Arkansas Collegiate Substance Use Assessment, 2025

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Arkansas Collegiate Substance Use Assessment 2025

Derek R. Slagle, Ph.D.

Adam Williams, Ph.D.

Jessica Amos-Dolls, M.P.A.

ABOUT THIS REPORT:

Sponsored by the University of Arkansas at Little Rock MidSOUTH Center for Prevention and Training.

Funded by Arkansas Department of Human Services, Office of Substance Abuse and Mental Health (OSAMH) 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.

Research coordination and management of the assessment facilitated through the University of Arkansas at Little Rock Survey Research Center.

Use of the information contained in this report is encouraged. We require that use of any kind be acknowledged through appropriate citation; for example, we suggest the following format: *Slagle, D.R., Williams, A., & Amos-Dolls, J. (2026). 2025 Arkansas Collegiate Substance Use Assessment. Little Rock, AR: UA Little Rock Survey Research Center, University of Arkansas Little Rock.*

Short Reference: UA Little Rock Survey Research Center (2026) 2025 Arkansas Collegiate Substance Use Assessment.

UA LITTLE ROCK | School of Public Affairs
Survey Research Center
UNIVERSITY OF ARKANSAS AT LITTLE ROCK

For print, broadcast, and other media (radio or television broadcasts, and social media, or other electronic outlets, internet, weblogs, Twitter, Google+, etc.), we suggest an acknowledgment as follows: *The information is based on a report by the University of Arkansas Little Rock Survey Research Center.*

Table of Contents

Overview: **9**
Literature Review **9**
Importance of Assessment: 9
Risk Factors Specific for Substance Use in College Campuses: 10
Mental Health Issues in College Campuses: 11
Alcohol: 12
Tobacco & Vaping: 16
Marijuana: 23
Substance Use: 24
Prescription Drugs: 25
Survey Instrument and Distribution: **26**
Student Selection: **27**
Respondent Characteristics: **28**
Risk Behaviors **32**
Alcohol **32**
Age of First Use 32
Lifetime Use 34
Recent Use 35
Tobacco **39**
Age of First Use 39
Lifetime Use 41
Recent Use 42
Vaping **43**
Age of First Use 43
Lifetime Use 45
Recent Use 46
Marijuana **51**
Age of First Use 51
Lifetime Use 53
Recent Use 54
Prescription Medication **56**
Age of First Use 56
Lifetime Use 59
Recent Use 60

Illegal Drug Use **63**
Age of First Use 63
Lifetime Use 66
Recent Use 67
Campus Observations **70**
Policies and Programs 70
Campus Environment and Student Substance Use 70
Mental Health and Behavioral Outcomes 76
Biological Responses 76
Negative Behaviors 77
Negative Associated Outcomes 79
Psycho-Social Effects 81
Cognitive-Emotional Impacts 82
References: **87**

Key Findings

The 2025 survey data reveal significant insights into substance use patterns among college students. Regarding alcohol use, the most common age of first use is between 16 and 20 years old, with approximately 59% reporting they consumed alcohol prior to the legal drinking age of 21. Lifetime use follows a bimodal pattern, with 48.8% reporting use of 10 or more times and 25% reporting no lifetime use. Recent alcohol consumption was low with 58% of respondents reported no alcohol consumption in the past 30 days. Instances of intoxication and binge drinking were even less common, with 19% reporting being drunk at least once in the past 30 days and 86% reporting no binge drinking in the previous two weeks.

Tobacco and vaping use are also relatively low among respondents, with 65% reporting never using tobacco products and 68% reporting never using vape products. Most of the respondents who used tobacco and vaping products indicated their first use occurred between the ages of 16 and 20. Tobacco use again demonstrates a bimodal pattern, with 63% reporting no lifetime use and 23% reporting use of 10 or more times. Recent tobacco use remains low, with 87% reporting no use in the past 30 days. Similarly, 83% reported no nicotine vaping in the past 30 days, while a smaller group (13%) reported frequent use (10 or more times). Vaping marijuana and flavor-only vaping were uncommon, with 91% and 96% reporting no use in the past 30 days, respectively.

Marijuana use among respondents is generally low, with 58% reporting no lifetime use. Among those who have used marijuana, initial use most frequently occurs between the ages of 16 and 20 (24%), followed by 11 to 15 (11%). Lifetime use demonstrates a bimodal distribution, with 55% reporting no use and 26% reporting use of 10 or more times. Recent use is limited, with 87% reporting no marijuana use in the past 30 days, while 8% reported using 10 or more times in that same period. Younger students are more likely to report never using marijuana compared to older students.

Prescription drug misuse and broader substance use are relatively uncommon among respondents. A large majority reported no use of prescription opioids (83%) and no use of another person's prescription medications (91%). For those who have misused prescription drugs, most reported their first use occurring between the ages of 16 and 20 (approximately 7.7% for opioids and 4% for another person's prescriptions). Younger respondents are more likely to report no history of misuse compared to older students. Overall, the findings indicate a low prevalence of prescription drug misuse within the sample.

Demographically, the survey sample was predominantly female (75%), White (68%), and non-Hispanic/Latino (91%), with most students identifying as single, never married (67%). The majority were full-time students (79%), and enrolled at the undergraduate level (51%), with a large proportion classified as freshmen. Most respondents reported being employed part-time (36%) or not employed, and 71% lived off campus. Academically, students reported an average GPA of 3.40, and the sample was largely composed of traditional college-age individuals with 63% being ages 18–25. Additionally, 61% of respondents reported having at least one family member with a history of substance use, indicating a notable prevalence of familial exposure within the sample.

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 (75%), single (67%), full-time (79%), in-state residents (90%), with a notable portion being first-year undergraduate student status (36%).

Alcohol:

- For Age of first use, the grouping for 16-20 years old was the highest reported grouping
- Lifetime occasions of alcohol use were higher for 21+ (legal drinking age) vs. 18- 20; similarly, 26+ have a higher lifetime occasion of alcohol use when compared to 18-25.
- Most respondents had never been drunk or been high from drinking alcoholic beverages (81%) within the past 30 days.
- Most respondents (86%) had not consumed >5 + drinks in a sitting over the last 2 weeks.

Tobacco & Vaping:

- About two-thirds of respondents reported never using tobacco or vaping.
- Most respondents (87%) reported no tobacco use in the last 30 days.
- Tobacco use and nicotine vaping showed a bimodal distribution, with most either not using at all or using frequently (10+ times).
- Older students were more likely to report tobacco use than younger students.
- Vaping marijuana was uncommon, with roughly 9.5% reporting any recent use.
- Vaping flavor-only products was very rare, with over 95% reporting no recent use.

Marijuana:

- Most students reported never using marijuana (58%).
- Lifetime marijuana use also showed a bimodal distribution, with most either never using or using frequently (10+ times).
- 86.6% reported no marijuana use in the previous 30 days.
- Younger students were significantly more likely to report never using marijuana compared to older students.

Substance Use and Prescription Drugs :

- Most students reported no use of prescription opioids or another person's prescription medications.
- Younger students were significantly more likely to report never using prescription opioids compared to older respondents.
- Overall findings suggest prescription drug misuse is relatively uncommon among the surveyed population.

Campus Perceptions:

- Many students perceived that the social atmosphere on campus promotes alcohol use.
- Students commonly believed that substance use levels among peers may be higher than their own personal use.
- Campus perceptions suggest that social norms and peer culture influence views on alcohol and drug use.

Mental Health Indicators:

- Respondents reported recent feelings (<30 days) of:
  - nervousness (75%)
  - restlessness (63%)
  - depression (51%)
  - feelings of worthlessness (33%)
  - helplessness (61%)
- Substance use was associated with negative behavioral, psychosocial, and emotional outcomes.

Introduction

Overview:

The fifth annual statewide Arkansas Collegiate Substance Use Assessment was conducted by the University of Arkansas at Little Rock Survey Research Center from August to December 2025 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 Use 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 fifth year, has collected over 14,000 responses from college students 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 inform the planning, implementation, and evaluation of Substance Abuse Block Grant-funded initiatives 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;). It is also associated 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 on their campuses given the unique challenges of planning treatments for college students (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 than their 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, fulltime 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 college alcohol policies 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's 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 inequality 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 ecigarette 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 experiencing 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 positive 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 regarding 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 alternatives is also of importance. One study noted that of 581 universities, 1/5th did not specify whether e-cigarettes/ vaping was 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 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; inconsistent 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 2025 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. Participation 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, 2,603 students agreed to participate and completed the assessment. In sum there were 37 academic institutions that recorded student responses. Additionally, 42 respondents that indicated 'other'.

Respondent Characteristics:

The most frequently observed categories from the respondents in the study Female (*n* = 1744, 74.69%), White (*n* = 1590, 67.92%), Non-Hispanic/Latino (*n* = 2149, 91.41%). Students are mostly single, never married (*n* = 1564, 66.47%), part-time employed (*n* = 845, 35.93%), and residents of the state of Arkansas (*n* = 2119, 89.98%). A slight majority of residents were Freshman (*n* = 431, 36.28%), full-time (e.g., 12+credits) (*n* = 1859, 79.04%), undergraduate students (*n* = 1189, 50.47%). The most frequent graduate students were master's (*n* = 196, 52.27%). Student respondents are most frequently living off-campus (*n* = 1665, 70.79%) and taking a hybrid (e.g., both online and in-person courses) (*n* = 971, 41.28%). Most students have also never served in the military (*n* = 2268, 96.26%). The frequencies and percentages are presented in Table 1.

Table 1. *Frequencies and Percentages for Respondent Demographic Data*

Variable	***n***	***%***
Gender		
Male	522	22.36
Female	1744	74.69
Transgender/ Gender Non-conforming	69	2.96
Race		
Black or African American	481	20.55
Asian	76	3.25
Native American	27	1.15
Alaska Native	0	0.00
Native Hawaiian or Other Pacific Islander	1	0.04
White	1590	67.92
Other (Self-Identified)	166	7.09
Hispanic/Latino		
Yes	202	8.59
No	2149	91.41

Marital Status		
Single, divorced	216	9.18
Living with domestic partner	87	3.70
Widowed	13	0.55
Single, never married	1564	66.47
Married, and living with spouse	442	18.78
Married, and living separately from spouse	31	1.32
Employment Status		
Employed, part-time	845	35.93
Employed, full-time	692	29.42
No	815	34.65
Residency		
In-state (Arkansas)	2119	89.98
Out of State	200	8.49
Outside the United States	36	1.53
Degree Status		
Non-degree seeking	61	2.59
Undergraduate	1189	50.47
Associate	623	26.44
Graduate	377	16.00
Other (ex. Certificate)	106	4.50
Student Status		
Full-time (e.g., 12+credits)	1859	79.04
Part-time (e.g., 1-11 credits)	493	20.96
Undergraduate Student Status		
Freshman	431	36.28
Sophomore	280	23.57
Junior	229	19.28
Senior	248	20.88
Graduate Student Status		
Masters	196	52.27
Doctorate	117	31.20
Professional Degree	43	11.47
Other (ex. Post-Baccalaureate Certificate, License, etc.)	19	5.07
Course Modality		
Fully online courses	618	26.28
Hybrid (both online and in-person courses)	971	41.28
Fully in-person courses	763	32.44
Living Arrangement		
On-Campus	687	29.21
Off-Campus	1665	70.79

Military Status		
Never served in the military	2268	96.26
Only on active duty for training in the Reserves or National Guard	31	1.32
Now on active duty	2	0.08
On active duty in the past, but not now	55	2.33

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

Additionally, students self-reported their GPA (Table 3), with an average GPA of 3.40 for the 2325 students responding. Age breakdowns are presented in Figure 1 and Table 2, with emphasis on legal age for alcohol consumption (18-20 vs. 21 and older) and traditional aged student populations consistent with SAMHSA data (18-25 vs. 26 and older). Age ranges most present in the respondents include the 18-25 category (*n* = 1488, 63.35%) and 21 and older (*n* = 1457, 62.03%).

Figure 1. *Frequency of Respondent Age, 2025*

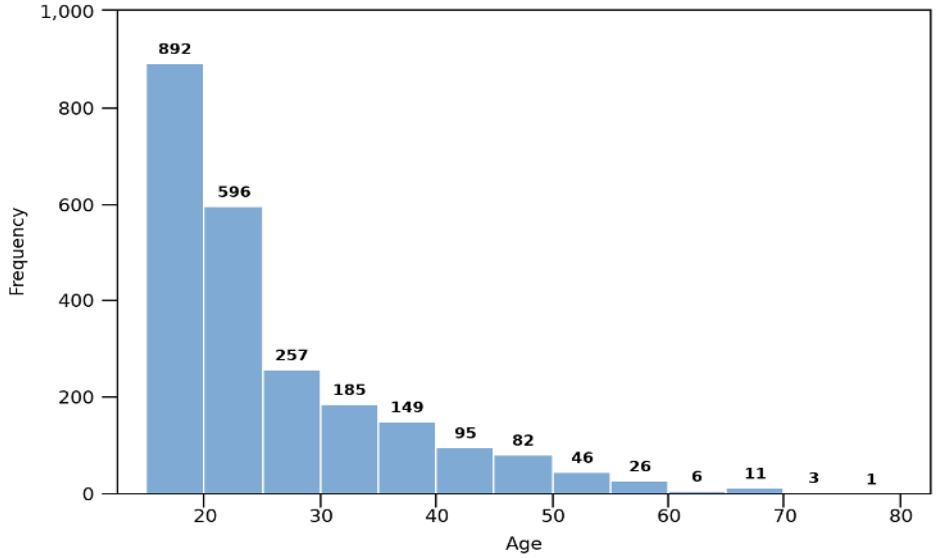


Table 2. *Age Groupings by SAMHSA and Legal Alcohol Consumption Ages*

Variable	***n***	***%***
Age Group (SAMHSA)		
18-25	1488	63.35
26 and Older	861	36.65
Legal Alcohol Age		
18-20	892	37.97
21 and Older	1457	62.03

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

Table 3. *GPA Statistics of Respondents*

Variable	*M*	*SD*	*n*	Min	Max
GPA	3.40	0.74	2325	0.00	4.00

Respondents provided their family drug histories, with each being asked to identify members of their immediate family that have had any history with substance use. Figure 2 and Tables 4 and 5 present the findings. Figure 2 and Table 4 demonstrate that most students have at least one family member with a substance use history (*n* = 1241, 61.34%). Additionally, Table 5 shows which family members have use histories, with Aunts/Uncles (*n* = 629) most frequent.

Figure 2. *Family Substance Use History of Respondents, 2025*

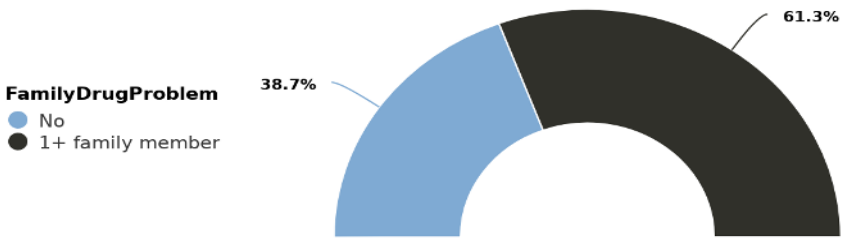


Table 4. *Respondents with Family History of Substance Use*

Variable	*n*	%
Family Drug Problem		
None	782	38.66
1+ family member	1241	61.34

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

Table 5. *Frequency of Respondent Family Members with Substance Use*

Family Member	Frequency
Mother	311
Father	440
Stepmother	30
Stepfather	110
Brothers/Sisters	195
Aunts/Uncles	629
Spouse	83
Mother's parents	358
Father's parents	312
Child/Children	25

Results

Risk Behaviors

Alcohol

Age of First Use

The age of first use of alcohol is displayed in Tables 6 and 7, along with Figure 3. Table 6 outlines the breakdown of when respondents identified the age where they first tried alcohol. In all years, 2021-2025, the most frequently observed category of 16-20 (n = 1,296, 39.93%, n = 1,462, 38.18%, n = 500, 43.78%, n = 842, 40.79%, n = 876, 38.35%). Figure 3 specifically examines 2025 data and illustrates approximately 58.55% of respondents try alcohol prior to the legal drinking age of 21. Table 7 further explores the breakdown of respondents age of first use with their current age as a student by students of legal age and not (*Legal Alcohol Age*), as well as alignment with the SAMHSA data (*Age Group (SAMHSA)*). The responses in *Legal Alcohol Age* show more frequent admission to underage drinking by students currently 21 and older (n = 874, 61.47%) compared to students that are 18-20 (n = 459, 53.81%). Additionally, younger students are shown to never have used alcohol as compared to older students.

Figure 3. *Age of First Use of Alcohol, 2025*

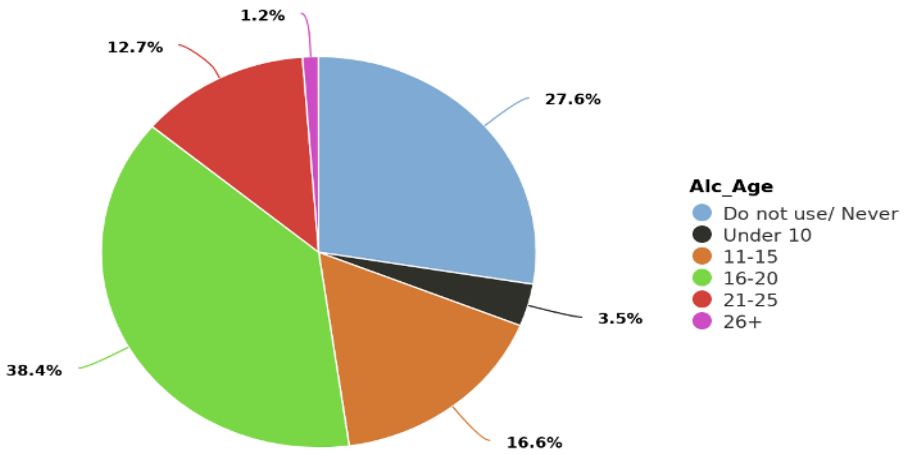


Table 6. *Frequency of Age Ranges on Age of First Use of Alcohol, 2021-2025*

	Year				
Age of First Use Range	2021	2022	2023	2024	2025
Do not use/ Never	973 (29.98%)	967 (25.25%)	278 (24.34%)	553 (26.79%)	631 (27.63%)
Under 10	142 (4.37%)	112 (2.93%)	44 (3.85%)	61 (2.96%)	80 (3.50%)
11-15	484 (14.91%)	715 (18.67%)	200 (17.51%)	356 (17.25%)	380 (16.64%)
16-20	1296 (39.93%)	1462 (38.18%)	500 (43.78%)	842 (40.79%)	876 (38.35%)
21-25	335 (10.32%)	482 (12.59%)	115 (10.07%)	237 (11.48%)	290 (12.70%)
26+	16 (0.49%)	91 (2.38%)	5 (0.44%)	15 (0.73%)	27 (1.18%)

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

Table 7. *First Use of Alcohol by Age Groupings, 2025*

	Age of First Use Range					
Age Grouping	Do not use/ Never	Under 10	11-15	16-20	21-25	26+
Legal Alcohol Age						
18-20	394 (46.19%)	28 (3.28%)	133 (15.59%)	298 (34.94%)	N/A	N/A
21+	232 (16.32%)	52 (3.66%)	246 (17.30%)	576 (40.51%)	289 (20.32%)	27 (1.90%)
Age Group (SAMHSA)						
18-25	498 (34.75%)	45 (3.14%)	230 (16.05%)	559 (39.01%)	101 (7.05%)	N/A
26+	128 (15.20%)	35 (4.16%)	149 (17.70%)	315 (37.41%)	188 (22.33%)	27 (3.21%)

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

Lifetime Use

The lifetime use of alcohol is displayed through Figure 4 and Table 8. The most frequently observed category no lifetime use was those in the youngest category (18-20 (*n* = 363, 43.11%), 18-25 (*n* = 453, 31.99)). For respondents of legal drinking age, they most frequently have drank 10+ times in their lifetime (*n* = 914, 65.29%). In both breakdowns by age group, the distribution is bimodal, with respondents either using 10+ times in their lifetime or never. Figure 4 further illustrates the breakdown of lifetime use and visual of this bimodal distribution, with 48.8% of the respondents having drank alcohol 10+ times and 24.6% having never drank.

