
Colorado State University 2020 Biennial Review

Substance Abuse Prevention

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TABLE OF CONTENTS

Introduction to the Drug Free Schools and Communities Act (DFSCA) Biennial Review 2

Health Effects of Alcohol and Other Substances.....2

Review of Substance Abuse Prevention Efforts..... 18

 Assessment of Alcohol and Other Drug Use, Behaviors and Attitudes 18

 Substance Abuse Prevention Programs and Services 31

 Policies/Procedures Relating to Alcohol and Other Drugs 34

 Alcohol and Other Drug Policy Sanctions, Violations and Related Deaths 35

Recommendations for Substance Abuse Prevention Efforts 38

INTRODUCTION TO THE BIENNIAL REVIEW AND CSU SUBSTANCE ABUSE PREVENTION

The Federal Drug Free Schools and Communities Act (DFSCA) requires all institutions of higher education (IHEs) that receive federal funds to conduct a biennial review of substance abuse prevention efforts.

The required review has two objectives:

- 1) To determine the effectiveness of, and to implement any needed changes to, the alcohol and other drugs prevention program.
- 2) To ensure that campuses enforce the disciplinary sanctions for violating standards of conduct consistently.

Colorado State University utilizes a comprehensive approach to substance abuse prevention based the recommendations of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and its review of both individual and environmental evidence-based strategies. Additionally, CSU's approach includes application of both the socioeconomic model and the strategy of harm reduction in this multi-prong approach. Timely data review also informs this approach to identify any gaps or disparities. Initiatives, programs, and data are reviewed by a diverse stakeholder committee on a regular basis.

HEALTH EFFECTS OF ALCOHOL AND OTHER SUBSTANCES

Alcohol

Substance Description

Alcohol (ethanol) is a psychoactive drug that is the active ingredient in drinks such as beer, wine, and distilled spirits (hard liquor).

Risk of Dependence

Risk of alcohol dependence is influenced by a variety of factors, including:

- How much you drink
- How often you drink
- Your age
- Your health status
- Your family history

Short-term Effects

Alcohol enters your bloodstream as soon as you take your first sip. Alcohol's immediate effects can appear within about 10 minutes. As you drink, you increase your blood alcohol concentration (BAC), which is the amount of alcohol present in your bloodstream. The higher your BAC, the more impaired you become by alcohol's effects. Alcohol interferes with the brain's communication pathways and can affect the way the brain looks and works. These effects can include:

- Reduced inhibitions
- Slurred speech

- Motor impairment
- Confusion
- Memory problems
- Concentration problems
- Breathing problems
- Coma
- Death

Drinking excessively is also known to weaken your immune system, making your body a much easier target for disease.

Long-term Effects

Drinking too much, on a single occasion or over time, can take a serious toll on your health. Some long-term effects on the body include:

-Heart

- Cardiomyopathy (stretching and drooping of heart muscle)
- Arrhythmias (irregular heart- beat)
- Stroke
- High blood pressure

-Liver

- Steatosis, or fatty liver
- Alcoholic hepatitis
- Fibrosis
- Cirrhosis

-Pancreas

Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion.

-Cancer

Based on extensive reviews of research studies, there is a strong scientific consensus of an association between alcohol drinking and several types of cancer. Clear patterns have emerged between alcohol consumption and the development of the following types of cancer:

- Head and neck cancer
- Esophageal cancer
- Liver cancer
- Breast cancer
- Colorectal cancer

-Immune System

Drinking too much can weaken your immune system, making your body a much easier target for disease. Drinking a lot on a single occasion slows your body's ability to ward off infections, even up to 24 hours after getting drunk. People who drink chronically are more liable to contract diseases like pneumonia and tuberculosis than people who do not drink too much.

Overdose Effects

An alcohol overdose occurs when there is so much alcohol in the bloodstream that areas of the brain controlling basic life-support functions—such as breathing, heart rate, and temperature control—begin to shut down. Symptoms of overdose include:

- Mental confusion, stupor
- Difficulty remaining conscious, or inability to wake up
- Vomiting
- Seizures
- Slow breathing (fewer than 8 breaths per minute)
- Irregular breathing (10 seconds or more between breaths)
- Slow heart rate
- Clammy skin
- Dulled responses, such as no gag reflex (which prevents choking)
- Extremely low body temperature, bluish skin color, or paleness

Marijuana

Substance Description

Marijuana is a mind-altering (psychoactive) drug, produced by the Marijuana sativa plant. Marijuana has over 480 constituents. THC (delta9 tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect. Other common names include but are not limited to: cannabis, weed, pot, and grass.

Risk of Dependence

Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychological addiction or dependence.

Short-term Effects

Short-term effects of marijuana/marijuana include:

- Problems with memory and learning
- Distorted perception
- Difficulty in thinking and problem-solving
- Loss of coordination
- Sedation
- Bloodshot eyes
- Increased heart rate
- Coughing from lung irritation
- Increased appetite
- Increased blood pressure (although prolonged use may cause a decrease in blood pressure).

Long-term Effects

Marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system.

Overdose Effects

No deaths from overdose of marijuana have been reported; however, as marijuana and marijuana derivatives become more potent, more incidences of acute marijuana induced psychosis have been reported. Symptoms of marijuana induced psychosis include:

- Paranoia
- Hallucinations or delusions
- Typically occurs after sudden increase in potency of marijuana product

Depressants

Substance Description

Depressants will induce sleep, relieve anxiety and muscle spasms, and prevent seizures.

Barbiturates are older drugs and include:

- Butalbital (Fiorina®)
- Phenobarbital
- Pentothal®,
- Seconal®
- Nembutal®.

Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects including tolerance and dependence.

Some examples include:

- Valium®,
- Xanax®
- Halcion®
- Ativan®
- Klonopin®
- Restoril®

Rohypnol® is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally.

Lunesta®, Ambien®, and Sonata® are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines.

Other CNS depressants include:

- Meprobamate
- Methaqualone (Quaalude®)
- GHB (illicit drug)

Risk of Dependence

A person can rapidly develop dependence on and tolerance to barbiturates, meaning a person needs more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death.

Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects including tolerance and dependence. Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment.

Short-term Effects

Most CNS depressants act on the brain by increasing activity of gamma-aminobutyric acid (GABA), a chemical that inhibits brain activity. This action causes the drowsy and calming effects that make the medicine effective for anxiety and sleep disorders. People who start taking CNS depressants usually feel sleepy and uncoordinated for the first few days until the body adjusts to these side effects. Other effects from use and misuse can include:

- Slurred speech
- Poor concentration
- Confusion
- Headache

- Light-headedness
- Dizziness
- Dry mouth
- Problems with movement and memory
- Lowered blood pressure
- Slowed breathing

Long-term Effects

If a person takes depressants long term, they might need larger doses to achieve therapeutic effects. Continued use can also lead to dependence and withdrawal when use is abruptly reduced or stopped. Suddenly stopping can also lead to harmful consequences like seizures.

Overdose Effects

For Barbiturates, effects of overdose include:

- Central nervous system depression
- Decreased respiration
- Increased heart rate
- Decreased blood pressure
- Decreased urine production
- Decreased body temperature
- Coma
- Possible death

For Benzodiazepines, effects of overdose include:

- Extreme drowsiness
- Confusion
- Impaired coordination
- Decreased reflexes
- Respiratory depression
- Coma

Possible death Overdose effects of concomitant use of benzodiazepines and opioids include:

- Profound sedation
- Respiratory depression
- Coma
- Death

For Rohypnol and GHB effects of overdose include:

- Coma
- Death

High doses of Rohypnol®, particularly when combined with CNS depressant drugs such as alcohol and heroin, can cause severe sedation, unconsciousness, slow heart rate, and suppression of respiration that may be enough to result in death.

Hallucinogens

Substance Description

Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood.

Hallucinogens are split into two categories: classic hallucinogens and dissociative drugs.

Some examples of classic hallucinogens include:

- Psilocybin (Magic Mushrooms)
- MDMA (Ecstasy)
- LSD (Acid)
- DMT

Some examples of dissociative drugs include:

- PCP
- Ketamine
- Salvia

Risk of Dependence

Evidence suggests that certain hallucinogens can be addictive, and that people can develop a tolerance to them.

