



Drug-Free Schools and Campuses Regulations [Edgar Part 86] Biennial Review:  
Academic Years 2021-2022 & 2022-23

Lewis University conducted a Biennial Review during the 2023 fall semester, in accordance with the Drug-Free Schools and Campuses Regulations [Edgar Part 86] Biennial Review: Academic Years 2021-2022 & 2022-2023.

This report outlines the results of the Biennial Review. The report contains the following components:

1. Biennial Review Process
2. Annual Policy Notification Process
3. Alcohol & Other Drugs Data
4. AOD Policy, Enforcement & Compliance Inventory
5. AOD Comprehensive Program /Intervention Inventory
6. Departmental Prevention and Education Efforts
7. Achievements and Goals from 2018 Biennial Review
8. SWOT Analysis for 2023 Biennium
9. Recommendations for Next Biennium
10. Goals and Objectives for Next Biennium

The campus Alcohol & Other Drug Coalition was responsible for the creation of this report as well as the visions and goals for the campus prevention and education efforts. The committee is grounded in the mission and core values of Lewis University. For further information or questions please contact:

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**Dr. Jason Keleher**

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**Dr. Kimberly Duris**

Associate Professor, Psychology

# University Mission Statement and Core Values

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## Lewis University Mission Statement

Lewis University, guided by its Catholic and Lasallian heritage, provides to a diverse student population programs for a liberal and professional education grounded in the interaction of knowledge and fidelity in the search for truth.

Lewis promotes the development of the complete person through the pursuit of wisdom and justice. Fundamental to its mission is a spirit of association which fosters community in all teaching, learning and service. These distinctive values guide the University in fulfilling its mission:

### Knowledge

The result of a lifelong pursuit of learning fostered through creative and critical interaction in a community of learners.

### Fidelity

The spirit which recognizes God as ultimate reality, unifying the diverse forms of knowledge in the pursuit of fullness of truth, while recognizing the diversity of human experience.

### Wisdom

The result of the integration of reflection and action developed through higher learning throughout all of life.

### Justice

The affirmation of the equal dignity of every person and the promotion of personal and social responsibility.

### Association

The process of forming a community of mutual respect, collegiality, collaboration and service



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# Introduction/Overview

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## **Drug-Free Schools and Campuses Regulations [Edgar Part 86] Certification Requirements**

The Part 86 regulations require that, as a condition of receiving funds or any other form of financial assistance under any federal program, an institution of higher education (IHE) must certify that it has adopted and implemented a program “to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees” both on the institution’s premises and as part of any of its activities, in order to comply with the Drug-Free Schools and Campuses Regulations (EDGAR Part 86.100, Subpart B). When applying for federal assistance, IHEs certify to the existence of such programs, typically as part of a standard grant or contract application under the provisions referred to as “Reps and Certs” (Representations and Certifications).

Additionally, Subpart B 86.103 indicates that IHEs must retain all records related to DFSCA compliance for three years (see “EDGAR Part 86 Contents and Subparts A—General, B, and D” in appendix 1).

Creating a program that complies with the regulations requires an IHE to do the following:

1. Annually notify each employee and student, in writing, of standards of conduct; a description of appropriate sanctions for violation of federal, state, and local law and campus policy; a description of health risks associated with AOD use; and a description of available treatment programs.
2. Develop a reliable method for distributing annual notification information to every student and staff member each year.
3. Prepare a biennial report on the effectiveness of its AOD programs and the consistency of policy enforcement.

For more information, see “Complying with the Drug-Free Schools and Campuses Regulations [Edgar Part 86]: A guide for University and College Administrators” provided by the Higher Education Center for Alcohol Other Drug Abuse and Violence Prevention.

See appendix for the full Part 86 Compliance Checklist

# Biennial Review Process

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## Time Frame

Lewis University conducted this Biennial Review in accordance with the Drug-Free Schools and Campuses Regulations [Edgar Part 86] covering academic years 2021-2022 & 2022-2023. The biennial review process commenced during the 2023 fall semester.

## Individuals Involved

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**Dr. Kimberly Duris**  
Associate Professor, Psychology

## Data

Data for the Biennial report was collected from multiple sources, including: Vector solutions surveys from first-year students and student athletes, Maxient reports, Titanium reports for Health & Counseling services at the Student Wellness Center, Clery reports, athletics reports, Human Resources data, and Sodexo data.

## Report Distribution & Record Retention

Biennial review reports are housed in the Dean of Students office, and available for reference online at Lewis.edu. Biennial review reports are kept for a minimum of three years in compliance to DFSCA.

# Annual Policy Notification Process

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## Distribution to Students

All Lewis University students are provided access via the university’s website to the *Student Handbook* that contains all AOD policies. The university Alcohol and Other Drugs Policy is also accessible via the Wellness Center webpage.

