31.3%	85	25.7%	19
It has a different effect than prescription	52.4%	11	53.7%	146	39.2%	29
It has fewer side effects than prescription drugs	33.3%	7	23.5%	64	17.6%	13
I was curious	42.9%	9	37.1%	101	35.1%	26
Other	4.8%	1	4.0%	11	5.4%	4
I'd prefer not to say	0.0%	0	0.7%	2	1.4%	1
Total Responses		65		771		187
In the past year, have you ever had a prescription for the following:						
<i>Pain medications (e.g., OxyContin, Vicodin, Percodan)</i>						
Yes	13.1%	59	11.8%	562	12.9%	174
No	85.1%	382	86.4%	4,102	85.1%	1,144
I don't know	1.3%	6	1.6%	75	1.6%	22
I'd rather not say	0.4%	2	0.1%	7	0.4%	5
Total Responses	100.0%	449	100.0%	4,746	100.0%	1,345
<i>Sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien)</i>						
Yes	7.4%	33	7.7%	363	9.1%	122
No	91.7%	411	91.2%	4,317	89.9%	1,206
I don't know	0.4%	2	1.0%	46	0.7%	9
I'd rather not say	0.4%	2	0.1%	7	0.3%	4
Total Responses	100.0%	448	100.0%	4,733	100.0%	1,341
<i>Stimulants (e.g., Ritalin, Adderall, Dexedrine)</i>						
Yes	13.4%	60	11.1%	528	8.2%	110
No	85.7%	384	88.1%	4,172	90.4%	1,210
I don't know	0.4%	2	0.6%	27	1.0%	14
I'd rather not say	0.4%	2	0.2%	9	0.3%	4
Total Responses	100.0%	448	100.0%	4,736	100.0%	1,338

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
In the past year, have you done the following with your prescribed pain medication? (Select all that apply) ⁸						
Given to a friend or peer	3.4%	2	3.8%	21	4.0%	7
Given to a relative	6.8%	4	4.1%	23	4.6%	8
Given it to someone other than a friend, peer or relative	0.0%	0	0.0%	0	0.0%	0
Sold to a friend or peer	0.0%	0	0.5%	3	0.0%	0
Sold to a relative	0.0%	0	0.0%	0	0.0%	0
Sold it to someone other than a friend, peer or relative	0.0%	0	0.4%	2	0.0%	0
Kept it when it was no longer medically needed in case I want/need it in the	40.7%	24	34.6%	193	34.7%	60
None of the above	59.3%	35	64.5%	359	62.4%	108
I'd rather not say	0.0%	0	0.4%	2	0.6%	1
Total Responses		65		603		184

In the past year, have you done the following with your prescribed sedatives, sleeping medications or tranquilizers? (Select all that apply) ⁸						
Given to a friend or peer	13.3%	4	11.0%	38	5.8%	6
Given to a relative	3.3%	1	4.1%	14	7.8%	8
Given it to someone other than a friend, peer or relative	0.0%	0	0.6%	2	0.0%	0
Sold to a friend or peer	0.0%	0	0.0%	0	1.9%	2
Sold to a relative	0.0%	0	0.0%	0	0.0%	0
Sold it to someone other than a friend, peer or relative	0.0%	0	0.3%	1	0.0%	0
Kept it when it was no longer medically needed in case I want/need it in the	20.0%	6	23.8%	82	27.2%	28
None of the above	66.7%	20	68.1%	235	67.0%	69
I'd rather not say	0.0%	0	0.9%	3	0.0%	0
Total Responses		31		375		113

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

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
In the past year, have you done the following with your prescribed stimulants? (Select all that apply)⁸						
Given to a friend or peer	12.7%	7	17.3%	86	8.0%	8
Given to a relative	7.3%	4	7.1%	35	4.0%	4
Given it to someone other than a friend, peer or relative	0.0%	0	1.2%	6	0.0%	0
Sold to a friend or peer	0.0%	0	4.6%	23	3.0%	3
Sold to a relative	0.0%	0	0.4%	2	0.0%	0
Sold it to someone other than a friend, peer or relative	0.0%	0	0.6%	3	1.0%	1
Kept it when it was no longer medically needed in case I want/need it in the	14.5%	8	14.7%	73	11.0%	11
None of the above	72.7%	40	67.3%	334	81.0%	81
I'd rather not say	0.0%	0	1.4%	7	1.0%	1
Total Responses		59		569		109
Where do you store your prescription medications?⁸						
In an unlocked medicine cabinet	27.8%	27	26.6%	267	27.3%	73
In an unlocked drawer or storage cabinet	36.1%	35	44.2%	444	39.0%	104
In a purse or backpack	13.4%	13	10.2%	103	10.5%	28
In a locked space	10.3%	10	8.2%	82	10.1%	27
Other	12.4%	12	9.4%	94	10.9%	29
I'd rather not say	0.0%	0	1.5%	15	2.2%	6
Total Responses	100.0%	97	100.0%	1,005	100.0%	267
How easy is it for you to obtain the following prescription drugs without a prescription:						
<i>Pain medications (e.g., OxyContin, Vicodin, Percodan)</i>						
Very easy	4.0%	17	3.3%	148	3.6%	46
Somewhat easy	6.9%	29	7.8%	352	9.3%	118
Somewhat difficult	9.5%	40	8.1%	365	6.0%	77
Very difficult	14.7%	62	13.3%	603	12.7%	162
I don't know	64.6%	272	67.0%	3,039	67.5%	861
I'd rather not say	0.2%	1	0.6%	26	0.9%	11
Total Responses	100.0%	421	100.0%	4,533	100.0%	1,275
<i>Sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien)</i>						
Very easy	4.5%	19	4.7%	212	4.8%	61
Somewhat easy	11.4%	48	11.0%	497	8.8%	112
Somewhat difficult	8.3%	35	8.5%	384	6.5%	83
Very difficult	12.6%	53	11.0%	498	11.7%	149
I don't know	62.9%	265	64.4%	2,912	67.3%	854
I'd rather not say	0.2%	1	0.4%	20	0.8%	10
Total Responses	100.0%	421	100.0%	4,523	100.0%	1,269

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Stimulants (e.g., Ritalin, Adderall, Dexedrine)</i>						
Very easy	14.3%	60	12.2%	551	7.8%	98
Somewhat easy	15.8%	66	15.7%	706	13.5%	171
Somewhat difficult	6.7%	28	7.0%	314	5.5%	70
Very difficult	7.9%	33	8.8%	399	11.0%	139
I don't know	55.1%	231	55.8%	2,517	61.4%	776
I'd rather not say	0.2%	1	0.5%	22	0.8%	10
Total Responses	100.0%	419	100.0%	4,509	100.0%	1,264
How often do you generally use the following over-the-counter, non-prescription drugs for non-medical reasons (e.g., to get high, for the feeling they cause or for a reason not listed in the medicine's						
<i>Cough medicines (e.g., Robitussin, Coricidin)</i>						
Never	86.3%	315	84.6%	3,408	85.9%	947
At least once a year	6.8%	25	9.1%	366	9.2%	101
At least once an academic term	5.2%	19	4.6%	186	3.6%	40
At least once a month	0.8%	3	0.9%	38	0.6%	7
At least once a week	0.3%	1	0.2%	7	0.2%	2
At least once a day	0.0%	0	0.1%	4	0.0%	0
I'd rather not say	0.5%	2	0.4%	17	0.5%	6
Total Responses	100.0%	365	100.0%	4,026	100.0%	1,103
<i>Sleep aids (e.g., Unisom, Sominex)</i>						
Never	90.9%	331	91.9%	3,694	92.2%	1,012
At least once a year	2.7%	10	2.5%	100	2.4%	26
At least once an academic term	1.9%	7	2.1%	85	1.7%	19
At least once a month	1.4%	5	1.5%	59	1.8%	20
At least once a week	1.9%	7	1.2%	49	0.7%	8
At least once a day	0.8%	3	0.5%	19	0.6%	7
I'd rather not say	0.3%	1	0.4%	15	0.5%	6
Total Responses	100.0%	364	100.0%	4,021	100.0%	1,098
<i>Stimulants (e.g., NoDoz, Vivarian)</i>						
Never	97.8%	355	97.1%	3,895	97.5%	1,068
At least once a year	1.4%	5	1.1%	45	0.6%	7
At least once an academic term	0.3%	1	0.9%	35	0.6%	7
At least once a month	0.0%	0	0.3%	12	0.4%	4
At least once a week	0.3%	1	0.2%	10	0.1%	1
At least once a day	0.0%	0	0.1%	5	0.1%	1
I'd rather not say	0.3%	1	0.3%	11	0.6%	7
Total Responses	100.0%	363	100.0%	4,013	100.0%	1,095

DRUG USE OF OTHER STUDENTS AND FAMILY MEMBERS

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Please answer the following statements about the use of prescription drugs for non-medical reasons (e.g., it was not prescribed, it was only used for the experience or feeling it caused or it was used in a way other than the prescriber intended or ordered).						
<i>How often do your friends/peers use prescription drugs for non-medical reasons?</i>						
Never	36.8%	163	37.9%	1,770	44.9%	594
Rarely	15.8%	70	17.4%	814	14.1%	187
Sometimes	19.0%	84	17.2%	803	13.3%	176
Often	5.2%	23	5.3%	247	4.4%	58
Very Often	2.0%	9	1.8%	84	1.0%	13
I don't know	20.5%	91	19.8%	926	21.9%	290
I'd rather not say	0.7%	3	0.5%	25	0.5%	6
Total Responses	100.0%	443	100.0%	4,669	100.0%	1,324
<i>How often do your family members use prescription drugs for non-medical reasons?</i>						
Never	72.2%	320	72.5%	3,376	69.8%	917
Rarely	7.7%	34	8.4%	389	8.0%	105
Sometimes	3.8%	17	4.8%	223	5.3%	70
Often	1.8%	8	1.5%	71	2.3%	30
Very Often	0.0%	0	0.9%	42	0.9%	12
I don't know	13.8%	61	11.5%	534	12.7%	167
I'd rather not say	0.7%	3	0.5%	22	0.9%	12
Total Responses	100.0%	443	100.0%	4,657	100.0%	1,313
How often do you believe a typical {Institution Name} student uses the following medications for non-medical purposes (e.g., it was not prescribed for them, it was only used for the experience or feeling it caused or it was used in a way other than the prescriber intended or ordered)?						
<i>Pain medications (e.g., OxyContin, Vicodin, Percodan)</i>						
Never	27.6%	113	25.8%	1,142	32.2%	395
At least once a year	21.5%	88	23.9%	1,060	21.0%	258
At least once an academic term	25.4%	104	26.9%	1,191	26.0%	319
At least once a month	13.2%	54	11.8%	524	8.9%	109
At least once a week	6.1%	25	5.8%	255	4.1%	50
At least once a day	1.5%	6	1.3%	57	1.5%	18
I'd rather not say	4.9%	20	4.5%	198	6.4%	79
Total Responses	100.0%	410	100.0%	4,427	100.0%	1,228

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien)</i>						
Never	18.3%	75	18.2%	806	26.1%	319
At least once a year	20.5%	84	21.5%	952	21.9%	268
At least once an academic term	30.3%	124	28.8%	1,276	25.4%	311
At least once a month	16.1%	66	16.5%	728	12.4%	152
At least once a week	7.8%	32	8.9%	395	6.4%	78
At least once a day	2.2%	9	1.9%	82	2.0%	24
I'd rather not say	4.6%	19	4.2%	185	5.8%	71
Total Responses	100.0%	409	100.0%	4,424	100.0%	1,223
<i>Stimulants (e.g., Ritalin, Adderall, Dexedrine)</i>						
Never	9.7%	40	9.8%	433	19.8%	242
At least once a year	12.9%	53	13.3%	589	16.4%	200
At least once an academic term	24.3%	100	29.6%	1,308	27.5%	336
At least once a month	28.5%	117	22.5%	995	17.7%	216
At least once a week	17.3%	71	16.4%	726	9.7%	118
At least once a day	3.2%	13	4.3%	191	3.3%	40
I'd rather not say	4.1%	17	4.0%	175	5.6%	68
Total Responses	100.0%	411	100.0%	4,417	100.0%	1,220
In the last 12 months, what percentage of {Institution Name} students do you believe used the following medications for non-medical purposes (e.g., it was not prescribed for them, it was only used for the experience or feeling it caused, or it was used in a way other than the prescriber intended or ordered)? (Recoded into categories)						
<i>Pain medications (e.g., OxyContin, Vicodin, Percodan)</i>						
0-10%	60.0%	174	54.9%	1,844	58.1%	490
11-20%	20.7%	60	20.4%	683	19.4%	164
21-30%	11.4%	33	11.7%	392	10.1%	85
31-40%	2.4%	7	4.1%	139	4.5%	38
41-50%	1.7%	5	4.9%	164	5.0%	42
51% or greater	3.8%	11	4.0%	134	3.0%	25
Total Responses	100.0%	290	100.0%	3,356	100.0%	844
<i>Sedatives, sleeping medications or tranquilizers (e.g., Valium, Xanax, Ambien)</i>						
0-10%	47.2%	137	42.9%	1,437	49.8%	423
11-20%	16.9%	49	21.7%	728	17.7%	150
21-30%	19.3%	56	14.9%	498	14.4%	122
31-40%	6.6%	19	7.1%	238	6.7%	57
41-50%	6.2%	18	6.6%	220	5.5%	47
51% or greater	3.8%	11	6.9%	232	5.9%	50
Total Responses	100.0%	290	100.0%	3,353	100.0%	849

