



Drug-Free Schools and Campuses Regulations [Edgar Part 86] Biennial Review Academic Years 2016-17 & 2017-2018

This review was created by the Student Life Office with the help of the following personnel:

Jeffrey Schone – Vice president for Student Life

Melissa Stein – Administrative Assistant to the Vice president for Student Life

Kelsey Horn, RN – Health Services Office

Andrea Wendland – Human Resources Director

Angela Scharf – Women's Services Director

This report is issued by the Martin Luther College Student Life Office on December 31, 2018

Martin Luther College
Drug-Free Schools and Campuses Regulations [EDGAR Part 86]
Alcohol and Other Drug Prevention Certification

The undersigned certifies that Martin Luther College has adopted and implemented an alcohol and other drug prevention program for its students and employees that, at a minimum, includes –

1. The annual distribution to each employee, and to each student who is taking one or more classes of any kind of academic credit except for continuing education units, regardless of the length of the student’s program of study, of:

- Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities
- A description of the applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol
- A description of the health risks associated with the use of illicit drugs and the abuse of alcohol
- A description of any drug or alcohol counseling, treatment or rehabilitation or re-entry programs that are available to employees or students
- A clear statement that the institution will impose disciplinary sanctions on students and employees (consistent with State and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct. A disciplinary sanction may include the completion of an appropriate rehabilitation program.

2. A biennial review by the institution of its alcohol and other drug prevention comprehensive program to:

- Determine its effectiveness and implement changes to its comprehensive alcohol and other drug prevention program and policies, if they are needed
- Ensure that its disciplinary sanctions are consistently enforced.

Martin Luther College
1995 Luther Ct
New Ulm, MN 56073

Mark G. Zarling

41-0695520

Typed Name of Chief Executive Officer

Mark G. Zarling

IRS Employer Identification Number

507-354-8221

Signature of the Chief Executive Office

December 31, 2018

Telephone Number

zarlinmg@mlc-wels.edu

Date

Email Address

Table of Contents

Introduction/Overview

The Drug-Free Schools and Campuses Regulations (345 CFR Part 86) of the Drug-Free Schools and Communities Act (DFSCA) require that an institution of higher education (IHE) such as Martin Luther College (MLC) certify implemented programs to prevent the abuse of alcohol and use or distribution of illicit drugs both by MLC students and employees both on its premises and as a part of any of its activities. At a minimum each institution of higher education must annually distribute the following in writing to all students and employees:

- Standards of conduct that clearly prohibit the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees;
- A description of the legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol;
- A description of any drug or alcohol counseling, treatment, or rehabilitation or reentry programs that are available to employees or students; and
- A clear statement that the institution will impose sanctions on students and employees and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct. The law further requires that the institution conduct a biennial review of its program with the following objectives:
 - Determining the effectiveness of the policy and implementing changes to the alcohol and other drug programs if they are needed; and
 - To ensure that the sanctions developed are enforced consistently.

The biennial review must also include determinations as to:

- The number of drug and alcohol related violations and fatalities occurring on the campus or as part of activities that are reported to campus officials;
- The number and type of sanctions MLC imposed on students or employees as a result of such violations and fatalities.

Martin Luther College acknowledges its legal obligation to conduct a biennial review of compliance with the Drug-Free Schools and Communities Act and authorizes the Student Life Office and the MLC Compliance Committee to conduct the relevant review in fulfillment the requirements of the previously mentioned Federal Regulations. The personnel associated with this work are listed above.

Biennial Review Process

To meet the legal requirements of conducting a biennial review and also summarize the programs and activities related to alcohol abuse and drug prevention at Martin Luther College during the 2016-2017 and 2017-2018 academic years, the following information was examined:

- Alcohol and drug information provided to students and employees
- Policies contained in Student, Faculty and Employee Handbooks related to drug and alcohol use on campus and the sanctions imposed for failure to comply
- Various resources available to students and employees regarding drug and alcohol abuse
- Incident reports in the Student Life Office related to any possible infraction of the drug and alcohol policy for students and employees
- Minnesota College Student Health survey data for 2012 and 2016 (survey administered by the Boynton Health Service of the University of Minnesota)
(NB ... MLC will next participate in this survey during the Spring of 2019)

- Local ordinances, state statutes and federal laws pertaining to alcohol and drug use, possession and abuse

Martin Luther College strives to remain in compliance with the requirements of the Drug-Free Schools and Communities Act. The college is committed to creating a healthy, safe and positive community for its students and employees. The college has adopted and implemented programs to prevent abuse of alcohol and use or distribution of illicit drugs by both students and employees both on its premises and as part of any of the college’s activities. Through the use of multiple strategies, the college provides a framework for addressing alcohol and other drug-related issues for the campus community. This was accomplished by:

- 1) developing alcohol and drug-related policies to foster the consistency of enforcement;
- 2) conducting early intervention programming;
- 3) providing treatment and recovery options.

MLC policies and procedures on alcohol and other drugs are reviewed with all new students during orientation. These policies are also made available through the Student Handbook available on both the MLC website and the MLC portal site. This policy information is also distributed at the beginning of each school year—separately and as part of the MLC Annual Security and Fire Report. Policy information is available on the Student Life home page at: <https://mlc-wels.edu/student-life/>

MLC distributes alcohol and drug related information to all those enrolled for credit, including continuing education, online and graduate students. The college distributes this information at the beginning of the fall and spring semesters to on-campus students and to on-campus summer term students when they begin their classwork. Information is distributed to on-line students as they begin their classwork during the school year – fall, spring and summer sessions. Students who enroll at other times will be given drug and alcohol related information when they begin coursework.

The employee handbook (Lay and Called Worker Handbook) is available online 24/7 via the [MLC Portal](#) and [Vibe](#). Annually on July 1, or as revisions occur, employees are required to acknowledge the handbook with the Employee Handbook Acknowledgment Form found on page 90. Employees can refer to the table of contents and the revision dates. The handbook is distributed via [Vibe](#), but also is announced to the campus through campus publications. Initially, all new employees, including student employees, are made aware of the policy during the hiring process.

Biennial Reviews are kept in the Student Life Office and are available upon written request of the Vice president for Student Life. Biennial Reviews are kept for 7 years.

1. Martin Luther College Alcohol and Drug Policies for Students, Faculty and Employees

Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol on school property or as part of any school activities

The MLC Student Handbook is distributed to each student, faculty member and staff member via the school’s website. The handbook states the following concerning the college’s policies regarding Alcohol and illegal drugs.

Alcohol Policy

The College Board of Control has adopted a policy on drug and alcohol abuse in

compliance with Drug-free Schools and Communities Amendments Act of 1989 and Public Law 101-226. This policy states...

- MLC faces the same problems as other American colleges
- Drug and alcohol abuse is a sinful misuse of the body
- Underage drinking is a sin against lawful authority.

The college is obligated to...

- provide information on drug and alcohol abuse annually.
- offer aid and counsel to abusers.
- sanction, suspend or dismiss when appropriate.

MLC is committed to a drug and alcohol free campus for its students.

Alcohol and Controlled Substance Violations

Violation of the MLC alcohol and drug free campus policy, any underage drinking or any cases of drunkenness or any cases of possession of alcohol on campus will result in one or more of the following consequences: a \$250 fine, mandatory counseling, restrictions and/or dismissal from school, referral to law enforcement authorities. Controlled substance violations will be treated similarly and will jeopardize the individual's enrollment at Martin Luther College.

Alcohol/Controlled Substance Violations and Parental Notification

In 1998 Congress added the following provision to the FERPA legislation: Nothing in this Act or the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.) shall be construed to prohibit an institution of higher education from disclosing, to a parent or legal guardian of a student, information regarding any violation of any Federal, State, or local law, or of any rule or policy of the institution, governing the use or possession of alcohol or a controlled substance, regardless of whether that information is contained in the student's education records, if -

- A. the student is under the age of 21; and
- B. the institution determines that the student has committed a disciplinary violation with respect to such use or possession.

The VP for student life is responsible for determining if and by what means parents or legal guardians will be notified when students under the age of 21 are found to have committed violations of federal, state, or local law or college policies related to the possession, use, or distribution of alcohol or a controlled substance.

The college encourages students to assume personal responsibility and accountability for their actions as they learn to establish their own independence. The college also recognizes that the process of establishing personal independence requires support and, at times, assistance or intervention. In the appropriate circumstances, notification of parents or legal guardians can be a means of support in that transition. Consistent with this approach, the VP for student life or his designee, at his discretion, will involve the student in a discussion about the decision to notify his/her parents or legal guardian and will inform the student that notification will take place.

The MLC Faculty Handbook is posted on the college computer network and is available to all members of the faculty and staff. The Faculty Handbook states the following concerning drugs and alcohol:

Drug and Alcohol Policy

The abuse of drugs, including alcohol, is a pervasive problem in American society. Like other societal sins, this abuse also gains entry to a Christian campus. Martin Luther College shares this lack of immunity: Almighty God created us, giving us our bodies and minds and all our senses. We sin against our Creator when we harm our bodies, dim, our minds, and confuse our senses by abusing alcohol and other drugs. Breaking the laws of the state is also contrary to God's will, since he established government as his servant to keep order in the world.

When God's Son redeemed us from sin and death, he purchased us to be his own. Our bodies and souls are his, not only because he created us but also because he bought us with his own blood. His Holy Spirit makes the bodies of believers his temples. He lives in us, giving us new strength to overcome sin and to do our Father's will. While we still sin daily, we fight against temptation and strive to help our fellow-Christians in their daily struggle. We also desire to minister to those whose bodies and lives are being damaged by sin.

In response to these unalterable convictions of Christian faith, Martin Luther College strives to maintain a drug-free environment for students, faculty, and staff as mandated by United States law passed in 1989 as the, Drug-free Schools and Communities Amendments Act. This law also mandates that the college offer aid and counsel to those who give in to drug or alcohol abuse. The penalty for non-compliance is loss of federal financial aid and possibly other sanctions.

As part of this program, as mandated in P.L. 101-226, Martin Luther College will each year distribute to students, faculty, and staff specifically required information about illicit drugs and alcohol. To those in need the college offers aid and counsel through those called or hired to positions of supervision and-trust in the organizational structure of the college. Lack of response to this counsel and aid could lead to suspension or dismissal of a student, faculty member, or employee. Each case deserves its own attention and consideration in accord with Christian principles of dealing with a needy brother or sister. In summary, Martin Luther College bears a responsibility for providing a healthy, safe environment for students, faculty, and employees. We are aware of the many evil influences that may affect the daily performance of our duties. Such influences include the abuse of alcohol and other drugs. Martin Luther College commits itself to a drug-free environment supportive of work, study, and play. This is not only a legal requirement; our Savior-God expects no less of us as a Christian college serving his church.

The MLC employee (Lay and Called Worker) Handbook is posted on the college computer network and is available to all members of the staff. This handbook states the following concerning drugs and alcohol:

702 Drug and Alcohol Use

WELS and MLC advocates that its premises will be free from the unlawful distribution, dispensation, possession or use of controlled substances by its employees. Additionally, WELS and MLC employees are to work free from the effect of alcohol and other performance-impairing substances while at work or WELS and MLC-sponsored events. Illegal drug use includes the unauthorized use or possession of a legal drug as well as the use or possession of a controlled substance. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

WELS reserves the right to conduct alcohol and drug tests for cause or periodic testing for employees in designated departments, classifications or workgroups. Violations of this stated policy may lead to disciplinary action, up to and including termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

Employees with questions about this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or the DHR without fear of reprisal

A description of the applicable legal sanctions under federal, state, or local law for the unlawful possession or distribution of illicit drugs and alcohol is also available in the MLC Annual Security Report.

The college's Annual Security Report is posted on the MLC website each year and is made available in this electronic format for prospective and current students, faculty and staff members. It contains detailed information concerning applicable legal sanctions for the unlawful possession or distribution of illicit drugs and alcohol.

2. Applicable Laws

Selling illicit drugs is a criminal offense punishable by a fine or imprisonment, depending on the specific offense and factors such as prior convictions for similar offenses. Driving while intoxicated is against the law and can result in driver's license revocation or even imprisonment in some cases. Under Minnesota law, an individual under the age of 21 can be arrested and put in jail for purchasing or consuming alcohol. The following is a brief overview of local, state and federal laws governing the possession, use and distribution of illicit drugs and alcohol. It is not intended to be an exhaustive or definitive statement of various laws, but rather is designed to indicate types of conduct that are against the law and the range of legal sanctions that can be imposed for such conduct.

Alcohol Laws

Local Laws: The city of New Ulm, like many other cities, has an ordinance prohibiting the consumption of, or possession of, an open container containing an alcoholic beverage in any public place or on private property without the owner's permission.

State Laws: Minnesota state law provides that it is a misdemeanor if a person under the age of 21 consumes alcohol, attempts to purchase alcohol, possesses alcohol with intent to consume it, enters a licensed establishment or municipal liquor store for the purpose of purchasing or being served alcohol or misrepresents her or his age. Misdemeanors are punishable by imprisonment for up to 90 days and/or a \$700 fine. It is a gross misdemeanor to give or sell alcohol to a person under the age of 21 or to procure alcohol for an obviously intoxicated person. It also is a gross misdemeanor (punishable by imprisonment for up to 90 days and/or a \$3,000 fine) to induce a person under the age of 21 to purchase alcohol or to knowingly permit a person under 21 to use one's driver's license or other identification for the purpose of procuring alcohol. Finally, selling alcohol to a person under the age of 21 who becomes intoxicated and causes death or serious bodily harm to herself/himself or another is a felony, punishable by imprisonment in excess of one year and/or a fine in excess of \$3,000. If an individual in Minnesota drives under the influence of drugs or alcohol, possible sentences include revocation of driving privileges, fines, imprisonment and participation in rehabilitation programs. If a person drives under the influence of alcohol and death or injury results, the intoxicated driver can be convicted of murder, manslaughter or battery.

Drug Laws

State Laws: Minnesota law covers a wide range of drug offenses, including the sale or possession of various types of drugs. Penalties are harsher for sale than possession. Following is a list of the penalties that can result from the unlawful sale or possession of certain drugs:

- Cocaine: For a first offense, penalties range from up to 15 years in prison and/or a \$100,000 fine, to up to 30 years in prison and/or a \$1 million fine. For a second offense, the penalties range from one to 30 years in prison and/or a \$250,000 fine, to four to 40 years in prison and/or a \$1 million fine.
- Marijuana/Hashish: For a first offense, penalties range from a \$200 fine and participation in a drug education program to up to 30 years in prison and/or a \$1 million fine. For a second offense, penalties range from up to 90 days in prison and/or a \$700 fine, to four to 40 years in prison and/or a \$1 million fine.
- Narcotic Drugs: For a first offense, penalties range from up to five years in prison and/or a \$10,000 fine, to up to 30 years in prison and/or a \$1 million fine. For a second offense, penalties range from six months to 30 years in prison and/or a \$250,000 fine, to four to 40 years in prison and/or a \$1 million fine.

Federal Laws: In addition to state laws, federal laws prohibit the manufacture, distribution, possession with intent to manufacture or distribute, and simple possession of certain drugs. The law sets the following sentences for first-time offenders:

- A minimum of 10 years and a maximum of life imprisonment and/or a \$4 million fine for the knowing or intentional manufacture, sale or possession with intent to sell, of large amounts of any narcotic, including heroin, morphine or cocaine (which includes crack), or of phencyclidine (PCP) or of LSD, or of marijuana (1,000 kg or more);
- Five to 40 years in prison and/or a \$2 million fine for similar actions involving smaller amounts of any narcotic (including heroin or morphine), cocaine (which includes crack), PCP or LSD, or marijuana (100 kg or more);
- A maximum of five years and/or a \$250,000 fine for similar actions involving smaller amounts of marijuana (less than 50 kg), hashish, hashish oil, PCP or LSD, or any amounts of amphetamines, barbiturates and other controlled stimulants and depressives;
- Four years in prison or a \$30,000 fine (or both) for using the mail, telephone, radio or other public or private means of communication to commit acts that violate the laws against the manufacture, sale and possession of drugs;
- One year or a \$1,000 fine (or both) for possession of any controlled substance. (The gift of a small amount of marijuana is subject to the penalties for simple possession.) Penalties may be doubled, however, when a person at least 18 years old: (1) distributes a controlled substance to a person under 21 years of age (A term of imprisonment for this offense shall not be less than one year); or (2) distributes, possesses with the intent to distribute, or manufactures a controlled substance in or on, or within 1,000 feet of the real property comprising a public or private elementary or secondary school, or a public or private college. Any attempt or conspiracy to commit one of the above federal offenses, even if unsuccessful, is punishable by the same sentence as for that offense. In addition, persons convicted of possession or distribution of controlled substances may be ineligible for federal benefits for up to one year (in the case of conviction for possession) or up to five years (in the case of conviction for distribution). "Federal benefits" include grants, contracts and loans, including Federal Financial Aid benefits.

