Arkansas Statewide Collegiate Substance Use Assessment, 2022

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Arkansas Collegiate Substance Use Assessment 2022

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ABOUT THIS REPORT:
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Report Highlights

General:

- The 16-20-year-old age range is repeatedly the age where respondents identified first use of alcohol, tobacco, and other drugs.
- Nearly 2% of respondents thought about suicide more than 10 times over the past 30 days. Over 17% of respondents thought about suicide at least once over the past 30 days.
- The survey encompasses 2-year, 4-year, and post-baccalaureate institutions, as well as public and private universities & colleges.
- Substance use/ misuse related behaviors and symptoms occurring at least once over the last 30 days included:
  - Hangover (27.7%)
  - Performed poorly on test/ project (27.4%)
  - Nauseated/ Vomited (26.4%)
  - Missed class (25.4%)
  - Tried to commit suicide (10.7%)
  - Memory loss (19.0%)
  - Injured/ Hurt (18.2%)
  - Taken advantage of sexually (12.9%)
  - Damaged property (12.4%)

Alcohol:

- Over the past 30 days, 53% of total respondents noted drinking 1+ alcoholic drinks (35.1% for 18–20-year-old & 61.6% for 21 years and older).
- Nearly 40% of college students first try alcohol between the ages of 16-20.
- 31% of respondents reported binge drinking on at least one occasion over the past 30 days.

Tobacco:

- 47% of respondents have used Tobacco at least once.
- Reported use, at least once, over the past 30 days were as follows:
  - Total respondents (29.2%)
  - 18-20-year-olds (12.4%)
  - 21+ years old (37.3%)
- Most frequent tobacco users (10 or more instances over the past 30 days) were the 26 and older age category.

Vaping:

- 39.9% of respondents reported vaping over their lifetime.
- Most students who reported vaping also reported that they had done so 10+ times in the last 30 days.
- Substances vaped at least once over the past 30 days included:
  - Nicotine (29.5%)
  - Marijuana (20.2%)
  - Flavorings (12.3%)

Marijuana:

- 41.5% used at least once in their lifetime
- Respondent's age of first use - most prevalent responses:
  - 16-20 (21.5%)
  - 11-15 (10.8%)
  - 21-25 (5.4%)
- Last 30 days use:
  - Vaped marijuana (20.2%)
  - Used Marijuana (20.3%)
- Approximately 6% of respondents both reported they vaped marijuana or used marijuana more than 10+ times over the past 30 days

Recent Changes & Impact of COVID-19:

- During the previous 12 months, 16% of respondents reported an increase in alcohol use, while 6.8% reported an increase in illegal substance use.
- When asked about the impact of the Covid-19 pandemic on substance use, 15.1% of the respondents reported an increase in their use of alcohol, tobacco, or illegal drugs, while 7.45% reported a decrease in their use of these substances.

Campus Perceptions:

- Overall, students overestimate peers' levels of alcohol, tobacco, and other substance use.
- Students were overwhelmingly aware that their institutions had alcohol, tobacco, and drug policies (91%); those policies were enforced (83%); institutions had prevention programs (85%); and were concerned about alcohol, tobacco, and drug prevention (85%). However, when asked if actively involved in prevention efforts on campus, 73% of respondents said 'No'

Substance Use:

- Across nearly all substances, the age of first use was between 16 and 20.

- Lifetime Occasions of Use (at least once over lifetime):
  - Amphetamines (19.0%)
  - Hallucinogens/ Psychedelics (15.2%)
  - Sedatives (14.8%)
  - Cocaine (14.6%)
  - Designer Drugs (13.8%)
  - Methamphetamine (10.1%)
  - Inhalants (10.5%)
  - Steroids (10.0%)
  - Opiates (9.7%)

- Last 30 days using substance at least once:
  - Amphetamines (10.9%)
  - Sedatives (9.5%)
  - Designer Drugs (8.6%)
  - Hallucinogens/ Psychedelics (8.5%)

Prescription Drugs:

- Most common age of first use for prescription opioids is 16-20 (8.9% of respondents)
- Over the last 30 days, 10.5% of respondents used prescription opioids and 10.5% of respondents used another person's prescription drugs at least once.

Introduction

Overview:

The second annual statewide collegiate substance use assessment was conducted by the University of Arkansas at Little Rock Survey Research Center from August to October 2022 using a web-based survey instrument. The assessment was sponsored by the University of Arkansas at Little Rock MidSOUTH Center for Prevention and Training and funded by Arkansas Department of Human Services Division of Aging, Adult, and Behavioral Health Services with continued support from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) via the Substance Abuse Block Grant. The purpose of the assessment was to collect self-reported information on college students' substance use, the behaviors and consequences related to use, and students' perceptions of substance use on college campuses across the state of Arkansas.

Importance of Assessment:

The Arkansas Epidemiological Outcomes Work group indicated that there is a statewide deficiency of collegiate-level data for Arkansas that measures the incidence of substance use within the college population (AFMC, 2019). The collegiate level data is important based on a variety of factors, but this data is particularly relevant given that "this category of the population may present as a high risk for first-time users of illicit substances" (AFMC, 2019, p. 13). The data collected for this assessment represents the first systematic Arkansas statewide data collection where college students self-reported information related to substance use, consequences of use, and perceptions of substance use on college campuses. Data collected as part of this assessment will be utilized to create safer campuses and will leverage the Substance

Abuse Block Grant, which is set to help plan, implement, and evaluate activities that prevent and treat substance abuse on Arkansas college campuses.

Risk Factors Specific for Substance Use in College Campuses:

College enrollment represents a distinct phase in life that initiates the transition from adolescence to independent adulthood and a period of increased exposure to the pressures of alcohol, tobacco, and other substance use (Welsh, Shentu, & Sarvey, 2019). Over the past decade there has been a nationwide increase of cannabis, stimulant, and other illegal drug use across U.S. college campuses (Welsh, Shentu, & Sarvey, 2019) to the point that substance use disorder has become one of the most pervasive health problems for American college campuses (Schulenberg, Johnston, O'Malley, & Bachman, 2017). Substance use disorder is also a major behavioral and health concern among the college students themselves (Rimsza & Moses, 2005). Substance use is associated with multiple negative outcomes for college students including higher probability of unemployment after graduation, lower academic performance, failure to graduate, and increased risk of committing or experiencing sexual assault (Arria, Caldeira, Bugbee, Vincent, & O'Grady, 2015; Arria, et al., 2013; Horsman, 2014; Rimsza & Moses, 2005; Wolaver, 2002;), as well as associations with significant general medical and psychiatric mortality and morbidity for some students (Skidmore, Kaufman, & Crowell, 2016; White, Hingson, Pan, & Hsiao-ye yi, 2011). There is an added importance for higher education institutions to address substance use among students given the unique nature of planning treatments for colleges (e.g., aspects of confidentiality, unique financial constraints, potential university involvement/oversight) (Welsh, Shentu, & Sarvey, 2019). Additional risk factors specific to college campuses and the collegiate population are included in the narratives for the different substances as presented within the report.

Impact of COVID-19/ Recent Trends:

The COVID-19 pandemic, and resulting economic and social impacts, have led to global widespread adverse psychological issues, depression, and anxiety (Qiu, et al., 2020) which have been tied to increased substance use and increased addictive/behavioral addictions (Alexander & Ward, 2018). The COVID-19 pandemic and various public health control measures may have increased risks associated with addictive behaviors and substance abuse (Sun, et al., 2020; National Institution on Drug Abuse of USA, 2021; Sun, Bao, & Kosten, 2020). Previous studies on the impacts of disasters have shown higher rates of alcohol use, smoking, and increased risk behaviors (DiMaggio, Galea, & Li, 2009; Lee, Kang, Bell, & Marmot, 2014). Within the college-aged population, a recent study (Firkey, Sheinfil, & Woolf-King, 2021) indicated that domestic college students reported a 26.9% increase in alcohol consumption and a 15.1% increase in cannabis use in response to the COVID-19 pandemic. Concomitantly, recent provisional data (2021) from the Center for Disease Control and Prevention's National Center for Health Statistics demonstrated that overdose deaths in the United States hit an all-time high for the 12-month period ending in 2021 – which was a 28.5% increase from the previous year. This dramatic increase in overdose deaths was seen in opioids, synthetic opioids, methamphetamines, cocaine, and natural and semi-synthetic opioid (prescription pain medication).

