

Other Drug Use and Abuse on Campus

The Scope of the Problem

by Virginia Ross, Ph.D., and William DeJong, Ph.D.

Introduction

Of all drugs abused on college and university campuses, alcohol causes the greatest harm.¹ Other drugs (the prevention field uses the term *other drugs* to distinguish them from alcohol, which also is a drug) also take a significant toll—diminishing the quality of campus life, undermining academic performance, compromising students' health and safety—and therefore also warrant the attention of higher education administrators.

Monitoring the shifting and varied patterns of illicit drug use and their effects presents a significant challenge to campus prevention professionals. One disturbing trend, for example, has been the rise of prescription drug abuse—that is, the use of medication without a prescription or contrary to a doctor's direction. Marijuana is still the most frequently used drug other than alcohol, but the rate of prescription drug misuse on campus has been climbing steadily.²

One complication is that patterns of use vary by region and can shift quickly depending on availability, cost, and other factors. One national survey found that past-year rates of nonmedical stimulant use ranged from 0 to 25 percent at individual colleges and universities.³ The same survey found that about one-fourth

of U.S. colleges had a past-year prevalence of 10 percent or higher for nonmedical use of prescription opioids.⁴

An institution's response to student drug abuse should be crafted to take into account individual campus and community circumstances. A comprehensive prevention approach begins with defining the nature and scope of the problem and then seeking to understand and identify the environmental factors in the campus community that are encouraging

substance use. Based on that information, administrators can select and implement a host of targeted environmental management strategies, discussed below, that can help students make healthier decisions.



The Scope of the Problem

Drugs other than alcohol can be categorized as street drugs, club drugs, performance-enhancing drugs, and prescription drugs used for nonmedical purposes. Table 1 indicates both the past-year and monthly prevalence of the most common illicit drugs used by college students in 2006, as reported by Monitoring the Future. While

these data provide a useful national picture, the use of specific drugs does vary across institutions. Hence, campus officials need to learn how substance use on their campus matches or departs from these national trends.

Street Drugs

Excepting alcohol, marijuana is used by a far greater number of students than any other drug.⁵ In 2006, close to one-third (30.2 percent) of full-time college students annually

TABLE 1.
Annual and monthly prevalence of use for various types of drugs—Full-time U.S. college students, 2006

The Monitoring the Future study reported the following levels of drug use in 2006 among full-time college students (one to four years beyond high school)

Type of Drug	Annual Prevalence (%)	Monthly Prevalence (%)
Alcohol	82.1	65.4
Any Illicit Drug	33.9	19.2
Any Illicit Drug Other Than Marijuana	18.1	8.2
Marijuana	30.2	16.7
Vicodin	7.6	NA
Tranquilizers	5.8	2.1
Hallucinogens	5.6	0.9
Cocaine	5.1	1.8
Ritalin	3.9	NA
Sedatives	3.4	1.3
OxyContin	3.0	NA
Ecstasy	2.6	0.6
Inhalants	1.5	0.4
Methamphetamine	1.2	NA
Ketamine	0.9	NA
Heroin	0.3	0.2
Rohypnol	0.2	NA
GHB	< 0.05	NA

For additional information

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention
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Newton, Massachusetts 02458-1060
Web site: <http://www.higheredcenter.org>
Phone: 1-800-676-1730; TDD Relay-friendly, Dial 711
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used marijuana, while monthly use stood at 16.7 percent. More male than female students used marijuana, looking at both past-year (35.8 vs. 26.6 percent) and monthly use (21.3 vs. 13.8 percent).⁶

Past-year and monthly rates of marijuana use were up slightly since the early 1990s but remain far below what was seen in the early 1980s. Past-year use was 29.4 percent in 1990 and 51.2 percent in 1980, while monthly use was 14.6 percent in 1990 and 34.0 percent in 1980. Rates of daily marijuana use rose more sharply, from 1.7 percent in 1990 to 4.3 percent in 2006, but stood at 7.2 percent in 1980.⁷

In 2006, the rate of past-year cocaine use among full-time college students was 5.1 percent (among men at 7.3 percent and women at 3.7 percent). Monthly use was 1.8 percent, while daily use was reported by only 0.1 percent. In 1990, 5.6 percent of students used cocaine annually, while in 1980 fully 16.8 percent did so. Heroin has been used by relatively few college students. In 2006, only 0.3 percent of students said they had used heroin in the past year.

