



GRINNELL COLLEGE

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

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Introduction/Overview

- Drug-Free Schools and Campuses Regulations [Edgar Part 86] states that we must conduct a biennial review to assess our education, policies, and procedures regarding alcohol and other drugs.
- Grinnell College conducts a biennial review not only to meet this compliance expectation, but also to assess our current alcohol and other drug climate, note successes and areas of concern, set measurable goals, and determine how to best offer an environment that is safe for our students and supports their academic goals.

Biennial Review Process

- This biennial review covers academic years 2016-2017 and 2017-2018.
- Biennial Review Process
 - Authors:
 - Jennifer Jacobsen, MA, MPH, Assistant Dean of Students, Director of Wellness & Prevention lead author
 - Ben Newhouse, MEd, Dean of Students, assisted with policy and conduct information
 - Jennifer McAlexander, Clery Compliance in Campus Safety, assisted in coordinating documentation
 - Biennial review process began March 2018 and ended December 2018
 - Data was collected and assessed from records within the office of the Director of Wellness & Prevention and in consultation with assisting authors above
 - Where Biennial Review Reports are kept
 - Director of Wellness & Prevention's office
 - Dean of Students' office (electronic and print copy)
 - Campus Safety office
 - President's office
 - Office of Financial Aid
 - Office of Corporate, Foundation, and Government relations office (grants office)
 - If you wish to request/receive current and past Biennial Report
 - Contact Jennifer Jacobsen, Director of Wellness & Prevention
 - Contact Ben Newhouse, Dean of Student's office
 - Electronic copies of the Biennial Review reports are kept indefinitely

Annual Policy Notification Process

- E-mail is the primary method utilized to distribute policy to all students
 - E-mail in late September each academic year (and in January to transfer students)
 - Policy also available online in the Student Handbook
 - Copy of email in the appendices
- E-mail is the primary method utilized to distribute policy to all staff
 - E-mail in late September each academic year (and in January to new staff)
 - Policy also available online in the Staff Handbook
 - Copy of email in the appendices
- E-mail is the primary method utilized to distribute policy to all faculty
 - E-mail in late September each academic year (and in January to new faculty)
 - Policy also available online in the Faculty Handbook
 - Copy of email in the appendices

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

- The number of drug and alcohol-related incidents and fatalities that occur on campus AY 2016-2017: The best information we have is what's collected below in reported to campus officials.
- The number of drug and alcohol-related incidents and fatalities that occur on campus AY 2017-2018: The best information we have is what's collected below in reported to campus officials.
- The number of drug and alcohol-related incidents and fatalities that are reported to campus officials AY 2016-2017: Sixty-three (63) total incidents which created 87 conduct cases resulting in 34 conduct warnings, 10 conduct probations, 1 suspension, 1 dismissal, 4 restrictions, 2 loss of privileges, 55 BASICS meetings, 3 Marijuana and other drug BMIs, 4 substance abuse assessments, 0 housing relocations, and 1 apology letter.
- The number of drug and alcohol-related incidents and fatalities that are reported to campus officials AY 2017-2018: Sixty-seven (67) total incidents which created 92 conduct cases resulting in 44 conduct warnings, 30 conduct probations, 1 suspension, 1 dismissal, 0 restrictions, 1 loss of privileges, 37 BASICS meetings, 32 Marijuana and other drug BMIs, 1 substance abuse assessment, 0 housing relocations, and 4 apology letters.
- See ACHA-NCHA-II Executive Summary in the appendices. Conducted Spring 2018 (n = 827)
- Survey of Student Athlete Norms, Fall 2016 (n = 336) and Fall 2017 (n = 333)
- EverFi Alcohol.Edu data (Surveys 1, 2, and 3), Fall 2016 and Fall 2017 (n = 440)
- Alcohol and other Drug Related Admissions to local ER: 0
- Alcohol and other Drug Related Ambulance Transports/Calls for Service: Transports AY 2016-2017: 15. AY 2017-2018: 11.

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

- Include the entire text of all and any policy related to alcohol and other drug use for your students, staff and faculty.

Student Handbook can be accessed here:

<https://catalog.grinnell.edu/index.php?catoid=12>

Staff Handbook can be accessed here:

<https://grinco.sharepoint.com/offices/hr/HRTToolsandResources/Staff%20Handbook.pdf>

Faculty handbook can be accessed here:

<http://web.grinnell.edu/dean/Handbook/FacultyHandbook.pdf>

Employee Assistance Program/Employee and Family Services resources:

<https://grinco.sharepoint.com/offices/hr/HRTToolsandResources/EFR%20Employee%20&%20Family%20Resources%20Brochure.pdf>

Financial Aid Drug Convictions Policy

<https://www.grinnell.edu/admission/financial-aid/understanding-your-award/terms>

(and also in the handbook)

Sexual Assault and other Violence-related policies that relate to alcohol/other drug use

<https://www.grinnell.edu/sexualrespect>

Student travel guidelines:

<https://www.grinnell.edu/student-conference-travel-guidelines>

Overnight hosting policy for prospective students:

<https://admission.grinnell.edu/register/oprform>

Athletics policy in appendix

- General oversight of each policy, particularly if not noted within the text of the policy
 - Description of who oversees administration of policy
 - Students: Dean of Students
 - Staff: Human Resources
 - Faculty: Dean of the College
 - Description of who oversees monitoring of policy
 - Students: Dean of Students, Residence Life, DSA, Harm Reduction Committee
 - Description of who oversees discipline/sanctioning/adjudication of policy
 - Students: Dean of Students
 - Staff: Human Resources
 - Faculty: Dean of the College
- Methods used for general enforcement
 - Law enforcement/security forces and authority/jurisdiction
Grinnell Police Department, Campus Safety
 - Description of relationships with off-campus law enforcement/security forces and jurisdiction
We work collaboratively with the Grinnell Police Department.
 - Description of others who may provide monitoring of alcohol and other drug policies
 - Residence Life Coordinators, Community Assistants and House Coordinators, Coaches, ACE Student Safety, Event Hosts, Trained servers
- Number of requests for permission/authorization (request for alcohol sales/serving – faculty wine tasting parties, number of requests for fraternity/sorority alcohol functions)
 - We average 8-10 alcohol agreement requests for on-campus student events each academic year.

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

- Program/Intervention Description
 - Ever Fi: Alcohol.Edu (College AIM higher effectiveness)--99% compliance
 - All incoming students take parts 1&2 in August and part 3 45 days later
 - New Student Orientation
 - Harm Reduction Community Values session
 - Small group discussion (led by CAs and SAMs)
 - Content developed by Director of Wellness & Prevention to reflect College AIM higher and moderate effectiveness strategies
 - Alcohol, Other Drugs & Athletic Performance
 - Workshop offered to all 20 varsity athletic teams and 2 club teams
 - Led by Director of Wellness & Prevention, reflect College AIM higher effectiveness strategies
 - 2016-2017: 20 teams participated, 2017-2018: 21 teams participated
 - Survey of Student Athlete Norms
 - National survey from Hobart & William Smith

- Conducted each October with over a 90% response rate from current student-athletes
 - Results presented to athletic department, student-athletes, Harm Reduction Committee, Faculty Friday, etc.
 - Poster campaign created each spring to share the data
- Alcohol & Other Drug training
 - Community Assistants and Student Athlete Mentors to prepare for roles
 - Residence Life Coordinators (RLCs)
- Brief Alcohol Screening and Intervention for College Students (BASICS) and Brief Motivational Interviewing (BMI) for Marijuana—College AIM higher effectiveness strategies
 - RLCs receive 8+ hours/training per year
 - Other offices invited to participate (e.g. academic advising, dean of students)
 - RLCs and Director of Wellness & Prevention offer BASICS/BMI voluntarily and as conduct outcome
 - Data from session collected and assessed
- Wellness Tutorial sessions
 - Offered by Director of Wellness & Prevention
 - Includes information on Alcohol and Other Drugs
 - 11-14 visits each fall
 - Faculty member actively participates
- First Year Experience pilot – 5 tutorial classes Fall 2017 include session on healthy/unhealthy coping
- Summer faculty workshop on supporting student wellbeing and academic success, with time spent on AOD use as barriers to wellbeing/academic success and motivational interviewing skills
- Prospective host training through Office of Admissions—over 150 first-years trained each year-- Fall 2016 and Fall 2017
- Family/Parent session at New Student Orientation highlighting roles and best practices for families and parents related to AOD
- Individual Assessment programs through Student Health and Counseling Services
- Employee and Family Services--referrals
- Referral programs to off-campus treatment providers for students
- Educational programs usually reserved for policy violators in which individuals can voluntarily participate
- Share the Air campaign posters created Spring 2016 (including marijuana and e-cigarettes)
- Harm Reduction Committee (faculty, staff, and students)—meeting biweekly
- [Weekend] substance-free programming—every Friday
- Social Norms integrated into workshops, presentations
- Substance-free residence halls (4)
- Increased Service Learning/Volunteer Opportunities through Center for Careers, Life and Service
- Social Host Ordinance in town of Grinnell communication to our event hosts
- Responsible Beverage Service/Server Education Programs for on- and off-campus
- Enforcing Underage Drinking Law Programs—this is up to our community police department
- New policy that wristbanding will be done by All Campus Events Student Safety (ACESS)

ALCOHOL AND OTHER DRUG Goal Achievement and Objective Achievement—2016 Biennium goals

AOD SWOT/C Analysis

- **Institutional, divisional, departmental/office and program level policies:**
Strengths: Investment and support of high-level leadership, desire of DSA staff to work together

Weaknesses: Communication and consistency, predicting exceptions, etc.

