# Arkansas Statewide Collegiate Substance Use Assessment, 2024

ARKANSAS DEPARTMENT OF HUMAN SERVICES

**Arkansas Collegiate Substance Use Assessment 2024**

*Derek R. Slagle, Ph.D.*

*Adam Williams, Ph.D.*

*Jessica Amos-Dolls, M.P.A.*

*ABOUT THIS REPORT:*

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## Key Findings:

The 2024 survey data reveal significant insights into substance use patterns among college students. For alcohol consumption, most students reported never experiencing alcohol-related problems in the past 30 days, with over 80% indicating no instances of hangovers, poor performance, police involvement, missed classes, fighting, property damage, DUI incidents, criticism, or nausea/vomiting. The data shows important age-related patterns, with those under 21 more likely to abstain from alcohol compared to their older peers, though a substantial percentage of underage students reported some alcohol consumption.

Regarding tobacco use, approximately 64% of respondents reported never using tobacco products, with significant differences between age groups. Students under 21 showed much higher abstention rates (78%) compared to those 21 and older (55%). Similarly, e-cigarette and vaping products showed notable usage patterns, with about 67% reporting never using these products. Interestingly, the data revealed vaping as particularly prevalent, with nearly 42% of students perceiving daily vaping among their peers—the highest perceived daily use rate among all substances surveyed.

For marijuana, about 56% reported never using the substance, with age again proving to be an important factor. Students under 21 were more likely to report never using marijuana (67%) compared to those 21 and older (48%). When examining prescription drug misuse, most students (84-90%) reported never using prescription opioids or others' prescription medications, with even higher abstention rates among younger students.

The survey data also revealed campus perceptions, with over 96% of students aware of campus alcohol policies and nearly 91% believing these policies are enforced. Students widely recognized campus concerns about substance use (90%) though relatively few (17%) reported personal involvement in campus prevention programs. Mental health indicators showed significant prevalence of emotional distress among students, particularly feelings of nervousness, depression, and hopelessness, suggesting important connections between mental health and substance use patterns.

Demographically, the survey sample was predominantly female (74%), white (68%), single (69%), and full-time students (82%), with a notable portion being first-year undergraduates (34%). Most reported good academic standing with 90% maintaining A or B grade averages, providing context for understanding substance use patterns within this population.

**General Findings:**

- The survey encompasses 2-year, 4-year, and post-baccalaureate institutions, as well as public and private universities & colleges.
- The 16-20-year-old age range is repeatedly the age where respondents identified first use of alcohol, tobacco, and other drugs.
- Across the demographics surveyed, most of the participants in this survey study were White (68%) Female (74%), single (69%), full-time (82%), in-state residents (86.5%), with a notable portion being first-year undergraduate student status (34%).
- Regarding student status, most students were staying off-campus (66.5%).
- For class modality, most students were taking hybrid classes (40%).
- Risk behaviors were consistent, albeit somewhat decreased, from the previous post-COVID assessments.
- Nearly 50% of respondents noted a family member with a substance use history.

**Alcohol:**

- Across all 4 years of assessments, the highest incident age of first alcohol usage among survey participants was 16-20.
- Lifetime occasions of alcohol use was higher for 21+ (legal drinking age) vs. 18-20; similarly, 26+ have a higher lifetime occasions of alcohol use when compared to 18-25.
- When asked about alcohol consumption in the last 30 days, most of the participants had never been drunk or been high from drinking alcoholic beverages (79%).
- When asked about >5 + drinks in a sitting, many of the survey participants who had never had >5 + drinks in a sitting over the last 2 weeks was 84%.

**Tobacco & Vaping:**

- While most respondents had never used tobacco or vaped, the highest incidence for age of first tobacco usage and vaping was 16-20 years old.
- Lifetime occasions of tobacco use, and vaping was higher for 21+; similarly, 26+ have a higher lifetime occasions of tobacco usage use when compared to 18–25-year-old. However, there were greater incidence of 18-25 vaping than 26+.
- Majority of the participants (84%) had never used tobacco or vaped in the past 30 days.
- Most participants who reported vaping nicotine

**Marijuana:**

- Between the ages of 16-20 was the highest incidence of first-time using marijuana at 26% of respondents.
- Recent Marijuana Use was 15% of respondents.

**Substance use and Prescription drugs abuse:**

- Majority of the participants had never used prescription opioids (84%) or another person's prescription drugs (90%).
- Lifetime occasions of substance use (10+ times usage) was seen to be highest for Amphetamines (7.2%). More than 95% of the participants had never used a substance such as cocaine, amphetamine, sedatives, hallucinogens, opiates, designer drugs, steroids, meth, and illegal drugs .

**Campus perceptions**:

- Most of the participants (97%) were aware of the campus policies/programs for alcohol, tobacco and substance use and most (91%) believed that they were enforced as well. However, 83% of respondents were not involved in campus prevention efforts.
- Many participants thought that the social atmosphere on the campus does not promote alcohol (78%) or any other drug use (87%).
- Relative to other campuses in the state, close to half (50%) of the participants thought that their campus use was lower than campuses they were familiar with.

**Mental Health Indicators:**

- Having recent feelings (<30 days) of:
  - Nervousness (74%)
  - Hopelessness (42%)
  - Restlessness (63%)
  - Worthlessness (35%)
  - Depression (51%)
  - Helplessness (57%)

# INTRODUCTION

## Overview:

The fourth annual statewide collegiate substance use assessment was conducted by the University of Arkansas at Little Rock Survey Research Center from August to December 2024 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 Office of Substance Abuse and Mental Health 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. The study, now having completed its fourth year, has collected 11,652 responses from 52 different colleges and universities across the state of Arkansas. Respondents span the scope of student and life experience and provide a robust sample for analyzing substance use, mental health outcomes, and campus implications.

# LITERATURE REVIEW:

## Importance of Assessment:

The Arkansas Epidemiological Outcomes Work group indicated 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 the Arkansas Collegiate Substance Use Assessment represents the only 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.

***Mental Health Issues in College Campuses:***

The escalating concerns surrounding mental health on college campuses in the United States demands attention as students grapple with issues like academic pressure, peer expectations, the transition to college life, and societal changes, resulting in prevalent disorders such as anxiety, depression, and stress. University student mental health and wellness has become an important public health concern (Brown, 2016). Hunt and Eisenberg's study in 2010 emphasized the significance of addressing these issues promptly, revealing a substantial proportion of students experiencing emotional distress. The WHO World Mental Health International College Student project (see Auerbach et al. in 2018) underscored that a noteworthy percentage of first-year college students in multiple countries, including the United States, grapple with common mental disorders and that the need for mental health services surpasses the current available resources, emphasizing the magnitude of the situation and the necessity for comprehensive reinforcement strategies. Research has indicated that at least 35% of assessed collegiate students met diagnostic criteria for at least one mental health condition (Auerbach, et al, 2016). When compared to the general population, university and college students are 12.9% higher for levels of depression and age-matched peers (Eisenberg, Gollust, Golberstein, & Hefner, 2007; Ibrahim, Kelly, Adams, & Glazebrook, 2013; Lim, et al., 2018; Cvetovski, Reavley, & Jorm, 2012). The transition from high school to university and developmental transitions to adulthood, prior to 24 years of age are peak onset periods for mental health problems (Sheldon, et al., 2021; Kessler, et al., 2007). Mental health issues have been associated with poor academic performance and higher attrition rates (Hysenbegasi, Hass, & Rowland, 2005; Megivern, Pellerito, & Mowbray, 2003).

Furthermore, the global impact of the COVID-19 pandemic has exacerbated mental health challenges among students worldwide, including in the USA. Wang et al. (2020) highlighted elevated levels of anxiety and depression among college students during the pandemic, adding a

layer of complexity to mental well-being on campuses. 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). Similarly, over the past couple of decades, it has been established that college students are at a

higher risk for binge-drinking than non-college students (Johnston, O'Malley, & Bachman, 2011). The typical student embarks on their educational journey two to three years before reaching the legal drinking age, which means that alcohol becomes a legal and consumable substance for them as they are likely entering their final year of school. The transition to the legal drinking age on college campuses creates a policy-spectrum of rules that can create confusion for those students that are subject to the enforcement policies (Cremeens et al., 2011).

The overlap between this annual statewide collegiate assessment and the annual 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 their male 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). A quarter of community-college students engaged in binge-drinking (heavy episodic drinking – typically defined as more than 5 drinks in 1 sitting) and community college student binge drinkers had higher rates of drinking-related problems than non-binge students or abstainers (Sheffield, Darkes, Del Boca, & Goldman, 2010). 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). There are associations between alcohol use and deaths, unintentional injuries, physical fights, and other substance abuse (National Institute of Alcohol Abuse and Alcoholism, 2002; Wechsler, Lee, Kuo, & Lee, 2000; Clements, 1999; Gledhill-Hoyt, Lee, Strote, & Wechsler, 2000) Binge drinkers are more likely to miss class and get hurt related to their alcohol use and can negatively impact other non-drinking students across campus (Wechsler, Lee, Kuo, & Lee, 2000).

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). Alcohol use on college campuses remains a heavily researched topic due to its direct correlation with the long-term effects on underage individuals (Horsman, 2014). In a recent study, the risk of negative consequences was found to be positively correlated with the consumption of alcohol and cannabis on college campuses (Gunn et al., 2022).

Colleges and universities have implemented environmental approaches to reduce alcohol consumption within college students primarily through enforcement and policy development mechanisms (DeJong & Langford, 2002; Neighbors, et al., 2007). Universities and colleges are mandated by the 1989 Drug Free Schools and Communities Act Amendments to put programs into practice for the prevention of illicit drugs and student alcohol abuse (Neighbors, et al., 2007; DeJong & Langford, 2002; Lipperman-Kreda, Grube, & Paschall, 2010). An analysis of alcohol college policies on campus noted that 61% of campuses proactively enforced alcohol policies; larger universities reported greater enforcement levels; and approximately half noted a need for greater coordination with local law enforcement for on-campus enforcement (Toomey, Miazga, Lenk, Erickson, & Winters, 2011). Institutional size and composition have an impact on the types of policies implemented (Lenk, Erickson, Nelson, Winter, & Toomey, 2012) State and local policies have been indicated to further minimize access, consumption, and alcohol-related problems (Mitchell, Toomey, & Erickson, 2005).

One study of college student awareness of campus policies noted that while 89% of students were aware of campus policies, only 44% of students accepted those regulations and rules and 79% of students drank despite being in violation of campus policies (Marshall, Toberts, Donnelly, & Rutledge, 2011). The finding that college control policies have been limited in their outreach is a well-documented finding (Toomey & Wagwnaar, 2002). Additionally, implementing alcohol control policies that regulate the distribution and availability of alcohol can be an effective control mechanism to reduce alcohol use and alcohol related problems (Babor, et al., 2003). Student knowledge of alcohol policies, access to policies (hard-copy or digital), and a student ability to comprehend the policies as written are essential for effective on-campus policies and programming efforts (Marshall, Toberts, Donnelly, & Rutledge, 2011). Research has noted that

alcohol policies on college campuses are often incomplete or difficult to access (Faden & Baskin, 2002) and that the enforcement domain is often of importance and the primary focus (Ringwalt, Paschall, & Gitelamn, 2011) – with states with higher alcohol policy enforcement having fewer alcohol-related arrests, alcohol-related-disciplinary actions, and rapes (Kasimanickam, et al., 2024). Common challenges for college administrators include mixed messages received by students; inconsistency in enforcement, and students' general attitudes towards alcohol use (Cremeens, et al., 2011). The most common recommendations to address college alcohol policies were ensuring a comprehensive approach with the entire community and enhanced alcohol education (Cremeens, et al., 2011).

***Tobacco & Vaping:***

Evidence underscores the significant impact of tobacco-related health disparities (TRHDs) on population health in the United States (Berg et al., 2021). Smoking cigarettes, a key contributor to TRHDs, results in nearly 500,000 deaths annually in the United States, with over 40,000 deaths attributed to secondhand smoking. It is noteworthy that almost all adult cigarette smokers initiate smoking before the age of 26 (Wang et al., 2018) and in the general population 99% of adult cigarette smokers began smoking before the age of 26, with many becoming regular, daily smokers during young adulthood. College students experience tobacco-related health disparities like other adult subpopulations (e.g., racial/ ethnic minorities; lower socioeconomic backgrounds/ urban/rural; sexual and gender minorities). Interestingly, tobacco use incidence is higher at community colleges and tribal universities/ colleges -compared to traditional 4-year universities/ colleges (Berg, et al., 2021; McIntosh, Wall, & Johnson, 2016; Lenk, et al., 2012; Choi, Nazir, & Pancheco, 2016). Thus, college student populations are a critical target population when attempting to mitigate tobacco-related health disparities (Berg, et al., 2021).

African American and Black populations are more likely to start using tobacco during adulthood rather than in their youth (Roberts, Colby, Lu, & Ferketick, 2016) and those smoking adults have greater morbidity and mortality from smoking-related diseases even though they have lower smoking intensities (Leventhal, Dai, & Higgins, 2022; Cunningham, et al., 2017). African American adults reported higher motivations to quit tobacco yet experienced greater difficulty than other groups due to lack of access to culturally competent care and structural inequities (Carrol & Cole, 2022; Kulak, Cornelius, Fong, & Giovino, 2016). Derefinko, et al. (2018) found that there were no rural/ urban differences broadly in tobacco usage while transitioning to college although rural racial/ ethnic minorities were more likely to use tobacco during these transitions. Historically, tobacco cessation programs have had difficulty recruiting and enrolling minority populations (Coday, Richey, & Thomas, 2016). Black and African American adults demonstrated interest in higher Quitline services and telephone coaching (Marshall, et al., 2017; Webb Hooper, Carpenter, & Salmon, Web-based tobacco cessation interventions and digital inequiality across US racial/ ethnic groups, 2019; Zhu, et al., 2011) but have less success than White adults (Rabius, Wiatrek, & McAlister, 2012; Sood, et al., 2009; Varghese, et al., 2014). Therefore, there is a necessity to develop culturally specific tobacco programming and interventional cessation among Black and African Americans to address social norms, racial discrimination/ stressors, menthol smoking, cultural values and beliefs, and history (Hooper, Carpenter, Salmon, & Resnicow, 2023). Culturally focused interventions and programming are preferable to standard, general audience, cessation interventions for Black adults (Webb, 2009; Webb Hooper, Antoni, Okuyemi, Dietz, & Rescinow, 2017).

The prevalence of cigarette smoking and tobacco use hit a historic low in 2020, marking a 4% usage among college students in the past 30 days (Schulenberg, et al., 2020). Despite the

overall decline in tobacco use, the void left has been filled by the rising trend of vaping through electronic cigarettes and vaporizer devices across the United States (Cullen et al., 2019; Miech, Miech, Johnston, O'Malley, Bachman, & Patrick, 2019; Patrick, O'Malley, & Johnston, 2017). The U.S. Centers for Disease Control and Prevention and the Food and Drug Administration demonstrated in the National Youth Tobacco Survey that e-cigarettes/ vaping has been the most common tobacco usage among youth since 2014. Nationwide, approximately 17-40% of all college students have tried or are actively using e-cigarettes (Jones, Asare, & Lanning, 2021). Overall, 60% of college students have been offered an e-cigarette (Copeland, Peltier, & Waldo, 2017; U.S. Department of Health and Human Services, 2016), and, of active users, 40% had not actively used combustible cigarettes (Schoenborn & Gindi, 2016) – despite the fact that e-cigarette use is positively associated with traditional combustible cigarettes in the future (Coleman, et al., 2015). In aggregate, these findings demonstrate that vaping usage/ e-cigarettes are generating new populations of individuals susceptible to developing a nicotine addiction (Jones, Asare, & Lanning, 2021).

The surge in vaping has been linked to various factors such as harm reduction, the absence of regulation, the appeal of public consumption (Trumbo, 2017; Tavollaci, et al., 2016; Franks, Hawes, McCain, & Payakachat, 2017), and directed marketing claims made at college students for vaping (Luo, Zheng, Zeng, & Leischow, 2014). Among targeted advertisements for college e-cigarette use, 95% of the websites had health-related claims, 64% had smoking cessation-related claims, and 22% featured health professionals. These targeted advertisements and broader marketing have led to the perception, among nonusers and users, that vaping is a healthier alternative to cigarettes and reporting that vaping contains less chemicals, fewer nicotine, and less smoke than normal tobacco cigarettes (Case, Crook, Lazard, & Mackert, 2016). College students

routinely cite the belief that vaping is a healthy alternative to tobacco/ combustible cigarette usage as part of the motivation to use (Hefner, Solazzo, Mullaney, Coker, & Sofuoglu, 2019; Lanza & Teeter, 2018).

Despite being perceived as a potentially less harmful method of nicotine consumption, the surge in vaping among adolescents in the United States has become a major cause for concern. Research has indicated that vaping was associated with smoking, poorer mental health, and alcohol consumption among college students (Wilson, Bullen, Duffey, & Bopp, 2022). Associations have been observed with regular tobacco use, concurrent use of tobacco and cannabis, alcohol consumption, and even suicidal ideations (Lee & Lee, 2019; Auf, et al., 2019; Jones, Hill, Pardini, & Meier, 2016; Oh, et al., 2019). Studies suggest further linkages between vaping and beliefs, social cues, cognitive-risk perceptions, and even residence in urban versus rural areas (Trumbo, 2017; Dai & Hao, 2017); gender, certain risk behaviors, and geographic locations of high schools were predictors of vaping in college (Omoike & Johnson, 2020). The trend extends across educational levels, impacting middle school, high school, and college students, with estimates indicating a vaping rate as high as 25% among college students over the past 30 days (Trumbo, 2017). Although there was a leveling off in vaping for 2020, concerning figures persist, such as a 25% annual prevalence of vaping marijuana among college students and a rise in daily use from 5% in 2017 to 12% in 2020 (Schulenberg et al., 2020; U.S. Department of Health & Human Services, National Institutes of Health, 2021).

Research has demonstrated there are variable use patterns across racial/ ethnic groups for youth and college students. One study noted that the most important reason youth vape was for relaxation and stress/ anxiety coping – with racial/ ethnic minorities reporting this vape motivation (Donaldson, et al., 2022). From 2014-2019, across racial and ethnic groups for youth, non-

Hispanic Blacks were the only racial group to increase for dual use and occasional use – while less likely to report frequent use and flavored cigarette use (Dai, Ramos, Faseru, Hill, & Sussman, 2021). Studies have shown associations between experienced discrimination or racism and tobacco use for both combustible tobacco cigarettes and vaping (Agunwamba, et al., 2017; Fahey, Morris, Robinson, & Pebley, 2021). There is a further need for tailored strategies to address disparities in vaping use across racial and ethnic groups (Dai, Ramos, Faseru, Hill, & Sussman, 2021). Ultimately, the persistence of vaping trends, especially among college students, is influenced by the social atmosphere on campuses (Kava et al., 2021) which is why institutional policies and targeted programmatic support is relevant and instrumental in addressing tobacco-related health disparities.

Efforts to address vaping and tobacco usage necessitate the implementation of effective institutional policies as a crucial strategy (Navon et al., 2019), particularly since the persistence of tobacco and vaping trends, especially among college students, is influenced by the social atmosphere on campuses (Kava et al., 2021). United States colleges and university implementation of comprehensive tobacco control policies doubled from 2012-2017 (Wang, et al., 2018). Similarly, the American Nonsmokers' Rights Foundation (2018) documented that of the 6,000 US universities and colleges, 1,909 were 100% tobacco-free; 2,278 were 100% smoke-free campuses; and 1,885 prohibited vaping on school premises (American Nonsmokers' Rights Foundation, n.d.). Another study noted that of 605 colleges/ universities, 54% did not have tobacco or smoke free policies – while 35% had tobacco-free policies and only 10% had smoke-free policies (Trad, et al., 2018). Bayley et al. (2020) found that of institutions adopting policies, 39% of the sample adopted e-cigarette-free policies; 26% had hookah-free policies, and 20% had tobacco-free policies. A 2019 analysis noted that 27% of college students were protected by state laws and institutional

policies at colleges/ universities (Blake, et al., 2018). As of 2015-2017, only three states had 100% smoke-free and/or tobacco-free policies in more than half of their higher education institutions while four states had no known smoke-free and/or tobacco-free campus protections (Blake, et al., 2018) The implementation in tobacco and vaping control policies varies across the various campus types and settings. (Berg, et al., 2021). There has been a specific focus on community/ technical colleges, tribal colleges/ universities and historically Black colleges/ universities with the creation of the Tobacco-Free Campus Initiative in 2012 (McIntosh, Wall, & Johnson, 2016).

The impact of campus policies has been reviewed in the college student population and noted a postive impact for tobacco control policies on campus, including an impact on student tobacco use behavior (Bennett, Deiner, & Pokhrel, 2017); policy impact on reducing smoking behaviors/ prevalence and pro-smoking behaviors (Lupton & Townsend, 2015); and that multicomponent programs resulted in increased initial cessation rates, fewer relapses, and decreased likelihood across campus (Rodgers, 2012). Other studies have noted that campuses without comprehensive policies were more likely to have students smoke on campus, see others smoking, and see others using tobacco products (Ickes, Wiggins, Rayens, & Hahn, 2020). Literature on tobacco control policies noted that institutional bans on smoking decreased prevalence of combustible cigarette smoking (Allen & Stuart, 2019) while vaping/ e-cigarette usage increased following a smoking ban on college campuses (Leavens, et al., 2020). Concomitantly, on-campus tobacco control policies and implementation can impact off-campus tobacco retail availability (Kates, et al., 2016; Barker, Schleider, Ababesh, Johnson, & Henriksen, 2018).