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Stimulants (e.g., Ritalin, Adderall, Dexedrine)</i>						
0-10%	20.0%	58	23.0%	773	33.7%	286
11-20%	17.6%	51	18.8%	630	19.8%	168
21-30%	15.5%	45	15.7%	527	14.9%	126
31-40%	12.8%	37	11.7%	393	8.1%	69
41-50%	14.8%	43	12.2%	410	11.4%	97
51% or greater	19.3%	56	18.5%	622	12.0%	102
Total Responses	100.0%	290	100.0%	3,355	100.0%	848

GENERAL HEALTH AND WELLNESS

	Your Institution		Institutions over 15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Please rank your agreement with the following statements:						
<i>I am able to cope with my daily stress</i>						
Strongly Disagree	1.8%	8	2.3%	109	3.3%	43
Disagree	10.7%	47	10.6%	494	12.8%	167
Neither agree nor disagree	14.6%	64	15.3%	710	15.4%	201
Agree	53.8%	236	55.1%	2,558	48.5%	635
Strongly Agree	19.1%	84	16.7%	775	20.1%	263
Total Responses	100.0%	439	100.0%	4,646	100.0%	1,309
<i>I am confident that I can figure out how to do difficult work in my academic program</i>						
Strongly Disagree	1.1%	5	1.7%	78	2.1%	27
Disagree	4.1%	18	4.8%	222	4.8%	62
Neither agree nor disagree	10.0%	44	9.4%	438	11.6%	151
Agree	53.7%	235	55.7%	2,584	50.3%	655
Strongly Agree	31.1%	136	28.5%	1,321	31.3%	407
Total Responses	100.0%	438	100.0%	4,643	100.0%	1,302
<i>I am confident that I can do well in my academic program</i>						
Strongly Disagree	0.5%	2	1.3%	62	2.2%	29
Disagree	3.7%	16	3.9%	183	4.8%	62
Neither agree nor disagree	8.9%	39	10.1%	467	11.4%	148
Agree	53.9%	236	52.3%	2,425	47.3%	615
Strongly Agree	33.1%	145	32.4%	1,503	34.3%	446
Total Responses	100.0%	438	100.0%	4,640	100.0%	1,300

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
<i>Even when the work is challenging, I can make progress in my academic program</i>						
Strongly Disagree	0.5%	2	1.0%	46	1.7%	22
Disagree	1.8%	8	2.5%	115	2.4%	31
Neither agree nor disagree	6.2%	27	7.9%	367	9.0%	116
Agree	58.1%	254	57.6%	2,668	54.2%	703
Strongly Agree	33.4%	146	31.0%	1,438	32.7%	424
Total Responses	100.0%	437	100.0%	4,634	100.0%	1,296
<i>I will complete my degree</i>						
Strongly Disagree	0.5%	2	0.6%	28	1.3%	17
Disagree	0.0%	0	0.5%	21	0.5%	7
Neither agree nor disagree	3.9%	17	4.3%	199	5.2%	67
Agree	28.6%	125	30.1%	1,396	27.4%	354
Strongly Agree	67.0%	293	64.5%	2,989	65.6%	847
Total Responses	100.0%	437	100.0%	4,633	100.0%	1,292
<i>I maintain a healthy balance between school and my personal life</i>						
Strongly Disagree	2.1%	9	4.6%	212	6.9%	89
Disagree	13.7%	60	14.6%	679	16.3%	211
Neither agree nor disagree	19.9%	87	19.4%	901	19.9%	258
Agree	41.6%	182	39.8%	1,845	34.1%	442
Strongly Agree	22.8%	100	21.5%	999	22.9%	297
Total Responses	100.0%	438	100.0%	4,636	100.0%	1,297
How would you rate your overall health?						
Excellent	21.0%	90	19.1%	873	15.6%	199
Good	55.0%	236	55.9%	2,550	54.8%	700
Fair	21.7%	93	22.2%	1,015	26.0%	332
Poor	2.3%	10	2.8%	126	3.6%	46
Total Responses	100.0%	429	100.0%	4,564	100.0%	1,277
Have you ever been diagnosed or treated by a professional for: (Select all that apply)						
Attention Deficit and Hyperactivity	16.0%	71	14.3%	672	14.1%	187
A cognitive or learning disability	3.2%	14	3.6%	169	4.2%	56
Depression	30.4%	135	30.4%	1,433	37.6%	498
Anxiety	37.6%	167	37.8%	1,781	43.1%	570
Insomnia or another sleep disorder	8.3%	37	8.2%	385	10.3%	137
Bipolar disorder	1.6%	7	2.5%	119	3.8%	50
Substance abuse or addiction (alcohol or	1.1%	5	1.5%	70	2.4%	32
Post-traumatic stress disorder (PTSD)	5.9%	26	7.2%	340	11.0%	145
Total Responses		462		4,969		1,675

DEMOGRAPHICS PART TWO

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
What is your sexual orientation?						
Heterosexual	77.1%	336	73.9%	3,425	73.4%	945
Bisexual	12.4%	54	12.7%	590	13.4%	172
Gay	1.4%	6	2.2%	101	1.4%	18
Lesbian	1.1%	5	1.8%	82	2.7%	35
Queer	1.8%	8	3.1%	143	1.6%	20
Questioning	2.8%	12	2.4%	111	1.7%	22
Pansexual/Demisexual	0.5%	2	0.8%	36	1.2%	15
Asexual/Aromantic	1.1%	5	0.8%	39	1.8%	23
Other	0.0%	0	0.2%	10	0.2%	3
Prefer not to answer	1.8%	8	2.1%	96	2.6%	34
Total Responses	100.0%	436	100.0%	4,633	100.0%	1,287
What is your cumulative GPA? (Recoded into categories)						
0.00-0.99	0.0%	0	0.0%	1	0.0%	0
1.00-1.99	0.3%	1	0.5%	21	0.6%	7
2.00-2.99	14.6%	58	12.0%	527	10.6%	129
3.00-3.99	62.4%	247	72.7%	3,188	77.2%	937
4.00	22.7%	90	14.8%	650	11.5%	140
Total Responses	100.0%	396	100.0%	4,387	100.0%	1,213
Where do you currently live?						
On-campus in residence halls or college/	30.2%	100	27.0%	1,020	19.1%	204
On-campus in sorority or fraternity	1.5%	5	1.7%	63	1.7%	18
Off-campus in sorority or fraternity house	2.1%	7	2.6%	97	4.3%	46
Residence within walking distance of	21.8%	72	28.9%	1,090	20.6%	220
Residence outside of walking distance of campus (e.g., apartment or house not	44.4%	147	39.9%	1,508	54.3%	580
Total Responses	100.0%	331	100.0%	3,778	100.0%	1,068

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
Who do you currently live with? (Select all that apply; Recoded into categories)						
Alone	12.0%	39	15.2%	562	17.1%	181
With roommates	68.7%	224	59.7%	2,207	30.6%	323
My parent(s) or guardian(s)	3.4%	11	6.6%	244	19.0%	201
My spouse, partner or significant other	8.6%	28	11.1%	411	16.1%	170
My child(ren)	4.0%	13	3.0%	112	9.3%	98
With other family members	3.4%	11	4.4%	161	7.9%	83
More than one of the above	0.0%	0	0.0%	0	0.0%	0
Total Responses	100.0%	326	100.0%	3,697	100.0%	1,056
What is your religious affiliation?						
Buddhist	0.9%	3	1.1%	42	0.6%	6
Christian - Catholic	18.2%	59	16.7%	610	13.2%	136
Christian - Protestant	16.0%	52	13.4%	489	14.0%	145
Christian - Other	20.0%	65	17.4%	637	26.1%	270
Hindu	2.8%	9	2.5%	91	2.4%	25
Jewish	0.3%	1	1.4%	51	0.6%	6
Muslim	0.3%	1	2.0%	74	2.1%	22
Spiritual	0.3%	1	38.8%	1,420	33.4%	345
Other	2.8%	9	1.9%	70	3.2%	33
Unaffiliated (e.g., Agnostic, Atheist,	33.8%	110	4.3%	156	4.2%	43
Prefer not to answer	3.4%	11	0.4%	16	0.2%	2
Total Responses	100.0%	325	100.0%	3,656	100.0%	1,033
Are you currently employed? (Select all that apply)						
No	47.7%	153	44.0%	1,607	31.6%	328
Yes, on-campus	24.9%	80	29.5%	1,077	19.3%	201
Yes, off-campus	30.8%	99	29.5%	1,078	53.5%	556
Total Responses		332		3,762		1,085
On average, how many hours do you typically work each week?⁹						
Fewer than 10 hours per week	22.1%	38	20.9%	431	15.4%	109
10-19 hours per week	36.0%	62	36.4%	752	30.1%	214
20-29 hours per week	19.8%	34	21.8%	450	25.5%	181
30-39 hours per week	5.8%	10	7.7%	159	10.7%	76
40 or more hours per week	16.3%	28	13.2%	273	18.3%	130
Total Responses	100.0%	172	100.0%	2,065	100.0%	710
What is your enrollment status?						
Part-time	12.6%	53	11.2%	508	18.2%	231
Full-time	86.3%	364	88.4%	4,014	81.4%	1,031
Non-degree seeking (e.g., taking classes)	1.2%	5	0.4%	20	0.4%	5
Total Responses	100.0%	422	100.0%	4,542	100.0%	1,267

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

COLLEGE PRESCRIPTION DRUG STUDY

	Your Institution		Institutions >15,000 students		Institutions <15,000 students	
	%	N	%	N	%	N
What is the highest level of education completed by your parent(s) or guardian(s)?						
Less than high school	2.4%	10	3.5%	158	3.7%	47
High school degree or the equivalent	11.4%	48	12.6%	570	18.9%	238
Attended college but did not earn a	5.2%	22	6.9%	313	12.3%	155
Associate's degree (including	5.0%	21	7.6%	344	16.0%	201
Bachelor's degree	35.2%	148	30.5%	1,380	26.0%	327
Master's degree	29.5%	124	26.2%	1,187	18.0%	227
Doctoral degree (e.g., PhD, JD, MD)	11.2%	47	12.7%	575	5.0%	63
Total Responses	100.0%	420	100.0%	4,527	100.0%	1,258

FOOTNOTES COMBINED

- ¹ Only respondents who answered 'yes' to this question saw the rest of the questions in this section.
- ² Only shown to respondents who reported typically obtaining medications for non-medical reasons from a friend, peer or relative.
- ³ Only shown to respondents who selected that they had used pain medications, sedatives and/or stimulants for non-medical reasons. Only shown to respondents who selected that they used pain medications, sedatives and/or stimulants non-medically to help study or improve grades.
- ⁵ Only respondents who reported that they had used fentanyl saw this question.
- ⁶ Only respondents who reported that they had used heroin saw this question.
- ⁷ Only respondents who selected 'yes' in response to using illicit drugs instead of using prescription medications non-medically saw this question.
- ⁸ Only shown to respondents who selected that they had a prescription for pain medication, sedatives and/or stimulants in the past year.
- ⁹ Only respondents who reported that they were currently employed saw this question.



University of South
Carolina - Columbia

AlcoholEdu for College

Impact Report | 2020–2021 Academic Year

1

Dear University of South Carolina - Columbia partners,

The pressures and challenges facing higher education require bold and innovative solutions, including a strategic and comprehensive approach to safety, well-being, and inclusion.