<p>Compendium of Local, State and Federal Laws</p>

City of New Ulm Ordinances

Section 8.84. Hosting gathering at which underage alcohol possession or consumption occurs.

Subdivision 1. Purpose. This section is enacted pursuant to Minn. Stat. §145A.05, subd. 1, to protect public health and safety and discourage underage possession and consumption of alcohol by holding persons criminally responsible who host events or gatherings at which underage persons possess or consume alcohol, regardless of whether the host supplied the alcohol.

Subd 2. Definitions. For purposes of this section, the following terms have the following meanings:

- A. "Alcohol" means ethyl alcohol, hydrated oxide of ethyl, or spirits of wine, whiskey, rum, brandy, gin, or any other distilled spirits, including dilutions and mixtures thereof from whatever source or by whatever process produced.

B. "Alcoholic beverage" means alcohol, spirits, liquor, wine, beer, and every liquid or solid containing alcohol, spirits, wine, or beer, and which contains one-half of one percent or more of alcohol by volume and which is fit for beverage purposes either alone or when diluted, mixed, or combined with other substances.

C. "Event or gathering" means any group of three or more persons who have 13 assembled or gathered together for a social occasion or other activity.

D. "Host" means to aid, conduct, allow, entertain, organize, supervise, control, or permit a gathering or event.

E. "Parent" means a person having legal custody of a juvenile as a natural or adoptive parent or step-parent, as a legal guardian, or as a person to whom legal custody has been given by order of the court.

F. "Person" means any individual, partnership, co-partnership, corporation, or any association of one or more individuals.

G. "Underage person" is any individual under twenty-one (21) years of age.

Subd. 3. Prohibited acts. It is unlawful for any person to host an event or gathering, at any location, at which:

A. alcoholic beverages are present; and

B. the person knows, or reasonably should know, that any underage person will or does consume any alcoholic beverage or possess any alcoholic beverage with the intent to consume it; and

C. the person fails to take reasonable steps to prevent possession or consumption by the underage person. A person who hosts an event or gathering does not have to be present at the event or gathering to be in violation of this subdivision.

Subd. 4. Exceptions. Subdivision 3 above shall not be construed to apply to:

A. Conduct solely between an underage person and that person's parent while in the parent's household.

B. Legally protected religious observances.

C. Conduct of intoxicating liquor licensees, 3.2 percent malt liquor licensees, or bottle 36 club permit holders who are regulated by Minn. Stat. Chapter 340A.

D. Situations in which an underage person is lawfully in possession of alcoholic beverages during the course and scope of that person's employment.

Subd. 5. Penalty. Violation of Subdivision 3 of this section is a misdemeanor.

Section 8.85. Consumption of alcoholic beverages on streets and public property.

It is unlawful for any person to consume, or possess in an unsealed container, alcoholic beverages as defined by Minnesota Statutes, in or upon any street, parking lot owned by or under the control of the City, building owned by or under the control of the City, or other property owned by or under the control of the City, except when and where permission has been specifically granted or licensed by the City Council. Provided, that this section shall not apply to the possession of an unsealed container in a motor vehicle on streets or public property when the container is kept in the trunk of such vehicle if it is equipped with a trunk, or kept in some other area of the vehicle not normally occupied by the driver or 5 passengers, if the motor vehicle is not equipped with a trunk. For the purpose of this section, a utility or glove compartment shall be deemed to be within the area occupied by the driver or passengers. Notwithstanding the general prohibition contained in this section, alcoholic beverages may be consumed in City facilities and parks if the requirements of City Code section 5.50 are met.

Section 8.86. Consumption of beer, wine, or liquor on private parking lots.

It is unlawful for any person to consume or possess in an unsealed container, beer, wine, or liquor, as those terms are defined by Minnesota Statutes, on any privately-owned parking lot without the consent of the owner of the parking lot. Provided, that this section shall not apply to the possession of an unsealed container in a motor vehicle on privately-owned parking lots when the container is kept in the trunk of such vehicle if it is equipped with a trunk, or kept in some other area of the vehicle not normally occupied by the driver or passengers, if the motor vehicle is not equipped with a trunk. For the purpose of this section, a utility or glove compartment shall be deemed to be within the area occupied by the driver or passengers.

Minnesota Alcohol and Drug Laws

An Overview of Minnesota's DWI Laws

<http://www.house.leg.state.mn.us/hrd/pubs/dwiover.pdf>

Implied Consent

Any person who drives, operates, or is in physical control of a motor vehicle within this state or on any boundary water of this state consents, subject to a chemical test of that person's blood, breath, or urine for the purpose of determining the presence of alcohol, a controlled substance or its metabolite, or a hazardous substance. The test must be administered at the direction of a peace officer.

Possession or Consumption by Persons Under the Age of 21

It is unlawful for a person under the age of 21 years to possess any alcoholic beverage with the intent to consume it at a place other than the household of the person's parent or guardian.

Underage possession or consumption immunity provided for a person seeking assistance for another

A person is not subject to prosecution if the person contacts a 911 operator to report that the person or another person is in need of medical assistance for an immediate health or safety concern, provided that the person who initiates contact is the first person to make such a report, provides a name and contact information, remains on the scene until assistance arrives, and cooperates with the authorities at the scene.

Misrepresentation of Age

It is unlawful for any person under the age of 21 years to claim to be 21 years old or older for the purpose of purchasing alcoholic beverages.

Furnishing Alcohol to Persons Under 21

It is unlawful to sell, barter, furnish or give alcoholic beverages to persons under 21. People who are injured by an underage drinker may sue adults who supplied alcohol to the underage drinker.

Federal Law

Schedule Drugs

- I. Heroin, mescaline and peyote; marijuana (including synthetic materials), mushrooms, LSD, GHB, other hallucinogens, MDMA (ecstasy).
- II. Opium, morphine, and codeine; methadone, cocaine, amphetamine, methamphetamine, PCP.
- III. Opium, morphine, and codeine; barbiturates; anabolic steroids; other narcotics, stimulants and depressants.
- IV. Benzodiazepines; chloral hydrate; other narcotics, stimulants and depressants.
- V. Codeine (ie. Robitussin); other narcotics and depressants.

(Source: <https://www.dea.gov/druginfo/ds.shtml>)

Possession of Schedule Drugs

First Offence:

- Imprisonment of no more than 1 year and minimum fine of \$1000*.

- 1 previous drug/narcotic/chemical conviction: Imprisonment of 15 days-2 years, minimum fine of \$2,500*.
- 2+ previous drug/narcotic/chemical convictions: Imprisonment of 90 days-3 years, minimum fine of \$5,000*.

*On conviction a person shall be fined the reasonable costs of investigation and prosecution of the offense. (Source: <http://www.deadiversion.usdoj.gov/21cfr/21usc/844.htm>)

3. Description of The Health Risks Associated With The Use Of Illicit Drugs And The Abuse Of Alcohol

The college's Annual Security Report is posted on the MLC website each year and is made available in this electronic format for prospective and current students, faculty and staff members. It contains detailed information concerning the health risks associated with the use of illicit drugs and the abuse of alcohol.

Health Risks

Drugs and alcohol are toxic to the human body and if abused can have catastrophic health consequences. Some drugs, such as crack, are so toxic that even one experimental use can be fatal. The following is a summary of the various health risks associated with alcohol abuse and the use of specific types of drugs. It is not intended to be an exhaustive or complete statement of all the possible health consequences of substance abuse.

Alcohol Use and Abuse

Alcohol is the most widely used and abused drug in the United States. Alcohol consumption has acute effects on the body and causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts including risk-taking behavior. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol can be fatal.

Use of Illicit Drugs

Drugs interfere with the brain's ability to take in, sort and synthesize information. They distort perception, which can lead users to harm themselves or others. Drug use also affects sensation and impairs memory. In addition to these general effects, specific health risks associated with particular types of drugs are discussed below.

Cocaine/Crack

Cocaine use is the fastest growing drug problem in the United States. Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, increased heart and respiratory rate, and elevated body temperature. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis and other diseases. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly, thus leading to higher and higher doses to produce the desired effect. Crack or freebase rock is a purified form of cocaine that is smoked. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia and seizures. Crack is far more addictive than heroin or barbiturates. Repeated use of crack can lead to addiction within a few days. The effects of crack are felt within 10 seconds. Continued use can produce violent behavior and psychotic states similar to schizophrenia. Cocaine in any form, but particularly in the purified form known as crack, can cause sudden death from cardiac arrest or respiratory failure.

Marijuana

The physical effects of marijuana include a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite. It may impair short-term memory and comprehension, alter sense of time and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that motivation and cognition may be altered, making the acquisition of new information difficult. When marijuana contains 2 percent THC, it can cause severe psychological damage, including paranoia and psychosis. Since the early 1980s, most marijuana has contained from 4 to 6 percent THC -- two or three times the amount capable of causing serious damage. Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke. Long-term users of marijuana may develop psychological dependence and require more of the drug to get the same effect.

Narcotics

Narcotics such as heroin, codeine and morphine initially produce a feeling of euphoria that often is followed by drowsiness, nausea and vomiting. Users also may experience constricted pupils, watery eyes and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma and possible death.

Amphetamines/other Stimulants

Amphetamines (speed, uppers), methamphetamines and other stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination and even physical collapse. An amphetamine injection causes a sudden increase in blood pressure that can result in stroke, very high fever or heart failure. In addition to the physical effects, users report feeling restless, anxious and moody. Higher doses intensify the effects. People who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions and paranoia.

Barbiturates/other Depressants

Barbiturates (downers), methaqualone (quaaludes), tranquilizers (valium) and other depressants have many of the same effects as alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering and altered perception. Very large doses can cause respiratory depression, coma and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks. The use of depressants can cause both physical and psychological dependence.

Hallucinogens

Phencyclidine (PCP, angel dust) interrupts the functions of the part of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries. The effects of PCP are unpredictable and can vary, but users frequently report a sense of distance and estrangement. Large doses may produce convulsions and coma, as well as heart and lung failure. Lysergic acid (LSD, acid), mescaline and psilocybin (mushrooms) cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness and tremors. Psychological reactions may include panic, confusion, suspicion, anxiety and loss of control. Delayed effects or flashbacks can occur even after use has ceased.

Designer drugs

"Designer drugs" are produced by underground chemists who attempt to avoid legal definitions of controlled substances by altering their molecular structure. These drugs can be several times stronger than the drugs they are designed to imitate. Some of the designer drugs have been known to cause permanent brain damage with a single dose. Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties, but most are euphorants. They can cause nausea, blurred vision, chills or sweating and faintness. Psychological effects include anxiety, depression and paranoia. As little as one dose can cause severe neurochemical brain damage.

Inhalants

The immediate negative effects of inhalants (laughing gas, whippets) include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage. Deeply inhaling the vapors or using large amounts over a short time may result in disorientation, violent behavior, unconsciousness or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Health Risks Reviewed in Chart Form

Risk of addiction for all substances

Drug Type	Common Name	Health Risks
Alcohol	Booze, beer, wine, coolers, liquor	High blood pressure, higher risk of sexually transmitted diseases & unplanned pregnancy, depression, lowered resistance to disease, insomnia
Marijuana	Grass, reefer, pot, weed	Damage to heart, lungs, brain, lung cancer, decreased motivation, depression, paranoia, impaired memory
Steroids	Anabolic/Andreno-genic (roids, juice)	High blood pressure, liver and kidney damage, acne, artrophy of testes, breast enlargement in men, breast reduction in women, aggressiveness, mood swings
Solvents-Inhalants	Acetone, freons, nitrous oxide	Heart failure, respiratory arrest, liver and brain damage
Depressants	Alcohol, ludes, barbiturates	Liver damage, convulsions, depression, disorientation, insomnia
Hallucinogens	PCP, LSD, angel dust, mushrooms	Agitation, extreme hyperactivity, reduced eating, flashbacks
Stimulants	Cocaine, crack, amphetamines, diet pills	Headaches, depression; malnutrition, anorexia, strokes, seizures
Narcotics	Smack, codeine, heroine, lords	Respiratory arrest, sleepiness, organ and lung damage, nausea
Tobacco		Lung cancer, emphyzema, oral cancer

Immediate Health Risks Specific to Heavy Drinking

- Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These immediate effects are most often the result of binge drinking and include the following:
- Unintentional injuries, including traffic injuries, falls, drownings, burns and unintentional firearm injuries.

- Violence, including intimate partner violence and child maltreatment. About 35% of victims report that offenders are under the influence of alcohol. Alcohol use is also associated with 2 out of 3 incidents of intimate partner violence. Studies have also shown that alcohol is a leading factor in child maltreatment and neglect cases, and is the most frequent substance abused among these parents.
- Risky sexual behaviors, including unprotected sex, sex with multiple partners, and increased risk of sexual assault. These behaviors can result in unintended pregnancy or sexually transmitted diseases.
- Miscarriage and stillbirth among pregnant women, and a combination of physical and mental birth defects among children that last throughout life.
- Alcohol poisoning, a medical emergency that results from high blood alcohol levels that suppress the central nervous system and can cause loss of consciousness, low blood pressure and body temperature, coma, respiratory depression, or death.
- Legal implications such as DUI, public intoxication, and providing alcohol to minors.

Long-Term Health Risks Specific to Heavy Drinking

Over time, excessive alcohol use can lead to the development of chronic diseases, neurological impairments and social problems. These include but are not limited to:

- Neurological problems, including dementia, stroke and neuropathy.
- Cardiovascular problems, including myocardial infarction, cardiomyopathy, atrial fibrillation and hypertension.
- Psychiatric problems, including depression, anxiety, and suicide.
- Social problems, including unemployment, lost productivity, and family problems.
- Cancer of the mouth, throat, esophagus, liver, colon, and breast.
- In general, the risk of cancer increases with increasing amounts of alcohol.
- Liver diseases, including:
 - Alcoholic hepatitis.
 - Cirrhosis, which is among the 15 leading causes of all deaths in the United States.
 - Among persons with Hepatitis C virus, worsening of liver function and interference with medications used to treat this condition.
- Other gastrointestinal problems, including pancreatitis and gastritis.

Source: www.cdc.gov/Alcohol/quickstats/general_info.htm

4. A description of any drug or alcohol counseling, treatment, rehabilitation, and re-entry programs that are available to employees or students

The college's Annual Security Report is posted on the MLC website each year and is made available in this electronic format for prospective and current students, faculty and staff members. It contains information concerning drug or alcohol counseling and treatment available to students, faculty and staff members.

Drug and Alcohol Education and Counseling

The Student Life Office can provide counsel and help regarding drug and alcohol problems. The Student Life Office will also make referral for students concerned about alcohol or drug use.

Employees may voluntarily request assistance in dealing with drug or alcohol issues. The cost of treatment may be covered by health-insurance benefits. Please check the guidelines of your policy.

Other locally available sources for assistance and counseling include:

- "United Way 2-1-1". This community service provides free and confidential information and referral. Call 2-1-1 for help with food, housing, employment, health care, counseling and more.

This hotline provides information on counseling agencies, outpatient and inpatient treatment facilities for adolescents and adults, evaluation, referrals and education.