With regard to tobacco users there is a noted policy gap with regard to policy controls (Russette, Harris, Schuldberg, & Green, 2014; Fallin, et al., 2012; Braverman, Geldhof,

Hoogesteger, & Johnson, 2018) and noncompliance mechanisms across campuses has been documented within the literature (Roditis, Wang, Glantz, & Fallin, 2015). Gaps within these compliance mechanisms underscore the further need for monitoring, implementation, and evaluation of tobacco- and smoke-free policies across U.S. campuses. Having clear university communications and policies denoted on tobacco alternatices is also of importance. One study noted that of 581 universities, 1/5$^{th}$ did not specify whether e-cigarettes/ vaping were prohibited (Jun & Kim, 2020). Other major issues for university-based cessation initiatives include appropriateness and effectiveness. A meta-analysis of 14 studies noted that interventions targeted at young adults were more successful in producing positive cessation rates than controls and that interventions targeting adults were also effective at college-aged students (Suls, et al., 2012). Research has also demonstrated that there is a broad student interest in cessation programs across a wide variety of student demographics (e.g., sex, race/ ethnicity, sexual orientation, other sociodemographics) (Berg, Sutfin, Mendel, & Ahluwalia, 2012). Broadly, on-campus student health services are missing the mark with regard to assessing tobacco use specifically and only 1/3$^{rd}$ of students visiting student health centers were screened for usage (Sutfin, et al., 2012) and less than half of student health clinics screen for tobacco across their visits (Sutfin, et al., 2015). There were multiple noted barriers across campus-based student health centers and resources for campus-based cessation (Sutfin, et al., 2012). Beyond campus health facilities, there are promises for programmatic interventions. Research has noted that personalized motivational interventions and face-to-face skills-based interventions were effective for short-term tobacco cessation (Jeffries, et al., 2016). Other technology-based interventions have been found relevant to college student population (Brown, 2013; Gulliver, et al., 2015; An, et al., 2013; Karekla & Savvides, 2019; Simmons, Heckman, Fink, Small, & Brandon, 2013) including text messaging (Mason, Ola,

Zaharakis, & Zhang, 2015; Camenga, Bernstein, Dziura, Fiellin, & Krishnan-Sarin, 2021; Witkiewitz, et al., 2014), social media (Baskerville, Azagba, Norman, McKeown, & Brown, 2016; Ramo, et al., 2018), and incentive-based cessation intervention programs (Berg, et al., 2014; Popp, et al., 2018; Thomas J. L., et al., 2016; Thomas J. L., et al., 2016). There are considerable research gaps with regard to college student programming and tobacco cessation due to lack of control groups; inconsitent outcome measures; small sample sizes; and multi-component programming that don't adequately address all components in analysis (Berg, et al., 2021). Additionally, there isn't sufficient cessation research on tobacco alternatives; the broader campus context; collegiate racial/ ethnic minorities; or college students with mental health issues (Berg, et al., 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). There is a rise in vaping marijuana among college students, with a 25% annual prevalence and a rise in daily use from 5% in 2017 to 12% in 2020.

***Substance Use:***

"Substance use" is a term that refers to several substances consumed that can potentially cause dependency and detrimental effects on the body (CDC, 2021). Substances within this paper refer to drugs that may lead to dependency that are addressed within the ACSUA. Transitional periods in individuals' lives, such as the period between high school and college, increase the chance of participating in risky behavior (Fromme et al., 2008). For most, college is when individuals are introduced to the world of substances. The transition and the new exposure increase the likelihood that college students will consume substances they may not have consumed before starting college.

The misuse of stimulant medication within the college population is on the rise (Benson, Flory, Humphreys, & Lee, 2015). A meta-analysis and literature review identified academic pressures as the primary driver, often facilitated by obtaining stimulants from peers with prescriptions. In 2020, Schulenberg et al. reported a significant increase in hallucinogen use among college students, with 9% acknowledging usage, nearly double the 2019 rate of 5%. The prevalence of amphetamine usage without a prescription stood at 6.5%, Adderall at 7.2%, and nonmedical use of Ritalin at 1.4%. The Monitoring the Future survey revealed annual prevalence rates for sedatives (1.7%), tranquilizers (2.6%), narcotics other than heroin (1.3%), Vicodin (1.2%), and OxyContin (1.5%), with cocaine use reaching 3.8%.

The escalation in cocaine use is particularly concerning, with a longitudinal study at a large public university (Kasperski et al., 2011) indicated that, by the fourth year of college, 36% of students had been offered cocaine, 13% had used it, and annual prevalence increased from 4% in

Year 1 to 10% in Year 4. Females exhibited more serious patterns of use and a higher likelihood of cocaine dependence. Hallucinogens, MDMA, LSD, and psychedelics are also on the rise, fueled by social pressures and curiosity. In the broader context, a 2020 study reveals that young adults aged 18 to 25 have the highest substance use disorder rate at 24.4% (Johnson, Aug. 2022). Startlingly, 90% of adults with a substance use disorder-initiated use before adulthood (The JED Foundation, 2022). Overdose mortality rates among adolescents aged fourteen to eighteen surged by 94% in one year, from 2.36 deaths per 100,000 in 2019 to 4.57 per 100,000 in 2020, with a further 20% increase from 2020 to 2021 (Johnson, Oct. 2022).

The issue of substance abuse carries multiple adverse outcomes for students, including diminished academic performance, heightened unemployment risks post-graduation, and increased vulnerability to committing or experiencing sexual assault (Welsh et al., 2019). Notably, students with low grade point averages or facing exceptional performance pressures are at a higher risk of misusing prescription stimulant medications like Adderall. Furthermore, it has been observed that female students are more prone to nonmedical stimulant medication use compared to their non-student counterparts (Welsh et al., 2019).

***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 December 2024 using a web-based survey instrument through Qualtrics. The assessment was funded by the Arkansas Department of Human Services, Office of Substance Abuse and Mental Health 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 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 Office of Substance Use and Mental Health), 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 third 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 November 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 to 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. Participation in the survey was completely voluntary at the institutional and participant level. No incentives were provided as in previous years (i.e., random gift card drawing) which impacted total number of responses from the student population. The survey protocol and instrument were approved through the University of Arkansas at Little Rock Institutional Review Board processes. Responses were only recorded upon completion of the assessment. Partial submissions were excluded from the assessment and there were 26 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, 2,276 students agreed to participate and completed the assessment. In sum there were 30 academic institutions that recorded student responses. Additionally, there were 55 student respondents which did not answer the question identifying the institution and 33 respondents that indicated ‘other’.

***Respondent Characteristics:***

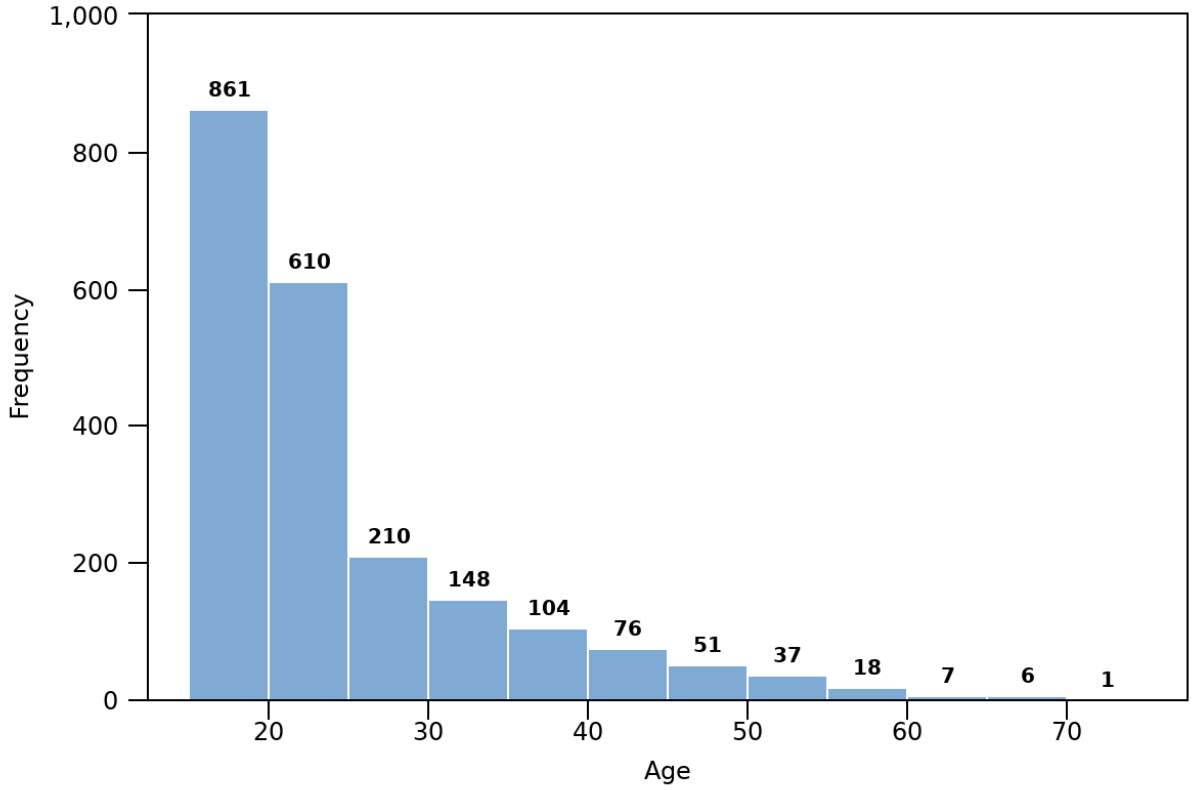
*Respondent Demographic Data, 2024*

| Variable | *n* | *%* |
|---|---|---|
| Gender | | |
| Male | 453 | 21.38 |
| Female | 1573 | 74.23 |
| Transgender/ Gender Non-conforming | 93 | 4.39 |
| Racial Identity | | |
| Black or African American | 442 | 20.80 |
| Asian | 74 | 3.48 |
| Native American | 17 | 0.80 |
| Alaska Native | 0 | 0.00 |
| Native Hawaiian or Other Pacific Islander | 1 | 0.05 |
| White | 1443 | 67.91 |
| Other | 55 | 2.59 |
| 2+ Races | 93 | 4.38 |
| Hispanic/Latino | | |
| Yes | 204 | 9.57 |
| No | 1928 | 90.43 |
| Marital Status | | |
| Single, divorced | 159 | 7.47 |
| Living with domestic partner | 111 | 5.21 |
| Widowed | 8 | 0.38 |
| Single, never married | 1478 | 69.42 |
| Married, and living with spouse | 340 | 15.97 |
| Married, and living separately from spouse | 33 | 1.55 |
| Employed Status | | |
| Yes, part-time | 775 | 36.45 |
| Yes, full-time | 570 | 26.81 |
| No | 781 | 36.74 |
| Military | | |
| Never served in the military | 2076 | 97.33 |
| Only on active duty for training in the Reserves or National Guard | 15 | 0.70 |
| Now on active duty | 2 | 0.09 |
| On active duty in the past, but not now | 40 | 1.88 |
| Residency | | |
| In-state (Arkansas) | 1842 | 86.52 |

| | | |
|---|---|---|
| Out of State | 245 | 11.51 |
| Outside the United States | 42 | 1.97 |
| Student Status | | |
| Full-time (e.g., 12+credits) | 1738 | 81.63 |
| Part-time (e.g., 1-11 credits) | 391 | 18.37 |
| Degree Status | | |
| Non-degree seeking | 73 | 3.43 |
| Undergraduate | 1196 | 56.26 |
| Associate | 484 | 22.77 |
| Graduate | 303 | 14.25 |
| Other | 70 | 3.29 |
| Undergraduate Classification | | |
| Freshman (undergraduate) | 404 | 33.84 |
| Sophomore (undergraduate) | 281 | 23.53 |
| Junior (undergraduate) | 263 | 22.03 |
| Senior (undergraduate) | 246 | 20.60 |
| Graduate Degree | | |
| Masters | 182 | 60.26 |
| Doctorate | 81 | 26.82 |
| Professional Degree | 26 | 8.61 |
| Other | 13 | 4.30 |
| Campus Living Situation | | |
| On-campus | 711 | 33.47 |
| Off-campus | 1413 | 66.53 |
| Modality for Coursework | | |
| Fully online courses | 513 | 24.11 |
| Hybrid (both online and in-person courses) | 853 | 40.08 |
| Fully in-person courses | 762 | 35.81 |
| Estimated GPA by Grade | | |
| A | 1165 | 55.27 |
| B | 739 | 35.06 |
| C | 187 | 8.87 |
| D | 12 | 0.57 |
| F | 5 | 0.24 |

*Note.* Due to rounding errors, percentages may not equal 100%.

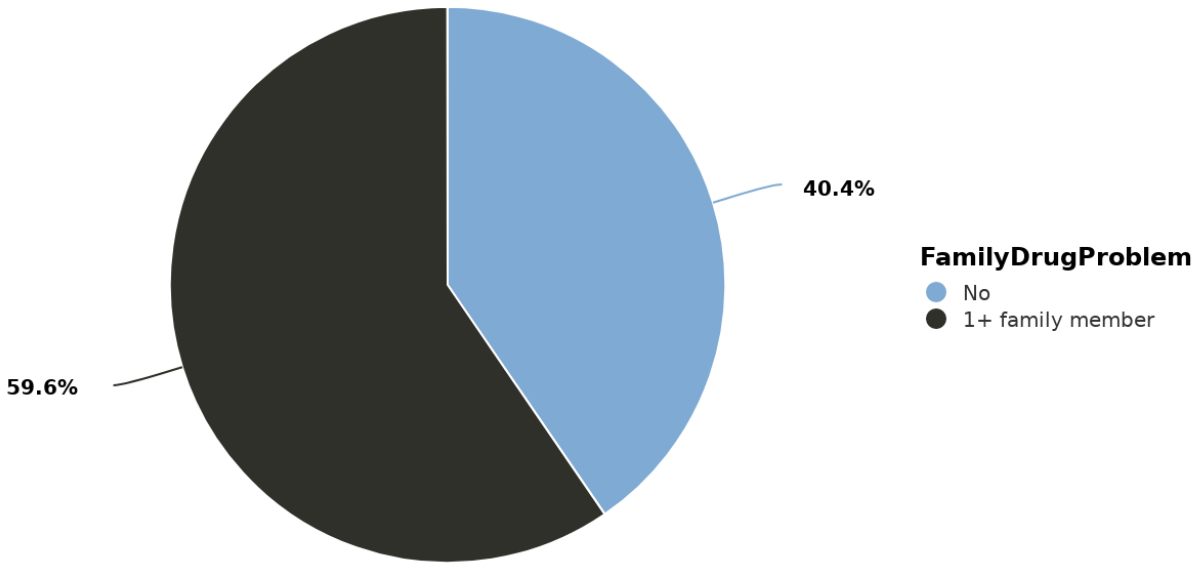
***Frequency of Respondent Age, 2024***




*Frequency Table for Age Classifications*

| Variable | *n* | *%* |
|---|---|---|
| Age Grouping: | | |
| 18-24 | 1399 | 65.71 |
| 25+ | 730 | 34.29 |
| Age: Legal Drinking Age | | |
| 18-20 | 861 | 40.44 |
| 21+ | 1268 | 59.56 |

***Family Substance History of Respondents, 2024***




*Respondent Family Substance Use History, 2024*

| Family Member Identified with Problem | *n* |
|---|---|
| Mother | 332 |
| Father | 548 |
| Stepmother | 48 |
| Stepfather | 111 |
| Brothers/ sisters | 309 |
| Mother's parents | 325 |
| Father's parents | 287 |
| Aunts/ uncles | 573 |
| Spouse | 63 |
| Partner | 55 |
| Children | 23 |
| No Family Drug History | 751 |

## Results

### *Risk Behaviors*

*Table 1a. Frequency and Percent of Risk Behaviors in the Last 30 Days, 2024*

| Risk Behavior | *n* | *%* |
|---|---|---|
| Hangover | | |
| Never | 1661 | 84.06 |
| Once | 180 | 9.11 |
| Twice | 74 | 3.74 |
| 3-5 times | 39 | 1.97 |
| 6-9 times | 9 | 0.46 |
| 10+ times | 13 | 0.66 |
| Poor Performance in Class | | |
| Never | 1702 | 86.22 |
| Once | 145 | 7.35 |
| Twice | 69 | 3.50 |
| 3-5 times | 42 | 2.13 |
| 6-9 times | 8 | 0.41 |
| 10+ times | 8 | 0.41 |
| Trouble with Police or Campus Authorities | | |
| Never | 1947 | 98.63 |
| Once | 19 | 0.96 |
| Twice | 4 | 0.20 |
| 3-5 times | 1 | 0.05 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 3 | 0.15 |
| Missed Class | | |
| Never | 1674 | 85.02 |
| Once | 123 | 6.25 |
| Twice | 92 | 4.67 |
| 3-5 times | 53 | 2.69 |
| 6-9 times | 16 | 0.81 |
| 10+ times | 11 | 0.56 |
| Been in a Fight | | |
| Never | 1850 | 93.72 |
| Once | 66 | 3.34 |
| Twice | 29 | 1.47 |
| 3-5 times | 17 | 0.86 |
| 6-9 times | 3 | 0.15 |

| | | |
|---|---|---|
| 10+ times | 9 | 0.46 |
| Damaged Property | | |
| Never | 1958 | 99.24 |
| Once | 11 | 0.56 |
| Twice | 2 | 0.10 |
| 3-5 times | 0 | 0.00 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 2 | 0.10 |
| Driven while Under the Influence | | |
| Never | 1880 | 95.33 |
| Once | 34 | 1.72 |
| Twice | 14 | 0.71 |
| 3-5 times | 18 | 0.91 |
| 6-9 times | 7 | 0.35 |
| 10+ times | 19 | 0.96 |
| Been Criticized for Alcohol and Drug Use | | |
| Never | 1887 | 95.88 |
| Once | 30 | 1.52 |
| Twice | 30 | 1.52 |
| 3-5 times | 12 | 0.61 |
| 6-9 times | 3 | 0.15 |
| 10+ times | 6 | 0.30 |
| Got Nauseated or Vomited | | |
| Never | 1680 | 85.11 |
| Once | 159 | 8.05 |
| Twice | 68 | 3.44 |
| 3-5 times | 53 | 2.68 |
| 6-9 times | 3 | 0.15 |
| 10+ times | 11 | 0.56 |

*Note.* Due to rounding errors, percentages may not equal 100%.

*Table 1b. Frequency and Percent of Risk Behaviors in the Last 30 Days, 2024*

| Risk Behavior | *n* | *%* |
|---|---|---|
| Been Hurt or Injured | | |
| Never | 1836 | 93.77 |
| Once | 60 | 3.06 |
| Twice | 35 | 1.79 |
| 3-5 times | 17 | 0.87 |

| | | |
|---|---|---|
| 6-9 times | 4 | 0.20 |
| 10+ times | 6 | 0.31 |
| Tried to Stop Using Substances | | |
| Never | 1817 | 92.42 |
| Once | 70 | 3.56 |
| Twice | 32 | 1.63 |
| 3-5 times | 24 | 1.22 |
| 6-9 times | 5 | 0.25 |
| 10+ times | 18 | 0.92 |
| Experienced Memory Loss | | |
| Never | 1760 | 89.39 |
| Once | 89 | 4.52 |
| Twice | 40 | 2.03 |
| 3-5 times | 44 | 2.23 |
| 6-9 times | 10 | 0.51 |
| 10+ times | 26 | 1.32 |
| Thoughts that May Have a Substance Problem | | |
| Never | 1851 | 93.91 |
| Once | 52 | 2.64 |
| Twice | 21 | 1.07 |
| 3-5 times | 22 | 1.12 |
| 6-9 times | 4 | 0.20 |
| 10+ times | 21 | 1.07 |
| Have or Attempted to Take Advantage of Another Sexually | | |
| Never | 1957 | 99.59 |
| Once | 3 | 0.15 |
| Twice | 2 | 0.10 |
| 3-5 times | 0 | 0.00 |
| 6-9 times | 1 | 0.05 |
| 10+ times | 2 | 0.10 |
| Attempted Suicide | | |
| Never | 1941 | 98.83 |
| Once | 13 | 0.66 |
| Twice | 4 | 0.20 |
| 3-5 times | 3 | 0.15 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 3 | 0.15 |
| Had Suicidal Thoughts | | |

| | | |
|---|---|---|
| Never | 1828 | 92.98 |
| Once | 65 | 3.31 |
| Twice | 32 | 1.63 |
| 3-5 times | 20 | 1.02 |
| 6-9 times | 5 | 0.25 |
| 10+ times | 16 | 0.81 |
| Been Sexually Assaulted | | |
| Never | 1920 | 97.51 |
| Once | 25 | 1.27 |
| Twice | 13 | 0.66 |
| 3-5 times | 5 | 0.25 |
| 6-9 times | 2 | 0.10 |
| 10+ times | 4 | 0.20 |

*Note.* Due to rounding errors, percentages may not equal 100%.