Figure 4. *Lifetime Occasions of Alcohol Use, 2025*

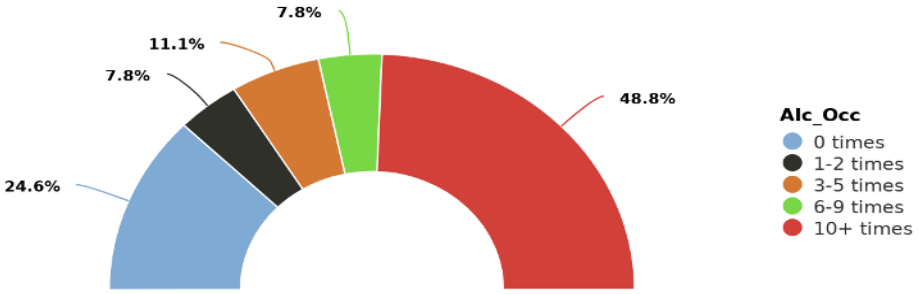


Table 8. *Lifetime Use of Alcohol by Age Groupings, 2025*

	Occasions of Lifetime Alcohol Use				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ times
Legal Alcohol Age					
18-20	363 (43.11%)	107 (12.71%)	119 (14.13%)	73 (8.67%)	180 (21.38%)
21+	186 (13.29%)	68 (4.86%)	130 (9.29%)	102 (7.29%)	914 (65.29%)
Age Group (SAMHSA)					
18-25	453 (31.99%)	140 (9.89%)	179 (12.64%)	124 (8.76%)	520 (36.72%)
26+	96 (11.62%)	35 (4.24%)	70 (8.47%)	51 (6.17%)	574 (69.49%)

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

Recent Use

The frequency of alcohol consumption is presented in the following tables and figures. Figures 5 and 6 demonstrate the occurrences of consumption and overconsumption (e.g., being classified as drunk). Table 9 also provides a comparison of recency consumption from 2021-2025. Figure 5 and Table 9 illustrate 58.41% (*n* = 1302) have refrained from any alcohol consumption in the 30 days leading up to responding to the survey. Additionally, overconsumption to the point of drunkenness occurred amongst 19.24% (*n* = 428) of student respondents – see Figure 6 and Table 9. The second most frequent occurrence for both recent consumption (*n* = 529, 23.73%) and drunkenness (*n* = 293, 13.17%) is 1 or 2 times in the last 30 days.

Figure 5. *Alcohol Consumption in the Last 30 Days, 2025*

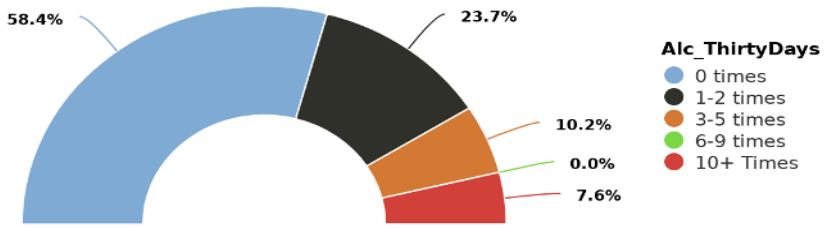
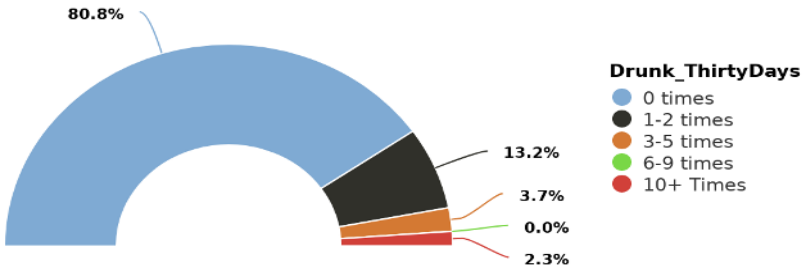


Table 9. *Recent Consumption of Alcohol in the Last 30 Days, 2021-2025*

	Year				
Variable	2021	2022	2023	2024	2025
Alcohol Consumption in the Last 30 Days					
0 times	1762 (55.48%)	1769 (46.91%)	559 (51.81%)	1139 (56.61%)	1302 (58.41%)
1-2 times	712 (22.42%)	858 (22.75%)	270 (25.02%)	475 (23.61%)	529 (23.73%)
3-5 times	356 (11.21%)	552 (14.64%)	126 (11.68%)	239 (11.88%)	228 (10.23%)
6-9 times	142 (4.47%)	291 (7.72%)	68 (6.30%)	0 (0.00%)	0 (0.00%)
10+ Times	204 (6.42%)	301 (7.98%)	56 (5.19%)	159 (7.90%)	170 (7.63%)
Times Drunk in the Last 30 Days					
0 times	2528 (79.72%)	2593 (68.85%)	825 (76.60%)	1585 (79.09%)	1796 (80.76%)
1-2 times	404 (12.74%)	551 (14.63%)	158 (14.67%)	282 (14.07%)	293 (13.17%)
3-5 times	132 (4.16%)	302 (8.02%)	44 (4.09%)	80 (3.99%)	83 (3.73%)
6-9 times	36 (1.14%)	169 (4.49%)	28 (2.60%)	0 (0.00%)	0 (0.00%)
10+ Times	71 (2.24%)	151 (4.01%)	22 (2.04%)	57 (2.84%)	52 (2.34%)

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

Figure 6. *Times Drunk in the Last 30 Days, 2025*



When examining recent consumption by age groups, those not of legal age (e.g., 18-20) are most frequently observed to have not drank in the past 30 days (n = 622, 74.67%). Of those not of

legal age, the second most frequent consumption category was 1-2 time (*n* = 137, 16.45%). For students of legal age to consume alcohol (21 or older), the most frequently observed category of consumption was 0 times (*n* = 674, 48.52%), followed by 1-2 times (*n* = 391, 28.15%). When age is grouped by SAMHSA categories, similar findings are shown with both categories most frequently consuming 0 times in the last 30 days and the second most frequency being 1-2 times – see Table 10.

Table 10. *Recent Times Consuming Alcohol by Age Groupings, 2025*

	Alcohol Consumption in the Last 30 Days				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ Times
Legal Alcohol Age					
18-20	622 (74.67%)	137 (16.45%)	46 (5.52%)	0 (0.00%)	28 (3.36%)
21+	674 (48.52%)	391 (28.15%)	182 (13.10%)	0 (0.00%)	142 (10.22%)
Age Group (SAMHSA)					
18-25	856 (61.27%)	312 (22.33%)	135 (9.66%)	0 (0.00%)	94 (6.73%)
26+	440 (53.33%)	216 (26.18%)	93 (11.27%)	0 (0.00%)	76 (9.21%)

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

In addition to recent patterns of consumption, the survey explores binge drinking behaviors in the two weeks leading up to the response to the survey. This supplements the responses related to overconsumption. The most frequently observed category of occurrences is None (*n* = 1,974, 86.05%). Figure 7 supplements Table 11 showing that respondents binge drink two or fewer times (*n* = 2228, 97.12%). That trend of lower frequencies of binge drinking behaviors show a decrease from 2021 to 2025 – see Table 11.

Figure 7. *Binge Drinking in the Past 2 Weeks, 2025*

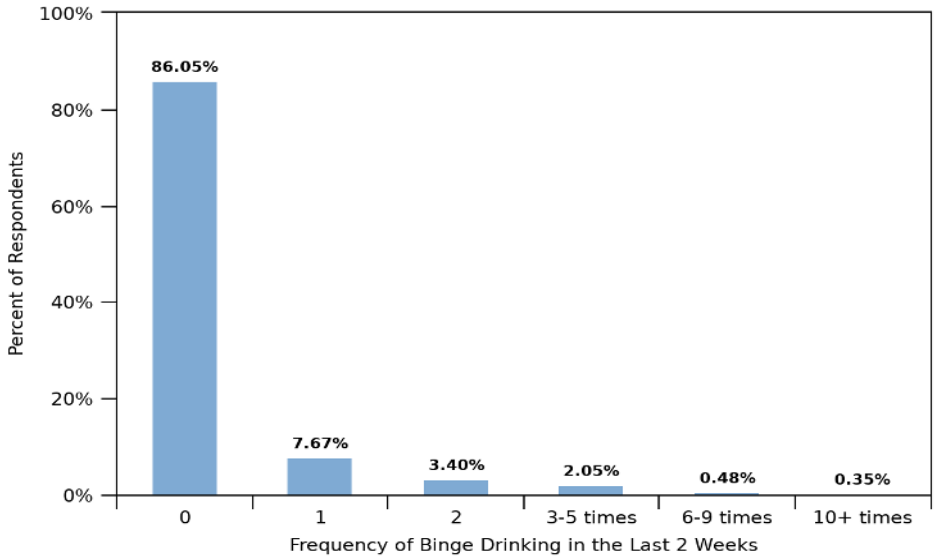


Table 11. *Frequency of Binge Drinking in the Last 2 Weeks, 2021-2025*

	Year				
Occurrences	2021	2022	2023	2024	2025
None	2759 (84.32%)	2621 (67.66%)	965 (84.13%)	1759 (84.61%)	1974 (86.05%)
Once	268 (8.19%)	478 (12.34%)	97 (8.46%)	187 (8.99%)	176 (7.67%)
Twice	124 (3.79%)	355 (9.16%)	40 (3.49%)	75 (3.61%)	78 (3.40%)
3-5 times	85 (2.60%)	259 (6.69%)	29 (2.53%)	40 (1.92%)	47 (2.05%)
6-9 times	21 (0.64%)	112 (2.89%)	6 (0.52%)	10 (0.48%)	11 (0.48%)
10+ times	15 (0.46%)	49 (1.26%)	10 (0.87%)	8 (0.38%)	8 (0.35%)

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

Tobacco

Age of First Use

The age of first use of tobacco products, found in Figure 8 and Table 12, identifies when student respondent tried tobacco products of any kind. Figure 8 displays the percentage results for 2025, with most students having never used tobacco products (*n* = 1484, 64.78%). Of those having tried tobacco products, the ages for most frequent first use by 2025 respondents was 16-20 (*n* = 363, 15.84%), followed by 11-15 (*n* = 288, 12.57%). In every year of the survey, 2021-2025, students that have tried tobacco most frequently do so in the 16-20 age range.

Figure 8. *Age of First Use of Tobacco, 2025*

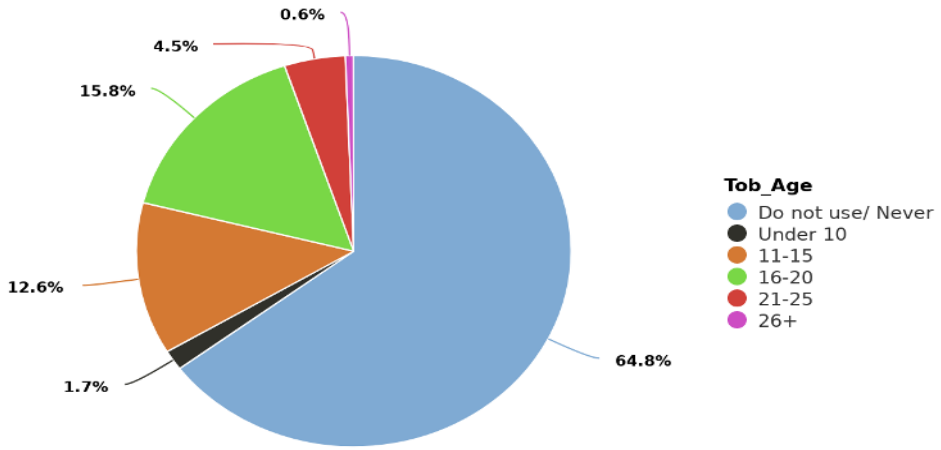


Table 12. *Age of First Use of Tobacco by Year, 2021-2025*

Age of First Use of Tobacco	**Year**				
	2021	2022	2023	2024	2025
Do not use/ Never	2159 (66.15%)	2038 (52.78%)	687 (60.16%)	1334 (64.32%)	1484 (64.78%)
Under 10	55 (1.69%)	119 (3.08%)	34 (2.98%)	39 (1.88%)	38 (1.66%)
11-15	380 (11.64%)	529 (13.70%)	164 (14.36%)	241 (11.62%)	288 (12.57%)
16-20	567 (17.37%)	833 (21.57%)	200 (17.51%)	366 (17.65%)	363 (15.84%)
21-25	82 (2.51%)	232 (6.01%)	48 (4.20%)	81 (3.91%)	104 (4.54%)
26+	21 (0.64%)	110 (2.85%)	9 (0.79%)	13 (0.63%)	14 (0.61%)

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

Further breaking of the age of first use of tobacco products explores the grouping relative to legal consumption of alcohol (18-20, 21+) and the SAMHSA data (18-25, 26+). As Table 13 demonstrates, the most frequently observed age of first use within the 18-20-year-old students was Do not use/Never (n = 703, 82.13%), as well as the 21 and Older student group (n = 773, 54.21%). This was also the case for the 18-25-year-old students (n = 1,073, 74.67%) and the 26 and Older group (n = 403, 47.69%). For those having used, the most frequent age of first use falls in the 16–20-year-old range for all groupings. Specific age ranges and frequencies are presented in Table 13.

Table 13. *First Use of Tobacco Products by Age Groupings, 2025*

Age Grouping	**Age of First Use of Tobacco**					
	Do not use/ Never	Under 10	11-15	16-20	21-25	26+
Legal Alcohol Age						
18-20	703 (82.13%)	7 (0.82%)	71 (8.29%)	75 (8.76%)	N/A	N/A
21+	773 (54.21%)	31 (2.17%)	217 (15.22%)	287 (20.13%)	104 (7.29%)	14 (0.98%)
Age Group (SAMHSA)						
18-25	1073 (74.67%)	13 (0.90%)	131 (9.12%)	180 (12.53%)	40 (2.78%)	N/A
26+	403 (47.69%)	25 (2.96%)	157 (18.58%)	182 (21.54%)	64 (7.57%)	14 (1.66%)

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

Lifetime Use

For lifetime use of tobacco products, Figure 9 and Table 14 demonstrate age and frequency distributions from the respondents in 2025. Figure 9 specifically shows that most of the student population responding have never used tobacco products (62.9%), with those that use having done so more than 10 times in their lifetime (22.9%).

Figure 9. *Lifetime Occasions of Tobacco Use, 2025*

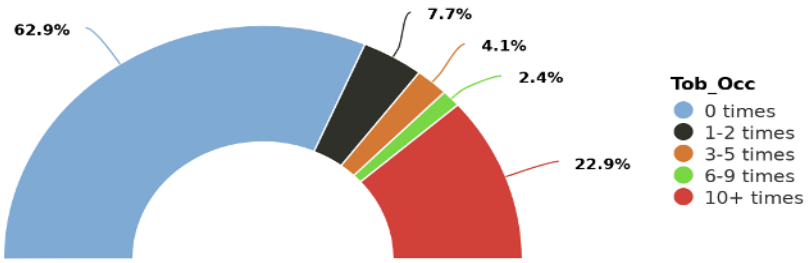


Table 14 shows a more detailed breakdown by age groups, with specifics on frequencies and percentages. The most frequently observed category of all the age groups was 0 times. Additionally, as demonstrated from Figure 9, the second most frequently observed category for all age groups is 10 or more times of using tobacco products.

Table 14. *Lifetime Occasions of Tobacco Use by Age Groupings, 2025*

	Lifetime Occasions of Tobacco Use				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ times
Legal Alcohol Age					
18-20	687 (81.30%)	63 (7.46%)	29 (3.43%)	8 (0.95%)	58 (6.86%)
21+	725 (51.64%)	110 (7.83%)	64 (4.56%)	46 (3.28%)	459 (32.69%)
Age Group (SAMHSA)					
18-25	1043 (73.66%)	109 (7.70%)	56 (3.95%)	30 (2.12%)	178 (12.57%)
26+	369 (44.30%)	64 (7.68%)	37 (4.44%)	24 (2.88%)	339 (40.70%)

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

Recent Use

Use of tobacco in the past 30 days is represented in Figure 10 and Tables 15 and 16. The use distribution in Figure 10 is bimodal, with respondents either stating they have not used recently (87.1%) or they have used more than 10 times (8.8%). Per Table 15, this is a similar distribution found in every other year of the survey, except 2023.

Figure 10. *Tobacco Product Use in the Last 30 Days, 2025*

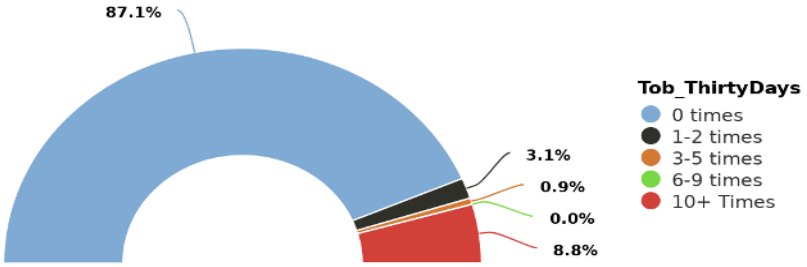


Table 15. *Tobacco Product Use in the Last 30 Days by Year, 2021-2025*

Tobacco Product Use in the Last 30 Days	**Year**				
	2021	2022	2023	2024	2025
0 times	2803 (88.26%)	2672 (70.76%)	930 (86.27%)	1766 (87.64%)	1938 (87.14%)
1-2 times	77 (2.42%)	236 (6.25%)	24 (2.23%)	66 (3.28%)	69 (3.10%)
3-5 times	31 (0.98%)	226 (5.99%)	16 (1.48%)	28 (1.39%)	21 (0.94%)
6-9 times	14 (0.44%)	163 (4.32%)	99 (9.18%)	0 (0.00%)	0 (0.00%)
10+ Times	251 (7.90%)	479 (12.69%)	9 (0.83%)	155 (7.69%)	196 (8.81%)

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

Table 16 displays the recent use breakdown by age groups. The same bimodal distribution is present in all four age group breakdowns. The most frequently observed category was 0 times, or no tobacco product use. Similar, the second most frequently observed category is using 10 or more times. One additional note from the age breakdowns is found with the older groups being

significantly more likely to use tobacco products than the younger groups in both categorical breakdowns.

Table 16. *Tobacco Product Use in the Last 30 Days by Age Grouping, 2025*

	Tobacco Product Use in the Last 30 Days				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ Times
Legal Alcohol Age					
18-20	775 (93.26%)	16 (1.93%)	4 (0.48%)	0 (0.00%)	36 (4.33%)
21+	1156 (83.41%)	53 (3.82%)	17 (1.23%)	0 (0.00%)	160 (11.54%)
Age Group (SAMHSA)					
18-25	1253 (89.89%)	43 (3.08%)	11 (0.79%)	0 (0.00%)	87 (6.24%)
26+	678 (82.38%)	26 (3.16%)	10 (1.22%)	0 (0.00%)	109 (13.24%)

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

Vaping

Age of First Use

The age of first use of vape products, broken down by vaping nicotine, marijuana, and flavors for the purpose of this study, is shown in Figure 11. Over two-thirds of the respondents (67.5%) reported never using vape products. Those that have used a vape product reported first doing so most frequently between the ages of 16-20 (13.9%). According to Table 17, the results for 2025 follow the same pattern for all other years, with first use exposure most likely occurring between 16-20 years of age.