For example, LSD is not considered an addictive drug because it doesn't cause uncontrollable drug-seeking behavior. However, LSD does produce tolerance, so some users who take the drug repeatedly must take higher doses to achieve the same effect. This is an extremely dangerous practice, given the unpredictability of the drug. In addition, LSD produces tolerance to other hallucinogens, including psilocybin.

The misuse and addiction potential of DMT is currently unknown. Unlike other hallucinogens, DMT does not appear to lead to tolerance. There is also little evidence that taking it in the form of ayahuasca tea can lead to addiction.

On the other hand, PCP is a hallucinogen that can be addictive. People who stop repeated use of PCP experience drug cravings, headaches, and sweating as common withdrawal symptoms.

More research is needed on the tolerance or addiction potential of a variety of hallucinogens.

Short-term Effects

Classic hallucinogens can cause users to see images, hear sounds, and feel sensations that seem real but do not exist. The effects generally begin within 20 to 90 minutes and can last as long as 12 hours in some cases (LSD) or as short as 15 minutes in others (synthetic DMT).

Along with hallucinations, other short-term general effects include:

- Increased heart rate
- Nausea
- Intensified feelings
- Sensory experiences (such as seeing brighter colors) changes in sense of time (for example, the feeling that time is passing by slowly)

Specific short-term effects of some hallucinogens include:

- Increased blood pressure
- Increased breathing rate
- Increased body temperature
- Loss of appetite
- Dry mouth
- Sleep problems
- Spiritual experiences
- Feelings of relaxation
- Uncoordinated movements
- Excessive sweating

- Panic
- Paranoia (extreme and unreasonable distrust of others)
- Psychosis (disordered thinking detached from reality)
- Bizarre behaviors
- Vomiting

Long-term Effects

Two long-term effects have been associated with use of classic hallucinogens, although these effects are rare.

- Persistent psychosis

A series of continuing mental problems, including:

- Visual disturbances
- Disorganized thinking
- Paranoia
- Mood changes

- Hallucinogen Persisting Perception Disorder (HPPD)

Recurrences of certain drug experiences, such as hallucinations or other visual disturbances. These flashbacks often happen without warning and may occur within a few days or more than a year after drug use. These symptoms are sometimes mistaken for other disorders, such as stroke or a brain tumor.

Overdose Effects

Deaths exclusively from acute overdose of LSD, magic mushrooms, and mescaline are extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material.

A severe overdose of PCP or ketamine can result in:

- Respiratory depression
- Coma
- Convulsions
- Seizures
- Death due to respiratory arrest

Narcotics/Opioids

Substance Description

Also known as “opioids,” the term “narcotic” comes from the Greek word for “stupor” and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as “narcotics,” today “narcotic” refers to opium, opium derivatives, and their semi-synthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is “opioid.”

Examples include:

- Heroin
- OxyContin®
- Vicodin®
- Codeine
- Morphine
- Fentanyl
- Methadone

Risk of Dependence

Use can create psychological dependence. Long after the physical need for the drug has passed, the user may continue to think and talk about using drugs and feel overwhelmed coping with daily activities. Relapse is common if there are not changes to the physical environment or the behavioral motivators that prompted the abuse in the first place.

Short-term Effects

In the short term, opioids can relieve pain and make people feel relaxed and happy. However, opioids can also have harmful effects, including:

- Drowsiness
- Confusion
- Nausea
- Constipation
- Euphoria
- Slowed breathing

Long-term Effects

Opioid misuse can cause slowed breathing, which can cause hypoxia, a condition that results when too little oxygen reaches the brain. Hypoxia can have short- and long-term psychological and neurological effects, including coma, permanent brain damage, or death. Researchers are also investigating the long-term effects of opioid addiction on the brain, including whether damage can be reversed.

People who use heroin over the long term may develop:

- Insomnia
- Collapsed veins for people who inject the drug
- Damaged tissue inside the nose for people who sniff or snort it
- Infection of the heart lining and valves
- Abscesses (swollen tissue filled with pus)
- Constipation and stomach cramping
- Liver and kidney disease
- Lung complications, including pneumonia
- Mental disorders such as depression and antisocial personality disorder
- Sexual dysfunction for men
- Irregular menstrual cycles for women

Overdose Effects

Overdoses of narcotics are not uncommon and can be fatal. Physical signs of narcotics/opioids overdose include:

- Constricted (pinpoint) pupils
- Cold clammy skin
- Confusion
- Convulsions
- Extreme drowsiness
- Slowed breathing

Stimulants

Substance Description

Stimulants speed up the body's systems. This class of drugs includes:

- Prescription stimulants

- Amphetamines (Adderall® and Dexedrine®)
- Methylphenidate (Concerta® and Ritalin®)
- Diet aids (such as Didrex®)

-Other illicit stimulants

- Methamphetamine
- Cocaine
- Methcathinone
- Synthetic cathinones that are commonly sold under the guise of “bath salts”

Risk of Dependence

Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs.

In fact, the strongest psychological dependence observed occurs with the more potent stimulants, such as amphetamine, methylphenidate, methamphetamine, cocaine, and methcathinone.

Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a “crash.”

Short-term Effects

People who use stimulants report feeling a “rush” (euphoria) along with the following:

- Increased blood pressure and heart rate
- Increased breathing
- Decreased blood flow
- Increased blood sugar
- Opened-up breathing passages
- Constricted blood vessels
- Dilated pupils
- Nausea
- Increased body temperature
- Tremors and muscle twitches
- Restlessness

Long-term Effects

Repeated misuse of stimulants, even within a short period, can cause psychosis, anger, or paranoia.

If the drug is injected, it is important to note that sharing drug injection equipment and having impaired judgment from drug misuse can increase the risk of contracting infectious diseases such as HIV and hepatitis.

For methamphetamine, some long-term effects include:

- Extreme weight loss
- Addiction
- Severe dental problems ("meth mouth")
- Intense itching leading to skin sores from scratching
- Anxiety
- Changes in brain structure and function
- Confusion
- Memory loss
- Sleeping problems
- Violent behavior
- Paranoia
- Hallucinations

For cocaine, long-term effects are dependent on method of use:

-Snorting:

- Loss of smell
- Nosebleeds
- Frequent runny nose
- Problems with swallowing

-Smoking:

- Cough
- Asthma
- Respiratory distress
- Higher risk of infections like pneumonia

-Consuming by mouth:

- Severe bowel decay from reduced blood flow

-Needle injection:

- Higher risk for contracting HIV, hepatitis C, and other bloodborne diseases

- Skin or soft tissue infections
- Scarring or collapsed veins.

Overdose Effects

In overdose, unless there is medical intervention, high fever, convulsions, and cardiovascular collapse may precede death. Because accidental death is partially due to the effects of stimulants on the body's cardiovascular and temperature regulating systems, physical exertion increases the hazards of stimulant use.

Tobacco/Nicotine

Substance Description

Tobacco is a plant grown for its leaves, which are dried and fermented before being put in tobacco products. Tobacco contains nicotine, an ingredient that can lead to addiction, which is why so many people who use tobacco find it difficult to quit. There are also many other potentially harmful chemicals found in tobacco or created by burning it.

In recent years, vaping nicotine has become a popular method of use, especially in adolescents. In many vaping devices, puffing activates the battery-powered heating device, which vaporizes the liquid in the cartridge. The person then inhales the resulting aerosol.

Risk of Dependence

Nicotine in any form is a highly addictive drug. Research suggests it can even prime the brain's reward system, putting the user at risk for addiction to other drugs. For adolescents, this risk is higher due to interference with the developing brain.

Short-Term Effects

The nicotine in any tobacco product readily absorbs into the blood when a person uses it. Upon entering the blood, nicotine immediately stimulates the adrenal glands to release the hormone epinephrine (adrenaline).

Epinephrine stimulates the central nervous system and increases blood pressure, breathing, and heart rate. As with drugs such as cocaine and heroin, nicotine activates the brain's reward circuits and also increases levels of the chemical messenger dopamine, which reinforces rewarding behaviors.