***Alcohol***

*Age of First Use*

***Figure 1. Age of First Use of Alcohol, 2024***

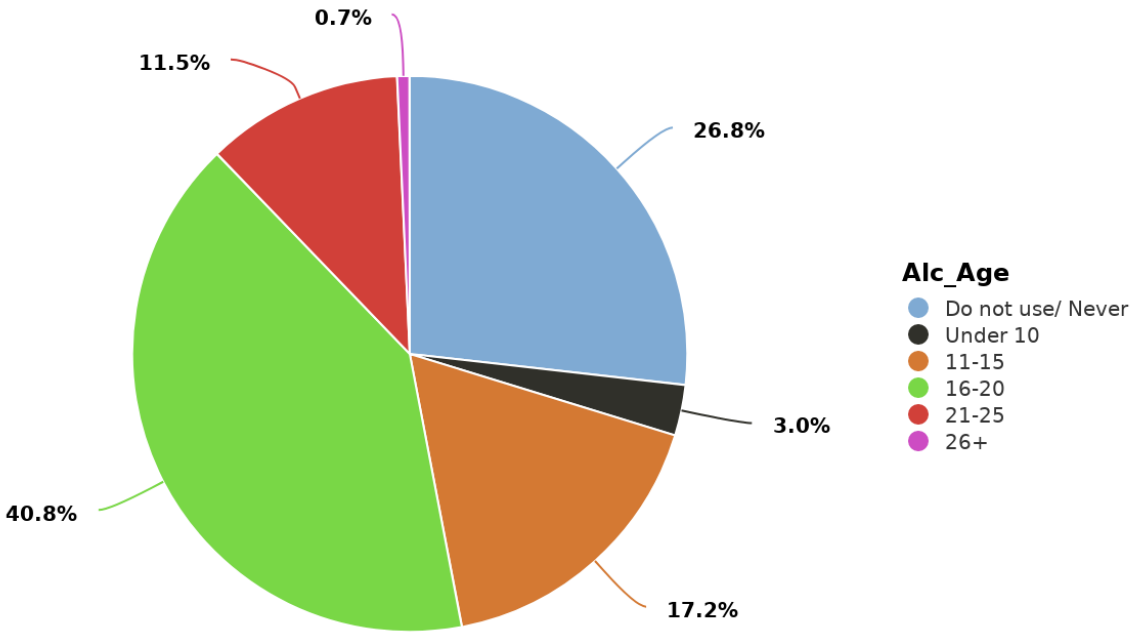



*Table 2. Age of First Alcohol Use, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| Age of First Use | 2021 | 2022 | 2023 | 2024 |
| Do not use/ Never | 973 (29.98%) | 967 (25.25%) | 278 (24.34%) | 553 (26.79%) |
| Under 10 | 142 (4.37%) | 112 (2.93%) | 44 (3.85%) | 61 (2.96%) |
| 11-15 | 484 (14.91%) | 715 (18.67%) | 200 (17.51%) | 356 (17.25%) |
| 16-20 | 1296 (39.93%) | 1462 (38.18%) | 500 (43.78%) | 842 (40.79%) |
| 21-25 | 335 (10.32%) | 482 (12.59%) | 115 (10.07%) | 237 (11.48%) |
| 26+ | 16 (0.49%) | 91 (2.38%) | 5 (0.44%) | 15 (0.73%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Table 3. Age of First Use of Alcohol by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Age of First Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| Do not use/ Never | 351 (42.24%) | 200 (16.30%) | 447 (31.43%) | 104 (16.35%) |
| Under 10 | 17 (2.05%) | 43 (3.50%) | 35 (2.46%) | 25 (3.93%) |
| 11-15 | 140 (16.85%) | 216 (17.60%) | 222 (15.61%) | 134 (21.07%) |
| 16-20 | 321 (38.63%) | 519 (42.30%) | 599 (42.12%) | 241 (37.89%) |
| 21-25 | N/A | 235 (19.15%) | 118 (8.30%) | 118 (18.55%) |
| 26+ | N/A | 14 (1.14%) | N/A | 14 (2.20%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Lifetime Use*

***Figure 2. Lifetime Occasions of Alcohol Use, 2024***

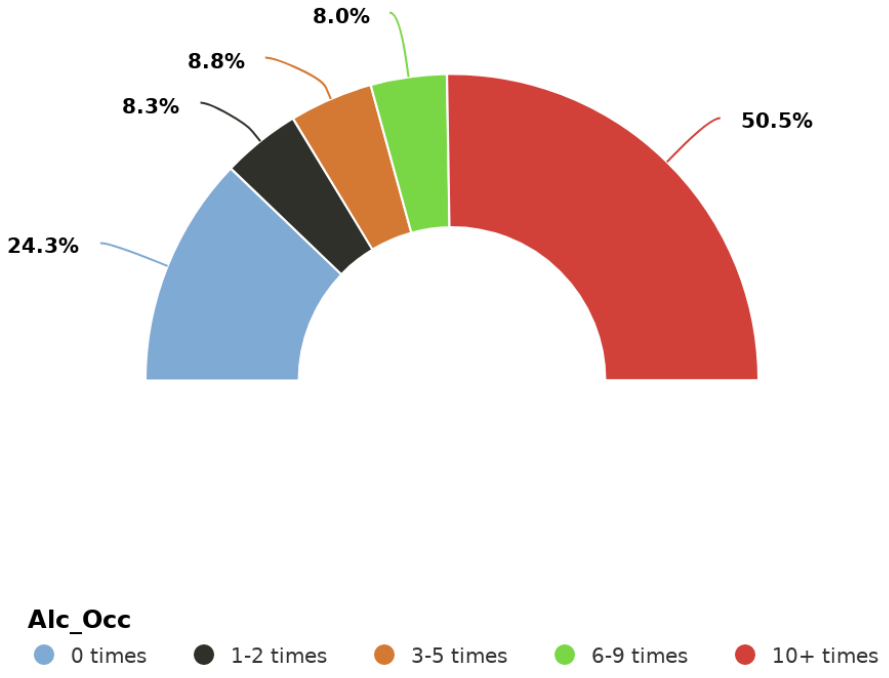


*Table 4. Lifetime Occasions of Use of Alcohol by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Lifetime Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| 0 times | 326 (39.56%) | 167 (13.88%) | 412 (29.45%) | 81 (12.90%) |
| 1-2 times | 103 (12.50%) | 65 (5.40%) | 137 (9.79%) | 31 (4.94%) |
| 3-5 times | 95 (11.53%) | 84 (6.98%) | 148 (10.58%) | 31 (4.94%) |
| 6-9 times | 86 (10.44%) | 76 (6.32%) | 133 (9.51%) | 29 (4.62%) |
| 10+ times | 214 (25.97%) | 811 (67.41%) | 569 (40.67%) | 456 (72.61%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Recent Use*

*Table 5. Alcohol Use and Drunkenness in the Last 30 Days, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 |
| Alcohol Use | | | | |
| 0 times | 1762 (55.48%) | 1769 (46.91%) | 559 (51.81%) | 1139 (56.61%) |
| 1-2 times | 712 (22.42%) | 858 (22.75%) | 270 (25.02%) | 475 (23.61%) |
| 3-5 times | 356 (11.21%) | 552 (14.64%) | 126 (11.68%) | 239 (11.88%) |
| 6-9 times | 142 (4.47%) | 291 (7.72%) | 68 (6.30%) | 0 (0.00%) |
| 10+ times | 204 (6.42%) | 301 (7.98%) | 56 (5.19%) | 159 (7.90%) |
| Drunkenness | | | | |
| 0 times | 2528 (79.72%) | 2593 (68.85%) | 825 (76.60%) | 1585 (79.09%) |
| 1-2 times | 404 (12.74%) | 551 (14.63%) | 158 (14.67%) | 282 (14.07%) |
| 3-5 times | 132 (4.16%) | 302 (8.02%) | 44 (4.09%) | 80 (3.99%) |
| 6-9 times | 36 (1.14%) | 169 (4.49%) | 28 (2.60%) | 0 (0.00%) |
| 10+ times | 71 (2.24%) | 151 (4.01%) | 22 (2.04%) | 57 (2.84%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Figure 3. Beverages Consumed in the Last 30 Days, 2024*

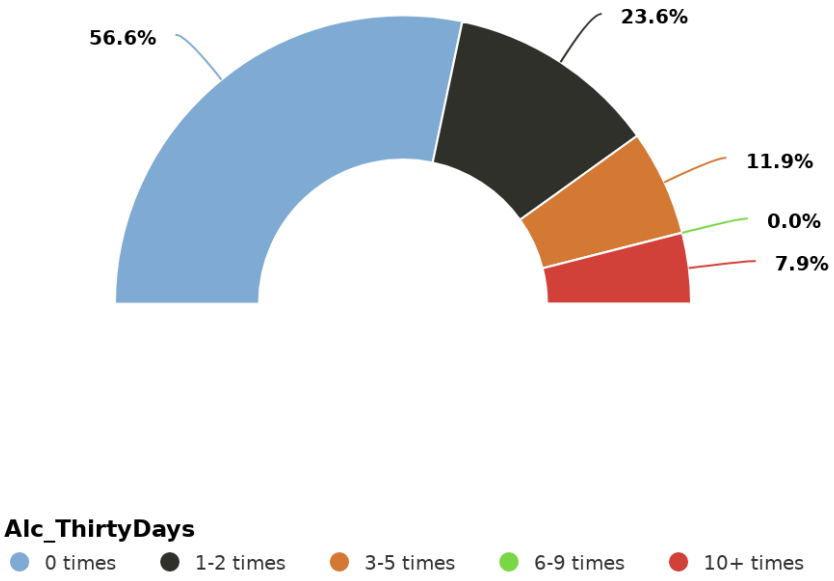



*Figure 3. Drunk in the Last 30 Days, 2024*

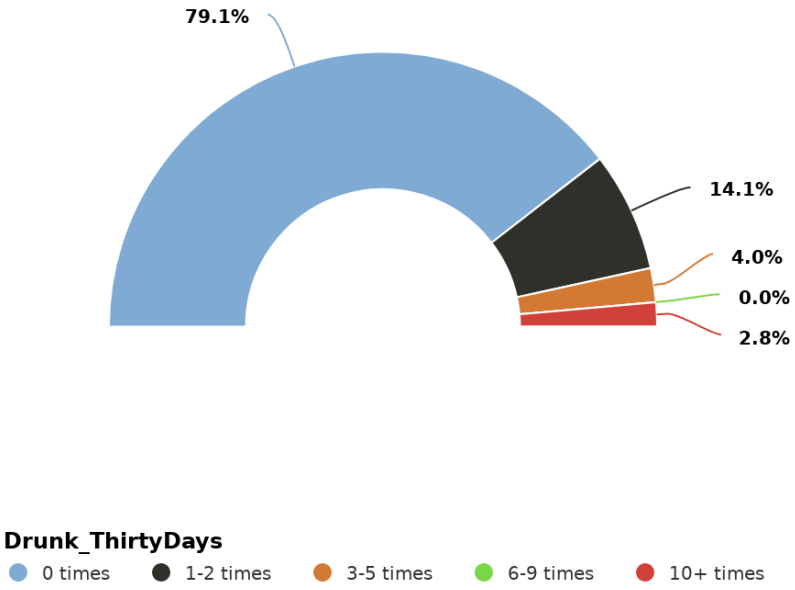


*Table 6. Alcohol Use in the Last 30 Days by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Recent Use | 18-20 | 21 and Older | 18-25 | 26 or Older |
| 0 times | 563 (69.33%) | 572 (47.91%) | 793 (57.42%) | 342 (54.72%) |
| 1-2 times | 165 (20.32%) | 310 (25.96%) | 330 (23.90%) | 145 (23.20%) |
| 3-5 times | 51 (6.28%) | 187 (15.66%) | 168 (12.17%) | 70 (11.20%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 33 (4.06%) | 125 (10.47%) | 90 (6.52%) | 68 (10.88%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

***Figure 5. Binge Drinking in the Past 2 Weeks, 2024***

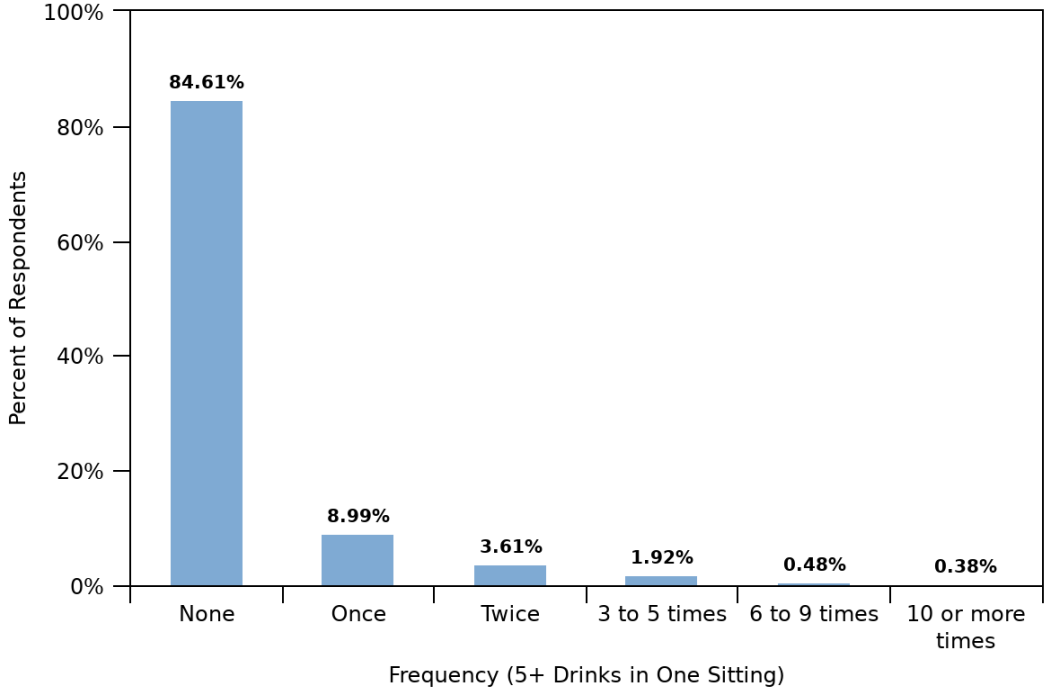



*Table 7. Binge Drinking in the Last 30 Days, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| Frequency | 2021 | 2022 | 2023 | 2024 |
| None | 2759 (84.32%) | 2621 (67.66%) | 965 (84.13%) | 1759 (84.61%) |
| Once | 268 (8.19%) | 478 (12.34%) | 97 (8.46%) | 187 (8.99%) |
| Twice | 124 (3.79%) | 355 (9.16%) | 40 (3.49%) | 75 (3.61%) |
| 3 to 5 times | 85 (2.60%) | 259 (6.69%) | 29 (2.53%) | 40 (1.92%) |
| 6 to 9 times | 21 (0.64%) | 112 (2.89%) | 6 (0.52%) | 10 (0.48%) |
| 10 or more times | 15 (0.46%) | 49 (1.26%) | 10 (0.87%) | 8 (0.38%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

***Tobacco***

*Age of First Use*

***Figure 6. Age of First Use of Tobacco, 2024***

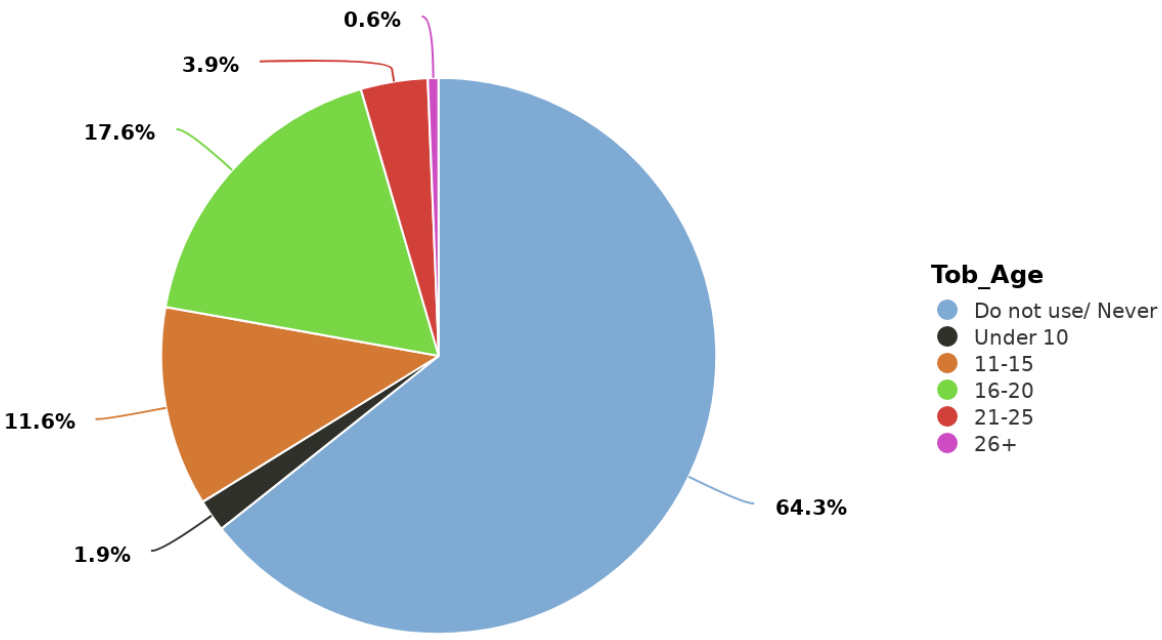



*Table 8. Age of First Tobacco Use, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| Age of First Use | 2021 | 2022 | 2023 | 2024 |
| Do not use/ Never | 2159 (66.15%) | 2038 (52.78%) | 687 (60.16%) | 1334 (64.32%) |
| Under 10 | 55 (1.69%) | 119 (3.08%) | 34 (2.98%) | 39 (1.88%) |
| 11-15 | 380 (11.64%) | 529 (13.70%) | 164 (14.36%) | 241 (11.62%) |
| 16-20 | 567 (17.37%) | 833 (21.57%) | 200 (17.51%) | 366 (17.65%) |
| 21-25 | 82 (2.51%) | 232 (6.01%) | 48 (4.20%) | 81 (3.91%) |
| 26+ | 21 (0.64%) | 110 (2.85%) | 9 (0.79%) | 13 (0.63%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Table 9. Age of First Use of Tobacco by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Age of First Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| Do not use/ Never | 652 (78.46%) | 679 (54.89%) | 1042 (73.23%) | 289 (44.81%) |
| Under 10 | 9 (1.08%) | 29 (2.34%) | 17 (1.19%) | 21 (3.26%) |
| 11-15 | 62 (7.46%) | 179 (14.47%) | 114 (8.01%) | 127 (19.69%) |
| 16-20 | 108 (13.00%) | 256 (20.70%) | 219 (15.39%) | 145 (22.48%) |
| 21-25 | N/A | 81 (6.55%) | 31 (2.18%) | 50 (7.75%) |
| 26+ | N/A | 13 (1.05%) | N/A | 13 (2.02%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Lifetime Use*

***Figure 7. Lifetime Occasions of Tobacco Use, 2024***

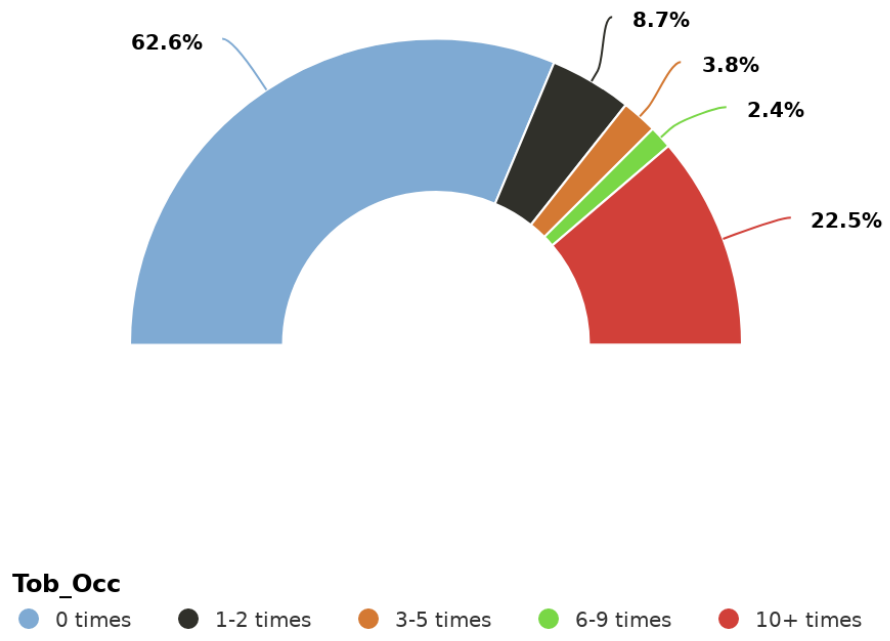



*Table 10. Lifetime Occasions of Use of Tobacco by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Lifetime Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| 0 times | 658 (79.76%) | 616 (50.99%) | 1020 (72.75%) | 254 (40.25%) |

| | | | | |
|---|---|---|---|---|
| 1-2 times | 64 (7.76%) | 111 (9.19%) | 114 (8.13%) | 61 (9.67%) |
| 3-5 times | 19 (2.30%) | 58 (4.80%) | 45 (3.21%) | 32 (5.07%) |
| 6-9 times | 9 (1.09%) | 39 (3.23%) | 28 (2.00%) | 20 (3.17%) |
| 10+ times | 75 (9.09%) | 384 (31.79%) | 195 (13.91%) | 264 (41.84%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