Alternate number ... (800) 543-7709.

- AA Club- (507) 354-8601.
- AA Westside Group - (507) 359-2830.
- Brown County Victim Services (507) 233-6664 or toll-free 1-800-630-1425
- New Ulm Medical Clinic - (507) 233-1000
 - Substance Abuse Treatment Services (507) 233-1118
 - Psychiatric Outpatient Services (507) 233-1168.
- Sioux Trails Mental Health Center - (507) 354-3181- 24 hour crisis line - 800-247-2809.

Some national hotlines providing service:

- NCA Information Line - (800) NCA-CALL. The National Council on Alcoholism (NCA) provides referral services to families and individuals seeking help with an alcohol or other drug problem.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline Call: 1-800-662-HELP (4357)
A free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental health disorders and substance addictions. They can refer you to therapists, counselors, treatment programs, and support groups in your area.
- Call the National Cocaine Hotline on 1-800-COCAINE.
It is toll-free, confidential, and offers 24-hour counseling and referral to individuals with cocaine addiction and abuse problem, as well as family members.
- Call 1-800-273-TALK to speak with trained professionals from the National Suicide Prevention Lifeline if you or someone you know is displaying suicidal ideation or actions. This service will connect you with a suicide prevention and mental health service provider that is closest to your location.

5. A clear statement that the institution will impose disciplinary sanctions on students and employees (consistent with federal, state, or local law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct

The **MLC Student Handbook**, as cited earlier, states the following concerning the college's policies regarding sanctions for alcohol and illegal drug violations.

Alcohol and Controlled Substance Violations

Violation of the MLC alcohol and drug free campus policy, any underage drinking or any cases of drunkenness or any cases of possession of alcohol on campus will result in one or more of the following consequences: a \$250 fine, mandatory counseling, restrictions and/or dismissal from school, referral to law enforcement authorities.

Controlled substance violations will be treated very seriously and may jeopardize the individual's enrollment at Martin Luther College.

The **MLC Faculty Handbook**, as cited earlier, contains the following paragraph:

As part of this program, as mandated in P.L. 101-226, Martin Luther College will each year distribute to students, faculty, and staff specifically required information about illicit drugs and alcohol. To those in need the college offers aid and counsel through those called or hired to

positions of supervision and-trust in the organizational structure of the college. Lack of response to this counsel and aid could lead to suspension or dismissal of a student, faculty member, or employee. Each case deserves its own attention and consideration in accord with Christian principles of dealing with a needy brother or sister.

The MLC Staff Handbook, as cited earlier, contains the following paragraphs:

Guidelines

Any staff member who reports for work, works, or is on call while under the influence of alcohol or drugs unless lawfully prescribed is subject to corrective action including termination of employment. For the purpose of this policy, “under the influence” means that the staff member is under reasonable suspicion of being affected by any substance in any detectable manner.

Any staff member who possesses controlled substances on the premises without proper authorization is subject to corrective action including termination of employment.

6. ALCOHOL AND OTHER DRUG Prevalence Rate, Incidence Rate, Needs Assessment and Trend Data

Date	Incident(s)	Location	Disposition
8/16/16	Alcohol Violation	On Campus	Closed, sanctioned
8/25/16	Drug referral	On Campus Housing	Closed, dismissal
9/22/16	Alcohol Violation	On Campus Housing	Closed, sanctioned
9/19/16	Alcohol Violation	On Campus Housing	Closed, sanctioned
10/9/16	Alcohol Violation (4)	On Campus Housing	Closed, sanctioned
10/25/16	Alcohol Violation (5)	On Campus Housing	Closed, sanctioned
1/23/17	Alcohol Violation	On Campus Housing	Closed, dismissal
1/30/17	Alcohol Violation (4)	On Campus Housing	Closed, sanctioned
2/3/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
4/10/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
5/9/17	Alcohol Violation (5)	On Campus Housing	Closed, sanctioned
8/25/17	Drug violation	Off Campus	Closed, dismissal
8/25/17	Drug violation	Off Campus	Closed, dismissal
9/13/17	Alcohol Violation	On Campus Housing	Inconclusive
10/8/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
10/9/17	Drug violation	On Campus	Inconclusive
10/24/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
10/24/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
11/3/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
11/3/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
11/5/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
11/6/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
11/10/17	Alcohol Violation	On Campus Housing	Closed, dismissal
11/10/17	Alcohol Violation	On Campus Housing	Closed, dismissal

11/13/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
12/6/17	Alcohol Violation	City of New Ulm	Ticketed by police
12/10/17	Alcohol Violation	On Campus Housing	Closed, sanctioned
1/5/18	Drug Violation (2)	On Campus Housing	Inconclusive
1/7/18	Alcohol Violation (2)	On Campus Housing	Closed, sanctioned
1/14/18	Alcohol Violation (2)	On Campus Housing	Closed, sanctioned
1/29/18	Alcohol Violation (6)	On Campus Housing	Closed, sanctioned
1/30/18	Alcohol Violation	On Campus Housing	Closed, sanctioned
4/3/18	Alcohol Violation	On Campus Housing	Closed, sanctioned
4/24/18	Alcohol Violation (2)	On Campus Housing	Closed, sanctioned
5/5/18	Alcohol Violation (2)	On Campus Housing	Closed, sanctioned

Other pertinent Data

- Alcohol and other Drug Related Admissions to local ER – 0
- Alcohol and other Drug Related Ambulance Transports/Calls for Service – 0
- Alcohol and Drug Related fatalities occurring on campus – 0

The University of Minnesota, through its Boynton Health Service, administers the Minnesota College Student Health Survey each year. Colleges and Universities in Minnesota are invited to participate on an annual or semi-annual basis. Data on student use and abuse of alcohol and drugs is collected and presented for comparative purposes. Martin Luther College participated in 2012 and again in 2016. Appended to this review are the Minnesota aggregated results for 2012 and 2015 and the MLC specific results for 2012 and 2016. *[Please note that Martin Luther College is scheduled to participate in the 2019 survey.]*

During 2018, the Student Life Office of Martin Luther College conducted a randomly selected student focus group exercise called “**Alcohol Conversations.**” The data gathered is appended to this review.

7. ALCOHOL AND OTHER DRUG Policy, Enforcement & Compliance Inventory & Related Outcomes/Data

Title IX Policy References to Alcohol and Drugs

(this policy is administered by the Student Life and Human Resources Offices)

“Use of alcohol or other drugs will never function as a defense to a violation of this policy.”

“Witnesses or victims of an incident of sexual assault who report the incident in good faith shall not be sanctioned by the institution for admitting in the report to a violation of the institutions student conduct policy on the usage of drugs or alcohol.”

“Sexual Misconduct

Sexual activity with someone whom one should know to be – or based on the circumstances should reasonably have known to be – mentally or physically incapacitated* (e.g., by alcohol or other drug use, unconsciousness or blackout), constitutes a violation of this policy.

*Incapacitation is a state where someone cannot make rational, reasonable decisions because they lack the capacity to give knowing consent (e.g., to understand the “who, what, when, where, why or how” of their sexual interaction) This policy also covers a person whose incapacity results from mental disability, sleep, involuntary physical restraint, or from the taking of drugs.”

“Incapacitation

Incapacitation is a state where someone cannot make rational, reasonable decisions because they lack the capacity to give knowing consent (i.e., to understand the “who, what, when, where, why or how” of their sexual interaction). This policy also covers a person whose incapacity results from mental disability, sleep, involuntary physical restraint, or from the taking of rape drugs. Possession, use and/or distribution of any of these substances, including, but not limited to Rohypnol, Ketomine, GHB, or Burundanga, is prohibited, and administering one of these drugs to another student is a violation of this policy.”

Financial Aid Drug Conviction Policy

(this policy is administered by the Financial Aid Office)

Students Convicted of Possession or Sale of Drugs

A federal or state drug conviction can disqualify a student for Title IV aid funds. A conviction will only disqualify a student for funding if the offense occurred during a period of enrollment for which the student was receiving Title IV aid. Also convictions that are reversed, set aside, or removed from a student's record do not count, nor does any conviction received while the student was a juvenile, unless they were tried as an adult.

If you have been convicted of selling or possessing illegal drugs as previously described, you cannot be awarded Title IV aid. The chart below outlines the periods of ineligibility for Title IV funding, depending on whether the conviction was for sale or possession and whether the student had previous offenses.

	Possession of Illegal Drugs	Sale of Illegal Drugs
1st offense	One year from date of conviction	Two years from date of conviction
2nd offense	Two years from date of conviction	Indefinite period
3+ offenses	Indefinite period	

In accordance with federal regulations regarding the administration of Title IV funds, the Financial Aid Office notifies every enrolled student of the consequences a drug conviction can have on eligibility for federal student aid each academic year. If a student becomes ineligible for Title IV aid due to a drug conviction, the Financial Aid Office will also notify that student of the loss of eligibility and explain methods by which the student may regain eligibility for aid.

Regaining Eligibility After Receiving a Drug Conviction

A student regains eligibility for Title IV aid the day after the period of ineligibility ends or when he/she successfully completes a qualified drug rehabilitation program or passes two unannounced drug tests administered by such a program.

It is the student's responsibility to certify that he/she has successfully completed a qualified drug rehabilitation program or passed the required drugs tests. Student's may submit documentation to the Financial Aid Office if they feel they have met the requirements to regain eligibility for Title IV aid.

Standards for a Qualified Drug Rehabilitation Program

A qualified drug rehabilitation program must include two unannounced drug tests and must satisfy at least one of the following requirements:

- Be qualified to receive funds directly or indirectly from a federal, state, or local government program.
- Be qualified to receive payment directly or indirectly from a federally or state-licensed insurance company.
- Be administered or recognized by a federal, state, or local government agency or court.

- Be administered or recognized by a federally or state-licensed hospital, health clinic, or medical doctor.

MLC Student Athlete Handbook:

(this policy is administered by the Athletics Department and the Athletic Director's Office)

Hazards to Eligibility: Alcohol/Tobacco/Drugs/Gambling/Hazing policies

1. Alcohol: The state of Minnesota requires that a person be 21 years of age or older to purchase, possess, or consume alcoholic beverages. The Athletic Department at Martin Luther College has a responsibility to promote the health and well-being of our student-athletes. In view of the fact that alcohol consumption has been proven to be detrimental to general health, academic, and athletic performance, we encourage student-athletes to exercise self-discipline and self-awareness in their alcohol consumption. We strongly recommend that student-athletes of legal age refrain from alcohol consumption during their season and expect that student-athletes under the age of 21 will not consume alcohol. Coaches, in consultation with the Athletic Director, may have more restrictive team policies ranging from community service to dismissal from the team if violations occur.
2. Tobacco: The athletic program prohibits the use of any tobacco product by student-athletes during any team function (practice, games, and trips). The use of E-cigarettes also is prohibited. The use of chewing tobacco is a violation of NCAA and UMAC policy and will result in disciplinary action up to and including removal from the team.
3. Illegal drugs: Possession or use of any illegal drug by any student-athlete is strictly prohibited.
4. Gambling is defined as the exchange of money and/or goods for the use of lotteries, chance tickets, promotional schemes, betting, and wagering. MLC views gambling as poor stewardship, an unwise use of God-given resources, and therefore finds gambling not acceptable in any form. Gambling jeopardizes your athletic eligibility.
5. Hazing is defined as subjecting a fellow community member to abusive or humiliating pranks. MLC does not permit hazing. Any student participating in a prank-type activity which potentially endangers or adversely affects the physical and emotional well-being of another community member can expect immediate disciplinary action.

General Enforcement of Alcohol and Drug Policies

Alcohol and Drug Violations are monitored, investigated and sanctioned in the following way:

- Student Violations are handled by the Student Life Office. The Vice president for Student Life will utilize dormitory supervisors, RA staff and MLC Security Team members in the enforcement of college policy.
- Faculty Violations are handled by the President and the Vice president for Academics.
- Staff Violations are handled by specific supervisors, the Human Resources Director and the Vice president for Administration.

Martin Luther College cooperates with the New Ulm Police Department, the Brown County Sheriff's Department and local Minnesota DNR officers when called upon to do so.

8. ALCOHOL AND OTHER DRUG Comprehensive Program /Intervention Inventory & Related Process and Outcomes/Data

The Student Life Office seeks by a number of means to provide education on campus in regard to alcohol and drug use and abuse. Information is provided and accessible to all through means of the Annual Security Report posted on the college website at the beginning of each school year. Flyers, posters and brochures are distributed and put on display annually in an effort to further learning about alcohol and drug use and abuse. In addition, an intentional and ongoing program of “conversation” about alcohol and drug issues on campus and in the community engages faculty and students alike. An alcohol and drug counselor addresses new students at orientation times and offers information programming to the entire student body.

MLC has a useful approach to alcohol and drug use and abuse issues in the dormitories. The dormitory supervisors and their RA staff members make alcohol use and abuse a primary concern for daily work with residents. Personal counseling work is on-going. In addition, students lead the nightly chapel services and the topic of alcohol use and abuse is regularly addressed in this peer-to-peer format.

In its education efforts, the college also utilizes information in dormitories and cafeteria as well as pamphlets distributed to students, faculty and staff, a regularly distributed “Alcohol Self-Test,” and pamphlets distributed to parents who attend orientation seminars. A resource of on-line alcohol assessment tools is appended to this report.

It should also be noted that the Vice president for Student Life and the Campus Pastor have developed a 5 lesson “Alcohol Awareness” course which has been used as a counseling resource, especially for those students who have been involved in multiple alcohol policy violations. This course has been approved by the Brown County (MN) Probation Office for use with students who’ve received DUI citations. A sample lesson is appended to this report.

In addition, this report notes that the dormitory staff receives yearly training regarding alcohol and drug issues. The Resident Assistants meet biweekly with dormitory supervisors and as part of their business discuss individual cases of alcohol and drug violation and appropriate responses to those situations.

9. ALCOHOL AND OTHER DRUG Comprehensive Program Goals and Objectives for Biennium Period Being Reviewed, Goal and Objective Achievement

In the prior Biennial Review report, those conducting the review offered some recommendations, goals and or objectives for the current period being reviewed. These should be listed within the report.

Recommendations from past review

1. Establish a standing Oversight Committee with the responsibility to conduct and evaluate recommendations, goals, objectives and outcome data related to programs regarding alcohol and drug use. The committee members will endeavor to determine whether recommendations, goals and or objectives for the current biennium were met or not met and, if the recommendations, goals and or objectives were not met, reasons and rationale as to why they were not met are suggested.

Each week a committee comprised of the dorm supervisors, the campus nurse, the campus pastor and the vice president for student life meet and discuss AODA incidents, interventions and issues.

2. Work with unofficial and unsanctioned student organizations (which sponsor parties featuring alcohol) to eliminate a culture of drinking and underage drinking within the student body.

A beginning was made with two such organizations, to the extent of introducing the concept an alcohol culture, comprised of attitudes, behaviors, traditions and practices, etc., on the MLC campus and the organizations' role in that culture. Problems related to "pre-gaming," underage drinking, intoxication and alcohol's connection with sexual harassment were addressed. The idea was strongly promoted that no one under the legal drinking age should be invited or allowed entrance to a sponsored party that features alcohol. Much more work will need to be done to address the unhealthy aspects of MLC's alcohol culture.

3. Continue to pursue the Alcohol Conversations program

The effort did proceed during 2018 and both the preliminary preparation work and the resulting data are appended to this review.

4. Participate on a regular basis in the College Student Health Survey administered by the University of Minnesota Boynton Health Center

Arrangements have been made to participate in the 2019 College Student Health Survey. The question to be answered is how often MLC should participate...every other year?...every third year?

Overall discussion of institutional, divisional, departmental/office and program level strengths, weakness, opportunities and threats/challenges related to policies and, in addition, to programs/interventions

AODA SWOT/C Analysis

Strengths

Institution

- The mission of MLC is to prepare qualified and competent witnesses for Christ, faithful men and women above reproach who can serve in the ministries of our church body's parishes, schools and missions. This is a core understanding of our constituency, governing board, and faculty and is well-understood by our student body. With such a foundation, there is no disagreement about the need for called workers to be especially judicious and wise in their attitudes and practices regarding alcohol.