Studies suggest that other chemicals in tobacco smoke, such as acetaldehyde, may enhance nicotine's effects on the brain.

Long-term Effects

Although nicotine is addictive, most of the severe health effects of tobacco use comes from other chemicals. Tobacco smoking can lead to:

- Lung cancer
- Chronic bronchitis emphysema
- Increased the risk of heart disease

Smoking has also been linked to other cancers, leukemia, cataracts, Type 2 Diabetes, and pneumonia.

All of these risks apply to use of any smoked product, including hookah tobacco. Smokeless tobacco increases the risk of cancer, especially mouth cancers.

Pregnant women who smoke cigarettes run an increased risk of miscarriage, stillborn or premature infants, or infants with low birth weight. Smoking while pregnant may also be associated with learning and behavioral problems in exposed children.

Secondhand smoke exposure can also lead to lung cancer and heart disease. It can cause health problems in both adults and children, such as coughing, phlegm, reduced lung function, pneumonia, and bronchitis. Children exposed to secondhand smoke are at an increased risk of ear infections, severe asthma, lung infections, and death from sudden infant death syndrome.

Nicotine also affects the development of brain circuits that control attention and learning. Other risks include mood disorders and permanent problems with impulse control (failure to fight an urge or impulse that may harm oneself or others).

Overdose Effects

While there is very low risk of overdose with traditional tobacco use, it is possible with vaping products due to the high concentration of nicotine liquid available.

Symptoms of nicotine overdose include:

-Within first 15 minutes:

- Nausea or vomiting
- Stomachache and loss of appetite
- Increased heart rate and blood pressure
- Headache
- Mouth watering
- Quick, heavy breathing
- Dizziness or tremors
- Confusion and anxiety

-Within 30 minutes:

- Diarrhea
- Shallow breathing
- Slower heartbeat and blood pressure
- Extreme fatigue
- Weakness, slow reflexes, or unable to control muscles
- Pale skin

Symptoms can progress to seizures, respiratory failure, coma, and death.

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REVIEW OF SUBSTANCE ABUSE PREVENTION EFFORTS

Assessment of Alcohol and Other Drug Use, Behaviors and Attitudes

National College Health Assessment

The American College Health Association National College Health Assessment (ACHA-NCHA) is an instrument assessing student behaviors, habits, and perceptions across a broad spectrum of health topics, including alcohol and other drug use; sexual health; mental health; personal safety and violence; sleep; weight; nutrition; and exercise. The survey takes about 20 – 30 minutes to complete, and more than 1.4 million students at 740+ colleges and universities across the country have taken the survey since Spring 2000. The instrument is considered both reliable and valid.

The CSU Health Network has conducted the survey every two years, using a random sample, since Fall 2011; both previous year data and 2019 data are provided however due to the significant changes to the survey instrument in 2019, the ACHA has strongly recommended not to compare past data sets. The results are provided below separately. Data for tobacco, marijuana and other drug use have been provided for the 2019 dataset.

The survey was distributed electronically to students that are defined as degree-seeking undergraduate or graduate students, enrolled in four or more credits, and 18 years of age or older.

Oversampling of all students identifying as a racial and/or ethnic minority was performed for Fall 2019 to create specific reports for each population. Students who provided their contact information to Fraternity and Sorority Life and the Student Disability Center also were invited to participate. Survey procedures are approved by the Institutional Review Board (IRB).

A total 1,178 CSU students participated in the Fall 2019 survey. Sub- populations, created by combining demographic responses, included in this report are as follows (n = population)

- CSU Adjusted (to reflect institutional demographics) n = 945
- CSU LGBTQIA+ (includes gender identity and sexual orientation demographics) n =248
- CSU Racially Minoritized (includes all student endorsing a racial/ethnic identity other than white only) n = 490
- CSU sub-populations are compared against NCHA national reference group n =38,679

AlcoholEdu for College

AlcoholEdu for College was implemented in Fall 2011. This online educational program is mandatory for new incoming students under the age of 23. Required students complete three surveys every semester, including one prior to the course, one immediately after completion and one six weeks post-completion. Survey responses guide the student's experience in the program. Aggregate data serves to monitor program effectiveness, as well as provide alcohol and marijuana use information about new incoming students. National reference data is not available.

ACHA-NCHA, Fall 2011-Fall 2017

Any use within the last 30 days:

	CSU 2011 (N=1,695)	CSU 2013 (N=971)	CSU 2015 (N=1,101)	CSU 2017 (N=1,079)	Natl Ref Group 2017 (N=37,638)
Alcohol	72.1%	69.6%	76.1%	71.8%	61.6%
Cigarettes	14.0%	11.9%	10.0%	11.6%	9.2%
E-Cigarettes	NA	NA	5.1%	14.2%	8.1%
Marijuana	18.7%	20.3%	26.1%	33.0%	17.2%
Prescription Stimulants (NP)	6.9%	3.2%	6.2%	7.2%	5.3%
Prescription Painkillers (NP)	7.4%	6.7%	4.8%	4.4%	4.2%
Cocaine	1.4%	1.3%	2.0%	2.4%	1.4%
Methamphetamine	0.1%	0.0%	0.2%	0.2%	0.1%
Sedatives	1.2%	0.9%	1.4%	1.4%	1.4%
Hallucinogens	1.1%	1.7%	1.8%	2.3%	0.9%
Opiates	0.1%	0.2%	0.3%	0.5%	0.3%
Inhalants	0.0%	0.1%	0.3%	0.3%	0.3%
MDMA	1.5%	1.1%	1.4%	1.6%	0.6%

Negative consequences due to drinking (past 30 days):

	CSU 2011	CSU 2013	CSU 2015	CSU 2017	Natl Ref 2017
Did something you later regretted	30.9%	31.2%	28.4%	34.3%	32.0%
Forgot where you were or what you did	28.0%	27.0%	20.3%	29.0%	26.9%
Got in trouble with the police	3.1%	4.2%	1.8%	3.8%	2.0%
Someone had sex with me without my consent	1.8%	3.2%	1.6%	2.0%	2.5%
Had sex with someone without their consent	0.5%	0.4%	0.0%	0.6%	0.3%
Had unprotected sex	16.2%	20.2%	20.3%	20.3%	20.4%
Physically injured yourself	13.7%	12.8%	10.6%	14.4%	12.1%
Physically injured another person	0.8%	1.7%	1.0%	1.8%	1.3%
Seriously considered suicide	1.4%	2.3%	2.8%	4.2%	4.1%
Driving after having 5 or more drinks	1.1%	1.7%	1.6%	1.1%	1.6%
Driving after having any alcohol	29.3%	30.6%	32.6%	22.9%	22.3%

Reported number of drinks consumed the last time students "partied" or socialized (drinkers only):

	CSU 2011	CSU 2013	CSU 2015	CSU 2017	Natl Ref 2017
4 or fewer	46.5%	61.0%	64.4%	60.3%	61.7%
5-6	15.3%	18.1%	18.6%	20.8%	19.6%
7 or more	14.3%	20.9%	16.8%	18.9%	18.7%

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

	CSU 2011	CSU 2013	CSU 2015	CSU 2017	Natl Ref 2017
N/A don't drink	19.7%	20.5%	17.2%	19.9%	28.1%
None	43.1%	44.4%	49.6%	44.5%	42.6%
1-2 times	27.0%	24.9%	23.2%	26.6%	21.2%
3-5 times	8.8%	8.3%	7.4%	7.9%	6.7%
6 or more times	1.3%	1.8%	2.6%	1.1%	1.3%