Even though cocaine and heroin use is relatively uncommon, future trends bear watching. Purified cocaine and heroin can be snorted or smoked, and intravenous injection is no longer necessary to get an intense “high.” Students who might have avoided these drugs to avoid HIV transmission or the stigma associated with using needles may be more tempted now to initiate use.⁸

Club Drugs

Club drugs, including ecstasy (MDMA), methamphetamine, and hallucinogens such as lysergic acid diethylamide (LSD), are often found in dance clubs, concerts, and large all-night dances, or raves. These drugs are used by relatively few students but continue to be of concern.

Use of ecstasy peaked during 2001, when 9.2 percent of full-time college students reported using it at least once in the past year. This figure dropped to 2.6 percent in 2006.⁹ Like ecstasy, methamphetamine provides strong stimulant effects. In 2006, past-year use of methamphetamine was 1.2 percent. Past-year hallucinogen use was 5.6 percent, with LSD use at 1.4 percent.¹⁰

Other club drugs were used far less often: gamma hydroxybutyrate (GHB)—less than 0.05 percent; ketamine—0.9 percent; and Rohypnol—0.2 percent. These three drugs are frequently cited in press accounts as “date rape drugs.”¹¹ Note, however, that any drug that affects consciousness can be used in sexual assaults.

Indeed, the most commonly used date rape drug is alcohol.¹² The *Drug-Induced Rape Prevention and Punishment Act*, enacted by Congress in 1996, increased federal penalties for sexual crimes involving any controlled substance.¹³

Performance-Enhancing Drugs

The use of anabolic steroids, especially among athletes, is of serious concern on college campuses. In 2006, 0.8 percent of full-time college students reported using steroids (2.0 percent of males, but less than 0.05 percent of females).¹⁴

Prescription Drugs

The most frequently abused prescription drugs are *opioids or painkillers* (e.g., OxyContin, Percocet, Vicodin); *central nervous depressants, or tranquilizers* (e.g., Valium, Xanax); *sedatives, or barbiturates* (e.g., Nembutal, Seconal); and *stimulants*, including methylphenidate (Ritalin and Concerta) and amphetamine (Adderall and Dexedrine).¹⁵

College students abuse several prescription medications. In 2006, annual rates for prescription opioid misuse among full-time college students stood as follows: Vicodin, 7.6 percent; and OxyContin, 3.0 percent. Tranquilizer misuse was reported by 5.8 percent and sedative misuse by 3.4 percent.¹⁶

In 2006, 3.9 percent of full-time college students reported misuse of the stimulant Ritalin in the past year.¹⁷ Analysis of prescription stimulant misuse among various age groups reveals that this habit is most likely to begin in college, although anecdotal reports indicate increasingly early ages of initiation.¹⁸

Patterns of Other Drug Use

Male college students are somewhat more likely to engage in other drug abuse than female college

students.¹⁹ White students tend to abuse all forms of drugs more frequently than students of color.²⁰ Members of fraternities and sororities are more likely to abuse drugs than their counterparts who have no fraternity or sorority affiliation.²¹ Use of other drugs is also more likely among heavy episodic drinkers.²²