Division

- MLC, through its Student Life Division, is structured in order to provide close, careful, evangelical and personal supervision for our students. The fact that MLC implements a student residency requirement helps supervisory personnel instruct, guide, discipline and assist students in regard to alcohol use and misuse.

Program

- Relationships are central to the MLC experience – those existing within the student body as well as those established between students, faculty and staff. One important strength of our AOD efforts is the personal and personalized attention we can offer students in both preventative and restorative work.

Weaknesses

Institution

- The vast majority of our students (and faculty) come from or have their roots in the Upper Midwest, particularly the states of Michigan, Minnesota and Wisconsin. As such, they bring to MLC a cultural heritage that, in many ways, is closely connected to alcohol use. In this regard, our church body's history and heritage also reflects the surrounding cultural views and attitudes regarding the use of alcohol. In particular, it is fair to say that the WELS worker training schools, that is to say the past and present students at our schools, have established traditions regarding socializing and alcohol. Many of the traditions are multi-generational.

Division

- Manpower and money are certainly limitations faced by the Student Life Division and those given the responsibility for carrying out AOD efforts have many other hats to wear and many other duties to perform.

Program

- Programming has been "event and occasion" oriented rather than of an "on-going" or progressive nature.

Opportunities

Institution

- As MLC readies itself for a major capital campaign, with student housing, wellness/recreation and financial aid priorities, a focus on student life, student experience, student opportunities and student needs has received emphasis as well as the attention of administrators and planners.

Division

- Talented and dedicated staff members are eager to grow and expand their knowledge...and this translates into investigating new ideas and trying new ways to address AOD issues.

Program

- New opportunities exist to incorporate community expertise and resources into ongoing programming efforts.

Threats/Challenges

Institution

- There are those who do not appreciate AOD issues—historical and current—among our students and, as a result, do not understand the value of providing on-campus housing for all of our ministerial students.
- Overcoming long standing cultural traditions and attitudes

Division

- Staff members who have many responsibilities to fulfill in addition to AOD programming

Program

- Finding ways to reach most students more regularly with the information and guidance that 1) they need and 2) are interested in receiving.

Broad recommendations for the institution to consider to address during the next biennium.

Recommendations for next Biennium

1. Engage local resources for AODA education efforts
2. Continue addressing the matter of alcohol culture in general and MLC alcohol culture in specific.
3. Engage the MLC Wellness Committee in addressing healthy attitudes and practices regarding alcohol.

*Actual goals and objectives that will receive specific focus during the next biennium period
If possible, action plan or steps to be taken to help meet goals and objectives, including time lines, individual/office being responsible, etc.*

Goals and objectives for next Biennium

1. Establish a relationship with a local AODA counselor, local law enforcement personnel, a local attorney, local medical practitioner, MADD panel participants, etc., willing to speak to RAs, new students, and returning students.
2. Develop topics that local resource people could present to MLC students, faculty and staff
 - a. DUI/DWI procedures, ramifications and costs
 - b. Alcohol and pregnancy
 - c. Marijuana use and physical/cognitive/emotional health
3. Develop materials to use with parents of MLC students
4. Continue to incorporate alcohol conversations program into each school year
5. Continue to meet and work with student party organizations to address cultural concerns and practices
6. Participate in the 2019 College Student Health Survey administered by the Univ. of Minnesota

General summary of findings of review (were previous goals met?)... General strengths and weakness of institution... Summary of recommendations, goals and objectives

Conclusion

Three matters stand out in this biennial review: student self-understanding, the power of culture and tradition and the ability to engage the community. During the last decade, measures of the MLC student body show a consistent understanding, namely, an accurate and realistic understanding of the relationship MLC students have with alcohol, which is primarily positive in the sense that the great majority of students either don't use alcohol or use it responsibly. At the same time, students and administrators also understand how deeply ingrained alcohol and alcohol use is in the culture and tradition of MLC. How to change the culture and refocus it? Certainly the personal and individual character of our AOD efforts must remain prominent. At the same time, regular and ongoing programming can be augmented, notably by incorporating community resources into programming efforts.

Appendices

- Copies of actual policy distributed to all students, staff, and faculty
- Copies of survey results/executive summaries (CORE, NCHA, etc.)
- Copies of any policy related materials and supporting data/references
- Copies of any program/intervention related materials and supporting data/references
- Additional matters

On-line alcohol assessment tools can be accessed at these URLs:

<https://www.asam.org/education/live-online-cme/fundamentals-program/additional-resources/screening-assessment-for-substance-use-disorders/screening-assessment-tools>

<http://www.alcoholscreening.org/Screening/Page02.aspx>

Alcohol Diagnostic Self-Test

A note of explanation to the MLC Campus family: students, faculty and staff

College Presidents from across the country have concluded that the misuse and overuse of alcohol poses a significant danger to campus health and welfare. The United States Department of Education agrees with this concern and requires individual colleges to provide information and resources that can help people avoid alcohol-related problems.

The University of Notre Dame Office of Alcohol and Drug Education has produced two diagnostic “self-tests” which can help individuals assess their use of alcohol. The MLC Student Life Office has adapted these diagnostic tests and is distributing them to the members of our campus family as part of an effort to provide continuing education and information regarding the use and misuse of alcohol and drugs.

Please note that these are “self-tests.” They are not meant to be invasive or to deprive anyone of privacy. These self-tests will not be collected and no one will look at them. They are provided simply as a tool that individuals can use to assess themselves. These self-tests are distributed as part of our college effort to promote healthy living and healthy lives.

Self-Test I -- Assessing My Use of Alcohol

(Adapted/Developed by L. Hickman, Ph.D.)

Respond to the following questions by checking Yes or No:

	YES	NO
1. Have you missed classes more than once due to a hangover?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you felt you should cut down on your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you decided to cut down on your drinking & found out that you could not?	<input type="checkbox"/>	<input type="checkbox"/>

4. Have you been angered by the criticism of others about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you gotten into a fight while drinking?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you gotten into problems with campus authorities because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had periods of time you cannot account for while you were drinking or after drinking occurrences?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had sexual experiences after drinking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been involved in an act of vandalism to property after drinking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you routinely "binge" drink? (Binge drinking for women is defined as drinking four or more drinks during an episode of drinking. For men – five drinks during a single episode is considered "binge drinking.")	<input type="checkbox"/>	<input type="checkbox"/>
11. Is excessive/binge alcohol use a significant part of your weekly social/recreational activities?	<input type="checkbox"/>	<input type="checkbox"/>

SCORING For Self Test I:

Give yourself 1 point for each "YES" response.

Score = 0

A score of "0" on this test suggests that your use of alcohol is not causing you any on-going negative experiences indicative of early warning signs of alcohol abuse or dependence. For additional information and assessment you may wish to take

SELF-Test II on the other side of this sheet.

Score = 1

A score of "1" indicates that now is the time to evaluate how much you are drinking, how often, and the impact your alcohol consumption is having on you. A score of "1" also indicates that you should probably reduce the quantity of alcohol you consume. To learn more, you may wish to take Self-Test II.

Score = 2 or greater

More than one "Yes" response indicates the definite need for you to limit your alcohol use by either abstaining or reducing your use to responsible levels of consumption. Review the suggestions in ... **OK, NOW WHAT CAN I DO?**

Self Test II: ADDITIONAL WARNING SIGNS

(Adapted/Developed by L. Hickman, Ph.D.)

Some additional screening questions to help you determine if your alcohol use is becoming problematic.

Check the box under **Yes** or **No**.

ADDITIONAL WARNING SIGNS	YES	NO
1. Do you ever lie about how much alcohol you're consuming?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have your grades suffered because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you typically hang out with others who are heavy drinkers and avoid socializing with acquaintances who seldom drink?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you frequently regret things you've said or done after drinking?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you routinely use alcohol to reduce stress?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is it hard for you to enjoy social activities if alcohol is unavailable?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have your friends ever made comments to you about cutting back on your alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you drink to get a buzz once a week or more?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you often drink alone?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you conceal from others how much you are drinking?	<input type="checkbox"/>	<input type="checkbox"/>

SCORING FOR SELF TEST II:

If you've answered "Yes" to ANY of the above questions it's quite likely that you are no longer a light or moderate user of alcohol. It is also likely that your potential for developing more serious alcohol related problems is increasing. Review the suggestions in ... **OK, NOW WHAT CAN I DO?**

"OK, NOW WHAT CAN I DO?"

STEP ONE: Evaluate your relationship with alcohol and at the very least reduce the frequency of your drinking and the quantity you drink. Seek information on responsible use of alcohol.

STEP TWO: More than one yes response on EITHER self-test strongly indicates the need for you to decide to limit or abstain from alcohol use.

ANOTHER STEP.... Help and Helpers are available for you in our community. The Vice president for Student Life, the Campus Pastor, your Dean or Advisor, your Supervisor, HR Director ... these are some of the people who can assist you in finding confidential help-either on or off campus.

Sample Lesson from the 5 Lesson "Alcohol Awareness Course" produced by the Student Life Office

Lesson 1: Alcohol and the Body

A. Read the articles:

“Effects of Alcohol on Brains of Adolescents”

<http://www.ama-assn.org/ama/pub/category/9416.html>

Submit answers to the following questions on these articles:

Q1 Why is a report on the effects of alcohol on adolescent brains necessary and useful?

Q2 Based on the information about the brain at your age, summarize the long-term negative effects that the use (or abuse) of alcohol could have on you.

Q3 Use the appropriate age parameters and the specific medical effects listed in the reports to construct a convincing argument for an MLC student who says that alcohol has little or no effect on their brains – long or short-term.

B. Read the articles:

“Effects of Alcohol on the Body”

<http://www.jhu.edu/~health/pdfdocs/EtOHEffects.pdf>

<http://www.alcohol.vt.edu/Students/alcoholEffects/index.htm>

<http://www.alcohol.vt.edu/Students/alcoholEffects/brainBody.htm>

Post answers to the following questions on these articles:

Q4 Using the resources listed above, identify four physical abilities that in your opinion most directly influence MLC students. Describe the negative effects of alcohol on those abilities.

Q5 Based on your knowledge of the MLC curriculum, what information regarding alcohol’s effects on the body would an MLC student know?

Q6 Regardless of how much students know, common sense says that the effects of immoderate alcohol use are not all good. What is it that causes college students to ignore the effects? In view of their future vocational goals, what special concerns should students studying for public ministry have in regards to the use of alcohol and its effects on the body?

Q7 Describe the negative impact of each additional drink on a student’s physical/mental abilities as well as his/her feelings. Based on this information and from the view that our bodies are God’s Temples, summarize the danger of binge drinking. Summarize the danger of habitual heavy drinking. Construct a convincing argument for those who recklessly use (or abuse) alcohol.

Read the article:

“Alcohol and Tolerance “

<http://pubs.niaaa.nih.gov/publications/aa28.htm>

Q8 After reading the article, what would you say is most disturbing about alcohol tolerance?

C. Read the article:

“Are Women More Vulnerable to Alcohol’s Effects?”

<http://pubs.niaaa.nih.gov/publications/aa46.htm>

“How Alcohol Affects Women”

http://www.shb.ie/content-875309862_1.cfm

“Women and Alcohol”

http://www.iupui.edu/~iutox/Impaired_Driving/Women%20and%20Alcohol.htm

Post answers to the following questions on this article:

Q9 What are the negative long and short-term physical effects of alcohol on women?

Q10 What other concerns does the use of alcohol – legally or illegally – pose for women?

Q11 How would you apply the warnings of this article to the young women of MLC? What special concerns regarding the use of alcohol need to be shared with our sisters in Christ on this campus?

D. Read the articles:

“Alcohol Effects on a Fetus”

http://my.webmd.com/hw/being_pregnant/tk3601.asp

“Fetal Alcohol Syndrome and Fetal Alcohol Effects”

<http://www.worldprofit.com/mafas.htm>

Please answer the following questions on these articles:

Q12 Identify and list the dangers of alcohol to an unborn child.

Q13 What would you say to a mother or father who has a reckless or careless approach to the use of alcohol during a pregnancy?

Alcohol Conversations: Preparation Work and Data Report



AGENDA

FROM Jeff Schone, VP for Student Life
TO Peer Facilitators
RE Alcohol Conversations Project 2018

1. Design of the Groups

100 randomly selected students divided into 10 groups
(students selected from each class...men and women)

Peer facilitator teams chosen

2. Offer basic group skills to the peer facilitators.

- Charge each peer facilitator team with the responsibility to contact group members and arrange for a 1 – 1.5 hour meeting (Sunday, January 20, 2018 10-11pm ... assigned rooms)
- Group Norms
 - ◆ Confidentiality
 - ◆ Respect for others and their opinions
 - ◆ Listen to Understand
 - ◆ Participation
- Facilitator Responsibilities

- ◆ Take Careful Notes (no names please!)
- ◆ Arrange room in circle (if possible) or for better conversation
- ◆ Encourage active participation (Jane, we haven't heard from you. What do you think?)
- ◆ Don't let individual's dominate (Jack's had a lot to say tonight. I wonder what others here are thinking?)
- ◆ Keep focus on the issue – don't let conversation get off topic unless it's useful
- ◆ Use "Immediacy" to stimulate conversation if needed
- ◆ Use restatement and paraphrase and questions to check for understanding

3. Focus on the selected alcohol issue: **procuring alcohol for those under the legal age**

A. Frame the problem

- What is the problem?
- How widespread is the problem?
- What kind of problem is it...how to characterize the problem?
What are the causes of the problem (attitudes, behaviors, models)?
- What are the consequences of the problem?
- What are the issues related to or connected to the problem? (e.g., Why is there no stigma attached to procuring alcohol for those under the legal age?)

B. Address the problem

- Each group offers **ideas** about ways to address or respond to the problem.
- Each group comes up with **recommendations** regarding ways to address and ameliorate the problem.

4. Peer facilitators meet and collate student ideas and formulate a program to address the problem. The program will be submitted to the VP for Student Life for assistance in implementation.

5. Implement the program components

Alcohol Conversations Report 2018

Part 1 -- Survey of perceived practices and attitudes

89 Students participated in the alcohol break-out discussion groups. 85 students completed the chart. The average percentage from all participants is listed to the right of each item. These items represent student perception of practices and attitudes among the MLC student body.