Alcohol:

Alcohol and other substance use broadly, have become part of the normative tradition, and integrated into the 'fabric of the college experience' (Welsh, Shentu, & Sarvey, 2019). In fact, full-time college students tend to consume more alcohol than others in their respective age groups (Substance Abuse and Mental Health Services Administration, 2021) and alcohol

contributes to an estimated 1,519 deaths annually for college students (Hingson, Zha, & Weitzman, 2009). The overlap between this statewide collegiate assessment and the statewide high school assessment is worth observing because there is an observed relationship where students bring established drinking habits from high school to the college level (Schulenberg et al., 2017). Additionally, as college students near the legal drinking age of 21 there is an increased risk for an alcohol use disorder (SAMHSA, 2021). The prevalence of such alcohol use disorders among college students rose from 104,000 students for 18-year-olds to more than double that number, 231,000 by the age of 21 (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2020). Historically, drinking by college males has exceeded female alcohol consumption but this trend has reversed over time and the most recent 2019 data indicated that females are consuming more alcohol than male their counterparts – however males are still binge drinking and heavy drinking at higher rates (SAMHSA, 2021).

The Substance Abuse and Mental Health Services Administration (2021) reported that in 2019, 53% of full-time college students drank alcohol in the past month (33% of which reported binge drinking) and 8% reported heavy drinking in the past month. Impairment and elevated blood alcohol concentrations associated with binge drinking place those individuals, and individuals around them, at a significantly elevated risk for negative consequences (e.g., injury-related deaths, traffic accidents, sexual assault, violent crimes, and poor academic performance) (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2018), and increased illicit drug use (O'Grady, Arria, Fitzelle, & Wish, 2008). About one-in-four college students reported having negative consequences associated with

drinking (including falling behind in coursework, missing classes, doing poorly on exams/reports, and overall receive lower grades) (White & Hinson, 2013).

The Arkansas Collegiate Substance Use Assessment included a question on binge drinking. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defined binge drinking as, "a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 percent—or 0.08 grams of alcohol per deciliter—or higher" (NIAAA, 2021, What is Binge Drinking, para. 1). The NIAAA further explains that "[f]or a typical adult, this pattern of alcohol misuse corresponds to consuming 4 or more drinks (female), or 5 or more drinks (male) in about 2 hours" (NIAAA, 2021, What is Binge Drinking, para. 1).

Tobacco & Vaping:

Cigarette smoking and tobacco use reached the lowest levels in four decades in 2020 with 4% of college students reporting smoking in the past 30 days (Schulenberg, et al., 2020). The 4% nationally is lower than Arkansas' reported percentages; however, ACSUA includes all tobacco use into one category and is not broken down into cigarettes, smokeless tobacco, etc.

While tobacco use has been in continual decline and hit all-time low level recently, vaping with electronic cigarettes and vaporizer devices has proliferated in its place and has generally increased across the United States (Cullen et al., 2019; Miech, Miech, Johnston, O'Malley, Bachman, & Patrick, 2019; Patrick, O'Malley, & Johnston, 2017). These electronic cigarettes and vaporizers offer an ability to use more concentrated amounts of nicotine (Loukas, Batanova, Fernandez, & Agarwal, 2015) and cannabis oil. The emergence and increasing presence have been ascribed to quitting tobacco cigarettes and smoking, alternative to tobacco cigarettes, harm reduction, lack of regulation, sensation-seeking behaviors, and acceptability of public consumption (Trumbo, 2017; Tavollaci, et al., 2016; Franks, Hawes, McCain, &

Payakachat, 2017). Vaping and electronic cigarettes have been linked to other factors, including regular tobacco use (Auf, et al., 2019); concurrent use for vaping tobacco and/or cannabis (Jones, Hill, Pardini, & Meier, 2016); drinking alcohol (Oh, et al., 2019); and associations with suicidal ideations (Lee & Lee, 2019). Within the academic literature there are other studies that shows linkages from vaping to other beliefs, social cues, and cognitive-risk perceptions (Trumbo, 2017); in addition to, residing in urban versus rural areas (Dai & Hao, 2017). Increases have been noted across middle school, high school [3], and college students (Trumbo, 2017). Trumbo estimates a rate of vaping use as high as 25% of college students over the past 30 days. While there has been a leveling off in vaping marijuana and tobacco use for 2020 (Schulenberg et al., 2020), vaping marijuana annual prevalence for college students in 2020 was 25%, and daily use rose from 5% in 2017 to 12% in 2020. These trends are similar for vaping nicotine where 19% of college students reported use over the past 30 days (U.S. Department of Health & Human Services, National Institutes of Health, 2021).

Marijuana:

The use of Marijuana has been steadily increasing nationwide and is the third 'most used' substance among Arkansas college students. Schulenberg et al (2017) noted that daily cannabis use among college students doubled between 2007 and 2014. Similarly, the most recent Monitoring the Future report (Schulenberg, et al., 2020), cited that this trend has continued into 2020 where 44% of college students reported using marijuana, 8% used marijuana on a daily/ near-daily basis, and the number of college students vaping marijuana over the past 30 days rose from 5% to 14%. For this assessment, over 12% of respondents aged 18-25 reported using marijuana within the last 30 days. Studies have noted that increased marijuana/cannabis use is important for the college population since the likelihood of use increases in prevalence with

successive years in school (Arria, O'Grady, Caldeira, Vincent, & Wish, 2008) and that heavy marijuana use has a short-term impact on learning and memory which can then impair collegiate academic and health outcomes (Arria, Caldeira, Bugbee, Vincent, & O'Grady, 2015; Arria, Caldeira, Bugbee, Vincent, & O'Grady, 2016).

Substance Use:

Misuse of stimulant medicant among the college population is growing in prevalence (Benson, Flory, Humphreys, & Lee, 2015). Benson, Flory, Humphreys, & Lee (2015) meta-analysis and review of the literature noted the misuse of stimulants is primarily due to 'academic reasons' and is obtained through peers with prescriptions. For hallucinogens, there was a significant increase among college students – where 9% of college students reported using hallucinogens in 2020, nearly double the 2019 use rate of 5% (Schulenberg, et al, 2020). For college students, prevalence of amphetamine use without a prescription was 6.5%, annual use of Adderall was 7.2%, and the nonmedical use of Ritalin was 1.4% (Schulenberg, et al, 2020). College respondents from the 2020 Monitoring the Future survey indicated annual sedative prevalence were 1.7%, tranquilizers were 2.6%, narcotics other than heroin (without medical supervision) were 1.3% (Vicodin was 1.2% and OxyContin were 1.5% in this category) and cocaine use reached 3.8%. Cocaine use is of note to clinicians, health care providers, and academic administrators since results from a longitudinal study at a large public-university (Kasperski, et al., 2011) found that by a student's fourth year of college 36% had been offered cocaine at least once in their lifetime; 13% had used cocaine; annual prevalence of cocaine use increased over time from 4% in Year 1 of college to 10% in Year 4; and that females had more serious patterns of use and a greater likelihood for cocaine dependence. Hallucinogens, MDMA, LSD, and other psychedelics have been increasing in use and popularity primarily due to social

pressures, curiosity, microdosing trends, and desires to escape/ achieve a novel experience (Levy, O'Grady, Wish, & Arria, 2005; Hallock, Dean, Knecht, Spencer, & Taverna, 2013; Johnstad, 2018).

Prescription Drugs:

Even though college students were particularly vulnerable to opioid misuses during the opioid crisis - young adults reported the highest past-year opioid prevalence use for all age groups (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2017) - there has been a continual 5-year decline for prescription opioid misuses for college students. In 2020, 1% of college students reported non-medical use of opioids within the past year (Schulenberg, et al, 2020). While declining, it is worth noting that opioid use disorders commonly begin during young adulthood and coincide with typical college years/ages (Johnston, O'Malley, Miech, Bachman, & Schulenberg, 2016; Hadland, et al., 2017). Research has noted the opioid misuse in college students is associated with several demographic factors and concurring behaviors - such as off-campus living and low cumulative grade point averages (Harries, Lust, Christenson, Redden, & Grant, 2018).