Figure 11. *Age of First Use of Vape Products, 2025*

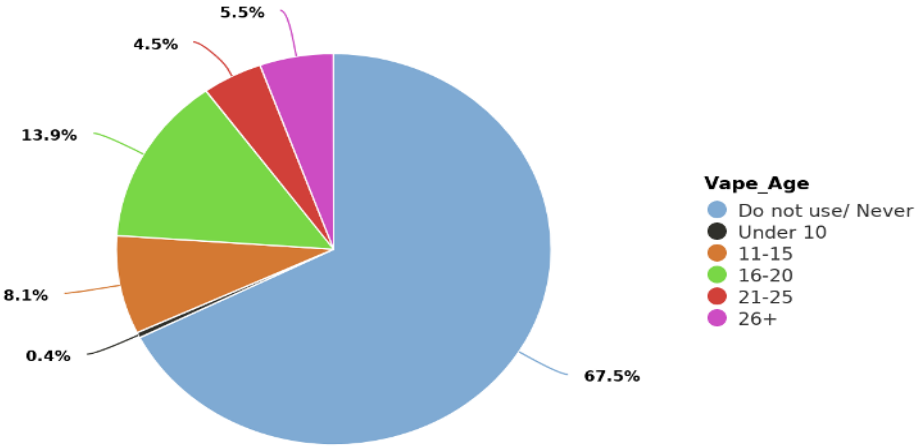


Table 17. *Age of First Use of Vape Products by Year, 2021-2025*

Age of First Use of Vape Products	**Year**				
	2021	2022	2023	2024	2025
Do not use/ Never	2296 (70.78%)	2349 (61.57%)	714 (62.80%)	1371 (66.72%)	1536 (67.55%)
Under 10	14 (0.43%)	52 (1.36%)	7 (0.62%)	11 (0.54%)	10 (0.44%)
11-15	146 (4.50%)	271 (7.10%)	72 (6.33%)	146 (7.10%)	185 (8.14%)
16-20	505 (15.57%)	633 (16.59%)	209 (18.38%)	341 (16.59%)	316 (13.90%)
21-25	146 (4.50%)	279 (7.31%)	72 (6.33%)	89 (4.33%)	102 (4.49%)
26+	137 (4.22%)	231 (6.06%)	63 (5.54%)	97 (4.72%)	125 (5.50%)

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

Table 18 examines age of first use within the age grouping contexts. When examining these data, the SAMHSA Age Group data reveals a trend for older students trying vape products for the first time at older phases in life. For the 26 and older group, they are most likely to try vaping products after having turned 26 (n = 125, 14.92%). This is the most frequent age of first use, when actually using products, for that group and goes against the typical responses, which are between 16-20 years of age.

Table 18. *Age of First Use of Vape Products by Age Grouping, 2025*

	Age of First Use of Vape Products					
Age Grouping	Do not use/ Never	Under 10	11-15	16-20	21-25	26+
Legal Alcohol Age						
18-20	603 (70.77%)	8 (0.94%)	118 (13.85%)	122 (14.32%)	N/A	N/A
21+	925 (65.46%)	2 (0.14%)	67 (4.74%)	193 (13.66%)	101 (7.15%)	125 (8.85%)
Age Group (SAMHSA)						
18-25	955 (66.92%)	8 (0.56%)	173 (12.12%)	260 (18.22%)	31 (2.17%)	N/A
26+	573 (68.38%)	2 (0.24%)	12 (1.43%)	55 (6.56%)	71 (8.47%)	125 (14.92%)

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

Lifetime Use

The most frequently observed category of lifetime vaping use, per Figure 12, is never using (65.7%) with using more than 10 times being second most frequent (24.0%). The breakdown by age groups in Table 19 reveals a similar bimodal distribution. Student respondents either have not chosen to vape products at all or have vaped more than 10 times in their lifetime. The SAMHSA age breakdown does not show a significant difference amongst the 18-25 and 26 and older groups. However, when examining 18-20 and 21 and older groups, there is a difference in the breakdown of use, with 21 and older significantly using vape products more in the 10 or more times category.

Figure 12. *Lifetime Occasions of Vape Product Use, 2025*

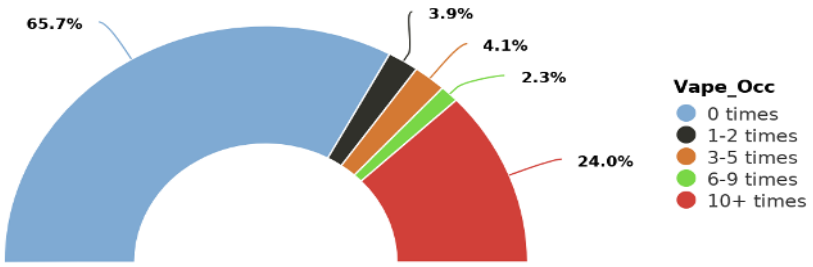


Table 19. *Lifetime Occasions of Vape Product Use by Age Grouping, 2025*

	Lifetime Occasions of Vape Product Use				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ times
Legal Alcohol Age					
18-20	570 (68.43%)	50 (6.00%)	33 (3.96%)	19 (2.28%)	161 (19.33%)
21+	890 (63.94%)	36 (2.59%)	57 (4.09%)	33 (2.37%)	376 (27.01%)
Age Group (SAMHSA)					
18-25	908 (64.72%)	72 (5.13%)	57 (4.06%)	27 (1.92%)	339 (24.16%)
26+	552 (67.15%)	14 (1.70%)	33 (4.01%)	25 (3.04%)	198 (24.09%)

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

Recent Use

The recent use of vaping products is broken down into three separate types of vape products: nicotine, marijuana, and flavors. Vaping nicotine is presented first, with Figure 13 and Tables 20 and 21 presenting the recent use. Figure 13 illustrates that, while most have not used a vape for nicotine in the last 30 days (83.3%), those that have used it more than 10 times (12.8%). This is consistent with the findings in Table 20, except for 2023. Using vape for nicotine shows a sharp bimodal distribution, with most not using. However, when using, they do so frequently.

Figure 13. *Vaping Nicotine in the Last 30 Days, 2025*

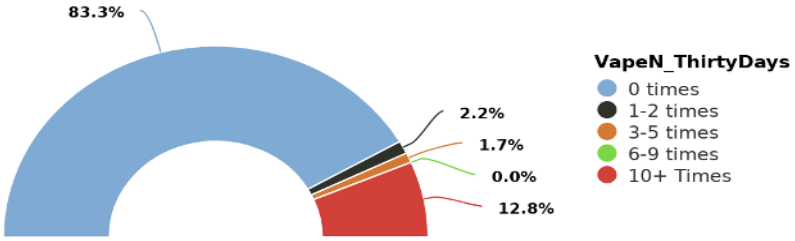


Table 20. *Vaping Nicotine in the Last 30 Days by Year, 2021-2025*

Vaping Nicotine in the Last 30 Days	**Year**				
	2021	2022	2023	2024	2025
0 times	2674 (84.35%)	2652 (70.49%)	836 (77.70%)	1629 (81.25%)	1851 (83.34%)
1-2 times	91 (2.87%)	195 (5.18%)	24 (2.23%)	79 (3.94%)	48 (2.16%)
3-5 times	39 (1.23%)	206 (5.48%)	18 (1.67%)	26 (1.30%)	38 (1.71%)
6-9 times	19 (0.60%)	156 (4.15%)	192 (17.84%)	0 (0.00%)	0 (0.00%)
10+ Times	347 (10.95%)	553 (14.70%)	6 (0.56%)	271 (13.52%)	284 (12.79%)

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

The most frequently observed category of vaping nicotine when broken down by age is still having never used. Like Figure 13 and Table 20, Table 21 demonstrates that respondents either have never used (between 81.38 – 86.51% by age group) or have used vape for nicotine more than 10 times in the last 30 days (between 10.96 – 13.95% by age group).

Table 21. *Vaping Nicotine in the Last 30 Days by Age Grouping, 2025*

	Vaping Nicotine in the Last 30 Days				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ Times
Legal Alcohol Age					
18-20	692 (83.37%)	27 (3.25%)	20 (2.41%)	0 (0.00%)	91 (10.96%)
21+	1152 (83.24%)	21 (1.52%)	18 (1.30%)	0 (0.00%)	193 (13.95%)
Age Group (SAMHSA)					
18-25	1132 (81.38%)	39 (2.80%)	29 (2.08%)	0 (0.00%)	191 (13.73%)
26+	712 (86.51%)	9 (1.09%)	9 (1.09%)	0 (0.00%)	93 (11.30%)

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

Recent use of vaping marijuana is represented in Figure 14. Very few of the respondents (9.5%) admitted to using a vape for marijuana. When doing so, the responses follow the pattern found in Table 22 for frequent use (10 or more times). In 2025, this was by far the second most frequent category (n = 118, 5.31%).

Figure 14. *Vaping Marijuana in the Last 30 Days, 2025*

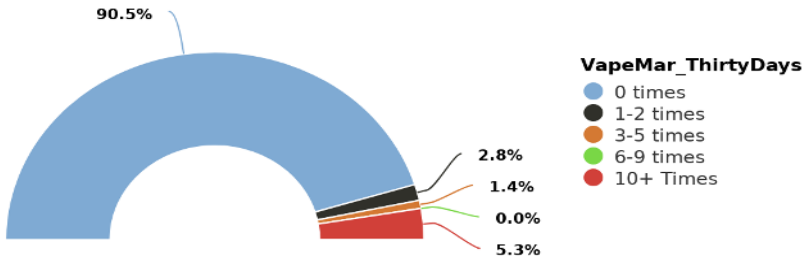


Table 22. *Vaping Marijuana in the Last 30 Days by Year, 2021-2025*

Vaping Marijuana in the Last 30 Days	Year				
	2021	2022	2023	2024	2025
0 times	2920 (92.35%)	2992 (79.77%)	931 (86.44%)	1773 (88.65%)	2011 (90.50%)
1-2 times	69 (2.18%)	179 (4.77%)	34 (3.16%)	69 (3.45%)	62 (2.79%)
3-5 times	43 (1.36%)	215 (5.73%)	18 (1.67%)	25 (1.25%)	31 (1.40%)
6-9 times	16 (0.51%)	141 (3.76%)	89 (8.26%)	0 (0.00%)	0 (0.00%)
10+ Times	114 (3.61%)	224 (5.97%)	5 (0.46%)	133 (6.65%)	118 (5.31%)

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

When breaking down recent use of vape for marijuana by age, the similar pattern of not using or using more than 10 times is seen in Table 23. A smaller difference is seen in the SAMHSA age distribution, with those 26 and older having a greater likelihood to not use vape for marijuana than those 18-25.

Table 23. *Vaping Marijuana in the Last 30 Days by Age Grouping, 2025*

	Vaping Marijuana in the Last 30 Days				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ Times
Legal Alcohol Age					
18-20	735 (88.55%)	35 (4.22%)	14 (1.69%)	0 (0.00%)	46 (5.54%)
21+	1270 (91.70%)	26 (1.88%)	17 (1.23%)	0 (0.00%)	72 (5.20%)
Age Group (SAMHSA)					
18-25	1239 (88.94%)	46 (3.30%)	22 (1.58%)	0 (0.00%)	86 (6.17%)
26+	766 (93.19%)	15 (1.82%)	9 (1.09%)	0 (0.00%)	32 (3.89%)

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

The final type of vaping involves using a vape for flavor. As shown on Figure 15 and Table 24, this is the least common type of vaping. With 95.6% of respondents stating they have not recently used a vape for flavor, and only 2.4% stating they have more than 10 times, this is significantly less common than using vape for nicotine or marijuana. Except for in 2022, the respondents showed at least 94.99% having not used a vape for flavor within the 30 days prior to taking the survey.

Figure 15. *Vaping Flavor in the Last 30 Days, 2025*

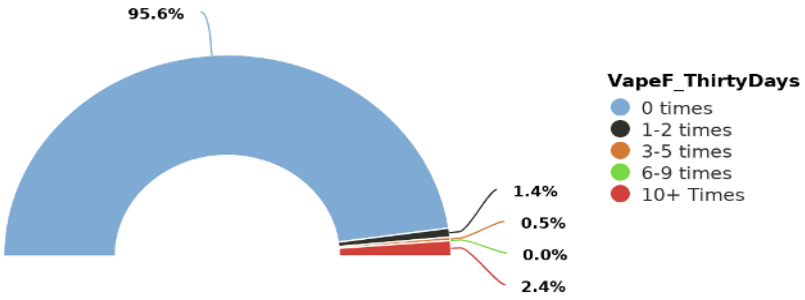


Table 24. *Vaping Flavor in the Last 30 Days by Year, 2021-2025*

Vaping Flavor in the Last 30 Days	**Year**				
	2021	2022	2023	2024	2025
0 times	3033 (96.01%)	3288 (87.66%)	1033 (96.09%)	1898 (94.99%)	2118 (95.58%)
1-2 times	51 (1.61%)	196 (5.23%)	12 (1.12%)	37 (1.85%)	32 (1.44%)
3-5 times	18 (0.57%)	153 (4.08%)	6 (0.56%)	19 (0.95%)	12 (0.54%)
6-9 times	10 (0.32%)	53 (1.41%)	21 (1.95%)	0 (0.00%)	0 (0.00%)
10+ Times	47 (1.49%)	61 (1.63%)	3 (0.28%)	44 (2.20%)	54 (2.44%)

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

When examining vape use for flavor by age groupings, there are no significant differences in the distributions of frequencies. Very few use vape for flavor. And when they do, it is like vaping nicotine and marijuana, with most using more than 10 times in the last 30 days. However, no category of use surpassed 2.53% (18-20 in *Legal Alcohol Age*) of the respondents.

Table 25. *Vaping Flavor in the Last 30 Days by Age Grouping, 2025*

	Vaping Flavor in the Last 30 Days				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ Times
Legal Alcohol Age					
18-20	785 (94.58%)	19 (2.29%)	5 (0.60%)	0 (0.00%)	21 (2.53%)
21+	1326 (96.16%)	13 (0.94%)	7 (0.51%)	0 (0.00%)	33 (2.39%)
Age Group (SAMHSA)					
18-25	1320 (95.03%)	26 (1.87%)	9 (0.65%)	0 (0.00%)	34 (2.45%)
26+	791 (96.46%)	6 (0.73%)	3 (0.37%)	0 (0.00%)	20 (2.44%)

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

Marijuana

Age of First Use

The most frequently observed category of age of first use of marijuana is having not used (n(2025) = 1,324, 57.87%). Figure 16 and Table 26 outline the ages for 2025 and comparisons with 2021-2024. While having never used marijuana remains consistently the most frequent observation, introduction to the use of marijuana is most common between the ages of 16-20 in all years. For 2025, this represents 24.2% of the respondents (n = 554, 24.21%). The pattern of when respondents first used is also consistent with the second most frequent age range for those that have used marijuana. This is between the ages of 11-15, with 2025 showing 10.8% of the respondents observed for this range (n = 247, 10.80%).

Figure 16. *Age of First Use of Marijuana, 2025*

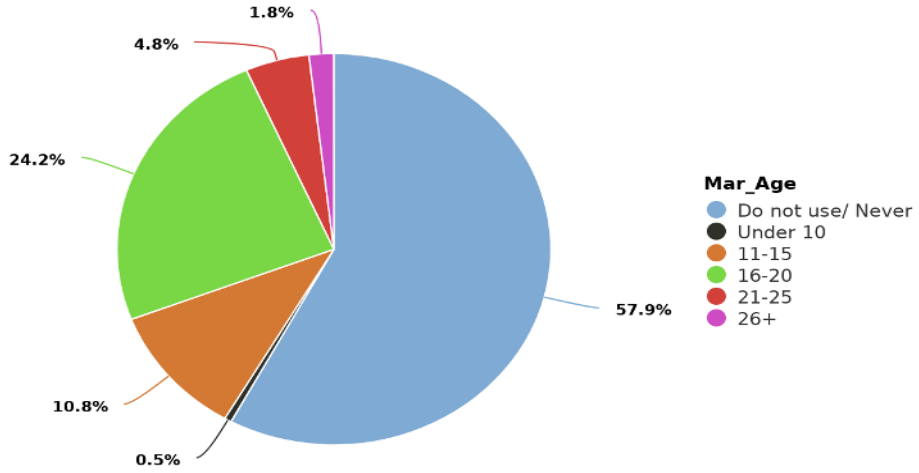


Table 26. *Age of First Use of Marijuana by Year, 2021-2025*

Age of First Use of Marijuana	**Year**				
	2021	2022	2023	2024	2025
Do not use/ Never	1999 (61.39%)	2245 (58.45%)	570 (49.96%)	1149 (55.56%)	1324 (57.87%)
Under 10	21 (0.64%)	60 (1.56%)	9 (0.79%)	11 (0.53%)	12 (0.52%)
11-15	268 (8.23%)	415 (10.80%)	123 (10.78%)	247 (11.94%)	247 (10.80%)
16-20	774 (23.77%)	827 (21.53%)	355 (31.11%)	539 (26.06%)	554 (24.21%)
21-25	148 (4.55%)	206 (5.36%)	62 (5.43%)	99 (4.79%)	109 (4.76%)
26+	46 (1.41%)	88 (2.29%)	22 (1.93%)	23 (1.11%)	42 (1.84%)

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

When the current age of the respondents is broken down by legal alcohol ages (18-20, 21 and older) and the SAMHSA data (18-25, 26 and older), a similar pattern emerges, but with one major difference. While there is consistency in observing no use most frequently, followed by first use between 16-20, then 11-15 respectively, the difference emerges in the distribution between the age groupings. For 18-20 and 21 and older, there is a strong, significant difference in use, with those 18-20 having a much greater observation of not using (n = 609, 71.06%) compared to those 21 and older (n = 708, 49.79%). Likewise, there is a difference in the use of those respondents between the

ages of 16-20, with only 18.79% of those currently 18-20 having tried marijuana in that period of their lives, while 27.50% of those 21 and older tried marijuana first during that age range. The differences are slightly less pronounced when looking at usage for the SAMHSA age groups, but still strong significant differences for the never used category, with younger students, 18-25, having more likelihood to not use (*n* = 920, 63.98%) compared to those that are 26 or older (*n* = 397, 47.21%). Much of this can be observed in the age of first use of those 26 and older in the 21-25 and 26+ categories accounting for 14.03% of respondents.

Table 27. *Age of First Use of Marijuana by Year, 2021-2025*

Age of First Use of Marijuana	**Year**				
	2021	2022	2023	2024	2025
Do not use/ Never	1999 (61.39%)	2245 (58.45%)	570 (49.96%)	1149 (55.56%)	1324 (57.87%)
Under 10	21 (0.64%)	60 (1.56%)	9 (0.79%)	11 (0.53%)	12 (0.52%)
11-15	268 (8.23%)	415 (10.80%)	123 (10.78%)	247 (11.94%)	247 (10.80%)
16-20	774 (23.77%)	827 (21.53%)	355 (31.11%)	539 (26.06%)	554 (24.21%)
21-25	148 (4.55%)	206 (5.36%)	62 (5.43%)	99 (4.79%)	109 (4.76%)
26+	46 (1.41%)	88 (2.29%)	22 (1.93%)	23 (1.11%)	42 (1.84%)

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

Lifetime Use

The breakdown of lifetime use of marijuana shows a large bimodal distribution. Figure 17, which displays the data for 2025, identifies that students either have never used marijuana in their lifetime (55.4%) or have used at least 10 times (26.4%). When the data are examined by age groups, Table 28 reflects a similar pattern of either never using or using more than 10 times. However, these data also show a strong, significant difference with younger respondents and the older groups on never using marijuana. For the legal alcohol age, the younger group, 18-20, was observed 22.93% more than 21 and older with no lifetime use (*n* = 586, 69.68% v. *n* = 655, 46.75%). Likewise, when

groups are divided by SAMHSA age ranged, the 18-25 group is observed 19.11% more than those 26 and older for having never used marijuana (*n* = 883, 62.40% v. *n* = 358, 43.29%).