Opportunities: Streamline communication, evaluate policy effects, collaborate more with CAs/SGA, utilize Harm Reduction Committee more often

Threats/Challenges: Inconsistency of SGA support, keeping staff approaches consistent

▪ **Institutional, divisional, departmental/office and program level programs/interventions:**

Strengths: Institutional support for evidence-based interventions, collaboration with athletics for programming, strong collaboration between conduct and prevention in use of evidence-based interventions

Weaknesses: Consistency of use of evidence-based approaches for education

Opportunities: Peer AOD educators and Community Course as recommended by residential learning task force, more discussion of intersection of AOD and mental health

Threats/Challenges: Keeping AOD a priority among competing demands, turnover in RLC position

Recommendations for 2018 Biennium

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

Explore screening for marijuana use in Student Health and Counseling Services

Action Steps:

- SHACS and Director of Wellness & Prevention confer
- Investigate marijuana screening options

Action: None taken, ask new Dean of Health and Wellness to consider when he arrives in January 2019

Increase opportunities for parental/family communication and engagement

Action Steps:

- Collaborate with NSO director on mailings
- Collaborate with NSO director (and others?) on webpage/links
- Collaborate with AVPSA on requests from Communications for parental messages

**Action: Published twice in parental mailings, should set up a yearlong communications flow
Some AOD resources available on NSO family page**

Create accountability for alcohol agreements with ACE Student Safety, event hosts, and trained servers

Action Steps:

- Director of Wellness & Prevention, Harm Reduction CEP, and ACESS professional staff supervisor should meet to determine training, policies, and procedures
- Create opportunity for event hosts, ACESS event chiefs, and servers to meet in advance of event as well as after the event
- Create accountability for ACESS chiefs to accurately record amount of alcohol served in their chief reports

Action: Oversight of ACESS staff has fully moved to student affairs with some progress towards these objectives; more still needs to be done. AY 2018-2019, ACESS staff will be wristbanding (instead of student hosts) as another risk-reducing measure.

Continue training RLCs, CAs/CAMs, ACESS annually in assessing and responding to alcohol and other drugs emergencies and offer supporting documents, including a checklist for when to call for more assistance and vet through campus legal and medical advisors

- Collaborate with SHACS, Residence Life, and ACESS staff supervisor to create a training calendar and learning outcomes for the session
- Create checklists (specific to ACESS, CAs/CAMs, RLCs, DoCs, Campus Safety) and vet through appropriate medical and legal resources

Action: New Dean of Students Ben Newhouse should lead this work.

Clarify procedure for determining when EMTs should be called in an alcohol or other drug overconsumption situation, including who makes the decision

- AVPSA, Dean of Students, Director of Campus Safety, Director of Residence Life, DoCs, and SHACS should determine a written protocol and communicate to all key stakeholders.

Action: New Dean of Students Ben Newhouse should lead this work.

Provide stickers/magnets, etc. for each residence hall room with guidance on recognizing an alcohol emergency and action steps to take

- Determine if a master sticker/magnet is being created
- Director of Wellness & Prevention and SHACS propose a sticker/magnet content

Action: Multi-situation posters made and placed throughout residence halls beginning AY 2017-2018.

Explore avenues for step-down medical care for observation of students in the aftermath of an alcohol overconsumption transport

Action Steps:

- AVPSA and SHACS should work together on this.

Action: New Dean of Students Ben Newhouse should lead this work.

Provide guidance to academic departments, etc. wishing to host gatherings that provide alcohol that include current students

Action steps:

- Director of Wellness & Prevention should meet with Executive Council
- Written guidance should be created and communicated through the Dean of the College

Action: Guidance created and approved by Dean of the College, communicated via e-mail AY 2016-2017 and via announcement in faculty meeting AY 2017-2018.

Increase staff oversight over all aspects of Lyle's Pub Management

Action steps:

- Post paid positions through Student Employment website
- Involve Harm Reduction CEP and Director of Wellness & Prevention in hiring and evaluation of Pub employees
- Create Pub handbook
- Create active advisory relationship between Harm Reduction CEP and Pub managers

Action: Lyle's Pub closed its alcohol sales AY 2017-2018 and has no current plans to resume.

Conduct regular evaluation and assessment of effects (intended/unintended) of AOD-related policies

and practices

Action steps:

- Director of Wellness & Prevention should collaborate with Residence Life, OASIR, FM, Title IX, athletics, and other campus partners to evaluate impact of policies and practices.

Action: This has not yet been systematically accomplished.

Increase attention on non-medical prescription drug use (NMPDU)

Action steps:

- Harm Reduction Committee should make recommendations Spring 2017

Action: NCHA spring 2018 shows no increase in NMPDU, prescription drug drop-off events held May 11, 2018 and November 30, 2019 with plans to continue. Athletic trainers increased messaging about responsible care for opioid prescriptions.

Review venues where alcohol is served and alcohol agreements are allowed

Action steps:

- Review existing venues (particularly lounges, including Gardner) and policies (e.g. no hard alcohol in Harris)
- Consider directing events to underused spaces (e.g. Quad) that may be more suitable

Action: Harm Reduction Committee recommended and Quad was approved by the Dean of the College and AVP for Student Affairs as a venue that would allow alcohol agreements, including hard alcohol. Effective AY 2018-2019.

Align faculty and staff alcohol and other drug policies

Action steps:

- Director of Human Resources, a faculty representative, and Director of Wellness & Prevention should meet to recommend a written policy to update both handbooks.

Action: This still needs to be done.

Determine optimal composition of Harm Reduction Committee

Action steps:

- Harm Reduction Committee (and specifically co-chairs) should review invite/attendance list and make sure all essential parties (student leaders, staff working with NSO, policy, ACCESS) are invited and able to attend.

Action: Conversation with new AVP for Student Affairs and New Dean of Students should be scheduled.

Review progress on Biennial Review recommendations, goals, and objectives once per semester with AVPSA.

Action steps:

- Schedule meetings with AVPSA

Action: not completed. Will schedule January 2019.

Goals and objectives for next Biennium as measured by ACHA-NCHA Spring 2018

- **Goal:** Decrease percentage of students self-reporting consuming 5 or more alcoholic drinks in one sitting by 10%, from 45.4% to 40.86%.
2018 data: 38.1% (a statistically significant decrease from 2015)--**Goal surpassed!**

- Decrease four most common reported harms by 10%.
Goal: Decrease students reporting doing something they later regretted from 38.7% to 34.83%
2018 data: 32.6% (a statistically significant decrease from 2015)--**Goal surpassed!**

Goal: Decrease students reporting forgetting where they were/what they did from 32.2% to 28.98%
2018 Data: 24.8% (a statistically significant decrease from 2015)--**Goal surpassed!**

Goal: Decrease students reporting physically injuring themselves from 16.3% to 14.67%
2018 data: 12.8% (a statistically significant decrease from 2015)--**Goal surpassed!**

Goal: Decrease students reporting having unprotected sex while drinking from 15.3% to 13.77%
2018 data: 12.9% (a statistically significant decrease from 2015)--**Goal surpassed!**
- **Goal:** Decrease percentage of students whose studying or sleep was impacted by others' alcohol use by 10%, to 39.6% and 55.26% respectively
2018 data: Studying disrupted 32.5% and sleep disrupted 49.6% (both statistically significant decreases from 2015)--**Goals surpassed!**
- **Goal:** Increase percentage of students self-reporting harm reductive behaviors
2018 data: Remained statistically significantly the same
- Deliver BASICS-type intervention to each student referred to RLCs/Dean of Students for incidences involving alcohol (~100/year)
Action: This has been institutionalized.
- Support non- or light-drinkers.
Action: Significant substance-free programming continues. Social norms theory embedded into presentations helps normalize non-drinking and light-drinking experiences.
- Harm Reduction Committee should discuss and set goals as well.
Action: Done and recommendations approved AY 2016-2017 and AY 2017-2018.
- **Goal:** Maintain self-reported 30-day marijuana use at 34.2% or less, even as national trends may rise.
2018 data: Self-reported 30-day marijuana use 31.9%, statistically the same-- **Goal met**
- **Goal:** Maintain accurate perceptions of % of students who uses marijuana in past 30 days.
2018 data: Perception 33.23%-- **Goal met**
- Decrease percentage of students who use marijuana daily by 20%, from 3.2% to 2.56%
2018 data: 2.4%, not statistically significant—**Goal met**
- **Goal:** Decrease percentage of students experiencing unwanted marijuana smoke in their residences by 50% (any from 46.2% to 23.1% and 1-2 times/week from 9.4% to 4.7%)
Did not measure in 2018 (limited custom question on survey)
- **Objective:** Implement more institutional research regarding marijuana use, perhaps by collecting data through academic success team and academic advising, Care Team, and exit interviews of students choosing to leave Grinnell.
Did not systematically pursue

- Goal: Reduce percentage of students who self-report cigarette use in last 30 days by 20%, from 13% to 10.8%
2018 data: 9.6%. Goal surpassed!
- Goal: Reduce percentage of students who self-report daily cigarette use by 20%, from 2.5% to 2.08%
2018 data: 0.9%. Goal surpassed!
- Goal: Continue to reduce water-pipe/hookah use in last 30 days. Reduce by 20%, from 8.6% to 7.2%.
2018 data: 2.5%. Goal surpassed!
- Goal: Reduce smokeless tobacco use in the last 30 days by 20%, from 2.7% to 2.24%.
2018 data: 0.4% Goal surpassed!
- Goal: Reduce the rate of self-reported use of prescription drugs not prescribed to self in last 12 months by 20%, from 15.7% to 13.12%.
2018 data: 9.0% Goal surpassed!