Students with mental health disorders or intense emotional problems are more likely than those without these diagnoses to engage in illegal drug use.²³ For example, students diagnosed with depression are more apt than other students to have ever abused prescription drugs (17.9 percent vs. 12.5 percent); to have ever used marijuana (42.3 percent vs. 33.3 percent); and to have ever used other illicit drugs (9.2 percent vs. 6.3 percent).²⁴ The odds of engaging in marijuana, cocaine, or other illegal drug use are more than twice as high among students who have considered suicide, as are the odds of using a combination of alcohol and illegal drugs.²⁵



Consequences of Other Drug Use

Illicit street drugs create special dangers for both individual students and the campus community. Students who buy illegal drugs run the risk of being arrested or becoming a victim of violence. Those who sell street drugs are by definition criminals, and their very presence on campus threatens the health and safety of the college environment.²⁶

The physiological effects of drugs range from mild dizziness, reduced response time, or diminished inhibition to death from overdose. Students are more likely to be careless under the influence of drugs, leading to risky and dangerous behaviors and additional consequences, including unintentional injury to self or others, unplanned pregnancy and sexually transmitted disease, and drugged driving and motor vehicle crashes.

Mental health problems can both lead to and be exacerbated by drug use. Often students who try to medicate their own depression or anxiety soon find that drug use itself leads to a downward spiral of mental and emotional problems.²⁷ There is also the risk of developing drug dependence or addiction.

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The short-term effects of marijuana include impairments of coordination, memory, comprehension, problem solving, judgment, and motivation.²⁸ Marijuana use is also a risk factor associated with abuse of other illicit drugs. Most students who use other illicit drugs have previously used marijuana.²⁹ Indeed, the proportion of college students who have used other illicit drugs before or without ever using marijuana is less than 5 percent.³⁰

Cocaine is a powerfully addictive drug that has been associated with seizures, heart attacks, and violent behavior.³¹ Long-term effects of heroin include, in addition to addiction, infection of the heart lining and valves and possible death.³² With a recent lack of public focus on heroin addiction, today's college students may be prone to "generational forgetting" and precariously unaware of the dangers of the drug.³³

By themselves, club drugs have incapacitating effects, causing disorientation, impaired judgment, amnesia, and even coma.³⁴ When mixed with alcohol, their use can lead to immediate blackout, causing sexual predators to employ them as date rape drugs. As noted previously, alcohol remains the primary drug implicated in date rape on college campuses.

The psychological effects of club drugs include hallucination, confusion, depression, anxiety, and paranoia. Students also may experience physical consequences, ranging from nausea and dehydration to increased heart rate and blood pressure.³⁵ Chronic use of ecstasy can lead to permanent changes in brain function.³⁶

Performance-enhancing drugs also involve negative effects that far outweigh any positive results users may perceive. Ephedra has been linked to health complications, including death. The consequences of using anabolic steroids range from drastic mood swings to increased risk of contracting HIV.³⁷

Prescription drugs also present significant risks, especially when they are misused or administered through non-prescribed methods. One study indicated that 40 percent of students who abuse prescription drugs ingest them by snorting.³⁸ Snorting, which rapidly delivers a large dose of the drug to the bloodstream and

brain, is particularly dangerous. Although prescription drugs may lack the stigma of street drugs, they can lead to the same types of severe negative consequences.³⁹

Poly-Drug Use

Drugs are often used in combination, which increases the potential for dangerous consequences resulting from their synergistic effects. Prescription opioids, for example, lead to greater toxicity when they interact with other drugs.⁴⁰

In most cases, alcohol is the most commonly co-administered substance.⁴¹ Alcohol may disinhibit drinkers and lead them to experiment with or use marijuana or other illicit drugs.⁴² Some students use alcohol and other drugs in combination to enhance their effects.⁴³ Other substances are also deliberately combined. Heroin and cocaine are often taken together, for example, to moderate the drowsiness associated with heroin.