Figure 17. *Lifetime Occasions of Marijuana Use, 2025*

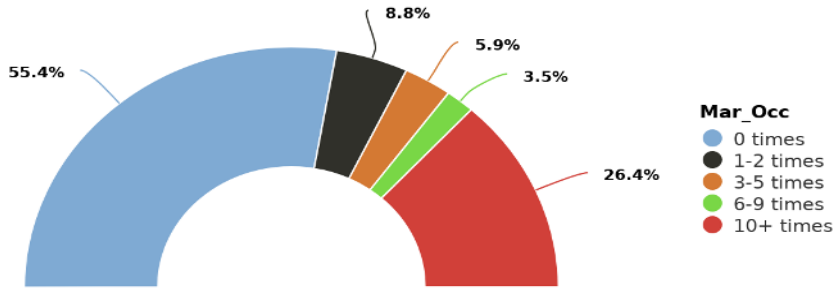


Table 28. *Lifetime Occasions of Marijuana Use by Age Grouping, 2025*

	Lifetime Occasions of Marijuana Use				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ times
Legal Alcohol Age					
18-20	586 (69.68%)	73 (8.68%)	34 (4.04%)	18 (2.14%)	130 (15.46%)
21+	655 (46.75%)	123 (8.78%)	98 (7.00%)	61 (4.35%)	464 (33.12%)
Age Group (SAMHSA)					
18-25	883 (62.40%)	129 (9.12%)	73 (5.16%)	41 (2.90%)	289 (20.42%)
26+	358 (43.29%)	67 (8.10%)	59 (7.13%)	38 (4.59%)	305 (36.88%)

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

Recent Use

Regarding recent use of marijuana in the last 30 days, the most frequently observed category was 0 times (*n* = 1,923, 86.58%). Figure 18 demonstrates that recent use of marijuana is bimodal, as with lifetime and age of first use. For those that have used recently, they are most observed using 10 or more times (*n* = 170, 7.65%). Table 29 further explores the trends of recent use of marijuana from 2021-2025, with the only trend not showing the most frequent actual usage being 10 or more

times being in 2022. Students are reporting either not using or using frequently within the 30 days leading up to when they respond to the survey.

Figure 18. *Occasions of Marijuana Use in the Last 30 Days, 2025*

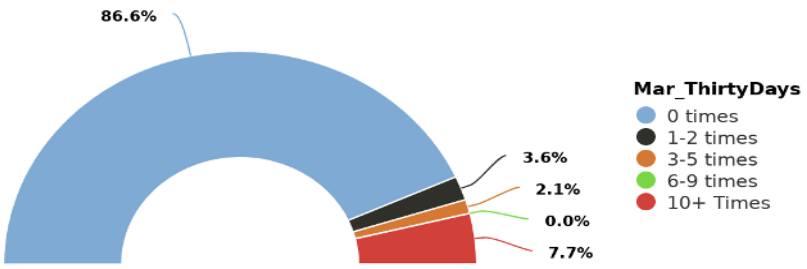


Table 29. *Occasions of Marijuana Use in the Last 30 Days by Year, 2021-2025*

Occasions of Marijuana Use in the Last 30 Days	**Year**				
	2021	2022	2023	2024	2025
0 times	2770 (87.52%)	3000 (79.72%)	894 (82.93%)	1687 (84.22%)	1923 (86.58%)
1-2 times	115 (3.63%)	277 (7.36%)	52 (4.82%)	99 (4.94%)	81 (3.65%)
3-5 times	58 (1.83%)	154 (4.09%)	28 (2.60%)	34 (1.70%)	47 (2.12%)
6-9 times	25 (0.79%)	91 (2.42%)	90 (8.35%)	0 (0.00%)	0 (0.00%)
10+ Times	197 (6.22%)	241 (6.40%)	14 (1.30%)	183 (9.14%)	170 (7.65%)

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

When recent use of marijuana is examined by age groupings, there are no significant differences that arise with either breakdown. Similar patterns of use or nonuse are found. Frequencies and percentages are presented in Table 30.

Table 30. *Occasions of Marijuana Use in the Last 30 Days by Age Grouping, 2025*

	Occasions of Marijuana Use in the Last 30 Days				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ Times
Legal Alcohol Age					
18-20	730 (87.85%)	36 (4.33%)	22 (2.65%)	0 (0.00%)	43 (5.17%)
21+	1186 (85.76%)	45 (3.25%)	25 (1.81%)	0 (0.00%)	127 (9.18%)
Age Group (SAMHSA)					
18-25	1201 (86.34%)	61 (4.39%)	32 (2.30%)	0 (0.00%)	97 (6.97%)
26+	715 (86.88%)	20 (2.43%)	15 (1.82%)	0 (0.00%)	73 (8.87%)

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

Prescription Medication

Age of First Use

Examining the use of prescription drugs, both prescription opioids and another person's prescriptions, Figures 19 and 20 illustrate most student respondents have limited use with prescription medications that are opioids or using another person's prescriptions. The most frequent age of first is between 16-20 (7.7% for opioids and 4.3% for another person's).

Figure 19. *Age of First Use of Prescription Opioids, 2025*

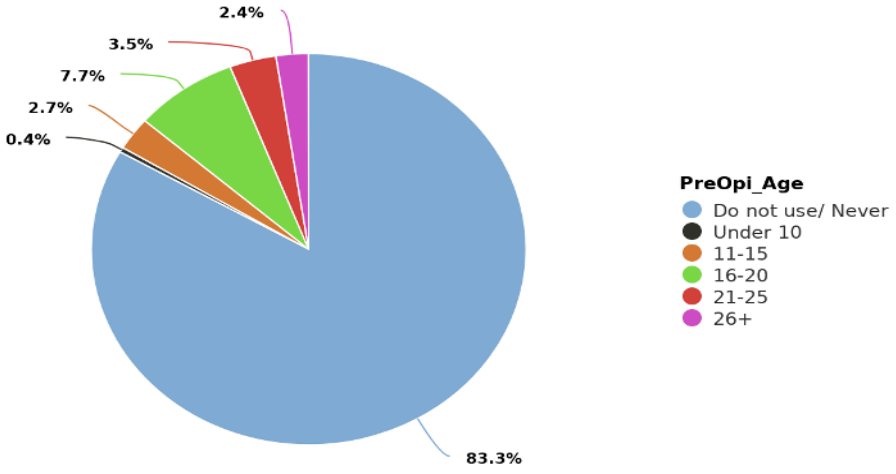


Figure 20. *Age of First Use of Another Person's Prescription Drugs, 2025*

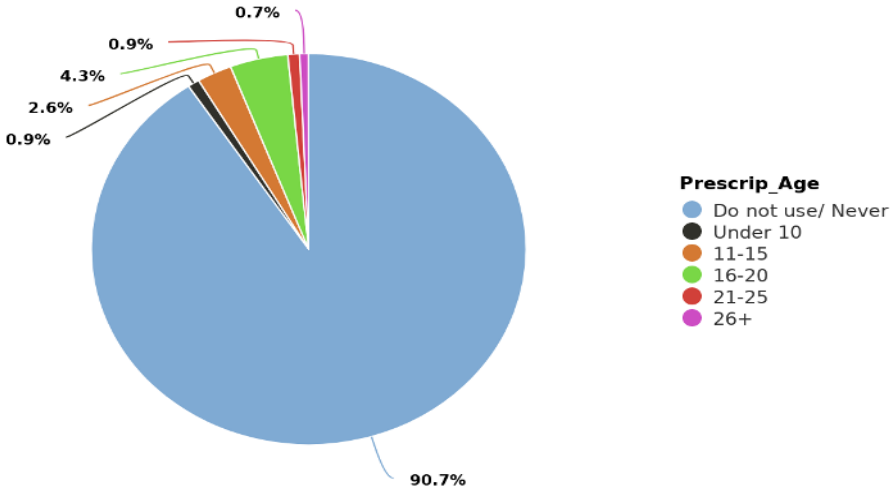


Table 31 explores the trend of age of first use over the time. In every year of the survey, the age of first use for prescription opioids and another person's prescription, when the respondent was observed to have used previously, occurred between 16-20. As with Figures 19 and 20, the trend still demonstrates the most frequently observed category being having not used across both drug types and all years.

Table 31. *Age of First Use Prescription Drugs by Year, 2021-2025*

	Year				
Variable	2021	2022	2023	2024	2025
Age of First Use of Prescription Opioids					
Do not use/ Never	2712 (83.57%)	3038 (79.28%)	913 (80.37%)	1731 (84.32%)	1901 (83.30%)
Under 10	15 (0.46%)	46 (1.20%)	11 (0.97%)	7 (0.34%)	9 (0.39%)
11-15	96 (2.96%)	162 (4.23%)	38 (3.35%)	65 (3.17%)	62 (2.72%)
16-20	273 (8.41%)	341 (8.90%)	95 (8.36%)	162 (7.89%)	176 (7.71%)
21-25	94 (2.90%)	147 (3.84%)	48 (4.23%)	57 (2.78%)	79 (3.46%)
26+	55 (1.69%)	98 (2.56%)	31 (2.73%)	31 (1.51%)	55 (2.41%)
Age of First Use of Another Person's Prescription Drugs					
Do not use/ Never	2900 (89.53%)	3134 (82.24%)	994 (87.27%)	1848 (90.15%)	2063 (90.68%)
Under 10	16 (0.49%)	73 (1.92%)	12 (1.05%)	13 (0.63%)	20 (0.88%)
11-15	74 (2.28%)	168 (4.41%)	36 (3.16%)	64 (3.12%)	59 (2.59%)
16-20	180 (5.56%)	245 (6.43%)	62 (5.44%)	88 (4.29%)	98 (4.31%)
21-25	52 (1.61%)	125 (3.28%)	27 (2.37%)	23 (1.12%)	20 (0.88%)
26+	17 (0.52%)	66 (1.73%)	8 (0.70%)	14 (0.68%)	15 (0.66%)

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

Table 32 examines the age of first use for prescription opioids by age grouping. In both grouping breakdowns, there is a significant difference between the groups on having never used. For the legal alcohol age, this represents a 17.71% difference (n = 807, 94.28% v. n = 1085, 76.57%). For SAMHSA age groupings, it is even larger at 22.03% (n = 1311, 91.36% v. n = 581, 69.33%). This indicates that younger student respondents have not yet tried these prescription opioids relative to those older students.

Table 32. *Age of First Use of Prescription Opioids by Age Grouping, 2025*

	Age of First Use of Prescription Opioids					
Age Grouping	Do not use/ Never	Under 10	11-15	16-20	21-25	26+
Legal Alcohol Age						
18-20	807 (94.28%)	4 (0.47%)	10 (1.17%)	35 (4.09%)	N/A	N/A
21+	1085 (76.57%)	5 (0.35%)	52 (3.67%)	141 (9.95%)	79 (5.58%)	55 (3.88%)
Age Group (SAMHSA)						
18-25	1311 (91.36%)	6 (0.42%)	28 (1.95%)	76 (5.30%)	14 (0.98%)	N/A
26+	581 (69.33%)	3 (0.36%)	34 (4.06%)	100 (11.93%)	65 (7.76%)	55 (6.56%)

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

When examining the use of another person's prescriptions, there is less of a difference between the age group breakdowns in comparison to prescription opioids. There is still a difference for the younger and older ages, but these differences are smaller. For the legal alcohol age grouping, the difference is 7.26%. For the SAMHSA age grouping, the difference is 9.58. The remaining frequencies and percentages are presented in Table 33.

Table 33. *Age of First Use of Another Person's Prescription Drugs by Age Grouping, 2025*

	Age of First Use of Another Person's Prescription Drugs					
Age Grouping	Do not use/ Never	Under 10	11-15	16-20	21-25	26+
Legal Alcohol Age						
18-20	810 (95.18%)	7 (0.82%)	16 (1.88%)	18 (2.12%)	N/A	N/A
21+	1244 (87.92%)	13 (0.92%)	43 (3.04%)	80 (5.65%)	20 (1.41%)	15 (1.06%)
Age Group (SAMHSA)						
18-25	1345 (94.19%)	14 (0.98%)	28 (1.96%)	38 (2.66%)	3 (0.21%)	N/A
26+	709 (84.61%)	6 (0.72%)	31 (3.70%)	60 (7.16%)	17 (2.03%)	15 (1.79%)

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

Lifetime Use

An examination into the lifetime usage of prescriptions focuses on another person's prescriptions. As Figure 21 illustrates, 90.0% of the respondents have never used another person's prescriptions, while those using are balanced across the number of occurrences throughout their lifetime. Table 34 further breaks down the comparisons amongst the age groupings. The main difference in observations is in the total percent of respondents observed using another person's prescriptions at some point in their lifetime, with the relationship being reflected in the age of respondent. Those younger are less observed than those in the older groupings.

Figure 21. *Lifetime Occasions of Another Person's Prescription Use, 2025*

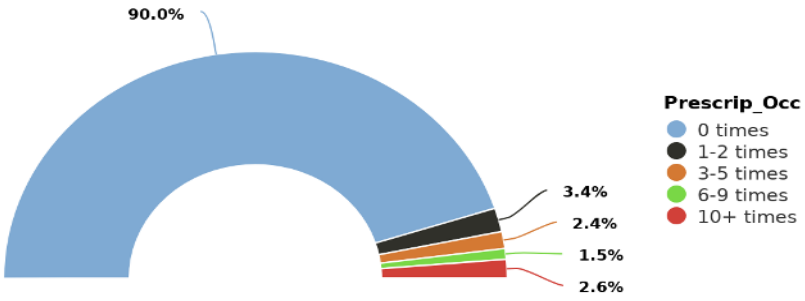


Table 34. *Lifetime Occasions of Another Person's Prescription Use by Age Grouping, 2025*

	Lifetime Occasions of Another Person's Prescription Use				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ times
Legal Alcohol Age					
18-20	793 (94.86%)	23 (2.75%)	10 (1.20%)	5 (0.60%)	5 (0.60%)
21+	1212 (87.07%)	53 (3.81%)	44 (3.16%)	29 (2.08%)	54 (3.88%)
Age Group (SAMHSA)					
18-25	1320 (93.88%)	40 (2.84%)	23 (1.64%)	11 (0.78%)	12 (0.85%)
26+	685 (83.33%)	36 (4.38%)	31 (3.77%)	23 (2.80%)	47 (5.72%)

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

Recent Use

The recent use of prescription opioids is shown in Figure 22 along with Table 35. The recent use in the 30 days leading up to the respondent's submission of the survey in 2025 depicts minimal use of prescription opioids. Those not using (n = 2,171, 98.24%) far exceeded the combined number of those that did. Within those that did use, most used them 1-2 times or more than 10 times. Specific frequencies and percentages by year are presented in Table 35.

Figure 22. *Occasions of Prescription Opioid Use in the Last 30 Days, 2025*

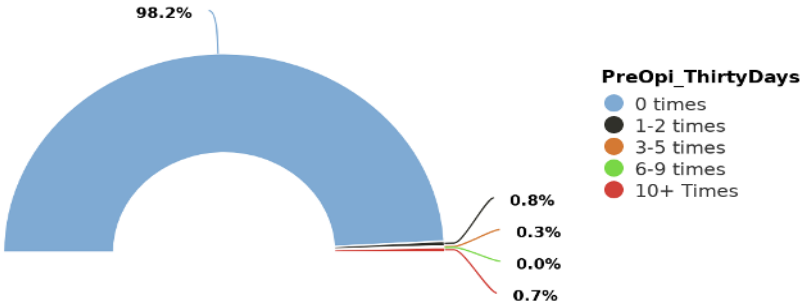


Table 35. *Occasions of Prescription Opioid Use in the Last 30 Days by Year, 2021-2025*

Occasions of Prescription Opioid Use in the Last 30 Days	**Year**				
	2021	2022	2023	2024	2025
0 times	3090 (98.35%)	3337 (89.46%)	1040 (97.38%)	1954 (98.39%)	2171 (98.24%)
1-2 times	24 (0.76%)	163 (4.37%)	9 (0.84%)	14 (0.70%)	17 (0.77%)
3-5 times	11 (0.35%)	112 (3.00%)	5 (0.47%)	7 (0.35%)	6 (0.27%)
6-9 times	7 (0.22%)	75 (2.01%)	11 (1.03%)	0 (0.00%)	0 (0.00%)
10+ Times	10 (0.32%)	43 (1.15%)	3 (0.28%)	11 (0.55%)	16 (0.72%)

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

When examining the use breakdown of prescription opioids by age grouping, Table 36 shows similar findings consistent with Figure 22 and Table 35. However, the individuals that are using prescription opioids are more frequently in the older groups for the age grouping. There is a significant difference in use observation in the 21 and older and 26 and older groups.

Table 36. *Occasions of Prescription Opioid Use in the Last 30 Days by Age Grouping, 2025*

	Occasions of Prescription Opioid Use in the Last 30 Days				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ Times
Legal Alcohol Age					
18-20	818 (99.27%)	4 (0.49%)	1 (0.12%)	0 (0.00%)	1 (0.12%)
21+	1346 (97.61%)	13 (0.94%)	5 (0.36%)	0 (0.00%)	15 (1.09%)
Age Group (SAMHSA)					
18-25	1377 (99.42%)	5 (0.36%)	2 (0.14%)	0 (0.00%)	1 (0.07%)
26+	787 (96.21%)	12 (1.47%)	4 (0.49%)	0 (0.00%)	15 (1.83%)

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

Figure 23. *Occasions of Using Another Person's Prescriptions in the Last 30 Days, 2025*

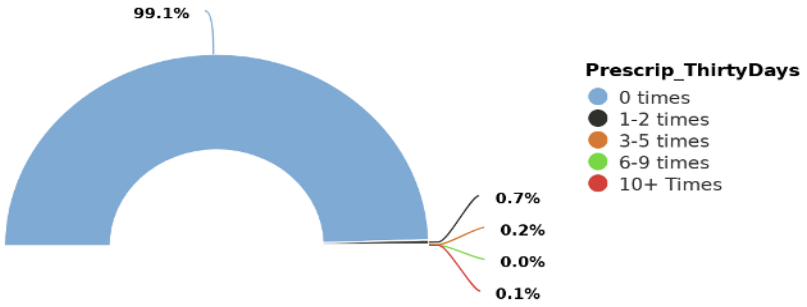


Figure 23 and Table 37 examine the recent use of another person's prescription from student respondents. Like prescription opioids, the most frequent observation is non-use (n = 2,190, 99.05%). Of those that do use, it is minimal, with 1-2 times observed most frequently (n = 15, 0.68%). Other frequencies and percentages by year are presented in Table 37.

Table 37. *Occasions of Using Another Person's Prescriptions in the Last 30 Days by Year, 2021-2025*

Occasions of Using Another Person's Prescriptions in the Last 30 Days	**Year**				
	2021	2022	2023	2024	2025
0 times	3093 (98.16%)	3351 (89.53%)	1041 (97.38%)	1963 (98.64%)	2190 (99.05%)
1-2 times	35 (1.11%)	173 (4.62%)	16 (1.50%)	14 (0.70%)	15 (0.68%)
3-5 times	12 (0.38%)	121 (3.23%)	7 (0.65%)	8 (0.40%)	4 (0.18%)
6-9 times	3 (0.10%)	72 (1.92%)	3 (0.28%)	0 (0.00%)	0 (0.00%)
10+ Times	8 (0.25%)	26 (0.69%)	2 (0.19%)	5 (0.25%)	2 (0.09%)

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

When breaking down the use of another person's prescription by age grouping, the same trend as found in Figure 23 and Table 37 is evident in Table 38. If anyone were to use recently, they are doing so 1-2 times and there is no significant difference by age group.