Recommendations for 2020 Biennium

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

- **Revisit recommendations that were not addressed from 2018 biennium.**

Goals and Objectives for the Next Biennium AY 2018-2019, AY 2019-2020

*The next administration of the ACHA-NCHA is scheduled for Spring 2021, thus we will not have objectives related to that campus-wide data. We still may set objectives related to the Survey of Student Athlete Norms and/or EveriFi/AlcoholEdu and/or Healthy Minds Survey.

- Measure prevalence of vaping.
- Conduct a multi-component health communications campaign regarding vaping.
- Maintain self-reported past 30-day marijuana use at ~32%.
- Reduce unwanted marijuana smoke in residence halls.
- Implement more institutional research regarding marijuana use, perhaps by collecting data through academic success team and academic advising, Care Team, mental health measures, and exit interviews of students choosing to leave Grinnell.
- Increase communication with parents and families about their role in talking with their students regarding alcohol and other drug use.
- Expand prescription drug drop off program (conducted 5/11/18 and 11/30/18).
- 2017-2018 Harm Reduction Committee recommendation: Systematically study events that allow hard alcohol and one that have alcohol, but not hard alcohol, during the 2018-2019 academic year.
- Bring Jason Kilmer back to campus April 2019 with focus on marijuana (meet with various key stakeholders in SHACS, deans & directors, academic advising, athletics, psychology class, plus all campus program).
- Pursue NCAA Substance Abuse Prevention toolkit (2017) recommendations.
- Review, align, and effectively disseminate faculty and staff alcohol and other drug policies.
- Review, coordinate, and effectively communicate student off-campus travel alcohol and other drug policies.
- Explore needs of students in recovery.
- Create consistent messaging about expectations in residence hall (smoke free, define substance-free, etc.)

- Reduce the number of first-year students who begin alcohol use in the first month of college (AlcoholEdu).
- Reduce the amount of drinks first year student report having in the first month of college (Alcohol.Edu).
- Reduce the number of students who initiate marijuana use in the first month of college (Alcohol.Edu).

Appendices

- Executive summary of Spring 2018 ACHA-NCHA-II
- Athletics policy
- Copies of time-stamped e-mail for annual Federal Drug-Free Schools and Campuses notification/distribution sending policies to students, staff, and faculty and full text of e-mail

Grinnell College
Executive Summary

Spring 2018

American College Health Association
National College Health Assessment II



ACHA-NCHA II

The ACHA-NCHA II supports the health of the campus community by fulfilling the academic mission, supporting short- and long-term healthy behaviors, and gaining a current profile of health trends within the campus community.

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ACHA, the nation's principal advocate and leadership organization for college and university health, represents a diverse membership that provides and supports the delivery of health care and prevention and wellness services for the nation's 20 million college students. For more information about the association's programs and services, visit www.acha.org, and www.acha-ncha.org.

Suggested citation for this document:

American College Health Association, American College Health Association-National College Health Assessment II: Grinnell College Executive Summary Spring 2018. Hanover, MD: American College Health Association; 2018.

Introduction

The ACHA-National College Health Assessment II (ACHA-NCHA II) is a national research survey organized by the American College Health Association (ACHA) to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' habits, behaviors, and perceptions on the most prevalent health topics.

ACHA initiated the original ACHA-NCHA in 2000 and the instrument was used nationwide through the spring 2008 data collection period. The ACHA-NCHA now provides the largest known comprehensive data set on the health of college students, providing the college health and higher education fields with a vast spectrum of information on student health. A revised survey, the ACHA-NCHA-II, has been in use since the fall 2008 data collection period.

Please note the ACHA-NCHA II is not appropriate for trend comparison with items from the original ACHA-NCHA survey. Directly comparing pre- and post-redesign estimates on similar data points, without taking into account the impact of the survey's redesign, can lead to an erroneous conclusion.

Notes about this report:

1. Missing values have been excluded from analysis and only valid percents are included in this document.
2. Students responding "not applicable" were excluded from several analyses, which are specifically noted throughout this document. This will often explain differences observed between this document and the full data report.
3. **A note about the use of sex and gender in this report:** Survey responses are reported by sex based on the responses to questions 47a, 47b, and 47c. For the purpose of the ACHA-NCHA report documents, respondents are reported as male or female only when their responses to these three questions are consistent with one another. If students' gender identity is consistent with their sex at birth AND the student selects "no" for transgender, then respondents are designated as either *male* or *female*. If respondents select "yes" for transgender OR their sex at birth is not consistent with their gender identity, then they are designated as *non-binary*. A respondent that skips any of the three questions is designated as *unknown*. Totals displayed in this report include *non-binary* and *unknown* students.

For additional information about the survey's development, design, and methodology, email Mary T Hoban, PhD, MCHES, (mhoban@acha.org), E. Victor Leino, PhD (vleino@acha.org), or visit www.acha-ncha.org.

This Executive Summary highlights results of the ACHA-NCHA II Spring 2018 survey for Grinnell College consisting of 827 respondents.
The overall response proportion was 51.6%.

Findings

A. General Health of College Students

■ 49.3 % of college students surveyed (53.2 % male and 48.1 % female) described their health as *very good or excellent*.

■ 82.6 % of college students surveyed (84.4 % male and 82.1 % female) described their health as *good, very good or excellent*.

Proportion of college students who reported being diagnosed or treated by a professional for any of the following health problems within the last 12 months:

Allergies:	16.5 %	Hepatitis B or C:	0.4 %
Asthma:	9.0 %	High blood pressure:	1.2 %
Back pain:	8.8 %	High cholesterol:	2.1 %
Broken bone/Fracture/Sprain:	7.4 %	HIV infection:	0.1 %
Bronchitis:	4.2 %	Irritable Bowel Syndrome:	2.3 %
Chlamydia:	1.1 %	Migraine headache:	8.1 %
Diabetes:	0.9 %	Mononucleosis:	1.6 %
Ear infection:	5.7 %	Pelvic Inflammatory Disease:	0.1 %
Endometriosis:	0.9 %	Repetitive stress injury:	2.0 %
Genital herpes:	0.6 %	Sinus infection:	11.8 %
Genital warts/HPV:	1.0 %	Strep throat:	7.2 %
Gonorrhea:	0.4 %	Tuberculosis:	0.2 %
		Urinary tract infection:	7.9 %

■ 49.8 % of college students (39.6 % male, 55.7 % female) reported being diagnosed or treated by a professional with one or more of the above conditions within the last 12 months.

Proportion of college students who reported any of the following:

Attention Deficit and Hyperactivity Disorder (ADHD)	8.6 %
Chronic illness (e.g., cancer, diabetes, auto-immune disorders)	4.8 %
Deafness/Hearing loss	2.0 %
Learning disability	5.0 %
Mobility/Dexterity disability	1.6 %
Partial sightedness/Blindness	3.6 %
Psychiatric condition	15.7 %
Speech or language disorder	1.8 %
Other disability	4.5 %

B. Disease and Injury Prevention

College students reported receiving the following vaccinations (shots):

- 82.0 % reported receiving vaccination against hepatitis B.
- 75.4 % reported receiving vaccination against Human Papillomavirus/HPV (cervical cancer vaccine).
- 68.3 % reported receiving vaccination against influenza (flu) in the last 12 months (shot or nasal mist).
- 87.3 % reported receiving vaccination against measles, mumps, rubella.
- 83.1 % reported receiving vaccination against meningococcal meningitis.
- 81.6 % reported receiving vaccination against varicella (chicken pox).

Other disease prevention practices reported by college students:

- 80.0 % reported having a dental exam and cleaning in the last 12 months.
- 36.6 % of males reported performing a testicular self exam in the last 30 days.
- 25.0 % of females reported performing a breast self exam in the last 30 days.
- 34.0 % of females reported having a routine gynecological exam in the last 12 months.
- 57.9 % reported using sunscreen regularly with sun exposure.
- 21.8 % reported ever being tested for Human Immunodeficiency Virus (HIV) infection.

College students reported the following behaviors within the last 12 months:

Percent (%)	N/A, did not do this activity within the last 12 months	Never*	Rarely or sometimes*	Mostly or always*
Wear a seatbelt when you rode in a car	0.1	0.1	2.6	97.3
Wear a helmet when you rode a bicycle	32.0	35.1	30.3	34.6
Wear a helmet when you rode a motorcycle	92.8	8.5	11.9	79.7
Wear a helmet when you were inline skating	91.6	56.5	11.6	31.9

* Students responding "N/A, did not do this activity within the last 12 months" were excluded.

C. Academic Impacts

Within the last 12 months, students reported the following factors affecting their individual academic performance, defined as: received a lower grade on an exam, or an important project; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research, or practicum work; (listed alphabetically).