<http://www.lewisu.edu/studentservices/health/counselingservices/alcohol-drugs-policy.htm>  
<http://www.lewisu.edu/sdl/pdf/StudentHandbook.pdf>

## Distribution to Faculty and Staff

Upon being hired by Lewis University all employees are provided with a copy of the *Human Resources Policy Manual* containing all AOD policies that apply to university employees. The Drug Free Workplace Policy# 6.2020 is also available to all employees via the Office of Human Resources website.

<http://www.lewisu.edu/welcome/offices/hr/drugfreeworkplace.htm>

## Content of Policies

Please refer to the Policy and Compliance Inventory for the full policies (pg .14)

Content	Student Policy	Employee Policy	Other policies
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	Drug & alcohol policy	Drug Free Workplace #6.2020  Standard of Conduct & Work Rules #1.1030	Volunteer code of conduct #6.3020
A description of the applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol	States, “subject to all applicable state and federal law”, but specifics are not listed	Compliance with laws & regulations #1.2060	n/a

A description of the health risks associated with the use of illicit drugs and the abuse of alcohol	Mentions health risks, links to NIAA for more info	None	n/a
A description of any drug or alcohol counseling, treatment or rehabilitation or re-entry programs that are available to employees or students	No	Employee Assistance Policy #6.3030	n/a
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.	Yes, alcohol and drug policy includes clear sanctions	Drug Free Workplace #6.2020	n/a

**Biennial Review**

Upon the completion of the 2023 review, access will be available upon request to all members of the University and public. Electronic and paper copies will be maintained by the Dean of Students office.

# Alcohol & Other Drugs Data

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## Drug- and alcohol- related sanctions & incidents

### Lewis University Police Department Incidents

Academic Year	AOD-related vandalism	AOD-related fatalities	AOD-related ER admissions	AOD-related transports/calls	Overdose-related transports/calls	Total Incidents
2021-22	0	0	1	1	0	6
2022-23	0	0	1	1	1	6

### Conduct Incidents 2021-22 Academic Year

Case Type	# of Cases	Outcome(s)	Sanction(s)
Alcohol	17	3 NIV 14 not heard	3 Official Reprimand
Drugs	5	5 not heard	1 Counseling Referral

### Conduct Incidents 2022-23 Academic Year

Case Type	# of Cases	Outcome(s)	Sanction(s)
Alcohol	27	9 IV 3 NIV 12 not heard	8 Educative projects 1 Counseling referral
Controlled Substance	6	2 IV CS 4 not heard	5 Counseling referral

## Drug and alcohol- related testing

### Athletic Testing

Academic Year	# of Tests Ran	Positive	Outcome(s)
2021-22	47	1- Marijuana	Referred to conduct Met with AD and head AT Added to roster for future testing Missed 1 competition
2022-23	58	3-Marijuana, below positive threshold	Education about marijuana and the risks for athletes Referred to counseling services

### Aviation Testing

Lewis University did not conduct any testing under policy #6.2030. The University follows FAA guidelines, which does not test students unless they have reasonable cause, or after an incident has occurred.

## Drug- and alcohol- related perceptions and attitudes: Institutional Data

### Most students at my college have never used cannabis

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Strongly Agree	34	9.2%	40	13%
Agree	27	7.3%	38	12.4%
Neutral or not sure	179	48.5%	150	48.9%
Disagree	83	22.5%	46	15%
Strongly Disagree	46	12.5%	33	10.7%
No Answer	n/a		39	

### Most students at my college consume alcohol on a regular basis

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Strongly Agree	20	5.4%	33	10.9%
Agree	26	7.0%	28	9.2%
Neutral or not sure	205	55.3%	155	51%
Disagree	58	15.6%	49	16.1%
Strongly Disagree	62	16.7%	39	12.8%
No answer	n/a		42	

### I feel that policies related to alcohol and other drug use at my school are taken seriously by students.

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Strongly Agree	43	28.3%	110	35.5%
Agree	53	34.9%	89	28.7%
Neutral or not sure	41	27.0%	89	28.7%
Disagree	12	7.9%	14	4.5%
Strongly Disagree	3	2.0%	8	2.6%
No answer	n/a		36	

**I feel that my school’s academic climate is negatively impacted by alcohol.**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Strongly Agree	10	6.6%	38	12.3%
Agree	9	5.9%	16	5.2%
Neutral or not sure	43	28.3%	65	21%
Disagree	45	29.6%	63	20.4%
Strongly Disagree	45	29.6%	127	41.1%
No answer	n/a		37	

**Drug- and alcohol-related use: National Data**

**Key findings from 2013-2015 CORE National Survey** (full Executive Summary report in Appendices)

- Alcohol
  - 81.5% of the students consumed alcohol in the past year ("annual prevalence").
  - 68.7% of the students consumed alcohol in the past 30 days ("30-day prevalence").
  - 60.5% of underage students (younger than 21) consumed alcohol in the previous 30 days.
  - 43.2 % of students reported binge drinking in the previous two weeks. A binge is defined as 8
- Illegal Drugs
  - 33.9% of the students have used marijuana in the past year ("annual prevalence").
  - 19.8% of the students are current marijuana users ("30-day prevalence").
  - 12.3% of the students have used an illegal drug other than marijuana in the past year ("annual prevalence").
  - 6.3% of the students are current users of illegal drugs other than marijuana ("30-day prevalence").
- Student perceptions
  - 87.7% of students believe the average student on campus uses alcohol once a week or more.
  - 60.2% of students believe the average student on this campus uses some form of illegal drug at least once a week.
  - 30.6% of students indicated they would prefer not to have alcohol available at parties they attend
  - 80.3 % of students indicated they would prefer not to have drugs available at parties they attend.