Table 38. *Occasions of Using Another Person's Prescriptions in the Last 30 Days by Age Grouping, 2025*

	Occasions of Using Another Person's Prescriptions in the Last 30 Days				
Age Grouping	0 times	1-2 times	3-5 times	6-9 times	10+ Times
Legal Alcohol Age					
18-20	815 (99.03%)	7 (0.85%)	0 (0.00%)	0 (0.00%)	1 (0.12%)
21+	1368 (99.06%)	8 (0.58%)	4 (0.29%)	0 (0.00%)	1 (0.07%)
Age Group (SAMHSA)					
18-25	1374 (99.21%)	10 (0.72%)	0 (0.00%)	0 (0.00%)	1 (0.07%)
26+	809 (98.78%)	5 (0.61%)	4 (0.49%)	0 (0.00%)	1 (0.12%)

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

Illegal Drug Use

Age of First Use

The following observation examines substances that are considered illegal in most locations, including Arkansas. They are presented in Table 39 with the age of first use of these substances and relative percentages to those responding. In all cases, the most frequent observed category was never

having used, with percentages ranging from 87.56 (Amphetamines) to 97.90% (Opiates). All the substances, except Inhalants (11-15), were most frequently first used between the ages of 16-20.

Table 39. *Age of First Use of Illegal Substances, 2025*

Variable/Age of First Use	***n***	***%***
Cocaine		
Do not use/ Never	2130	93.26
Under 10	0	0.00
11-15	15	0.66
16-20	70	3.06
21-25	54	2.36
26+	15	0.66
Amphetamines		
Do not use/ Never	1999	87.56
Under 10	11	0.48
11-15	43	1.88
16-20	110	4.82
21-25	74	3.24
26+	46	2.01
Sedatives		
Do not use/ Never	2130	93.42
Under 10	5	0.22
11-15	31	1.36
16-20	67	2.94
21-25	30	1.32
26+	17	0.75
Hallucinogens		
Do not use/ Never	2060	90.27
Under 10	3	0.13
11-15	21	0.92
16-20	127	5.57
21-25	46	2.02
26+	25	1.10
Opiates		
Do not use/ Never	2233	97.90
Under 10	1	0.04
11-15	7	0.31
16-20	22	0.96
21-25	12	0.53
26+	6	0.26

Inhalants		
Do not use/ Never	2215	97.15
Under 10	7	0.31
11-15	27	1.18
16-20	21	0.92
21-25	8	0.35
26+	2	0.09
Designer Drugs		
Do not use/ Never	2128	93.46
Under 10	1	0.04
11-15	8	0.35
16-20	92	4.04
21-25	35	1.54
26+	13	0.57
Steroids		
Do not use/ Never	2207	97.22
Under 10	11	0.48
11-15	9	0.40
16-20	16	0.70
21-25	14	0.62
26+	13	0.57
Methamphetamines		
Do not use/ Never	2183	96.00
Under 10	0	0.00
11-15	15	0.66
16-20	34	1.50
21-25	26	1.14
26+	16	0.70
Other Illegal Drugs		
Do not use/ Never	2201	97.26
Under 10	1	0.04
11-15	12	0.53
16-20	30	1.33
21-25	13	0.57
26+	6	0.27

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

Lifetime Use

Table 40 provides the lifetime occurrences of use for student respondents. Of the substances when used, cocaine, amphetamines, sedatives, opiates, inhalants, steroids, methamphetamines, and other illegal drugs have the most frequent response as using 10 or more times during one's lifetime. Hallucinogens and designer drugs are most frequently shown to be used 1-2 times. The remainder of the frequencies and percentages are present throughout Table 40.

Table 40. *Lifetime Occurrences of Use of Illegal Substances, 2025*

Variable/Lifetime Use	***n***	***%***
Cocaine		
0 times	2082	92.62
1-2 times	52	2.31
3-5 times	28	1.25
6-9 times	24	1.07
10+ times	62	2.76
Amphetamines		
0 times	1975	87.86
1-2 times	51	2.27
3-5 times	33	1.47
6-9 times	27	1.20
10+ times	162	7.21
Sedatives		
0 times	2099	93.37
1-2 times	34	1.51
3-5 times	19	0.85
6-9 times	22	0.98
10+ times	74	3.29
Hallucinogens		
0 times	2027	90.21
1-2 times	87	3.87
3-5 times	62	2.76
6-9 times	30	1.34
10+ times	41	1.82
Opiates		
0 times	2190	97.55
1-2 times	16	0.71
3-5 times	6	0.27
6-9 times	2	0.09

10+ times	31	1.38
Inhalants		
0 times	2172	96.88
1-2 times	21	0.94
3-5 times	19	0.85
6-9 times	7	0.31
10+ times	23	1.03
Designer Drugs		
0 times	2091	93.31
1-2 times	61	2.72
3-5 times	42	1.87
6-9 times	20	0.89
10+ times	27	1.20
Steroids		
0 times	2170	96.92
1-2 times	20	0.89
3-5 times	15	0.67
6-9 times	6	0.27
10+ times	28	1.25
Methamphetamines		
0 times	2143	95.88
1-2 times	18	0.81
3-5 times	16	0.72
6-9 times	6	0.27
10+ times	52	2.33
Other Illegal Drugs		
0 times	2167	97.44
1-2 times	11	0.49
3-5 times	15	0.67
6-9 times	4	0.18
10+ times	27	1.21

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

Recent Use

A final observation on illegal substances is the use of these substances within the last 30 days prior to the respondents taking the survey. As Table 41 demonstrates, a vast majority of the respondents have not taken any of these substances recently, ranging from 96.76% (Amphetamines) to 99.86% (Opiates). Amphetamines, being the most frequent of those used, also shows the

respondents using are using at a high rate of 10 or more times in the last 30 days (*n* = 55, 2.48%). Other substances show lower frequencies and percentages of use that are nominal.

Table 41. *Use of Illegal Substances in the Last 30 Days, 2025*

Variable/Recent Use	***n***	***%***
Cocaine		
0 times	2210	99.55
1-2 times	6	0.27
3-5 times	1	0.05
6-9 times	0	0.00
10+ Times	3	0.14
Amphetamines		
0 times	2147	96.76
1-2 times	13	0.59
3-5 times	4	0.18
6-9 times	0	0.00
10+ Times	55	2.48
Sedatives		
0 times	2203	99.37
1-2 times	5	0.23
3-5 times	4	0.18
6-9 times	0	0.00
10+ Times	5	0.23
Hallucinogens		
0 times	2199	99.37
1-2 times	9	0.41
3-5 times	3	0.14
6-9 times	0	0.00
10+ Times	2	0.09
Opiates		
0 times	2207	99.86
1-2 times	2	0.09
3-5 times	0	0.00
6-9 times	0	0.00
10+ Times	1	0.05

Sniffing Glue		
0 times	2206	99.68
1-2 times	3	0.14
3-5 times	0	0.00
6-9 times	0	0.00
10+ Times	4	0.18
Designer Drugs		
0 times	2209	99.73
1-2 times	2	0.09
3-5 times	1	0.05
6-9 times	0	0.00
10+ Times	3	0.14
Steroids		
0 times	2196	99.37
1-2 times	4	0.18
3-5 times	4	0.18
6-9 times	0	0.00
10+ Times	6	0.27
Methamphetamines		
0 times	2204	99.77
1-2 times	1	0.05
3-5 times	1	0.05
6-9 times	0	0.00
10+ Times	3	0.14
Other Illegal Drugs		
0 times	2201	99.82
1-2 times	1	0.05
3-5 times	1	0.05
6-9 times	0	0.00
10+ Times	2	0.09

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

Campus Observations

Policies and Programs

Table 42. *Perceptions of Campus Climate on Substance Use and Prevention, 2025*

Variable/Response	*n*	*%*
Visible Campus Policy		
Yes	1754	97.17
No	51	2.83
Believe University Enforces the Policy		
Yes	1205	91.15
No	117	8.85
Known Presence of a Campus Prevention Program		
Yes	908	93.42
No	64	6.58
Respondent Involvement in Prevention Efforts		
Yes	261	14.37
No	1555	85.63
Feeling of Campus Concern for Substance Use Prevention		
Yes	1452	89.80
No	165	10.20

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

Campus Environment and Student Substance Use

Table 43. *Perceived Normal Use of Substances Among Students on Other Campuses, 2025*

Substance/Perceived Average Student Use	*n*	*%*
Tobacco		
Did not use	496	24.17
Once a year	116	5.65
Once/month	205	9.99
Twice/month	156	7.60
Once/week	263	12.82
3 times/ week	268	13.06
5 times/ week	139	6.77
Every day	409	19.93

Alcohol		
Did not use	278	13.55
Once a year	62	3.02
Once/month	159	7.75
Twice/month	232	11.31
Once/week	627	30.57
3 times/ week	420	20.48
5 times/ week	143	6.97
Every day	130	6.34
Marijuana		
Did not use	470	22.94
Once a year	114	5.56
Once/month	239	11.66
Twice/month	192	9.37
Once/week	326	15.91
3 times/ week	293	14.30
5 times/ week	153	7.47
Every day	262	12.79
Prescription Opioids		
Did not use	1310	64.31
Once a year	204	10.01
Once/month	183	8.98
Twice/month	119	5.84
Once/week	117	5.74
3 times/ week	52	2.55
5 times/ week	11	0.54
Every day	41	2.01
Cocaine		
Did not use	1523	74.58
Once a year	206	10.09
Once/month	124	6.07
Twice/month	76	3.72
Once/week	64	3.13
3 times/ week	21	1.03
5 times/ week	4	0.20
Every day	24	1.18

Amphetamines		
Did not use	1493	73.15
Once a year	177	8.67
Once/month	128	6.27
Twice/month	79	3.87
Once/week	68	3.33
3 times/ week	40	1.96
5 times/ week	13	0.64
Every day	43	2.11
Sedatives		
Did not use	1524	74.89
Once a year	164	8.06
Once/month	147	7.22
Twice/month	68	3.34
Once/week	70	3.44
3 times/ week	28	1.38
5 times/ week	8	0.39
Every day	26	1.28
Inhalants		
Did not use	1564	76.86
Once a year	173	8.50
Once/month	108	5.31
Twice/month	69	3.39
Once/week	55	2.70
3 times/ week	29	1.43
5 times/ week	10	0.49
Every day	27	1.33
Hallucinogens		
Did not use	1440	70.62
Once a year	256	12.56
Once/month	144	7.06
Twice/month	81	3.97
Once/week	57	2.80
3 times/ week	29	1.42
5 times/ week	7	0.34
Every day	25	1.23

Designer Drugs		
Did not use	1536	75.52
Once a year	207	10.18
Once/month	114	5.60
Twice/month	69	3.39
Once/week	52	2.56
3 times/ week	28	1.38
5 times/ week	5	0.25
Every day	23	1.13
Steroids		
Did not use	1439	70.99
Once a year	183	9.03
Once/month	158	7.79
Twice/month	87	4.29
Once/week	78	3.85
3 times/ week	43	2.12
5 times/ week	9	0.44
Every day	30	1.48
Vaping		
Did not use	476	23.40
Once a year	46	2.26
Once/month	78	3.83
Twice/month	77	3.79
Once/week	143	7.03
3 times/ week	205	10.08
5 times/ week	185	9.10
Every day	824	40.51
Another Person's Prescriptions		
Did not use	1323	65.33
Once a year	219	10.81
Once/month	166	8.20
Twice/month	127	6.27
Once/week	80	3.95
3 times/ week	55	2.72
5 times/ week	24	1.19
Every day	31	1.53

Methamphetamines		
Did not use	1586	78.32
Once a year	175	8.64
Once/month	90	4.44
Twice/month	64	3.16
Once/week	51	2.52
3 times/ week	26	1.28
5 times/ week	8	0.40
Every day	25	1.23
Other Illegal Drugs		
Did not use	1515	75.30
Once a year	174	8.65
Once/month	114	5.67
Twice/month	76	3.78
Once/week	48	2.39
3 times/ week	31	1.54
5 times/ week	14	0.70
Every day	40	1.99
Opiates		
Did not use	1551	76.10
Once a year	188	9.22
Once/month	119	5.84
Twice/month	71	3.48
Once/week	54	2.65
3 times/ week	21	1.03
5 times/ week	7	0.34
Every day	27	1.32

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

Figure 24. *Does the Social Atmosphere on Your Campus Promote Alcohol Use?*

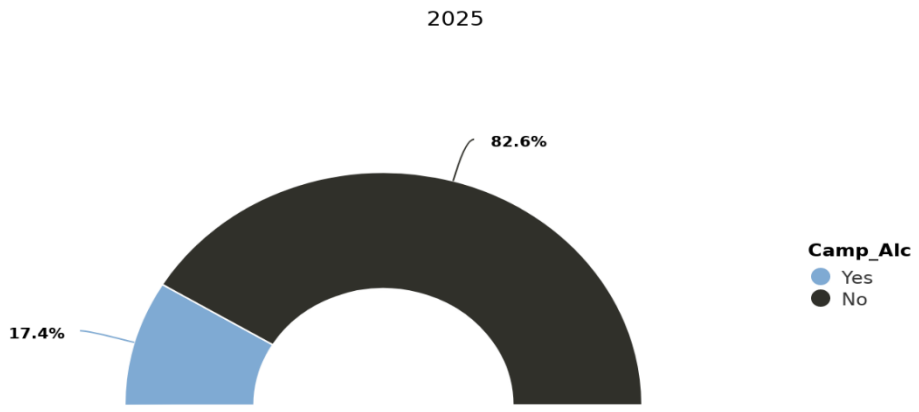


Figure 25. *Does the Social Atmosphere on Your Campus Promote Other Drug Use?*

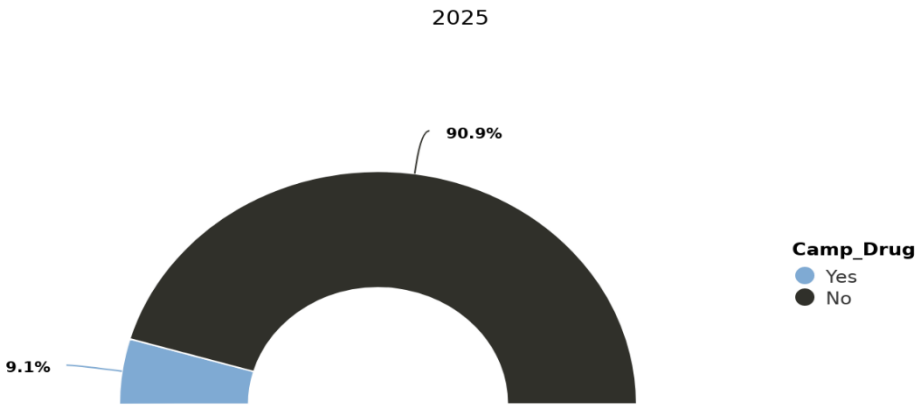
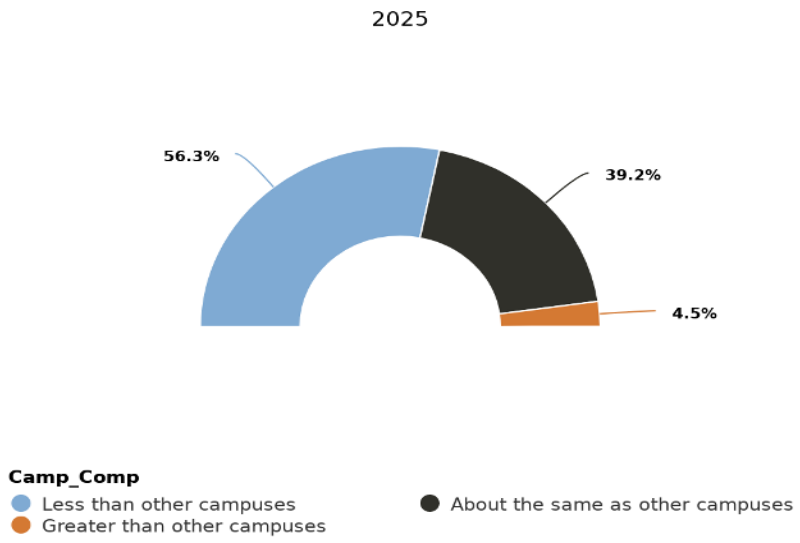


Figure 26. *Perception of Alcohol Use on Campus Relative to Others*



Mental Health and Behavioral Outcomes

Associated with substance use is the mental, physical, social, and emotional outcomes manifested in several different ways. The survey assesses a series of these outcomes, and they are presented in the following tables and figures relative to biological responses, negative behaviors, negative associated outcomes, psycho-social effects, and cognitive-emotional impacts.

Biological Responses

Biological responses to substance use can manifest in several ways. For the purposes of this study, the focus is on three main items: having a hangover, bodily response through nausea and vomiting, and sustaining physical injury. The frequency and relative percentages are presented in Table 44.

Table 44. *Biological Responses from Substance Use in the Last 30 Days, 2025*

Biological Response/Recent Frequency	***n***	***%***
Had a Hangover		
Never	1861	84.71
Once	212	9.65
Twice	70	3.19
3-5 times	33	1.50
6-9 times	8	0.36
10+ times	13	0.59
Got Nauseated or Vomited		
Never	1880	85.61
Once	174	7.92
Twice	74	3.37
3-5 times	41	1.87
6-9 times	10	0.46
10+ times	17	0.77
Been Hurt of Injured		
Never	2062	94.16
Once	71	3.24
Twice	25	1.14
3-5 times	17	0.78
6-9 times	6	0.27
10+ times	9	0.41

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

Most respondents did not note any biological responses associated with substance use in the 30 days leading up to responding to the survey. However, when present, the most frequent was having a hangover, specifically once (n = 212, 9.65%). With all three of these biological responses, the most frequent number of occurrences was once, if at all.

Negative Behaviors

Negative behaviors are specific actions taken by the individual using substances and indicated by the respondent to be directly related to that substance use. Therefore, questions focus on actions the respondent took under the influence of one or more substances. Those actions include driving under the influence (DUI), getting into an argument/fight, damaging property, attempting

suicide, gambling, and sexually assaulting another person. Frequencies and relative percentages of respondents are presented in Table 45.

Table 45. *Negative Behaviors Resulting from Substance Use in the Last 30 Days, 2025*

Negative Behaviors/Recent Frequency	***n***	***%***
Drove Under the Influence (DUI)		
Never	2104	95.90
Once	46	2.10
Twice	13	0.59
3-5 times	15	0.68
6-9 times	4	0.18
10+ times	12	0.55
Got into a Fight		
Never	2081	94.89
Once	55	2.51
Twice	38	1.73
3-5 times	14	0.64
6-9 times	2	0.09
10+ times	3	0.14
Damaged Property		
Never	2180	99.50
Once	6	0.27
Twice	3	0.14
3-5 times	1	0.05
6-9 times	0	0.00
10+ times	1	0.05
Tried to Commit Suicide		
Never	2161	98.54
Once	20	0.91
Twice	5	0.23
3-5 times	5	0.23
6-9 times	0	0.00
10+ times	2	0.09
Gambled		
Never	2065	94.46
Once	46	2.10
Twice	32	1.46
3-5 times	21	0.96
6-9 times	4	0.18
10+ times	18	0.82

Committed Sexual Assault on Someone Else		
Never	2187	99.82
Once	3	0.14
Twice	0	0.00
3-5 times	0	0.00
6-9 times	0	0.00
10+ times	1	0.05

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

From the listed negative behaviors associated with the use of substances in the last 30 days, only three have a frequency of any occurrence with more than 4% of the respondents – driving under the influence (DUI) (n = 90, 4.10%), getting into an argument/fight (n = 112, 5.11%), and gambling (n = 121, 5.54%). Other negative behaviors occur most frequently once, when they do occur.

Negative Associated Outcomes

Outcomes, specifically negative outcomes, associated with substance use are framed as things that happen to the respondent in relation to their substance use. This is both immediate and aftereffects. The negative associated outcomes examined in this study include having poor academic performance on a test or major project, memory loss, missing of class, having trouble with police or campus security, and being the victim of a sexual assault. Frequencies and percentages of these negative associated outcomes are presented in Table 46.