Studies show that poly-drug users on campus are far more likely than either high-risk drinkers or users of one illicit drug to engage in other risk-taking behaviors.⁴⁴ Moreover, individuals who simultaneously use alcohol and other drugs are more likely than others to become addicted to both alcohol and other drugs.⁴⁵

The list of possible consequences of the many other drugs used on U.S. college campuses is well documented in research and field experience. Sources of information about the signs, symptoms, and long-term effects of particular drugs are included in the Resources section.

Implications for Academic Success

Both research studies and campus experience demonstrate that the use of illicit drugs compromises academic performance. Chronic use of marijuana impairs mental abilities and information processing.⁴⁶ Negative effects of marijuana include poorer academic achievement and motivation, lower grade point averages, increased absenteeism, lower rates of completing college, and less educational satisfaction.⁴⁷ Long-term use of opioids leads to difficulties both in conceptualizing and in solving problems.⁴⁸ The short-term perceived academic

improvements of misusing Ritalin or Adderall are more than offset by the longer-term health effects, which can lead to drug dependence and academic failure.⁴⁹



Factors Related to Drug Abuse

Two broad sets of factors related to drug abuse need to be understood in order to fashion an effective prevention strategy: individual motivations for using drugs, and factors in the environment that promote drug use or can prevent it.

Why Do Students Use Drugs?

Understanding students' motives for using drugs can help inform prevention efforts.⁵⁰ Fully 46 percent of those who use drugs attribute their behavior to the need to relax, reduce stress, or forget about their problems.⁵¹ Easing nervousness at social gatherings and the desire to "fit in" are also cited as motives. Some students report they are motivated by the desire to get intoxicated, to intensify the experience of partying, and to abandon inhibitions.⁵²

Some motives seem to be consistently associated with particular drugs. Students who use cocaine and crack, its smokable form, report that they long for the powerful euphoria and rush of energy the drug brings. Students who abuse heroin sometimes acknowledge that they return to the drug because they yearn for a predictable, intense euphoria.⁵³

Other students take performance-enhancing drugs to enhance their athletic performance.⁵⁴ These students may believe that steroids offer the quickest way to build muscle mass, or that ephedra will boost both concentration and stamina on the playing field.

Many students use stimulant drugs to sustain longer study sessions.⁵⁵ Students report that stimulants such as Adderall and Ritalin help them stay awake and heighten their ability to concentrate. Females are more likely than males to use attention deficit hyperactivity disorder drugs to study.⁵⁶ Because these students are not seeking thrills or trying to gain acceptance

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within a drug-using counterculture, many of these students do not define their behavior as “drug abuse.”⁵⁷

Still other students use stimulant drugs when trying to control their weight, based on the reasoning that pills, unlike alcohol, add no calories. The stimulants themselves, they believe, help them lose weight, or they substitute pills for alcohol so they can become intoxicated without consuming calories.

Prescription stimulants, cocaine, or methamphetamine are sometimes used to combat the depressant effects of excessive alcohol consumption or to stay awake at parties or clubs. Use of prescription stimulants when partying seems to be increasing.⁵⁸ One article identified that some men who have sex with men use methamphetamine to enhance sexual performance.⁵⁹

Environmental Factors

Campus administrators need to identify factors in the environment that promote drug use and abuse. The sociocultural environment in which today’s students attend college is characterized by a decreased tolerance for pain and discomfort, heightened consumer demand for medications, aggressive advertising of prescription drugs, and a greater tendency to medicate negative emotions.⁶⁰ One researcher reflected on the “seemingly unending capacity of pharmacological experts and amateurs to discover new substances with abuse potential that can alter mood and consciousness and of young people to discover the abuse potential of existing products.”⁶¹

Another aspect of the normative environment that elevates risk for drug problems is the frequent acceptance of experimentation with drugs as a rite of passage. A widely held viewpoint considers the college years to be a time-out, a socially sanctioned break from otherwise enforceable rules of living.⁶²

The particular campus environment may also encourage drug use. For instance, the temptation to experiment with substance use may be especially seductive in the context of unstructured time and the absence of healthier options and activities. Campus policies that

pertain specifically to other drug use may be nonexistent, unclear, or unknown to the student body, and enforcement may be inconsistent.