Too often, campus leaders must react to preventable crises with enormous costs to their institutions and the communities they serve. Our work together is an investment in getting ahead of issues like sexual assault and harassment, discrimination and bias, substance misuse, and mental health through scalable, evidence-based prevention technology and data.

And the investment is worth it, both to the mission and business of higher education. Recent research from EVERFI found a strong relationship between institutional commitment to prevention and student achievement, retention, and post-graduate success. The impact you are making is directly connected to the most important priorities facing college and university leaders, from the well-being of your community to the success of your institution.

This report presents key insights from your EVERFI program to clearly demonstrate the impact and value of our work together. The data within this report spans the reach of the program, positive

training outcomes, campus culture and climate insights, comparative benchmarks, and focus areas for continued engagement. Our team of prevention experts have included strategic recommendations throughout to elongate the value of this program and elevate your ongoing impact.

I strongly encourage you to share this report with your campus leaders and partners, and to reach out to your EVERFI Account Manager for additional resources to support you in creating a future where your campus and community can thrive.

Sincerely,

Rob Buelow
SVP, Campus Prevention Network
EVERFI



2

1

How to Use This Report	4
Executive Summary	5
Impact Snapshot	6
AlcoholEdu and Your Students	10
Course Impact	11
Behavioral Intentions	12
Alcohol on Your Campus	13
College Effect	14
Examination of Drinking Rates	15
Drinking Rates, by Gender Identity	16
When Students Choose to Drink	17
Where Students Choose to Drink	18
Why Students Choose to Drink	19
Why Students Choose Not to Drink	20
High-Risk Drinking Behaviors	21
Impact of High-Risk Drinking	22
Student Drinking and Sexual Assault	23
Engaging Your Students	24
Appendix – Student Demographics	25
Supplemental Information	28
Prevention Framework	29
About AlcoholEdu for College	30
AlcoholEdu for College Course Map	31
Report References and Resource Links	32

3

How to Use This Report

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

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

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

Peer Institution Benchmarks

For select data points in this report, you will see comparisons to peer institution benchmarks. These peer institutions are similar to you in size, and public or private status. University of South Carolina - Columbia is a large public institution, so your benchmarks reflect other public schools with more than 10,004 students.

Campus Prevention Network Framework Tips

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

Sharable Snapshot

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

Data in this Report

This report refers to several student surveys. Pre-course surveys are taken immediately before a student begins the course. Post-course surveys are taken immediately after the course is completed, and follow-up surveys are taken after an intercession period, typically four-to-six weeks, following the completion of the course. Only data from students who responded to all of the surveys are included in this report. (n=7197)

Data Accuracy

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

EVERFI

4

4

2

Executive Summary

This school year,

7556 University of South Carolina - Columbia students took part in AlcoholEdu for College. This course, developed by prevention education and compliance experts, uses relatable scenarios and interactive elements to provide students with alcohol information, strategies for healthy behavior, and skills to support bystander intervention.



Course Impact

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

University of South Carolina - Columbia students increased their knowledge of alcohol-related topics by 27%. When it comes to skills, 94% of your students agree that AlcoholEdu helped them establish a plan ahead of time to make responsible decisions about drinking, and 94% report that the education prepared them to help someone who may have alcohol poisoning.



Behavioral Intentions & Norms

Intention is a key variable in predicting behavior change. Change is driven, in part, by an individual's perception of the social environment surrounding behavior – the community norms.

Nationally, more students are choosing to regularly abstain from alcohol. At your school, 36% of students surveyed are abstainers and 27% are nondrinkers. Many perceive, that their peers are drinking more than they are, and may feel alienated by that perception.

Among students at University of South Carolina - Columbia who took AlcoholEdu, 69% agreed that the course changed their perceptions of others' drinking behavior. And a substantial number of your students after taking the course report that they intend to limit their drinking frequency (59%) or the number of drinks they consume (64%).



Drinking Motivation

At University of South Carolina - Columbia, the top reason students choose to drink is "To have a good time with your friends" (60% of drinkers). Among nondrinkers, 75% say they don't drink because "I'm going to drive" -- 74% of drinkers cite the same reason when they choose not to drink.

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

AlcoholEdu for College

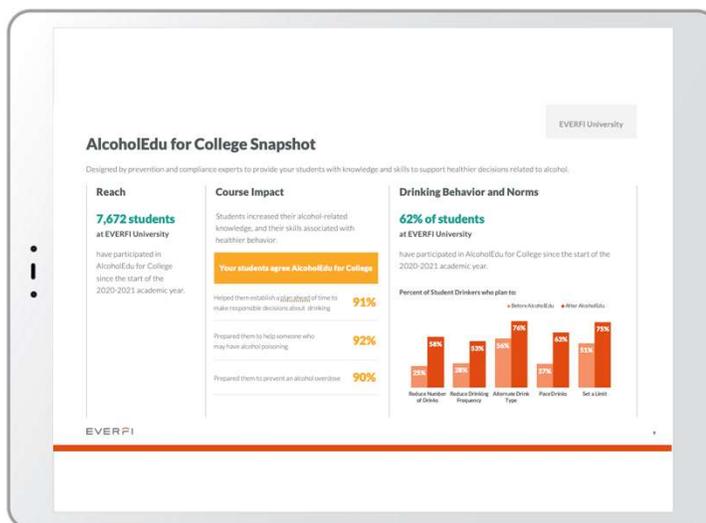
Impact Snapshot

Impact Snapshot

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

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

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



7

AlcoholEdu for College Snapshot

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

Reach

7556 students at University of South Carolina - Columbia

have participated in AlcoholEdu for College since the start of the 2020-2021 academic year.

Course Impact

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

Your students agree AlcoholEdu for College

Helped them establish a plan ahead of time to make responsible decisions about drinking: **94%**

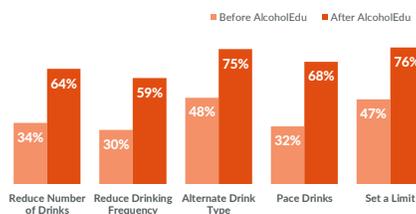
Prepared them to help someone who may have alcohol poisoning: **94%**

Prepared them to prevent an alcohol overdose: **92%**

Drinking Behavior and Norms

Intent to change drinking habits can be impacted by perceptions – or misperceptions – of peers' behavior. Prevention education can influence the students' perception of norms at your school and increase their intention to avoid risky behavior in the future.

69% of students at University of South Carolina - Columbia report that AlcoholEdu changed their perceptions of others' drinking behavior.
Percent of Student Drinkers who plan to:



8

4

AlcoholEdu for College Snapshot

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

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

Top Reasons

University of South Carolina - Columbia

When

Where

16% On Campus Residence	27% Off Campus Residence	1% Fraternity / Sorority House	3% Athletic Event	21% Bar or Night Club	6% Outdoor Setting
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Why

Students Choose To Drink

Why Not

Students Choose Not To Drink for abstainers and drinkers

Tip

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

9

9

AlcoholEdu and Your Students

Impact at University of South Carolina - Columbia

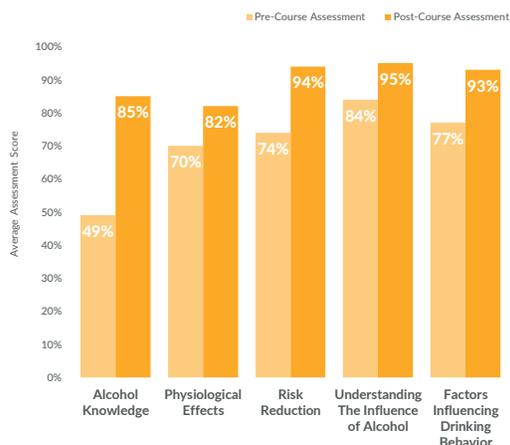
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Course Impact

Knowledge Gain



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Learner Impact

Your students reported that AlcoholEdu for College:

(From post-course survey)

Prepared them to prevent an alcohol overdose	92%
Prepared them to help someone who may have alcohol poisoning	94%
Helped them establish a plan ahead of time to make responsible decisions about drinking	94%
Changed their perceptions of others' drinking behavior	69%

Programming Tip

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

11

11

Behavioral Intentions

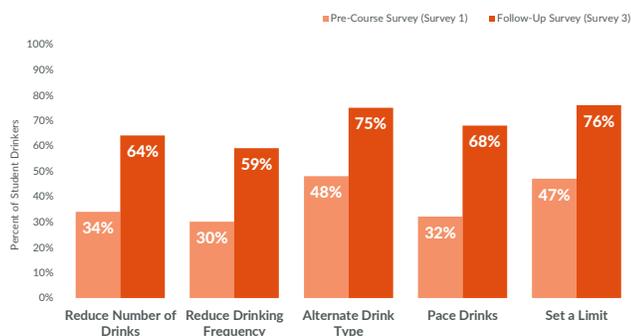
After completing AlcoholEdu for College, students reported an increase in their intention to practice strategies to mitigate high-risk drinking.

Impact For High Risk Students

Among the 61% of high risk drinkers (812 students) who saw "no need to change the way they drink" before taking AlcoholEdu for College, 62% of those students (503 students) indicated their readiness to change after completing the course.

(From post-course survey)

Intention to Mitigate High Risk Drinking



Percentages represent the share of students who intend to engage in these behaviors.

Institutionalization Tip

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

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12

12

6

Alcohol On Your Campus

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

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13

13

College Effect

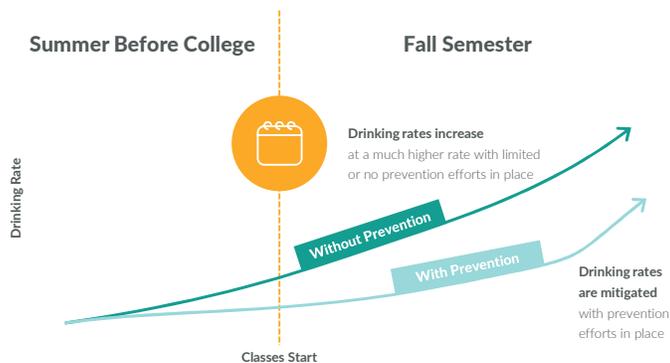
Nationally, student drinking rates follow a pattern: Alcohol use generally rises over the summer before students enter college, then increases substantially after their arrival on campus.

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

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

Summer Before College

Fall Semester



Programming Tip

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

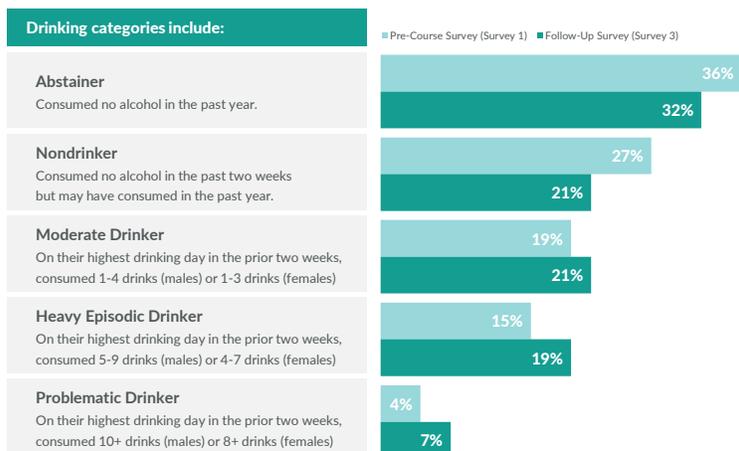
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14

14

Examination of Drinking Rates

Considering the College Effect, here is how your students (n = 6,982) reported their drinking rates on pre- and post-course surveys (separated by four-to-six weeks).



Relative Change

Survey 1 to Survey 3

Category	Your Institution	Peer Institutions
Abstainer	-11%	-5%
Nondrinker	-20%	0%
Moderate Drinker	11%	29%
Heavy Episodic Drinker	27%	52%
Problematic Drinker	69%	63%

Programming Tip

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

Drinking Rates By Gender Identity

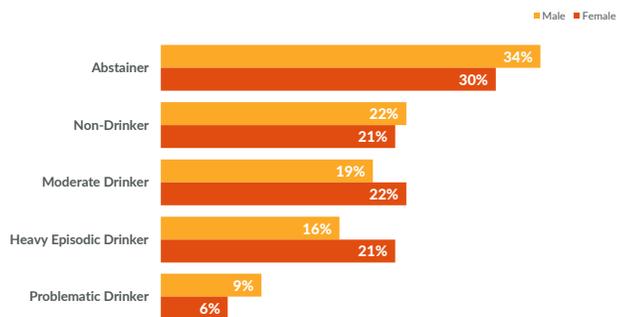
Men and women often follow different drinking patterns and may experience the College Effect differently. Here are your students' drinking categories at the follow up survey (n = 6,982), broken down by gender identity.