% Students have drinking problem	16%
% Students may not have drinking problem, but will get into trouble	21%
% students will use alcohol responsibly	38%
% students do not use alcohol at all	25%
	100
% Students use marijuana regularly (weekly, monthly, etc.)	6%
% Students use marijuana occasionally (2-5 times during the year)	12%
% Students do not use marijuana	82%
	100

Part 2 – Framing and Addressing Current Issues on the MLC Campus: Student Responses

Issue #1 -- Alcohol Culture at MLC Compiled Comments:

FRAME THE ISSUE

- Some feel the need [to drink] and some don't. When drinkers choose to drink, they drink a lot.
- Some influenced by student sponsored parties/events (COS/DEX). COS/DEX were different in the past--more of a social event than drinking emphasis. Some say underage drinking appears to have gone down with no COS/DEX (parties.) Others say changing COS and DEX doesn't really discourage people if they have their minds set on drinking...if they want to drink, they will. If they can't in the dorms, they will go elsewhere.
- If you choose to make these decisions now (i.e. unhealthy or illegal drinking decisions,) you won't necessarily stop just because you receive a Call. That doesn't immediately change you. There are students here at MLC that I would not want as my pastor.
- Weekend life has changed—now people leave on weekends to go to other colleges to party, whereas they previously would stick around campus and drink.
- [Drinking abuses are] less visible. Some students have heard stories more so than seen drinking abuses firsthand. Men come up in stories more than women do.
- Student can think of friends who might have substance abuse issues.
- Alcohol culture is...
 - Alcohol use is a norm and can be expected
 - Parties
 - Underage drinking and drinking too much

- School on weekdays; drink on weekends
- More of an alcohol culture in Midwest than in other parts of country
- Excessive legal drinking: people desensitized to drinking in general.
- Ideas / Attitudes toward alcohol...
 - Nothing else to do in New Ulm (lack of fun activities)
 - Not enough people take getting drunk seriously as a sin
 - There is an attitude that it is okay as long as no one gets hurt.
 - Everyone knows what goes on. Previous pastors/teachers have done this, so do they ignore the problem? Some don't see it as an issue b/c their parents partied, or their parents let their kids drink at home. Called workers use alcohol, and it's okay (Jesus turned water into wine). There are good aspects of WELS teachers drinking with teachers, i.e., fellowship. Martin Luther was a "big drinker."
 - Sometimes alcohol provides an opportunity to minister to others.
 - There is the mindset that drinking/alcohol is part of the college experience, so why not do it? While they have newfound freedom, students don't know what to do with it. Some may want to break rules because they dislike how strict alcohol rules are at MLC. Some people get a "high" simply from getting away with drinking illegally or breaking the rules. Drinking is the thing to do. Drinking makes you seem more mature.
 - MLC ought to shift the focus to drunkenness rather than expend so much effort on underage drinking.
 - People plan to drink...or plan to go underage drink somewhere... or go to church Saturday evening because they plan to be hungover on Sunday morning
 - Alcohol culture seems to vary based on the classes
- Current Image:
 - Public Image is poor--MLC students seen as excessively drunk
 - Destruction of property a result of excessive drinking
 - Students don't listen to authority
 - High schoolers hear about MLC drinking
 - The outside view of MLC (dry, no alcohol) vs. the inside view

ADDRESS THE ISSUE: Alcohol culture you want to create

- These conversations are a good start. Seeing stats might open some eyes.
- Reminder that the rule is that MLC is a dry campus. Even if drinking at age 21 is legal; it is illegal while on campus.
- COS/DEX control is a good step. (Some students didn't even know what COS/DEX was).
- A culture that sets MLC apart as people who are called by Christ. Emphasizes the difference from the rest of the world.
- A culture where it takes more of an effort to drink on campus
- If you want to drink, you can. No COS/DEX events are good--why put that temptation for people out there?
- A culture where getting access to alcohol on campus is not easy
- Having a flex hour or meeting by class (you would speak differently to freshmen than you would to seniors) showing effects of alcohol use:
 - Have other called workers come in and talk about it. Make it more real. We're some of these called workers heavy drinkers in college as well as when they started in the ministry?
 - Make these meetings MANDATORY.
 - Hearing personal stories. The thought is that it is a difficult topic about which to speak if some people aren't drinkers...they won't be able to speak to the topic as well as someone who is a drinker.
- A culture where people do realize the effects drinking has on a person...personally, spiritually, emotionally, financially, etc.

- A culture that holds upperclassmen to a higher standard regarding procuring alcohol for minors.
- Add an alcohol section in “Fit for Life”.
- Some see it only as a weekend (or “special days” Arbor day) problem. Most people care enough to not drink during the week. If someone drinks during the week, they should realize it is a problem.
- If people need to drink to relax, then MLC needs to step up and provide more fun things to do.
- Ideal Culture Ideas:
 - Not expected to find an under-aged buyer
 - Actions/attitudes at MLC follow you to your ministry
 - Responsible drinking is our #1 goal
 - Supportive culture where we all understand what responsible drinking is
- Addressing it is tough: We have higher standards
 - MLC Ministry Savior
- For example: THINK ABOUT YOUR FUTURE. Ministry starts NOW. Some people don’t think their ministry starts until Call day.
- Mentors Profs Leaders
- Make connections with other people who don’t want to drink

Issue #2 -- Procuring Alcohol for those under the legal drinking age

- Student said he/she thinks it has happened every weekend--noticed it indoors.
- People not concerned about other’s safety whether indoors/outdoors...only care about alcohol.
- “Getting there sober is hard -- getting back drunk is a miracle” [Comment referring to COS/DEX events]
- 18-19 yr olds know what kind of beer they like—why should this be?
- People may be squeaky clean coming to college, but once exposed to the freedom of college, attitudes about alcohol/drinking rub off...which isn’t great if it happens at MLC.
- If friends are going out, it is hard to stay in by yourself...easier to go out [and drink with them.]
- How often did [underage drinking] happen in high school...this translates to college.
- No one wants to be a snitch.
- It is a problem, because it is breaking the law and leading others to sin. We are hurting people’s faith around us b/c they think we are all hypocrites and that turns them away from God
- Most people who visit here think that we are hypocrites because we don’t practice what we preach.
- Once people turn 21, they go out and get hammered--this sends a bad message.

Recommendations:

- Set the standard at the beginning of the year (mandatory convocation?)
- Personal Bible Study
- Having a caring attitude about it instead of a “I’m going to bust you attitude” is key.
- Need to talk about it more: student recalled only other time (besides alcohol discussions) that alcohol use was discussed was at Orientation meeting. If we talk now, it might not be as big an issue...but it will still happen...and it is a hard stigma to shake.
- Starts from the top down. There were RAs who supplied in the past.
- Crack down on upperclassmen. Let them know that there are harsh consequences.
- This needs to be a campus wide crackdown and not just small groups
- We need to have the older students set the example because that is where the culture begins
- Older students need to set example--currently, older students are drinking a lot

What do you think constitutes problem drinking or troubles with alcohol?

- Done out of stress, or peer pressure, or habit, or curiosity
- Older students providing for younger students
- People think drinking is part of “college experience” and they like to break rules
- Drinking in the middle of the week...drinking alone...needing alcohol to socialize...binge drinking
- Tough home life could lead to pattern of drinking by students
- Continually getting drunk -- not able to complete daily functions
- Not having positive ways to use alcohol
- Regularly not taking care of responsibilities because of alcohol
- Messes in the dorms
- Bad assumptions within our community
- Making bad public decisions due to drinking

What do you consider responsible use of alcohol?

- Legal: Follow rules established by government, school, and God
- Know your limits--don't drink until you can't remember, i.e., 12 drinks
- Safety: Use a designated driver to get home safely. Have friends who will look out for one another.
- Stop when you feel questionable about whether you are glorifying God with your actions
- Alcohol use that does not inhibit the fulfillment of responsibilities (able to drive home legally and safely)
- Knowing why you are drinking (not to get smashed).
- In good conscience
- "Whether you eat or drink or whatever you do, do it all to the glory of God"
- Private; Moderate; Occasional; As a way to bring people together
- Happiness

Results

Alcohol Use and Other Drug Use

For some young adults, college life includes an introduction to or increase in the use of alcohol, marijuana, and various illicit drugs. Whether students are using these substances to signify emergence into adulthood, enhance their social life, or cope with stress, substance abuse can lead to a decline in classroom performance, lower grades, aggressive behavior, property damage, and personal injury.

National Comparison

American college students consume alcohol and other drugs at very high rates. Among full-time college students, more than four in five (82.3%) have consumed alcohol at least one time, nearly four in five (78.6%) have consumed alcohol in the past year, and nearly two in three (65.0%) consume alcohol monthly.³ The rate of binge drinking (consuming five or more alcoholic beverages in a row in the previous two weeks) peaks between ages 21 and 25 at 45.5% and is 33.3% among 18- to 20-year-olds.⁶ Young adults ages 18 to 22 who are enrolled in college full time are more likely than their peers who are not enrolled in college full time to consume alcohol monthly and to binge drink.⁶

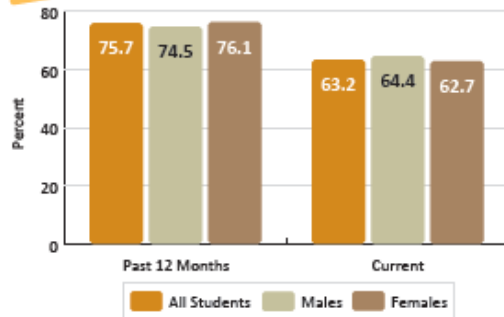
Approximately one-half (49.1%) of full-time college students have used an illicit drug at least once in their lifetime, more than one-third (35.0%) of full-time college students have used an illicit drug at least once in the past year, and approximately one in five (19.2%) full-time college students have used an illicit drug in the last month.⁷ Marijuana is the illicit drug of choice for full-time college students, with nearly half (46.8%) of students having used the drug at least once in their lifetime and almost one-third (32.7%) having used it in the past year.⁷ Among full-time college students, 9.0% have used amphetamines, 3.5% have used cocaine, and 0.2% have used heroin in the previous year.⁷

The rate for use of alcohol in the past 12 months is higher for females than for males who completed the 2012 College Student Health Survey (76.1% vs. 74.5%, respectively). The rate for use of alcohol in the past 30 days is higher among males compared to females (64.4% vs. 62.7%, respectively).

Definition:
Past-12-Month Alcohol Use
Any alcohol use within the past year.

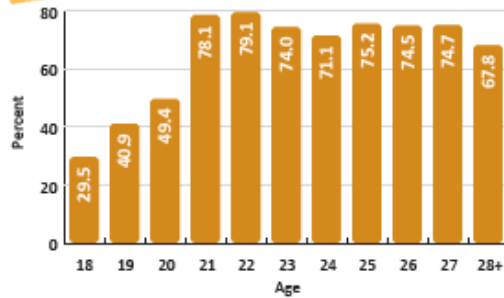
Definition:
Current Alcohol Use
Any alcohol use within the past 30 days.

Alcohol Use—Past 12 Months and Current
All Students by Gender



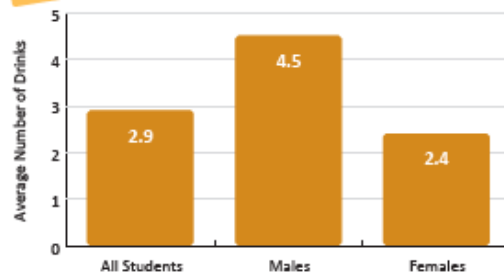
The rate of alcohol use increases from 29.5% among 18-year-old students to 79.1% among 22-year-old students. The rate of this behavior peaks between the ages of 21 and 22.

Current Alcohol Use
All Students by Age



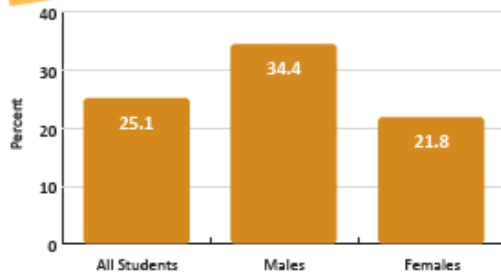
Male students who completed the 2012 College Student Health Survey consume a higher average number of drinks per week than female students. The average number of drinks per week may serve as an indicator of overall alcohol use.

Average Number of Drinks per Week
All Students by Gender



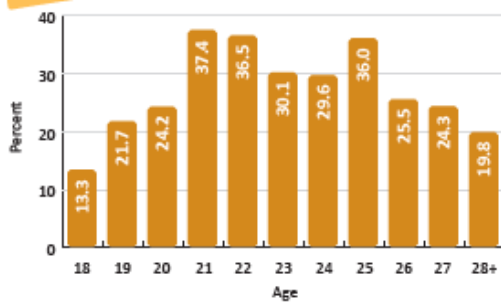
-
-

High-Risk Drinking All Students by Gender



Male students report a higher rate of high-risk drinking compared to female students (34.4% vs. 21.8%, respectively).

High-Risk Drinking All Students by Age



Among students who completed the 2012 College Student Health Survey, the peak years for engaging in high-risk drinking are between ages 21 and 25.

High-Risk Drinking Rates on Campus— Perceived vs. Actual

Question asked:
In the past two weeks, what percentage of students at your school do you think had five or more drinks at a sitting?
(One drink = one shot of alcohol, 12-ounce beer, mixed drink containing 1 or 1.5 ounces of alcohol, 12-ounce wine cooler, or 5-ounce glass of wine.)

High-Risk Drinking Status	Students' Perception of High-Risk Drinking by School Peers	Actual High-Risk Drinking Rate
All Students	30.0%	25.1% of All Students
High-Risk Drinkers	40.6%	
Non-High-Risk Drinkers	26.5%	

Students who completed the 2012 College Student Health Survey who have engaged in high-risk drinking tend to overestimate this behavior among their peers (40.6%), while those who have not engaged in high-risk drinking more accurately estimate this behavior among their peers (26.5%). The estimate from all students is 30.0%, and the actual high-risk drinking rate is 25.1%.

The blood alcohol content (BAC) of a student on the most recent socializing/partying occasion was calculated based on answers to four different survey questions (gender, current body weight, amount of alcohol consumed, and time period of consumption). It should be noted that the BAC calculated in this study is an estimate. This information is self-reported, and students tend to underestimate the actual amount of alcohol they consume.

Blood Alcohol Content

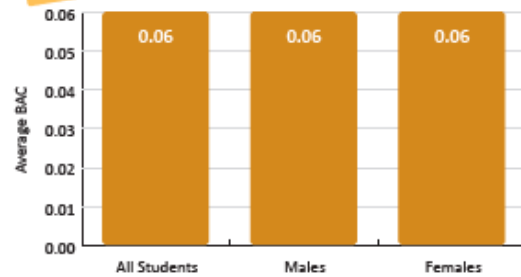
Blood alcohol content (BAC) measures the percentage of alcohol in a person's blood. The calculation of BAC is based on a formula that takes into account the following factors:

- Gender
- Current body weight
- Amount of alcohol consumed (number of drinks)
- Time period of consumption
- Concentration of alcohol in the beverage consumed (based on the alcohol content of one typical can of beer containing 4.5% alcohol)

The average estimate blood alcohol content for both male and female students who completed the 2012 College Student Health Survey, based on the last time the student partied/socialized, is **0.06**.

Average Estimated Blood Alcohol Content

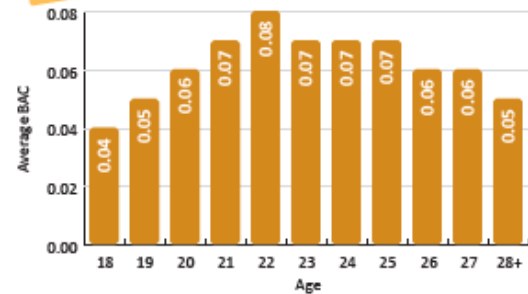
All Students by Gender



The average estimated BAC levels for students range from **0.04** to **0.08**, with the estimated BAC for all survey respondents averaging **0.06**. Students age 22 report an estimated BAC level of **0.08**, which meets the legal driving limit for individuals of legal drinking age.

Average Estimated Blood Alcohol Content

All Students by Age

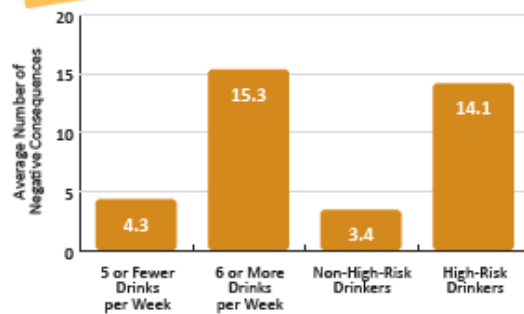


Negative Consequences of Alcohol/Drug Use All Students

Negative Consequence Due to Alcohol/Drug Use	Percent Who Report Experiencing Within Past 12 Months
Had a Hangover	47.7
Performed Poorly on a Test or Important Project	15.9
Been in Trouble With Police, Residence Hall, or Other College Authorities	4.1
Damaged Property, Pulled Fire Alarms, etc.	0.9
Got into an Argument or Fight	14.3
Got Nauseated or Vomited	31.0
Driven a Car While Under the Influence	11.3
Missed a Class	15.4
Been Criticized by Someone I Know	16.7
Thought I Might Have a Drinking or Other Drug Problem	5.6
Had a Memory Loss	15.4
Done Something I Later Regretted	18.7
Been Arrested for DWI/DUI	0.7
Have Been Taken Advantage of Sexually	2.8
Have Taken Advantage of Another Sexually	0.3
Tried Unsuccessfully to Stop Using	0.2
Seriously Thought About Suicide	2.6
Seriously Tried to Commit Suicide	0.6
Been Hurt or Injured	5.8

Approximately one in nine (11.3%) students report having driven a car while under the influence of alcohol or drugs. Among all students, 15.4% report missing a class and 15.9% report performing poorly on a test or project as a result of alcohol/drug use.