The ease of obtaining drugs is another critical risk factor for drug abuse. The majority of teens who abuse prescription drugs report that they get the medications from a relative or friend by purchasing them, getting them for free, or stealing.⁶³ Students in search of Ritalin have been known to mimic the symptoms of attention deficit hyperactivity disorder in order to secure their own prescription.⁶⁴ A study conducted in southwestern California found that half of college students with Ritalin prescriptions had been approached by other students wanting them to sell, share, or give away pills.⁶⁵

The Internet opens a new world to students tempted to use illicit drugs. The World Wide Web is replete with appealing but often misleading information about the benefits of recreational drugs. Moreover, through social networking Web sites, bulletin boards, and chat rooms, students can find or create their own drug user community and locate illicit drug dealers.⁶⁶

New technology also eases the process of obtaining prescription drugs through online pharmacies, dubbed “pharmers’ markets” by one critic.⁶⁷ As nearly all college students use the Internet, they now have access to a 24-hour, private, and convenient means of purchasing drugs.⁶⁸ The year 2006 saw a 70 percent increase in the number of Web sites that advertise or sell prescription drugs; 84 percent of these sites did not require a prescription in order to obtain the drug.⁶⁹

Interpersonal protective factors that may help reduce illicit drug use on college and university campuses are well documented in the adolescent substance abuse literature. Continued involvement of parents in the lives and decisions of their college student children has been shown to moderate the effect of going to college on increased marijuana use.⁷⁰ Other protective factors include having friends who do not use illicit drugs, involvement in a religious faith or spiritual life, and engagement in community service.⁷¹



Preventing Drug Abuse on Campus

The drug problem is different on each college campus. Thus, it is critically important to conduct a problem analysis to determine the exact nature and scope of the problem in the campus community. Different types of drugs may require somewhat different approaches. Student motives are another factor. For example, those motivated to take prescription

drugs to improve their grades will respond to different prevention strategies than those using the drugs for social reasons or simply to get “high.”

Once the problem analysis has been completed, the institution can establish long-term goals and objectives and then develop and implement a strategic plan.⁷² Importantly, the U.S. Department of Education’s principles of effectiveness underscore that the strategic plan should include an evaluation component to assess progress and inform midcourse improvements.

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Principles of Effectiveness for Prevention Programs

The U.S. Department of Education’s Office of Safe and Drug-Free Schools promotes principles of effectiveness for prevention programs, as codified in the *No Child Left Behind Act of 2001*. A subset of the principles of effectiveness most applicable to institutions of higher education can be summarized as follows:

- Design programs based on a thorough needs assessment of objective data.
- Establish a set of measurable goals and objectives linked to identified needs.
- Implement prevention activities that research or evaluation have shown to be effective in preventing illicit drug use.
- Use evaluation results to refine, improve, and strengthen the program and refine goals and objectives as appropriate.

Education is the cornerstone for a comprehensive prevention effort. Students need basic facts about drugs to counter widespread myths about their effects. Especially important is information about newer drugs of abuse, which students may not have heard before. Students also need to know about federal, state, and local laws and the penalties for various violations.

Access to treatment is also vital. Faculty and staff should be alert to signs of distress in students and then be prepared either to approach a student to get help or to contact the appropriate campus office to express their concerns. College and university officials should also make treatment for drug addiction readily available or be able to refer students if treatment resources are unavailable on campus.

These education and treatment interventions, directed at individual students, are essential but insufficient. Research suggests that the multifaceted problem of drug abuse is best approached through a comprehensive approach that includes environmental change strategies.⁷³

Environmental Management Prevention Strategies

A prevention approach called *environmental management* offers a comprehensive framework for an adaptable and effective prevention program.⁷⁴ The focus of this approach is to structure the campus and community environment in ways that decrease the supply and demand for both alcohol and other drugs.