Note

In the context of drinking rates, male and female students are identified by their self-reported biological birth sex, as biological sex influences how individuals metabolize alcohol and is used to determine their drinking behavior categories. EVERFI recognizes and appreciates that learners' gender identity may not be the same as their biological birth sex.

While this report presents comparisons only between students who identify as male or female— they are the most researched populations regarding personal alcohol use and related behaviors – students can select additional gender identities or choose not to identify their gender. To examine drinking behavior by additional gender identities, access your institution's data through your EVERFI administrator site.

Student Drinking Rates at Follow-Up Survey (Survey 3), by Gender Identity



Critical Processes Tip

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

When Students Choose To Drink

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

(Follow-Up Survey, drinkers only, n = 3,263)



The date range above is the peak drinking period for the national aggregate and may not represent the peak for your institution.

Critical Processes Tip

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

Where Students Choose To Drink

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

(Follow-Up Survey (Survey 3), drinkers only, n = 3,263)

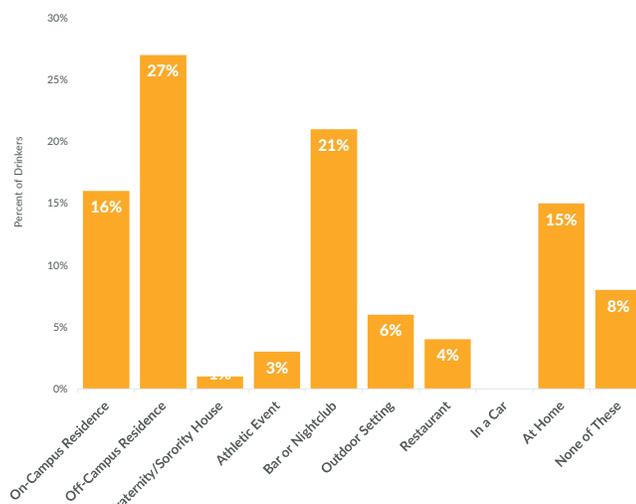
Policy Tip

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

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

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

Where Students Choose To Drink



Why Students Choose To Drink

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

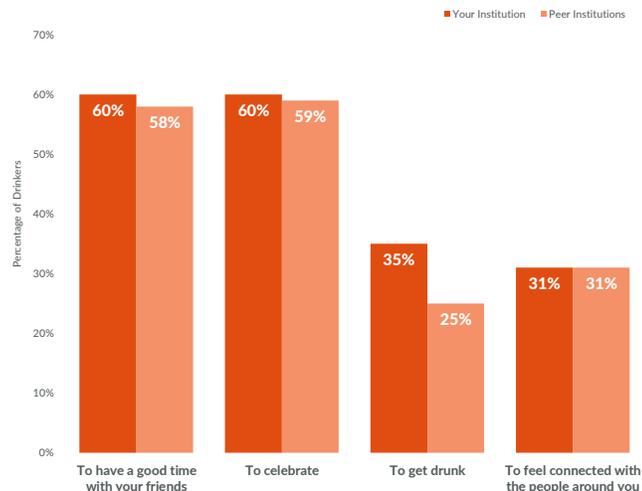
(Follow-Up Survey (Survey 3), drinkers only, n = 3,263)

Programming Tip

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

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

Top Reasons Students Choose To Drink, compared to peer institutions



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

19

19

Why Students Choose Not To Drink

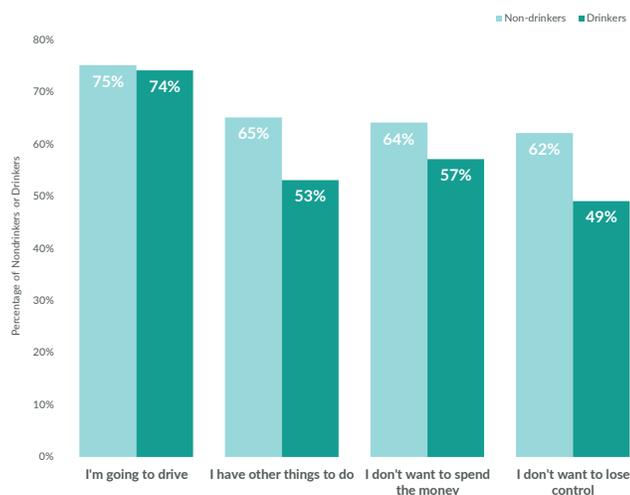
Both drinkers and nondrinkers indicated their most important reasons for choosing whether or not to drink alcohol.

(Follow-Up Survey (Survey 3), nondrinkers, n = 3719 and drinkers, n = 3,263)

Programming Tip

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

Top Reasons Students Choose Not To Drink, for abstainers and drinkers



EVERFI

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

20

20

High-Risk Drinking Behaviors

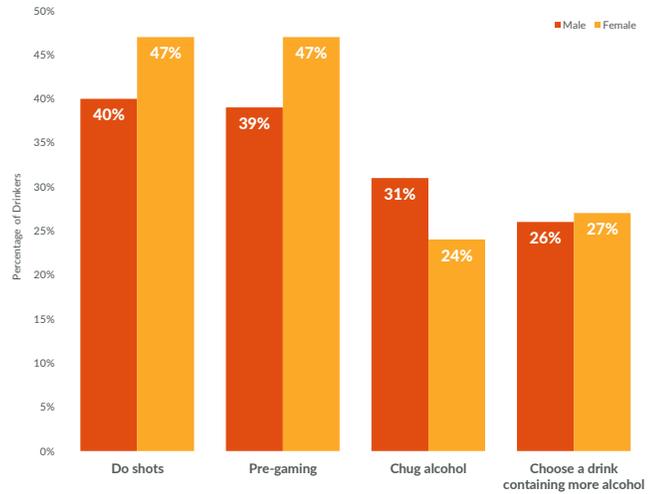
These are some of the most common risk-related drinking behaviors reported by your students who had a drink in the two weeks prior to survey.

(Follow-Up Survey (Survey 3), drinkers only, n = 3,263)

Programming Tip

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

Top Four High Risk Behaviors, by Gender Identity



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

21

21

Impact of High-Risk Drinking

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

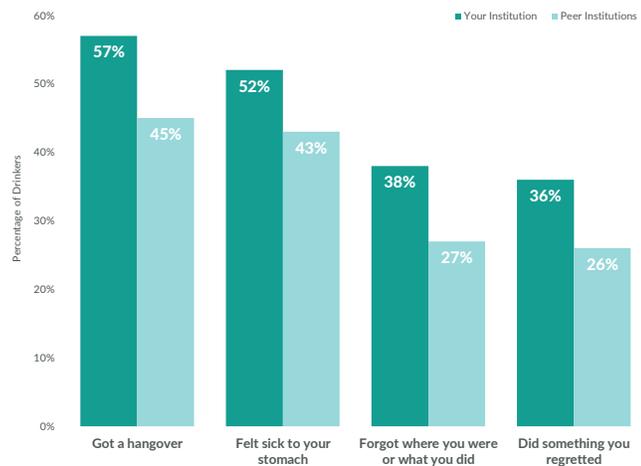
(Follow-Up Survey (Survey 3), drinkers only, n = 3,263)

Programming Tip

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

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

Top Negative Outcomes Experienced, compared to peer institutions



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

22

22

Student Drinking and Sexual Assault

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

(Follow-Up Survey (Survey 3), drinkers only, n = 3,263)

Students with unhealthy attitudes regarding sexual violence:

Are much more likely to perpetrate sexual assault

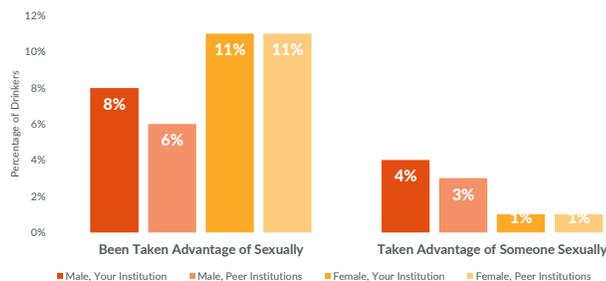
Have higher rates of alcohol use (frequency and quantity)

Are much more likely to experience alcohol-related problems

Sexual Victimization and Perpetration Among Students

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

ABBEY, 2008



Critical Processes Tip

It is important to think about how we effectively identify and intervene with students at risk for being victimized or perpetrating sexual assault using the resources available, including this survey data available through the EVERFI administrator site.



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

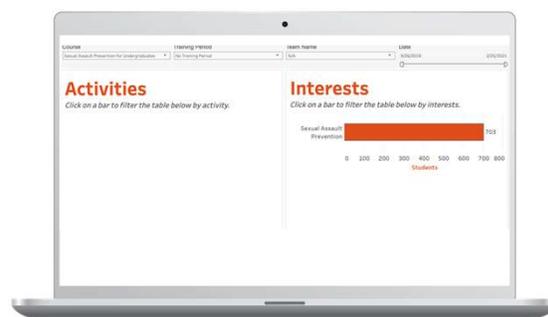
Engaging Your Students

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

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

AlcoholEdu for College also enables students to indicate their interest in learning more about a school's programs and services to support recovery from alcohol or other substance use disorders. Whether seeking information for themselves, a friend, or a family member, students may opt in to be connected with available resources.

So far 1842 students have expressed interest in planning or attending alcohol-free activities at your institution or helping to review/revise campus policies regarding alcohol. These students can be a valuable resource for making a positive impact on their peers and for creating a climate of health and safety at your institution.



Programming Tip

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



AlcoholEdu for College

Appendix | Student Demographics

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25

25

Student Demographics

The following is a summary of the demographics of students who participated in AlcoholEdu this year. Demographic information is self-reported by students as part of pre-course survey (Survey 1). All questions are optional, and students may choose not to share demographic information.

Race and/or Ethnicity

Race and/or Ethnicity	Percentage
Black / African American	12%
White / Caucasian	80%
Hispanic / Latino	6%
Asian / Pacific Islander	9%
Native American Indian	2%
Other	1%

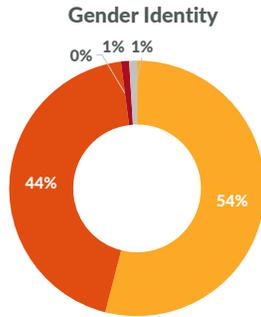
Students could select more than one response; bars may sum > 100%.

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26

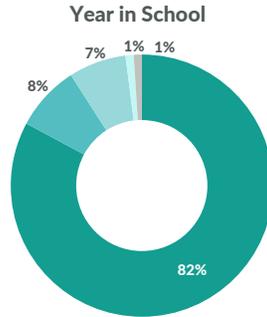
26

Student Demographics (Continued)



Female 54% Male 44%
Transgender 0% Other 1%
Prefer not to answer 1%

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



Freshman 82% Sophomore 8%
Junior 7% Senior 1%
Other 1%

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

Critical Processes Tip

Does this data reflect the overall demographic makeup of your students assigned to take AlcoholEdu? Demographic data can be used to identify challenges for underrepresented populations. You will see some demographic comparisons in this report and to further explore demographic differences, access your detailed data in the EVERFI administrator site.

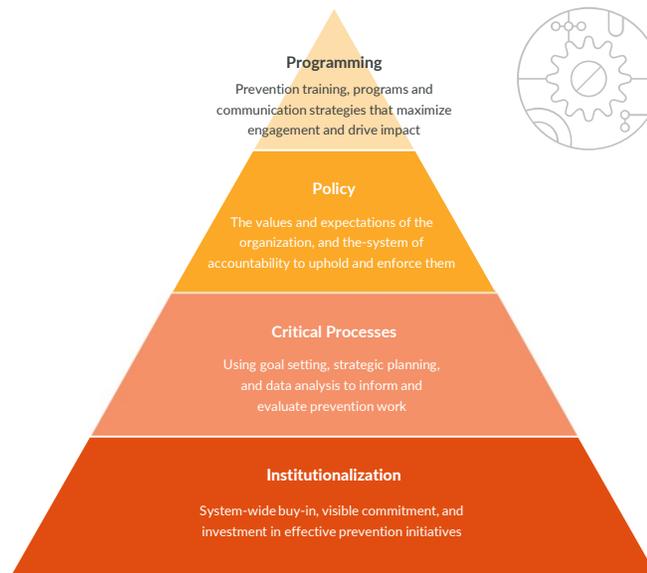
Additional demographics available to explore include: sexual orientation, age, current residence type, membership in student clubs or activities.