Methodology:

The Arkansas Collegiate Substance Use Assessment (ACSUA) was conducted by the University of Arkansas at Little Rock Survey Research Center from August to October 2022 using a web-based survey instrument through Qualtrics. The assessment was funded by the Arkansas Department of Human Services Division of Aging, Adult, & Behavioral Health Services and coordination and management was facilitated through collaboration between the University of Arkansas at Little Rock Survey Research Center (UALR SRC) and University of Arkansas at Little Rock MidSOUTH The purpose of the assessment was to collect self-reported

information on college students' substance use, the behaviors and consequences related to use, and student perceptions of substance use on college campuses across the state of Arkansas.

Survey Instrument and Distribution:

Survey items were adapted or borrowed from several sources, including the Core Institute Alcohol and Other Drug Database (Southern Illinois University, Carbondale), the Arkansas Prevention Needs Assessment Survey (Arkansas Department of Human Services Division of Behavioral Health Services), Texas College Survey of Substance Use (Texas Health and Human Services), and the National Survey on Drug Use and Health (NSDUH) (Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality). This report represents the second assessment of its kind for Arkansas so last year's results are noted as comparisons to be included in the report. A complete list of higher education institutions was developed by the UALR SRC and included both public and private 2-year, 4-year, and postbaccalaureate institutions. All institutions were invited to participate in the assessment. The method of email distribution and time frame within the August 15th to October 30th period was determined by the individual institutions. The survey uses a convenience sampling methodology, with all Arkansas colleges invited to participate. The participating schools can vary from year to year, based on individual institutions desire to participate. Due the number of schools participating in the survey and the absence of a true random sampling technique, while results from previous years are occasionally presented, interpreting comparisons across the years should be done with caution. Additionally, the same restraint is advised when generalizing the findings to ***all*** total Arkansas college students. Reports from previous years' surveys can be found at:

https://ualr.edu/publicaffairs/survey-research-center/arkansas-college-substance-use-assessments/

Student Selection:

The selection of students was determined by participating schools – some schools chose random samples to survey, whereas others distributed the assessment to their entire student population. Physical materials (i.e., flyers with QR codes) were provided to institutions to print and or distribute if desired. Participation in the survey was completely voluntary at the institutional and participant level. The survey protocol and instrument were approved through the University of Arkansas at Little Rock Institutional Review Board processes. Incentives were provided by the UALR SRC through a random gift-card drawing to improve participation rates. Responses were only recorded upon completion of the assessment. Partial submissions were excluded from the assessment and there were 79 respondents indicated they did not wish to participate or were not at least 18 years of age, which were excluded from analysis. Security measures were included for this year's assessment to prevent multiple submissions; bot detection; relevantID (propriety Qualtrics settings for analysis of respondents' browser; operating system; & location) to prevent fraudulent responses; and tools to prevent indexing on search engines.

In total, 4268 students agreed to participate and completed the assessment. In total there were 24 academic institutions that fully distributed the assessment. The response rate was tabulated from the institutions that indicated they had fully distributed the assessment to their students (fully distributed for the purpose of this assessment is institutions that distributed via email to all total students. From those 24 academic institutions there were 3380 completed responses from a total student body of 65,595, which represents a **4.93% response rate**. Within those institutions that fully disseminated the assessment, individual institution response rates ranged from 1.2% - 24.0% (Individual Institutional Response

Rate Calculations: [Mean = 7.6, SD = 5.3). The other institutions that registered at least a single response but did not fully distribute the assessment were not included in the response rate calculation. Student responses from these institutions could have been Beta-testers for institutions, transfer students still on previous email lists, or recruited outside institutional formal email communications. Additionally, there were 344 student respondents which did not answer the question identifying the institution and 67 respondents that indicated 'other'.

Table 1a. Occasions of Risk Behaviors as a Result of Substance Use/ Misuse, last 30 Days, 2021-2022

Question	Year	Never	Once	Twice	3-5 times	6-9 times	10+ times
Had a hangover	**2022**	72.30%	12.90%	6.80%	5.50%	1.70%	0.90%
	2021	83.89%	9.89%	3.00%	2.26%	0.45%	0.51%
Performed poorly on a test or important project	**2022**	72.60%	13.20%	7.50%	4.70%	1.50%	0.60%
	2021	84.33%	8.47%	4.33%	2.20%	0.25%	0.41%
Been in trouble with police or campus authorities	**2022**	87.30%	4.40%	3.80%	3.10%	0.90%	0.50%
	2021	98.72%	1.12%	0.06%	0.03%	0.00%	0.06%
Damage property	**2022**	87.60%	4.70%	3.30%	3.30%	1.00%	0.20%
	2021	99.27%	0.54%	0.10%	0.00%	0.00%	0.10%
Got into a fight or argument	**2022**	81.00%	8.10%	5.10%	3.40%	1.40%	0.90%
	2021	93.58%	3.35%	1.69%	0.99%	0.16%	0.22%
Got nauseated or vomited	**2022**	73.60%	11.40%	6.70%	5.00%	1.60%	1.60%
	2021	85.23%	7.54%	3.84%	2.27%	0.32%	0.80%
Driven a car while under the influence	**2022**	85.70%	5.20%	3.60%	3.10%	1.40%	0.90%
	2021	96.04%	2.05%	0.64%	0.74%	0.13%	0.42%
Missed a class	**2022**	74.60%	10.20%	7.90%	4.80%	1.80%	0.60%
	2021	86.39%	6.68%	3.23%	2.94%	0.35%	0.42%
Criticized for alcohol and drug use	**2022**	84.90%	5.90%	4.30%	3.30%	1.20%	0.40%
	2021	96.22%	1.60%	1.18%	0.54%	0.10%	0.35%

Table 1b. Occasions of Risk Behaviors as a Result of Substance Use/ Misuse, last 30 Days, 2021-2022

Question	Year	Never	Once	Twice	3-5 times	6-9 times	10+ times
Thought I might have a drinking or drug problem	**2022**	84.80%	5.80%	4.30%	3.30%	1.00%	0.80%
	2021	95.65%	1.76%	1.02%	0.67%	0.13%	0.77%
Experienced memory loss	**2022**	81.00%	7.50%	4.80%	4.00%	1.60%	1.10%
	2021	91.28%	3.45%	1.88%	1.76%	0.48%	1.15%
Have been taken advantage of sexually	**2022**	87.10%	4.50%	3.80%	2.90%	1.20%	0.60%
	2021	96.71%	2.01%	0.67%	0.51%	0.00%	0.10%
Have taken advantage of another sexually	**2022**	88.60%	3.40%	3.60%	3.00%	1.10%	0.40%
	2021	99.58%	0.22%	0.06%	0.03%	0.00%	0.10%
Tried to stop using alcohol/ tobacco/ other drugs	**2022**	81.50%	6.80%	6.10%	3.60%	1.30%	0.60%
	2021	94.28%	2.65%	1.31%	0.86%	0.35%	0.54%
Thought about suicide	**2022**	82.20%	6.10%	4.00%	4.30%	1.40%	1.90%
	2021	90.57%	3.36%	2.01%	1.85%	0.67%	1.54%
Tried to commit suicide	**2022**	89.30%	3.60%	2.80%	3.00%	0.90%	0.40%
	2021	98.18%	1.18%	0.32%	0.10%	0.06%	0.16%
Been hurt or injured	**2022**	81.80%	6.50%	4.80%	3.90%	2.50%	0.60%
	2021	93.31%	3.58%	1.76%	0.70%	0.19%	0.45%