## *Recent Use*

*Table 11. Tobacco Use in the Last 30 Days, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| Recent Use | 2021 | 2022 | 2023 | 2024 |
| 0 times | 2803 (88.26%) | 2672 (70.76%) | 930 (86.27%) | 1766 (87.64%) |
| 1-2 times | 77 (2.42%) | 236 (6.25%) | 24 (2.23%) | 66 (3.28%) |
| 3-5 times | 31 (0.98%) | 226 (5.99%) | 16 (1.48%) | 28 (1.39%) |
| 6-9 times | 14 (0.44%) | 163 (4.32%) | 99 (9.18%) | 0 (0.00%) |
| 10+ times | 251 (7.90%) | 479 (12.69%) | 9 (0.83%) | 155 (7.69%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

***Figure 8. Occasions of Tobacco Use in the Past 30 Days, 2024***

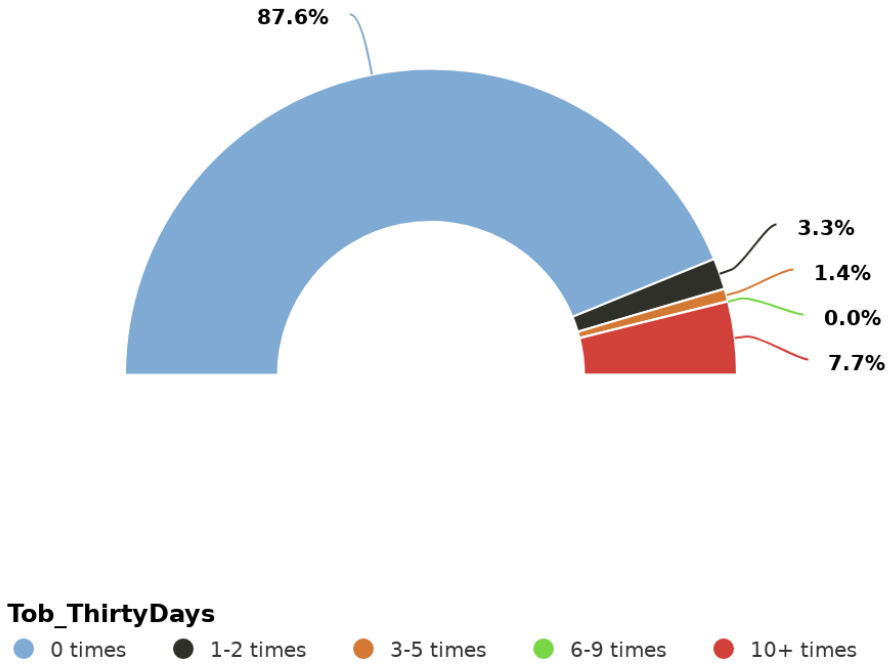


*Table 12. Tobacco Use in the Last 30 Days by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Recent Use | 18-20 | 21 and Older | 18-25 | 26 or Older |
| 0 times | 750 (92.36%) | 1011 (84.46%) | 1251 (90.52%) | 510 (81.34%) |
| 1-2 times | 20 (2.46%) | 45 (3.76%) | 45 (3.26%) | 20 (3.19%) |
| 3-5 times | 11 (1.35%) | 17 (1.42%) | 22 (1.59%) | 6 (0.96%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 31 (3.82%) | 124 (10.36%) | 64 (4.63%) | 91 (14.51%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

***Vaping***

*Age of First Use*

***Figure 9. Age of First Use of Vape Products, 2024***

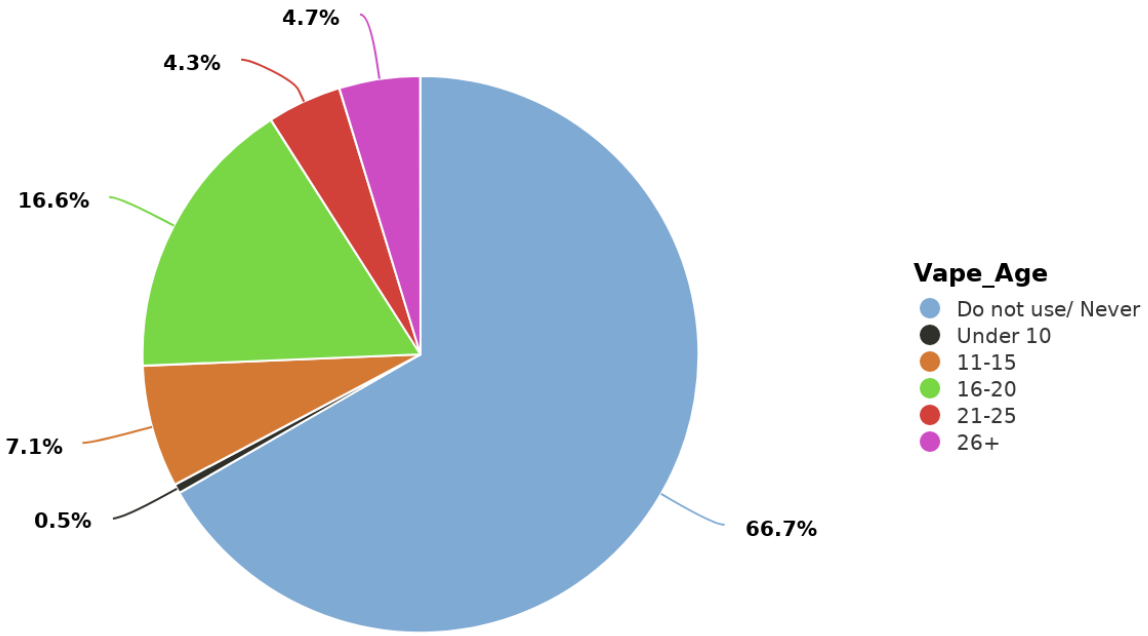



*Table 13. Age of First Vape Product Use, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| Age of First Use | 2021 | 2022 | 2023 | 2024 |
| Do not use/ Never | 2296 (70.78%) | 2349 (61.57%) | 714 (62.80%) | 1371 (66.72%) |
| Under 10 | 14 (0.43%) | 52 (1.36%) | 7 (0.62%) | 11 (0.54%) |
| 11-15 | 146 (4.50%) | 271 (7.10%) | 72 (6.33%) | 146 (7.10%) |
| 16-20 | 505 (15.57%) | 633 (16.59%) | 209 (18.38%) | 341 (16.59%) |
| 21-25 | 146 (4.50%) | 279 (7.31%) | 72 (6.33%) | 89 (4.33%) |
| 26+ | 137 (4.22%) | 231 (6.06%) | 63 (5.54%) | 97 (4.72%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Table 14. Age of First Use of Vape Products by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Age of First Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| Do not use/ Never | 575 (69.44%) | 793 (64.95%) | 921 (65.09%) | 447 (70.50%) |
| Under 10 | 7 (0.85%) | 4 (0.33%) | 11 (0.78%) | 0 (0.00%) |
| 11-15 | 99 (11.96%) | 46 (3.77%) | 141 (9.96%) | 4 (0.63%) |
| 16-20 | 146 (17.63%) | 194 (15.89%) | 295 (20.85%) | 45 (7.10%) |
| 21-25 | N/A | 89 (7.29%) | 46 (3.25%) | 43 (6.78%) |
| 26+ | N/A | 95 (7.78%) | N/A | 95 (14.98%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

## *Lifetime Use*

***Figure 10. Lifetime Occasions of Using Vape Products, 2024***

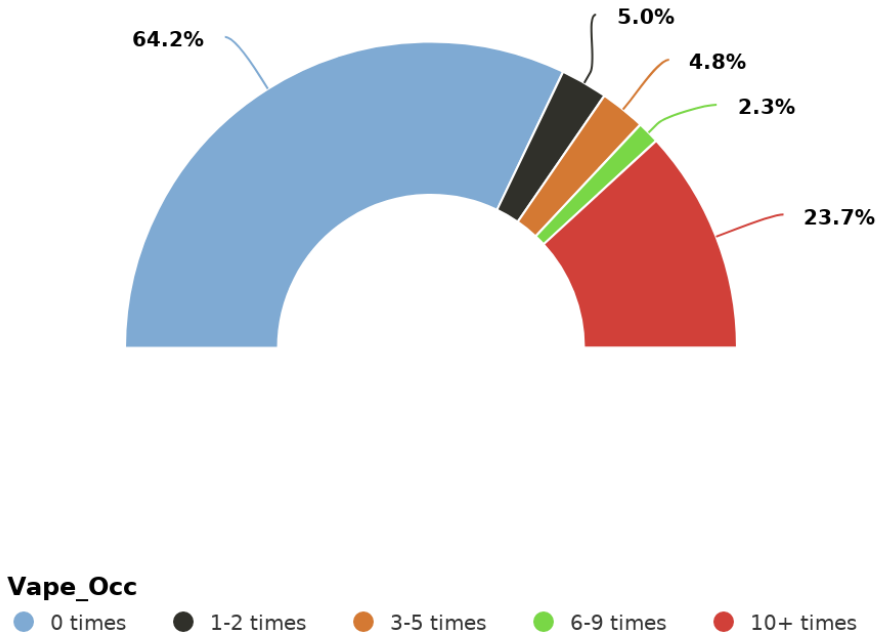


*Table 15. Lifetime Occasions of Vape Product Use by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Lifetime Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| 0 times | 544 (66.26%) | 746 (62.95%) | 870 (62.54%) | 420 (68.29%) |
| 1-2 times | 58 (7.06%) | 39 (3.29%) | 84 (6.04%) | 13 (2.11%) |
| 3-5 times | 50 (6.09%) | 47 (3.97%) | 78 (5.61%) | 19 (3.09%) |
| 6-9 times | 18 (2.19%) | 29 (2.45%) | 35 (2.52%) | 12 (1.95%) |
| 10+ times | 151 (18.39%) | 324 (27.34%) | 324 (23.29%) | 151 (24.55%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

<u>*Recent Use*</u>

*Table 16. Vape Product Use in the Last 30 Days, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| Variable/Use | 2021 | 2022 | 2023 | 2024 |
| Nicotine Vape | | | | |
| 0 times | 2674 (84.35%) | 2652 (70.49%) | 836 (77.70%) | 1629 (81.25%) |
| 1-2 times | 91 (2.87%) | 195 (5.18%) | 24 (2.23%) | 79 (3.94%) |
| 3-5 times | 39 (1.23%) | 206 (5.48%) | 18 (1.67%) | 26 (1.30%) |
| 6-9 times | 19 (0.60%) | 156 (4.15%) | 192 (17.84%) | 0 (0.00%) |
| 10+ times | 347 (10.95%) | 553 (14.70%) | 6 (0.56%) | 271 (13.52%) |
| Marijuana Vape | | | | |
| 0 times | 2920 (92.35%) | 2992 (79.77%) | 931 (86.44%) | 1773 (88.65%) |
| 1-2 times | 69 (2.18%) | 179 (4.77%) | 34 (3.16%) | 69 (3.45%) |
| 3-5 times | 43 (1.36%) | 215 (5.73%) | 18 (1.67%) | 25 (1.25%) |
| 6-9 times | 16 (0.51%) | 141 (3.76%) | 89 (8.26%) | 0 (0.00%) |
| 10+ times | 114 (3.61%) | 224 (5.97%) | 5 (0.46%) | 133 (6.65%) |
| Flavor Vape | | | | |
| 0 times | 3033 (96.01%) | 3288 (87.66%) | 1033 (96.09%) | 1898 (94.99%) |
| 1-2 times | 51 (1.61%) | 196 (5.23%) | 12 (1.12%) | 37 (1.85%) |
| 3-5 times | 18 (0.57%) | 153 (4.08%) | 6 (0.56%) | 19 (0.95%) |
| 6-9 times | 10 (0.32%) | 53 (1.41%) | 21 (1.95%) | 0 (0.00%) |
| 10+ times | 47 (1.49%) | 61 (1.63%) | 3 (0.28%) | 44 (2.20%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Figure 11. Occasions of Vaping Nicotine in the Last 30 Days, 2024*

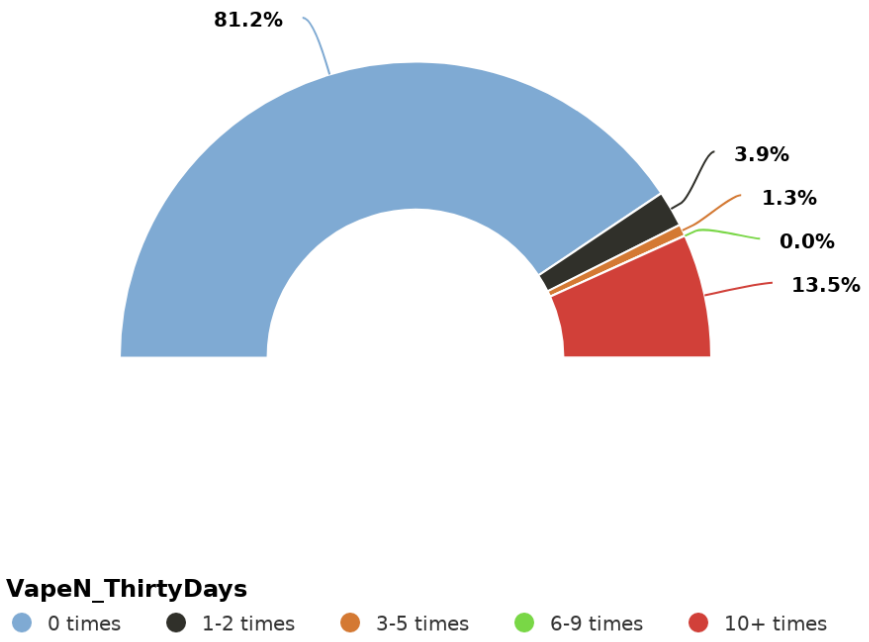



*Figure 12. Occasions of Vaping Marijuana in the Last 30 Days, 2024*

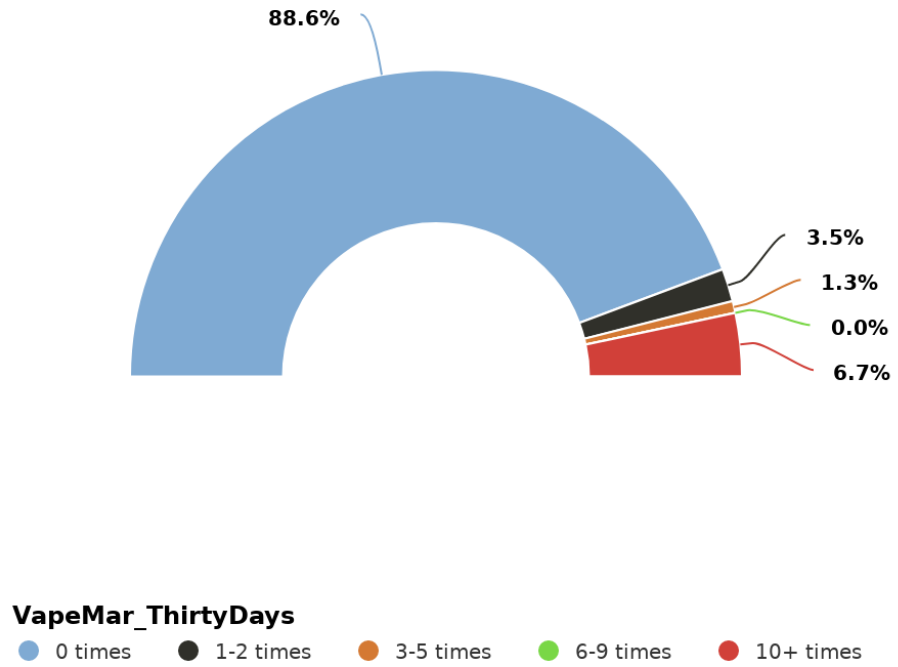


***Figure 13. Occasions of Vaping Flavor in the Last 30 Days, 2024***

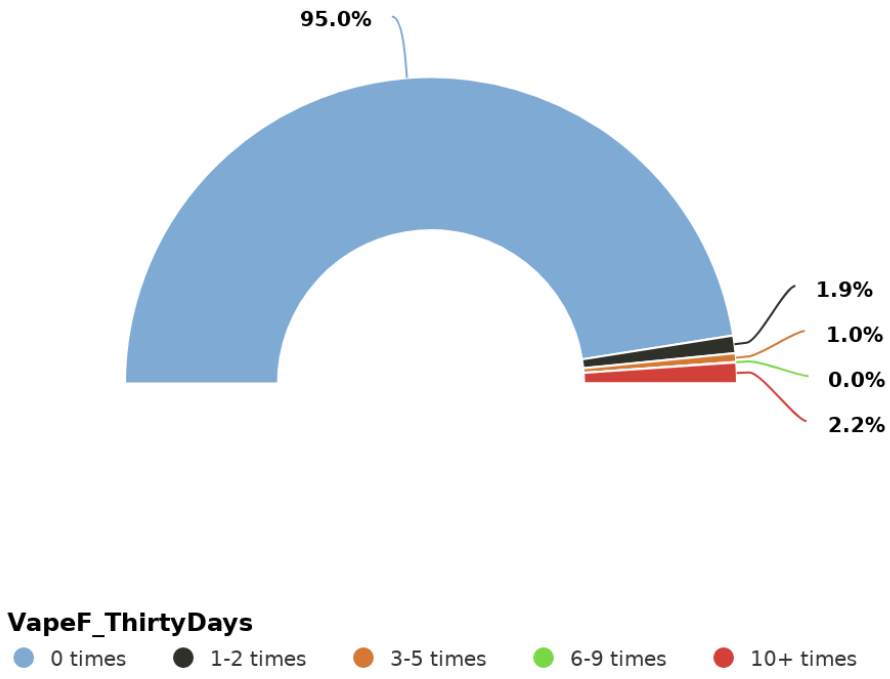



*Table 17. Use of Vape for Nicotine in the Last 30 Days by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Recent Use | 18-20 | 21 and Older | 18-25 | 26 or Older |
| 0 times | 665 (82.10%) | 959 (80.66%) | 1102 (80.15%) | 522 (83.65%) |
| 1-2 times | 37 (4.57%) | 42 (3.53%) | 66 (4.80%) | 13 (2.08%) |
| 3-5 times | 18 (2.22%) | 8 (0.67%) | 23 (1.67%) | 3 (0.48%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 90 (11.11%) | 180 (15.14%) | 184 (13.38%) | 86 (13.78%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Table 18. Use of Vape for Marijuana in the Last 30 Days by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Recent Use | 18-20 | 21 and Older | 18-25 | 26 or Older |
| 0 times | 713 (88.57%) | 1056 (88.81%) | 1208 (88.11%) | 561 (90.05%) |
| 1-2 times | 28 (3.48%) | 40 (3.36%) | 49 (3.57%) | 19 (3.05%) |
| 3-5 times | 12 (1.49%) | 13 (1.09%) | 19 (1.39%) | 6 (0.96%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 52 (6.46%) | 80 (6.73%) | 95 (6.93%) | 37 (5.94%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Table 19. Use of Vape for Flavor in the Last 30 Days by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Recent Use | 18-20 | 21 and Older | 18-25 | 26 or Older |
| 0 times | 766 (95.27%) | 1126 (94.78%) | 1299 (94.82%) | 593 (95.34%) |
| 1-2 times | 15 (1.87%) | 22 (1.85%) | 25 (1.82%) | 12 (1.93%) |
| 3-5 times | 12 (1.49%) | 7 (0.59%) | 18 (1.31%) | 1 (0.16%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 11 (1.37%) | 33 (2.78%) | 28 (2.04%) | 16 (2.57%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