Table 46. *Negative Associated Outcomes from Substance Use in the Last 30 Days, 2025*

Negative Associated Outcomes/Recent Frequency	***n***	***%***
Poor Academic Performance		
Never	1895	86.25
Once	156	7.10
Twice	92	4.19
3-5 times	43	1.96
6-9 times	4	0.18
10+ times	7	0.32
Trouble with Police		
Never	2171	98.91
Once	18	0.82
Twice	3	0.14
3-5 times	2	0.09
6-9 times	0	0.00
10+ times	1	0.05
Missed Class		
Never	1893	86.28
Once	135	6.15
Twice	83	3.78
3-5 times	60	2.73
6-9 times	10	0.46
10+ times	13	0.59
Experienced Memory Loss		
Never	1999	91.07
Once	82	3.74
Twice	43	1.96
3-5 times	34	1.55
6-9 times	13	0.59
10+ times	24	1.09
Sexually Assaulted by Someone Else		
Never	2136	97.31
Once	43	1.96
Twice	6	0.27
3-5 times	4	0.18
6-9 times	1	0.05
10+ times	5	0.23

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

Negative associated outcomes from substance use, found in Table 44, show missing class (*n* = 301, 13.72%), poor academic performance on important assignments (*n* = 302, 13.75%), and memory loss (*n* = 196, 8.93%) are the most frequently occurring outcomes, albeit relatively few respondents observed (less than 15%). When occurrences happen for these outcomes, as well as the lesser common instances of being the victim of sexual assault (*n* = 61, 2.69%) or being in trouble with police (*n* = 24, 1.09%), the most observed frequency is once in the last 30 days.

Psycho-Social Effects

Psycho-social effects of substance use involve the impact on social engagement and the thoughts associated with the impact substance use has on the psychological and social state of the respondent. The study explores this through a respondent receiving criticism for their substance use, having thoughts that they may have a substance use problem, thinking they may need to try and stop, and have suicidal thoughts related to substance use. Frequencies and percentages of these effects are presented in Table 47.

Table 47. *Psycho-Social Effects from Substance Use in the Last 30 Days, 2025*

Psycho-Social Effect/Recent Frequency	***n***	***%***
Tried to Stop Using Alcohol/Tobacco		
Never	2065	94.21
Once	45	2.05
Twice	36	1.64
3-5 times	27	1.23
6-9 times	8	0.36
10+ times	11	0.50
Been Criticized for Alcohol Use		
Never	2112	96.31
Once	41	1.87
Twice	15	0.68
3-5 times	12	0.55
6-9 times	6	0.27
10+ times	7	0.32

Had Suicidal Thoughts		
Never	2060	93.94
Once	57	2.60
Twice	26	1.19
3-5 times	23	1.05
6-9 times	6	0.27
10+ times	21	0.96
Thought 'I Have a Drug Problem'		
Never	2087	95.12
Once	45	2.05
Twice	30	1.37
3-5 times	13	0.59
6-9 times	5	0.23
10+ times	14	0.64

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

Psycho-social effects in the last 30 days associated with substance use follow much of the same negatively associated behaviors, responses, and outcomes, with most having not experienced these effects, while those that have being most frequently found to experience them once. Suicidal thoughts is the most frequently observed effect (n = 133, 6.06%), while being criticized by others for their use the least frequently observed (n = 81, 3.69%).

Cognitive-Emotional Impacts

Cognitive-emotional impacts center on the consistency of negative feels and sentiments, which have impacts on daily functioning. The survey seeks to understand the recent frequency of these feelings and sentiments, specifically those of nervousness, hopeless, restlessness, worthlessness, depression, and helplessness. Figures 27-32 present each of these with their relative frequencies.

Figure 27. *Feelings of Nervousness in the Last 30 Days, 2025*

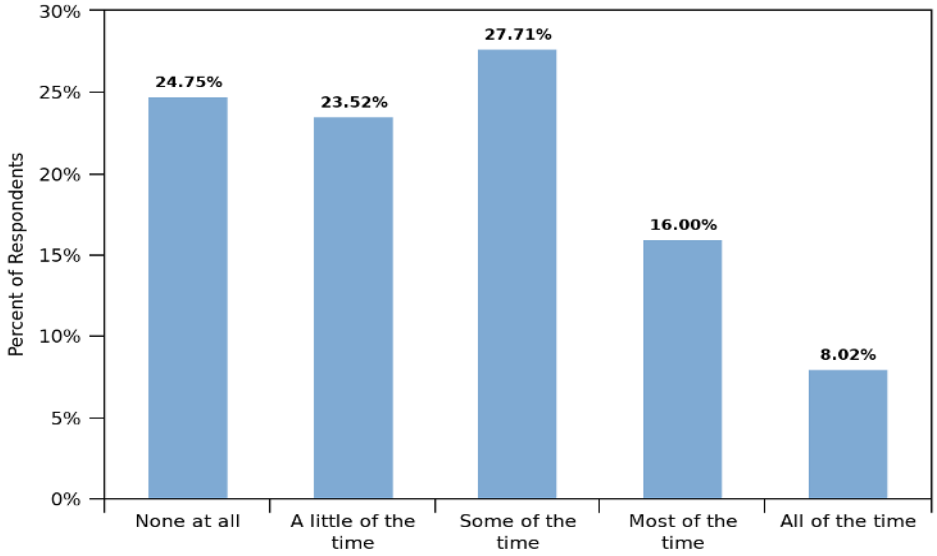


Figure 28 displays feelings of nervousness amongst respondents in relation to their daily experience. The most frequent sentiment was feeling nervous some of the time (27.71%). Figure 25 examines feelings of hopelessness, with a generally positive outlook from the respondents. Of those responding, 58.37% noted no feels of hopelessness and only 8.79% feel hopeless most or all of the time.

Figure 28. *Feelings of Hopelessness in the Last 30 Days, 2025*

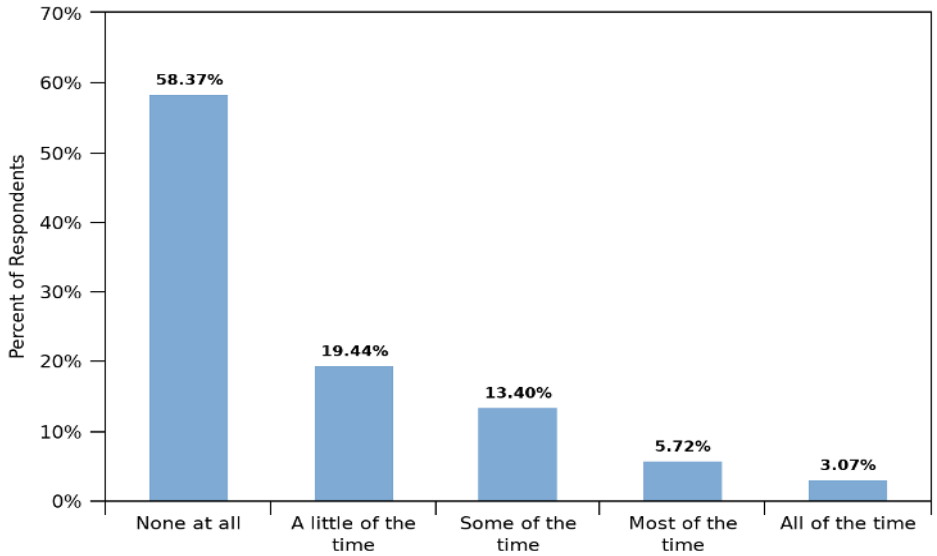


Figure 29. *Feelings of Restlessness in the Last 30 Days, 2025*

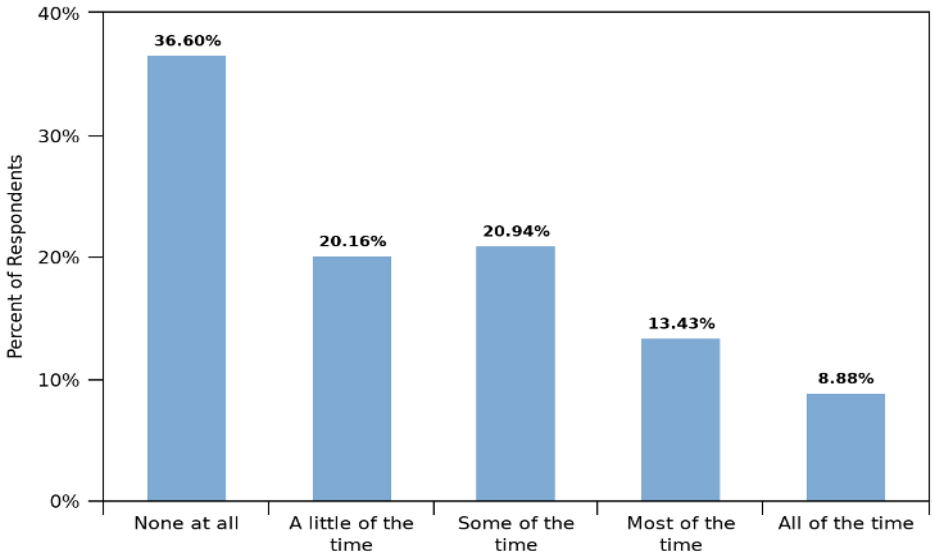


Figure 29 displays the feelings of restlessness from respondents, with the most frequently observed being no feeling at all (36.60%). However, a mostly balanced distribution is visible from the different categories, with some of the time being the second most observed (20.94%) and all of the time being least observed (8.88%). Figure 30 explores feelings of worthlessness among respondents. The most observed response was none of the time, representing 67.08% of respondents. The distribution continuously decreases as frequency rises, with only 7.98% of the respondents feeling worthless most or all of the time in the last 30 days.

Figure 30. *Feelings of Worthlessness in the Last 30 Days, 2025*

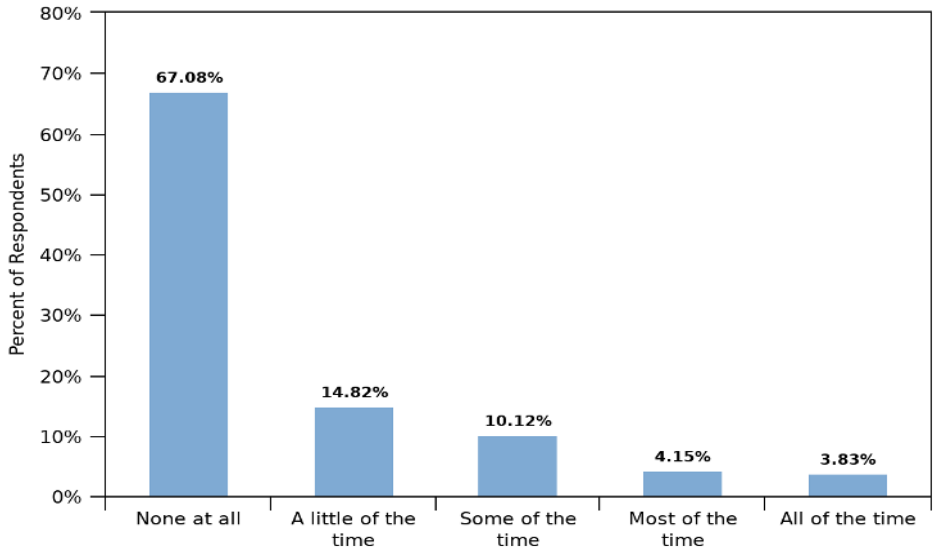


Figure 31. *Feelings of Depression in the Last 30 Days, 2025*

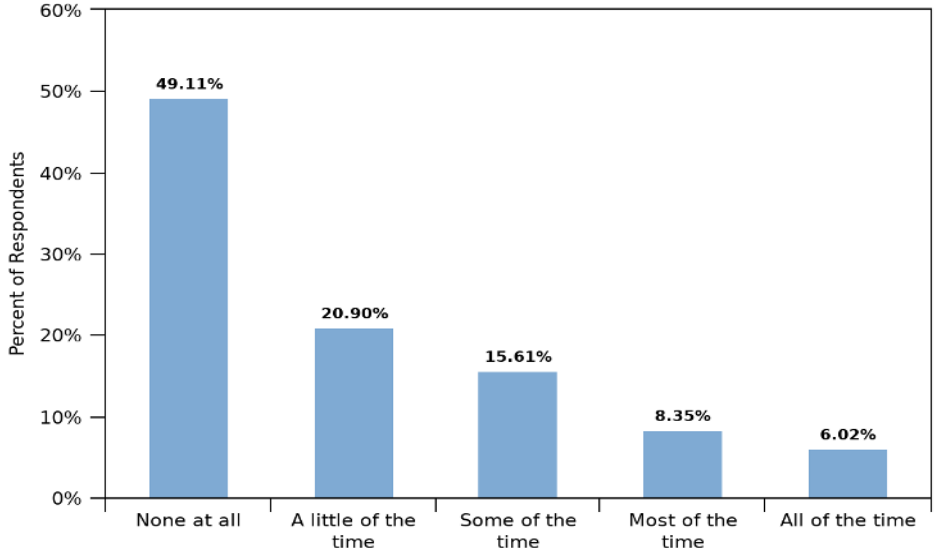
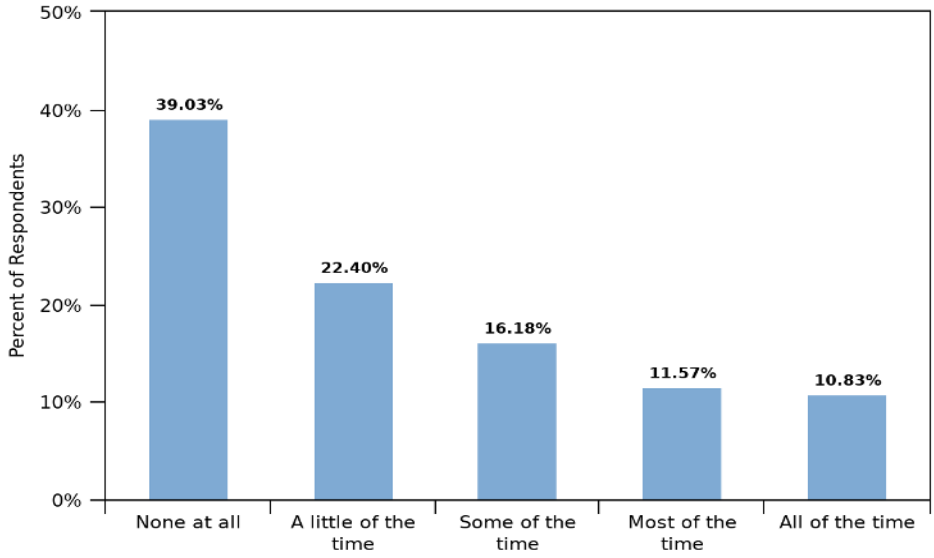


Figure 31 explores feelings of depression, with the most observed response being no feelings at all (49.11%) and second most being only a little of the time (20.90%). Within the last 30 days, 14.37% express feelings of depression most or all of the time. Finally, Figure 32 indicates a more balanced distribution for feelings of helplessness from respondents. While most still say they have not felt this in the last 30 days (39.03%), the balance across all other categories demonstrates

respondents are having feelings to some degree, with 38.58% saying a little or some of the time and 22.40% stating most or all of the time.

Figure 32. *Feelings of Helplessness in the Last 30 Days, 2025*



References:

Agunwamba, A., Kawachi, I., Williams, D., Finney Rutten, L., Wilson, P., & Vismanath, K. (2017). Mental health, racial discrimination, and tobacco use differences across rural-urban California. *The Journal of Rural Health*, 180-189.

Alexander, A. C., & Ward, K. D. (2018). Understanding post-disaster substance use and psychological distress using concepts from the self-medication hypothesis and social cognitive theory. Journal of psychoactive drugs, 50, 177-186.

Allen, B., & Stuart, G. L. (2019). Decreased cigarette smoking but no change in use of electronic cigarettes following a university-wide smoking ban. *Substance Abuse*.

American College Health Association. (2018). American College Health Association National College Health Assessment II: Fall 2017 Reference Group Executive Summary. Hanover, MD: American College Health Association.

American Nonsmokers' Rights Foundation. (n.d.). *ANRF*. Retrieved from STEPS FOR ENACTING A SMOKEFREE COLLEGE CAMPUS POLICY: https://no-smoke.org/steps-for-enacting-a-smokefree-college-campus-policy/

An, L., Demers, M., Kirch, M., Considine-Dunn, S., Nair, V., Dsgupta, K., . . . Ahluwalia, J. (2013). A Randomized Trial of an Avatar-Hosted Multiple Behavior Change Intervention for Young Adult Smokers. *JNCI Monographs, 47*, 209-215.

Anderson, D. S. (2011). New Directions for substance-abuse prevention. Change: The Magazine of Higher Learning, 43(6), 46–55. https://doi.org/10.1080/00091383.2011.618082

Anon. 2022. "JED Urges Greater Understanding of the Connection Between Substance Misuse and Youth Mental Health." The JED Foundation, October 27. https://jedfoundation.org/news-views/jed-urges-greater-understanding-of-thehttps://jedfoundation.org/news-views/jed-urges-greater-understanding-of-the-connection-between-substance-misuse-and-youth-mental-health/connection-between-substance-misuse-and-youth-mental-health/

Arria, A., Caldeira, K., Bugbee, B., Vincent, K., & O'Grady, K. (2016). Marijuana use trajectories during college predict health outcomes nine years post-matriculation. Drug and Alcohol Dependence, 159, 158-165.

Arria, A. M., Caldeira, K., Bugbee, B., Vincent, K., & O'Grady, K. (2015). The academic consequences of marijuana use during college. Psychology of Addictive Behaviors, 29(3), 564-575.

Arria, A., Garnier-Dykstra, L., Cook, E., Caldeira, K., Vincent, K., Baron, R., & O'Grady, K. (2013). Drug use patterns in young adulthood and post-college employment. Drug and Alcohol Dependence, 127(1-3), 23-30.

Arria, A., O'Grady, K., Caldeira, K., Vincent, K., & Wish, E. (2008). Nonmedical Use of Prescription Stimulants and Analgesics: Associations with Social and Academic Behaviors among College Students. Journal of Drug Uses, 38(4), 1045-1060.

Auerbach RP, Alonso J, Axinn WG, et al. Mental disorders among college students in the World Health Organization World Mental Health Surveys. Psychological Medicine. 2016;46(14):2955-297

Auf, R., Trepka, M., Selim, M., Taleb, Z., De La Rosa, M., Bastida, E., & Cano, M. (2019). E-cigarette use is associated with other tobacco use among U.S. adolescents. International Journal of Public Health, 64, 125-134.

Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., . . . Rossow, I. (2003). *Alcohol: No Ordinary Commodity Research and public policy, second edition.* New York: Oxford University Press.

Barker, D. C., Schleider, N. C., Ababesh, K., Johnson, T. O., & Henriksen, L. (2018). ENDS retailers and marketing near university campuses with and without tobacco-free policies. *Tobacco Induced Diseases*, 16.

Baskerville, N. B., Azagba, S., Norman, C., McKeown, K., & Brown, K. S. (2016). Effect of a digital social media campaign on young adult smoking cessation. *Nicotine Tobacco Research, 18*(3), 351-360.

Bayly, J., Trad, C., Saint-Fort, L., Andrew, M., Patel, M., Haynie, D., . . . Choi, K. (2020). Adoption of electronic-cigarette-free, hookah-free and American College Health Association recommended tobacco-free policies among a national sample of postsecondary educational institutions. *Journal of American College Health, 68*(1), 26-31.

Bennett, B. L., Deiner, M., & Pokhrel, P. (2017). College anti-smoking policies and student smoking behavior: a review of the literature. *Tob Induc Ris*, 11.

Benson, K., Flory, K., Humphreys, K., & Lee, S. (2015, March). Misuse of stimulant medication among college students: a comprehensive review and meta-analysis. Clin Child Fam Psychol Rev, 18(1), 50-76.

Berg, C. J., Sutfin, E. L., Mendel, J., & Ahluwalia, J. S. (2012). Use of and interest in smoking cessation strategies among daily and nondaily student smokers. *Journal of American College Health, 60*(3), 194-202.