AlcoholEdu for College

Supplemental Information

The Prevention Framework

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



29

About AlcoholEdu for College

The Benefits of Working with EVERFI

Proven Efficacy

Nine independent studies have been published demonstrating the efficacy of EVERFI online programs. Our approach improves knowledge, attitudes, and behaviors.

True Expertise

Our team includes public health professionals, administrators from student affairs, campus prevention offices, legal experts, and more. Extend your team by partnering with ours.

Beyond Compliance

Our online programs are built by prevention and compliance experts to meet and exceed requirements from Title IX, Clery Act, and EDGAR part 86.

Data Driven

Our data and analytics provide real-time access to attitudinal and behavioral data from your unique populations, and national benchmarks to assess needs and strengths.

AlcoholEdu for College

Developed in Collaboration

with leading prevention experts and researchers.

Interactive Content

guided by recommendations from the National Institute of Alcohol Abuse and Alcoholism (NIAAA).

Informed by Emerging Research

on evidence-based practice (e.g., social norms approach, bystander intervention).

Cited as a Top-tier Strategy

by NIAAA in their CollegeAIM Matrix.

Most Widely Used

universal online AOD prevention program since its development in 2000.



30

15

AlcoholEdu for College Course Map

Part 1	1. Getting Started <ul style="list-style-type: none"> • Introductory Video • Custom Welcome Letter • Custom Welcome Video 	2. Standard Drink <ul style="list-style-type: none"> • Student Alcohol Knowledge Interviews • Pre-Assessment • Standard Drink Definition • Identifying Standard and Non-Standard Drinks • Pouring Standard Drinks 	Survey 1	3. Where Do You Stand? <ul style="list-style-type: none"> • Risk Factors & Choices • You Are Not Alone/Benefits of Not Drinking/Calories & Cash/Support for Your Choice • Your Drinking Profile/ Your Peak BAC/Reducing Your BAC/Drinking Consequences/Calories & Cash/Your Drinking Habits
	4. Goal Setting <ul style="list-style-type: none"> • What's Important to You? • What Do You Want to Focus on this Year • My Choices 	5. Drinking & Motivation <ul style="list-style-type: none"> • What Do You Think? • Factors That Can Influence Decisions • Why/Why Not Drink? Poll • Expectancy Theory & Advertising • Ads Appealing to Men/Women • Alcohol & Advertising Poll • Write a Tagline 		6. Brain & Body <ul style="list-style-type: none"> • BAC Basics • What Factors Affect BAC • Risk/Protective Factors • BAC Calculator • Marijuana & Drugs • Sexual Assault & Understanding Consent • Brain & Body Science • Biphasic Effect • A BAC Story
Part 2	8. Laws & Policies <ul style="list-style-type: none"> • Alcohol Related Laws • Campus Policies • Drinking & Driving 	9. Helping Friends <ul style="list-style-type: none"> • Taking Care of Yourself & Others • Alcohol Poisoning • Helping Your Friends Poll • Drinking & Driving • Getting Help 	Survey 2 and Post-Assessment	Intercession
	10. Introduction <ul style="list-style-type: none"> • Welcome Back 	11. Recognizing Problems <ul style="list-style-type: none"> • Taking Care of Yourself & Others – The Roommate 		

EVERFI 31

31

Report References & Resource Links

Slide	Links
Behavioral Intentions Ajzen, I. (1991). The theory of planned behavior. <i>Organizational Behavior and Human Decision Processes</i> , 50, 179-211.	EVERFI Administrator Site https://admin.everfi.net/hepc
Where Students Drink EVERFI analysis of data from AlcoholEdu for College national database, 2012. Benz, M. B., DiBello, A. M., Balestrieri, S. G., Miller, M. B., Merrill, J. E., Lowery, A. D., ... & Carey, K. B. (2017). Off-campus residence as a risk factor for heavy drinking among college students. <i>Substance use & misuse</i> , 52(9), 1236-1241.	AlcoholEdu for College Partner Guide www.everfi.com/AlcoholEduPartnerGuide
Why Students Choose Not to Drink Huang, J-H, DeJong W, Schneider SK, & Towvim, LG. (2011). Endorsed reasons for not drinking alcohol: A comparison of college student drinkers and abstainers. <i>Journal of Behavioral Medicine</i> , 34, 64-73.	Join the Campus Prevention Network https://everfi.com/networks/campus-prevention-network/join-the-network/
High-Risk Drinking Behaviors EVERFI analysis of data from AlcoholEdu for College national survey database, 2012.	
The Role of Alcohol in Sexual Assault Parkhill, M.R., & Abbey, A. (2008). Does alcohol contribute to the confluence model of sexual assault perpetration? <i>Journal of Social and Clinical Psychology</i> , 27:6, 529-554.	

EVERFI 32

32





**University of South
Carolina**

AlcoholEdu for College

Impact Report | 2021–2022 Academic Year

Table of Contents



How to Use This Report	3
Executive Summary	4
AlcoholEdu and Your Students	
Course Impact	6
Alcohol on Your Campus	
College Effect	8
Examination of Drinking Rates	9
Drinking Rates, by Gender Identity	10
Engaging Your Students	11
Appendix – Student Demographics	
Race/Ethnicity	13
Gender Identity/Year in School	14
Supplemental Information	
Prevention Framework	16
About AlcoholEdu for College	17
AlcoholEdu for College Course Map	18

How To Use This Report

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

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

For deeper insights, the Foundry platform administrator site provides real-time access to your Vector Solutions data, in both graphical and raw data formats.

Peer Institution Benchmarks

Throughout this report, select data from your institution is benchmarked against aggregate data from peer institutions. These peer institutions are similar to yours in size, and public or private status. University of South Carolina is a 20,000 or more public institution, so your benchmarks reflect other public schools with large students.

Campus Prevention Network Framework Tips

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

About the Data in This Report

Type of Data

This report includes data from several student surveys: pre-course surveys taken immediately before the course; post-course surveys taken immediately after the course is completed; and follow-up surveys taken after an intersession period - typically four-to-six weeks - following course completion. Only data from students who responded to **all** three AlcoholEdu surveys are included in this report. (n=7282).

Data Accuracy

Our analysis of the responses, found the data to be accurate, valid, and reliable. There is great consistency in the data from student cohorts over the years at specific institutions and our survey data correlates with external sources of information on substance misuse at the national and institutional level for college students.

Important Note About Your 2021-2022 Data

While learners are encouraged to answer all questions honestly and are notified that their responses are stored confidentially, they are reminded that all survey questions are optional. This year's surveys emphasized the ability of learners to opt out of any or all survey questions. Thus, some schools may have experienced lower response rates than in previous years for the follow-up survey. Because AlcoholEdu data includes only the responses from students who completed all three surveys, a small respondent sample size for the follow-up survey is likely to impact some of the data displayed in this report.

Executive Summary

This school year,

8039 University of South Carolina students took part in AlcoholEdu for College. This course, developed by prevention education and compliance experts, uses relatable scenarios and interactive elements to provide students with alcohol information, strategies for healthy behavior, and skills to support bystander intervention.



Course Impact

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

When it comes to skills, 98.7% of your students agree that AlcoholEdu helped them establish a plan ahead of time to make responsible decisions about drinking, and 98.8% report that the education prepared them to help someone who may have alcohol poisoning.



Behavioral Intentions & Norms

Intention is a key variable in predicting behavior change. Change is driven, in part, by an individual's perception of the social environment surrounding behavior — the community norms.

Nationally, more students are choosing to regularly abstain from alcohol. At your school, 49% of students surveyed are abstainers and 35% are nondrinkers. Many perceive that their peers are drinking more than they are and may feel alienated by that perception.

Among students at University of South Carolina who took AlcoholEdu, 87.9% agreed that the course changed their perceptions of others' drinking behavior.

AlcoholEdu and Your Students

Impact at University of South Carolina

Course Impact

Drinking Behavior and Norms

College students are especially prone to overestimating how much and how often their peers drink. Because individuals are more likely to act in a particular way if they believe their actions are consistent with those of their peers, this misperception of the norm can often increase the likelihood of high-risk drinking.

Research has identified that correcting these normative misperceptions can decrease that likelihood, helping to encourage lower risk drinking behaviors.

87.9% of students report that
at University of South AlcoholEdu changed
Carolina their perceptions of
others' drinking
behavior.

Learner Impact

After taking AlcoholEdu for College, students were asked to reflect on their course experience and share with us how the course impacted their knowledge and skills in ways that will help them to make healthier decisions and support their peers in the future.

Your students reported that AlcoholEdu for College:

Prepared them to help someone who may have alcohol poisoning **98.8%**

Prepared them to prevent an alcohol overdose **98.4%**

Helped them establish a plan ahead of time to make responsible decisions about drinking **98.7%**

Percentages represent post-course survey responses.

Alcohol On Your Campus

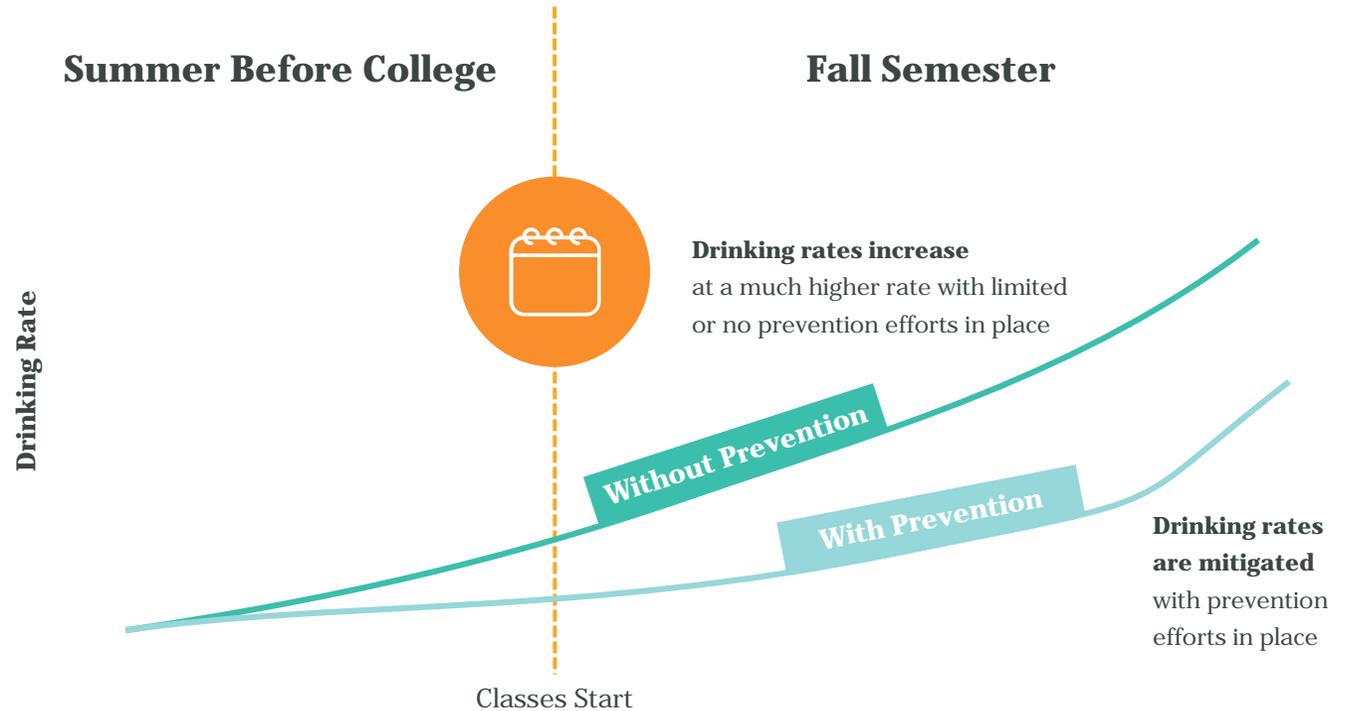
Data and insights from students at University of South Carolina