***Marijuana***

*Age of First Use*

***Figure 14. Age of First Use of Marijuana, 2024***

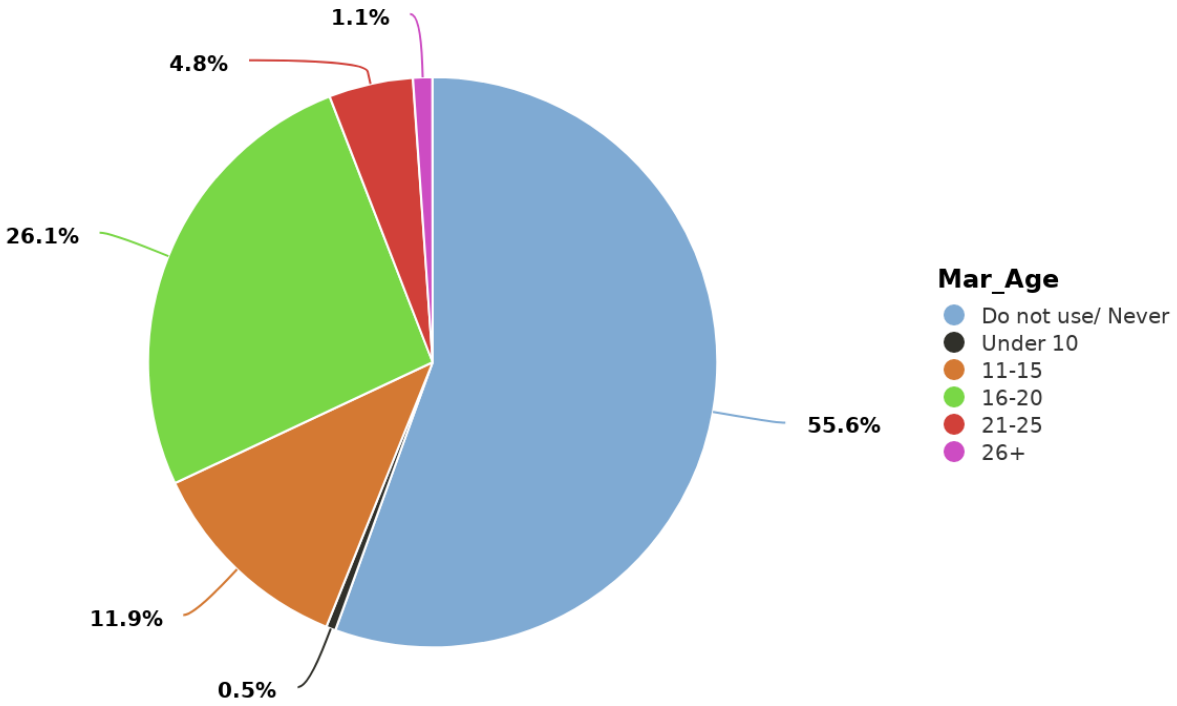



*Table 20. Age of First Use of Marijuana, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| Age of First Use | 2021 | 2022 | 2023 | 2024 |
| Do not use/ Never | 1999 (61.39%) | 2245 (58.45%) | 570 (49.96%) | 1149 (55.56%) |
| Under 10 | 21 (0.64%) | 60 (1.56%) | 9 (0.79%) | 11 (0.53%) |
| 11-15 | 268 (8.23%) | 415 (10.80%) | 123 (10.78%) | 247 (11.94%) |
| 16-20 | 774 (23.77%) | 827 (21.53%) | 355 (31.11%) | 539 (26.06%) |
| 21-25 | 148 (4.55%) | 206 (5.36%) | 62 (5.43%) | 99 (4.79%) |
| 26+ | 46 (1.41%) | 88 (2.29%) | 22 (1.93%) | 23 (1.11%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Table 21. Age of First Use of Marijuana by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Age of First Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| Do not use/ Never | 557 (67.11%) | 589 (47.81%) | 864 (60.76%) | 282 (44.06%) |
| Under 10 | 7 (0.84%) | 4 (0.32%) | 9 (0.63%) | 2 (0.31%) |
| 11-15 | 79 (9.52%) | 167 (13.56%) | 133 (9.35%) | 113 (17.66%) |
| 16-20 | 187 (22.53%) | 350 (28.41%) | 374 (26.30%) | 163 (25.47%) |
| 21-25 | N/A | 99 (8.04%) | 42 (2.95%) | 57 (8.91%) |
| 26+ | N/A | 23 (1.87%) | N/A | 23 (3.59%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Lifetime Use*

***Figure 15. Lifetime Occasions of Marijuana Use, 2024***

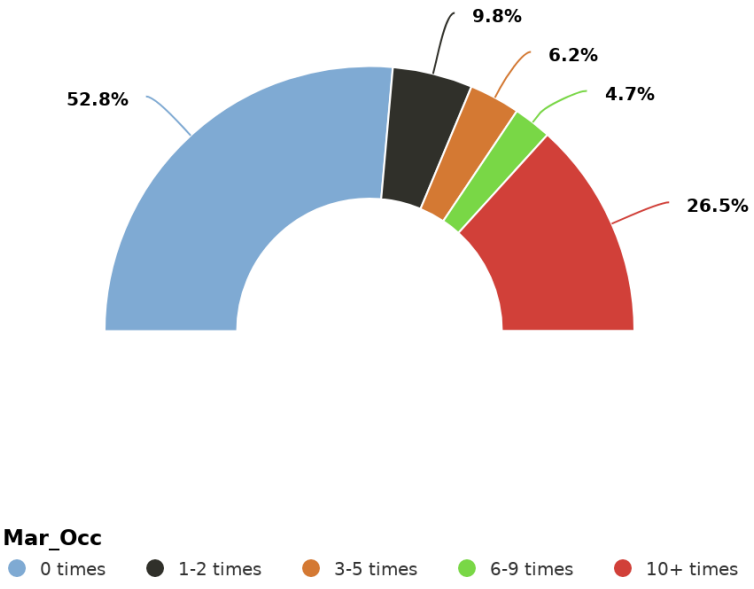



*Table 22. Lifetime Occasions of Use of Marijuana by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Lifetime Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| 0 times | 537 (65.17%) | 537 (65.17%) | 828 (59.19%) | 244 (38.73%) |
| 1-2 times | 69 (8.37%) | 69 (8.37%) | 123 (8.79%) | 75 (11.90%) |
| 3-5 times | 47 (5.70%) | 47 (5.70%) | 86 (6.15%) | 40 (6.35%) |
| 6-9 times | 30 (3.64%) | 30 (3.64%) | 60 (4.29%) | 35 (5.56%) |
| 10+ times | 141 (17.11%) | 141 (17.11%) | 302 (21.59%) | 236 (37.46%) |

*Recent Use*

*Table 23. Marijuana Use in the Last 30 Days, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| Recent Use | 2021 | 2022 | 2023 | 2024 |
| 0 times | 2770 (87.52%) | 3000 (79.72%) | 894 (82.93%) | 1687 (84.22%) |
| 1-2 times | 115 (3.63%) | 277 (7.36%) | 52 (4.82%) | 99 (4.94%) |
| 3-5 times | 58 (1.83%) | 154 (4.09%) | 28 (2.60%) | 34 (1.70%) |
| 6-9 times | 25 (0.79%) | 91 (2.42%) | 90 (8.35%) | 0 (0.00%) |
| 10+ times | 197 (6.22%) | 241 (6.40%) | 14 (1.30%) | 183 (9.14%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

***Figure 16. Occasions of Marijuana Use in the Last 30 Days, 2024***

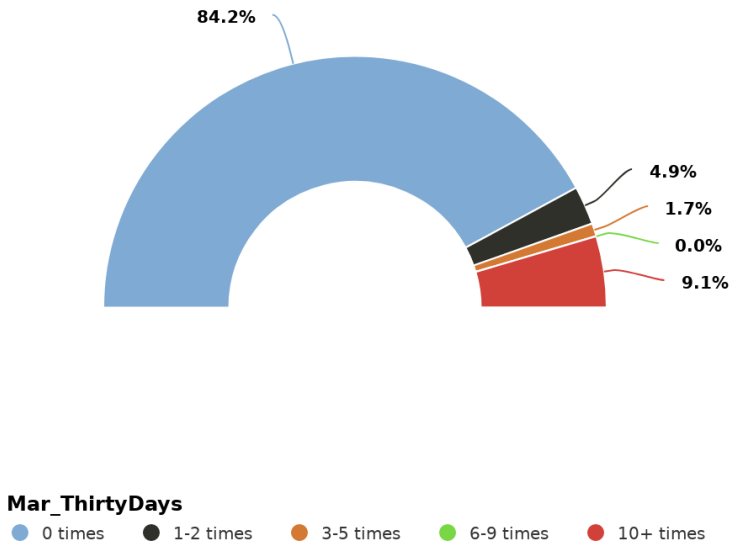



*Table 24. Use of Marijuana in the Last 30 Days by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Recent Use | 18-20 | 21 and Older | 18-25 | 26 or Older |
| 0 times | 682 (84.51%) | 1001 (84.12%) | 1157 (84.15%) | 526 (84.57%) |
| 1-2 times | 47 (5.82%) | 52 (4.37%) | 77 (5.60%) | 22 (3.54%) |
| 3-5 times | 19 (2.35%) | 15 (1.26%) | 29 (2.11%) | 5 (0.80%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 59 (7.31%) | 122 (10.25%) | 112 (8.15%) | 69 (11.09%) |

***Prescription Medication***

*Age of First Use*

***Figure 17. Age of First Use of Prescription Opioids, 2024***

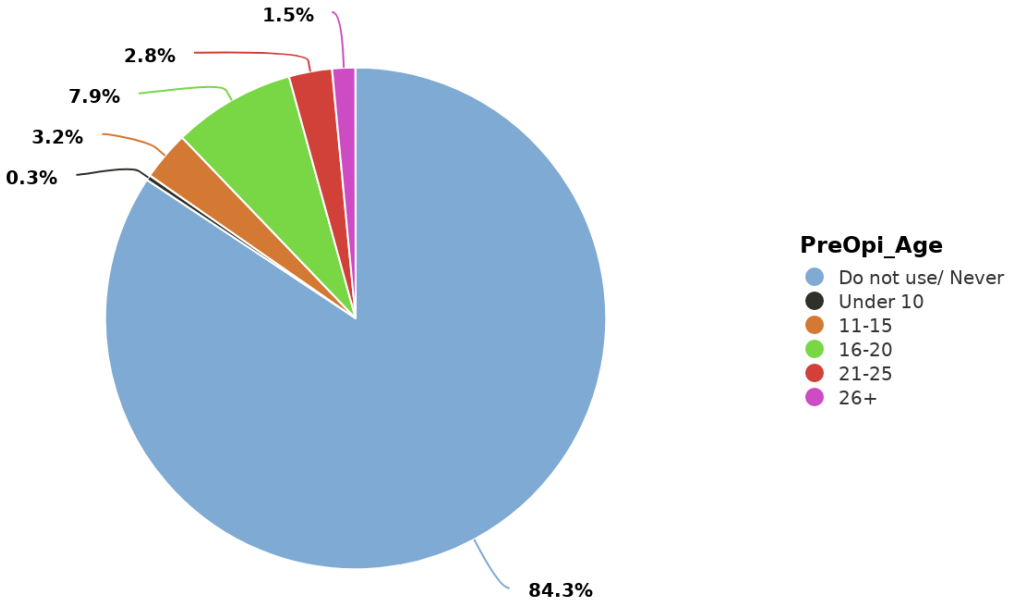



***Figure 18. Age of First Use of Another Person's Prescription Drugs, 2024***

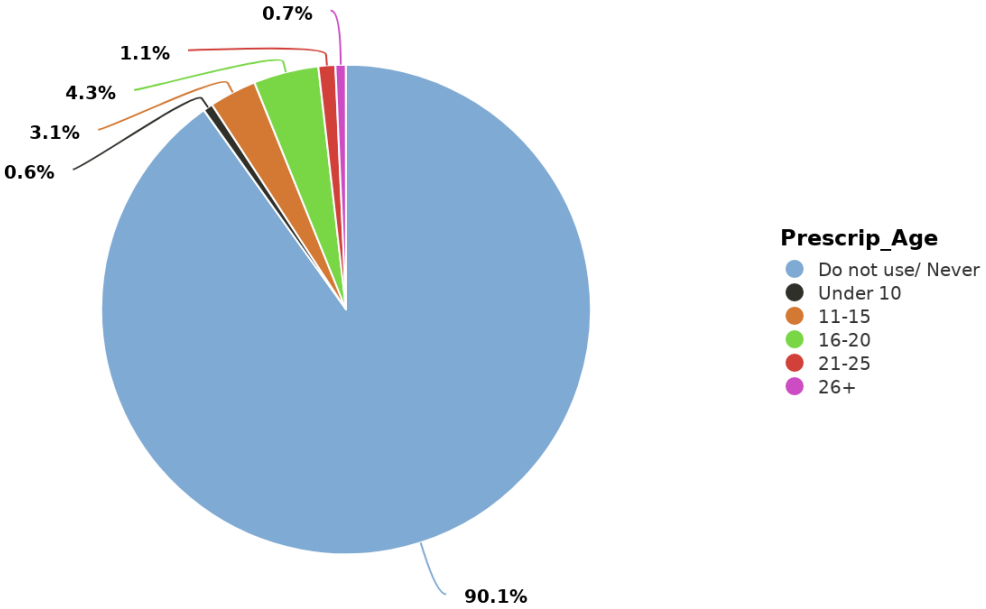


*Table 25. Age of First Use of Prescription Drugs, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| Variable/Age | 2021 | 2022 | 2023 | 2024 |
| Prescription Opioids | | | | |
| Do not use/ Never | 2712 (83.57%) | 3038 (79.28%) | 913 (80.37%) | 1731 (84.32%) |
| Under 10 | 15 (0.46%) | 46 (1.20%) | 11 (0.97%) | 7 (0.34%) |
| 11-15 | 96 (2.96%) | 162 (4.23%) | 38 (3.35%) | 65 (3.17%) |
| 16-20 | 273 (8.41%) | 341 (8.90%) | 95 (8.36%) | 162 (7.89%) |
| 21-25 | 94 (2.90%) | 147 (3.84%) | 48 (4.23%) | 57 (2.78%) |
| 26+ | 55 (1.69%) | 98 (2.56%) | 31 (2.73%) | 31 (1.51%) |
| Other Person's Prescriptions | | | | |
| Do not use/ Never | 2900 (89.53%) | 3134 (82.24%) | 994 (87.27%) | 1848 (90.15%) |
| Under 10 | 16 (0.49%) | 73 (1.92%) | 12 (1.05%) | 13 (0.63%) |
| 11-15 | 74 (2.28%) | 168 (4.41%) | 36 (3.16%) | 64 (3.12%) |
| 16-20 | 180 (5.56%) | 245 (6.43%) | 62 (5.44%) | 88 (4.29%) |
| 21-25 | 52 (1.61%) | 125 (3.28%) | 27 (2.37%) | 23 (1.12%) |
| 26+ | 17 (0.52%) | 66 (1.73%) | 8 (0.70%) | 14 (0.68%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Table 26. Age of First Use of Prescription Opioids by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Age of First Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| Do not use/ Never | 760 (91.90%) | 966 (79.18%) | 1275 (90.23%) | 451 (71.14%) |
| Under 10 | 4 (0.48%) | 3 (0.25%) | 6 (0.42%) | 1 (0.16%) |
| 11-15 | 22 (2.66%) | 43 (3.52%) | 37 (2.62%) | 28 (4.42%) |
| 16-20 | 41 (4.96%) | 120 (9.84%) | 84 (5.94%) | 77 (12.15%) |
| 21-25 | N/A | 57 (4.67%) | 11 (0.78%) | 46 (7.26%) |
| 26+ | N/A | 31 (2.54%) | N/A | 31 (4.89%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Table 27. Age of First Use of Another Person's Prescription by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Age of First Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| Do not use/ Never | 777 (94.07%) | 1065 (87.44%) | 1310 (92.84%) | 532 (84.04%) |
| Under 10 | 9 (1.09%) | 4 (0.33%) | 11 (0.78%) | 2 (0.32%) |
| 11-15 | 23 (2.78%) | 41 (3.37%) | 39 (2.76%) | 25 (3.95%) |
| 16-20 | 17 (2.06%) | 71 (5.83%) | 47 (3.33%) | 41 (6.48%) |

| | | | | |
|---|---|---|---|---|
| 21-25 | N/A | 23 (1.89%) | 4 (0.28%) | 19 (3.00%) |
| 26+ | N/A | 14 (1.15%) | N/A | 14 (2.21%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Lifetime Use*

***Figure 19. Lifetime Occasions of Another Person's Prescription Use, 2024***

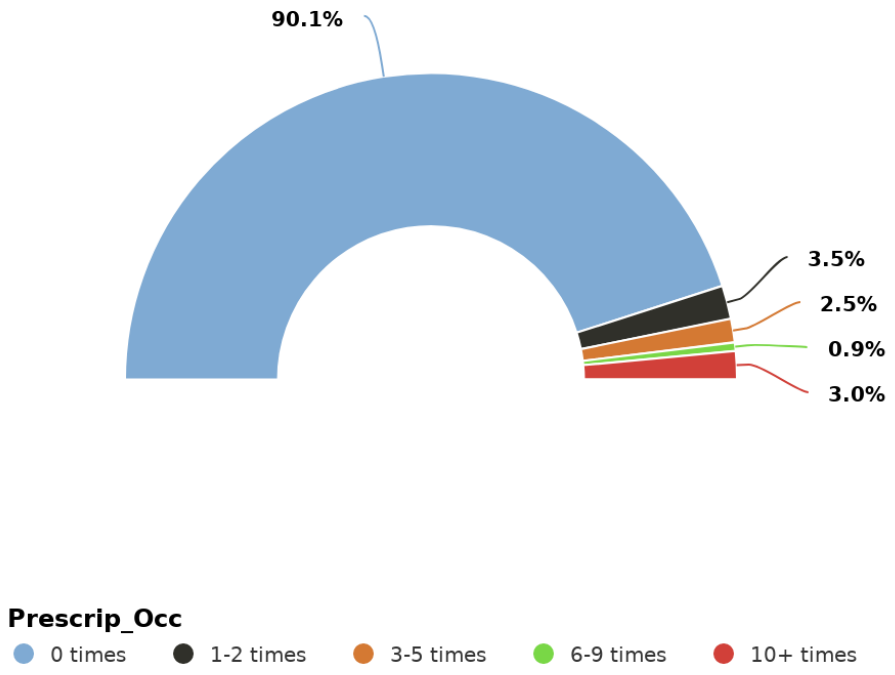



*Table 28. Lifetime Occasions of Use of Another Person's Prescription by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Lifetime Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| 0 times | 768 (93.66%) | 1044 (87.66%) | 1294 (92.76%) | 518 (84.09%) |
| 1-2 times | 25 (3.05%) | 46 (3.86%) | 49 (3.51%) | 22 (3.57%) |
| 3-5 times | 14 (1.71%) | 36 (3.02%) | 26 (1.86%) | 24 (3.90%) |
| 6-9 times | 5 (0.61%) | 13 (1.09%) | 8 (0.57%) | 10 (1.62%) |
| 10+ times | 8 (0.98%) | 52 (4.37%) | 18 (1.29%) | 42 (6.82%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Recent Use*

*Table 29. Prescription Drug and Opioid Use in the Last 30 Days, 2021-2024*

| | Year | | | |
|---|---|---|---|---|
| Recent Use | 2021 | 2022 | 2023 | 2024 |
| Another Person's Prescription | | | | |
| 0 times | 3093 (98.16%) | 3351 (89.53%) | 1041 (97.38%) | 1963 (98.64%) |
| 1-2 times | 35 (1.11%) | 173 (4.62%) | 16 (1.50%) | 14 (0.70%) |
| 3-5 times | 12 (0.38%) | 121 (3.23%) | 7 (0.65%) | 8 (0.40%) |
| 6-9 times | 3 (0.10%) | 72 (1.92%) | 3 (0.28%) | 0 (0.00%) |
| 10+ times | 8 (0.25%) | 26 (0.69%) | 2 (0.19%) | 5 (0.25%) |
| Prescription Opioids | | | | |
| 0 times | 3090 (98.35%) | 3337 (89.46%) | 1040 (97.38%) | 1954 (98.39%) |
| 1-2 times | 24 (0.76%) | 163 (4.37%) | 9 (0.84%) | 14 (0.70%) |
| 3-5 times | 11 (0.35%) | 112 (3.00%) | 5 (0.47%) | 7 (0.35%) |
| 6-9 times | 7 (0.22%) | 75 (2.01%) | 11 (1.03%) | 0 (0.00%) |
| 10+ times | 10 (0.32%) | 43 (1.15%) | 3 (0.28%) | 11 (0.55%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