ACHA-NCHA, Fall 2019

Alcohol

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

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Did something I later regretted	21.6%	20.9%	18.7%	18.8%
Blackout (forgot where I was or what I did for a large period of time and cannot remember, even when someone reminds me)	12.9%	15.1%	12.6%	11.6%
Brownout (forgot where I was or what I did for a short periods of time, but can remember once someone reminds me)	22.5%	29.7%	23.1%	23.0%
Got in trouble with the police	1.0%	1.0%	1.7%	1.0%
Got in trouble with college/university authorities	1.4%	1.1%	0.8%	1.2%
Someone had sex with me without my consent	2.4%	2.5%	2.2%	1.3%
Had sex with someone without their consent	0.0%	0.0%	0.0%	0.2%
Had unprotected sex	14.4%	16.7%	13.4%	11.6%
Physically injured myself	9.1%	9.0%	6.9%	6.2%
Physically injured another person	0.5%	0.5%	0.3%	0.6%
Seriously considered suicide	9.1%	3.0%	3.9%	2.3%
Needed medical help	1.4%	1.4%	1.9%	0.9%

Alcohol ASSIST Score

The ASSIST generates a Substance Specific Involvement Score (SSIS) for each of 12 different substances (tobacco, alcohol, cannabis, cocaine, prescription stimulants, meth, inhalants, sedatives or sleeping pills, hallucinogens, heroin, prescription opioids, and other substances). The range for each SSIS is 0-39, where the higher the score reflecting a higher level of risk associated with that substance use. Each of the 12 SSIS's are then collapsed into a risk category of low risk, moderate risk, or high risk. **Reporting only students who endorsed use in the last 3 months.**

ALCOHOL RISK ASSIST Alcohol Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	76.6%	77.8%	79.0%	81.2%
Moderate Risk (4-26)	20.8%	20.0%	19.1%	17.1%
High Risk (27-39)	2.5%	2.2%	1.8%	1.7%

Within the last 30 days, did you drive after drinking any alcohol at all?

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Yes	23.0%	16.0%	13.8%	15.8%

Tobacco

For the purposes of this report, tobacco products refer to all tobacco or nicotine delivery products, including cigarettes, e-cigarettes or other vape products (Juil, etc.), water pipe or hookah, chewing or smokeless tobacco, and cigars or little cigars.

College students who used tobacco/nicotine in the last 3 months report the following:

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Cigarettes	49.4%	43.3%	45.1%	40.7%
E-cigarettes or other vape products (i.e. Juul, etc.)	74.4%	78.0%	78.5%	73.2%
Water pipe or hookah	36.5%	21.1%	27.0%	14.7%
Chewing or smokeless tobacco	4.1%	12.5%	6.4%	9.0%
Cigars or little cigars	17.6%	24.8%	16.1%	19.7%
Other	1.8%	3.8%	2.3%	2.5%

Tobacco ASSIST Score

The ASSIST generates a Substance Specific Involvement Score (SSIS) for each of 12 different substances (tobacco, alcohol, cannabis, cocaine, prescription stimulants, meth, inhalants, sedatives or sleeping pills, hallucinogens, heroin, prescription opioids, and other substances). The range for each SSIS is 0-39, where the higher the score reflecting a higher level of risk associated with that substance use. Each of the 12 SSIS's are then collapsed into a risk category of low risk, moderate risk, or high risk. **Reporting only students who endorsed use in the last 3 months.**

TOBACCO RISK ASSIST Tobacco Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	47.5%	47.6%	44.5%	55.5%
Moderate Risk (4-26)	46.7%	46.9%	48.0%	41.4%
High Risk (27-39)	5.7%	5.5%	7.5%	3.1%

SSIS TOBACCO ASSIST SSIS TOBACCO SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	7.96	7.96	8.72	6.66
Median	4.00	5.00	5.00	2.00
Std Dev	9.19	8.81	9.41	8.14

Cannabis

Within the last 12 months, to what extent did your cannabis/marijuana use affect your academic performance?

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Marijuana use negatively impacted performance in a class	6.2%	5.3%	7.1%	3.8%
Marijuana use delayed progress towards degree	0.7%	0.6%	1.0%	1.1%

Cannabis ASSIST Score

The ASSIST generates a Substance Specific Involvement Score (SSIS) for each of 12 different substances (tobacco, alcohol, cannabis, cocaine, prescription stimulants, meth, inhalants, sedatives or sleeping pills, hallucinogens, heroin, prescription opioids, and other substances). The range for each SSIS is 0-39, where the higher the score reflecting a higher level of risk associated with that substance use. Each of the 12 SSIS's are then collapsed into a risk category of low risk, moderate risk, or high risk. **Reporting only students who endorsed use in the last 3 months.**

CANNABIS RISK ASSIST Cannabis Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	37.6%	45.4%	42.7%	57.3%
Moderate Risk (4-26)	57.3%	50.2%	52.8%	40.4%
High Risk (27-39)	5.1%	4.4%	4.6%	2.3%

SSIS CANNABIS ASSIST SSIS CANNABIS SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	8.21	7.07	7.87	5.29
Median	6.00	5.00	5.00	2.00

Within the last 30 days, did you drive within 6 hours of using cannabis/marijuana?

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Yes	33.8%	35.3%	40.7%	36.1%

Do you identify as a person in recovery from alcohol or other drugs?

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Yes	2.2%	2.5%	2.9%	1.8%

Other Drugs

Other Drugs ASSIST Scores

The ASSIST generates a Substance Specific Involvement Score (SSIS) for each of 12 different substances (tobacco, alcohol, cannabis, cocaine, prescription stimulants, meth, inhalants, sedatives or sleeping pills, hallucinogens, heroin, prescription opioids, and other substances). The range for each SSIS is 0-39, where the higher the score reflecting a higher level of risk associated with that substance use. Each of the 12 SSIS's are then collapsed into a risk category of low risk, moderate risk, or high risk. **Reporting only students who endorsed use in the last 3 months.**

Cocaine RISK ASSIST Cocaine Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	76.9%	67.4%	67.4%	76.8%
Moderate Risk (4-26)	20.5%	30.3%	28.3%	21.6%
High Risk (27-39)	2.6%	2.3%	4.3%	1.5%

SSIS Cocaine ASSIST SSIS COCAINE SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	2.69	3.47	4.00	2.97
Median	2.00	2.00	2.00	0.00
Std Dev	4.83	5.56	6.99	5.48

Meth RISK ASSIST Meth Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	100.0%	90.9%	66.7%	64.0%
Moderate Risk (4-26)	0.0%	0.0%	0.0%	28.9%
High Risk (27-39)	0.0%	9.1%	33.3%	7.1%

SSIS Meth ASSIST SSIS METH SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	0.75	3.82	11.00	5.20
Median	0.00	0.00	0.00	0.00
Std Dev	1.50	9.78	19.05	8.69

Inhalant RISK ASSIST Inhalant Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	87.5%	81.8%	66.7%	79.6%
Moderate Risk (4-26)	12.5%	15.9%	26.7%	17.6%
High Risk (27-39)	0.0%	2.3%	6.7%	2.9%

SSIS Inhalant ASSIST SSIS INHALANT SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	1.42	2.48	4.00	3.01
Median	0.00	0.00	0.00	0.00
Std Dev	2.00	5.65	6.42	6.32

RX Stimulant RISK ASSIST RX Stimulant Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	85.7%	82.9%	75.0%	77.6%
Moderate Risk (4-26)	14.3%	16.4%	22.9%	21.2%
High Risk (27-39)	0.0%	0.7%	2.1%	1.2%

SSIS RX Stimulant ASSIST SSIS RX STIMULANT SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	1.63	1.92	2.60	2.68
Median	0.00	0.00	0.00	0.00
Std Dev	3.00	3.88	5.73	5.17

Sedative RISK ASSIST Sedative Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	90.0%	77.5%	79.3%	73.6%
Moderate Risk (4-26)	6.7%	20.0%	17.2%	24.7%
High Risk (27-39)	3.3%	2.5%	3.4%	1.7%

SSIS Sedative ASSIST SSIS SEDATIVE SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	2.10	3.40	3.07	3.16
Median	0.00	0.00	0.00	0.00
Std Dev	6.41	7.01	7.92	5.83

Hallucinogen RISK ASSIST Hallucinogen Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	62.5%	69.5%	61.2%	79.2%
Moderate Risk (4-26)	37.5%	29.4%	35.8%	19.7%
High Risk (27-39)	0.0%	1.1%	3.0%	1.1%