Berg, C., Stratton, E., Sokol, M., Santamaria, A., Bryant, L., & Rodriquez, R. (2014). Novel incentives and messaging in an online college smoking intervention. *American Journal of Health Behavior, 38*(5), 668-680.

Berg, C. J., Yang, Y. T., Pratt-Chapman, M. L., Douglas Evans, W., Cupertino, A.-P., Horn, K., Bernat, D. H., Abroms, L. C., & Tercyak, K. P. (2021, April 26). Campus Tobacco Control Policies and cessation interventions in college students: A commentary calling for research

and action to address tobacco-related health disparities. Translational behavioral medicine. Retrieved April 12, 2023, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8075612/

Blake, k. D., Klein, A. L., Walpert, L., Casey, L., Hallett, C., Douglas, C., . . . Koh, H. K. (2018). Smoke-free and tobacco-free colleges and universities in the United States. *Tobacco Control*.

Blanco, C., Florez-Salamanca, L., Secades-Villa, R., Wang, S., & Hasin, D. (2018). Predictors of initiation of nicotine, alcohol, cannabis, and cocaine use: Results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The American Journal on Addictions, 27(6), 477-484.

Borsari, B., & Carey, K. B. (2001). Peer influences on college drinking: A review of the research. Journal of Substance Abuse, 13(4), 391-424.

Braverman, M. T., Geldhof, G. J., Hoogesteger, L. A., & Johnson, J. A. (2018). Predicting students' noncompliance with a smoke-free university campus policy. *Preventative Medicine, 114*, 209-216.

Brown, J. (2013). A review of the evidence on technology-based interventions for the treatment of tobacco dependence in college health. *Worldviews Evidence Based Nursing, 10*(3), 50-62.

Brown, P. (2016). The invisible problem? Improving students' mental health. *Higher Education Policy Institute*, 66.

Camenga, D., Bernstein, S., Dziura, J., Fiellin, L., & Krishnan-Sarin, S. (2021). Feasibility of text messaging to augment brief advice and nicotine replacement therapy for smoking cessation in college students. *Journal of American College Health, 69*(1), 1-8.

Carrol, D., & Cole, A. (2022). Racial/ ethnic group comparisons of quit ratios and prevalence of cessation-related factors among adults who smoke with a quit attempt. *American Journal of Drug and Alcohol Abuse, 48*(1), 58-68.

Case, K., Crook, B., Lazard, A., & Mackert, M. (2016). Formative research to identify perceptions of e-cigarettes in college students: Implications for future health communication campaigns. *Journal of American College Health, 64*(5), 380-389.

Center for Disease Control and Prevention National Center for Health Statistics. (2021, November 17). National Center for Health Statistics: Drug Overdose Deaths in the U.S. Top 100,000 Annually. Retrieved from CDC, National Center for Health Statistics, Office of Communication: https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

Centers for Disease Control and Prevention. (2022, October 21). Surgeon general's advisory on e-cigarette use among youth. Centers for Disease Control and Prevention. Retrieved April 15, 2023, from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/surgeonhttps://www.cdc.gov/tobacco/basic_information/e-cigarettes/surgeon-

general-advisory/index.html -:~:text=E%2Dcigarettes%20entered%20the%20U.S.,tobacco%20product%20among%20U.S.%20youth.&text=E%2Dcigarette%20use%20among%20U.S.,first%20time%20during%202015%2D2017general-advisory/index.html#:~:text=E%2Dcigarettes%20entered%20the%20U.S.,tobacco%20product%20among%20U.S.%20youth.&text=E%2Dcigarette%20use%20among%20U.S.,first%20time%20during%202015%2D2017

Chang, R. J. (2021, June 24). Colleges ban medical marijuana use, even in states where it is legal. Forbes. Retrieved April 10, 2023, from https://www.forbes.com/sites/richardjchang/2021/06/23/colleges-ban-medicalhttps://www.forbes.com/sites/richardjchang/2021/06/23/colleges-ban-medical-marijuanause-even-in-states-where-it-is-legal/marijuanause-even-in-states-where-it-is-legal/

Choi, W. S., Nazir, N., & Pancheco, C. M. (2016). Recruitment and baseline characteristics of American Indian tribal college students participating in a tribal college and behavioral survey. *Nicotine Tobacco Research, 18*(6), 1488-1493.

Clements, R. (1999). Prevalence of alcohol-use disorders and alcohol-related problems in a college student sample. *Journal of American College Health*, 111-118.

Cleveland, M. J., Turrisi, R., Reavy, R., Ackerman, S., & Buxton, O. M. (2018). Examining Parent and Peer Influences of Alcohol Use: A Comparison of First-Year Community College and Baccalaureate Students. Journal of Alcohol and Drug Education, 62(2), 64–89. https://www.jstor.org/stable/48511452

Coday, M., Richey, P., & Thomas, F. (2016). The recruitment experience of a randomized clinical trial to aid young adult smokers to stop smoking without weight gain interactive technology. *Contemporary Clinical Trials Communication, 2*, 61-68.

Coleman, B. N., Apelberg, B. J., Ambrose, B. K., Green, K. M., Choiniere, C. J., & Bunnell, R. (2015). Association between electronic cigarette use and openness to cigarette smoking among US young adults. *Nicotine and Tobacco Research, 17*(2), 212-218.

Copeland, A. L., Peltier, M. R., & Waldo, K. (2017). Perceived risk and benefits of e-cigarette use among college students. *Addiction and Behaviors, 71*, 31-37.

Cremeens, J., Usdan, S., Umstattd, M. R., Talbott, L. L., Turner, L. W., & Perko, M. A. (2011). Challenges and Recommendations to Enforcement of Alcohol Policies on College Campuses: An Administrator's Perspective. Journal of American College Health, 59(5), 427–430. https://doi.org/10.1080/07448481.2010.502201

Crosnoe, R., Kendig, S., & Benner, A. (2017). College-going and trajectories of drinking from adolescence into adulthood. Journal of Health and Social Behavior, 58(2), 252– 269. https://doi.org/10.1177/0022146517693050

Cullen, K., Gentzke, A., Sawdey, M., Chang, J., Anic, G., Wang, T., . . . King, B. (2019). E-cigarette Use Among Youth in the United States, 2019. JAMA, 322(21), 2095-2103.

Cunningham, T., Croft, J., Liu, Y., Lu, H., Eke, P., & Giles, W. (2017). Racial disparities in age specific mortality among blacks or African Americans - United States, 1999-2015. *Vital Signs. MMWR Morbidity and Mortality Weekly Recap, 66*(17), 444-456.

Cvetovski, S., Reavley, N., & Jorm, A. (2012). The prevalence and correlates of psychological distress in Australian tertiary students compared to their community peers. *Australian & New Zealand Journal of Psychiatry, 46*, 457-467.

Dai, H., & Hao, J. (2017). Geographic density and proximity of vape shops to colleges in the USA. Tobacco Control, 26, 379-285.

Dai, H., Ramos, A., Faseru, B., Hill, J., & Sussman, S. (2021). Racial disparities of e-cigarette use among US youths: 2014-2019. *American Journal of Public Health*, 2050-2058.

Derefinko, K. J., Bursac, Z., Mejia, M. G., Milich, R., & Lyman, D. R. (2018). Rural and urban substance use differences: effects of the transition to college. *American Journal Drug and Alcohol Abuse, 44*(2), 224-234.

DeJong, W., & Langford, L. (2002). A typology for campus-based alcohol prevention: Moving toward environmental management strategies. *Journal of Studies on Alcohol Supplement, 14*, 140-147.

DiMaggio, C., Galea, S., & Li, G. (2009). Substance use and misuse in the aftermath of terrorism. A Bayesian meta-analysis. Addiction, 104, 894-904.

Donaldson, C., Stupplebeen, D., Fecho, C., Ta, T., Zhang, X., & Williams, R. (2022). Nicotine vaping for relaxation and coping: Race/ ethnicity differences and social connectedness mechanisms. *Addictive behaviors*.

Drug-Free Schools and Communities Act Amendments of 1989, H.R. 3614 - 101st Congress (1989). Retrieved April 14, 2023, from Text - H.R.3614 - 101st Congress (1989-1990): Drug-Free Schools and Communities Act Amendments of 1989 | Congress.gov | Library of Congress

Eisenberg, D., Gollust, S., Golberstein, E., & Hefner, J. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*.

Faden, V., & Baskin, M. (2002). An evaluation of college online alcohol policy information. *Journal of American College Health, 12*(2), 108-117.

Fahey, M., Morris, J., Robinson, L., & Pebley, K. (2021). Association between perceived discrimination and vaping among college students. *Substance Use and Misuse*, 738-741.

Fallin, A., Murray, M., Johnson, A. O., Riker, C. A., Rayens, M. K., & Hahn, E. J. (2012). Measuring compliance with tobacco-free campus policy. *Journal of American College Health, 60*(7), 496-504.

Federal Drug Administration. (2022, June 29). E-Cigarettes, Vapes, and other Electronic Nicotine Delivery Systems (ENDS). Retrieved April 16, 2023, from https://www.fda.gov/tobaccohttps://www.fda.gov/tobacco-products/products-ingredients-components/e-cigarettes-vapes-and-other-electronic-nicotine-delivery-systems-endsproducts/products-ingredients-components/e-cigarettes-vapes-and-other-electronichttps://www.fda.gov/tobacco-products/products-ingredients-components/e-cigarettes-vapes-and-other-electronic-nicotine-delivery-systems-endsnicotine-delivery-systems-ends

Federal Drug Administration. (2022, December 20). Results from the annual National Youth Tobacco Survey (NYTS). U.S. Food and Drug Administration. Retrieved April 15, 2023,

from https://www.fda.gov/tobacco-products/youth-and-tobacco/results-annual-nationalhttps://www.fda.gov/tobacco-products/youth-and-tobacco/results-annual-national-youth-tobacco-surveyyouth-tobacco-survey

Franks, A., Hawes, W., McCain, K., & Payakachat, N. (2017). Electronic cigarette use, knowledge, and perceptions among health professional students. *Current in Pharmacy Teaching and Learning, 9*(6), 1003-1009.

Fromme, K., Corbin, W. R., & Kruse, M. I. (2008).

Firkey, M. K., Sheinfil, A. Z., & Woolf-King, S. E. (2021). Substance use, sexual behavior, and general well-being of U.S. college students during the COVID-19 pandemic: A brief report. Journal of American College Health.

Franks, A., Hawes, W., McCain, K., & Payakachat, N. (2017). Electronic cigarette use, knowledge, and perceptions among health professional students. Current in Pharmacy Teaching and Learning, 9(6), 1003-1009.

Gledhill-Hoyt, J., Lee, J., Strote, J., & Wechsler, H. (2000). Increased use of marijuana and other illicit drugs at US colleges in the 1990s: Results of three national surveys. *Addiction*, 1655-1667.

Gulliver, A., Farrer, L., Chan, J. K., Tait, R., Bennett, K., Calear, A., & Griffiths, K. (2015). Technology-based interventions for tobacco and other drug use in university and college students: a systematic review and meta-analysis. *Addiction Science and Clinical Practice*, 5.

Gunn, R. L., Sokolovsky, A. W., Drohan, M. M., Boyle, H. K., Stevens, A. K., White, H. R., & Jackson, K. (2022). The role of alcohol and cannabis co-use in drinking rate and its impact on consequences. Alcoholism, clinical and experimental research, 46(11), 2110–2120. Retrieved April 16, 2023, from https://doi.org/10.1111/acer.14946

Hadland, S., Wharam, J., Schuster, M., Zhang, F., Samet, J., & Larochelle, M. (2017). Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder Among Adolescents and Young Adults, 2001-2014. JAMA Pediatrics, 171(8), 747-755.

Hallock, R., Dean, A., Knecht, Z., Spencer, J., & Taverna, E. (2013, June). A survey of hallucinogenic mushroom use, factors related to use, and perceptions of use among college students. Drug and Alcohol Dependence, 130(1-3), 245-248.

Hammond, D., Reid, J. L., Rynard, V. L., Fong, G. T., Cummings, K. M., McNeill, A., Hitchman, S., Thrasher, J. F., Goniewicz, M. L., Bansal-Travers, M., O'Connor, R., Levy, D., Borland, R., & White, C. M. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross-sectional surveys. BMJ (Clinical research ed.), 365, l2219. Retrieved April 16, 2023, from https://doi.org/10.1136/bmj.l2219

Hawkins, A. (1989, November 15). H.R.3614 - 101st Congress (1989-1990): Drug-Free Schools and ... H.R.3614 - Drug-Free Schools and Communities Act Amendments of 1989.

Retrieved April 10, 2023, from https://www.congress.gov/bill/101st-congress/househttps://www.congress.gov/bill/101st-congress/house-bill/3614/summary/35bill/3614/summary/35

Harries, M., Lust, K., Christenson, G., Redden, S., & Grant, J. (2018). Prescription opioid medication misuse among university students. American Journal of Addictions, 27(8), 618624.

Hawkins, J., Catalano, R., & Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychological Bulletin, 112(1), 64-105.

Hefner, K. R., Solazzo, A., Mullaney, S., Coker, K. L., & Sofuoglu, M. (2019). E-cigarettes, alcohol use, and mental health: Use of perceptions of e-cigarettes among college students, by alcohol use and mental health status. *Addictive Behaviors*, 12-20.

Hingson, R., Zha, W., & Weitzman, E. (2009). Magnitude of and trends in alcohol-related mortality and morbidity among U.S. college students ages 18–24, 1998–2005. Journal of Studies on Alcohol and Drugs, 16, 12-20.

Hooper, M., Carpenter, K., Salmon, E., & Resnicow, K. (2023). Enhancing tobacco quitline outcomes for African American adults: An RCT of a culturally specific intervention. *American Journal of Preventive Medicine, 65*(6), 964-972.

Hopkins, G. L., Freier, M. C., Babikian, T., Helm, H. W., McBride, D. C., Boward, M., Gillespie, S., & DiClemente, R. (2004). Substance use among students attending a Christian University that strictly prohibits the use of substances. Journal of Research on Christian Education, 13(1), 23–39. https://doi.org/10.1080/10656210409484958

Horsman, E. N. (2014). Mental health impairment and human capital acquisition: Underage drinking as a predictor of concomitant alcohol dependence and poor educational attainment [Unpublished doctoral dissertation]. Southern Illinois University-Carbondale, Illinois. https://opensiuc.lib.siu.edu/dissertations/923/

Hysenbegasi, A., Hass, S., & Rowland, C. (2005). The impact of depression on the academic productivity of university students. *Journal of Mental Health Policy Economics, 8*, 145151.

Ibrahim, A., Kelly, S., Adams, C., & Glazebrook, C. (2013). A systematic review of studies of depression prevalence in university students. *Journal of Psychiatry Research*, 391-400.

Ickes, M. J., Wiggins, A. T., Rayens, M. K., & Hahn, E. J. (2020). Student Tobacco Use Behaviors on College Campuses by Strength of Tobacco Campus Policies. *American Journal of Health Promotion, 34*(7).

Jeffries, E., Lemke, A., Shah, S., Dean, K., Richter, A., & Buckner, J. (2016). Addictive Behavior Interventions Among College Students. *Addiction and College Students*, 368-377.

Jernigan, D. H., Shields, K., Mitchell, M., & Arria, A. M. (2019). Assessing Campus Alcohol Policies: Measuring Accessibility, Clarity, and Effectiveness. Alcoholism, Clinical and Experimental Research, 43(5), 1007–1015. https://doi.org/10.1111/acer.14017

Johnson, S. (2019). Cannabis on campus? Not allowed. Cannabis on Campus? Not Allowed | Campus Drug Prevention. Retrieved April 10, 2023, from http://www.campusdrugprevention.gov/content/cannabis-campus-not-allowed

Johnstad, P. (2018). Powerful substances in tiny amounts: An interview study of psychedelic microdosing. Nordic Studies on Alcohol and Drugs, 35(1), 39-51.

Johnston, L., O'Malley, P., & Bachman, J. (2011). *Monitoring the future: National results on adolescent drug use: Overview of key findings, 2010.* Ann Arbor: Institute for Social Research, The University of Michigan.

Johnston, L., O'Malley, P., Miech, R., Bachman, J., & Schulenberg, J. (2016). Monitoring the Future National Survey Results on Drug Use, 1975-2015: Overview, Key Findings on Adolescent Drug Use. Ann Arbor: Institute for Social Research, The University of Michigan.

Jones, C., Hill, M., Pardini, D., & Meier, M. (2016). Prevalence and correlates of vaping cannabis in a sample of young adults. Psychology of Addictive Behaviors, 30(8), 915-921.

Jones, R. D., Asare, M., & Lanning, B. (2020). A retrospective cross-sectional study on the prevalence of e-cigarette use among college students. Journal of Community Health, 46(1), 195–202. https://doi.org/10.1007/s10900-020-00869-x

Jun, Kasperski, S., Vincent, K., Caldeira, K., Garnier-Dykstra, L., O'Grady, K., & Arria, A. (2011). College students' use of cocaine: Results from a longitudinal study. Addictive Behaviors, 36(4), 408-411.

Jun, J., & Kim, J. (2020). How do colleges communicate about E-cigarettes? The presentation of risk, policy, and cessation resources on college websites. *Journal of American College Health*, 1-8.

Kasimanickam, M., Kerr, D., Killion, R., Naimi, T., Lira, M., & Bae, H. (2024). State alcohol policy environment of U.S. colleges: Predictors of sexual assault and alcohol-related arrest and disciplinary action. *American Journal for Preventive Medicine, 66*(1), 1-9.

Kapner, D. A. (2008). Alcohol and other drug use at Historically Black Colleges and Universities. PsycEXTRA Dataset, 1–4. https://doi.org/10.1037/e559152009-001

Karekla, M., & Savvides, S. (2019). Smoking cessation avatar-led Acceptance and Commitment Therapy digital intervention: feasibility and acceptability in young adults. *Translational Behavior Medicine*.

Kates, F. R., Salloum, R. G., Thrasher, J. F., Islam, F., Fleischer, N. L., & Maziak, W. (2016). Geographic proximity of waterpipe smoking establishments to colleges in the US. *American Journal of Preventative Medicine, 50*(1), e9-e14.

Kathol, N., & Sgoutas-Emch, S. (2016). Alcohol use in college: The relationship between religion, spirituality, and proscriptive attitudes toward alcohol. Journal of Religion and Health, 56(2), 437–449. https://doi.org/10.1007/s10943-016-0210-2

Kava, C. M., Soule, E. K., Seegmiller, L., Gold, E., Snipes, W., Westfield, T., Wick, N., & Afifi, R. (2021). "Taking Up a New Problem": Context and Determinants of Pod-Mod Electronic Cigarette Use Among College Students. Qualitative Health Research, 31(4), 703–712. Retrieved April 16, 2023, from https://doi.org/10.1177/1049732320971236

Kessler, R., Anthony, J., De Graaf, R., Demyttenaere, K., Gasque, I., & Unstun, T. (2007). Lifetime prevalence and age-of-onset distribution of mental disorders in the WORLD HEALTH ORGANIZATION. *World Psychiatry 2007*, 168-176.

Kremer, M., & Levy, D. (2008). Peer effects and alcohol use among college students. Journal of Economic Perspectives, 22(3), 189–206. https://doi.org/10.1257/jep.22.3.189

Kulak, J., Cornelius, M., Fong, G., & Giovino, G. (2016). Differences in quit attempts and cigarette smoking abstinence between whites and African Americans in the United States: literature review and results from the international tobacco control US survey. *Nicotine Tobacco Research*, S79-S87.

Lanza, H. I., & Teeter, H. (2018). Electronic nicotine delivery systems (e-cigarette/ vape) use and co-occuring health-risk behaviors among an ethnically diverse sample of young adults. *Substance Use and Misuse, 53*(1), 154-161.

Leavens, E. L., Lechner, W. V., Stevens, E. M., Miller, M. B., Meier, E., Brett, E. I., . . . Wagener, T. L. (2020). Electronic cigarette and combustible cigarette use following a campus-wide ban: Prevalence of use and harm perceptions. *Journal of American College Health, 68*(4), 332-335.