***Figure 20. Occasions of Using Another Person's Prescriptions in the Last 30 Days, 2024***

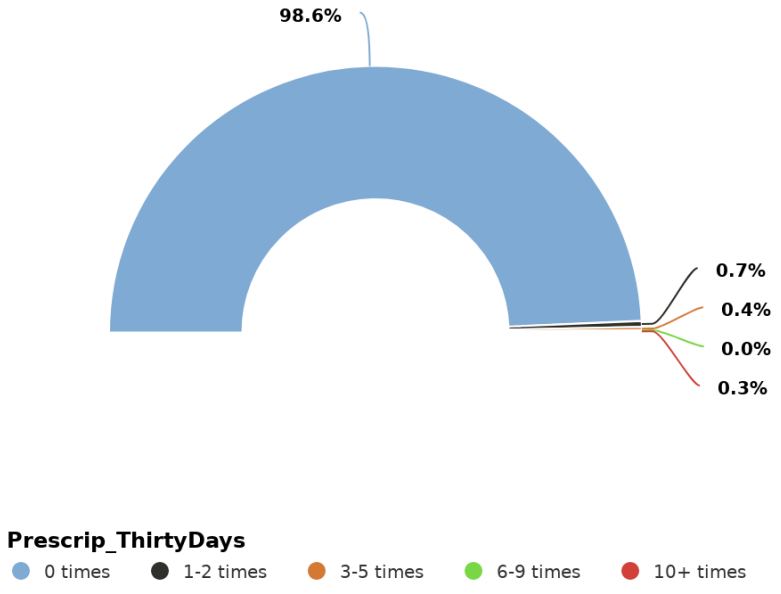


***Figure 21. Occasions of Prescription Opioid Use in the Last 30 Days, 2024***

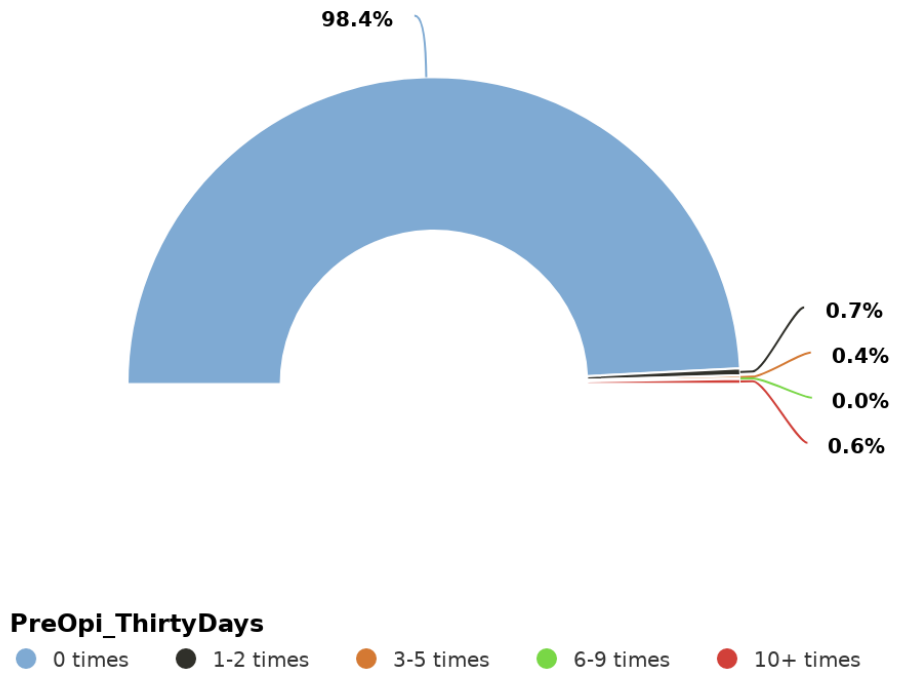



*Table 30. Use of Prescription Opioids in the Last 30 Days by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Recent Use | 18-20 | 21 and Older | 18-25 | 26 or Older |
| 0 times | 794 (98.76%) | 1154 (98.13%) | 1352 (98.90%) | 596 (97.23%) |
| 1-2 times | 3 (0.37%) | 11 (0.94%) | 5 (0.37%) | 9 (1.47%) |
| 3-5 times | 3 (0.37%) | 4 (0.34%) | 3 (0.22%) | 4 (0.65%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 4 (0.50%) | 7 (0.60%) | 7 (0.51%) | 4 (0.65%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Table 31. Use of Another Person's Prescription in the Last 30 Days by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Recent Use | 18-20 | 21 and Older | 18-25 | 26 or Older |
| 0 times | 795 (98.64%) | 1162 (98.64%) | 1350 (98.54%) | 607 (98.86%) |
| 1-2 times | 7 (0.87%) | 7 (0.59%) | 10 (0.73%) | 4 (0.65%) |
| 3-5 times | 2 (0.25%) | 6 (0.51%) | 5 (0.36%) | 3 (0.49%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 2 (0.25%) | 3 (0.25%) | 5 (0.36%) | 0 (0.00%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

***Illegal Drugs***

*Age of First Use*

*Table 32. Age of First Use of Illegal Drugs, 2024*

| Drug | *n* | *%* |
|---|---|---|
| Cocaine (e.g., crack, rock, freebase) | | |
| Do not use/ Never | 1916 | 92.96 |
| Under 10 | 1 | 0.05 |
| 11-15 | 16 | 0.78 |
| 16-20 | 67 | 3.25 |
| 21-25 | 48 | 2.33 |
| 26+ | 13 | 0.63 |
| Amphetamines (e.g., diet pills) | | |
| Do not use/ Never | 1815 | 88.11 |
| Under 10 | 16 | 0.78 |
| 11-15 | 36 | 1.75 |
| 16-20 | 94 | 4.56 |
| 21-25 | 69 | 3.35 |
| 26+ | 30 | 1.46 |
| Sedatives (e.g., ludes, downers) | | |
| Do not use/ Never | 1922 | 93.48 |
| Under 10 | 5 | 0.24 |
| 11-15 | 29 | 1.41 |
| 16-20 | 67 | 3.26 |
| 21-25 | 23 | 1.12 |
| 26+ | 10 | 0.49 |
| Hallucinogens/Psychedelics (e.g., PCP, LSD) | | |
| Do not use/ Never | 1827 | 88.73 |
| Under 10 | 3 | 0.15 |
| 11-15 | 22 | 1.07 |
| 16-20 | 143 | 6.95 |
| 21-25 | 49 | 2.38 |
| 26+ | 15 | 0.73 |
| Opiates (e.g., heroin, smack) | | |
| Do not use/ Never | 2001 | 97.47 |
| Under 10 | 1 | 0.05 |
| 11-15 | 7 | 0.34 |
| 16-20 | 28 | 1.36 |

| | | |
|---|---|---|
| 21-25 | 12 | 0.58 |
| 26+ | 4 | 0.19 |
| Inhalants (e.g., solvents, glue, gas) | | |
| Do not use/ Never | 1975 | 96.06 |
| Under 10 | 11 | 0.54 |
| 11-15 | 29 | 1.41 |
| 16-20 | 30 | 1.46 |
| 21-25 | 10 | 0.49 |
| 26+ | 1 | 0.05 |
| Designer Drugs (e.g., ecstasy, MDMA, molly) | | |
| Do not use/ Never | 1897 | 92.36 |
| Under 10 | 2 | 0.10 |
| 11-15 | 14 | 0.68 |
| 16-20 | 84 | 4.09 |
| 21-25 | 48 | 2.34 |
| 26+ | 9 | 0.44 |
| Steroids | | |
| Do not use/ Never | 1996 | 97.22 |
| Under 10 | 9 | 0.44 |
| 11-15 | 10 | 0.49 |
| 16-20 | 27 | 1.32 |
| 21-25 | 6 | 0.29 |
| 26+ | 5 | 0.24 |
| Methamphetamine (e.g., meth, ice, speed) | | |
| Do not use/ Never | 1970 | 95.82 |
| Under 10 | 3 | 0.15 |
| 11-15 | 10 | 0.49 |
| 16-20 | 39 | 1.90 |
| 21-25 | 29 | 1.41 |
| 26+ | 5 | 0.24 |
| Other Illegal Drugs | | |
| Do not use/ Never | 1973 | 96.57 |
| Under 10 | 3 | 0.15 |
| 11-15 | 19 | 0.93 |
| 16-20 | 33 | 1.62 |
| 21-25 | 9 | 0.44 |
| 26+ | 6 | 0.29 |

*Note.* Due to rounding errors, percentages may not equal 100%.

*Table 33. Age of First Use of Illegal Drugs by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Drug/Age of First Use | 18-20 | 21 and Older | 18-25 | 26 and Older |
| Cocaine (e.g., crack, rock, freebase) | | | | |
| Do not use/ Never | 818 (98.79%) | 1092 (89.00%) | 1377 (97.25%) | 533 (83.41%) |
| Under 10 | 0 (0.00%) | 1 (0.08%) | 1 (0.07%) | 0 (0.00%) |
| 11-15 | 3 (0.36%) | 13 (1.06%) | 6 (0.42%) | 10 (1.56%) |
| 16-20 | 7 (0.85%) | 60 (4.89%) | 23 (1.62%) | 44 (6.89%) |
| 21-25 | N/A | 48 (3.91%) | 9 (0.64%) | 39 (6.10%) |
| 26+ | N/A | 13 (1.06%) | N/A | 13 (2.03%) |
| Amphetamines (e.g., diet pills) | | | | |
| Do not use/ Never | 797 (96.37%) | 1012 (82.48%) | 1328 (93.72%) | 481 (75.51%) |
| Under 10 | 5 (0.60%) | 11 (0.90%) | 14 (0.99%) | 2 (0.31%) |
| 11-15 | 9 (1.09%) | 27 (2.20%) | 15 (1.06%) | 21 (3.30%) |
| 16-20 | 16 (1.93%) | 78 (6.36%) | 40 (2.82%) | 54 (8.48%) |
| 21-25 | N/A | 69 (5.62%) | 20 (1.41%) | 49 (7.69%) |
| 26+ | N/A | 30 (2.44%) | N/A | 30 (4.71%) |
| Sedatives (e.g., ludes, downers) | | | | |
| Do not use/ Never | 801 (97.09%) | 1115 (91.02%) | 1371 (96.96%) | 545 (85.69%) |
| Under 10 | 4 (0.48%) | 1 (0.08%) | 5 (0.35%) | 0 (0.00%) |
| 11-15 | 10 (1.21%) | 19 (1.55%) | 12 (0.85%) | 17 (2.67%) |
| 16-20 | 10 (1.21%) | 57 (4.65%) | 24 (1.70%) | 43 (6.76%) |
| 21-25 | N/A | 23 (1.88%) | 2 (0.14%) | 21 (3.30%) |
| 26+ | N/A | 10 (0.82%) | N/A | 10 (1.57%) |
| Hallucinogens/Psychedelics (e.g., PCP, LSD) | | | | |
| Do not use/ Never | 773 (93.36%) | 1050 (85.71%) | 1296 (91.46%) | 527 (82.86%) |
| Under 10 | 2 (0.24%) | 1 (0.08%) | 3 (0.21%) | 0 (0.00%) |
| 11-15 | 6 (0.72%) | 16 (1.31%) | 9 (0.64%) | 13 (2.04%) |
| 16-20 | 47 (5.68%) | 94 (7.67%) | 95 (6.70%) | 46 (7.23%) |

| | | | | |
|---|---|---|---|---|
| 21-25 | N/A | 49 (4.00%) | 14 (0.99%) | 35 (5.50%) |
| 26+ | N/A | 15 (1.22%) | N/A | 15 (2.36%) |
| Opiates (e.g., heroin, smack) | | | | |
| Do not use/ Never | 822 (99.40%) | 1173 (96.15%) | 1399 (99.08%) | 596 (93.86%) |
| Under 10 | 0 (0.00%) | 1 (0.08%) | 1 (0.07%) | 0 (0.00%) |
| 11-15 | 1 (0.12%) | 6 (0.49%) | 3 (0.21%) | 4 (0.63%) |
| 16-20 | 4 (0.48%) | 24 (1.97%) | 8 (0.57%) | 20 (3.15%) |
| 21-25 | N/A | 12 (0.98%) | 1 (0.07%) | 11 (1.73%) |
| 26+ | N/A | 4 (0.33%) | N/A | 4 (0.63%) |
| Inhalants (e.g., solvents, glue, gas) | | | | |
| Do not use/ Never | 807 (97.58%) | 1162 (95.01%) | 1378 (97.39%) | 591 (93.07%) |
| Under 10 | 7 (0.85%) | 4 (0.33%) | 9 (0.64%) | 2 (0.31%) |
| 11-15 | 5 (0.60%) | 24 (1.96%) | 6 (0.42%) | 23 (3.62%) |
| 16-20 | 8 (0.97%) | 22 (1.80%) | 17 (1.20%) | 13 (2.05%) |
| 21-25 | N/A | 10 (0.82%) | 5 (0.35%) | 5 (0.79%) |
| 26+ | N/A | 1 (0.08%) | N/A | 1 (0.16%) |
| Designer Drugs (e.g., ecstasy, MDMA, molly) | | | | |
| Do not use/ Never | 810 (97.94%) | 1082 (88.62%) | 1365 (96.60%) | 527 (82.99%) |
| Under 10 | 0 (0.00%) | 2 (0.16%) | 2 (0.14%) | 0 (0.00%) |
| 11-15 | 6 (0.73%) | 8 (0.66%) | 9 (0.64%) | 5 (0.79%) |
| 16-20 | 10 (1.21%) | 73 (5.98%) | 31 (2.19%) | 52 (8.19%) |
| 21-25 | N/A | 47 (3.85%) | 6 (0.42%) | 42 (6.61%) |
| 26+ | N/A | 9 (0.74%) | N/A | 9 (1.42%) |
| Steroids | | | | |
| Do not use/ Never | 806 (97.58%) | 1184 (96.97%) | 1382 (97.81%) | 608 (95.90%) |
| Under 10 | 3 (0.36%) | 6 (0.49%) | 5 (0.35%) | 4 (0.63%) |
| 11-15 | 6 (0.73%) | 4 (0.33%) | 7 (0.50%) | 3 (0.47%) |
| 16-20 | 11 (1.33%) | 16 (1.31%) | 17 (1.20%) | 10 (1.58%) |
| 21-25 | N/A | 6 (0.49%) | 2 (0.14%) | 4 (0.63%) |
| 26+ | N/A | 5 (0.41%) | N/A | 5 (0.79%) |
| Methamphetamine (e.g., meth, ice, speed) | | | | |

| | | | | |
|---|---|---|---|---|
| Do not use/ Never | 821 (99.39%) | 1143 (93.38%) | 1393 (98.58%) | 571 (89.64%) |
| Under 10 | 1 (0.12%) | 2 (0.16%) | 2 (0.14%) | 1 (0.16%) |
| 11-15 | 2 (0.24%) | 8 (0.65%) | 4 (0.28%) | 6 (0.94%) |
| 16-20 | 2 (0.24%) | 37 (3.02%) | 13 (0.92%) | 26 (4.08%) |
| 21-25 | N/A | 29 (2.37%) | 1 (0.07%) | 28 (4.40%) |
| 26+ | N/A | 5 (0.41%) | N/A | 5 (0.78%) |
| Other Illegal Drugs | | | | |
| Do not use/ Never | 805 (98.17%) | 1163 (95.56%) | 1368 (97.57%) | 600 (94.49%) |
| Under 10 | 2 (0.24%) | 1 (0.08%) | 3 (0.21%) | 0 (0.00%) |
| 11-15 | 6 (0.73%) | 13 (1.07%) | 11 (0.78%) | 8 (1.26%) |
| 16-20 | 7 (0.85%) | 25 (2.05%) | 18 (1.28%) | 14 (2.20%) |
| 21-25 | N/A | 9 (0.74%) | 2 (0.14%) | 7 (1.10%) |
| 26+ | N/A | 6 (0.49%) | N/A | 6 (0.94%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Lifetime Use*

*Table 34. Lifetime Occasions of Illegal Drug Use, 2024*

| Drug | *n* | *%* |
|---|---|---|
| Cocaine (e.g., crack, rock, freebase) | | |
| 0 times | 1872 | 92.26 |
| 1-2 times | 34 | 1.68 |
| 3-5 times | 27 | 1.33 |
| 6-9 times | 20 | 0.99 |
| 10+ times | 76 | 3.75 |
| Amphetamines (e.g., diet pills) | | |
| 0 times | 1801 | 88.63 |
| 1-2 times | 37 | 1.82 |
| 3-5 times | 23 | 1.13 |
| 6-9 times | 24 | 1.18 |
| 10+ times | 147 | 7.23 |
| Sedatives (e.g., ludes, downers) | | |
| 0 times | 1905 | 93.89 |
| 1-2 times | 22 | 1.08 |
| 3-5 times | 14 | 0.69 |
| 6-9 times | 13 | 0.64 |

| | | |
|---|---|---|
| 10+ times | 75 | 3.70 |
| Hallucinogens/Psychedelics (e.g., PCP, LSD) | | |
| 0 times | 1801 | 88.68 |
| 1-2 times | 80 | 3.94 |
| 3-5 times | 67 | 3.30 |
| 6-9 times | 32 | 1.58 |
| 10+ times | 51 | 2.51 |
| Opiates (e.g., heroin, smack) | | |
| 0 times | 1957 | 96.79 |
| 1-2 times | 14 | 0.69 |
| 3-5 times | 11 | 0.54 |
| 6-9 times | 7 | 0.35 |
| 10+ times | 33 | 1.63 |
| Inhalants (e.g., solvents, glue, gas) | | |
| 0 times | 1941 | 96.09 |
| 1-2 times | 33 | 1.63 |
| 3-5 times | 9 | 0.45 |
| 6-9 times | 11 | 0.54 |
| 10+ times | 26 | 1.29 |
| Designer Drugs (e.g., ecstasy, MDMA, molly) | | |
| 0 times | 1873 | 92.68 |
| 1-2 times | 54 | 2.67 |
| 3-5 times | 45 | 2.23 |
| 6-9 times | 16 | 0.79 |
| 10+ times | 33 | 1.63 |
| Steroids | | |
| 0 times | 1957 | 97.03 |
| 1-2 times | 25 | 1.24 |
| 3-5 times | 12 | 0.59 |
| 6-9 times | 7 | 0.35 |
| 10+ times | 16 | 0.79 |
| Methamphetamine (e.g., meth, ice, speed) | | |
| 0 times | 1922 | 95.72 |
| 1-2 times | 19 | 0.95 |
| 3-5 times | 5 | 0.25 |
| 6-9 times | 7 | 0.35 |
| 10+ times | 55 | 2.74 |
| Other Illegal Drugs | | |

| | | |
|---|---|---|
| 0 times | 1937 | 96.56 |
| 1-2 times | 20 | 1.00 |
| 3-5 times | 9 | 0.45 |
| 6-9 times | 2 | 0.10 |
| 10+ times | 38 | 1.89 |

*Note.* Due to rounding errors, percentages may not equal 100%.