Average Number of Negative Consequences All Students by Average Number of Drinks and High-Risk Drinking



A strong association exists between the average number of drinks students consumed per week and the total number of reported negative consequences they experienced over the past 12 months. An association also exists between engaging in high-risk drinking within the past two weeks and reported negative consequences.

The rates for the negative consequences identified generally are two to three times higher among students who have engaged in high-risk drinking compared to students who have not engaged in high-risk drinking. More than one in four (28.0%) students who have engaged in high-risk drinking has driven while under the influence of alcohol or drugs one or more times in the past 12 months.

Students were asked if they would call 911 when someone passes out due to alcohol/drug use and they are unable to wake the individual. In this example of a situation in which 911 must be called, 69.0% of all students who completed the 2012 College Student Health Survey report they would be “very likely” to call for emergency assistance.

The rate for any marijuana use within the past 12 months is 12.7% for all students who completed the 2012 College Student Health Survey, while the current marijuana use rate is 7.0% for all students. Both the past-12-month and current marijuana use rates are higher for males than for females.

Definition:
Past-12-Month Marijuana Use
Any marijuana use within the past year.

Definition:
Current Marijuana Use
Any marijuana use within the past 30 days.

High-Risk Drinking and Selected Consequences* All Students

Negative Consequence	Percent		
Driven a Car While Under the Influence	11.3	5.7	28.0
Got into an Argument or Fight	14.3	8.8	30.9
Performed Poorly on a Test or Important Project	15.9	10.8	31.4
Missed a Class	15.4	10.0	31.4
Have Been Taken Advantage of Sexually (Includes Males and Females)	2.8	1.8	6.0

■ All Students
 ■ Non-High-Risk Drinkers
 ■ High-Risk Drinkers

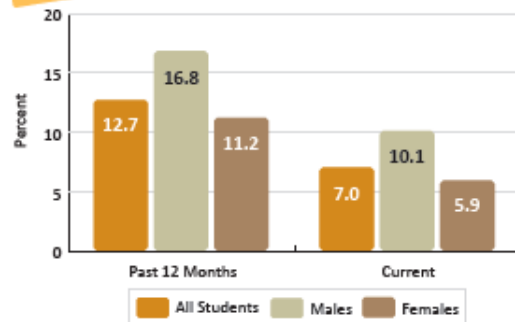
*The rate for high-risk drinking is based on behavior in the past two weeks while the rate for negative consequences is based on reported experiences within the previous 12-month period.

Likelihood of Calling 911 in an Alcohol/Drug-Related Situation All Students

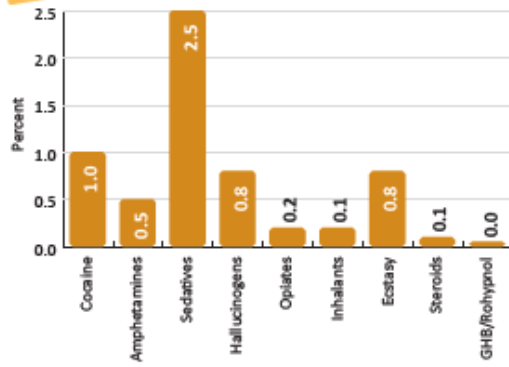
Response	Percent		
Very Likely	69.0	74.8	65.7
Somewhat Likely	20.0	16.8	21.8
Somewhat Unlikely	7.1	4.9	8.3
Very Unlikely	3.9	3.5	4.2

■ All Students
 ■ Students Who Did Not Use Alcohol Within the Past 30 Days
 ■ Students Who Did Use Alcohol Within the Past 30 Days

Marijuana Use—Past 12 Months and Current All Students by Gender



Selected Drug Use—Past 12 Months All Students



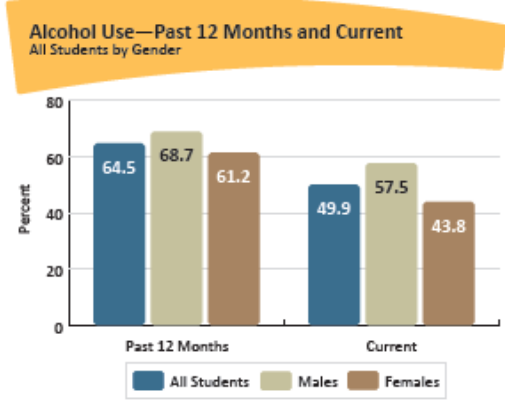
The illicit drugs most commonly used by students are sedatives (2.5%) and cocaine (1.0%). Further analysis shows that among all students, 4.4% report having used at least one of the nine listed illicit drugs. In addition, 3.7% of students report using another person's prescription drugs.

MLC Results from 2012 MN College Student Health Survey

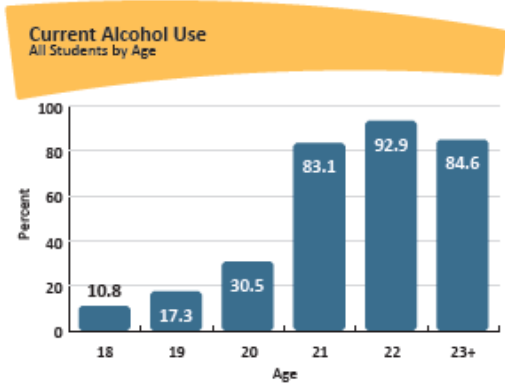
Among Martin Luther College students, **64.5%** report using alcohol in the past 12 months and **49.9%** report using alcohol in the past 30 days. Males report higher rates of both past-12-month and current alcohol use compared to females.

Definition:
Past-12-Month Alcohol Use
 Any alcohol use within the past year.

Definition:
Current Alcohol Use
 Any alcohol use within the past 30 days.

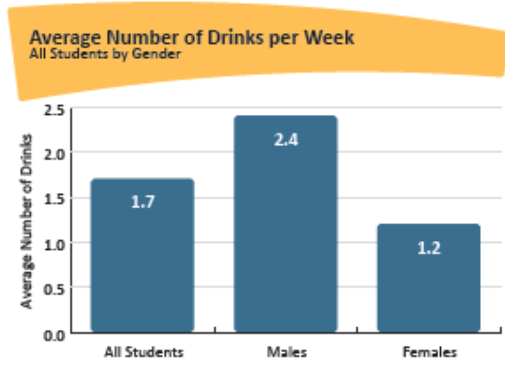


Approximately one in 10 (**10.8%**) MLC students age 18 report consuming alcohol in the past 30 days. Nearly all (**92.9%**) MLC students age 22 report consuming alcohol over the same time period.

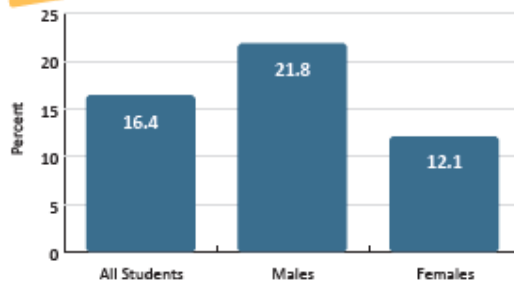


Results
Alcohol Use and Other Drug Use

Male MLC students consume a higher average number of drinks per week than female students at the college. The average number of drinks per week may serve as an indicator of overall alcohol use.

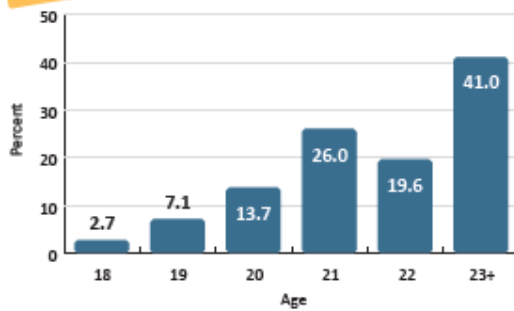


High-Risk Drinking All Students by Gender



Male students at Martin Luther College report a higher rate of high-risk drinking compared to female MLC students (21.8% vs. 12.1%, respectively).

High-Risk Drinking All Students by Age



Among Martin Luther College students, the highest high-risk drinking rates are found among students age 21 and older.

High-Risk Drinking Rates on Campus— Perceived vs. Actual All Students

Question asked:
In the past two weeks, what percentage of students at your school do you think had five or more drinks at a sitting? (One drink = one shot of alcohol, 12-ounce beer, mixed drink containing 1 or 1.5 ounces of alcohol, 12-ounce wine cooler, or 5-ounce glass of wine.)

High-Risk Drinking Status	Students' Perception of High-Risk Drinking by School Peers	Actual High-Risk Drinking Rate
All Students	17.2%	16.4% of All Students
High-Risk Drinkers	26.1%	
Non-High-Risk Drinkers	15.4%	

Martin Luther College students who have engaged in high-risk drinking tend to overestimate this behavior among their peers (26.1%), while those who have not engaged in high-risk drinking more accurately estimate this behavior among their peers (15.4%). The estimate from all students is 17.2%, and the actual high-risk drinking rate at the college is 16.4%.

The blood alcohol content (BAC) of a student on the most recent socializing/partying occasion was calculated based on answers to four different survey questions (gender, current body weight, amount of alcohol consumed, and time period of consumption). It should be noted that the BAC calculated in this study is an estimate. This information is self-reported, and students tend to underestimate the actual amount of alcohol they consume.

For male and female students attending Martin Luther College, the average estimated BAC, based on the last time the student partied/socialized, is **0.03**.

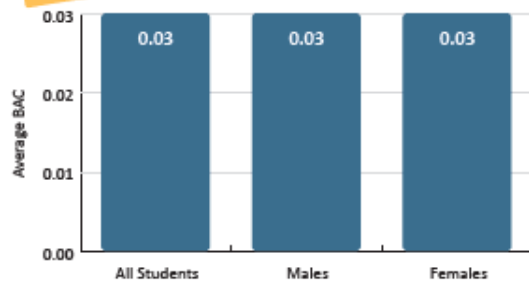
The average estimated BAC levels for Martin Luther College students range from **0.01** to **0.06**, with the estimated BAC for all survey respondents averaging **0.03**.

Blood Alcohol Content

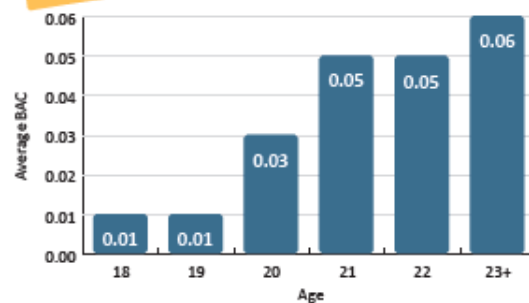
Blood alcohol content (BAC) measures the percentage of alcohol in a person's blood. The calculation of BAC is based on a formula that takes into account the following factors:

- Gender
- Current body weight
- Amount of alcohol consumed (number of drinks)
- Time period of consumption
- Concentration of alcohol in the beverage consumed (based on the alcohol content of one typical can of beer containing 4.5% alcohol)

Average Estimated Blood Alcohol Content All Students by Gender



Average Estimated Blood Alcohol Content All Students by Age



Negative Consequences of Alcohol/Drug Use

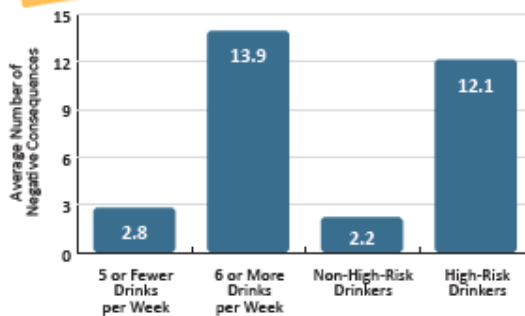
All Students

Negative Consequence Due to Alcohol/Drug Use	Percent Who Report Experiencing Within Past 12 Months
Had a Hangover	28.0
Performed Poorly on a Test or Important Project	9.7
Been in Trouble With Police, Residence Hall, or Other College Authorities	5.2
Damaged Property, Pulled Fire Alarms, etc.	1.0
Got into an Argument or Fight	7.7
Got Nauseated or Vomited	22.1
Driven a Car While Under the Influence	6.2
Missed a Class	9.7
Been Criticized by Someone I Know	12.7
Thought I Might Have a Drinking or Other Drug Problem	2.2
Had a Memory Loss	11.4
Done Something I Later Regretted	18.6
Been Arrested for DWI/DUI	0.0
Have Been Taken Advantage of Sexually	2.5
Have Taken Advantage of Another Sexually	0.7
Tried Unsuccessfully to Stop Using	1.7
Seriously Thought About Suicide	1.0
Seriously Tried to Commit Suicide	0.0
Been Hurt or Injured	3.5

More than one in 20 (6.2%) Martin Luther College students report having driven a car while under the influence of alcohol or drugs. Among MLC students, 9.7% report missing a class and 9.7% report performing poorly on a test or project as a result of alcohol/drug use.

Average Number of Negative Consequences

All Students by Average Number of Drinks and High-Risk Drinking



A strong association exists between the average number of drinks MLC students consumed per week and the total number of reported negative consequences they experienced over the past 12 months. An association also exists between engaging in high-risk drinking within the past two weeks and reported negative consequences.

The rates for the negative consequences identified generally are three to four times higher among MLC students who have engaged in high-risk drinking compared to MLC students who have not engaged in high-risk drinking. Approximately one in five (21.2%) students who have engaged in high-risk drinking has driven while under the influence of alcohol or drugs one or more times in the past 12 months.

Students were asked if they would call 911 when someone passes out due to alcohol/drug use and they are unable to wake the individual. In this example of a situation in which 911 must be called, 61.3% of all Martin Luther College students report they would be “very likely” to call for emergency assistance.

The rate for any marijuana use within the past 12 months is 3.2% for all Martin Luther College students, while the current marijuana-use rate is 1.0% for all MLC students. Both the past-12-month and current marijuana-use rates are higher for males than for females.

Definition: Past-12-Month Marijuana Use Any marijuana use within the past year.
Definition: Current Marijuana Use Any marijuana use within the past 30 days.

High-Risk Drinking and Selected Consequences* All Students

Negative Consequence	Percent		
Driven a Car While Under the Influence	6.2	3.3	21.2
Got into an Argument or Fight	7.7	5.0	21.5
Performed Poorly on a Test or Important Project	9.7	7.4	21.2
Missed a Class	9.7	6.2	27.3
Have Been Taken Advantage of Sexually (Includes Males and Females)	2.5	1.5	7.6

■ All Students
 ■ Non-High-Risk Drinkers
 ■ High-Risk Drinkers

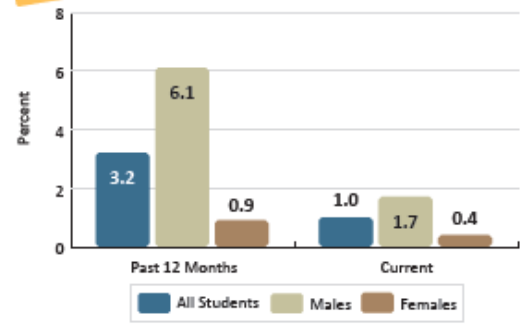
*The rate for high-risk drinking is based on behavior in the past two weeks while the rate for negative consequences is based on reported experiences within the previous 12-month period.