- 49.9 % of the students said they believe the social atmosphere on campus promotes alcohol use.
- 22.4 % of the students said they believe the social atmosphere on campus promotes drug use

**Key findings from Spring 2023 ACHA National College Health Assessment, Undergraduates** (full Executive Summary report in Appendices)

**Tobacco, Alcohol, and Other Drug Use (past three months) --percentages**

	<b>Cis Men</b>	<b>Cis Women</b>	<b>Trans/GNC</b>	<b>Total</b>
Tobacco or nicotine products	23.9	22.6	22.5	22.9
Alcoholic beverages	59.4	65.3	62.4	63.5
Cannabis—nonmedical use	29.2	31.4	44.2	31.7
Cocaine	2.3	1.6	1.7	1.8
Prescription stimulants—nonmedical use	3.2	2.4	3.7	2.7
Methamphetamine	0.3	0.1	0.4	0.2
Inhalants	2.0	1.1	3.7	1.5
Sedatives— nonmedical use	1.5	1.5	2.6	1.5
Heroin	0.2	0.1	0.4	0.1
Prescription opioids—nonmedical use	0.7	0.4	1.2	0.6

**Tobacco, Alcohol, and Other Drug Use (Ever used)—percentages**

	<b>Cis Men</b>	<b>Cis Women</b>	<b>Trans/GNC</b>	<b>Total</b>
Tobacco or nicotine products	33.6	32.4	33.0	32.7
Alcoholic beverages	65.5	70.7	70.4	69.3
Cannabis—nonmedical use	41.0	43.7	55.7	43.8
Cocaine	6.4	4.9	5.7	5.4
Prescription stimulants—nonmedical use	8.7	6.5	8.7	7.2
Methamphetamine	1.3	0.9	1.7	1.1
Inhalants	5.0	3.0	7.5	3.8
Sedatives— nonmedical use	4.9	4.1	6.5	4.5
Heroin	0.8	0.5	1.2	0.6
Prescription opioids—nonmedical use	4.1	2.7	5.0	3.2

**Tobacco, Alcohol, and Other Drug Involvement Scores (from ASSIST)—moderate risk**

	Cis Men	Cis Women	Trans/GNC	Total
Tobacco or nicotine products	16.3	15.7	16.5	15.9
Alcoholic beverages	10.9	11.4	10.9	11.2
Cannabis—nonmedical use	18.6	20.1	30.5	20.4
Cocaine	1.3	1.0	1.4	1.1
Prescription stimulants—nonmedical use	1.5	1.4	2.3	1.5
Methamphetamine	0.3	0.2	0.5	0.3
Inhalants	0.8	0.4	1.6	0.6
Sedatives— nonmedical use	0.9	1.0	1.8	1.1
Heroin	0.2	0.1	0.4	0.2
Prescription opioids—nonmedical use	0.6	0.5	0.9	0.5

**Tobacco, Alcohol, and Other Drug Involvement Scores (from ASSIST)—high risk**

	Cis Men	Cis Women	Trans/GNC	Total
Tobacco or nicotine products	1.3	1.3	1.6	1.3
Alcoholic beverages	1.5	1.0	1.5	1.2
Cannabis—nonmedical use	1.9	1.2	3.3	1.5
Cocaine	0.1	0.0	0.1	0.1
Prescription stimulants—nonmedical use	0.1	0.0	0.3	0.1
Methamphetamine	0.1	0.0	0.2	0.1
Inhalants	0.1	0.0	0.2	0.1
Sedatives— nonmedical use	0.1	0.1	0.4	0.1
Heroin	0.1	0.0	0.3	0.1
Prescription opioids—nonmedical use	0.1	0.0	0.3	0.1

**Drug-and alcohol-related use: Lewis University Data**

**Drinker category--first year students**

Category	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Abstainer	288	50%	348	38%
Moderate	9	2%	26	3%
Heavy Episodic	11	2%	20	2%

Non-Drinker	87	15%	143	16%
Problematic	5	1%	8	1%
Unknown	179	31%	356	40%

**During the past two weeks, have you had 5 more drinks within a 2-hour period?—first year students**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Never	6	54.5%	14	46.7%
Once	3	27.3%	9	30%
Twice	1	9.1%	4	13.3%
Three or more	1	9.1%	3	10%
No response	n/a		316	