*Table 35. Lifetime Occasions of Use of Illegal Drugs by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Drug/Frequency | 18-20 | 21 and Older | 18-25 | 26 and Older |
| Cocaine (e.g., crack, rock, freebase) | | | | |
| 0 times | 812 (98.78%) | 1054 (87.76%) | 1358 (97.21%) | 508 (81.15%) |
| 1-2 times | 1 (0.12%) | 33 (2.75%) | 8 (0.57%) | 26 (4.15%) |
| 3-5 times | 2 (0.24%) | 25 (2.08%) | 9 (0.64%) | 18 (2.88%) |
| 6-9 times | 2 (0.24%) | 18 (1.50%) | 5 (0.36%) | 15 (2.40%) |
| 10+ times | 5 (0.61%) | 71 (5.91%) | 17 (1.22%) | 59 (9.42%) |
| Amphetamines (e.g., diet pills) | | | | |
| 0 times | 793 (96.35%) | 1002 (83.29%) | 1311 (93.78%) | 484 (77.07%) |
| 1-2 times | 4 (0.49%) | 33 (2.74%) | 14 (1.00%) | 23 (3.66%) |
| 3-5 times | 5 (0.61%) | 18 (1.50%) | 11 (0.79%) | 12 (1.91%) |
| 6-9 times | 3 (0.36%) | 21 (1.75%) | 5 (0.36%) | 19 (3.03%) |
| 10+ times | 18 (2.19%) | 129 (10.72%) | 57 (4.08%) | 90 (14.33%) |
| Sedatives (e.g., ludes, downers) | | | | |
| 0 times | 802 (97.33%) | 1097 (91.49%) | 1355 (96.92%) | 544 (87.04%) |
| 1-2 times | 4 (0.49%) | 18 (1.50%) | 12 (0.86%) | 10 (1.60%) |
| 3-5 times | 5 (0.61%) | 9 (0.75%) | 5 (0.36%) | 9 (1.44%) |
| 6-9 times | 5 (0.61%) | 8 (0.67%) | 6 (0.43%) | 7 (1.12%) |
| 10+ times | 8 (0.97%) | 67 (5.59%) | 20 (1.43%) | 55 (8.80%) |
| Hallucinogens/Psychedelics (e.g., PCP, LSD) | | | | |
| 0 times | 772 (93.69%) | 1025 (85.35%) | 1281 (91.50%) | 516 (82.56%) |
| 1-2 times | 25 (3.03%) | 54 (4.50%) | 47 (3.36%) | 32 (5.12%) |

| | | | | |
|---|---|---|---|---|
| 3-5 times | 14 (1.70%) | 53 (4.41%) | 35 (2.50%) | 32 (5.12%) |
| 6-9 times | 5 (0.61%) | 27 (2.25%) | 16 (1.14%) | 16 (2.56%) |
| 10+ times | 8 (0.97%) | 42 (3.50%) | 21 (1.50%) | 29 (4.64%) |
| Opiates (e.g., heroin, smack) | | | | |
| 0 times | 812 (99.02%) | 1139 (95.23%) | 1374 (98.57%) | 577 (92.77%) |
| 1-2 times | 2 (0.24%) | 12 (1.00%) | 7 (0.50%) | 7 (1.13%) |
| 3-5 times | 2 (0.24%) | 9 (0.75%) | 5 (0.36%) | 6 (0.96%) |
| 6-9 times | 2 (0.24%) | 5 (0.42%) | 3 (0.22%) | 4 (0.64%) |
| 10+ times | 2 (0.24%) | 31 (2.59%) | 5 (0.36%) | 28 (4.50%) |
| Inhalants (e.g., solvents, glue, gas) | | | | |
| 0 times | 800 (97.44%) | 1135 (95.14%) | 1360 (97.42%) | 575 (93.04%) |
| 1-2 times | 9 (1.10%) | 24 (2.01%) | 14 (1.00%) | 19 (3.07%) |
| 3-5 times | 3 (0.37%) | 6 (0.50%) | 6 (0.43%) | 3 (0.49%) |
| 6-9 times | 3 (0.37%) | 8 (0.67%) | 6 (0.43%) | 5 (0.81%) |
| 10+ times | 6 (0.73%) | 20 (1.68%) | 10 (0.72%) | 16 (2.59%) |
| Designer Drugs (e.g., ecstasy, MDMA, molly) | | | | |
| 0 times | 808 (98.30%) | 1060 (88.85%) | 1352 (96.85%) | 516 (83.36%) |
| 1-2 times | 7 (0.85%) | 47 (3.94%) | 18 (1.29%) | 36 (5.82%) |
| 3-5 times | 1 (0.12%) | 43 (3.60%) | 9 (0.64%) | 35 (5.65%) |
| 6-9 times | 3 (0.36%) | 13 (1.09%) | 8 (0.57%) | 8 (1.29%) |
| 10+ times | 3 (0.36%) | 30 (2.51%) | 9 (0.64%) | 24 (3.88%) |
| Steroids | | | | |
| 0 times | 798 (97.44%) | 1153 (96.73%) | 1361 (97.70%) | 590 (95.47%) |
| 1-2 times | 11 (1.34%) | 14 (1.17%) | 16 (1.15%) | 9 (1.46%) |
| 3-5 times | 4 (0.49%) | 8 (0.67%) | 6 (0.43%) | 6 (0.97%) |
| 6-9 times | 1 (0.12%) | 6 (0.50%) | 2 (0.14%) | 5 (0.81%) |
| 10+ times | 5 (0.61%) | 11 (0.92%) | 8 (0.57%) | 8 (1.29%) |
| Methamphetamine (e.g., meth, ice, speed) | | | | |
| 0 times | 814 (99.51%) | 1102 (93.07%) | 1367 (98.63%) | 549 (89.12%) |
| 1-2 times | 0 (0.00%) | 19 (1.60%) | 7 (0.51%) | 12 (1.95%) |
| 3-5 times | 1 (0.12%) | 4 (0.34%) | 1 (0.07%) | 4 (0.65%) |

| | | | | |
|---|---|---|---|---|
| 6-9 times | 0 (0.00%) | 7 (0.59%) | 2 (0.14%) | 5 (0.81%) |
| 10+ times | 3 (0.37%) | 52 (4.39%) | 9 (0.65%) | 46 (7.47%) |
| Other Illegal Drugs | | | | |
| 0 times | 803 (98.29%) | 1129 (95.44%) | 1355 (97.83%) | 577 (93.82%) |
| 1-2 times | 4 (0.49%) | 15 (1.27%) | 9 (0.65%) | 10 (1.63%) |
| 3-5 times | 2 (0.24%) | 7 (0.59%) | 6 (0.43%) | 3 (0.49%) |
| 6-9 times | 0 (0.00%) | 2 (0.17%) | 0 (0.00%) | 2 (0.33%) |
| 10+ times | 8 (0.98%) | 30 (2.54%) | 15 (1.08%) | 23 (3.74%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

*Recent Use*

*Table 36. Use of Illegal Drugs in the Last 30 Days, 2024*

| Drug | *n* | *%* |
|---|---|---|
| Cocaine (e.g., crack, rock, freebase) | | |
| 0 times | 1990 | 99.35 |
| 1-2 times | 5 | 0.25 |
| 3-5 times | 3 | 0.15 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 5 | 0.25 |
| Amphetamines (e.g., diet pills) | | |
| 0 times | 1941 | 97.00 |
| 1-2 times | 7 | 0.35 |
| 3-5 times | 12 | 0.60 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 41 | 2.05 |
| Sedatives (e.g., ludes, downers) | | |
| 0 times | 1977 | 98.85 |
| 1-2 times | 7 | 0.35 |
| 3-5 times | 3 | 0.15 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 13 | 0.65 |
| Hallucinogens/Psychedelics (e.g., PCP, LSD) | | |
| 0 times | 1978 | 99.15 |
| 1-2 times | 10 | 0.50 |
| 3-5 times | 5 | 0.25 |
| 6-9 times | 0 | 0.00 |

| | | |
|---|---|---|
| 10+ times | 2 | 0.10 |
| Opiates (e.g., heroin, smack) | | |
| 0 times | 1988 | 99.65 |
| 1-2 times | 2 | 0.10 |
| 3-5 times | 2 | 0.10 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 3 | 0.15 |
| Inhalants (e.g., solvents, glue, gas) | | |
| 0 times | 1987 | 99.50 |
| 1-2 times | 6 | 0.30 |
| 3-5 times | 1 | 0.05 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 3 | 0.15 |
| Designer Drugs (e.g., ecstasy, MDMA, molly) | | |
| 0 times | 1987 | 99.65 |
| 1-2 times | 4 | 0.20 |
| 3-5 times | 1 | 0.05 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 2 | 0.10 |
| Steroids | | |
| 0 times | 1983 | 99.50 |
| 1-2 times | 4 | 0.20 |
| 3-5 times | 1 | 0.05 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 5 | 0.25 |
| Methamphetamine (e.g., meth, ice, speed) | | |
| 0 times | 1984 | 99.70 |
| 1-2 times | 0 | 0.00 |
| 3-5 times | 1 | 0.05 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 5 | 0.25 |
| Other Illegal Drugs | | |
| 0 times | 1976 | 99.70 |
| 1-2 times | 4 | 0.20 |
| 3-5 times | 0 | 0.00 |
| 6-9 times | 0 | 0.00 |
| 10+ times | 2 | 0.10 |

*Note.* Due to rounding errors, percentages may not equal 100%.

*Table 37. Use of Illegal Drugs in the Last 30 Days by Current Age Groups, 2024*

| | Age Groups (18-20, 21+) | | Age Groups (18-25, 26+) | |
|---|---|---|---|---|
| Drug/Frequency | 18-20 | 21 and Older | 18-25 | 26 and Older |
| Cocaine (e.g., crack, rock, freebase) | | | | |
| 0 times | 804 (99.63%) | 1180 (99.16%) | 1366 (99.42%) | 618 (99.20%) |
| 1-2 times | 1 (0.12%) | 4 (0.34%) | 4 (0.29%) | 1 (0.16%) |
| 3-5 times | 1 (0.12%) | 2 (0.17%) | 2 (0.15%) | 1 (0.16%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 1 (0.12%) | 4 (0.34%) | 2 (0.15%) | 3 (0.48%) |
| Amphetamines (e.g., diet pills) | | | | |
| 0 times | 799 (98.89%) | 1136 (95.70%) | 1349 (98.04%) | 586 (94.67%) |
| 1-2 times | 2 (0.25%) | 5 (0.42%) | 2 (0.15%) | 5 (0.81%) |
| 3-5 times | 0 (0.00%) | 12 (1.01%) | 4 (0.29%) | 8 (1.29%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 7 (0.87%) | 34 (2.86%) | 21 (1.53%) | 20 (3.23%) |
| Sedatives (e.g., ludes, downers) | | | | |
| 0 times | 799 (99.01%) | 1172 (98.74%) | 1363 (99.20%) | 608 (98.06%) |
| 1-2 times | 4 (0.50%) | 3 (0.25%) | 5 (0.36%) | 2 (0.32%) |
| 3-5 times | 1 (0.12%) | 2 (0.17%) | 1 (0.07%) | 2 (0.32%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 3 (0.37%) | 10 (0.84%) | 5 (0.36%) | 8 (1.29%) |
| Hallucinogens/Psychedelics (e.g., PCP, LSD) | | | | |
| 0 times | 795 (98.76%) | 1178 (99.49%) | 1360 (99.20%) | 613 (99.19%) |
| 1-2 times | 6 (0.75%) | 3 (0.25%) | 6 (0.44%) | 3 (0.49%) |
| 3-5 times | 3 (0.37%) | 2 (0.17%) | 3 (0.22%) | 2 (0.32%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 1 (0.12%) | 1 (0.08%) | 2 (0.15%) | 0 (0.00%) |
| Opiates (e.g., heroin, smack) | | | | |
| 0 times | 804 (99.63%) | 1178 (99.66%) | 1366 (99.64%) | 616 (99.68%) |

| | | | | |
|---|---|---|---|---|
| 1-2 times | 1 (0.12%) | 1 (0.08%) | 2 (0.15%) | 0 (0.00%) |
| 3-5 times | 1 (0.12%) | 1 (0.08%) | 1 (0.07%) | 1 (0.16%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 1 (0.12%) | 2 (0.17%) | 2 (0.15%) | 1 (0.16%) |
| Inhalants (e.g., solvents, glue, gas) | | | | |
| 0 times | 801 (99.38%) | 1180 (99.58%) | 1365 (99.42%) | 616 (99.68%) |
| 1-2 times | 2 (0.25%) | 4 (0.34%) | 4 (0.29%) | 2 (0.32%) |
| 3-5 times | 1 (0.12%) | 0 (0.00%) | 1 (0.07%) | 0 (0.00%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 2 (0.25%) | 1 (0.08%) | 3 (0.22%) | 0 (0.00%) |
| Designer Drugs (e.g., ecstasy, MDMA, molly) | | | | |
| 0 times | 806 (99.88%) | 1175 (99.49%) | 1371 (99.78%) | 610 (99.35%) |
| 1-2 times | 0 (0.00%) | 4 (0.34%) | 0 (0.00%) | 4 (0.65%) |
| 3-5 times | 0 (0.00%) | 1 (0.08%) | 1 (0.07%) | 0 (0.00%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 1 (0.12%) | 1 (0.08%) | 2 (0.15%) | 0 (0.00%) |
| Steroids | | | | |
| 0 times | 803 (99.63%) | 1174 (99.41%) | 1366 (99.56%) | 611 (99.35%) |
| 1-2 times | 1 (0.12%) | 3 (0.25%) | 3 (0.22%) | 1 (0.16%) |
| 3-5 times | 0 (0.00%) | 1 (0.08%) | 0 (0.00%) | 1 (0.16%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 2 (0.25%) | 3 (0.25%) | 3 (0.22%) | 2 (0.33%) |
| Methamphetamine (e.g., meth, ice, speed) | | | | |
| 0 times | 805 (99.88%) | 1173 (99.58%) | 1368 (99.85%) | 610 (99.35%) |
| 1-2 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 3-5 times | 0 (0.00%) | 1 (0.08%) | 0 (0.00%) | 1 (0.16%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 1 (0.12%) | 4 (0.34%) | 2 (0.15%) | 3 (0.49%) |
| Other Illegal Drugs | | | | |
| 0 times | 800 (99.88%) | 1171 (99.66%) | 1360 (99.78%) | 611 (99.67%) |
| 1-2 times | 0 (0.00%) | 3 (0.26%) | 1 (0.07%) | 2 (0.33%) |

| | | | | |
|---|---|---|---|---|
| 3-5 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 6-9 times | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) | 0 (0.00%) |
| 10+ times | 1 (0.12%) | 1 (0.09%) | 2 (0.15%) | 0 (0.00%) |

*Note.* Due to rounding error, percentages may not sum to 100%.

***Campus Observations***

*Policies and Programs*

*Table 38. Student Awareness of Campus Policies and Programs for Substance Use, 2024*

| Question | *n* | *%* |
|---|---|---|
| Does your campus have alcohol, tobacco, and other drug policies? | | |
| Yes | 1561 | 96.78 |
| No | 52 | 3.22 |
| If yes to policies, are campus policies enforced? | | |
| Yes | 1112 | 91.15 |
| No | 108 | 8.85 |
| Does our college have an alcohol, tobacco, and drug prevention program? | | |
| Yes | 752 | 88.99 |
| No | 93 | 11.01 |
| Do you believe your campus is concerned about the prevention of alcohol, tobacco, and drug use? | | |
| Yes | 1300 | 89.90 |
| No | 146 | 10.10 |
| Are you actively involved in efforts to prevent alcohol, tobacco, and drug use on your campus? | | |
| Yes | 276 | 16.93 |
| No | 1354 | 83.07 |

*Note.* Due to rounding errors, percentages may not equal 100%.

*Table 39. Perceived Frequency of Substance Use on Campus, 2024*

| Substance | *n* | % |
|---|---|---|
| Tobacco | | |
| Did not use | 435 | 23.80 |
| Once a year | 95 | 5.20 |
| Once/month | 184 | 10.07 |
| Twice/month | 145 | 7.93 |
| Once/week | 249 | 13.62 |
| 3 times/ week | 248 | 13.57 |
| 5 times/ week | 118 | 6.46 |
| Every day | 354 | 19.37 |
| Alcohol | | |
| Did not use | 252 | 13.83 |
| Once a year | 33 | 1.81 |
| Once/month | 130 | 7.14 |
| Twice/month | 209 | 11.47 |
| Once/week | 568 | 31.17 |
| 3 times/ week | 393 | 21.57 |
| 5 times/ week | 112 | 6.15 |
| Every day | 125 | 6.86 |
| Marijuana | | |
| Did not use | 384 | 21.13 |
| Once a year | 92 | 5.06 |
| Once/month | 186 | 10.24 |
| Twice/month | 165 | 9.08 |
| Once/week | 339 | 18.66 |
| 3 times/ week | 316 | 17.39 |
| 5 times/ week | 105 | 5.78 |
| Every day | 230 | 12.66 |
| Prescription Opioids | | |
| Did not use | 1180 | 65.27 |
| Once a year | 182 | 10.07 |
| Once/month | 155 | 8.57 |
| Twice/month | 84 | 4.65 |
| Once/week | 102 | 5.64 |
| 3 times/ week | 47 | 2.60 |

| | | |
|---|---|---|
| 5 times/ week | 13 | 0.72 |
| Every day | 45 | 2.49 |
| Sedatives | | |
| Did not use | 1411 | 77.78 |
| Once a year | 133 | 7.33 |
| Once/month | 101 | 5.57 |
| Twice/month | 54 | 2.98 |
| Once/week | 53 | 2.92 |
| 3 times/ week | 30 | 1.65 |
| 5 times/ week | 10 | 0.55 |
| Every day | 22 | 1.21 |
| Cocaine | | |
| Did not use | 1340 | 73.75 |
| Once a year | 203 | 11.17 |
| Once/month | 106 | 5.83 |
| Twice/month | 46 | 2.53 |
| Once/week | 56 | 3.08 |
| 3 times/ week | 28 | 1.54 |
| 5 times/ week | 16 | 0.88 |
| Every day | 22 | 1.21 |
| Hallucinogens/Psychedelics | | |
| Did not use | 1243 | 68.60 |
| Once a year | 234 | 12.91 |
| Once/month | 147 | 8.11 |
| Twice/month | 76 | 4.19 |
| Once/week | 65 | 3.59 |
| 3 times/ week | 19 | 1.05 |
| 5 times/ week | 8 | 0.44 |
| Every day | 20 | 1.10 |
| Amphetamines | | |
| Did not use | 1371 | 75.58 |
| Once a year | 136 | 7.50 |
| Once/month | 91 | 5.02 |
| Twice/month | 51 | 2.81 |
| Once/week | 59 | 3.25 |
| 3 times/ week | 47 | 2.59 |
| 5 times/ week | 19 | 1.05 |
| Every day | 40 | 2.21 |

| | | |
|---|---|---|
| Inhalants | | |
| Did not use | 1410 | 77.90 |
| Once a year | 136 | 7.51 |
| Once/month | 90 | 4.97 |
| Twice/month | 51 | 2.82 |
| Once/week | 57 | 3.15 |
| 3 times/ week | 29 | 1.60 |
| 5 times/ week | 9 | 0.50 |
| Every day | 28 | 1.55 |
| Methamphetamine | | |
| Did not use | 1448 | 80.53 |
| Once a year | 128 | 7.12 |
| Once/month | 84 | 4.67 |
| Twice/month | 37 | 2.06 |
| Once/week | 45 | 2.50 |
| 3 times/ week | 29 | 1.61 |
| 5 times/ week | 7 | 0.39 |
| Every day | 20 | 1.11 |
| Other Illegal Drugs | | |
| Did not use | 1374 | 76.59 |
| Once a year | 137 | 7.64 |
| Once/month | 91 | 5.07 |
| Twice/month | 62 | 3.46 |
| Once/week | 54 | 3.01 |
| 3 times/ week | 26 | 1.45 |
| 5 times/ week | 11 | 0.61 |
| Every day | 39 | 2.17 |
| Designer Drugs | | |
| Did not use | 1401 | 77.57 |
| Once a year | 165 | 9.14 |
| Once/month | 87 | 4.82 |
| Twice/month | 45 | 2.49 |
| Once/week | 52 | 2.88 |
| 3 times/ week | 28 | 1.55 |
| 5 times/ week | 6 | 0.33 |
| Every day | 22 | 1.22 |
| Prescription Drugs | | |
| Did not use | 1222 | 67.78 |

| | | |
|---|---|---|
| Once a year | 167 | 9.26 |
| Once/month | 140 | 7.76 |
| Twice/month | 99 | 5.49 |
| Once/week | 81 | 4.49 |
| 3 times/ week | 39 | 2.16 |
| 5 times/ week | 25 | 1.39 |
| Every day | 30 | 1.66 |
| Opiates | | |
| Did not use | 1398 | 77.07 |
| Once a year | 169 | 9.32 |
| Once/month | 91 | 5.02 |
| Twice/month | 50 | 2.76 |
| Once/week | 51 | 2.81 |
| 3 times/ week | 28 | 1.54 |
| 5 times/ week | 8 | 0.44 |
| Every day | 19 | 1.05 |
| Steroids | | |
| Did not use | 1337 | 74.40 |
| Once a year | 145 | 8.07 |
| Once/month | 109 | 6.07 |
| Twice/month | 65 | 3.62 |
| Once/week | 74 | 4.12 |
| 3 times/ week | 29 | 1.61 |
| 5 times/ week | 13 | 0.72 |
| Every day | 25 | 1.39 |
| Vaping | | |
| Did not use | 433 | 23.98 |
| Once a year | 27 | 1.50 |
| Once/month | 48 | 2.66 |
| Twice/month | 70 | 3.88 |
| Once/week | 120 | 6.64 |
| 3 times/ week | 185 | 10.24 |
| 5 times/ week | 170 | 9.41 |
| Every day | 753 | 41.69 |

*Note.* Due to rounding errors, percentages may not equal 100%.