Likelihood of Calling 911 in an Alcohol/Drug-Related Situation All Students

Response	Percent		
Very Likely	61.3	68.3	54.2
Somewhat Likely	25.6	19.8	31.3
Somewhat Unlikely	8.4	7.4	9.5
Very Unlikely	4.7	4.5	5.0

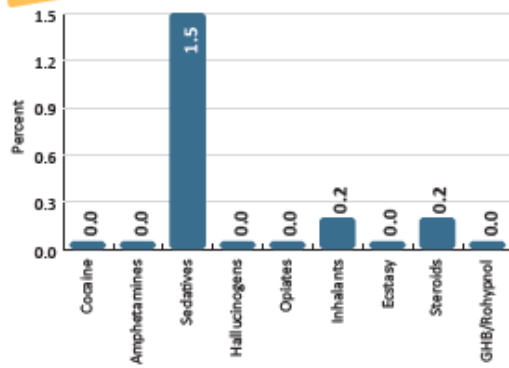
■ All Students
 ■ Students Who Did Not Use Alcohol Within the Past 30 Days
 ■ Students Who Did Use Alcohol Within the Past 30 Days

Marijuana Use—Past 12 Months and Current All Students by Gender



Selected Drug Use—Past 12 Months

All Students



The illicit drug most commonly used by MLC students is sedatives (1.5%). Further analysis shows that among MLC students, 2.0% report having used at least one of the nine listed illicit drugs. In addition, 2.2% of students report using another person's prescription drugs.

- Aggregate Results – MN College Student Health Survey

Results

Alcohol Use and Other Drug Use

For some young adults, college life includes an introduction to or an increase in the use of alcohol, marijuana, and various illicit drugs. Whether students are using these substances to signify emergence into adulthood, enhance their social life, or cope with stress, substance abuse can lead to a decline in classroom performance, lower grades, aggressive behavior, property damage, and personal injury.

National Comparison

American college students consume alcohol and other drugs at very high rates. Among full-time college students, approximately four in five (78.0%) have consumed alcohol at least one time, more than three in four (75.6%) have consumed alcohol in the past year, and nearly three in five (63.1%) consume alcohol monthly (Johnston et al, 2013). The rate of binge drinking (consuming five or more alcoholic beverages in a row in the previous two weeks) peaks between ages 21 and 25 at 45.1% and is 30.5% among 18- to 20-year-olds (SAMHSA, 2014). Young adults ages 18 to 22 who are enrolled in college full time are more likely than their peers who are not enrolled in college full time to consume alcohol monthly and to binge drink (SAMHSA, 2014).

Approximately one-half (51.0%) of full-time college students have used an illicit drug at least once in their lifetime, more than one-third (38.9%) of full-time college students have used an illicit drug at least once in the past year, and more than one in five (22.5%) full-time college students have used an illicit drug in the last month (Johnston et al, 2013). Marijuana is the illicit drug of choice for full-time college students, with nearly half (47.7%) of students having used the drug at least once in their lifetime, approximately one-third (35.5%) having used it in the past year, and approximately one in five (20.6%) having used it in the past month (Johnston et al, 2013). Among full-time college students, 10.6% have used amphetamines, 4.5% have used hallucinogens, and 2.7% have used cocaine in the previous year (Johnston et al, 2013).

Among students who completed the 2015 College Student Health Survey, **79.4%** report using alcohol in the past 12 months and **60.8%** report using alcohol in the past 30 days. Female students report a slightly higher rate of past 12-month alcohol use, while male students report a slightly higher rate of current alcohol use.

Definition:**Past 12-Month Alcohol Use**

Any alcohol use within the past year.

Definition:**Current Alcohol Use**

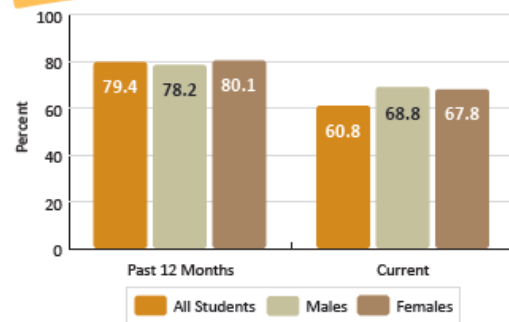
Any alcohol use within the past 30 days.

More than one in two (**55.9%**) students ages 18–20 report consuming alcohol in the past 30 days. About four in five (**80.7%**) Minnesota students ages 21–22 report consuming alcohol in the past 30 days.

Male students who completed the 2015 College Student Health Survey consume a higher average number of drinks per week than female students. The average number of drinks per week may serve as an indicator of overall alcohol use.

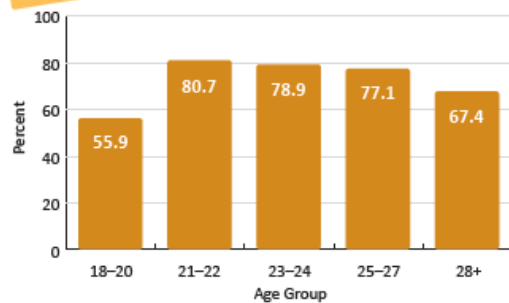
Alcohol Use—Past 12 Months and Current

All Students by Gender



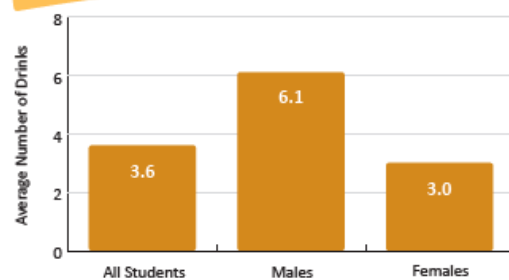
Current Alcohol Use

All Students by Age Group

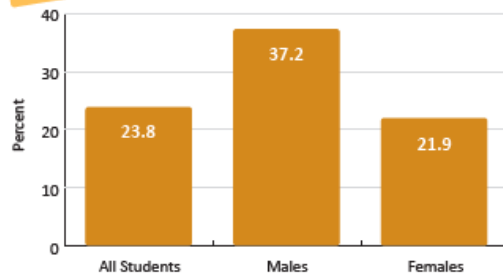


Average Number of Drinks per Week

All Students by Gender

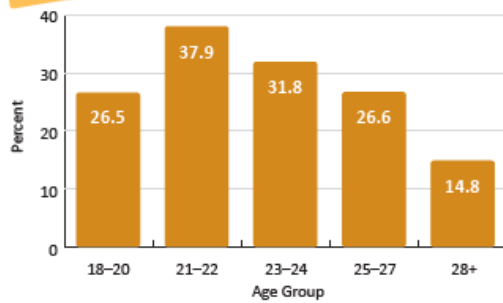


High-Risk Drinking All Students by Gender



Male students who completed the 2015 College Student Health Survey report a higher rate of high-risk drinking compared to female students (37.2% vs. 21.9%, respectively).

High-Risk Drinking All Students by Age Group



Among students who completed the 2015 College Student Health Survey, the peak years for engaging in high-risk drinking are ages 21-22.

High-Risk Drinking Rates on Campus— Perceived vs. Actual

Question asked:
In the past two weeks, what percentage of students at your school do you think had five or more drinks at a sitting? (One drink = one shot of alcohol; 12-ounce beer; mixed drink containing 1 or 1.5 ounces of alcohol; 12-ounce wine cooler; or 5-ounce glass of wine.)

High-Risk Drinking Status	Students' Perception of High-Risk Drinking by School Peers	Actual High-Risk Drinking Rate
All Students	39.3%	23.8% of All Students
High-Risk Drinkers	47.7%	
Non-High-Risk Drinkers	36.2%	

Students who completed the 2015 College Student Health Survey overestimate the high-risk drinking rate on their campus. The estimate from all students is 39.3%, and the actual high-risk drinking rate at the university is 23.8%. Those who have engaged in high-risk drinking estimate a high-risk drinking rate of 47.7%, while those who have not engaged in high-risk drinking estimate a rate of 36.2%.

The BAC of a student on the most recent socializing/partying occasion was calculated based on answers to four different survey questions (gender, current body weight, amount of alcohol consumed, and time period of consumption). It should be noted that the BAC calculated in this study is an estimate. This information is self-reported and students tend to underestimate the actual amount of alcohol they consume.

For male and female students who completed the 2015 College Student Health Survey, the average estimated blood alcohol content, based on the last time the student partied/socialized, is **0.07**.

The average estimated BAC levels for students who completed the 2015 College Student Health Survey range from **0.05** to **0.08**, with the estimated BAC for all survey respondents averaging **0.07**. Students ages 18–20, 21–22, and 23–24 report average estimated BAC levels that match the legal driving limit of 0.08 for individuals of legal drinking age.

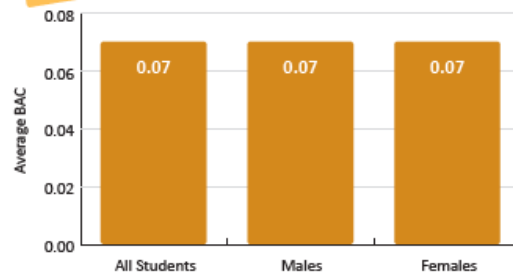
Blood Alcohol Content

Blood alcohol content (BAC) measures the percentage of alcohol in a person's blood. The calculation of BAC is based on a formula that takes into account the following factors:

- Gender
- Current body weight
- Amount of alcohol consumed (number of drinks)
- Time period of consumption
- Concentration of alcohol in the beverage consumed (based on the alcohol content of one typical can of beer containing 4.5% alcohol)

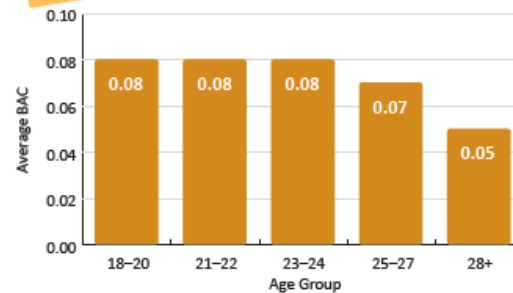
Average Estimated Blood Alcohol Content

All Students by Gender



Average Estimated Blood Alcohol Content

All Students by Age Group



Negative Consequences of Alcohol Use

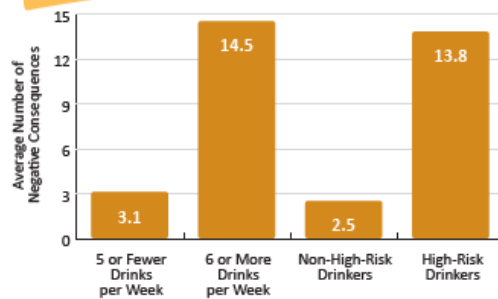
All Students

Negative Consequence Due to Alcohol Use	Percent Who Report Experiencing Within Past 12 Months
Arrested for a DWI/DUI	0.6
Criticized by Someone I Know	12.7
Damaged Property, Pulled Fire Alarm, etc.	1.2
Done Something I Later Regretted	17.8
Driven a Car While Under the Influence	7.6
Got Into an Argument or Fight	11.6
Got Nauseated or Vomited	31.9
Had a Hangover	45.2
Had a Memory Loss	17.6
Have Been Taken Advantage of Sexually	3.1
Have Taken Advantage of Another Sexually	0.3
Hurt or Injured	5.0
Missed a Class	9.4
Performed Poorly on a Test or Important Project	7.5
Seriously Thought About Suicide	2.7
Seriously Tried to Commit Suicide	0.4
Thought I Might Have a Drinking Problem	6.3
Tried Unsuccessfully to Stop Using	1.6
Trouble with Police, Residence Hall, or Other University/College Authorities	4.0

Approximately one in thirteen (7.6%) students who completed the 2015 College Student Health Survey report having driven a car while under the influence of alcohol or drugs. Among students, 9.4% report missing a class and 7.5% report performing poorly on a test or project as a result of alcohol use.

Average Number of Alcohol-Related Negative Consequences

All Students by Average Number of Drinks and High-Risk Drinking



A strong association exists between the average number of drinks students consumed per week and the total number of reported alcohol-related negative consequences they experienced over the past 12 months. An association also exists between engaging in high-risk drinking within the past two weeks and reported negative consequences.

Results

Alcohol Use and Other Drug Use

The rates for the alcohol-related negative consequences identified are three or more times higher among students who have engaged in high-risk drinking compared to students who have not engaged in high-risk drinking. Almost one in five (19.1%) students who have engaged in high-risk drinking has driven while under the influence of alcohol or drugs one or more times in the past 12 months.

Students were asked if they would call 911 when someone passes out due to alcohol/drug use and they are unable to wake the individual. In this example of a situation in which 911 must be called, 66.0% of all students who completed the 2015 College Student Health Survey report they would be “very likely” to call for emergency assistance.

The rate for any marijuana use within the past 12 months is 22.5% for students who completed the 2015 College Student Health Survey, while the current marijuana-use rate is 11.6% for students. Past 12-month and current marijuana-use rates are higher for males than for females.

Definition: Past 12-Month Marijuana Use Any marijuana use within the past year.
Definition: Current Marijuana Use Any marijuana use within the past 30 days.

High-Risk Drinking and Selected Consequences* All Students

Negative Consequence Due to Alcohol Use	Percent		
Driven a Car While Under the Influence	7.6	4.0	19.1
Got into an Argument or Fight	11.6	6.1	29.1
Have Been Taken Advantage of Sexually (Includes Males and Females)	3.1	1.9	6.9
Missed a Class	9.4	4.3	25.6
Performed Poorly on a Test or Important Project	7.5	4.0	18.6

■ All Students
 ■ Non-High-Risk Drinkers
 ■ High-Risk Drinkers

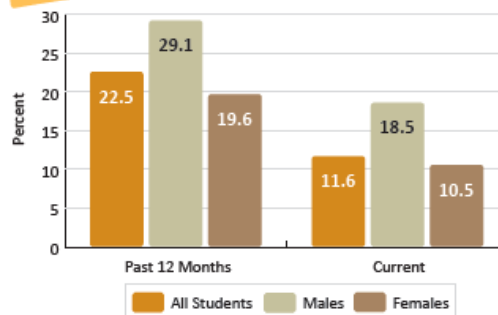
*The rate for high-risk drinking is based on behavior in the past two weeks while the rate for negative consequences is based on reported experiences within the previous 12-month period.

Likelihood of Calling 911 in an Alcohol- or Drug-Related Situation All Students

Response	Percent		
Very Likely	66.0	70.5	63.9
Somewhat Likely	23.2	20.9	24.2
Somewhat Unlikely	7.3	4.7	8.5
Very Unlikely	3.5	3.9	3.4

■ All Students
 ■ Students Who Did Not Use Alcohol Within the Past 30 Days
 ■ Students Who Did Use Alcohol Within the Past 30 Days

Marijuana Use—Past 12 Months and Current All Students by Gender



Negative Consequences of Marijuana Use

All Students

Negative Consequence Due to Marijuana Use	Percent Who Report Experiencing Within Past 12 Months
Arrested for a DWI/DUI	0.1
Criticized by Someone I Know	2.3
Damaged Property, Pulled Fire Alarm, etc.	0.1
Done Something I Later Regretted	1.0
Driven a Car While Under the Influence	3.8
Got Into an Argument or Fight	0.4
Got Nauseated or Vomited	1.1
Had a Hangover	1.0
Had a Memory Loss	2.0
Have Been Taken Advantage of Sexually	0.2
Have Taken Advantage of Another Sexually	0.1
Hurt or Injured	0.2
Missed a Class	1.1
Performed Poorly on a Test or Important Project	0.8
Seriously Thought About Suicide	0.3
Seriously Tried to Commit Suicide	0.1
Thought I Might Have a Drug Problem	1.2
Tried Unsuccessfully to Stop Using	0.7
Trouble with Police, Residence Hall, or Other University/College Authorities	0.5

A total of **3.8%** of students who completed the 2015 College Student Health Survey report having driven a car while under the influence of marijuana. Among students who completed the 2015 College Student Health Survey, **1.1%** report missing a class, and **1.2%** report thinking they might have a drug problem.