SSIS Hallucinogen ASSIST SSIS HALLUCINOGEN SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	2.98	3.10	3.84	2.44
Median	2.00	2.00	2.00	0.00
Std Dev	3.99	4.86	6.42	4.66

Heroin RISK ASSIST Heroin Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	100.0%	80.0%	50.0%	49.3%
Moderate Risk (4-26)	0.0%	0.0%	0.0%	34.1%
High Risk (27-39)	0.0%	20.0%	50.0%	16.6%

SSIS Heroin ASSIST SSIS HEROIN SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	1.50	7.20	16.50	8.45
Median	2.00	0.00	16.50	4.00

RX Opioid RISK ASSIST RX Opioid Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	92.9%	88.7%	88.9%	80.5%
Moderate Risk (4-26)	7.1%	9.9%	7.4%	17.4%
High Risk (27-39)	0.0%	1.4%	3.7%	2.1%

SSIS RX Opioid ASSIST SSIS RX OPIOID SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	1.04	1.68	1.78	2.54
Median	0.00	0.00	0.00	0.00
Std Dev	1.91	4.77	6.24	5.72

Other RISK ASSIST Other Risk

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Low Risk (0-3)	66.7%	85.7%	50.0%	39.5%
Moderate Risk (4-26)	33.3%	14.3%	50.0%	55.5%
High Risk (27-39)	0.0%	0.0%	0.0%	5.0%

SSIS Other ASSIST SSIS OTHER SCORE

	CSU LGBTQIA+	CSU Adjusted	CSU Racially Minoritized	National Reference
Mean	4.67	2.57	7.00	8.09
Median	0.00	0.00	7.00	6.00
Std Dev	8.08	5.13	9.90	8.54

AlcoholEdu, Fall 2015-2020

Data Considerations

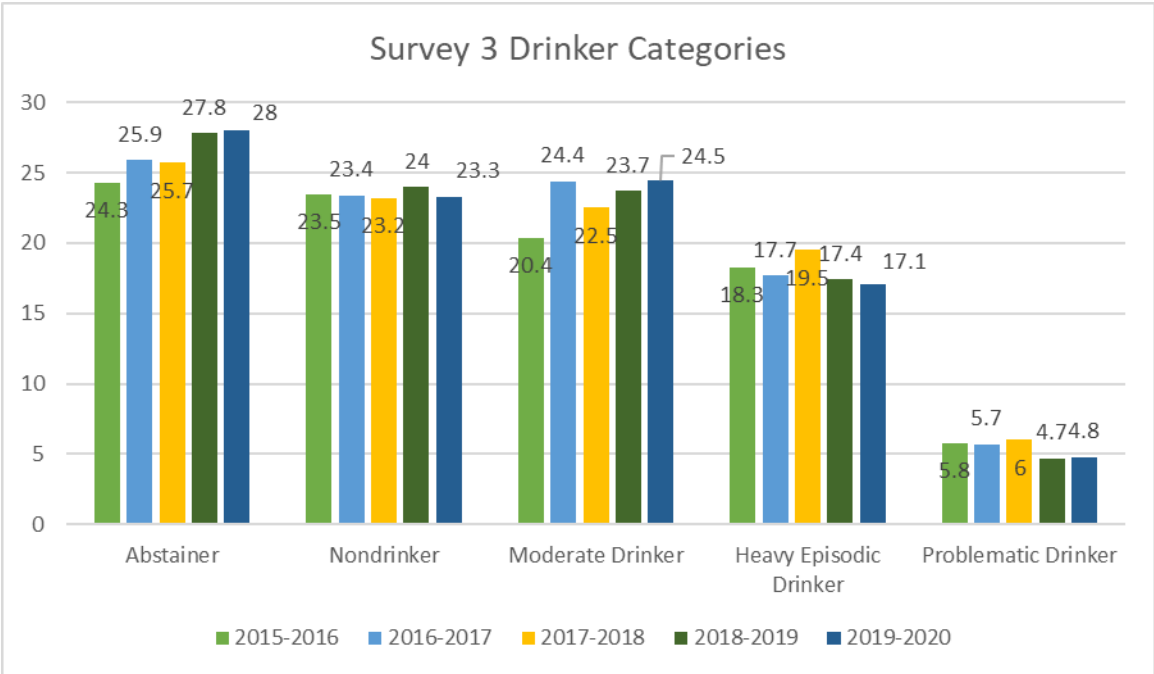
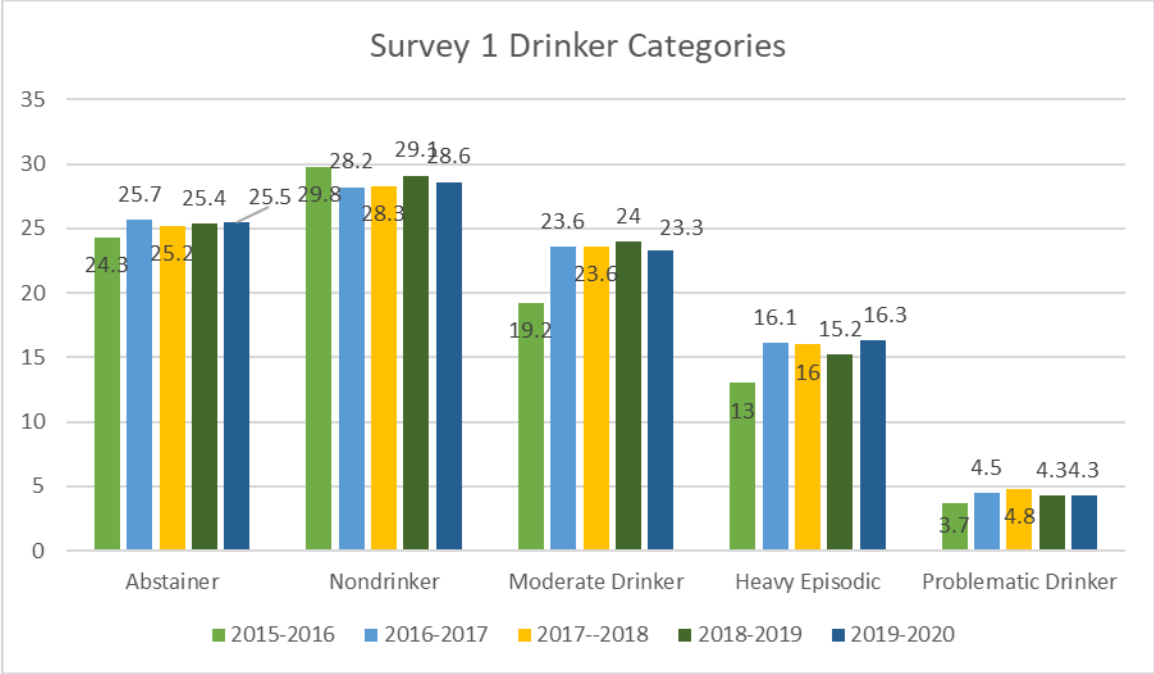
Data from pre-matriculation (Survey 1) is compared to 6 weeks after course completion (Survey 3) to observe the “college effect” or behavior change after students are on campus. Attrition of respondents is expected in survey 3 data as survey 3 is optional. Below are **n** values (number of respondents) for each year and survey:

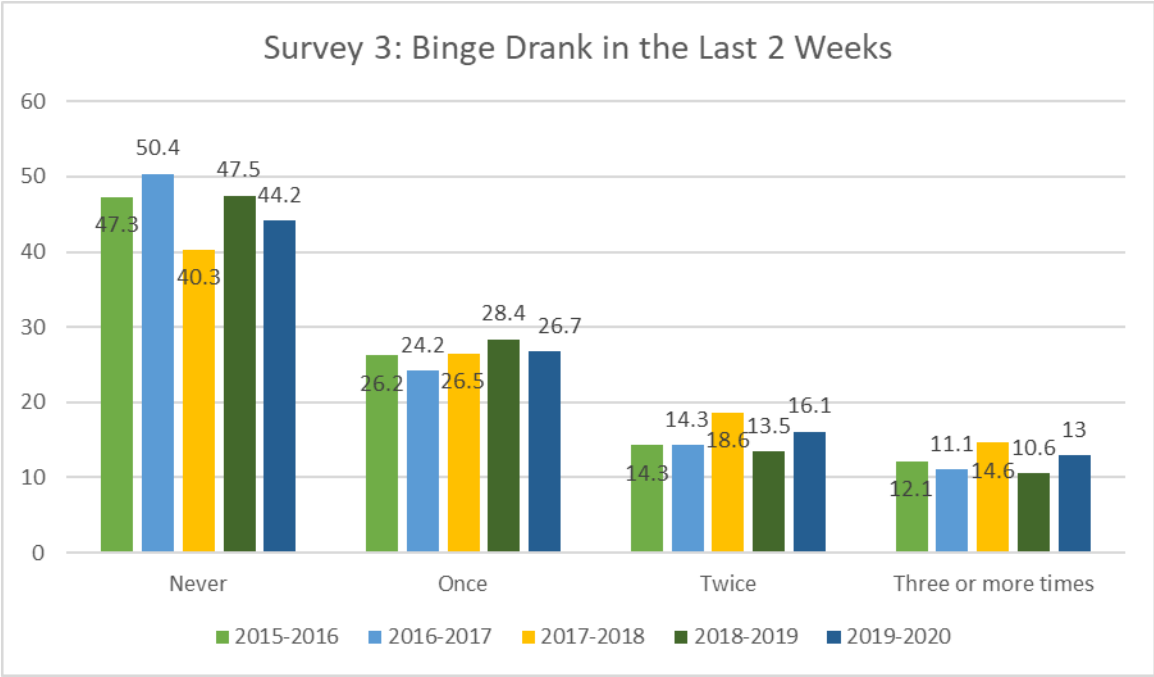
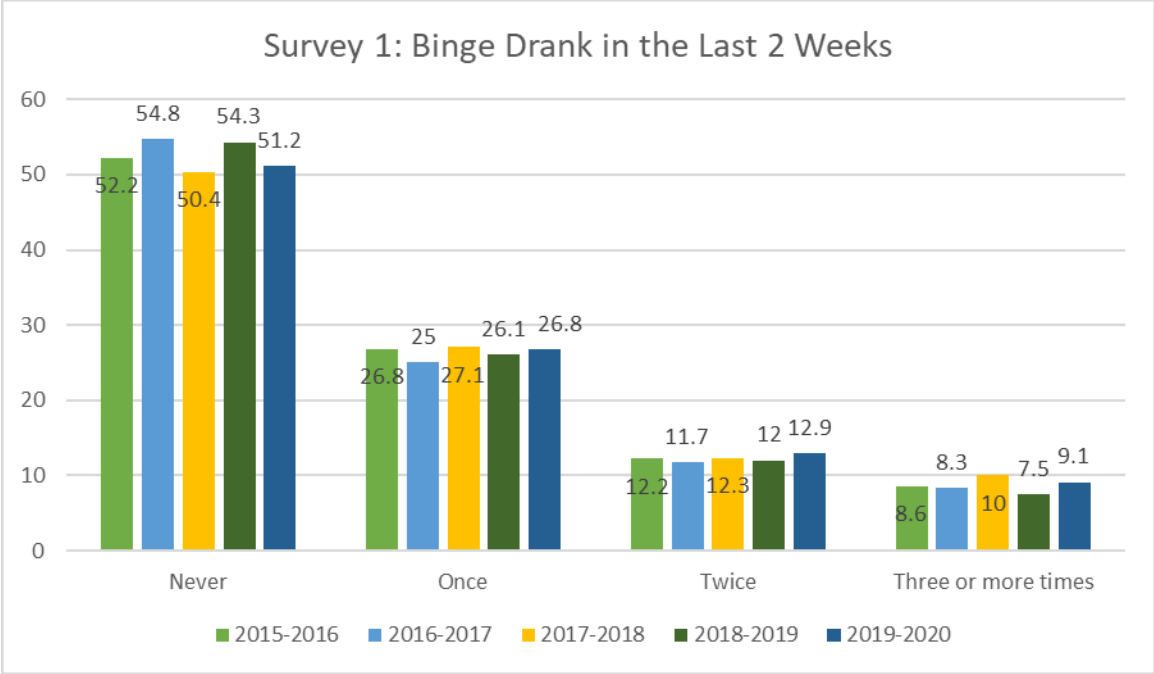
Survey 1 (pre-matriculation)

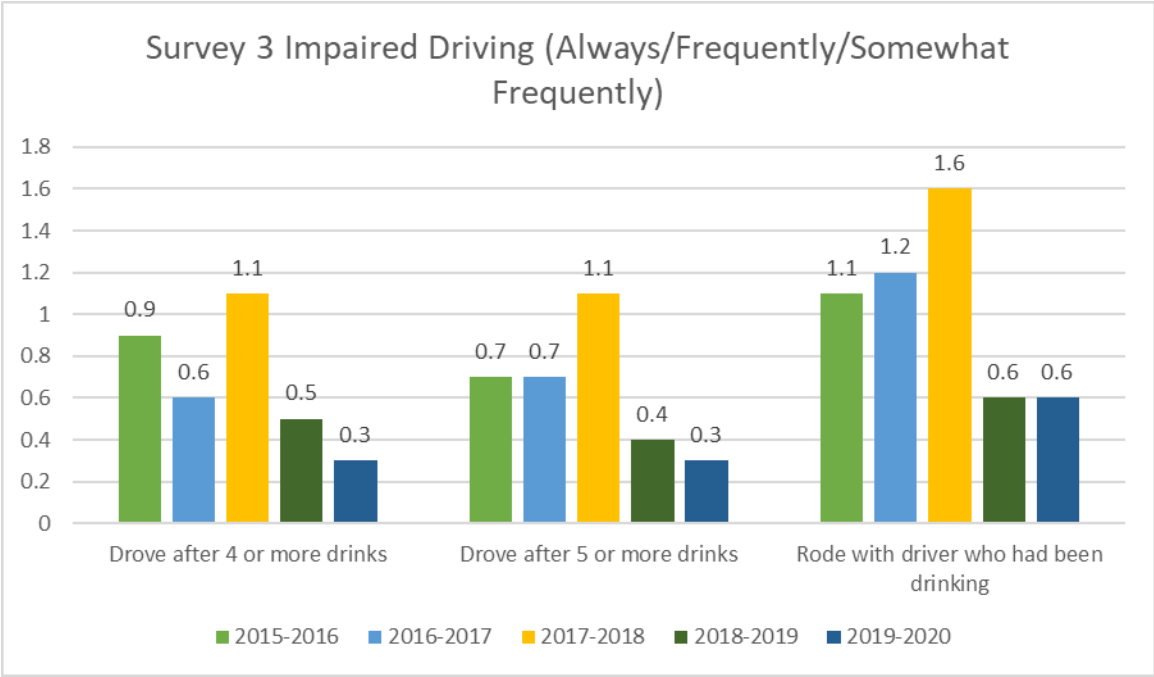
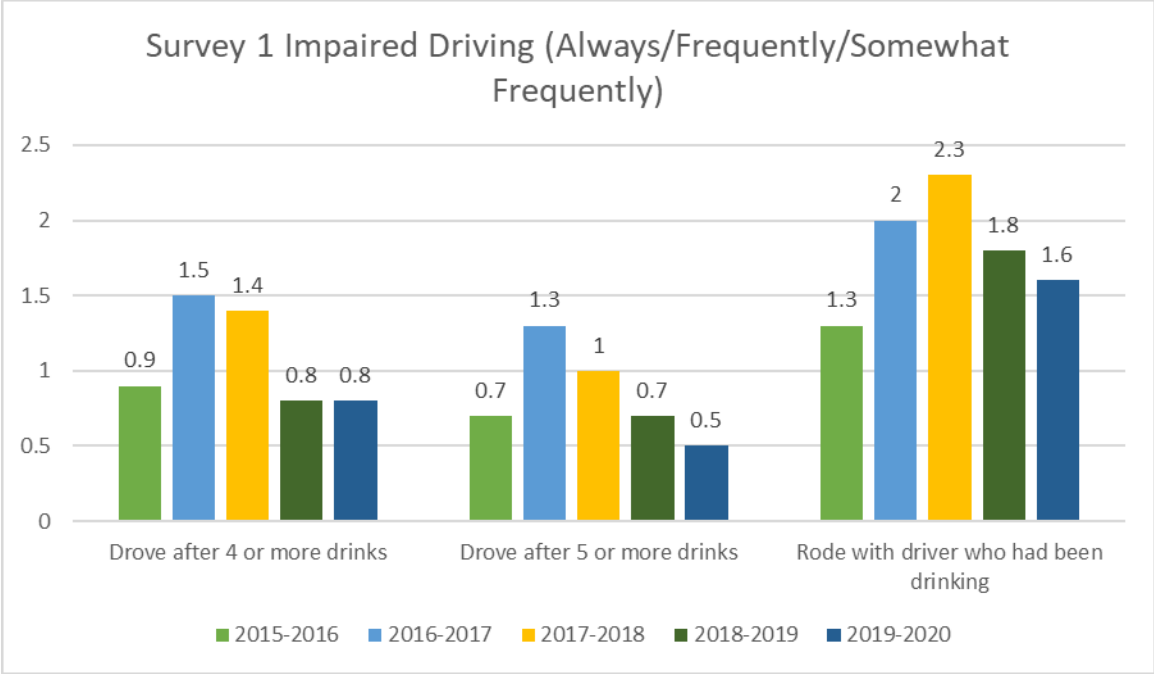
- 2015-2016 n = 6175
- 2016-2017 n = 6619
- 2017-2018 n = 6656
- 2018-2019 n = 7011
- 2019-2020 n = 6711