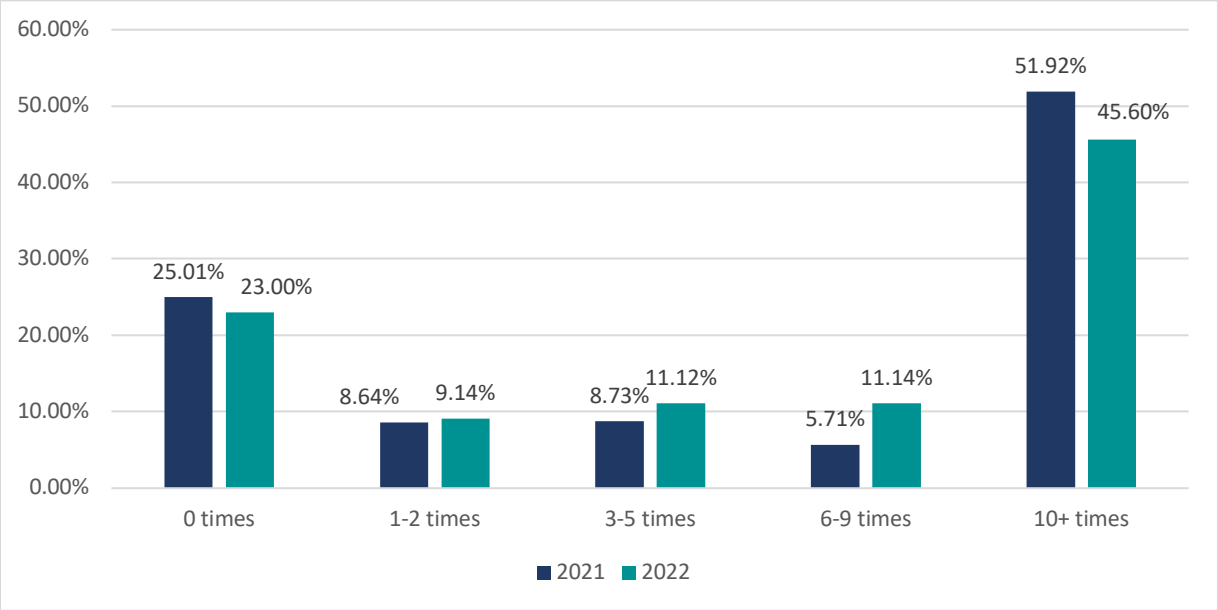
Table 2. Age of First Alcohol Use, 2021-2022

Substance	Do not use/ Never	10- Under	11-15	16-20	21-25	26+	Total
2021	29.98%	4.37%	14.91%	39.93%	10.32%	0.49%	3246
2022	25.25%	2.93%	18.67%	38.18%	12.59%	2.38%	3829

Table 3. Age of First Alcohol Use by Current Age (%),

Age of First Use		Age Group (18-20, 21+)		Age Group (18-25, 26+)	
Drug	***Age***	***18-20***	***21 and Older***	***18-25***	***26 and Older***
Alcohol	*Never*	41.4	17.7	30.2	16.6
	Under 10	2.4	3.1	2.6	3.5
	11-15	15.3	20.5	17.2	22.5
	16-20	40.9	37.1	39.6	37.0
	21-25	N/A	18.2	10.4	17.5
	26+	N/A	3.4	N/A	2.8

Figure 1. Lifetime Occasions of Alcohol Use, 2021-2022



Times Used	2021	2022
0 times	25.01%	23.00%
1-2 times	8.64%	9.14%
3-5 times	8.73%	11.12%
6-9 times	5.71%	11.14%
10+ times	51.92%	45.60%
Count	3207	3787

Table 4. Lifetime Occasions of Alcohol Use by Age (%)

Lifetime: Occasions of Use		**Age Group (18-20, 21+)**		**Age Group (18-25, 26+)**	
Drug	***Times Used***	***18-20***	***21 and Older***	***18-25***	***26 and Older***
Alcohol	*Never*	37.7	15.9	27.9	12.9
	1-2	12.7	7.4	10.3	6.8
	3-5	12.2	10.5	11.9	9.5
	6-9	10.0	11.7	12.8	7.9
	10+	27.3	54.4	37.2	62.9

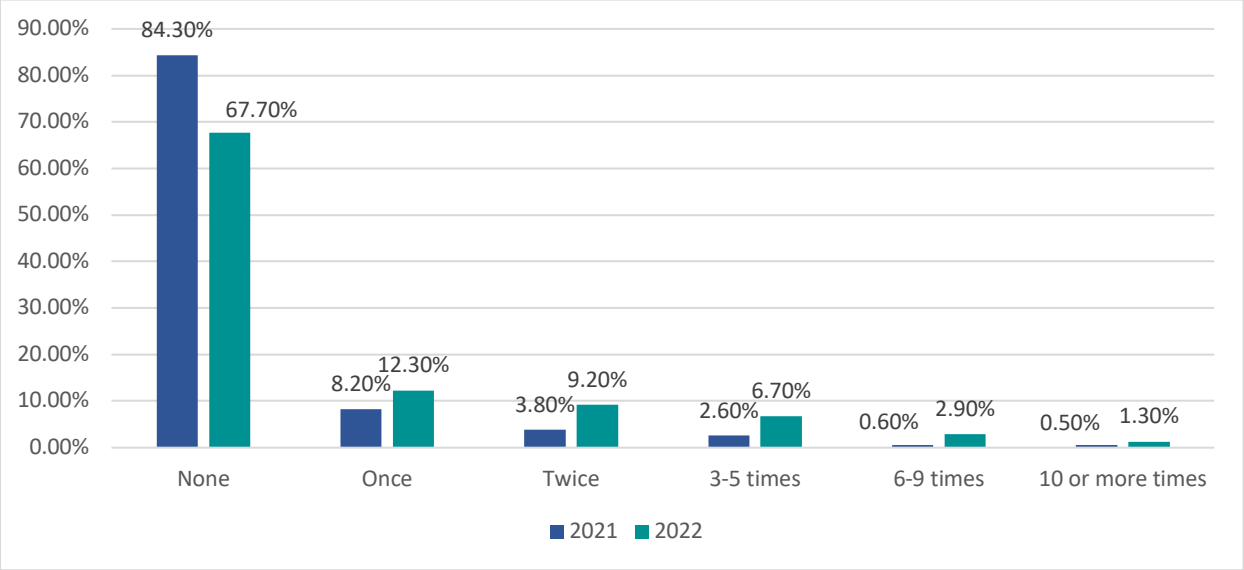
Table 5. Alcohol Use in the Last 30 Days, 2021-2022

Substance	Year	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total
Drunk one or more Alcoholic beverages (e.g., beer, wine, liquor)	*2022*	46.91%	22.75%	14.64%	7.98%	7.72%	3771
	2021	55.48%	22.42%	11.21%	4.47%	6.42%	3176
Been drunk or very high from drinking alcoholic beverages	*2022*	68.9%	14.6%	8.0%	4.0%	4.5%	3766
	2021	79.72%	12.74%	4.16%	1.14%	2.24%	3171

Table 6. Occasions of Alcohol Use in the Last 30 Days by Age (%)

Last 30 Days: Occasions of Use		Age Group (18-20, 21+)		Age Group (18-25, 26+)	
Drug	***Times Used***	***18-20***	***21 and Older***	***18-25***	***26 and Older***
Alcohol – 1 or More	*Never*	64.9	38.4	47.6	45.6
	1-2	20.3	23.9	22.2	23.7
	3-5	8.7	17.5	14.2	15.4
	6-9	3.2	9.9	8.1	7.0
	10+	2.9	10.4	7.8	8.3
Alcohol – Very Drunk	*Never*	78.6	64.3	65.9	74.8
	1-2	12.9	15.4	15.0	13.9
	3-5	4.5	9.7	9.1	5.8
	6-9	2.4	5.5	4.9	3.7
	10+	1.7	5.1	5.1	1.8

Figure 2: Over the past 2 weeks, number of times having had 5+ drinks in a sitting?