College Effect

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

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

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

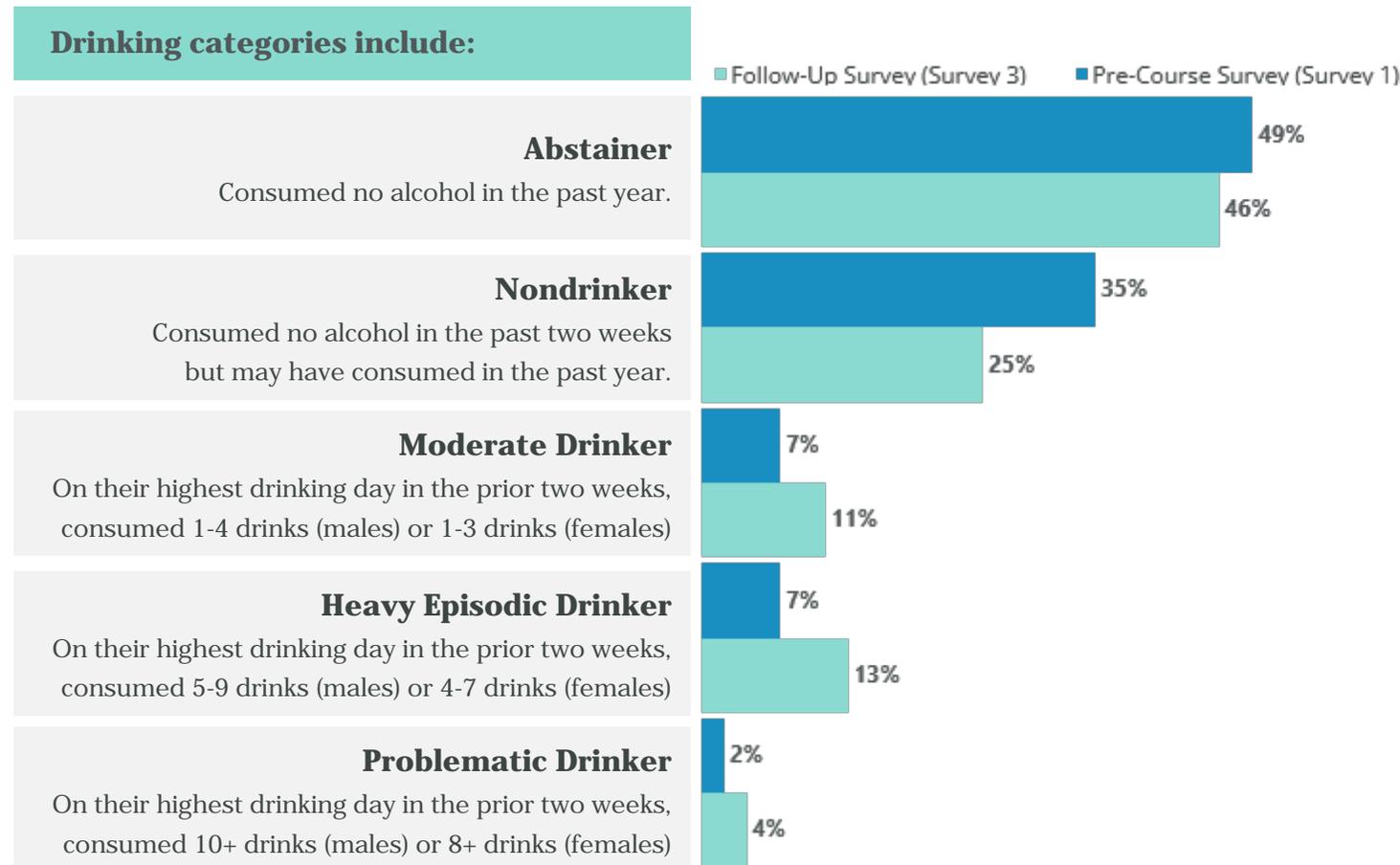


Programming Tip

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

Examination of Drinking Rates

Considering the College Effect, here is how your students (n =4803) reported their drinking rates on pre- and post-course surveys (separated by four-to-six weeks).



Relative Change

Survey 1 to Survey 3

Category	Your Institution	Peer Institutions
Abstainer	-6%	2%
Nondrinker	-29%	-14%
Moderate Drinker	100%	15%
Heavy Episodic Drinker	86%	41%
Problematic Drinker	100%	35%

Programming Tip

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

Drinking Rates By Gender Identity

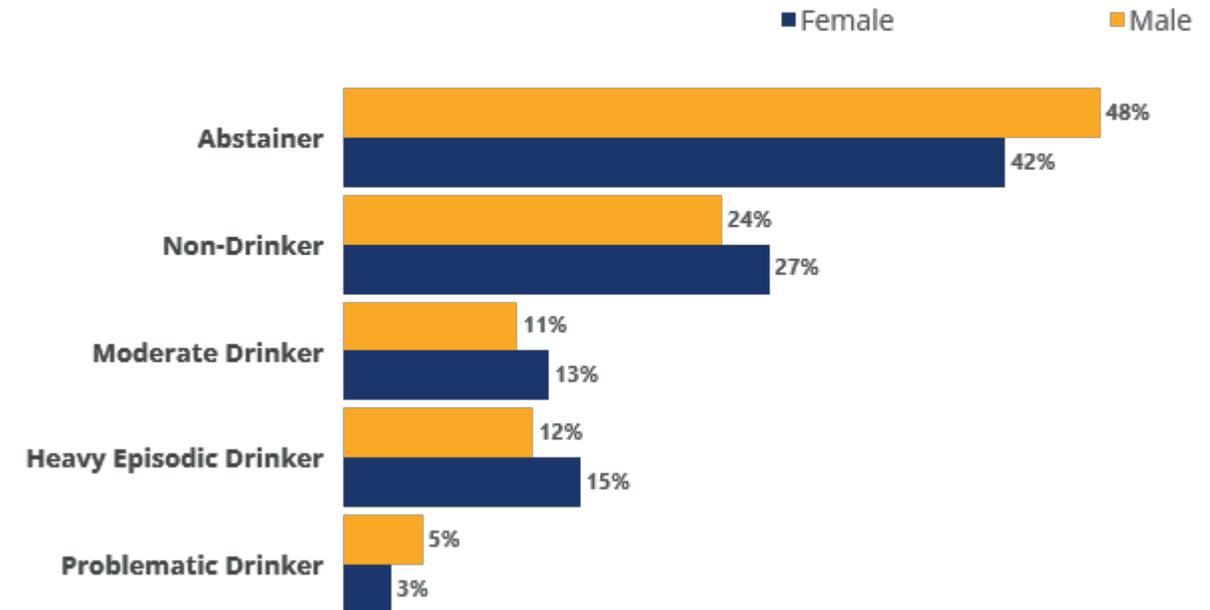
Men and women often follow different drinking patterns and may experience the College Effect differently. Here are your students' drinking categories at the follow up survey (n = 4803), broken down by gender identity.

Note

In the context of drinking rates, male and female students are identified by their self-reported biological birth sex, as biological sex influences how individuals metabolize alcohol and is used to determine their drinking behavior categories. Vector Solutions recognizes and appreciates that learners' gender identity may not be the same as their biological birth sex and communicates that throughout the course.

While this report presents comparisons only between students who identify as male or female— they are the most researched populations regarding personal alcohol use and related behaviors — students can select additional gender identities or choose not to identify their gender. To examine drinking behavior by additional gender identities, access your institution's data through your Foundry administrator site.

Student Drinking Rates at Follow-Up Survey (Survey 3), by Gender Identity



Critical Processes Tip

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

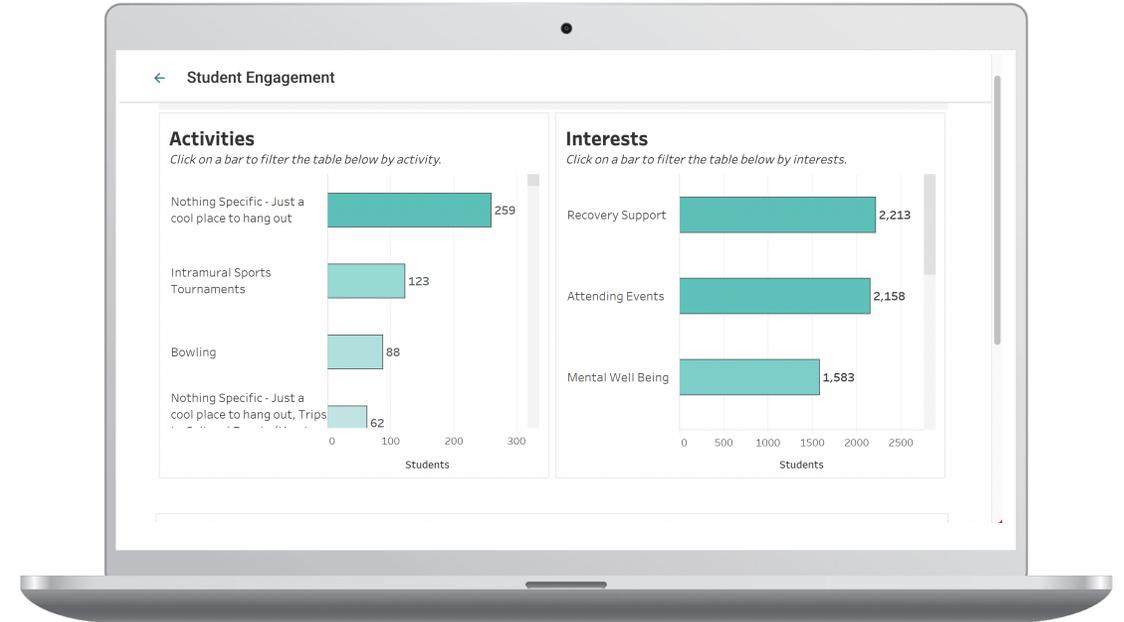
Engaging Your Students

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

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

AlcoholEdu for College also enables students to indicate their interest in learning more about a school's programs and services to support recovery from alcohol or other substance use disorders. Whether seeking information for themselves, a friend, or a family member, students may opt in to be connected with available resources.

Engaging students who are excited to learn and participate more in your prevention efforts and publicizing that collaboration helps to show how most students support a safe community, healthy behavior, and personal responsibility.



Programming Tip

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

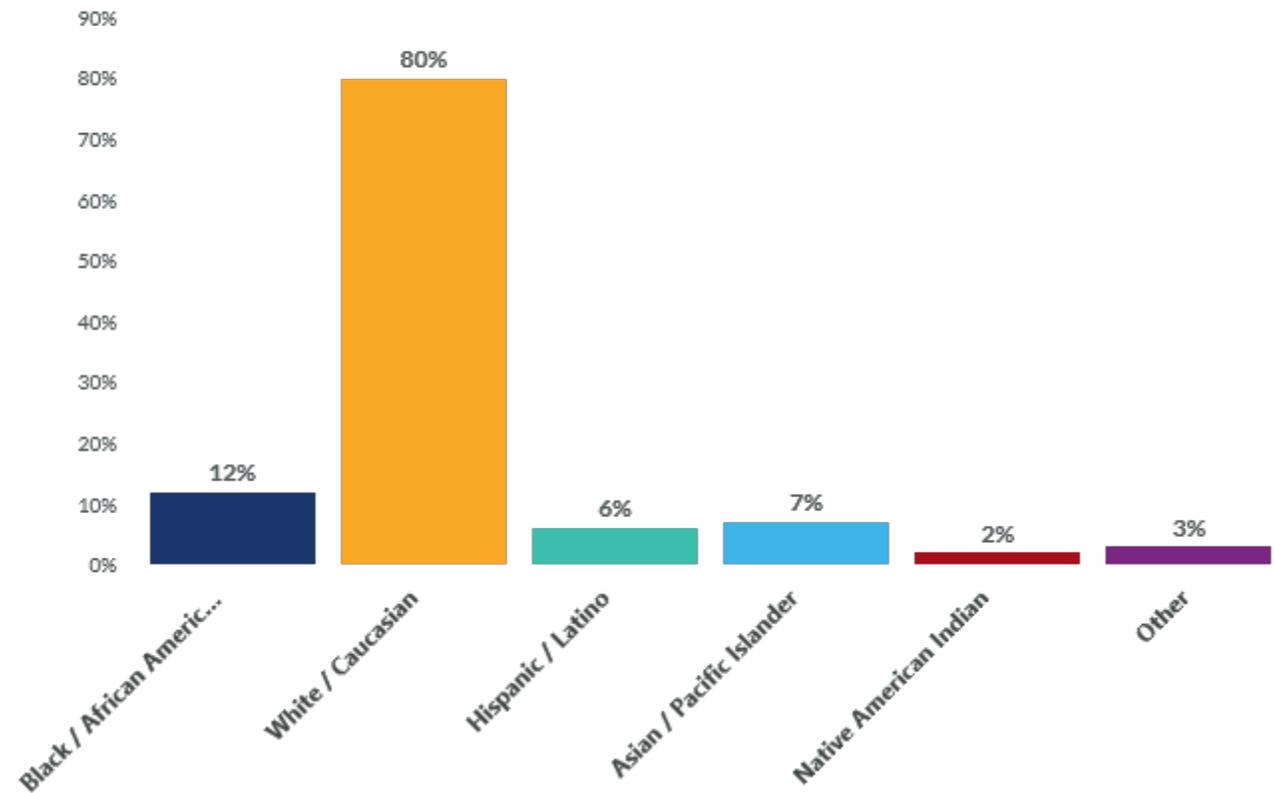
AlcoholEdu for College

Appendix | Student Demographics

Student Demographics

The following is a summary of the demographics of students who participated in AlcoholEdu this year. Demographic information is self-reported by students as part of pre-course survey (Survey 1). All questions are optional, and students may choose not to share demographic information.