Seminal reports prepared by the National Institute on Alcohol Abuse and Alcoholism⁷⁵ and the National Academies⁷⁶ strongly endorsed environmentally focused efforts to combat student alcohol abuse. Subsequent research has confirmed the value of this approach. For example, an evaluation of the A Matter of Degree initiative showed that campus and community coalitions can work effectively to implement multiple environmental management strategies and thus bring about reductions in heavy drinking, driving after drinking, and other alcohol-related problems.⁷⁷

While most campus administrators who have applied the environmental management

approach have focused primarily on preventing alcohol abuse, many of its component strategies can also be applied to reduce the attractiveness and availability of other drugs.

The environmental management approach involves five strategies, each focused on an aspect of typical campus community environments.

Each strategy encompasses several promising program and policy options for administrators to consider as part of a comprehensive strategic plan for preventing illicit drug use.

1. Offer and promote social, recreational, extracurricular, and public service options that do not include alcohol and other drugs.

Students at residential colleges may have comparatively few concrete responsibilities and considerable unstructured time, with limited social and recreational options. To help ensure that drug use is not the more appealing choice, campus administrators can invest resources to initiate and promote alcohol- and drug-free events and activities and offer financial support to student clubs and organizations that are alcohol- and other drug-free. In addition, they can open or expand a student center, gym, or other alcohol- and drug-free settings and make them available late into the evening and on weekends.

Considering the problems related to ecstasy and other club drugs, campus prevention professionals can create alternative events that simulate the club and rave atmospheres that appeal to some students, featuring high-energy music, dancing, and extended hours. These events should be widely advertised as alcohol- and drug-free. Adequate supervision and security measures should be in place to ensure that alcohol and other drugs are not used.

Moreover, because involvement in community service has been identified as a protective factor against drug abuse, campuses can sponsor and publicize opportunities for volunteer activities or service learning. Faculty can be enlisted to mentor students in these activities. Historically black colleges and universities (HBCUs) are exemplary from this perspective; most focus strongly on character

development and community service, and studies show that these institutions have lower rates of drug abuse.⁷⁸

2. Create a social, academic, and residential environment that supports health-promoting norms.

Communications to students from colleges and universities should make clear the institution's expectations that students will not abuse drugs. From recruitment information to letters from the president and other administrators, these expectations should be clearly articulated; messages from faculty and staff should reinforce these policies. Specific tactics to help convey the institution's expectations that students will focus on academics instead of recreational drugs include expanding the number of early morning and Friday classes and increasing contact between faculty and students.

Students generally overestimate the percentage of their peers who use marijuana or other drugs, which can in turn lead them to feel pressured into drug use themselves.⁷⁹ College officials can conduct a survey to determine the actual prevalence of specific drugs on campus. Survey results can be used in a social norms campaign that communicates accurate information about the number of students who actually use other drugs, thereby reducing the perceived pressure to fit in.

Many colleges and universities now offer a residence hall where all drug use is prohibited. Another option is to employ older, salaried resident assistants who can enforce the college's rules with greater authority than can undergraduate resident advisers.

3. Limit the availability of other drugs both on and off campus.

Research has demonstrated a close link between the widespread availability of drugs and both drug abuse and addiction.⁸⁰ A campus and community coalition, with active participation from law enforcement agencies, can help identify where and how

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students are getting and using illicit drugs. Then the coalition can work to arrest and prosecute dealers, ensure consequences for clubs that allow drug use on the premises, and take action against local landlords whose premises are used to sell drugs. Local ordinances can be amended to prohibit sales of drug paraphernalia.

Campus health officials can tighten controls on prescription drugs by routinely reviewing students' medical records before writing prescriptions and restricting prescriptions they write to a month's supply. During parent orientation, health services staff can provide helpful information on converting prescriptions to a local or campus pharmacy, so that multi-month supplies ordered through mail-order pharmacies are not delivered to a student's campus address. Access to online pharmacies can be blocked on campus-based computers.