**4 or more drinks in a 2-hour period?—first year students**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Never	6	40%	9	50%
Once	4	26.7%	6	33.3%
Twice	1	6.7%	2	11.1%
Three or more	4	26.7%	1	5.6%
No response	n/a		328	

**% use drugs (past two weeks)—first year students**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Cigarettes	1	0.3%	1	0.3%
E-cigarettes	7	1.9%	8	2.6%
Chewing Tobacco	1	0.3%	0	0%
Cannabis	5	1.3%	6	1.9%
Barbiturates	0	0%	1	0.3%
Inhalants	0	0%	0	0%
Non-prescribed medication for ADHD	7	1.9%	9	2.9%
Have not used any of the following	258	95.5%	295	94.6%

**When you used a cannabis product, which form did you use? (Could select multiple)—first year students**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Smoking plant material	22	5.4%	20	5.7%

Smoking concentrated THC	5	1.2%	11	3.2%
Vaping THC oil	15	3.7%	26	7.4%
Edible THC product	26	6.4%	23	6.6%
Other	1	0.2%	0	0%
Did not use	340	83.1%	269	77.1%

**Have you consumed alcohol (i.e, had more than a few sips of beer, wine, or liquor) in the past two weeks? —first year students**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Yes	26	23.9%	48	39%
No	53	76.1%	75	61%
No Answer	n/a		223	

**Have you consumed alcohol (i.e, had more than a few sips of beer, wine, or liquor) in the past year? —first year students**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Yes	109	27.9%	124	37%
No	281	72.1%	211	63%
No Answer	n/a		26	

**Have you consumed alcohol (i.e, had more than a few sips of beer, wine, or liquor) in the past two weeks? —student athletes**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Yes	121	65.8%	93	63.3%
No	63	34.2%	54	36.7%
No Answer			103	

**Have you consumed alcohol (i.e, had more than a few sips of beer, wine, or liquor) in the past year? —student athletes**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Yes	187	59.7%	149	63.9%
No	126	40.3%	84	36.1%
No Answer	n/a		34	

**% use drugs (past two weeks)— student athletes**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Cigarettes	4	1.2%	8	3.2%

E-cigarettes	23	6.9%	20	7.9%
Chewing Tobacco	9	2.7%	8	3.2%
Cannabis	6	1.8%	5	2.0%
Barbiturates	2	0.6%	2	0.8%
Inhalants	2	0.6%	4	1.6%
Non-prescribed medication for ADHD	2	0.6%	3	1.2%
Have not used any of the following	255	76.8%	175	69.2%

## Drug and alcohol-related use: Lewis Student Wellness Center data

### College Counseling Assessment of Psychological Symptoms (CCAPS)

#### Substance Use Scores

	2021-22	2022-23
Lewis Average	0.40 / 4	0.38 / 4
National Average	0.62 / 4	0.62 / 4
Clients above National Average	41.31%	40.58%

#### Alcohol Use Disorder Identification Test (AUDIT) Scores

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
0	92	25.7	79	29.2
1	62	17.3	57	21.0
2	39	10.9	40	14.8
3	38	10.6	34	12.5
4	41	11.5	27	10.0
5	27	7.5	19	7.0
6	15	4.2	8	3.0
7	4	1.1	13	4.8
8	5	1.4	11	4.1
9	7	2.0	6	2.2
10	9	2.5	6	2.2
11	3	0.8	2	0.7
12	5	1.4	2	0.7
13	3	0.8	1	0.4
14	2	0.6	4	1.5
15	0	0	1	0.4

16	1	0.3	0	0
17	0	0	1	0.4
18	0	0	1	0.4
19	1	0.3	0	0
20	2	0.6	0	0
21	1	0.3	0	0
22	0	0	2	0.7
28	1	0.3	0	0
31	0	0	1	0.4

Range of scores is 0-40. A score of 8-14 suggests hazardous or harmful alcohol use, a score of 15 or more indicates the likelihood of alcohol dependence (moderate-severe alcohol use disorder).

### How often do you have a drink containing alcohol?

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Never	99	27.7	79	29.2
Monthly or less	130	36.3	107	39.5
2 to 4 times a month	91	25.4	84	31.0
2 to 3 times a week	30	8.4	16	5.9
4 or more times a week	2	0.6	3	1.1
No response	6	1.7	11	4.1

### How many drinks do you have on a typical day when drinking?

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
1 or 2	154	43.0	120	44.3
3 or 4	90	25.1	81	29.9
5 or 6	28	7.8	22	8.1
7,8, or 9	12	3.4	5	1.8
10 or more	3	0.8	4	1.5
No response	71	19.8	62	22.9

### How often do you use cannabis?

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Never	121	41.0	100	36.9
Monthly or less	37	12.5	44	16.2
2 to 4 times a month	13	4.4	9	3.3
2 to 3 times a week	15	5.1	13	4.8
4 or more times a week	18	6.1	15	5.5
No response	122	41.4	119	43.9