Response	2021	2022
None	84.3%	67.7%
Once	8.2%	12.3%
Twice	3.8%	9.2%
3-5 times	2.6%	6.7%
6-9 times	0.6%	2.9%
10 or more times	0.5%	1.3%

Table 7. Age of First Tobacco Use, 2021-2022

Substance	Year	Do not use/ Never	10-Under	11-15	16-20	21-25	26+	Total
Tobacco (e.g., smoke, chew, snuff)	2022	52.78%	3.08%	13.70%	21.57%	6.01%	2.85%	3861
	2021	66.15%	1.69%	11.64%	17.37%	2.51%	0.64%	3264

Table 8. Age of First Tobacco Use by Current Age (%):

Age of First Use		Age Group (18-20, 21+)		Age Group (18-25, 26+)	
Drug	***Age***	***18-20***	***21 and Older***	***18-25***	***26 and Older***
Tobacco	*Never*	75.2	42.5	61.9	38.1
	Under 10	0.9	4.2	2.1	5.2
	11-15	9.3	15.8	10.3	21.1
	16-20	14.6	25.0	20.5	24.8
	21-25	N/A	8.7	5.3	7.9
	26+	N/A	3.8	N/A	2.8

Table 9. Tobacco Lifetime Occasions of Tobacco Use, 2021-2022

Substance	Year	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total
Tobacco (e.g., smoke, chew, snuff)	2022	49.89%	10.63%	6.39%	5.74%	27.34%	3800
	2021	62.87%	8.57%	4.27%	1.90%	22.38%	3208

Table 10. Lifetime Occasions of Tobacco Use by Age (%)

Lifetime: Occasions of Use		Age Group (18-20, 21+)		Age Group (18-25, 26+)	
Drug	***Times Used***	***18-20***	***21 and Older***	***18-25***	***26 and Older***
Tobacco	*Never*	73.5	38.7	58.3	33.0
	1-2	9.1	11.3	10.0	11.7
	3-5	4.1	7.5	5.6	8.0
	6-9	2.9	7.1	6.5	4.3
	10+	10.4	35.4	19.5	43.0

Table 11. Occasions of Tobacco Use in the Past 30 Days, 2021-2022

Substance	Year	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total
Used tobacco (e.g., smoke, chew, snuff)	2022	70.76%	6.25%	5.99%	12.69%	4.32%	3776
	2021	88.26%	2.42%	0.98%	0.44%	7.90%	3176

Table 12. Occasions of Tobacco Use in the Past 30 Days by Current Age (%)

Last 30 Days: Occasions of Use		Age Group (18-20, 21+)		Age Group (18-25, 26+)	
Drug	***Times Used***	***18-20***	***21 and Older***	***18-25***	***26 and Older***
Tobacco	*Never*	87.6	62.7	72.3	67.5
	1-2	3.4	7.6	6.1	6.7
	3-5	2.5	7.6	6.5	4.9
	6-9	4.9	5.6	4.7	3.5
	10+	1.6	16.4	10.4	17.4

Table 13: Age of First Vaping Use

Substance	Year	Do not use/ Never	10- Under	11-15	16-20	21-25	26+	Total (N)
Vaping	*2022*	61.57%	1.36%	7.10%	16.59%	7.31%	6.06%	3815
	2021	70.78%	0.43%	4.50%	15.57%	4.50%	4.22%	3244

Table 14. Age of First Vaping Use by Current Age (%):

Age of First Use		Age Group (18-20, 21+)		Age Group (18-25, 26+)	
Drug	***Age***	***18-20***	***21 and Older***	***18-25***	***26 and Older***
Vaping	*Never*	66.9	59.5	61.5	64.4
	Under 10	0.7	1.6	3.1	0.2
	11-15	11.0	5.2	9.3	2.7
	16-20	21.4	14.3	21.9	6.5
	21-25	N/A	10.5	5.3	11.6
	26+	N/A	8.9	N/A	14.6

Table 15. Vaping Lifetime Occasions of Tobacco Use, 2021-2022

Substance	Year	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total
Vaping	*2022*	60.14%	7.76%	7.07%	4.52%	20.50%	3761
	2021	68.25%	5.70%	3.85%	1.75%	20.43%	3191

Table 16. Lifetime Occasions of Vaping Use by Current Age (%)

Lifetime: Occasions of Use		Age Group (18-20, 21+)		Age Group (18-25, 26+)	
Drug	***Times Used***	***18-20***	***21 and Older***	***18-25***	***26 and Older***
Vaping	*Never*	63.5	58.7	58.5	63.8
	1-2	8.4	7.4	8.6	6.1
	3-5	6.2	7.4	8.0	5.0
	6-9	3.1	5.2	4.3	4.8
	10+	18.7	21.3	20.6	20.3

Table 17. Occasions of Vaping Use in the Last 30 Days, 2021-2022

Substance	Year	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total (N)
Vaped nicotine	2022	70.49%	5.18%	5.48%	4.15%	14.70%	3762
	2021	84.35%	2.87%	1.23%	0.60%	10.95%	3170
Vaped marijuana	2022	79.77	4.77%	5.73%	3.76%	5.97%	3751
	2021	92.35%	2.18%	1.36%	0.51%	3.61%	3162
Vaped just flavoring	2022	87.66%	5.23%	4.08%	1.63%	1.41%	3751
	2021	96.01%	1.61%	0.57%	0.32%	1.49%	3159

Tables 18: Occasions of Vaping Use in the Last 30 Days by Current Age (%)

Last 30 Days: Occasions of Use		**Age Group (18-20, 21+)**		**Age Group (18-25, 26+)**	
Drug	***Times Used***	***18-20***	***21 and Older***	***18-25***	***26 and Older***
Vaped Nicotine	*Never*	78.3	66.9	67.5	76.6
	1-2	4.0	5.7	5.5	4.4
	3-5	3.3	6.5	6.3	3.7
	6-9	1.9	5.2	4.9	2.6
	10+	12.5	15.7	15.7	12.6
Vaped Marijuana	*Never*	85.2	77.2	77.0	85.3
	1-2	3.6	5.4	5.0	4.3
	3-5	3.8	6.6	7.2	2.9
	6-9	2.1	4.5	4.1	3.1
	10+	5.4	6.2	6.7	4.4
Vaped Flavoring	*Never*	92.9	85.2	87.2	88.8
	1-2	2.7	6.4	5.7	4.3
	3-5	1.9	5.1	4.0	4.2
	6-9	0.9	1.7	1.6	1.0
	10+	1.6	1.7	1.5	1.8

Table 19: Age of First Marijuana Use

Substance	Do not use/ Never	10- Under	11-15	16-20	21-25	26+	Total
Marijuana (e.g., weed, pot, hash)	58.45%	1.56%	10.80%	21.53%	5.36%	2.29%	3841

Table 20. Lifetime Occasions of Marijuana Use

Question	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total
Marijuana (e.g., weed, pot, hash)	55.70%	10.43%	6.86%	4.88%	22.12%	3788

Table 21: Marijuana Use in Last 30 Days

Substance	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total
Vaped marijuana	79.77%	4.77%	5.73%	3.67%	5.97%	3751
Used marijuana (e.g., weed, pot, hash)	79.72%	7.36%	4.09%	2.42%	6.40%	3763

Table 22. Age of First Substance Use

Substance	Do not use/ Never	10-Under	11-15	16-20	21-25	26+	Total
Cocaine (e.g., crack, rock, freebase)	87.09%	0.50%	2.14%	5.06%	3.31%	1.90%	3835
Amphetamines (e.g., diet pills)	81.28%	1.04%	3.60%	6.29%	4.57%	3.21%	3831
Sedatives (e.g., ludes, downers)	856.59%	1.20%	2.77%	5.09%	2.69%	1.67%	3832
Hallucinogens/ psychedelics (e.g., PCP, LSD)	84.78%	1.12%	2.38%	7.18%	2.98%	1.57%	3831
Opiates (e.g., heroin, smack)	91.16%	0.98%	2.09%	2.66%	1.85%	1.36%	3833
Inhalants (e.g., solvents, glue, gas)	90.59%	1.28%	2.46%	3.16%	1.44%	1.07%	3827
Designer drugs (e.g., ecstasy, MDMA, molly)	87.30%	0.31%	2.40%	5.56%	3.11%	1.31%	3828
Steroids	90.63%	1.21%	1.68%	3.10%	1.89%	1.50%	3812
Methamphetamine (e.g., meth, ice, speed)	89.97%	0.50%	1.65%	3.82%	2.17%	1.88%	3820
Other illegal drugs	90.10%	0.87%	1.84%	4.13%	1.55%	1.50%	3799

Table 23. Lifetime Occasions of Substance Use:

Question	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total
Cocaine (e.g., crack, rock, freebase)	85.37%	5.15%	3.68%	2.09%	3.71%	3773
Amphetamines (e.g., diet pills)	81.02%	4.87%	4.90%	2.54%	6.67%	3778
Sedatives (e.g., ludes, downers)	85.20%	4.64%	3.98%	1.80%	4.38%	3770
Hallucinogens/ psychedelics (e.g., PCP, LSD)	84.82%	5.12%	4.51%	3.00%	2.55%	3767
Opiates (e.g., heroin, smack)	90.34%	3.05%	3.32%	1.35%	1.94%	3767
Inhalants (e.g., solvents, glue, gas)	89.52%	3.40%	3.64%	1.70%	1.73%	3761
Designer drugs (e.g., ecstasy, MDMA, molly)	86.23%	4.73%	4.44%	2.74%	1.86%	3762
Steroids	90.04%	3.04%	3.44%	1.84%	1.65%	3754
Methamphetamine (e.g., meth, ice, speed)	89.88%	2.53%	3.20%	1.38%	3.01%	3755
Other illegal drugs	89.86%	2.62%	3.56%	1.45%	2.52%	3737

Table 24. Occasions of Substance Use in the Last 30 Days (%)

Substance	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total
Used cocaine (e.g., crack, rock, freebase)	91.42%	3.68%	2.67%	1.57%	0.67%	3751
Used amphetamines (e.g., diet pills)	89.11%	3.92%	2.67%	1.87%	2.43%	3747
Sedatives (e.g., ludes, downers)	90.45%	3.82%	2.83%	1.44%	1.47%	3748
Used hallucinogens/ psychedelics (e.g., PCP, LSD)	91.50%	3.32%	2.86%	1.71%	0.62%	3739
Used opiates (e.g., heroin, smack)	92.73%	2.78%	2.11%	1.63%	0.75%	3739
Sniffed glue, breathed the contents of aerosol spray cans, or inhaled other gases or sprays to get high	91.90%	3.58%	2.67%	1.44%	0.40%	3743
Used designer drugs (e.g., ecstasy, MDMA, molly)	91.34%	4.19%	2.00%	1.42$	1.04%	3743
Used steroids (e.g., testosterone)	92.23%	3.18%	2.56%	1.36%	0.67%	3743
Used Meth (e.g., Ice, speed)	92.24%	3.06%	2.87%	1.29%	0.54%	3726
Other illegal drugs	92.58%	2.28%	2.72%	1.80%	0.62%	3720

Table 25. Age of First Prescription Drug Use

Substance	Do not use/ Never	Under 10	11-15	16-20	21-25	26+	Total
Prescription Opioids	79.28%	1.20%	4.23%	8.90%	3.84%	2.56%	3832
Another person's prescription drugs	82.24%	1.92%	4.41%	6.43%	3.28%	1.73%	3811

Table 26. Lifetime Occasions of Prescription Drug Use

Question	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total
Another person's prescription drugs	81.28%	6.71%	5.19%	2.88%	3.94%	3756

Table 27. Occasions of Prescription Drug Use in the Last 30 Days

Substance	0 times	1-2 times	3-5 times	6-9 times	10+ times	Total
Used another person's prescription drugs	89.53%	4.62%	3.23%	0.69%	1.92%	3743
Used prescription opioids	89.46%	4.37%	3.00%	1.15%	2.01%	3730

A common finding within the assessment of campus perceptions and peer use on college campuses is that there is a profound overestimation, for nearly all categories, for substance use (Welsh, Shentu, & Sarvey, 2019). The campus perceptions and peer influences on college play a substantial role when deciding to participate in substance use on college campuses – more so within the first year of enrollment (Turrisi, Padilla, & Wiersma, 2000). When there is a perception that substance use is normative among peers then there is an elevated risk of developing a substance use disorder (Borsari & Carey, 2001) which is then compounded by the overall perceptions and overestimation of peer substance use for the college population (Borsari & Carey, 2001; American College Health Association, 2018; Sanders, Stogner, & Miller, 2013).

Table 28: Student awareness of campus' policies and programs for alcohol, tobacco, and substance use'

Question	Yes	No
Does your campus have alcohol, tobacco, and other drug policies?	91.4%	8.6%
If yes (to question 'Does your campus have alcohol, tobacco, and other drug policies?'), are campus policies enforced?	82.7%	17.3%
Does your college have an alcohol, tobacco, and drugs prevention program?	84.8%	15.2%
Do you believe your campus is concerned about the prevention of alcohol, tobacco, and drug use?	84.9%	15.1%
Are you actively involved in efforts to prevent alcohol, tobacco, and drug use on your campus?	26.6%	73.4%

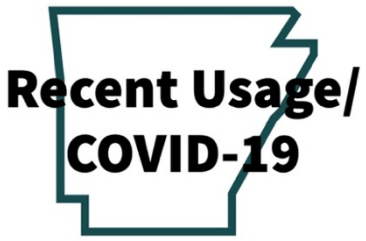
Table 29a. Student Perceptions of Campus Substance Use, 2021-2022

Substance	Year	Did not use	Once a year	Once/ month	Twice/ month	Once/ week	3 times/ week	5 times/ week	Every day	Total (N)
Tobacco	*2022*	20.7%	6.0%	9.5%	8.2%	12.7%	13.5%	6.5%	23.0%	3544
	2021	24.29%	5.47%	8.75%	6.39%	13.51%	13.95%	6.22%	21.42%	2960
Alcohol	*2022*	13.8%	3.4%	7.4%	10.6%	25.8%	21.8%	8.4%	8.9%	3533
	2021	13.41%	3.09%	6.28%	8.15%	26.51%	23.83%	9.30%	9.44%	2946
Marijuana		26.1%	5.5%	9.3%	9.5%	16.4%	14.6%	6.6%	11.9%	3535
	2021	24.87%	5.59%	9.42%	8.23%	16.98%	15.45%	7.08%	12.37%	2951
Prescription Opioids	*2022*	53.1%	11.5%	10.1%	7.8%	7.9%	4.6%	1.6%	3.4%	3509
	2021	58.00%	9.84%	9.70%	7.42%	6.94%	4.42%	0.88%	2.79%	2938
Cocaine	*2022*	61.6%	13.1%	8.6%	5.6%	5.3%	2.4%	1.6%	1.8%	3525
	2021	70.06%	10.36%	8.19%	4.28%	3.19%	1.90%	0.37%	1.63%	2943
Amphetamines	*2022*	62.7%	10.9%	7.9%	5.4%	5.5%	3.0%	1.7%	2.8%	3523
	2021	68.61%	8.53%	7.30%	4.52%	3.77%	2.72%	1.80%	2.75%	2944
Sedatives	*2022*	62.5%	11.1%	8.9%	6.1%	5.8%	2.4%	1.5%	1.8%	3511
	2021	69.69%	9.27%	7.47%	5.13%	3.97%	2.07%	0.58%	1.83%	2946
Hallucinogens/ Psychedelics	*2022*	59.2%	14.0%	9.8%	7.4%	5.1%	2.3%	0.7%	1.6%	3523
	2021	65.19%	14.34%	9.04%	4.93%	3.13%	1.33%	0.54%	1.50%	2942
Opiates	*2022*	63.2%	11.3%	8.6%	5.8%	5.7%	2.6%	0.8%	1.9%	3515
	2021	71.01%	9.42%	7.44%	3.70%	3.33%	2.48%	0.75%	1.87%	2942
Inhalants	*2022*	66.5%	11.1%	8.1%	5.8%	4.0%	1.9%	1.1%	1.5%	3512
	2021	74.25%	9.04%	6.66%	3.13%	3.02%	1.49%	0.61%	1.80%	2944
Designer Drugs	*2022*	62.8%	11.9%	8.9%	5.9%	5.6%	2.2%	1.1%	1.6%	3510
	2021	69.92%	11.47%	7.21%	4.39%	3.33%	1.57%	0.37%	1.74%	2939

(Continued on next page)

Table 50b. Student Perceptions of Campus Substance Use, 2021-2022

Substance	Year	Did not use	Once a year	Once/ month	Twice/ month	Once/ week	3 times/ week	5 times/ week	Every day	Total (N)
Steroids	*2022*	61.0%	11.0%	9.4%	6.6%	6.0%	3.0%	0.9%	2.0%	3498
	2021	69.36%	9.30%	7.32%	4.87%	4.29%	2.11%	0.61%	2.15%	2937
Meth-amphetamine	*2022*	67.7%	9.8%	6.9%	5.4%	5.0%	2.2%	1.2%	1.8%	3501
	2021	75.16%	8.64%	5.43%	3.66%	2.70%	1.81%	0.72%	1.88%	2927
Someone else's prescription drugs	*2022*	54.9%	11.3%	10.9%	7.9%	6.5%	3.7%	1.7%	3.1%	3506
	2021	58.42%	10.91%	10.40%	6.78%	5.45%	3.75%	1.84%	2.45%	2934
Vaping	*2022*	24.9%	4.0%	4.4%	5.6%	8.5%	7.9%	9.5%	35.3%	3512
	2021	27.07%	2.69%	4.01%	3.88%	7.62%	10.98%	9.42%	34.34%	2941
Other illegal drugs	*2022*	62.8%	10.4%	7.5%	5.9%	6.1%	3.0%	1.4%	2.9%	3481
	2021	69.25%	10.13%	6.11%	4.19%	3.88%	2.65%	0.55%	3.23%	2911



Alcohol Use:

Participants in the survey were asked to describe the extent to which their alcohol use had changed within the last 12 months. Approximately 44.5% of the total participants indicated their alcohol use had remained the same during this time. Another 39.3% stated that their alcohol use decreased, while about 16.2% stated that their alcohol use increased. While most of the participants indicated that their alcohol consumption either decreased or remained the same, nearly _ out of every _ individuals stated that their alcohol consumption increased over the past 12 months.