Alcohol use:	3.2 %	Gambling:	0.2 %
Allergies:	1.2 %	Homesickness:	4.1 %
Anxiety:	25.6 %	Injury:	2.8 %
Assault (physical):	0.2 %	Internet use/computer games:	11.1 %
Assault (sexual):	1.7 %	Learning disability:	3.6 %
Attention Deficit/Hyperactivity Disorder:	5.4 %	Participation in extracurricular activities:	14.4 %
Cold/Flu/Sore throat:	15.1 %	Pregnancy (yours or partner's):	0.2 %
Concern for a troubled friend or family member:	11.4 %	Relationship difficulties:	9.1 %
Chronic health problem or serious illness:	3.6 %	Roommate difficulties:	5.0 %
Chronic pain:	3.0 %	Sexually transmitted disease/infection (STD/I):	0.1 %
Death of a friend or family member:	5.4 %	Sinus infection/Ear infection/Bronchitis/Strep throat:	3.3 %
Depression:	20.8 %	Sleep difficulties:	20.9 %
Discrimination:	3.2 %	Stress:	33.1 %
Drug use:	3.0 %	Work:	13.1 %
Eating disorder/problem:	1.4 %	Other:	2.7 %
Finances:	3.8 %		

D. Violence, Abusive Relationships and Personal Safety

Within the last 12 months, college students reported experiencing:

	Percent (%)	Male	Female	Total
A physical fight	7.4	1.5	4.0	
A physical assault (not sexual assault)	2.4	1.1	1.7	
A verbal threat	16.6	12.6	15.3	
Sexual touching without their consent	7.8	19.1	15.3	
Sexual penetration attempt without their consent	0.7	5.4	3.9	
Sexual penetration without their consent	0.7	3.6	2.8	
Stalking	2.0	6.3	5.0	
An emotionally abusive intimate relationship	4.1	6.5	5.7	
A physically abusive intimate relationship	0.7	0.9	0.9	
A sexually abusive intimate relationship	0.7	3.2	2.7	

Findings continued

College students reported feeling *very safe* :

	Percent (%)	Male	Female	Total
On their campus (daytime)		93.6	89.7	90.0
On their campus (nighttime)		78.7	40.2	53.9
In the community surrounding their school (daytime)		80.1	64.4	69.2
In the community surrounding their school (nighttime)		58.1	18.4	32.9

E. Tobacco, Alcohol and Marijuana Use

Reported use versus perceived use - reported use for all students within the past 30 days compared with how often students perceived the typical student on campus used substances within the same time period. The last line of each table combines all categories of any use in the last 30 days.

Cigarette	Percent (%)	Actual Use			Percent (%)	Perceived Use		
		Male	Female	Total		Male	Female	Total
Never used		78.9	79.8	78.5		15.2	9.3	11.7
Used, but not in the last 30 days		10.1	11.2	11.3		18.5	16.6	17.0
Used 1-9 days		9.7	6.4	7.9		48.8	56.0	53.8
Used 10-29 days		1.0	1.3	1.5		13.1	13.1	13.0
Used all 30 days		0.3	1.3	0.9		4.4	5.0	4.5
<i>Any use within the last 30 days</i>		11.1	9.0	10.2		66.3	74.1	71.3

E-Cigarette	Percent (%)	Actual Use			Percent (%)	Perceived Use		
		Male	Female	Total		Male	Female	Total
Never used		80.5	89.0	84.8		19.6	19.4	19.8
Used, but not in the last 30 days		9.1	6.0	7.8		18.9	17.7	18.0
Used 1-9 days		7.0	3.9	5.5		50.7	48.7	49.8
Used 10-29 days		1.7	0.4	0.9		8.1	10.7	9.4
Used all 30 days		1.7	0.6	1.1		2.7	3.5	3.1
<i>Any use within the last 30 days</i>		10.4	5.0	7.4		61.5	62.9	62.2

Tobacco from a water pipe (hookah)	Percent (%)	Actual Use			Percent (%)	Perceived Use		
		Male	Female	Total		Male	Female	Total
Never used		83.5	86.1	84.7		27.4	25.8	26.8
Used, but not in the last 30 days		12.5	11.6	12.2		27.0	31.0	29.5
Used 1-9 days		3.7	2.1	2.9		42.6	37.4	39.2
Used 10-29 days		0.3	0.2	0.2		2.7	5.0	3.8
Used all 30 days		0.0	0.0	0.0		0.3	0.9	0.7
<i>Any use within the last 30 days</i>		4.0	2.4	3.2		45.6	43.3	43.7

Findings continued

Alcohol	Percent (%)	Actual Use			Percent (%)	Perceived Use		
		Male	Female	Total		Male	Female	Total
Never used	20.2	14.1	16.5		1.7	0.4	1.0	
Used, but not in the last 30 days	9.1	9.6	10.0		0.7	1.1	1.0	
Used 1-9 days	58.9	67.0	63.4		72.6	71.3	71.5	
Used 10-29 days	11.8	9.2	10.1		23.0	24.6	24.1	
Used all 30 days	0.0	0.0	0.0		2.0	2.6	2.4	
Any use within the last 30 days	70.7	76.2	73.5		97.6	98.5	98.0	

Marijuana	Percent (%)	Actual Use			Percent (%)	Perceived Use		
		Male	Female	Total		Male	Female	Total
Never used	51.2	46.7	47.8		3.4	1.7	2.7	
Used, but not in the last 30 days	17.5	22.7	20.3		7.1	5.0	5.5	
Used 1-9 days	23.6	21.0	22.6		69.7	64.2	66.2	
Used 10-29 days	5.1	7.7	6.8		16.8	26.5	22.8	
Used all 30 days	2.7	1.9	2.4		3.0	2.6	2.8	
Any use within the last 30 days	31.3	30.6	31.9		89.6	93.3	91.8	

Drinking and Driving

■ 1.1 % of college students reported driving after having **5 or more drinks** in the last 30 days.*

■ 8.3 % of college students reported driving after having **any alcohol** in the last 30 days.*

*Students responding "N/A, don't drive" and "N/A don't drink" were excluded from this analysis.

Estimated Blood Alcohol Concentration (or eBAC) of college students reporting 1 or more drinks the last time they "partied" or socialized. **Students reporting 0 drinks were excluded from the analysis.** Due to the improbability of a student surviving a drinking episode resulting in an extremely high eBAC, all students with an eBAC of 0.50 or higher are also omitted from these eBAC figures. eBAC is an estimated figure based on the reported number of drinks consumed during the last time they "partied" or socialized, their approximate time of consumption, sex, weight, and the average rate of ethanol metabolism.

Estimated BAC	Percent (%)	Male	Female	Total
< .08	61.3	53.5	56.3	
< .10	68.3	64.5	65.9	
Mean	0.07	0.08	0.08	
Median	0.06	0.08	0.07	
Std Dev	0.06	0.06	0.06	

Findings continued

College students reported doing the following *most of the time* or *always* when they "partied" or socialized during the last 12 months:*

	Percent (%)	Male	Female	Total
Alternate non-alcoholic with alcoholic beverages	41.8	45.0	44.3	
Avoid drinking games	26.0	29.6	29.6	
Choose not to drink alcohol	19.1	20.1	20.0	
Determine in advance not to exceed a set number of drinks	25.3	36.6	32.1	
Eat before and/or during drinking	81.3	85.6	83.0	
Have a friend let you know when you have had enough	28.0	42.2	35.8	
Keep track of how many drinks being consumed	61.5	68.5	65.7	
Pace drinks to one or fewer an hour	16.4	23.1	20.7	
Stay with the same group of friends the entire time drinking	76.0	84.3	80.6	
Stick with only one kind of alcohol when drinking	32.9	40.4	37.3	
Use a designated driver	77.6	81.2	79.5	
Reported one or more of the above	97.4	99.2	98.7	

*Students responding "N/A, don't drink" were excluded from this analysis.

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

	Percent (%)	Male	Female	Total
Did something you later regretted	42.9	41.8	41.6	
Forgot where you were or what you did	31.0	31.3	31.6	
Got in trouble with the police	2.7	0.5	1.4	
Someone had sex with me without my consent	1.8	3.7	3.3	
Had sex with someone without their consent	0.0	0.3	0.5	
Had unprotected sex	15.8	16.6	16.4	
Physically injured yourself	15.4	16.9	16.3	
Physically injured another person	3.1	1.1	1.9	
Seriously considered suicide	5.7	4.0	5.9	
Reported one or more of the above	56.6	58.6	57.7	

*Students responding "N/A, don't drink" were excluded from this analysis.

Findings continued

F. Sexual Behavior

College students reported having the following number of sexual partners (oral sex, vaginal or anal intercourse) within the last 12 months:

	Percent (%)	Male	Female	Total
None	34.1	36.0	35.6	
1	37.9	32.1	34.1	
2	8.6	9.8	9.2	
3	4.8	7.6	6.6	
4 or more	14.5	14.4	14.4	

Number of partners among students reporting to have at least one sexual partner within the last 12 months:*

	Male	Female	Total
Mean	2.68	2.73	2.75
Median	1.00	1.00	1.00
Std Dev	3.27	3.05	3.32

*Students reporting 0 sexual partners within the last 12 months were excluded.

College students reported having oral, vaginal or anal sex in the last 30 days:

Oral sex within the past 30 days

	Percent (%)	Male	Female	Total
No, have never done this sexual activity	29.5	34.1	32.4	
No, have done this sexual activity but not in the last 30 days	29.8	27.5	27.7	
Yes	40.7	38.4	39.9	

Vaginal sex within the past 30 days

	Percent (%)	Male	Female	Total
No, have never done this sexual activity	38.3	39.1	39.1	
No, have done this sexual activity but not in the last 30 days	26.1	22.5	23.6	
Yes	35.6	38.4	37.4	

Anal sex within the past 30 days

	Percent (%)	Male	Female	Total
No, have never done this sexual activity	78.2	78.3	78.0	
No, have done this sexual activity but not in the last 30 days	17.7	18.7	18.0	
Yes	4.1	3.0	4.0	

Findings continued

Using a condom or other protective barrier within the last 30 days (*mostly or always*):

	Percent (%)	Male	Female	Total
<i>Sexually active students reported*</i>				
Oral sex	3.8	2.5	3.7	
Vaginal intercourse	72.6	57.5	62.8	
Anal intercourse	81.8	31.0	51.7	

**Students responding "Never did this sexual activity" or "Have not done this during the last thirty days" were excluded from the analysis.*

Contraceptive use reported by students or their partner the last time they had vaginal intercourse:

	Percent (%)	Male	Female	Total
Yes, used a method of contraception	53.4	54.2	53.4	
Not applicable/Didn't use a method/Don't know	46.6	45.8	46.6	

If YES to contraceptive use the last time student had vaginal intercourse, reported means of birth control used among college students or their partner to prevent pregnancy:

	Percent (%)	Male	Female	Total
Birth control pills (monthly or extended cycle)	46.5	48.4	47.5	
Birth control shots	1.9	1.6	1.9	
Birth control implants	13.5	8.8	10.4	
Birth control patch	1.3	0.0	0.7	
Vaginal ring	2.0	0.8	1.9	
Intrauterine device	16.2	16.4	17.2	
Male condom	71.8	69.3	70.3	
Female condom	1.3	0.8	1.2	
Diaphragm or cervical cap	0.0	0.0	0.5	
Contraceptive sponge	0.0	0.4	0.5	
Spermicide (foam, jelly, cream)	3.9	1.6	2.8	
Fertility awareness (calendar, mucous, basal body temperature)	5.8	6.4	7.4	
Withdrawal	18.6	25.0	23.0	
Sterilization (hysterectomy, tubes tied, vasectomy)	0.0	0.0	0.2	
Other method	1.3	0.8	1.2	
<i>Male condom use plus another method</i>	48.7	50.6	49.8	
<i>Any two or more methods (excluding male condoms)</i>	24.8	25.8	26.4	

■ 15.7 % of sexually active college students reported using (or reported their partner used) emergency contraception ("morning after pill") within the last 12 months.