4. Restrict marketing and promotion of clubs and raves.

Campus officials can prohibit both on-campus advertising of raves and other events at which club drug use may be encouraged or tolerated and the posting of student party announcements that refer to or imply illicit drug use. Faculty and campus housing staff should be encouraged to become aware of and report the presence of any on-campus marketing materials that promote illegal drugs or parties at which these drugs may be available. Campus policies should also prohibit sale of pro-drug paraphernalia (e.g., pipes, rolling papers, and bongos) on campus property. A local coalition can implement complementary strategies in the surrounding community.

5. Develop and enforce campus policies and enforce local, state, and federal laws.

Campus officials should regularly review and revise their alcohol and other drug policies to respond to specific drugs of abuse, including prescription drugs. These policies should then be communicated clearly and frequently to

The Drug and Alcohol Abuse Prevention Regulations (*Education Department General Administrative Regulations [EDGAR], Part 86*) state that, as a condition of receiving funds or other forms of financial assistance under any federal program, institutions of higher education must employ a sound method for annually notifying every student and staff member of standards of conduct that prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol on college property or as part of any college-related activities.⁸¹

"Whatever lasting success is achieved in drug abuse prevention comes from comprehensive, multidimensional programs and from collaboration across campus. This means that everybody with a stake in the issue is involved: student affairs, health services, faculty, other administrators—as well as public safety."
—Steven Healy, Director of Public Safety and Chief of Police, Princeton University, and President, International Association of Campus Law Enforcement Administrators⁸²

the campus community. Consequences for violations should also be spelled out.

Campus police, administrators, residence hall staff, and other appropriate staff should partner with local law enforcement to uphold campus policies and local, state, and federal laws related to possession or distribution of illicit drugs. Advertisements or promotions of drug use found on the campus or in the community also can be investigated by law enforcement.

Other tactics include developing and enforcing new policies to curb off-campus parties and developing a system whereby local law enforcement agencies report off-campus drug offenses to campus officials. The college or university should not be a haven where students think they are immune from the consequences of their actions, and students should be made aware that they will not be protected from legal liability.



Conclusion

Today's college students face a range of drug temptations never envisioned by earlier generations of students. Campus administrators have a responsibility to minimize the temptation and opportunity for drug abuse and to help students navigate the new world they inhabit and an opportunity to guide them toward options for a healthier life. A comprehensive approach grounded in environmental management offers a solution to student drinking and other drug abuse, thereby helping protect students' health, safety, and educational future.

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The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention ♦ <http://www.higheredcenter.org>

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Resources

Office of Safe and Drug-Free Schools (OSDFS)

U.S. Department of Education
<http://www.ed.gov/osdfs>; 202-245-7896

The U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

<http://www.higheredcenter.org>; 1-800-676-1730;
TDD Relay-friendly, Dial 711

Center for Substance Abuse Prevention (CSAP)

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
<http://prevention.samhsa.gov>; 240-276-2420

The Core Institute

Southern Illinois University Carbondale
<http://www.siu.edu/~coreinst>; 618-453-4420

National Clearinghouse for Alcohol and Drug Information (NCADI)

Substance Abuse and Mental Health Services Administration
<http://ncadi.samhsa.gov>; 1-800-729-6686;
TDD: 1-800-487-4889

National Institute on Drug Abuse (NIDA)

National Institutes of Health
<http://www.nida.nih.gov/NIDAHome.html>;
301-443-1124

The Network Addressing Collegiate Alcohol and Other Drug Issues

<http://www.thenetwork.ws>; see Web site for telephone contacts by region

Office of National Drug Control Policy (ONDCP)

<http://www.whitehousedrugpolicy.gov>;
1-800-666-3332



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