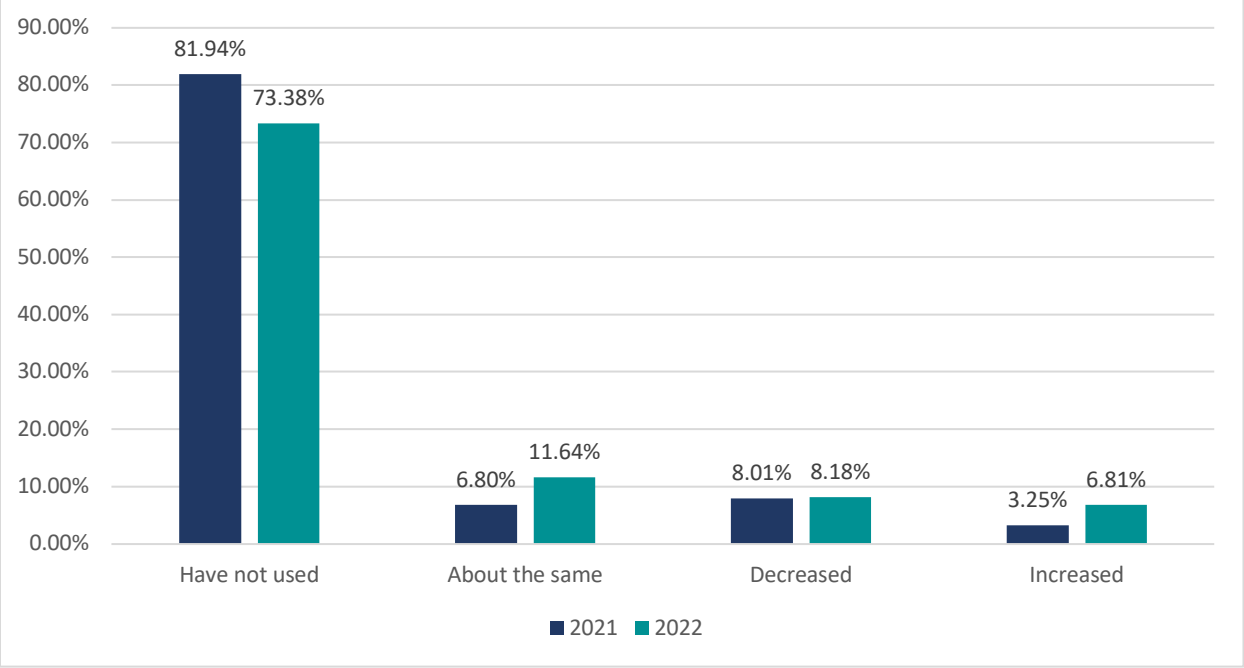
Figure 3: *Extent alcohol use changed within the last 12 months?*

Response	Percent (%)
Increased	16.2
About the same	44.5
Decreased	39.3

Illegal Drug Use

For illegal drug use, most of the participants (74%) indicated that they abstained from using illegal substances in the past 12 months. Close to seven percent (11.6 %) of participants noted that their use of illegal drugs remained the same while 8.2% indicated their illegal drug use decreased and 6.8% indicated their use increased. As noted, very few participants indicated that they had engaged in any illegal drug use, which may indicate that individuals are more comfortable with reporting their use of legally permissible substances like alcohol and less comfortable with reporting their use of illegal substances, like illicit drugs. Of the remaining individuals that reported on their use of illegal drugs, the majority again indicated that their drug use either remained the same or decreased but there were some notable shifts from the last assessment.

Figure 4: Extent illegal drug use changed within the last 12 months?

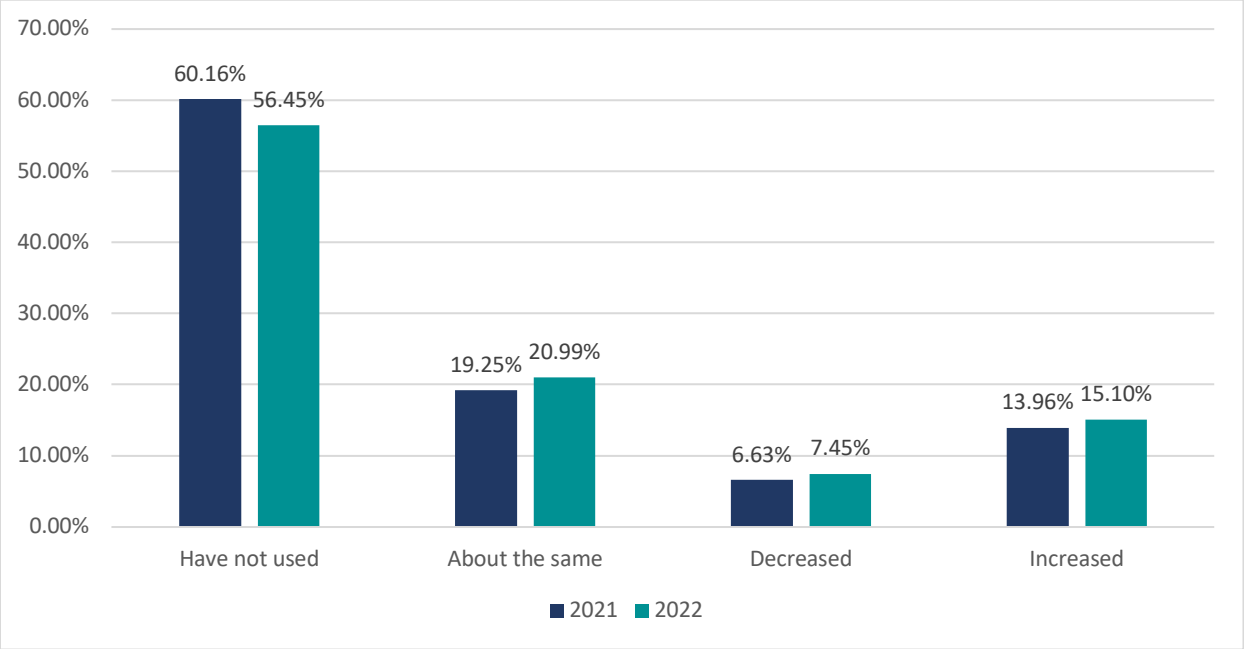


Response	2021	2022
Have not used	81.94%	73.38%
About the same	6.80%	11.64%
Decreased	8.01%	8.18%
Increased	3.25%	6.81%

Covid-19 Impact on Alcohol, Tobacco, and Drug Use

The participants were also asked to describe how the Covid-19 pandemic affected their use of alcohol, tobacco, and drugs. Again, most participants (56.5%) indicated that they had not used these substances. Approximately, 15% of participants stated that their substance use increased. About 1 in 5 of the participants stated that their substance use remained about the same, while 7.5% stated that their substance use decreased during 2022. Comparisons are provided from the 2021 assessment responses

Figure 5: COVID-19 pandemic effect on alcohol, tobacco, and/or drug use, (2021-2022)



Response	2021	2022
Have not used	60.16%	56.45%
About the same	19.25%	20.99%
Decreased	6.63%	7.45%
Increased	13.96%	15.10%

Participant Demographics

Historically, college students are defined in similar assessments as full-time students at two- or four-year institutions (Schulenberg et al., 2017). The participants for this assessment are largely two- and four-year students but we did not exclude part-time students which is common practice. Post-baccalaureate institutions for the state were also included in the assessment. Responses are presented in aggregate and with age and gender breakdowns for substance use responses. Given the changing landscape of higher education, and the shifting context of whom constitutes as a college student, this assessment aimed at capturing perceptions and behaviors of as many types of college students as possible – even if they are nontraditional for similar collegiate level assessments. Subsequent reports and articles will be conducted highlighting the different demographic groups and substance use. For this assessment the demographic variables included: (1) Gender; (2) Race; (3) Ethnicity; (4) Marital Status; (5) Work Status; (6) Permanent Residence; (7) Student Status; (8) Degree Type; (9) Undergraduate level; (10) Graduate level; (11) Current residence; (12) Class Modality; and (13) Cumulative Grade Point Average.