(male: 16.3 %, female: 15.0 %) *

**Students responding "Not sexually active" were excluded from the analysis.*

■ 0.6 % of college students who had vaginal intercourse within the last 12 months reported experiencing an unintentional pregnancy or got someone pregnant within the last 12 months.

(male: 0.0 %, female: 0.7 %) **

***Students responding "Have not had vaginal intercourse within the last 12 months" were excluded from the analysis.*

Findings continued

G. Nutrition and Exercise

College students reported usually eating the following number of servings of fruits and vegetables per day:

	Percent (%)	Male	Female	Total
0 servings per day		4.1	5.2	4.6
1-2 per day		54.7	46.4	49.9
3-4 per day		32.1	40.6	36.8
5 or more per day		9.1	7.9	8.7

College students reported the following behaviors within the past 7 days:

Do moderate-intensity cardio or aerobic exercise for at least 30 minutes:

	Percent (%)	Male	Female	Total
0 days		21.3	27.0	24.8
1-4 days		48.0	51.6	50.3
5-7 days		30.7	21.4	24.9

Do vigorous-intensity cardio or aerobic exercise for at least 20 minutes:

	Percent (%)	Male	Female	Total
0 days		28.9	41.3	36.8
1-2 days		24.8	24.0	24.5
3-7 days		46.3	34.8	38.7

Physical Activity and Public Health: Updated Recommendations for Adults. From the American College of Sports Medicine and the American Heart Association (2007): Moderate-intensity cardio or aerobic exercise for at least 30 minutes on 5 or more days per week, or vigorous-intensity cardio or aerobic exercise for at least 20 minutes on 3 or more days per week.

Students meeting the Recommendations for moderate-intensity exercise, vigorous-intensity exercise, or a combination of the two (2 moderate-intensity exercise periods = 1 vigorous-intensity exercise period).

	Percent (%)	Male	Female	Total
Guidelines met		63.5	49.1	54.4

Findings continued

Estimated average Body Mass Index (BMI): This figure incorporates reported height, and weight to form a general indicator of physical health. Categories defined by The World Health Organization (WHO) 2000, reprinted 2004. Obesity: Preventing and Managing the Global Epidemic. WHO Tech Report Series: 894.

BMI	Percent (%)	Male	Female	Total
<18.5 Underweight		4.4	5.4	5.6
18.5-24.9 Healthy Weight		61.8	70.9	67.0
25-29.9 Overweight		24.6	16.3	19.4
30-34.9 Class I Obesity		5.1	5.2	5.2
35-39.9 Class II Obesity		3.4	1.5	2.1
≥40 Class III Obesity		0.7	0.7	0.7
Mean		24.24	23.31	23.67
Median		23.40	22.61	23.01
Std Dev		4.39	4.20	4.38

H. Mental Health

Students reported experiencing the following within the last 12 months:

Felt things were hopeless

Percent (%)	Male	Female	Total
No, never	36.4	21.3	25.6
No, not last 12 months	16.0	18.3	17.0
Yes, last 2 weeks	24.8	27.7	27.9
Yes, last 30 days	7.1	8.2	8.2
Yes, in last 12 months	15.6	24.5	21.2
<i>Any time within the last 12 months</i>	47.6	60.4	57.4

Felt overwhelmed by all you had to do

Percent (%)	Male	Female	Total
No, never	15.3	3.7	7.7
No, not last 12 months	4.4	2.2	2.8
Yes, last 2 weeks	46.4	65.9	59.7
Yes, last 30 days	12.2	11.6	11.9
Yes, in last 12 months	21.7	16.6	17.9
<i>Any time within the last 12 months</i>	80.3	94.2	89.5

Felt exhausted (not from physical activity)

Percent (%)	Male	Female	Total
No, never	16.3	4.7	8.7
No, not last 12 months	3.7	4.3	3.9
Yes, last 2 weeks	48.0	63.4	59.1
Yes, last 30 days	13.3	14.4	13.5
Yes, in last 12 months	18.7	13.1	14.8
<i>Any time within the last 12 months</i>	79.9	91.0	87.4

Felt very lonely

Percent (%)	Male	Female	Total
No, never	22.4	9.5	13.8
No, not last 12 months	12.2	12.3	11.8
Yes, last 2 weeks	33.7	37.6	37.7
Yes, last 30 days	10.2	14.4	12.6
Yes, in last 12 months	21.4	26.2	24.0
<i>Any time within the last 12 months</i>	65.3	78.3	74.4

Findings continued

Felt very sad

	Percent (%)	Male	Female	Total
No, never	23.7	8.6	13.6	
No, not last 12 months	9.8	9.2	9.4	
Yes, last 2 weeks	32.2	40.9	39.4	
Yes, last 30 days	11.2	15.5	13.6	
Yes, in last 12 months	23.1	25.8	24.0	
<i>Any time within the last 12 months</i>	66.4	82.2	77.0	

Felt overwhelming anxiety

	Percent (%)	Male	Female	Total
No, never	37.3	18.7	24.4	
No, not last 12 months	10.6	10.5	10.4	
Yes, last 2 weeks	23.6	32.3	30.6	
Yes, last 30 days	6.8	12.3	10.2	
Yes, in last 12 months	21.6	26.2	24.3	
<i>Any time within the last 12 months</i>	52.1	70.8	65.1	

Seriously considered suicide

	Percent (%)	Male	Female	Total
No, never	76.5	71.2	70.8	
No, not last 12 months	11.6	15.1	14.2	
Yes, last 2 weeks	2.7	3.9	4.2	
Yes, last 30 days	2.4	2.6	2.8	
Yes, in last 12 months	6.8	7.3	8.0	
<i>Any time within the last 12 months</i>	11.9	13.8	15.0	

Intentionally cut, burned, bruised, or otherwise injured yourself

	Percent (%)	Male	Female	Total
No, never	84.0	71.8	73.9	
No, not last 12 months	9.9	13.8	12.6	
Yes, last 2 weeks	1.4	4.5	3.8	
Yes, last 30 days	1.4	2.4	2.5	
Yes, in last 12 months	3.4	7.5	7.2	
<i>Any time within the last 12 months</i>	6.1	14.4	13.5	

Felt so depressed that it was difficult to function

	Percent (%)	Male	Female	Total
No, never	45.6	34.8	37.4	
No, not last 12 months	12.2	18.7	16.1	
Yes, last 2 weeks	17.0	18.1	19.2	
Yes, last 30 days	6.1	8.0	7.8	
Yes, in last 12 months	19.0	20.4	19.5	
<i>Any time within the last 12 months</i>	42.2	46.5	46.6	

Felt overwhelming anger

	Percent (%)	Male	Female	Total
No, never	44.0	42.1	41.6	
No, not last 12 months	22.5	21.4	21.5	
Yes, last 2 weeks	12.6	9.3	10.9	
Yes, last 30 days	5.8	9.3	8.7	
Yes, in last 12 months	15.0	17.9	17.2	
<i>Any time within the last 12 months</i>	33.4	36.5	36.9	

Attempted suicide

	Percent (%)	Male	Female	Total
No, never	91.5	92.0	90.1	
No, not last 12 months	6.1	6.5	7.5	
Yes, last 2 weeks	0.7	0.0	0.5	
Yes, last 30 days	0.3	0.0	0.2	
Yes, in last 12 months	1.4	1.5	1.7	
<i>Any time within the last 12 months</i>	2.4	1.5	2.5	

Findings continued

Within the last 12 months, diagnosed or treated by a professional for the following:

	Percent (%)	Male	Female	Total
Anorexia		0.0	1.1	0.7
Anxiety		15.6	27.3	23.7
Attention Deficit and Hyperactivity Disorder		7.1	5.2	6.3
Bipolar Disorder		0.3	0.2	0.9
Bulimia		0.0	1.1	0.7
Depression		14.0	22.8	20.5
Insomnia		3.1	3.2	3.4
Other sleep disorder		1.7	2.4	2.2
Obsessive Compulsive Disorder		2.7	4.3	3.8
Panic attacks		3.7	12.0	9.7
Phobia		0.3	1.3	1.2
Schizophrenia		0.3	0.0	0.4
Substance abuse or addiction		1.4	0.9	1.5
Other addiction		0.3	0.0	0.5
Other mental health condition		1.4	4.3	3.7
<i>Students reporting none of the above</i>		76.6	64.9	68.3
<i>Students reporting only one of the above</i>		7.5	10.1	8.7
<i>Students reporting both Depression and Anxiety</i>		11.2	18.8	17.0
<i>Students reporting any two or more of the above excluding the combination of Depression and Anxiety</i>		4.7	8.4	7.8