Survey 3 (6 weeks after completion of course)

- 2015-2016 n = 4016
- 2016-2017 n = 3601
- 2017-2018 n = 3409
- 2018-2019 n = 3601
- 2019-2020 n = 2753







Substance Abuse Prevention Programs and Services

Decreasing Risk in Vulnerable Groups First Year Students

- New, incoming students engage in the Ram Orientation Rams Take Care, Rams Take Action session that integrates alcohol norming and bystander messaging. Ram Orientation Leaders are trained in program content, motivational interviewing, bystander intervention and practical skills for program delivery.
- Ram Orientation CSU Health Network Parent and Family Presentations provide requirements, recommendations and services information, as well as encourage prevention-focused conversations with their new students. Parent and Family Programs follow-up communications provide resources on how to support their student and conversation guidance.
- Ram Orientation has an intentional focus on students building positive social connections, a substance abuse protective factor, and diversity and inclusion awareness.
- The AlcoholEdu online module is required for new, incoming students under the age of 23 to facilitate healthier decisions related to alcohol and drug use. Module components include the setting of expectations and norms clarification, as well as providing personalized feedback and tailored content that engages abstainers, light to moderate users and frequent users with customized messaging. It also educates on the mental and physical effects of substance use and alcohol poisoning, as well as prepares students to engage in active bystander behavior. The module was updated with vaping and marijuana prevention education in Summer 2020.
- The Sexual Assault Prevention online module, required for incoming students, focuses on issues associated with stalking, relationship violence and sexual assault. Students learn about consent, how to help a friend and how to intervene in a situation that might escalate to interpersonal violence.
- The AlcoholEdu and Sexual Assault Prevention modules prompt new students to e-sign that they have read related campus policies
- YOU@CSU is an online student success portal (<https://you.colostate.edu/>) that connects students to personalized campus and online resources and support services in the areas of Succeed (Academics/Career), Thrive (Physical/Mental Health) and Matter (Purpose/Connection) to make the most of their college experience. This includes screening questions related to substance use that help dial up timely education and support resources. Incoming students are encouraged to create a profile and explore.
- Student staff trainings are provided to Ram Orientation Leaders, Resident Assistants and University Housing Support Staff, Student Media and other mentoring groups regarding their role in creating an environment that encourages healthy decisions around alcohol and other drugs. Trainings can include brief motivational interviewing skills to help have critical conversations with students they serve, active bystander techniques, harm reduction education and referral.
- University Housing staff work to create community with their yearly influx of new and returning students and offer Living Substance Free floors in the residence halls. As part of their CSU Police Department Officer Liaison program, each residence hall is assigned an officer with the intention of forming relationships and building trust. Students become accustomed to seeing the officers, associating them less with just policy violation response.
- Early in the Fall semester, a Setting Expectations Campaign within University Housing is mobilized, in follow up to housing contract signing. The campaign provides clear messaging about campus alcohol and Campus Substance Abuse Prevention other drug policies and violation, as well as messaging to reinforce

AlcoholEdu content related to how to help a friend with alcohol poisoning and promotion of Responsible Action/Medical Exemption policy.

Fraternity and Sorority Life Community

- The GreekLifeEdu online module completion is required by most fraternity and sorority chapters by their (inter)national organization.
- The Fraternity and Sorority Life Harm Reduction and Risk Management Workgroup focuses on exploration, implementation and updates to harm reduction and prevention strategies specific to the fraternity and sorority community. There is promotion of resources, grounded in harm reduction, for chapters to utilize when planning social events with alcohol. These resources include: (1) third party vendor contracting, (2) event monitoring, (3) tailgate event planning and (4) BYOB guest list strategy.
- The Fraternity and Sorority Joint Policy on Risk Management group meets annually to review risk management policy that governs the community to make updates based on experience and best practice. The current policy is available at:
<https://fsl.colostate.edu/wpcontent/uploads/sites/12/2019/11/FraternitySorority-Joint-Policy-on-RiskManagement.10.2019.pdf>
- There is intentional follow-up regarding violation of alcohol-related policies and online publishing of fraternity and sorority organization conduct outcomes.
- The Office of Fraternity and Sorority Life provides a risk management officer workshop on a variety of harm reduction related topics, with at least once per year, Fall semester, a workshop focused on alcohol abuse prevention. Additionally, workshops have been hosted on marijuana abuse prevention and social event management.
- The Tailgating Summit, started in Fall 2017, engages the fraternity and sorority community in discussing tailgate event strategies for harm reduction and safer behavior. • Broader than the Fraternity and Sorority Life community, CSU provides hazing prevention training, messaging and encourages reporting of incidents. Fraternity and Sorority Life specific hazing prevention resources can be found at:
<https://fsl.colostate.edu/resources/hazingprevention-education-resources/>

Athletes

- Substance abuse prevention messaging and support resource information is embedded into the first-year athlete course curriculum messaging and orientation.
- CSU adheres to the NCAA athlete alcohol and other drug testing protocol.
- There is a CSU Health Network counselor embedded in Athletics to actively assist with student athlete and coach education and student mental health/substance abuse support.

High Risk Times/Events

- The Community Welcome event held early Fall helps foster a sense of community and connection between students and long-term Fort Collins residents. Volunteers made up of CSU students and staff, city employees, and Fort Collins and CSU Police go door-to-door visiting approximately 2,000 homes in neighborhoods surrounding the main campus. Teams distribute information about City ordinances and expectations CSU has for its students. Additionally, the teams encourage neighbors to get out and meet each other, providing residents with the “Art of Neighboring” brochure as well as exchange names and contact information to create positive relationships.
- The Party Registration program provides party hosts with an opportunity to receive a warning, giving a 20-minute window to voluntarily terminate a party after a noise complaint has been received. Party smart tips and resources are provided upon registration.
- CSU campus administrators and Public Safety Team typically distribute harm reduction and expectation-setting health messaging at the start/end of school year, as well as before the Rocky Mountain Showdown football game with CU-Boulder, Halloween and Spring Break. These events are known to be higher risk for alcohol misuse and related impacts.
- Fort Collins Police/CSU Police Department engage in joint party patrols, DUI saturation patrols, compliance checks during the year, with greater emphasis early Fall, around Halloween and late Spring.
- CSU sporting events substance abuse and related issues prevention includes: (1) preevent/tailgating/same day policy communications, (2) limiting hours of sales at venues, (3) server training and (4) game day protocols and policy enforcement.
- The Football Game Bystander Intervention builds upon bystander education as part of Ram Orientation and AlcoholEdu. The CREWS Peer Education team engages student football game attendees in conversations using brief motivational interviewing and pledging shown to foster bystander behavior and harm reduction.
- There is intentional campus creation and promotion of activities at higher risk times, like Ram Welcome. An example is the First 50 Days that involves University Housing’s integration of activities for students to engage in during their first eight weeks on campus.
- The CSU RamRide program provides free, safe rides for CSU students. The community of Fort Collins has a late-night bus route.
- Semester at Sea substance use prevention efforts include expectation setting, accountability, community building, student alcohol abuse prevention education and active bystander intervention messaging. Education follow up involves a post, first port motivational interviewing questions activity.