### How many hours were you “stoned” on a typical day when you had been using cannabis?

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Less than 1	82	27.8	75	27.7
1 or 2	42	14.2	35	12.9
3 or 4	18	6.1	23	8.5
5 or 6	3	1.0	2	0.7
7 or more	1	0.3	3	1.1
No response	181	61.4	153	56.5

**Have you ever thought about cutting down, or stopping, your use of cannabis?**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Never	116	39.3	111	41.0
Yes, but not in the past 6 months	16	5.4	12	4.4
Yes, during the past 6 months	24	8.1	32	11.8
No response	166	56.3	137	50.6

# AOD Policy & Compliance Inventory

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## Student Handbook Policies

### University Behavioral Standards and Policies

Students arrive on campus with varying backgrounds and experiences. During their years at Lewis, students develop lasting relationships as they face the academic and social challenges of life. Personal growth and development, a sense of personal responsibility, respect for the individual and the rights of others, and an appreciation for Catholic and Lasallian values are all essential prerequisites for a student's successful advancement toward his or her educational goals at Lewis University.

As a faith-based University, Lewis is a community of many persons whose cooperation and mutual relationships constitute a daily educational process. All members of a community share rights and duties, each according to his or her own role. Rights are balanced by responsibilities. The University has established certain conditions which it has determined are essential for the achievement of its educational mission.

The University reserves the right to sanction inappropriate behavior on the part of any student, organization, club or group whose conduct is detrimental to this mission. Conduct incompatible with the University community, which is therefore disruptive of our educational environment, shall be subject to disciplinary action and/or action taken by the local authorities. The University has established policies for behavior which ensure that a healthy environment for living and learning exists. Students are responsible for the policies defined in the Student Handbook as well as all behavioral standards in other documents governing student life. Irresponsible, disrespectful, unsafe and destructive behavior has a ripple effect within the University community and, therefore, it is essential that each individual's rights and privileges are protected. Violating the following codes disrupts the University. Sanctions in response to violations of the codes outlined below depend on both the kind of behavior and the severity of the breach in policy. All persons in the presence of any violation of the behavioral code will be documented and are subject to disciplinary action.

New policy may be defined by the Office of Student Life as necessary.

### University Community Standards

I. Failure to comply:

Fundamental to this code is the standard that officials of the University (defined as faculty, staff, and authorized student employees) are to be complied with when enforcing rules and regulations, when requiring information in the performance of their duties, in requesting a particular course of action in regard to a situation in which public order must be maintained, or in the performance of their duties.

- a. Disregarding the legitimate request of a University official, including failure to follow directions, obstructing the actions of appropriate officials, including failure to present a student identification card.
- b. Failure to report to an appropriate University official the knowledge of any violation of University policy or a potentially harmful or disruptive situation.

II. Violation of University controlled substances policies:

- a. Violations of the University Drug Policy
- b. Violations of the University Alcohol Policy
- c. Violations of the University Smoking Policy

VII. Behavior that is disorderly or disruptive in nature, which subsequently threatens, harms or interferes with individual or group activity.

- a. Exhibiting behavior disruptive of others, perceived as being disorderly.
- b. Conducting oneself in a lewd, obscene or indecent manner, including vulgar language and public nudity
- c. Public intoxication.
- d. Exhibiting uncivil or rude conduct in a conduct proceeding.
- e. Making prank phone calls.
- f. Making a bomb threat.
- g. Disrupting authorized University activities and functions including academic classes.

*See more regarding the Academic Decorum policy in this Student Handbook.*

h. Recording persons without their consent, inside and outside the classroom. Each person who is heard or recorded needs to give consent in order for the recording to be conducted. For online/blended courses, if a student plans to record and archive the class, permission must be given by each student.

i. Fighting, brawling, quarreling, or other behavior that threatens the physical safety of another.

j. Bullying, aggressive and hostile acts by an individual or individuals, directed at an individual or individuals with the purpose or foreseeable effect of humiliating, mentally or physically injuring or intimidating, and/or controlling an individual or individuals. *See more regarding the University Community Standard Prohibiting Bullying in this Student Handbook.*

XVII. Hazing in any form. Hazing is defined as any action or situation created, either unintentionally or intentionally, on or off the campus to produce physical discomfort, embarrassment, ridicule, possible harm or injury as a requirement for belonging to any group. *(See more information in the Student Organization Manual).*

XVIII. Gambling for money or other things of value on campus or at University-sponsored events, except as permitted by law and as authorized by the University.

XIX. Violation of federal, state and local laws. Violation of any such laws could result in disciplinary action being taken by the University in addition to any action taken by law enforcement authorities.

## **Alcohol and Other Drug Policy**

In compliance with the Drug Free Schools and Communities Act of 1989 (DFSCA) Lewis University has established regulations prohibiting the possession, use or distribution of any illicit drugs, and the misuse or illegal use of alcohol, on University property or as part of any University-sponsored activity. Special permission may be granted by the Dean of Students to permit alcohol at specific University events or facilities. Students are also subject to all applicable local, state and federal laws for any offenses involving drugs or alcohol on or off University property or at University-sponsored activities.