Within the last 12 months, any of the following been traumatic or very difficult to handle:

	Percent (%)	Male	Female	Total
Academics		41.3	51.8	49.5
Career-related issue		17.3	20.5	20.0
Death of family member or friend		13.9	10.3	13.3
Family problems		16.8	28.7	25.9
Intimate relationships		28.0	32.3	31.4
Other social relationships		25.4	34.4	32.4
Finances		14.9	23.1	20.9
Health problem of family member or partner		11.9	21.1	18.7
Personal appearance		17.3	26.5	24.3
Personal health issue		16.3	24.6	22.5
Sleep difficulties		23.4	28.1	27.2
Other		6.9	7.6	9.1
<i>Students reporting none of the above</i>		34.6	21.7	25.4
<i>Students reporting only one of the above</i>		18.0	11.6	13.4
<i>Students reporting 2 of the above</i>		10.2	15.7	13.6
<i>Students reporting 3 or more of the above</i>		37.3	51.1	47.6

Findings continued

Within the last 12 months, how would you rate the overall level of stress experienced:

	Percent (%)	Male	Female	Total
No stress		3.1	0.2	1.2
Less than average stress		10.5	4.7	6.5
Average stress		36.9	31.0	32.6
More than average stress		37.6	52.9	47.3
Tremendous stress		11.9	11.1	12.5

I. Sleep

Past 7 days, getting enough sleep to feel rested in the morning:

	Percent (%)	Male	Female	Total
0 days		8.5	11.2	10.4
1-2 days		28.1	34.0	31.5
3-5 days		51.9	42.8	46.4
6+ days		11.5	12.0	11.7

Past 7 days, how often felt tired, dragged out, or sleepy during the day:

	Percent (%)	Male	Female	Total
0 days		8.8	5.6	6.7
1-2 days		27.2	26.6	26.3
3-5 days		49.7	49.4	49.5
6+ days		14.3	18.5	17.4

Past 7 days, how much of a problem with sleepiness during daytime activities:

	Percent (%)	Male	Female	Total
No problem		9.2	5.8	7.1
A little problem		51.5	48.2	48.7
More than a little problem		21.4	25.5	24.3
A big problem		11.5	13.9	13.3
A very big problem		6.4	6.6	6.6

Demographics and Student Characteristics

■ Age:		■ Students describe themselves as:	
18 - 20 years:	65.2 %	White:	72.4 %
21 - 24 years:	34.4 %	Black or African American:	5.3 %
25 - 29 years:	0.4 %	Hispanic or Latino/a:	5.8 %
30+ years:	0.1 %	Asian or Pacific Islander:	15.7 %
■ Gender*		American Indian, Alaskan	
Female:	57.0 %	Native or Native Hawaiian:	0.5 %
Male:	36.3 %	Biracial or Multiracial:	5.4 %
Non-binary:	6.7 %	Other:	3.1 %
■ Student status:		■ International Student:	
1st year undergraduate:	33.5 %	International:	10.2 %
2nd year undergraduate:	21.5 %	■ Students describe themselves as:	
3rd year undergraduate:	21.5 %	Asexual:	1.8 %
4th year undergraduate:	23.3 %	Bisexual:	11.0 %
5th year or more undergraduate:	0.1 %	Gay:	2.7 %
Graduate or professional:	0.0 %	Lesbian:	3.1 %
Not seeking a degree:	0.0 %	Pansexual:	4.0 %
Other:	0.1 %	Queer:	6.6 %
■ Relationship status:		Questioning:	5.0 %
Not in a relationship:	61.0 %	Straight/Heterosexual:	65.4 %
In a relationship but not living together:	35.3 %	Another identity:	0.4 %
In a relationship and living together:	3.7 %	■ Housing:	
■ Marital status:		Campus residence hall:	80.3 %
Single:	98.4 %	Fraternity or sorority house:	0.0 %
Married/Partnered:	0.6 %	Other university housing:	4.3 %
Separated/Divorced/Other:	1.0 %	Parent/guardian home:	0.1 %
■ Primary Source of Health Insurance:		Other off-campus housing:	14.6 %
College/university sponsored		Other:	0.7 %
plan:	23.4 %	■ Participated in organized college athletics:	
Parents' plan:	72.2 %	Varsity:	30.5 %
Another plan:	3.5 %	Club sports:	13.1 %
Don't have health insurance:	0.4 %	Intramurals:	15.4 %
Not sure if have plan:	0.5 %	■ Member of a social fraternity or sorority:	
		Greek member:	0.4 %

* See note on page 2 regarding gender categories

Alcohol, Tobacco and Other Drug Policies for In-Season Student Athletes

The Department of Athletics puts forth these policies as testament to the value of intercollegiate athletic participation which provides participants an understanding of development and responsibility while fitting with the mission of Grinnell College. As an underlying principle, student-athletes are asked to embody the qualities (listed below) set forward by the Student Athlete Advisory Council in January 2015.

Committing to academic excellence

Having a strong and healthy mind and body

Being a passionate and accountable leader

Exhibiting integrity in competition and in daily life

Embracing diversity and self-governance

The student-athletes and team leaders, will comply with these policies:

- * Student-athletes will be subject to the same alcohol and drug policies as all other students on campus and go through the same conduct process as all other students. However, coaches may choose to add additional restrictions or sanctions as they think best in support of their student-athletes and teams.

- * When in season: Student-Athletes who are of age will abstain from usage 48 hours before a contest

- * Student-Athletes will observe NCAA standards for banned substances (found here: <http://www.ncaa.org/2016-17-ncaa-banned-drugs-list>)

- * When traveling to sporting events with their teams, drug and alcohol abstinence is required from the beginning until the conclusion of the trip (curb to curb)

Federal Drug-Free Schools and Campuses Regulations - Google Chrome
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Federal Drug-Free Schools and Campuses Regulations

NS Nowotny, Shannon <nowotnys@grinnell.edu> on behalf of Greiner, Mary <greinerm@grinnell.edu>
Tue 9/25, 8:55 AM
Grinnell College Staff <staff@lyris.grinnell.edu>

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Federal Drug-Free Schools and Campuses Regulations [Edgar Part 86]
GRINNELL COLLEGE ANNUAL POLICY NOTIFICATION/DISTRIBUTION

As a requirement of these regulations, Grinnell College is to disseminate and ensure receipt of the below policy information to all students, staff, and faculty on an annual basis. This process is formally conducted by e-mailing each of the campus constituencies (students, staff, faculty) at the beginning of each fall semester. Questions concerning this policy and/or alcohol and other drug programs, interventions and policies may be directed to Dean of Students, Ben Newhouse newhouse@grinnell.edu for student concerns, Assistant Vice President of Human Resources, Mary Greiner greinerm@grinnell.edu for staff concerns, or Dean of the College, Mike Latham latham@grinnell.edu for faculty concerns. Prevention questions should be directed to the Director of Wellness & Prevention, Jennifer Jacobsen jacobsen@grinnell.edu.

Student Policies – Alcohol and Other Drugs

As an academic community, Grinnell College is committed to providing an environment in which learning and scholarship can flourish. The possession or use of illegal drugs, or the abuse of those which may otherwise be legally possessed, seriously affects the college environment, as well as the individual potential of our students and staff. The college enforces state laws and related college policies, including those prohibiting the following activities on campus:

- Providing alcoholic beverages to individuals under 21 or possession or consumption of alcoholic beverages by individuals under 21.
- Distribution, possession, or use of illegal drugs or controlled substances.

The abuse of alcohol and other drugs by students, regardless of age and of location (on-campus or off-campus), is prohibited by the College Conduct Code. The College can, and will, impose sanctions for violations. Students are also subject to city ordinances and state and federal laws. A separate policy addresses violations by College staff & faculty. The college strongly encourages students, staff, and faculty members to voluntarily obtain assistance for dependency or abuse problem before such behavior results in an arrest and/or disciplinary referral which might result in their separation from the institution.

Help is available both on campus and within the community for students and staff members who are dependent on, or who abuse the use of alcohol or other drugs. Student Health and Counseling Services (SHACS), the Employee Assistance Program (EAP), and other professional agencies will maintain the confidentiality of persons seeking help for personal dependency and will not report them to institutional or state authorities. The division of student affairs, specifically the director of wellness & prevention, provides educational and awareness programming, information, and assistance.

Student Sanctions – Alcohol and Other Drugs

Drug Free Schools and Campuses Act Annual Notification Letter - Google Chrome
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Drug Free Schools and Campuses Act Annual Notification Letter

KR Kelley, Retta on behalf of Latham, Mike
Mon 9/24, 1:38 PM
Grinnell College Faculty <faculty@lyris.grinnell.edu>; Jacobsen, Jennifer

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Drug Free Schools and Campuses Act Annual Notification Letter

Newhouse, Ben <newhouse@grinnell.edu>
Tue 9/25, 1:05 PM
2018-2019 Grinnell College Students <students@lyris.grinnell.edu>

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Student Sanctions – Alcohol and Other Drugs

Underage students confronted by the institution for the consumption of alcohol will face disciplinary sanctions ranging from conduct warnings and Alcohol BASICS conversations with trained professional staff members to substance abuse evaluations and removal from the residence halls.

Students whose use of alcohol or drugs results in harm or the threat of harm to themselves or others, or to property, regardless of the location of the incident, may face disciplinary action by the College.