Respondent Ages:

The age breakdowns for the assessment indicated that 32.5% of the assessment participants were 18-20 years of age while the other 67.5% were 21-years of age or older. The 18–25-year-old age range, which is the typical age of reporting for full time 2-year and 4-year college students in similar assessments, represented 66.8% of total respondents while 33.2% of the respondents indicated they were 26-years of age or older.

Figure 6: Respondent Age, in years, by Percent Response, 2022

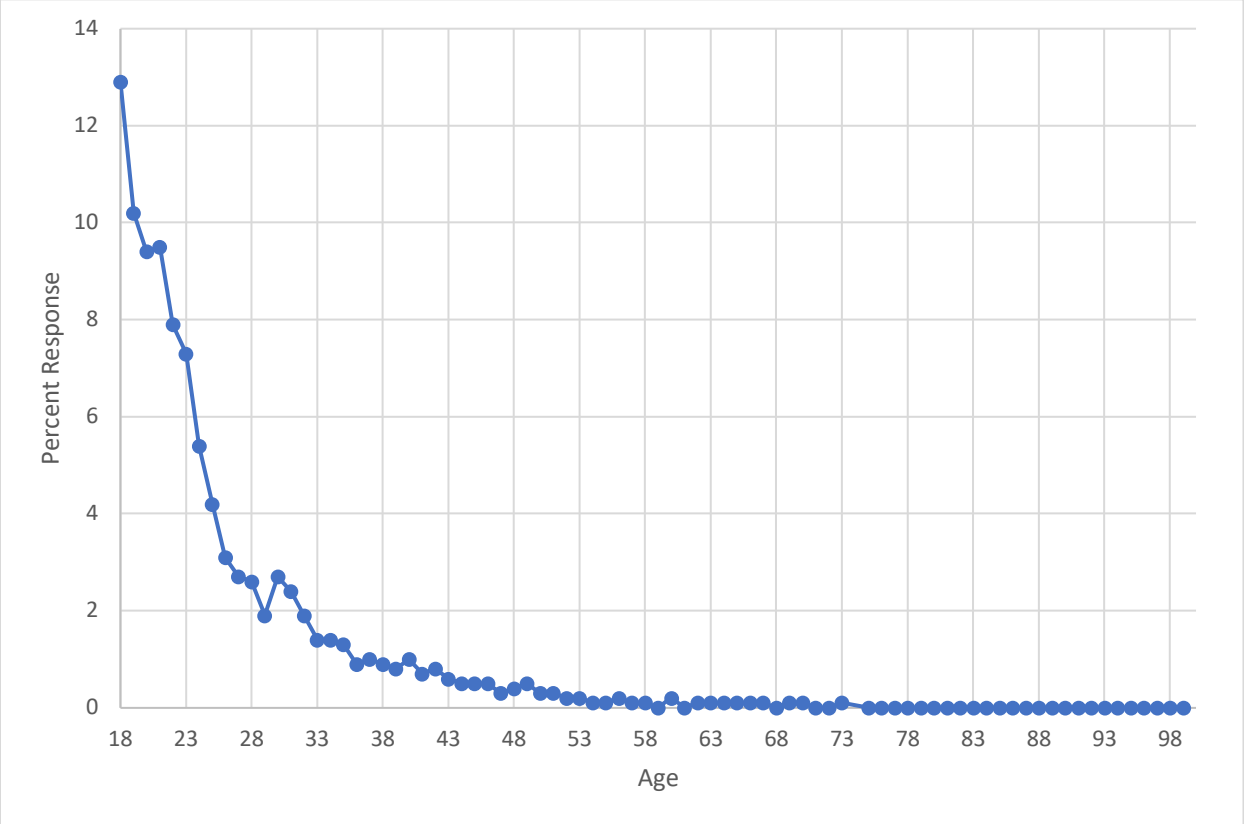


Table 30a: Participant demographics

Demographic Criteria	*Demographic Category*	Percentage	Count (N)
Gender	*Male*	30.8	1212
	Female	67.2	2641
	Transgender/ Gender Non-conforming	2.0	79
Race	*Black or African American*	14.9	589
	Asian	3.8	151
	Native American	3.4	135
	Alaska Native	1.2	49
	Native Hawaiian or Other Pacific Islander	.9	35
	White	69.2	2728
	Other (Please explain)	6.4	254
Ethnicity	*Yes (Spanish/ Hispanic/ Latinx)*	20.9%	820
	No (Spanish/ Hispanic/ Latinx)	79.1%	3110

Table 30b: Participant demographics

Demographic Criteria	*Demographic Category*	Percentage	Count (N)
Marital Status	*Single, divorced*	7.7	305
	Living with domestic partner	4.8	188
	Widowed	.4	17
	Single, never married	67.0	2649
	Married, and living with spouse	18.1	718
	Married, and living separately from spouse	2.0	79
Work Status	*Yes, part-time*	40.1	1589
	Yes, full-time	27.1	1074
	No	32.7	1296
Permanent Residence	*In-state (Arkansas)*	89.9	3544
	Out of State	7.8	306
	Outside the United States	2.3	90
Student Status	*Full-time (e.g., 12+credits)*	77.2	3036
	Part-time (e.g., 1-11 credits)	22.8	897
Degree	*Non-degree seeking*	5.5	217
	Undergraduate	50.9	2010
	Associate	29.5	1163
	Graduate	10.9	429
	Other (please specify)	3.2	127
Undergraduate	*Freshman (undergraduate)*	29.1	579
	Sophomore (undergraduate)	32.6	649
	Junior (undergraduate)	19.2	383
	Senior (undergraduate)	19.2	382

Table 30c: Participant demographics

Demographic Criteria	*Demographic Category*	Percentage	Count (N)
Graduate	*Masters*	49.6	211
	Doctorate	23.8	101
	Professional Degree	20.7	88
	Other (please specify)	5.9	25
Current Residence	*On-campus*	31.5	1242
	Off-campus	68.5	2697
Class Modality	*Fully online courses*	23.9	946
	Hybrid (both online and in-person courses)	49.1	1940
	Fully in-person courses	27.0	1067
Cumulative Grade Point Average	*A*	41.9	1608
	B	38.2	1465
	C	13.8	531
	D	4.2	163
	F	1.8	69

Family Background

When examining risk factors associated with substance use on college campuses there are general risk factors related to specific psychiatric conditions which are relevant and risk factors that are associated with family history of substance use disorders (Blanco, Florez-Salamanca, Secades-Villa, Wang, & Hasin, 2018; Hawkins, Catalano, & Miller, 1992). For this assessment, respondents were asked to indicate all family members with alcohol and/or drug problems. While none was the highest frequency response, those indicating family members with alcohol and/or drug problems were Aunts/ Uncles, Fathers, and Siblings – which were the same highest response incidence category responses for both years of the assessment.

Table 31: *Family Members with Alcohol or other Drug Problems, 2021-2022*

Family Member	Frequency (n), 2021	Frequency (n), 2022
Mother	443	620
Father	776	998
Stepmother	83	146
Stepfather	171	301
Siblings	537	705
Grandparents (Mother's Side)	466	583
Grandparents (Father's Side)	400	484
Aunts/Uncles	886	1044
Spouse	94	186
Partner	89	272
Children	34	61
None	1269	1308

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