### **Student Support**

Throughout your experiences as a Lewis student, you will create new relationships, have a wide variety of new opportunities, and be faced with exciting choices. The use of alcohol and other drugs is often one of these choices and is sometimes a difficult one. The Student Wellness Center provides numerous resources to assist students who may be struggling with alcohol or other drugs.

The Student Wellness Center staff may assist in assessing a student's pattern of use/abuse. Based upon this assessment, the student will be provided with treatment recommendations which could include, but are not limited to, services on campus and/or a referral to an off-campus treatment program or licensed treatment professional. The Student Wellness Center staff will keep all information regarding alcohol and other drug use, misuse, or abuse confidential except in cases where it has been determined that there exists a serious potential and/or immediate risk to self and/or to others.

## **ALCOHOL POLICY**

### **Basic Guidelines**

Alcohol's effects vary from person to person, depending on a variety of factors, including: how much you drink, how often you drink, your age, your health status, or your family history. Drinking too much can cause a range of consequences, and increase your risk for a variety of problems. For more information on alcohol's effects on the body, please see the National Institute on Alcohol Abuse and Alcoholism's (NIAAA's) related web page describing alcohol's effects on the body. NIAAA also has information about mixing alcohol with certain medicines. Students are required to comply with all federal, state, and local laws pertaining to the possession and use of alcohol whether on or off campus. Students under the age of 21 may not possess, consume or distribute alcoholic beverages. Students who are of legal drinking age may not provide alcohol to any students or guests who are under 21 years of age.

### **In the Residence Halls**

Students 21 years of age and older may possess and consume alcohol within their private residence hall rooms with the door closed. Possessing and/or consuming alcohol in the presence of minors is not permitted in the residence halls. The only exception to this policy is when a person of legal age is a roommate to a minor. No guests may be present in this case.

To encourage moderation for students of legal age, a maximum of one case of beer or one liter of wine or liquor are allowed in a room at any one time. A case of beer is defined as twenty-four (24) cans or bottles. Amounts in excess of these limits will be confiscated by an appropriate University official. Large capacity containers such as: kegs, party balls, punch bowls, wine boxes, etc. are prohibited. Drinking games, and the use and/or possession of any device designed to increase speed or quantity of alcohol consumed such as: bongos, funnels, or hoses are prohibited. Such devices are subject to confiscation.

Showing impairment as a result of alcohol use on campus or at any University sponsored event is prohibited. Regardless of age, no one may consume or carry open alcohol anywhere on campus including residence hall common areas. Alcohol being transported on campus must be concealed from view and packaged in a manufacturer sealed container.

Alcohol-free living environments have been established for first year students. No student, regardless of age, may possess alcohol at any time in alcohol free residence halls.

The construction of bars and display of alcohol containers, whether empty or full, is not allowed. Gatherings of more than eight people where alcohol is present are not permitted at any time in the residence halls.

#### **Examples of Violations of the University Alcohol Policy:**

- Purchasing alcohol by a person under the age of 21.
- Selling or providing alcohol to a person under the age of 21.
- Possessing either full [or empty] alcohol containers by a person under the age of 21.
- Consuming alcohol by a person under the age of 21.
- Showing physical or mental impairment following or resulting from alcohol use.
- Possessing empty alcohol containers for decorative purposes.
- Using or possessing common large quantity containers including, but not limited to kegs, party balls, punch bowls, wine boxes, etc.
- Participating in or being present during the occurrence of any drinking game.
- Possessing an open container of alcohol in a common area including, but not limited to bathrooms, hallways, lounges, elevators, lobbies or outdoor spaces.

#### **Local Ordinances and State Statutes**

The Lewis University Police Department has authority to enforce Illinois state statutes and Village of Romeoville local ordinances. Students violating state and local laws related to drugs

and alcohol may be subject to arrest and criminal prosecution in addition to University disciplinary action.

### **Parental Notification Policy**

In accordance with the Family Educational Rights and Privacy Act (FERPA), the Dean of Student Services (or designee) may notify the parents/guardians of students under 21 years of age when the student is found in violation of the alcohol policy. Additionally, the Dean of Student Services (or designee) may notify parents/guardians of students, regardless of age, of any incident in which the student is in violation of the University drug policy.

### **Alcohol Policy Sanctions**

1. First Offense—Possible sanctions and institutional actions include, but are not limited to:
  - Participation in Brief Alcohol Screening & Intervention for College Students (BASICS) assessment through the Center for Health and Counseling Services
  - Authorship of a research/reflection essay
  - Notification of parents/guardians of students under 21 years of age
  - Fine up to \$100.00
  - Other sanctions as determined by the adjudicator
2. Second Offense— Possible sanctions and institutional actions include, but are not limited to:
  - Brief Alcohol Screening & Intervention for College Students (BASICS) assessment through the Center for Health and Counseling Services
  - Authorship of a research/reflection essay
  - Fine up to \$150.00
  - Notification of parents/guardians of students under 21 years of age and/or
  - Other sanctions as determined by the adjudicator
3. Third and Subsequent Offenses
  - Referral to the University Conduct Board (see Conduct Board Hearing)

### **Misrepresentation of Age by a Minor**

Both Illinois state statutes and Village of Romeoville local ordinance prohibit minors from misrepresenting their age for the purpose of purchasing or receiving liquor. Students violating this provision could face criminal charges in addition to University disciplinary action.