Commonly Imposed Disciplinary Sanctions For On-Campus Policy Violations:

Policy Violation	Typical Monetary Sanction - 1st Offense	Other Typical Sanctions - 1st Offense	Typical Sanctions – 2nd Offense
Underage Possession of Alcohol	\$0	Alcohol BASICS conversation	Possible parental notification, Possible Disciplinary Probation, choice of a 2 nd BASICS, appearance before Judicial Council, or substance abuse evaluation.
Open Alcohol In A Public Area	\$0	Removal of the alcohol	Alcohol BASICS and conduct warning
Possession of Kegs	\$0	Removal of kegs if not in alcohol agreement	Lose party hosting abilities
Single Incident of Possession of Marijuana For Personal Use	\$0	Disciplinary Probation, Marijuana BASICS	Judicial Council and a substance abuse evaluation, possible removal from the residence halls
Possession of More Than One Ounce of Marijuana	\$0	Disciplinary Probation, Marijuana BASICS, possible police involvement	Possible police involvement, possible suspension, substance abuse evaluation
Possession of Any Amount of "Hard" Drugs (Cocaine, PCP, etc.)		Police involvement, possible suspension, drug abuse evaluation	Possible suspension or dismissal, police involvement

Conveying
Marijuana or A
Controlled
Substance To
Another Person

Police
involvement,
suspension or
dismissal

Suspension or
dismissal,
police
involvement

Employees-- Information and Sanctions

Staff Handbook APPENDIX II: DRUG AND ALCOHOL USE

Faculty Handbook APPENDIX XII: DRUG AND ALCOHOL USE

Grinnell College is required by the United States Government to comply with two separate laws concerning drugs: The “Drug-Free Workplace Act” of 1988 (Public Law 100-690) and the “Drug-Free Schools and Campuses Act” of 1989 (Public Law 101-226). The policies, statements, and practices included in this statement demonstrate Grinnell College’s compliance with both laws.

I. POLICY STATEMENT: ALCOHOL AND ILLICIT DRUGS

Grinnell College prohibits the unlawful manufacture, distribution, dispensation, possession or use of illicit drugs and alcohol by its employees in the workplace, on college property, or as part of any college-sponsored activity.

II. SANCTIONS FOR EMPLOYEES

Grinnell College will impose sanctions on employees who violate its Alcohol and Other Drugs Policy. The college will impose such sanctions consistently and in a manner that complies with applicable state, federal, and local laws. Sanctions for employees will be determined by the Director of Human Resources. Possible sanctions include immediate dismissal, probation, suspension, reprimand, or requiring employees to participate in a drug abuse assistance or rehabilitation program. The college also retains the right to refer any violator of its Alcohol and Other Drugs Policy to applicable federal, state, or local authorities for criminal prosecution.

III. ALCOHOL AND DRUG HEALTH RISKS

Inhalants: such as solvents, aerosols, thinner, paint, gas and lighter fluid can lead to health risks such as: Liver, nerve and brain damage; heart failure, respiratory arrest; coma; suffocation; death

Narcotics: such as heroin, morphine, codeine, and methadone can lead to health risks such as: pulmonary edema, convulsions, respiratory arrest, coma, death

Depressants: such as alcohol, benzodiazepines, barbiturates, and chlorohydrins can lead to health risks such as: nausea, severe anxiety, agitation, hallucinations, tremors, shakes, delirium, convulsions, death

Stimulants: such as methylphenidate, cocaine, phenmetrazine, and amphetamines can lead to health risks such as: convulsions, hypertension, coma, cardiac arrests, pulmonary edema, respiratory failure, death

Hallucinogens: such as marijuana, LSD, PDP, MDMA, mescaline, and psilocybin can lead to health risks such as: paranoia, delusions, psychosis, hallucinations, convulsions, flashbacks, death

IV. ALCOHOL LAWS

Iowa state law states that it is unlawful for any person “to sell, give, or otherwise supply alcoholic liquor, wine, or beer to any person knowing or having reasonable cause to believe that person to be under the legal age, and a person or persons under legal age shall not individually or jointly have alcoholic liquor, wine or beer in their possession or control.” The law further states that “no person under legal age shall misrepresent the person’s age for the purpose of purchasing or attempting to purchase any alcoholic beverage, wine or beer from any licensee or permittee.” Penalties range from a simple misdemeanor to a serious misdemeanor. In the state of Iowa, legal drinking age is 21.

V. DRUG LAWS

Iowa state law stipulates that it is unlawful for any person not authorized by Chapter 204 of the state code “to manufacture, deliver, or possess with intent to manufacture or deliver a controlled (or counterfeit substance), or to act with, enter into a common scheme or design with, or conspire with one or more other persons to manufacture, deliver, or possess with intent to manufacture or deliver a controlled substance.” Penalties range from a simple misdemeanor to a felony.

VI. STATE, FEDERAL, AND LOCAL SANCTIONS

A number of different penalties may be imposed by the magistrate or other representatives of the civil judicial system. Penalties include criminal charges ranging from a simple misdemeanor to a felony. Sentencing may include one or more of the following: monetary fines, incarceration, and community service. Penalties may be different for person over 18 years of age or under 18 years of age. Persons under the age of 18 who are in violation of drug and alcohol laws may be turned over to juvenile authorities or will be dealt with through the court system. Persons over the age of 18 will be dealt with through the court system. Persons over 18 who are charged with the use or possession of illegal drugs are treated as adults. Fines, jail sentences, and community service are at the discretion of the magistrate or district court judge.

VII. EMPLOYEE ASSISTANCE Employee and Family Resources is available at no cost to all regular and term employees and their family members for up to five sessions per issue, per year. The college’s group medical insurance provides treatment benefits for chemical dependency. Refer to your Summary Plan Description for details.

Staff-- Policies

A full list of staff policies can be found in the Staff handbook, accessible here:

<https://grinco.sharepoint.com/offices/hr/HRTToolsandResources/Staff%20Handbook.pdf>

B.9 Smoking Prohibition Policy

Effective July 1, 2008 the Iowa Smokefree Air Act prohibits smoking anywhere on the entire Grinnell College campus (including CERA), College owned and leased vehicles and vehicles parked in College parking lots. The law imposes penalties for noncompliance on both the smoker and the institution in the event of a violation. Effective January 1, 2015, Grinnell College will treat e-cigarettes in the same way as traditional cigarettes, for the purposes of complying with the Iowa Smokefree Air Act of 2008. Smoking (including cigarettes, hookah, e-cigarettes, marijuana, or any other combustibles) is prohibited on all campus property. Buildings, loggias, residence hall rooms, parking lots, vehicles parked in parking lots, vehicles owned or leased by Grinnell College, interior sidewalks, and athletic fields are included in the ban. Persons who choose to smoke on Grinnell’s campus do so at their own risk. Smoking is only permitted on perimeter sidewalks and streets (Park and East Streets, and 6th, 8th, and 10th Avenues). Smokeless tobacco products, such as chewing tobacco, are prohibited in the workplace. Grinnell College offers the following resources for those who wish to quit tobacco use.

1. Quitline Iowa

Quitline Iowa is a toll-free, statewide smoking cessation telephone counseling hotline. Trained counselors provide callers with information about the health consequences of tobacco use, assistance in making an individualized quit plan, and ongoing support through optional follow-up calls. The Quitline is staffed: 7 a.m.-midnight, Monday–Thursday 7 a.m.-9 p.m., Friday 7 p.m.-8 p.m., Saturday and Sunday

2. Smoking Cessation

The College offers the American Lung Association’s Freedom From Smoking program to faculty, staff, and students through the campus through the faculty/staff wellness office.

B.10 Drug and Alcohol Use

It is the desire of the College to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner. While on Grinnell College premises or while conducting business-related activities off Grinnell College premises, no employee may use, possess, distribute, sell, transfer or be under the influence of alcohol, except at college functions where alcohol is served. In instances where it is customary to serve or consume alcohol, it is never acceptable to act inappropriate or disobey the law. No employee may use, possess, distribute, sell, transfer or be under the influence of illegal drugs while on Grinnell College premises or while conducting business-related activities off Grinnell College premises. 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 safely, in a way that does not endanger themselves or other individuals in the workplace. Violations of this policy may lead to required participation in a substance abuse rehabilitation or treatment program and/or disciplinary action, up to and including immediate termination of employment. Such violations may also have legal consequences. Employees who have questions or concerns about substance dependency or abuse are encouraged to use the resources of Employee and Family Resources. Under the Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify Grinnell College of a criminal conviction for drug-related activity occurring in the workplace. The report must be made within five days of the conviction. A complete description of the Alcohol and Other Drugs Policy is in the Appendix. Employees who have questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with the Office of Human Resources.

Faculty-- Policies

A full list of faculty policies are found in the Faculty Handbook, accessible here:

<http://web.grinnell.edu/dean/Handbook/FacultyHandbook.pdf>

TOBACCO-FREE WORK ENVIRONMENT

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3. Quitline Iowa

Quitline Iowa is a toll-free, statewide smoking cessation telephone counseling hotline. Trained counselors provide callers with information about the health consequences of tobacco use,

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4. Smoking Cessation

The college offers the American Lung Association’s Freedom From Smoking program to faculty, staff, and students through the faculty/staff wellness office.

Federal Drug Laws

The possession, use, or distribution of illicit drugs is prohibited by federal law. Strict penalties are enforced for drug convictions, including mandatory prison terms for many offenses. The following information, although not complete, is an overview of federal penalties for first convictions. All penalties are doubled for any subsequent drug conviction.

Denial of Federal Aid (20 USC 1091)

Eligibility for federal financial aid, which includes grants, student loans, and work-study, is impacted by federal or state drug convictions that occur while the student is receiving financial aid. Convictions for the possession or sale of illegal drugs, including convictions for conspiring to sell drugs, result in a student's loss of eligibility. Periods of ineligibility begin on the date of conviction, with the duration of ineligibility dependent upon prior offenses and conviction type. The chart below illustrates the durations of ineligibility. If a student has convictions for both the possession and sale of illegal drugs, the student will be ineligible for the longer period. Eligibility can be regained if an approved drug rehabilitation program is completed or a conviction is overturned and results in a shorter duration of ineligibility.