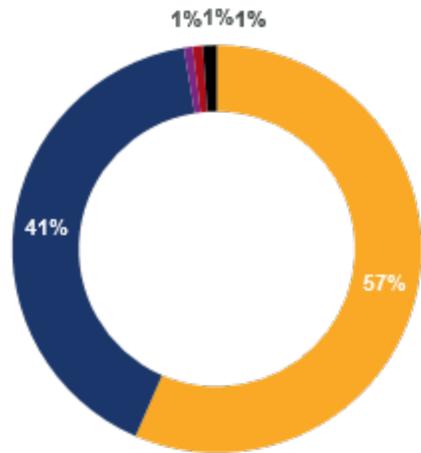
Race and/or Ethnicity



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

Student Demographics (Continued)

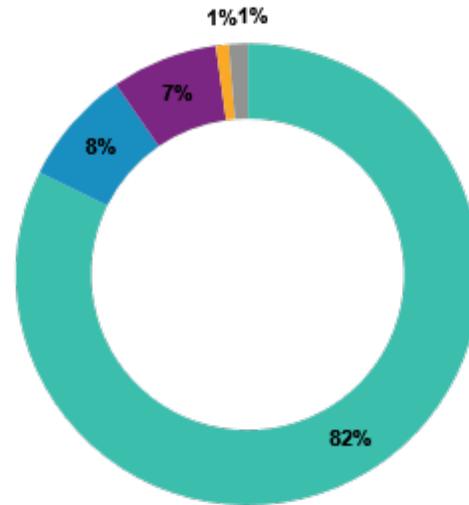
Gender Identity



■ Female	56.9%	■ Male	41.2%
■ Transgender	0.7%	■ Other	0.8%
■ Prefer not to answer	1.1%		

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

Year in School



■ First Year	82.2%	■ Sophomore	8.1%
■ Junior	7.4%	■ Senior	0.9%
■ Other	1.3%		

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

Critical Processes Tip

Does this data reflect the overall demographic makeup of your students assigned to take AlcoholEdu? Demographic data can be used to identify challenges for underrepresented populations. You will see some demographic comparisons in this report and to further explore demographic differences, access your detailed data in the Foundry administrator site.

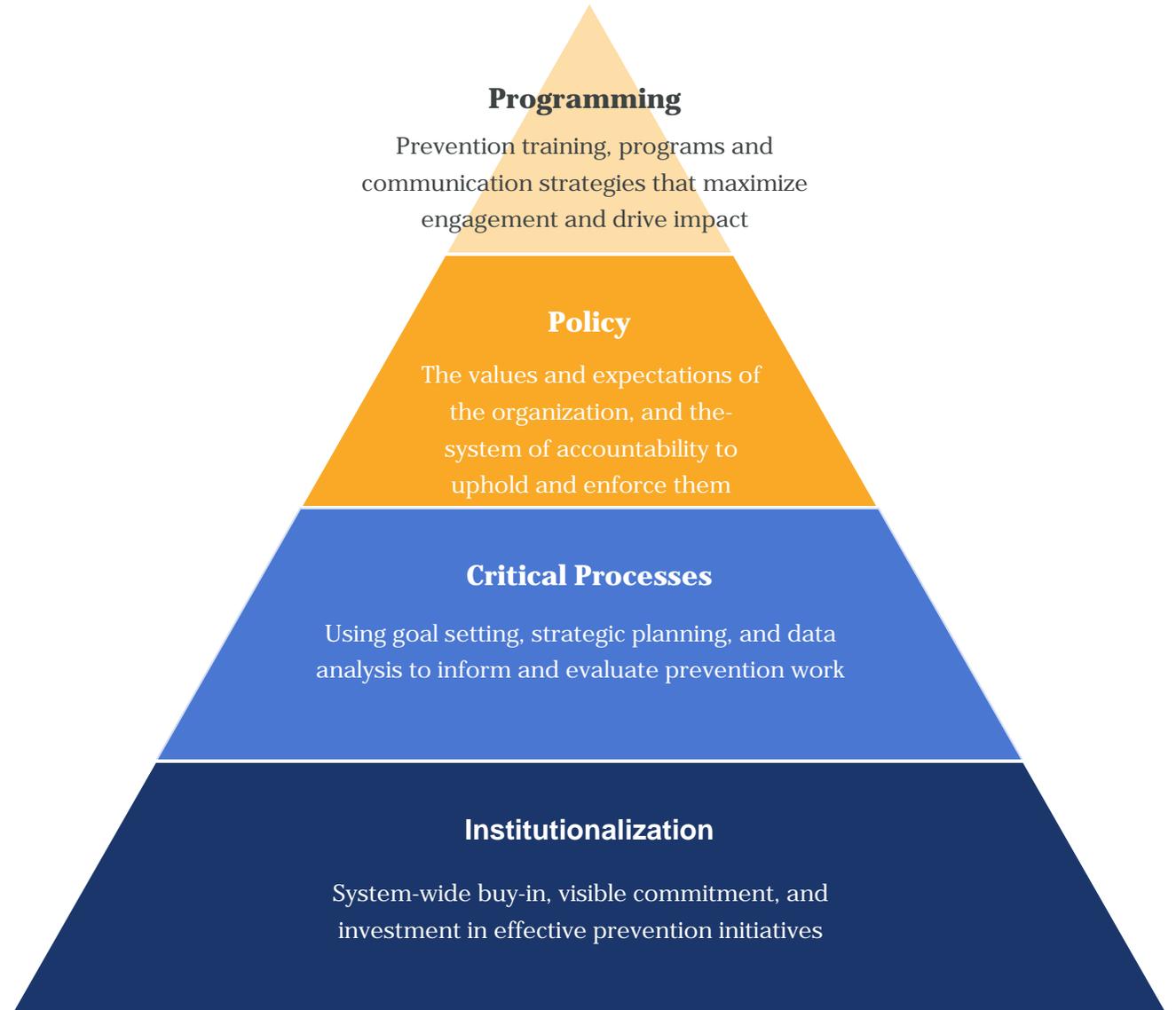
Additional demographics available to explore include: sexual orientation, age, current residence type, membership in student clubs or activities.

AlcoholEdu for College

Supplemental Information

The Prevention Framework

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



About AlcoholEdu for College

The Benefits of Working with Vector Solutions

Proven Efficacy

Nine independent studies have been published demonstrating the efficacy of Vector's online programs in improving knowledge, attitudes, and behaviors.

True Expertise

Our team includes public health professionals, administrators from student affairs, campus prevention offices, legal experts, and more. Extend your team by partnering with ours.

Beyond Compliance

Our online programs are built by prevention and compliance experts to meet and exceed requirements from Title IX, Clery Act, and EDGAR part 86.

Data Driven

Our data and analytics provide real-time access to attitudinal and behavioral data from your unique populations, and national benchmarks to assess needs and strengths.

AlcoholEdu for College

Developed in Collaboration

with leading prevention experts and researchers.

Interactive Content

guided by recommendations from the National Institute of Alcohol Abuse and Alcoholism (NIAAA).

Informed by Emerging Research

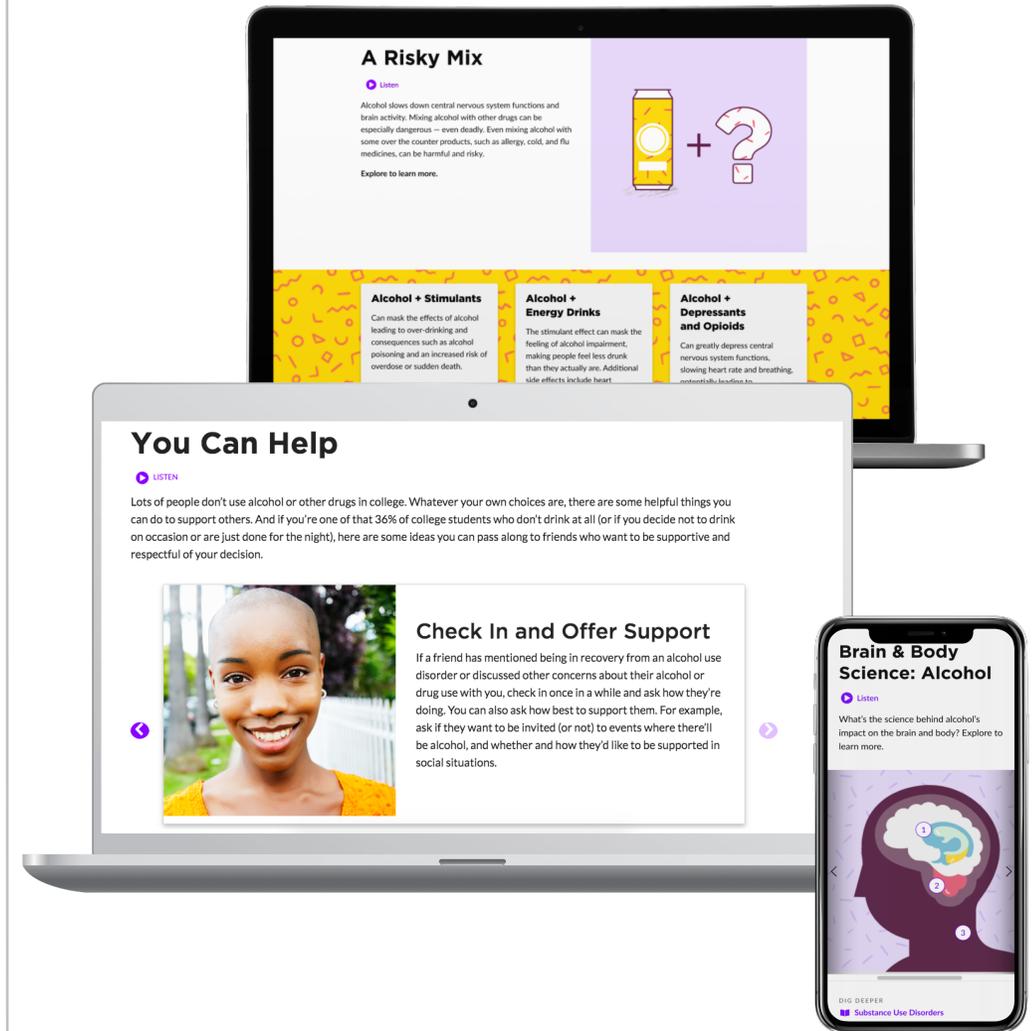
on evidence-based practice (e.g., social norms approach, bystander intervention) and college student behavior

Cited as a Top-tier Strategy by NIAAA

in their College Alcohol Intervention Matrix (AIM).

Most Widely Used

universal online AOD prevention program since its development in 2000, with over 11M users to date.