Lee, Y., & Lee, K.-S. (2019). Association of depression and suicidality with electronic and conventional cigarette use in South Korean adolescents. *Substance Use and Misuse, 54*(6), 934-943.

Lee, J., Kang, H., Bell, R., & Marmot, M. (2014). Social determinants of mental health. International Review of Psychiatry, 26(4), 392-407.

Lenk, K., Erickson, D., Nelson, T., Winter, K., & Toomey, T. (2012). Alcohol policies and practices among four-year colleges in the United States: Prevalence and patterns. *Journal of Studies on Alcohol and Drugs*, 361-367.

Lenk, K., Rode, P., Fabian, L., Bernat, D., Klein, E., & Forster, J. (2012). Cigarette use among young adults: comparisons between 2-year versus 4-year college students. *Journal of American College Health, 60*(4), 303-308.

Leventhal, A., Dai, H., & Higgins, S. (2022). Smoking cessation prevalence and inequities in the United States. *Journal National Cancer Institute, 14*(3), 381-390.

Levy, K., O'Grady, K., Wish, E., & Arria, A. (2005). An In-Depth Qualitative Examination of the Ecstasy Experience: Results of a Focus Group with Ecstasy-Using College Students. Substance Use and Misuse, 40, 9-10.

Lim, G., Tam, W., Lu, Y., Ho, C., Zhang, M., & Ho, R. (2018). Prevalence of depression in the community from 30 countries between 1994 and 2014. *Scientific Reports*, 2861.

Lipperman-Kreda, S., Grube, J., & Paschall, M. (2010). Community Norms, Enforcement of Minimum Legal Drinking Age Laws, Personal Beliefs and Underage Drinking: An Explanatory Model. *Community Health, 35*(3), 249-257.

Loukas, A., Batanova, M., Fernandez, A., & Agarwal, D. (2015, October). Changes in use of cigarettes and non-cigarette alternative products among college students. Addictive Behaviors, 49, 46-51.

Luo, C., Zheng, X., Zeng, D. D., & Leischow, S. (2014). Portrayal of electronic cigarettes on YouTube. *BMC Public Health, 14*(1), 1028.

Lupton, J. R., & Townsend, J. L. (2015). A systematic review and meta-analysis of the acceptability and effectiveness of university smoke-free policies. *Journal of American College Health, 63*(4), 238-247.

Marshall, B., Toberts, K., Donnelly, J., & Rutledge, I. (2011). College student perceptions on campus alcohol policies and consumption patterns. *Journal of Drug Education, 41*(4), 345-358.

Marshall, L., Zhang, L., Malarcher, A., Mann, N., King, B., & Alexander, R. (2017). Race/ ethnic variations in quite line use among US adult tobacco users in 45 states, 2011-2013. *Nicotine Tobacco Research, 19*(12), 1473-1481.

Mason, M., Ola, B., Zaharakis, N., & Zhang, J. (2015). Text messaging interventions for adolescent and young adult substance use: a meta-analysis. *Prevention Science, 16*(2), 181188.

McIntosh, S., Wall, A. F., & Johnson, T. (2016). Tobacco control at community colleges: context and opportunities. *Tobacco Prevention and Cessation*, 2.

Megivern, D., Pellerito, S., & Mowbray, C. (2003). Barriers to higher education for individuals with psychiatric disabilities. *Psychiatry Rehabilitation Journal, 26*, 217-231.

Miech, Patrick, M. E., O'Malley, P. M., Johnston, L. D., & Bachman, J. G. (2020). Trends in Reported Marijuana Vaping Among U.S. Adolescents, 2017-2019. JAMA: The Journal of the American Medical Association, 323(5), 475–476. https://doi.org/10.1001/jama.2019.2018

Miech, R., Johnston, L., O'Malley, P., Bachman, J., & Patrick, M. (2019, October 10). Trends in Adolescent Vaping, 2017–2019. New England Journal of Medicine, 381, 1490-1491.

Miech, R., Patrick, M., O'Malley, P., & Johnston, L. (2017). What are kids vaping? Results from a national survey of U.S. adolescents. Tobacco Control, 26, 386-391.

Mitchell, R., Toomey, T., & Erickson, D. (2005). Alcohol policies on college campuses. *Journal of American College Health, 53*(4), 149-157.

National Institute of Alcohol Abuse and Alcoholism. (2002). *A call to action: Changing the culture of drinking at U.S. colleges. NIH Publication 02-5010.* US Department of Health and Human Services.

National Institute on Drug Abuse of USA. (2021, 11 30). COVID-19 resources. Retrieved from National Institute on Drug Abuse of USA: https://www.drugabuse.gov/relatedhttps://www.drugabuse.gov/related-topics/covid-19-resourcestopics/covid-19-resources

Navon, L., Jones, C. M., Ghinai, I., King, B. A., Briss, P. A., Hacker, K. A., & Layden, J. E. (2019). Risk Factors for E-Cigarette, or Vaping, Product Use-Associated Lung Injury (EVALI) Among Adults Who Use E-Cigarette, or Vaping, Products - Illinois, July-October 2019. MMWR. Morbidity and mortality weekly report, 68(45), 1034–1039. Retrieved April 16, 2023, from https://doi.org/10.15585/mmwr.mm6845e1

Neighbors, C., Walters, S., Lee, C., Vader, A., Vehige, T., Szigethy, T., & DeJong, W. (2007). Event-specific prevention: Addressing college student drinking during known windows of risk. *Addictive Behaviors, 32*(11), 2667-2680.

Nierenberg, A. (2018, October 8). Students' pot use puts colleges' funding at risk - The Boston Globe. BostonGlobe.com. Retrieved April 10, 2023, from:

https://www.bostonglobe.com/metro/2018/10/07/students-pot-use-puts-colleges-fundinghttps://www.bostonglobe.com/metro/2018/10/07/students-pot-use-puts-colleges-funding-risk/lDEMv1qY4LwZUsjhBDWVJK/story.htmlrisk/lDEMv1qY4LwZUsjhBDWVJK/story.html

Office of the Surgeon General. (n.d) Surgeon General's Advisory on E-cigarette Use Among Youth. Retrieved April 16, 2023, from: https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-usehttps://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdfamong-youth-2018.pdf

O'Grady, K., Arria, A., Fitzelle, D., & Wish, E. (2008). Heavy Drinking and Polydrug Use among College Students. Journal of Drug Issues, 38(2), 445-465.

Oh, K., Lee, C., Oh, B., Oh, S.-W., Joh, H.-K., Choi, H., . . . Lea, S. (2019). The Relationship between Electronic Cigarette Use with or without Cigarette Smoking and Alcohol Use among Adolescents: Finding from the 11th Korea Youth Risk Behavior Web-based Survey. Korean Journal of Family Medicine, 40(4), 241-247.

Omoike, O., & Johnson, K. R. (2020). Prevalence of Vaping and Behavioral Associations of Vaping Among a Community of College Students in the United States. *Journal of Community Health*, 190-194.

Perea, S. D. (2018). Police Chief Magazine Topics Drugs & Alcohol Marijuana, Law Enforcement, Mental Health: A Dangerous Social Experiment Share Marijuana, Law Enforcement, Mental Health: A Dangerous Social Experiment. Policechiefmagazine.org. Retrieved April 10, 2023, from http://www.policechiefmagazine.org/marijuana-lawhttp://www.policechiefmagazine.org/marijuana-law-enforcement-mental-health/enforcement-mental-health/

Popp, J., Nyman, J. A., Luo, X., Bengtson, J., Lust, K., An, L., . . . Thomas, J. L. (2018). Cost-effectiveness of enhancing a Quit-and-Win smoking cessation program for college students. *The European Journal of Health Economics, 19*, 1319-1333.

Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. General Psychiatry, 33(2), e100213.

Rabius, V., Wiatrek, D., & McAlister, A. (2012). African American participation and success in telephone counseling for smoking cessation. *Nicotine Tobacco Research*, 240-242.

Ramo, D. E., Thrul, J., Delucchi, K. L., Hall, S., Ling, P. M., Belohlavek, A., & Prochaska, J. J. (2018). A randomized controlled evaluation of the tobacco status project, a Facebook intervention for young adults. *Addiction*.

Rimsza, M., & Moses, K. (2005). Substance Abuse on the College Campus. Pediatric Clinics, 52(1), 307-319.

Ringwalt, C., Paschall, M., & Gitelamn, A. (2011). Alcohol prevention strategies on college campuses and student alcohol abuse and related problems. *Journal of Drug Education, 41*(1), 99-118.

Roberts, M. E., Colby, S. M., Lu, B., & Ferketick, A. K. (2016). Understanding tobacco use onset among African Americans. *Nicotine Tobacco Research*, S49-S56.

Rodgers, K. C. (2012). A review of multicomponent interventions to prevent and control tobacco use among college students. *Journal of American College Health, 60*(3), 257-261.

Roditis, M. L., Wang, D., Glantz, S. A., & Fallin, A. (2015). Evaluating California campus tobacco policies using the American College Health Association guidelines and the Institutional Grammar Tool. *Journal of American College Health, 63*(1), 57-67.

Russette, H. C., Harris, K. J., Schuldberg, D., & Green, L. (2014). Policy compliance of smokers on a tobacco-free university campus. *Journal of American College Health, 62*(2), 110-116.

Sanders, A., Stogner, J., & Miller, B. (2013). Perception vs. Reality: An Investigation of the Misperceptions concerning the Extent of Peer Novel Drug Use. Journal of Drug Education, 43(2), 97-120.

Schoenborn, C., & Gindi, R. (2016). Cigarette smoking status among current adult E-cigarette users, by age group - national health interview survey, united states, 2015. *MMWR Morbidity and Mortality Weekly Report, 65*(42), 1177.

Schulenberg, J., Johnston, L., O'Malley, P. M., & Bachman, J. (2017). Monitoring the Future National Survey Results on Drug Use, 1975–2016: 2017 vol. II. College Students and Adults Ages 19–55. Retrieved 11 2021, from Ann Arbor, MI, University of Michigan, Institute for Social Research: http://www.monitoringthefuture.org/pubs/monographs/mtfhttp://www.monitoringthefuture.org/pubs/monographs/mtf-vol2_2017.pdfvol2_2017.pdf

Schulenberg, J., Patrick, M., Johnston, L., O'Malley, P., Bachman, J., & Miech, R. (2020). Monitoring the Future national survey results on drug use, 1975–2020: Volume II, College students and adults ages 19–60. Ann Arbor: Institute for Social Research, The University of Michigan. Retrieved from http://www.monitoringthefuture.org/pubs/monographs/mtfhttp://www.monitoringthefuture.org/pubs/monographs/mtf-vol2_2020.pdfvol2_2020.pdf

Sheffield, F., Darkes, J., Del Boca, F., & Goldman, M. (2010). Binge Drinking and Alcohol Related Problems Among Community College Students: Implications for Prevention Policy. *Journal of American College Health*, 137-141.

Sheldon, E., Simmonds-Buckley, M., Bone, C., Mascarenhas, T., Chan, N., Wincott, M., . . . Barkham, M. (2021). Prevalence and risk factors for mental health problems in university undergraduate students: A systematic review with meta-analysis. *Journal of Affective Disorders, 287*, 282-292.

Simmons, V., Heckman, B., Fink, A., Small, B., & Brandon, T. (2013). Efficacy of an experiential, dissonance-based smoking intervention for college students delivered via the internet. *Journal of Consulting and Clinical Psychology, 81*(5), 810-820.

Skidmore, C., Kaufman, E., & Crowell, S. (2016). Substance Use Among College Students. Child and Adolescent Psychiatric Clinics of North America, 25(4), 735-753.

Sood, A., Andoh, J., Verhulst, S., Ganesh, M., Edson, B., & Hopkins-Price, P. (2009). Real world effectiveness of reactive telephone counseling for smoking cessation: a randomized controlled trial. *Chest*, 1229-1236.

Suls, J. M., Luger, T. M., Curry, S. J., Mermelstein, R. J., Sporer, A. K., & An, L. C. (2012). Efficacy of smoking-cessation interventions for young adults: a meta analysis. *American Journal of Preventative Medicine, 42*(6), 655-662.

Sun, Y., Bao, Y., & Kosten, T. (2020). Challenges to opioid use disorders during COVID-19. American journal on addictions, 29, 174-175.

Sun, Y., Li, Y., Bao, Y., Meng, S., Sun, Y., Schumann, G., . . . Shi, J. (2020). Brief Report: Increased Addictive Internet and Substance Use Behavior During the COVID-19 Pandemic in China. The American Journal of Addictions, 29(4), 268-270.

Sutfin, E. L., McNamara, R. S., Blocker, J. N., Ip, E. H., O'Brien, M. C., & Wolfson, M. C. (2012). Screening and brief intervention for tobacco use by student health providers on college campuses. *Journal of American College Health, 60*(1), 66-73.

Sutfin, E., Swords, D., Song, E.-Y., Reboussin, B., Helme, D., Klein, E., & Wolfson, M. (2015). Screening and Counseling for Tobacco Use in Student Health Clinics: Reports of Health Care Providers. *American Journal of Health Promotion, 30*(1), e41-e49.

Tavollaci, M.-P., Vasilio, A., Romo, L., Kotbagi, G., Kern, L., & Ladner, J. (2016). Patterns of electronic cigarette use in current and ever users among college students in France: a cross–sectional study. BMJ Open 2016, e011344.

Thomas, J. L., Luo, X., Bengston, J. E., Weber-Main, A. M., Lust, K., Ahluwalia, J., & An, L. (2016). "Quit & Win" Contests Among College Students: Predictors of Long-Term Smoking Abstinence. *Journal of Health Promotion, 30*(4), 264-271.

Thomas, J. L., Luo, X., Bengtson, J., Wang, Q., Ghidei, W., Nyman, J., . . . Ahluwalia, J. S. (2016). Enhancing Quit & Win contests to improve cessation among college smokers: a randomized clinical trial. *Addiction, 111*(2), 331-339.

Toomey, T., & Wagwnaar, A. (2002). Environmental policies to reduce college drinking: options and research findings. *Journal of Student Alcohol Supplement, 14*, 193-205.

Toomey, T., Miazga, M., Lenk, K., Erickson, D., & Winters, K. (2011). Enforcing alcohol policies on college campuses: Reports from college enforcement officials. *Journal of Drug Education, 41*(3), 327-344.

Toomey, T. L., Lenk, K. M., & Wagenaar, A. C. (2007). Environmental policies to reduce college drinking: an update of research findings. Journal of studies on alcohol and drugs, 68(2), 208–219. Retrieved April 16, 2023, from https://doi.org/10.15288/jsad.2007.68.208

Trad, C., Bayly, J., Saint-Fors, L., Andrews, M., Patel, M., Sabado-Liwag, M., . . . Choi, K. (2018). Adoption of Tobacco- and Smoke-Free Policies in a US National Sample of Postsecondary Educational Institutions. *American Journal of Public Health, 108*(10), 1366-1369.

Trumbo, C. (2017). Influence of Risk Perception on Attitudes and Norms Regarding Electronic Cigarettes. Risk Analysis, 38(5), 906-916.

Turrisi, R., Padilla, A., & Wiersma, K. (2000). College student drinking: an examination of theoretical models of drinking tendencies in freshmen and upperclassmen. Journal of Studies on Alcohol and Drugs, 61(4), 598-602.

U.S. Department of Health and Human Services. (2016). *E-cigarette use among youth and young adults. A report of the Surgeon General.* Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

U.S. Department of Health & Human Services, National Institutes of Health. (2021, September 8). Marijuana use at historic high among college-aged adults in 2020. Retrieved from National Institute on Drug Abuse (NIDA) News Releases: https://www.nih.gov/news-events/newshttps://www.nih.gov/news-events/news-releases/marijuana-use-historic-high-among-college-aged-adults-2020releases/marijuana-use-historic-high-among-college-aged-adults-2020

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2017). Results from the 2017 National Survey on Drug Use and Health: Detailed Tables. Retrieved from U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov/data/sites/default/files/cbhsqreports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm#lotsect1pe

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2018). Interagency Coordinating Committee on the Prevention of Underage Drinking. Retrieved from Report to Congress on the Prevention and Reduction of Underage Drinking: https://www.stopalcoholabuse.gov/resources/reporttocongress/rtc2018.aspx

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2020, September 11). 2019 NSDUH Detailed Tables. Retrieved from 2019 NSDUH Detailed Tables: https://www.samhsa.gov/data/report/2019-nsduh-detailedhttps://www.samhsa.gov/data/report/2019-nsduh-detailed-tablestables.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2021, March). Facts on College Drinking: March 2021. Retrieved from Substance Abuse and Mental Health Services Administration: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-03-10https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-03-10-006.pdf006.pdf

U.S. Department of Justice, Office of Justice Programs (2020, September). Promising Strategies to Reduce Substance Abuse. Retrieved April 16, 2023, from https://www.ojp.gov/pdffiles1/ojp/183152.pdf

Varghese, M., Sheffer, C., Stitzer, M., Landes, R., Brackman, S., & Munn, T. (2014). Socioeconomic disparities in telephone-based treatment of tobacco dependance. *American Journal of Public Health*, e76-e84.

Wang, T. W., Tynan, M. A., Hallett, C., Walpert, L., Hopkins, M., Konter, D., & King, B. A. (2018, June 21). Smoke-free and tobacco-free policies in colleges and Universities — United States and territories, 2017. Centers for Disease Control and Prevention. Retrieved April 12, 2023, from https://www.cdc.gov/mmwr/volumes/67/wr/mm6724a4.htm

Webb Hooper, M., Antoni, M., Okuyemi, K., Dietz, N., & Rescinow, K. (2017). Randomized controlled trial of group-based culturally specific cognitive behavioral therapy. *Nicotine Tobacco Research*, 333-341.

Webb Hooper, M., Carpenter, K., & Salmon, E. (2019). Web-based tobacco cessation interventions and digital inequality across US racial/ ethnic groups. *Ethnicity & Disease*, 495-504.

Webb, M. (2009). Culturally specific interventions for African American smokers: An efficacy experiment. *Journal of the National Medical Association, 101*(9), 927-935.

Wechsler, H., Lee, J., Kuo, M., & Lee, H. (2000). College binge drinking in the 1990s: a continuing problem, Results of the Harvard School of Public Health 1999 College Alcohol Study. *Journal of American College Health*, 199-210.

Welsh, J. W., Shentu, Y., & Sarvey, D. B. (2019). Substance Use Among College Students. Focus: Journal of Life Long Learning in Psychiatry, 17(2), 117-127.

White, A., Hingson, R., Pan, I.-J., & Hsiao-ye yi. (2011). Hospitalizations for Alcohol and Drug Overdoses in Young Adults Ages 18–24 in the United States, 1999–2008: Results From the Nationwide Inpatient Sample. Journal of Studies on Alcohol and Drugs, 72(5), 774786.

Wilson, O. W., Bullen, C., Duffey, M., & Bopp, M. (2022). The association between vaping and health behaviors among undergraduate college students in the United States. *Journal of American College Health*, 1360-1364.

Witkiewitz, K., Desai, S., Bowen, S., Leigh, B., Kirouac, M., & Larimer, M. (2014). Development and evaluation of a mobile intervention for heavy drinking and smoking among college students. *Psychology of Addictive Behaviors, 28*(3), 639-650.

Wolaver, A. (2002). Effects of heavy drinking in college on study effort, grade point average, and major choice. Contemporary Economic Policy, 20, 415-428.

Zhu, S., Gardiner, P., Cummins, S., Anderson, C., Wong, S., Cowling, D., & Gamst, A. (2011). Quitline utilization rates of African-American and white smokers: The California experience. *American Journal of Health Promotion, 25*(5 Suppl), s51-s58.

©

UA LITTLE ROCK SURVEY RESEARCH CENTER

2801 South University Avenue | Ross Hall 404| Little Rock, Arkansas 72204-1099 (O)

501-916-6048| https://ualr.edu/publicaffairs/survey-research-center/