Selected Drug Use—Past 12 Months

All Students

Drug	Percent Who Report Use Within Past 12 Months
Amphetamines	0.6
Cocaine	2.1
Ecstasy	2.2
GHB/Rohypnol	0.2
Hallucinogens	2.3
Inhalants	0.2
Opiates	0.4
Sedatives	1.1
Use of at Least One of the Above Listed Drugs	5.6
Use of Another Person's ADHD Medication	5.8
Use of Another Person's Medication Other Than ADHD	3.3

The illicit drug most commonly used by students who completed the 2015 College Student Health Survey is hallucinogens (**2.3%**). Further analysis shows that among students who completed the 2015 College Student Health Survey, **5.6%** report having used at least one of the eight listed illicit drugs. In addition, **5.8%** of students report using another person's ADHD medication and **3.3%** indicate they used another person's prescription medication other than ADHD medication.

Results

Alcohol Use and Other Drug Use

-
-
- MLC Results – MN College Student Health Survey 2016

Results

Alcohol Use and Other Drug Use

For some young adults, college life includes an introduction to or an increase in the use of alcohol, marijuana, and various illicit drugs. Whether students are using these substances to signify emergence into adulthood, enhance their social life, or cope with stress, substance abuse can lead to a decline in classroom performance, lower grades, aggressive behavior, property damage, and personal injury.

National Comparison

American college students consume alcohol and other drugs at very high rates. Among full-time college students, four in five (79.4%) have consumed alcohol at least one time, more than three in four (76.1%) have consumed alcohol in the past year, and about three in five (63.1%) consume alcohol monthly (Johnston et al, 2015). The rate of binge drinking (consuming five or more alcoholic beverages in a row in the previous two weeks) is highest for those ages 21–25, at 43.3%, and is 28.5% among 18- to 20-year-olds (CBHSQ, 2015). Compared to those not enrolled in college full-time, young adults ages 18–22 who are enrolled full-time are more likely to consume alcohol monthly and to binge drink (CBHSQ, 2015).

Approximately one-half (52.4%) of full-time college students have used an illicit drug at least once in their lifetime, more than one-third (38.6%) have used an illicit drug at least once in the past year, and more than one in five (22.7%) have used an illicit drug in the last month (Johnston et al, 2015).

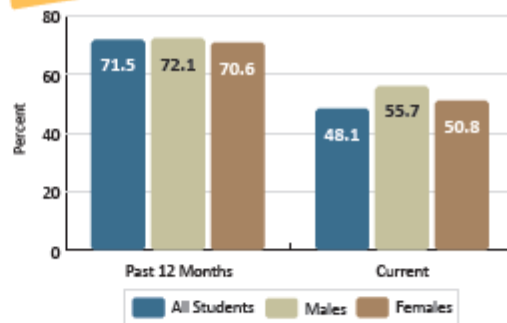
Marijuana is the illicit drug of choice for full-time college students, with nearly half (48.5%) having used the drug at least once in their lifetime, one-third (34.4%) having used it in the past year, and one in five (20.8%) having used it in the past month (Johnston et al, 2015). Among full-time college students, 10.1% have used amphetamines, 4.4% have used cocaine, and 4.0% have used hallucinogens in the previous year (Johnston et al, 2015).

Among Martin Luther College students, **71.5%** report using alcohol in the past 12 months, and **48.1%** report using alcohol in the past 30 days. Compared to female students, male students report higher rates of alcohol use in both the past 12 months and the past 30 days.

Definition:
Past 12-Month Alcohol Use
Any alcohol use within the past year.

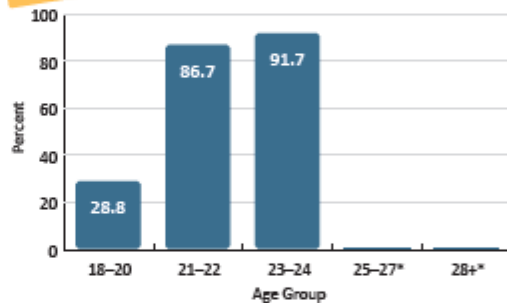
Definition:
Current Alcohol Use
Any alcohol use within the past 30 days.

Alcohol Use—Past 12 Months and Current
All Students by Gender



MLC students ages 23–24 report the highest rate of consuming alcohol in the past 30 days (**91.7%**). More than one in four (**28.8%**) underage MLC students report consuming alcohol in the past 30 days.

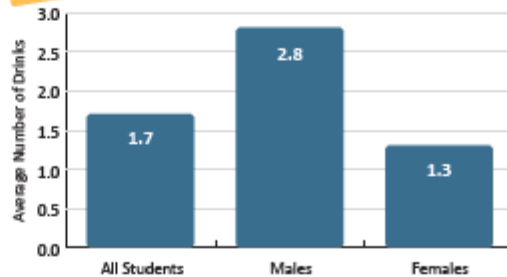
Current Alcohol Use
All Students by Age Group



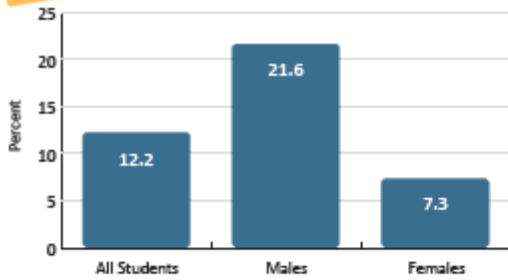
*Insufficient data.

Male MLC students report consuming a higher average number of drinks per week than female students at the college. The average number of drinks per week may serve as an indicator of overall alcohol use.

Average Number of Drinks per Week—
Past 30 Days
All Students by Gender



High-Risk Drinking
All Students by Gender



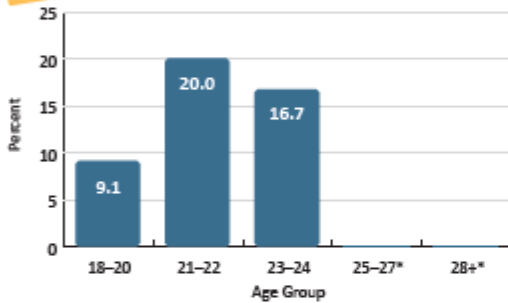
Male students at MLC report a higher rate of high-risk drinking compared to female students (21.6% vs. 7.3%, respectively).

Definition:

High-Risk Drinking

Consumption of five or more alcoholic drinks at one sitting within the past two weeks for both males and females. A drink is defined as one shot of alcohol, a 12-ounce beer, a mixed drink containing 1 or 1.5 ounces of alcohol, a 12-ounce wine cooler, or a 5-ounce glass of wine.

High-Risk Drinking
All Students by Age Group



*Insufficient data.

Among MLC students, the peak years for engaging in high-risk drinking are ages 21-22.

High-Risk Drinking Rates on Campus—
Perceived vs. Actual
All Students

Question asked:
In the past two weeks, what percentage of students at your school do you think had five or more drinks at a sitting? (One drink = one shot of alcohol, a 12-ounce beer, a mixed drink containing 1 or 1.5 ounces of alcohol, a 12-ounce wine cooler, or a 5-ounce glass of wine.)

High-Risk Drinking Status	Students' Perception of High-Risk Drinking by School Peers	Actual High-Risk Drinking Rate
All Students	25.8%	12.2% of All Students
High-Risk Drinkers	37.7%	
Non-High-Risk Drinkers	24.0%	

Students attending MLC overestimate the rate of high-risk drinking on their campus. The estimate from all students is 25.8%, while the actual rate is 12.2%. Those who have engaged in high-risk drinking estimate a rate of 37.7%, while those who have not engaged in high-risk drinking estimate a rate of 24.0%.

The BAC of a student on the most recent socializing/partying occasion was calculated based on answers to four different survey questions (gender, current body weight, amount of alcohol consumed, and time period of consumption). It should be noted that the BAC calculated in this study is an estimate. This information is self-reported, and students tend to underestimate the actual amount of alcohol they consume.

The legal driving limit for individuals of legal drinking age is 0.08.

The average estimated BAC among male and female students at Martin Luther College, based on the last time the student partied/socialized, is 0.04.

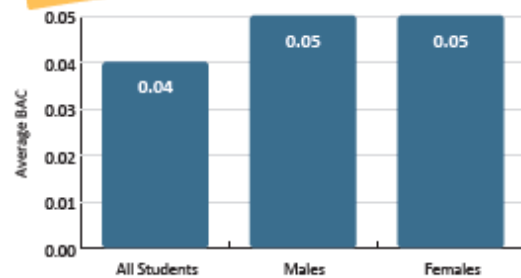
Among MLC students, the average BAC levels at the most recent socializing/partying occasion range from 0.04 to 0.05, with an average of 0.04.

Blood Alcohol Content

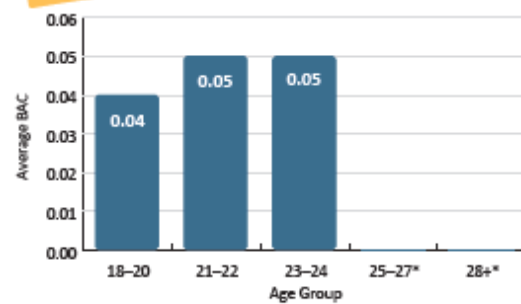
Blood alcohol content (BAC) measures the percentage of alcohol in a person's blood. The calculation of BAC is based on a formula that takes into account the following factors:

- Gender
- Current body weight
- Amount of alcohol consumed (number of drinks)
- Time period of consumption
- Concentration of alcohol in the beverage consumed (based on the alcohol content of one typical can of beer containing 4.5% alcohol)

Average Estimated Blood Alcohol Content All Students by Gender



Average Estimated Blood Alcohol Content All Students by Age Group



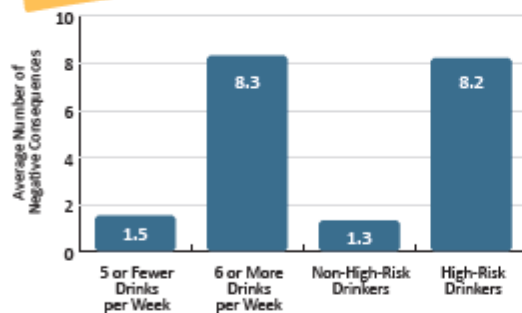
*Insufficient data.

Negative Consequences of Alcohol Use— Past 12 Months All Students

Negative Consequence Due to Alcohol Use	Percent Who Report Experiencing Within Past 12 Months
Arrested for a DWI/DUI	0.0
Criticized by Someone I Know	13.1
Damaged Property, Pulled Fire Alarm, etc.	0.4
Done Something I Later Regretted	11.1
Driven a Car While Under the Influence	3.7
Got Into an Argument or Fight	4.1
Got Nauseated or Vomited	21.1
Had a Hangover	26.1
Had a Memory Loss	8.3
Have Been Taken Advantage of Sexually	2.0
Have Taken Advantage of Another Sexually	0.0
Hurt or Injured	2.6
Missed a Class	5.7
Performed Poorly on a Test or Important Project	3.3
Seriously Thought About Suicide	0.9
Seriously Tried to Commit Suicide	0.0
Thought I Might Have a Drinking Problem	2.6
Tried Unsuccessfully to Stop Using	0.2
Trouble with Police, Residence Hall, or Other University/College Authorities	4.4

Nearly one in 25 (3.7%) MLC students report having driven a car within the past 12 months while under the influence of alcohol; for the same period, 5.7% report missing a class and 3.3% report performing poorly on a test or project as a result of alcohol use.

Average Number of Alcohol-Related Negative Consequences* All Students by Average Number of Drinks and High-Risk Drinking



*The average number of drinks is based on behavior in the past 30 days, high-risk drinking is based on behavior in the past two weeks, and the average number of negative consequences is based on reported experiences in the past 12 months.

A strong association exists between the average number of drinks MLC students consume per week and the total number of reported alcohol-related negative consequences experienced over the past 12 months. An association also exists between engaging in high-risk drinking within the past two weeks and reported negative consequences.

Rates for alcohol-related negative consequences are four or more times higher among MLC students who engaged in high-risk drinking in the previous two weeks compared to those who did not. About one in eight (12.5%) students who have engaged in high-risk drinking in the past two weeks report driving while under the influence of alcohol one or more times in the past 12 months.

Asked if they would call 911 if someone passes out due to alcohol/drug use and couldn't be awakened, 54.3% of all MLC students report they would be "very likely" to call for emergency assistance.

Among all Martin Luther College students, the rate for any marijuana use within the past 12 months is 4.1%, while the rate of current use is 0.9%. Rates are higher for males than for females.

Definition:
Past 12-Month Marijuana Use
Any marijuana use within the past year.

Definition:
Current Marijuana Use
Any marijuana use within the past 30 days.

High-Risk Drinking and Selected Consequences* All Students

Negative Consequence Due to Alcohol Use	Percent		
Driven a Car While Under the Influence	3.7	2.5	12.5
Got into an Argument or Fight	4.1	2.0	19.6
Have Been Taken Advantage of Sexually (Includes Males and Females)	2.0	1.2	7.1
Missed a Class	5.7	4.0	17.9
Performed Poorly on a Test or Important Project	3.3	1.7	14.3

■ All Students ■ Non-High-Risk Drinkers ■ High-Risk Drinkers

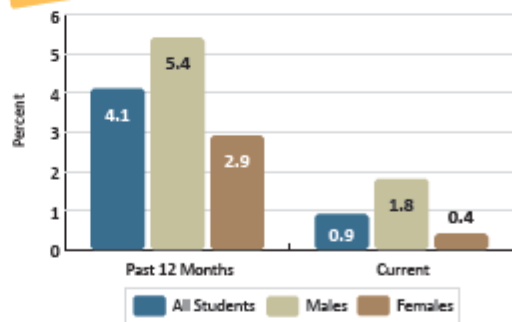
*High-risk drinking is based on behavior in the past two weeks while the rate for negative consequences is based on reported experiences in the past 12 months.

Likelihood of Calling 911 in an Alcohol- or Drug-Related Situation All Students

Response	Percent		
Very Likely	54.3	61.1	48.1
Somewhat Likely	30.6	30.1	31.2
Somewhat Unlikely	12.2	6.7	17.0
Very Unlikely	2.9	2.1	3.7

■ All Students ■ Students Who Did Not Use Alcohol Within the Past 30 Days ■ Students Who Did Use Alcohol Within the Past 30 Days

Marijuana Use—Past 12 Months and Current All Students by Gender



Negative Consequences of Marijuana Use— Past 12 Months All Students

Negative Consequence Due to Marijuana Use	Percent Who Report Experiencing Within Past 12 Months
Arrested for a DWI/DUI	0.0
Criticized by Someone I Know	0.4
Damaged Property, Pulled Fire Alarm, etc.	0.0
Done Something I Later Regretted	0.4
Driven a Car While Under the Influence	0.2
Got Into an Argument or Fight	0.2
Got Nauseated or Vomited	0.0
Had a Hangover	0.9
Had a Memory Loss	0.2
Have Been Taken Advantage of Sexually	0.0
Have Taken Advantage of Another Sexually	0.0
Hurt or Injured	0.2
Missed a Class	0.2
Performed Poorly on a Test or Important Project	0.2
Seriously Thought About Suicide	0.0
Seriously Tried to Commit Suicide	0.0
Thought I Might Have a Drug Problem	0.0
Tried Unsuccessfully to Stop Using	0.0
Trouble with Police, Residence Hall, or Other University/College Authorities	0.0

Among MLC students, **0.2%** report having driven a car within the past 12 months while under the influence of marijuana, **0.2%** report missing a class due to marijuana use, and **0.0%** report thinking they might have a drug problem.

Selected Drug Use—Past 12 Months All Students

Drug	Percent Who Report Use Within Past 12 Months
Amphetamines	0.0
Cocaine	0.0
Ecstasy	0.0
GHB/Rohypnol	0.2
Hallucinogens	0.0
Inhalants	0.5
Opiates	0.0
Sedatives	0.2
Use of at Least One of the Above Listed Drugs	0.7
Use of Another Person's ADHD Medication	0.0
Use of Another Person's Medication Other Than ADHD	0.5

Among MLC students, **0.7%** report having used at least one of the eight listed illicit drugs within the past 12 months, **0.0%** report using another person's ADHD medication, and **0.5%** indicate that they used another person's prescription medication (other than ADHD medication). Inhalants are the most commonly used illicit drugs (**0.5%**).