### **Falsifying Identification**

Falsifying, defacing, or altering University or government issued identification for the purposes of purchasing or receiving alcohol.

## **DRUG POLICY**

### **Basic Guidelines**

Many drugs can alter a person's thinking and judgment, and can lead to health risks, including addiction, drugged driving, infectious disease, and adverse effects on pregnancy. Information on commonly used drugs with the potential for misuse or addiction can be found here.

The use, possession, sale, transfer, or manufacture of any illegal drug or paraphernalia commonly associated with illegal drugs is prohibited. Being under the influence of an illegal or controlled substance is also prohibited, even if the drug or substance was used off campus. The **Cannabis Regulation and Tax Act (410 ILCS 705/)** authorizing individuals over the age of **21 to recreationally use marijuana** and the Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130) **do not change this prohibition or authorize a student to use cannabis.**

**Federal law, including the Safe and Drug-Free Schools and Communities Act (Title IV, §§ 41114116, 20 U.S.C. 71117116), continues to prohibit marijuana possession or use on campus.** Illegal drugs include: cannabis and **cannabinol derivatives**, illegal controlled substances, and legal controlled substances which are unlawfully possessed or distributed (such as prescription medications).

Also prohibited is the misuse of over-counter medications and use of household products as intoxicants.

#### **Examples of violations include:**

- Misuse of over-the-counter drugs.
- Misuse of household products as intoxicants such as “huffing.”
- Misuse or sharing of prescription drugs.
- Possessing, using, being under the influence of, distributing, being in the presence or manufacturing any form of illegal drug.
- Possessing paraphernalia (i.e., rolling papers, pipes, bongs, hypodermic syringes, spoons etc.) for intended or implied use of any form of illegal drug.
- Possessing paraphernalia that contains or appears to contain illegal drug residue. • Purchasing or passing illegal drugs from one person to another.
- Sale, transfer, or manufacture of illegal drugs

In addition to University disciplinary action, students are subject to criminal prosecution under federal, state and local law for any offenses involving illegal drugs on University property or at any University event. Recognizing the need to address violations related to the use or possession of illegal drugs, the University is also committed to the education and well-being of all our students in this regard. In partnership with students, departments including Student Life, University Police, University Ministry, Residence Life and the Student Wellness Center work together to provide various alcohol and drug prevention education and awareness activities and initiatives.

#### **Drug Policy Sanctions**

1. First Offense – Possible sanctions and institutional actions include, but are not limited to:
  - Participation in CASICS (two-session cannabis assessment and education program)
  - Removal from residence halls
  - Referral to the University Conduct Board (see Conduct Board Hearing)
  - Other sanctions as determined by the adjudicator
2. Second Offense – Possible sanctions and institutional actions include, but are not limited to:
  - Referral to the University Conduct Board (see Conduct Board Hearing)
  - Restriction from campus buildings
  - Other sanctions as determined by the adjudicator
3. Third and Subsequent Offenses:
  - Referral to the University Conduct Board (see Conduct Board Hearing)

### **Amnesty for Students Seeking Assistance during Emergencies**

The health, safety, and welfare of our students and community are paramount. As such, all Lewis students are expected to alert appropriate officials in the event of any health or safety emergency specifically including those involving the abuse of alcohol or drugs - even if violations of the University Behavioral Standards may have occurred in connection with such an emergency.

Because the University understands that fear of possible disciplinary actions may deter certain requests for emergency assistance, the University has adopted the following policy to alleviate such concerns and promote responsible action on the part of students:

In a situation involving imminent threat or danger to the health or safety of any individual(s), students are generally expected (1) to contact emergency officials by calling University Police at extension 5911 or (815) 836- 5911 to report the incident, (2) to remain with the individual(s) needing emergency treatment and cooperate with emergency officials, so long as it is safe to do so, and (3) to meet with appropriate University officials after the incident and cooperate with any University investigation.

If students follow this procedure, no formal University disciplinary actions or sanctions will be imposed for alcohol or drug infractions. The incident will be documented, and educational, community, and health interventions - as well as contact with a student's parents or family - may be required as a condition of deferring disciplinary actions or sanctions. The protocol does not protect repeated, flagrant, or serious violations of University Behavioral Standards (including physical or sexual assault, violence, hazing, harassment, theft, or vandalism or instances where multiple individuals need medical attention), nor does it preclude or prevent action by police or other legal authorities.