*Figure 22. Does the Social Atmosphere on Your Campus Promote Alcohol Use?*

2024

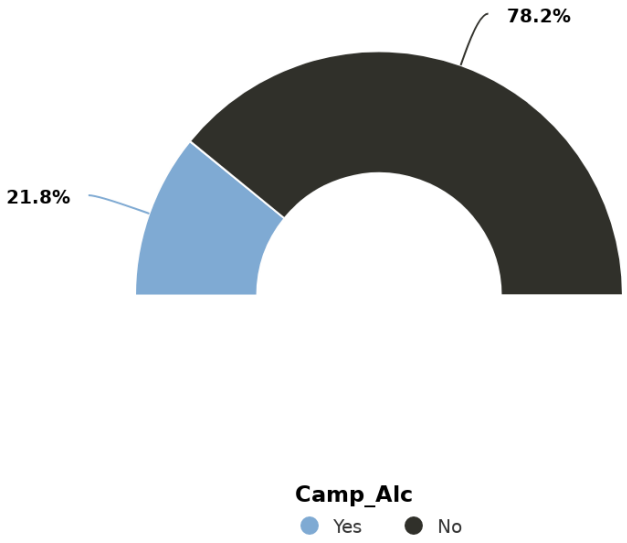



*Figure 23. Does the Social Atmosphere on Your Campus Promote Other Drug Use?*

2024

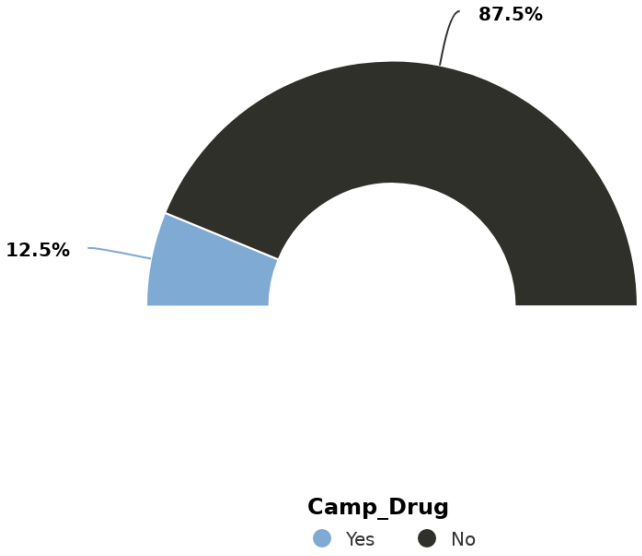


***Figure 24. Perception of Alcohol Use on Campus Relative to Others***

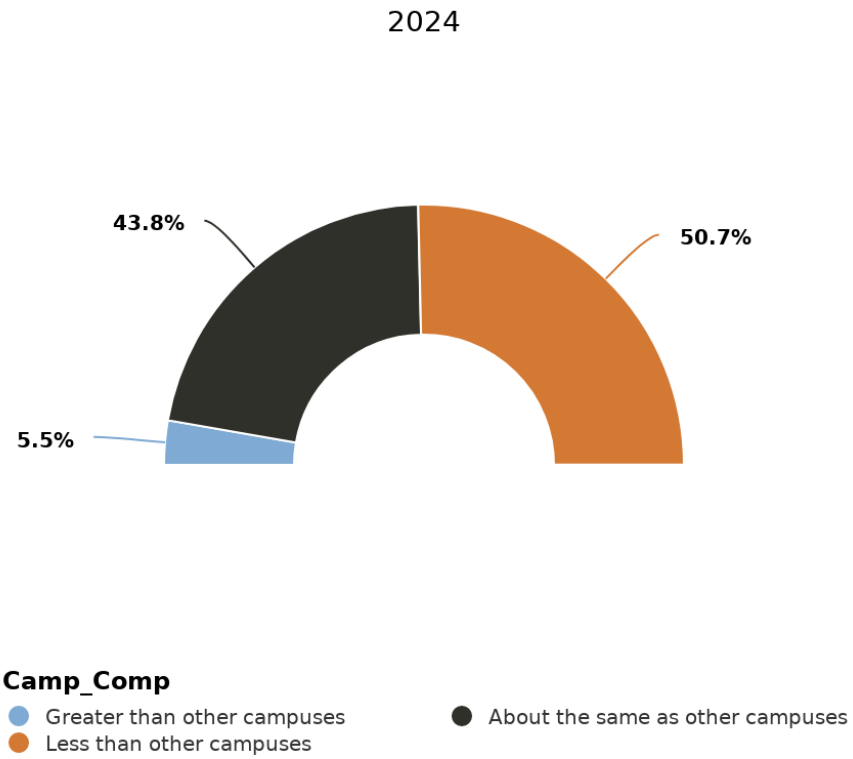


***Figure 25. Feelings of Nervousness in the Last 30 Days, 2024***

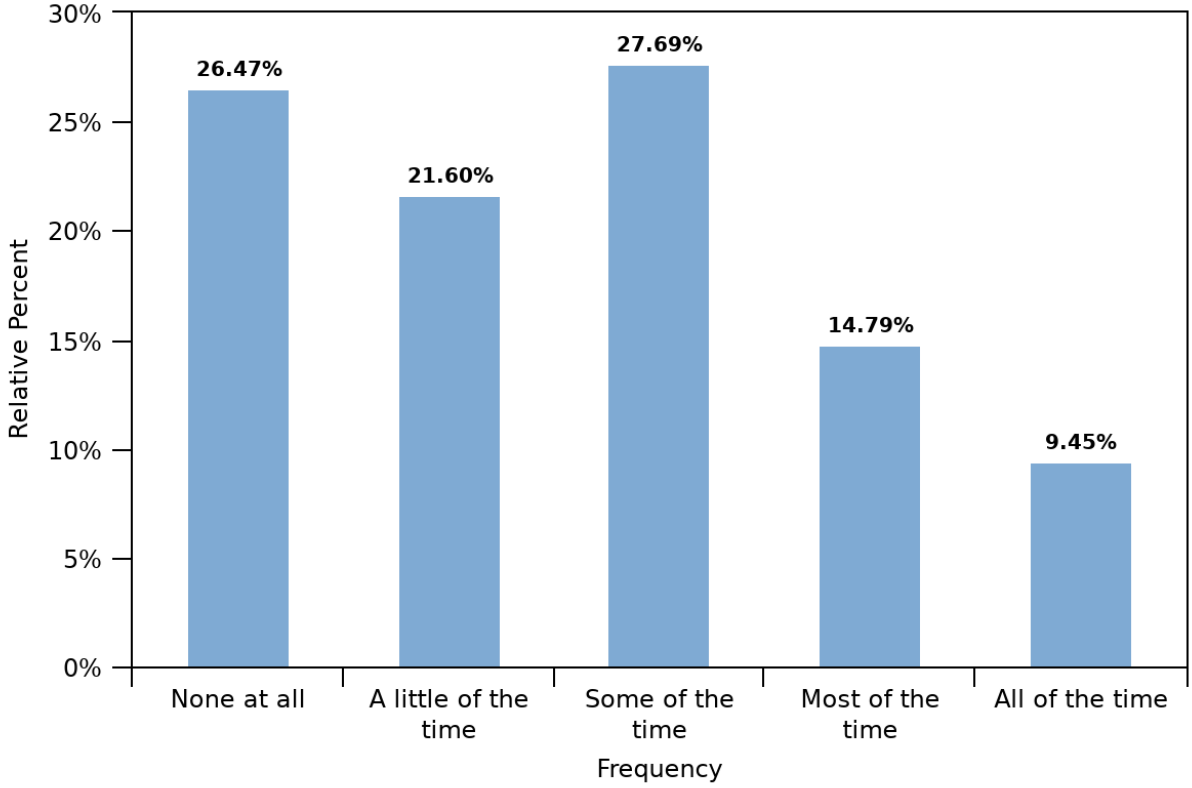


***Figure 26. Feelings of Hopelessness in the Last 30 Days, 2024***

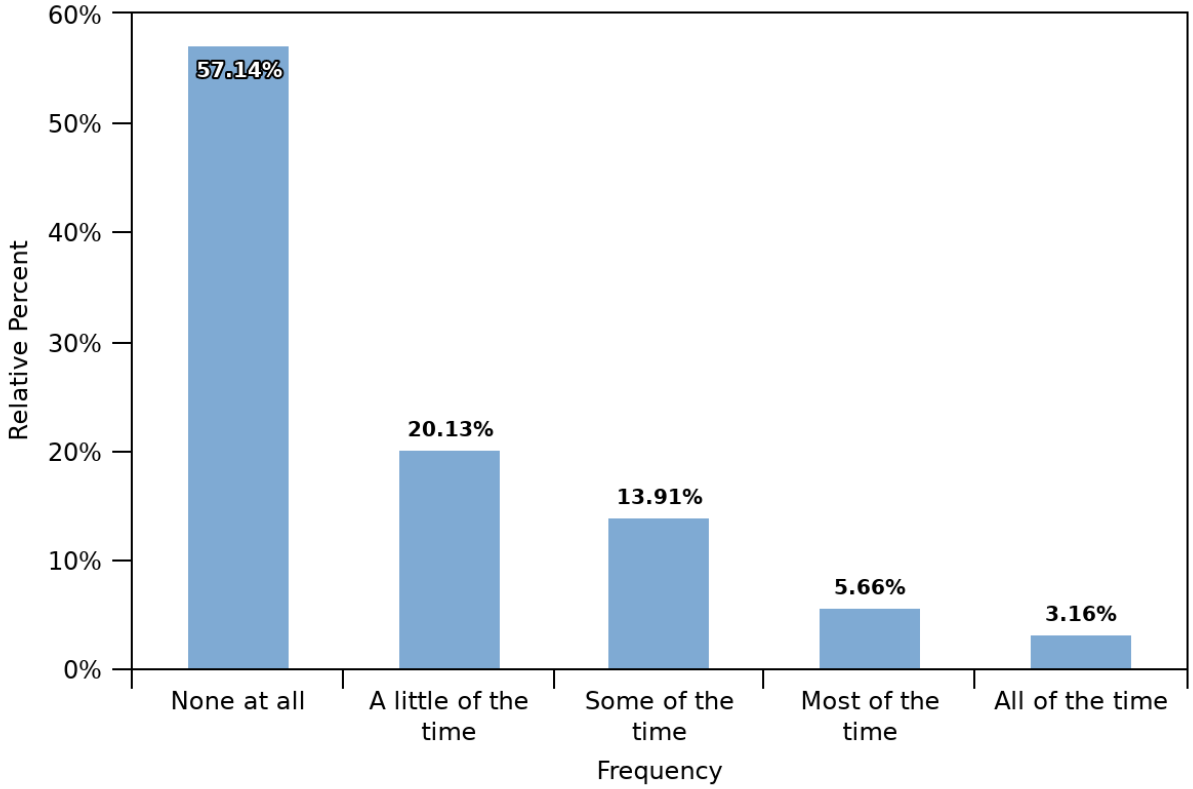


***Figure 27. Feelings of Restlessness in the Last 30 Days, 2024***

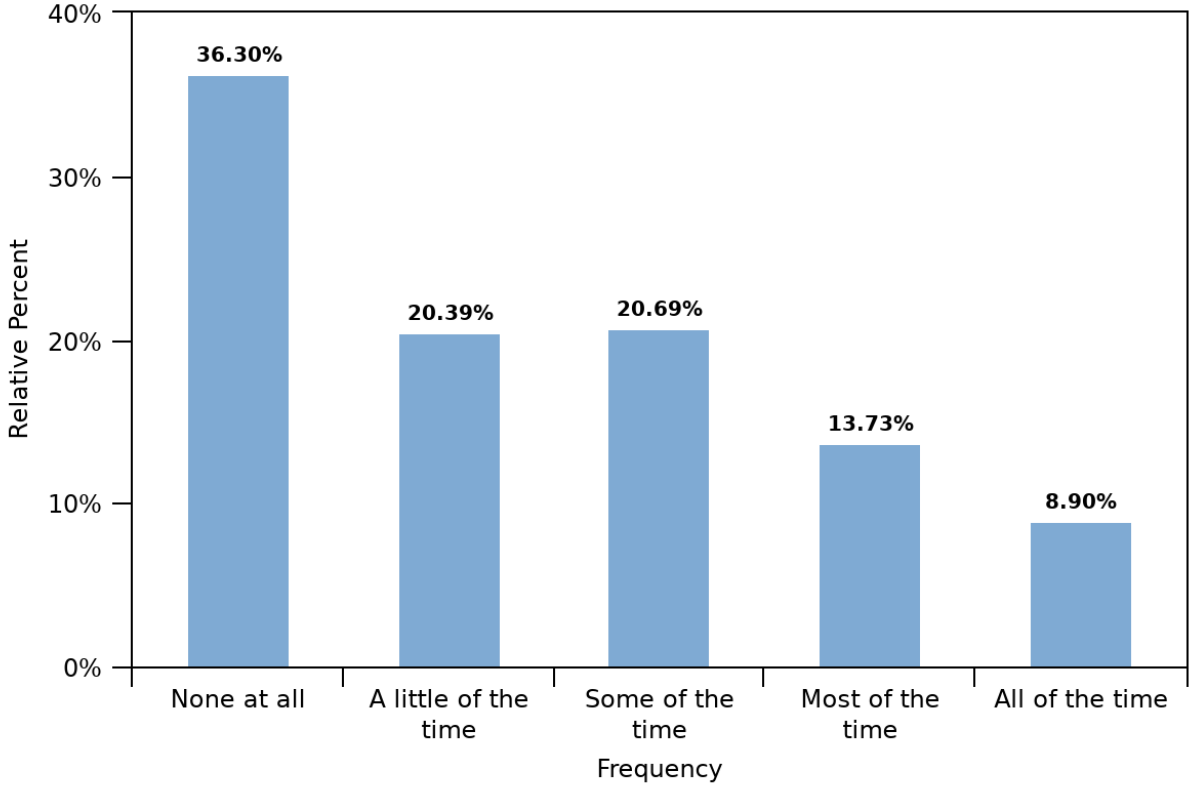


*Figure 28. Feelings of Worthlessness in the Last 30 Days, 2024*

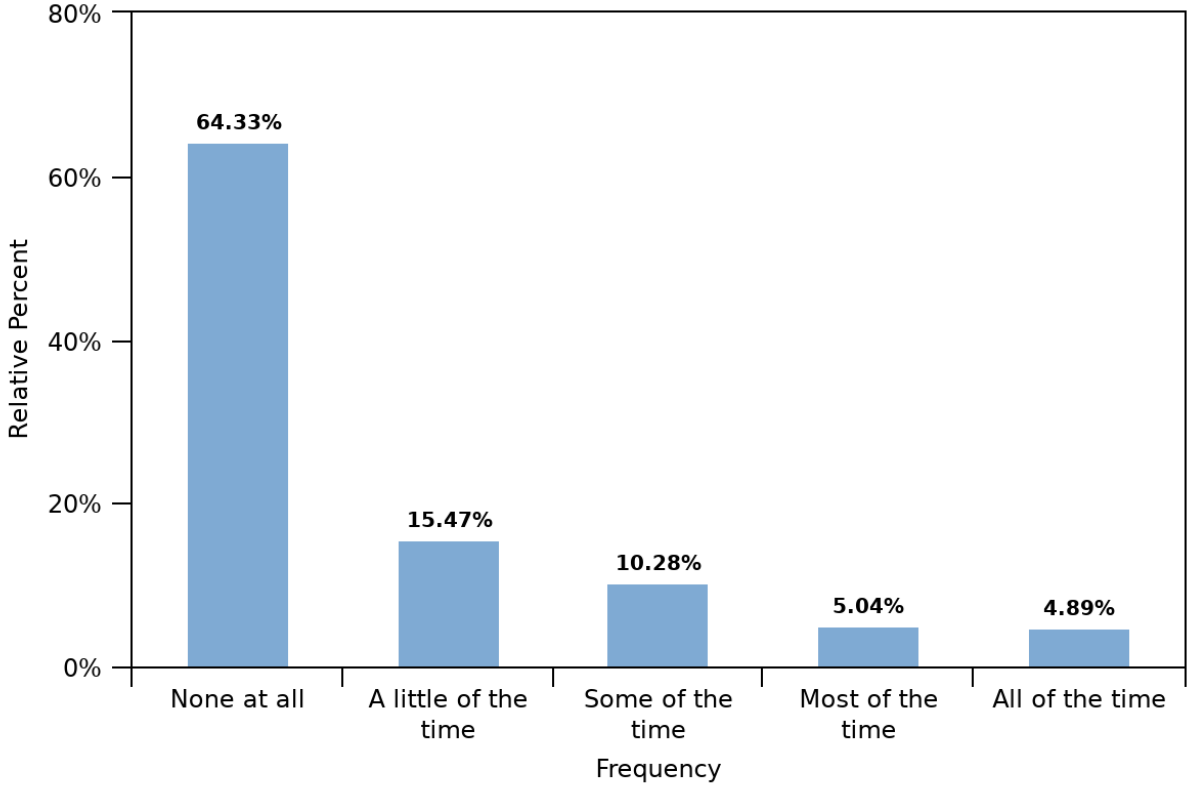


***Figure. 29. Feelings of Depression in the Last 30 Days, 2024***

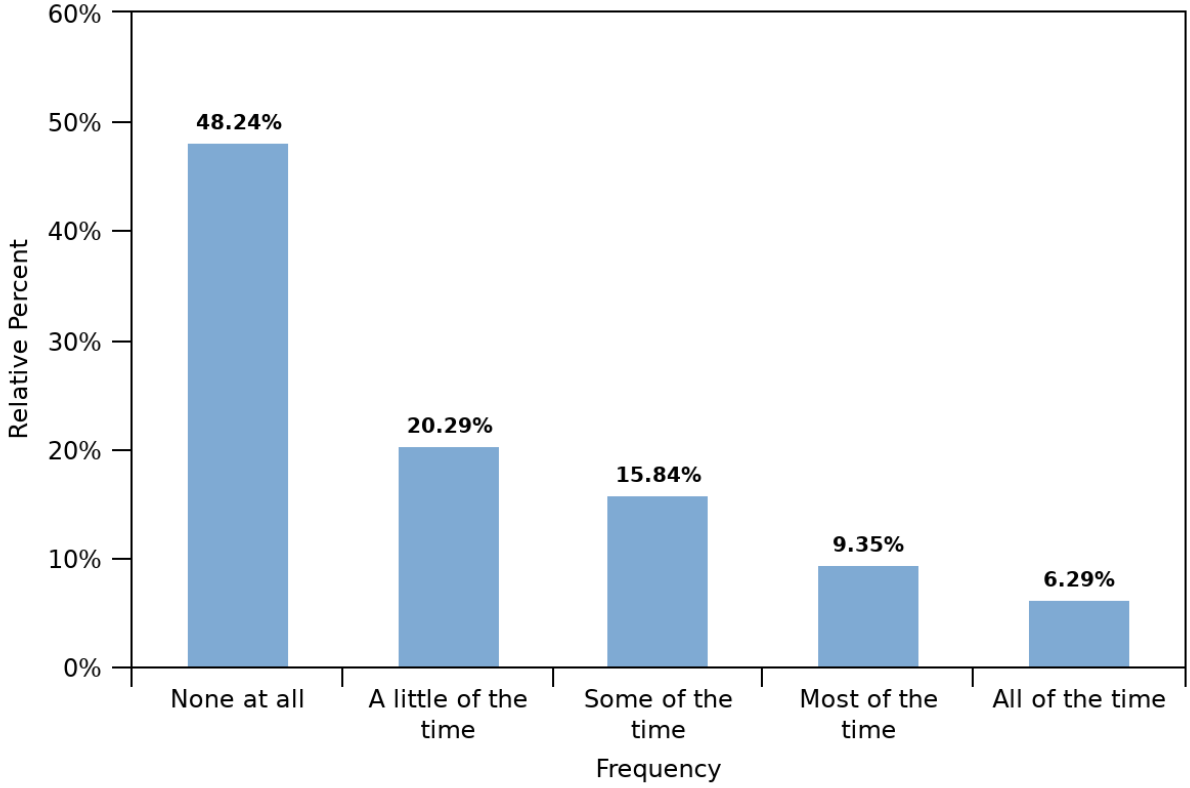
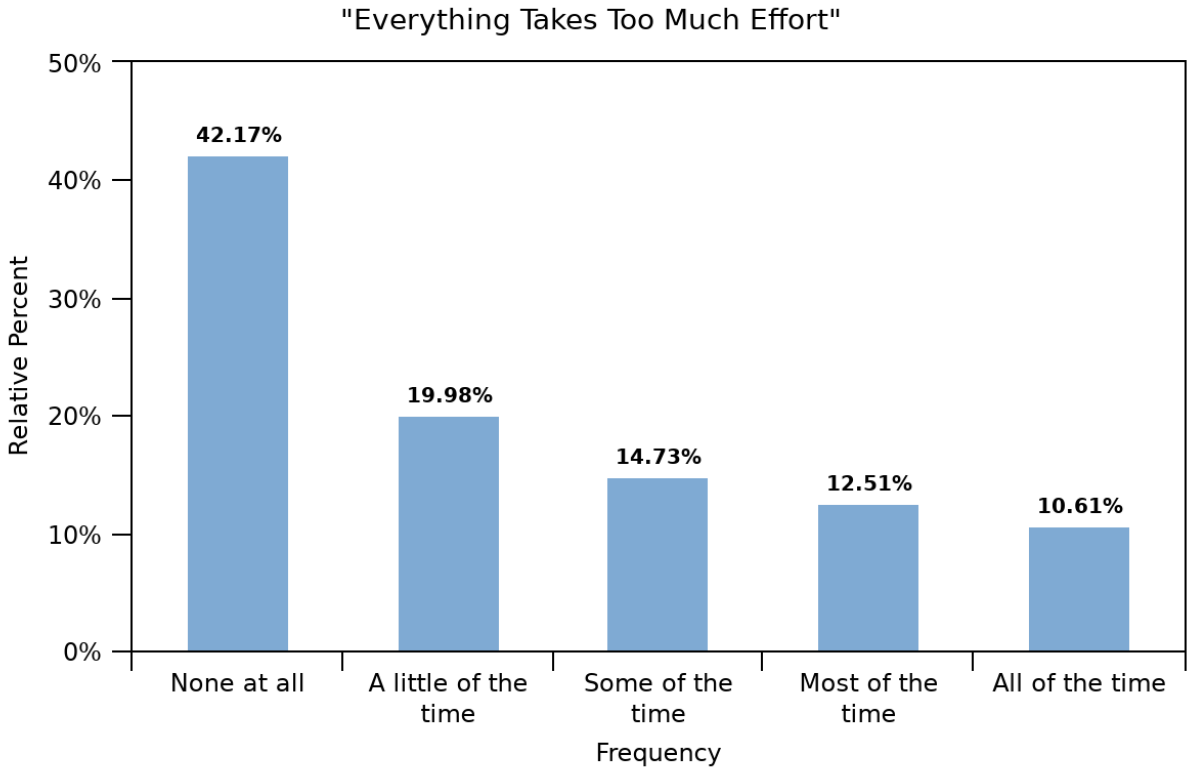


***Figure 30. Feelings of Helplessness in the Last 30 Days, 2024***



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