Outreach

- CREWS Peer Education and Manger of Substance Abuse Prevention provides alcohol, marijuana and tobacco/vaping presentations and outreach, using best practices for content and delivery.
- Substance Abuse Prevention staff continue to work collaboratively with campus mental health and well-being colleagues to foster healthy coping strategies and skill-building.

Other Communications

- Substance abuse prevention health communications are provided through various campus communication options, including social media, during critical times during the year.
- Off Campus Life and Student Resolution Center implemented a campaign called, Your Actions Have Impact.

Help-Seeking, Treatment and Recovery

- Students with a Conduct Code violation related to alcohol and/or other substances are sanctioned to complete the Basics online assessment through CSU Health Network Drugs, Alcohol, and You (DAY) Program, which helps to determine the most appropriate level of intervention.
- DAY works with sanctioned and non-sanctioned students across the spectrum of use, including addiction. See <https://health.colostate.edu/day-programs/> for detailed information about DAY Program offerings.
- Tobacco cessation provides support for students interested in quitting or reducing tobacco and/or vaping product use.
- Ram Recovery Community, founded in 2017, provides peer support for students on all paths and in all phases of recovery including substance use disorders, eating disorders, as well as process and other mental health disorders.
- Online screening tools are accessible through the YOU@CSU portal to assess symptoms of substance abuse and distress and encourage help seeking behaviors.

Policies/Procedures Relating to Alcohol and Other Drugs

- Campus Policy Alcohol and Drugs and Procedures: <https://wsnet2.colostate.edu/cwis549/csufc/policy.aspx?id=738>
- Campus Policy Smoking, Vaping and Tobacco Use Policy and Procedures: <https://wsnet2.colostate.edu/cwis549/csufc/policy.aspx?id=543>
- CSU Tobacco-Free Campus website: <https://tobaccofree.colostate.edu/> provides a summary of policy change communications that was used to educate campus, to include levels of enforcement. Campus signage has been updated and receptacle removal is in process.
- CSU Responsible Action/Medical Exemption: <https://resolutioncenter.colostate.edu/scprocedures/>
- CSU Substance Abuse ticket: This ticket used for first time, low-level offenders and provides an opportunity to connect students to resources to prevent recidivism and reduce risk around alcohol and other substances.
- CSU Residence Halls Policies and Procedures: Alcohol and Drugs; Smoking, Vaping and Tobacco Use: <http://reshallpolicies.colostate.edu/alcoholanddrugs>
- CSU Tailgating Policy and Procedures: <http://policylibrary.colostate.edu/policy.aspx?id=754>
- CSU Student Conduct Code: <https://resolutioncenter.colostate.edu/prohibited-conduct-behavior/>

- The Fort Collins Social Host Ordinance went into effect Fall 2016. This civil ordinance holds people responsible for providing a place for underage consumption (alcohol and marijuana) to occur: <https://www.fcgov.com/neighborhoodservices/socialhost.php>
- CSU collaborates with the Responsible Association of Retailers (RAR) to promote business practices that reduce alcohol and marijuana related harm to students 21+ (i.e., promotional specials) as well as prevent underage access.
- The CSU Health Network has a protocol for students seeking pain medication prescriptions and/or refills.

Marijuana Intervention Research

- There is a partnership with the CSU Marijuana Research group to improve effectiveness of Electronic Check Up to Go Marijuana online screening, personalized feedback and intervention program for future use at CSU.
- The Center for Prevention received a National Institutes of Health grant to test a Marijuana Use Disorder Peer Texting Intervention.

Alcohol and Other Drug Policy Violations, Sanctions and Related Deaths

Students: The discipline process begins when Student Conduct Services receives a written account of an incident. These reports include but are not limited to police reports; residence hall incident reports; reports from faculty, administrative staff, students or other members of the CSU community; reports from outside the CSU community. A Hearing Officer reviews the information available to decide next steps.

In most disciplinary cases involving alcohol and/or other drugs, students are required by their Hearing Officer to complete the Basics online assessment through CSU Health Network Drugs, Alcohol and You (DAY) Program, which helps to determine the most appropriate level of intervention. DAY works with sanctioned and non-sanctioned students across the spectrum of use, including addiction. See <https://health.colostate.edu/day-programs/> for detailed information about DAY Program offerings.

Employees: The manufacture, distribution, dispensation, possession or use of controlled substances, illicit drugs and alcohol on University property or in connection with any University activity, including work, is prohibited except as specifically allowed by law and University policies and procedures. Impairment by alcohol and other drugs in the academic and workplace settings at CSU is also prohibited. Any employee whose act in violation of the policy also results in a conviction under a criminal drug statute must report the conviction in writing to the employee's departmental supervisor within five days. The University, in turn, is obliged by law to report certain convictions to the federal government.

The University will impose sanctions for violation of this policy, which may include disciplinary action such as reprimand, suspension, salary reduction, demotion or termination of employment for employees. Sanctions will be imposed in accordance with applicable laws and University processes.

Grievance and appeal procedures affording due process to those subjected to disciplinary action are set forth in the Academic Faculty and Administrative Professional Manual, Human Resources Manual and Student Conduct Code, as applicable.

Annual Notifications: The Clery Compliance Committee, pursuant to The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, publishes an Annual Security and Fire Safety Report each fall. This report, which is emailed to all students and employees and made available to all

potential students and employees includes information and policies related to, among other topics required by the act, alcohol and other drugs on CSU campuses. Pursuant to the Drug Free Schools and Communities Act, the Drug and Alcohol Prevention Program (DAAPP) annual notice is sent to all students and all employees at the beginning of each semester. This notice includes CSU's drug and alcohol policies, substance abuse prevention efforts and treatment support information, health impacts and risks of alcohol and drug use and applicable federal and state legal sanctions.

Arrest Types by Year

		2017	2018	2019	Total
Drug Law Offense		0	0	0	0
	Citation	139	86	37	262
	Other	13	1	0	14
	Physical Arrest	95	85	52	232
	Total	247	172	89	508
Liquor Law Offense		0	0	0	0
	Citation	156	110	48	314
	Other	17	9	5	31
	Physical Arrest	197	162	160	519
	Total	370	281	213	864
Total	617	453	302	1,372	

Total Offenses by Year

	2017	2018	2019	Total
Drug Law Offense	465	353	323	1,141
Liquor Law Offense	469	378	327	1,174
Total	934	731	650	2,315

Distinct Cases by Year

	2017	2018	2019	Total
Drug Law Offense	284	225	191	700
Liquor Law Offense	433	344	305	1,082
Total	664	524	468	1,656

No AOD-related deaths have been reported.

RECOMMENDATIONS SUBSTANCE ABUSE PREVENTION EFFORTS

Covid-19 Considerations

Over the last year, the pandemic has brought forth many challenges and needs around substance use and substance prevention. Namely the need to for increased accessibility to substance use resources and different motivations for use have risen to the forefront. Among the challenges, committee review of initiatives, programs, and data has been difficult due to expanded roles of members and lower capacity to garner feedback in a timely matter. Currently, review of initiatives has been delayed until September 2021 and is the intent to amend this section with the committee's feedback.

Other future directions include:

- Explore addressing drink and marijuana specials that target students, in partnership with the community of Fort Collins.
- Explore limiting campus substances' advertising.
- Improve outreach and support for other higher-risk groups identified.
- Deliver substance abuse training to staff and student leaders with high student contact to increase brief intervention and referral skills.
- Increase self-screening opportunities.