For additional information on the impact of financial aid from illegal drugs, contact the Office of Student Financial Aid.

Chart: Period of Ineligibility for Federal Financial Aid

	Possession of Illegal Drugs	Sale of Illegal Drugs
1 st Offense	1 year from date of conviction	2 years from date of conviction
2 nd Offense	2 years from date of conviction	Indefinite period
3+ Offenses	Indefinite period	

Forfeiture of Personal Property and Real Estate (21 USC 853)

Any person convicted of a federal drug offense punishable by more than one year in prison shall forfeit to the United States any personal or real property related to the violation, including houses, cars, and other personal belongings. A warrant of seizure is issued and property is seized at the time an individual is arrested on charges that may result in forfeiture.

Federal Drug Trafficking Penalties (21 USC 841)

Penalties for federal drug trafficking convictions vary according to the quantity of the controlled substance involved in the transaction. The following list is a sample of the range and severity of federal penalties imposed for first convictions. Penalties for subsequent convictions are twice as severe.

If death or serious bodily injury result from the use of a controlled substance which has been illegally distributed, the person convicted on federal charges of distributing the substance faces mandatory life sentence and fines ranging up to \$8 million.

Persons convicted on federal charges of drug trafficking within 1,000 feet of a University (21 USC 845a) face penalties of prison terms and fines which are twice as high as the regular penalties for the offense, with a mandatory prison sentence of at least 1 year.

Federal Drug Possession Penalties (21 USC 844)

Persons convicted on Federal charges of possessing any controlled substance face penalties of up to 1 year in prison and a mandatory fine of no less than \$1,000 up to a maximum of \$100,000. Second convictions are punishable by not less than 15 days but not more than 2 years in prison and a minimum fine of \$2,500. Subsequent convictions are punishable by not less than 90 days but not more than 3 years in prison and a minimum fine of \$5,000. Possession of drug paraphernalia is punishable by a minimum fine of \$750.

Special sentencing provisions for possession of crack cocaine impose a mandatory prison term of not less than 5 years but not more than 20 years and a fine up to \$250,000, or both if:

- A. It is a first conviction and the amount of crack possessed exceeds 5 grams;
- B. It is a second conviction and the amount of crack possessed exceeds 3 grams;
- C. It is a third or subsequent crack conviction and the amount exceeds 1 gram.

Civil penalties of up to \$10,000 may also be imposed for possession of small amounts of controlled substances, whether or not criminal prosecution is pursued.

Counseling and Treatment

Short-term alcohol and other drug counseling is available on campus to students through Student Health and Counseling Services (SHACS). Students may be referred through the Counseling Center to other treatment programs for more intensive treatment. Through Grinnell's Human Resources department, our Employee Assistance Program offers employees additional education and counseling, as well as appropriate referrals. Within the City of Grinnell, there are opportunities for substance abuse counseling through Grinnell Regional Medical Center and private therapists. Interested individuals are encouraged to contact each agency for additional information regarding specific services and costs.

Prevention and Education

Through the Division of Student Affairs, and specifically New Student Orientation, Residence Life, and the director of Wellness and Prevention, and other departments and offices, a variety of educational opportunities exist. Individual, group and community educational programs and interventions designed to prevent and reduce alcohol and other drug use/abuse are offered to the Grinnell community. In addition, the Harm Reduction Committee, a campus committee comprised of students, staff, and faculty, meets every other week to discuss campus issues related to alcohol and other drugs. As mandated by the Drug-Free Schools and Campuses Act, this policy is distributed to all students, staff and faculty on an annual basis, and during every even year, a biennial review of the comprehensive alcohol and other drug program is conducted. For more information concerning current programs, interventions and policies, contact Jennifer Jacobsen, director of wellness & prevention.

Health Risks of Commonly Abused Substances

Substance	Nicknames/Slang Terms	Short Term Effects	Long Term Effects
Alcohol		slurred speech, drowsiness, headaches, impaired judgment,	toxic psychosis, physical dependence, neurological and liver

		decreased perception and coordination, distorted vision and hearing , vomiting, breathing difficulties, unconsciousness, coma, blackouts, risk of injury to self or others	damage, fetal alcohol syndrome, vitamin B1 deficiency, sexual problems, cancer, physical dependence
Amphetamines	uppers, speed, meth, crack, crystal, ice, pep pills	increased heart rate, increased blood pressure, dry mouth, loss of appetite, restlessness, irritability, anxiety	delusions, hallucinations, heart problems, hypertension, irritability, insomnia, toxic psychosis, physical dependence
Barbiturates and Tranquilizers	barbs, bluebirds, blues, yellow jackets, red devils, roofies, rohypnol, ruffies, tranqs, mickey, flying v's	slurred speech, muscle relaxation, dizziness, decreased motor control	severe withdrawal symptoms, possible convulsions, toxic psychosis, depression, physical dependence
Cocaine	coke, cracks, snow, powder, blow, rock	loss of appetite increased blood pressure and heart rate, contracted blood vessels, nausea, hyper-stimulation anxiety, paranoia, increased hostility	depression, weight loss, high blood pressure, seizure, heart attack, stroke, hypertension, hallucinations, psychosis, chronic cough, nasal passage injury, kidney, liver and lung damage

		Increased rate of breathing, muscle spasms and convulsions. dilated pupils disturbed sleep,	
Gamma Hydroxy Butyrate	GHB, liquid B, liquid X, liquid ecstasy, G, georgia homeboy, grievous bodily harm	euphoria, decreased inhibitions, drowsiness, sleep, decreased body temperature, decreased heart rate, decreased blood pressure	memory loss, depression, severe withdrawal symptoms, physical dependence, psychological dependence
Heroin	H, junk, smack, horse, skag	euphoria, flushing of the skin, dry mouth, “heavy” arms and legs, slowed breathing, muscular weakness	constipation, loss of appetite, lethargy, weakening of the immune system, respiratory (breathing) illnesses, muscular weakness, partial paralysis, coma, physical dependence, psychological dependence
Ketamine	K, super K, special K	dream-like states, hallucinations, impaired attention and memory, delirium, impaired motor function, high blood pressure, depression	Urinary tract and bladder problems, abdominal pain, major convulsions, muscle rigidity , increased confusion, increased depression, physical

LSD	acid, stamps, dots, blotter, A-bombs	dilated pupils, change in body temperature, blood pressure and heart rate, sweating, chills, loss of appetite, decreased sleep, tremors, changes in visual acuity, mood changes	dependence, psychological dependence may intensify existing psychosis, panic reactions, can interfere with psychological adjustment and social functioning, insomnia, physical dependence, psychological dependence
MDMA	ecstasy, XTC, adam, X, rolls, pills	impaired judgment, confusion, blurred vision, teeth clenching, depression, anxiety, paranoia, sleep problems, muscle tension	same as LSD, sleeplessness, nausea, confusion, increased blood pressure, sweating, depression, anxiety, memory loss kidney failure, cardiovascular problems, convulsions death, physical dependence, psychological dependence
Marijuana/Cannabis	pot, grass, dope, weed, joint, bud, reefer, doobie, roach	sensory distortion, poor coordination of movement slowed reaction time, panic, anxiety, increased heart rate	Memory deficits, attention deficits, mental health complications, increased risk of suicidality, sleep disruption, bronchitis,

			conjunctivas, lethargy, suppressed immune system, personality changes, cancer, psychological dependence, physical dependence
Mescaline	peyote cactus	nausea, vomiting, anxiety, delirium, hallucinations, increased heart rate, blood pressure, and body temperature,	lasting physical and mental trauma, intensified existing psychosis, psychological dependence
Morphine/Opiates	M, morf, duramorph, Miss Emma, monkey, roxanol, white stuff	euphoria, increased body temperature, dry mouth, “heavy” feeling in arms and legs	constipation, loss of appetite collapsed veins, heart infections, liver disease, depressed respiration, pneumonia and other pulmonary complications, physical dependence, psychological dependence
PCP	crystal, tea, angel dust, embalming fluid, killer weed, rocket fuel, supergrass, wack, ozone	shallow breathing, flushing, profuse sweating, numbness in arms and legs, decreased muscular coordination, nausea, vomiting, blurred vision, delusions, paranoia,	memory loss, difficulties with speech and thinking, depression, weight loss, psychotic behavior, violent acts, psychosis, physical dependence, psychological dependence

Psilocybin	mushrooms, magic mushrooms, shrooms, caps, psilocybin & psilocyn	disordered thinking nausea, distorted perceptions, nervousness, paranoia,	confusion, memory loss, shortened attention span, flashbacks may intensify existing psychosis, Cholesterol imbalance, anger management problems, masculinization or women, breast enlargement in men, premature fusion of long bones preventing attainment of normal height, atrophy of reproductive organs, impotence, reduced fertility, stroke, hypertension, congestive heart failure, liver damage, psychological dependence
Steroids	roids, juice	increased lean muscle mass, increased strength, acne, oily skin, excess hair growth, high blood pressure	

ON-CAMPUS RESOURCES/INFORMATION

Student Health and Counseling Services (SHACS)	641-269-3232
Director of Wellness & Prevention	641-269-3704
Dean of Students	641-269-3700
Campus Safety	641-269-4600
Associate Vice President for Student Affairs	641-269-3700

Assistant Vice President of Human
Resources

641-269-4818

Employee Assistance Program

<http://www.efr.org/my-eap/>

In accordance with Americans with Disabilities Act of 1990, no individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of the College. Further, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of the College or be subjected to discrimination by the College.

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