AlcoholEdu for College Course Map

Part 1	1. Getting Started <ul style="list-style-type: none"> • Introductory Video • Custom Welcome Letter • Custom Welcome Video 	2. Standard Drink <ul style="list-style-type: none"> • Student Alcohol Knowledge Interviews • Pre-Assessment • Standard Drink Definition • Identifying Standard and Non-Standard Drinks • Pouring Standard Drinks 	Survey 1	3. Where Do You Stand? <ul style="list-style-type: none"> • Risk Factors & Choices • You Are Not Alone/Benefits of Not Drinking/Calories & Cash/Support for Your Choice • Your Drinking Profile/ Your Peak BAC/Reducing Your BAC/Drinking Consequences/Calories & Cash/Your Drinking Behaviors
	4. Goal Setting <ul style="list-style-type: none"> • What's Important to You? • What Do You Want to Focus on this Year • My Choices 	5. Drinking & Motivation <ul style="list-style-type: none"> • What Do You Think? • Factors That Can Influence Decisions • Why/Why Not Drink? Poll • Expectancy Theory & Advertising • Ads Appealing to Men/Women • Alcohol & Advertising Poll • Write a Tagline 		6. Brain & Body <ul style="list-style-type: none"> • BAC Basics • What Factors Affect BAC • Risk/Protective Factors • BAC Calculator • Marijuana & Drugs • Sexual Assault & Understanding Consent • Brain & Body Science • Biphasic Effect • A BAC Story
	8. Laws & Policies <ul style="list-style-type: none"> • Alcohol Related Laws • Campus Policies • Drinking & Driving 	9. Helping Friends <ul style="list-style-type: none"> • Taking Care of Yourself & Others • Alcohol Poisoning • Helping Your Friends Poll • Drinking & Driving • Getting Help 	Survey 2 and Post-Assessment	INTERSESSION
10. Introduction <ul style="list-style-type: none"> • Welcome Back 	Survey 3	11. Recognizing Problems <ul style="list-style-type: none"> • Taking Care of Yourself & Others – The Roommate 		





ADMINISTRATIVE DIVISION STAF Division of Student Affairs		POLICY NUMBER STAF 6.26
POLICY TITLE Student Code of Conduct		
SCOPE OF POLICY U of SC Columbia		DATE OF REVISION September 21, 2021
RESPONSIBLE OFFICER Vice President for Student Affairs		ADMINISTRATIVE OFFICE Office of the Dean of Students

PURPOSE

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

POLICY STATEMENT

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

A. Authority

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

B. Application and Jurisdiction

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

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

C. Student Organization Misconduct:

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

D. Findings

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

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

E. Prohibited Conduct

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

2. Alcohol Related Misconduct

Prohibited behaviors include:

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

3. Drug Related Misconduct

Prohibited behaviors include:

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

4. Health and Safety Concerns

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

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

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

5. Weapons

Prohibited behaviors include:

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

6. Disruptive Activity

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

Prohibited behaviors include:

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

7. Violent Conduct

Prohibited behaviors include:

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

- b. Hazing as defined by the university policy [STAF 3.05 Hazing](#).
8. Damage to Property
- a. Damage to or destruction of property.
9. Discrimination and Harassment
- a. Prohibited behaviors as defined in university policy [EOP 1.03 Prohibition of Unlawful Discrimination and Harassment](#) or other university approved policies or prohibitions relating to discrimination and harassment based on a protected class such as race, color, religion, sex, and/or national origin; it should be noted that, while technically gender-based harassment, sexual harassment, sexual misconduct, and interpersonal violence are prohibited and adjudicated according to [EOP 1.06 – Sexual Harassment, Sexual Misconduct, and Interpersonal Violence \(Interim\)](#).
10. Retaliation
- a. Retaliation against a person who reports a potential violation under the Code of Conduct, assists someone with a report of a violation, or participates in any manner in an investigation or in the resolution of a complaint made under the Code of Conduct is prohibited. Retaliation includes but is not limited to threats, intimidation, reprisals and/or adverse actions related to an individual’s employment or education. The university will take appropriate steps to assure that a person who in good faith reports, complains about, or participates in an investigation pursuant to this institutional rule will not be subjected to retaliation. Individuals who believe they are experiencing retaliation are strongly encouraged to file a complaint with the university.
11. Sexual Harassment, Sexual Misconduct, and Interpersonal Violence
- Prohibited behaviors include:
- a. Sexual harassment, sexual misconduct, and interpersonal violence as defined by the university policy [EOP 1.06 Sexual Harassment, Sexual Misconduct and Interpersonal Violence \(Interim\)](#); EOP 1.06 also covers the university process for adjudicating complaints involving sexual harassment, sexual misconduct, and interpersonal violence.
12. Fire and General Safety
- Prohibited behaviors include:
- a. Starting a fire or creating a fire hazard on university property without university authorization.

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

13. Theft and Burglary Prohibited

behaviors include:

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

14. Fraudulent Behavior

Prohibited behaviors include:

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

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

15. Misuse of Identification or University Resources

Prohibited behaviors include:

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

16. Misuse of Institutional Technology

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

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

17. Failure to Comply

Prohibited behaviors include:

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

18. Shared Responsibility for Violations

Prohibited behaviors include:

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

19. Privacy Violation

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

20. Harassing Behavior

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

F. Sanctions

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

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

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

19. Degree revocation: the termination of a student’s degree based on a violation that occurred while they were a student, and the university has learned of the violation after degree has been awarded after a student graduates.

G. Retention and Release of Conduct Records

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

PROCEDURES

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

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

RELATED UNIVERSITY POLICIES

[ACAF 3.03 Handling of Student Records](#)

[EOP 1.06 Sexual Harassment, Sexual Misconduct and Interpersonal Violence \(Interim\)](#)

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

[STAF 3.05 Hazing](#)

[STAF 3.10 Student Organizations](#)

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

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

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

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

HISTORY OF REVISIONS

DATE OF REVISION	REASON FOR REVISION
June 1, 1992	New policy approval
March 4, 2014	More concise and specific
June 6, 2019	Updated to fit the new formatting and to be more concise, specific and accessible to students, faculty, and staff.
September 21, 2021	Updated to include accurate process, procedures and additional violations/sanctions in relation to EOP policies

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

PURPOSE

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

DEFINITIONS

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

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

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

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

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

POLICY STATEMENT

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

PROCEDURES

A. Conditions

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

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

B. Decisions of Applicability

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

C. Educational Interventions

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

D. Parental Notification

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

E. Failure to Complete/Subsequent Violations

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

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

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

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES

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

[STAF 3.10 Student Organizations](#)

[STAF 6.26 Student Code of Conduct](#)

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

HISTORY OF REVISIONS

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

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

PURPOSE

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

POLICY STATEMENT

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

PROCEDURES

A. General Guidelines for the University Community

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

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

B. Guidelines for Students

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

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

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

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

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

3. Sanctions

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

C. Guidelines for Student Organizations

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

D. Guidelines for Faculty, Staff and University Guests

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

E. Funds

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

F. Promotional Guidelines

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

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

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES

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

[HR 1.01 Drug-Free Workplace](#)

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

[STAF 3.10 Student Organizations](#)

[STAF 6.26 Student Code of Conduct](#)

[Alcohol Event Registration Form](#)

[Alcohol Policy Training Workshop](#)

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

HISTORY OF REVISIONS

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

NUMBER: STAF 3.18
SECTION: Division of Student Affairs and Academic Support
SUBJECT: Drug Policy for University Students
DATE: December 9, 2010
REVISED: October 18, 2016
Policy for: Columbia Campus
Procedure for: Columbia Campus
Authorized by: Vice President for Student Affairs
Issued by: Student Life and Development

I. Policy

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

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

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

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

A. General Guidelines and Definitions

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

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

B. State Laws

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

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

C. Programs and Services

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

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

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

D. Enforcement, Student Conduct Process and Consequences

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

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

a. Off-Campus Accountability

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

b. FERPA/Parental Notification

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

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

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

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

F. Guidelines for Types of Drug Violations

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

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

G. Financial Aid Eligibility

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

H. Drug-Free Workplace

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

I. Resources

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

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

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

II. Related Policies

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

III. Reason for Revision

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

ADMINISTRATIVE DIVISION HR Division of Human Resources		POLICY NUMBER HR 1.01	
POLICY TITLE Drug-Free Workplace			
SCOPE OF POLICY USC System		DATE OF REVISION April 12, 2021	
RESPONSIBLE OFFICER Vice President for Human Resources		ADMINISTRATIVE OFFICE Division of Human Resources	

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE FACULTY, STAFF, OR ADMINISTRATIVE EMPLOYEE AND THE UNIVERSITY OF SOUTH CAROLINA. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE UNIVERSITY OF SOUTH CAROLINA RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT. THE UNIVERSITY OF SOUTH CAROLINA DIVISION OF HUMAN RESOURCES HAS THE AUTHORITY TO INTERPRET THE UNIVERSITY'S HUMAN RESOURCES POLICIES.

PURPOSE

This document sets forth the University of South Carolina policy prohibiting the unlawful manufacture, distribution, dispensation, possession or use of illegal drugs, other controlled substances unless prescribed by a licensed medical practitioner, and alcohol on its property or as a part of any activities by faculty, staff and student employees regardless of status, pursuant to state and federal law. This policy is implemented in compliance with the Drug-Free Workplace Act of 1988, the Drug-Free Schools and Communities Act Amendments of 1989 and the South Carolina Drug Free Workplace Act of 1990.

DEFINITIONS

Employee: Any person having an employment relationship with the university, regardless of the appointment type (e.g. classified, unclassified, full-time, part-time, temporary, student, intern).

Illegal Drug: Any illegal substance, including but not limited to narcotics, hallucinogens, cocaine, marijuana, and designer drugs, and any controlled substances, including but not limited to amphetamines and barbiturates, that are used either without being prescribed by a licensed physician or in excess of the amount prescribed by a licensed physician. Any drug that is not legally obtainable or that has not been legally obtained, to include prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes or being used by an individual other than the person for whom prescribed.

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

POLICY STATEMENT

No employee shall report for duty or remain on duty under the influence of any illegal drugs, unauthorized prescription medication or alcohol.

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

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

Violation of this policy by student employees will lead to sanctions detailed in the Student Drug Policy of the campus.

Faculty, staff and students employed on a grant or contract are required to abide by the terms of this policy as a condition of employment on the grant or contract.

PROCEDURES

A copy of this policy will be made available to each new employee of the University of South Carolina at the time of their orientation and annually to all employees.

Grant or contract employees are required to notify the Vice President for Human Resources or the Campus Human Resources Office, as appropriate, of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after the conviction. Federal law requires the university to notify the granting or contracting agency of a criminal drug statute conviction in the workplace within 10 days of the date the university received notification. Therefore, upon receiving notice, the Vice President for Human Resources will notify the Vice President for Research so the notice requirement to the granting or contracting agency may be satisfied.

The University of South Carolina recognizes drug and/or alcohol dependence as a treatable illness. Employees are encouraged to seek assistance for drug and/or alcohol problems before there is an incident which would cause the university to impose sanctions. Assistance may be sought through the university's Employee Assistance Program (EAP) or other programs and/or treatment facilities licensed by the State of South Carolina or by the state in which the program and/or treatment facility is located.

- A. Referrals to such programs may be self-referrals or supervisory referrals. If a supervisory referral is made which includes satisfactory participation in a rehabilitation program as a condition of continued employment, the referral must be made through the Division of Human Resources or the Campus Human Resources Officer.
- B. Referrals and records of referrals will be handled with the same degree of confidentiality as for medical records.

The University of South Carolina has established a drug-free awareness program to inform employees about the dangers of alcohol and/or drug abuse in the workplace, available drug counseling,

rehabilitation and employee assistance information and the penalties that may be imposed for alcohol and/or drug abuse violations.

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES

- Drug-Free Workplace Act of 1988
- Drug-Free Schools and Communities Act Amendments of 1989
- [South Carolina Drug Free Workplace Act of 1990](#)
- [HR 1.95 Drug and Alcohol Testing](#)
- [HR 1.39 Disciplinary Action and Termination for Cause](#)
- [STAF 3.02 Alcohol Policy and Guidelines for the University Community](#)
- [STAF 3.18 Drug Policy for University Students](#)

HISTORY OF REVISIONS

DATE OF REVISION	REASON FOR REVISION
April 12, 2021	Updated to new format to include definitions and related laws and policies. Policy reviewed for accuracy, no substantive changes required.

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

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PURPOSE

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

POLICY STATEMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PROCEDURES

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

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

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

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

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

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES

- [USDOT Regulation CFR 39 Part 40](#)
- [Section 56-1-2220 of the SC Commercial Driver’s License Drug Testing Act](#)
- [HR 1.01 Drug-Free Workplace](#)
- [HR 1.39 Disciplinary Action and Termination for Cause](#)

HISTORY OF REVISIONS

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