Failure of students to take responsible actions in an emergency situation where action is clearly warranted, however, may void all protections under this provision and may lead to further disciplinary action when such failure to act otherwise constitutes a violation of University Behavioral Standards.

## **Amnesty for Students Seeking Substance Abuse Assistance**

The University encourages students who believe they have a substance problem to seek assistance. If a student brings his or her own use, addiction or dependency to the attention of University officials outside of the threat of drug tests or imposition of disciplinary action and seeks assistance, disciplinary action will not be pursued. A written action plan may be used to track cooperation with any recommended treatment, evaluation or follow-up for students involved in such incidents. Failure to follow the action plan may nullify the protection from disciplinary action.

## **Residence Hall Policies & Procedures**

### **Alcohol Policy**

Students must abide by the University's alcohol policy that is outlined in the Behavioral Standards and Policies section of this Handbook. The construction of bars and display of alcohol containers are not allowed. It is prohibited to drink in the presence of minors except in the case where roommates or suitemates are of legal drinking age and other roommates or other suitemates are not. However, no guests may be present. Alcohol-free living environments have been established where first year students live. No student regardless of age may possess alcohol at any time in or around these halls.

### **Smoking Policy**

In compliance with the Illinois Indoor Clean Air Act, Lewis University is primarily a smoke-free campus. Specifically:

- Use of tobacco or tobacco products is prohibited in all University buildings, including the use of electronic cigarettes (or other products identified below in definition).
- Smoking and use of other tobacco products is only permitted in designated outdoor smoking areas. These areas are all at least 25' from building entrances.
- No smoking or use of tobacco while operating university owned, leased or rented equipment.

Definition: For the purposes of this policy, "tobacco" includes any lit or unlit cigarette (clove, bidis, kreteks), ecigarettes, cigars, cigarillos, pipes, hookah products; and any other smoking product; and any smokeless, spit or spit less, dissolvable, or inhaled tobacco products, included but not limited to dip, chew, snuff or snus, in any form (orb, sticks, strips, pellet, etc.); and all nicotine delivery devices that are not FDA-approved as cessation products.

Failure to comply with this policy may result in disciplinary action.

### **Room Inspection and Entry**

A resident student's room may not be entered unless the student is present and permits entry except as specified:

- General residence hall inspections conducted regularly during the academic year for adherence to fire, health, and safety regulations. Violations of residence hall policies are documented.
  - Residence hall opening and closing inspections completed at designated breaks.
  - Hall suite lounge inspections, as deemed necessary.
  - Maintenance personnel performing a repair.
  - Pest exterminators.
  - During emergency situations including but not limited to fire, accidents, sickness, or danger to health and welfare.
  - When there is reason to believe a University regulation is being violated and the student is not present.
  - When there is reason to believe that a University regulation is being violated and the resident does not open the door when asked to do so.
  - For other sufficient cause as determined by the Director of Residence Life as designated by the Dean of Students.
- Stolen property, including street and road signs, may not be displayed in any residence hall areas. Any stolen property will be confiscated by the Residence Life staff and turned over to University Police.

Whenever a room is entered, the University personnel will knock, announce themselves, receive permission to enter, and then enter. Whenever a room is entered without a resident being present, the staff member(s) will leave a note stating that the room has been entered, by whom and the purpose for the entry. Any items in violation of University Community Standards which are in plain view in a room inspection will be confiscated and handled through the Conduct Process.

### **Room Search**

Designated University officials may conduct a formal search of a residence hall room if one or more of the following conditions are believed to exist;

- There is a serious threat to persons in the Lewis community, or the learning environment.
- There is stolen property in the room.
- There are illegal substances in the room.
- For other sufficient cause as determined by Director of Residence Life as designated by the Dean of Students.

The room search will include the inspection of all items within the room. A search may result in notification of police. Search findings are documented in a University Documentation Statement. Any items in violation of University Community Standards which are discovered in a room search will be confiscated and handled through the Conduct Process. Items may be turned over to law enforcement officials for criminal investigation.

### **Confiscation Policy**

Any items discovered in the residence halls or on campus that are against policy or any illegal items may be confiscated by Residence Life or University Police personnel. Written notification will be issued and the property may be disposed of or turned over to civil authorities.

## Off-Campus Behavioral Standards

### Individual Students

Students must comply with all applicable local, state, or federal criminal laws, whether on- or off-campus. Violation of any such law may lead to sanctions imposed by the University, regardless of whether the conduct constitutes a violation of the Student Community Standards. In determining whether to impose sanctions in response to a student's violation or local, state, or federal law, the University shall consider whether the student's conduct is in violation of the University's Behavioral Standards or whether the student's continued presence on campus poses a serious threat to themselves, other people or property. In any case in which the University learns of off-campus violations by a student, referral of that student may be made to the Conduct process and/or administrative action may be taken.

### Student Organizations

Student organizations, their members and their guests participating in any events sponsored by the University, or organizations within the University represent Lewis. The University recognizes the importance of all events. While organizations are encouraged to participate in and sponsor social, service and educational events, they must also understand their responsibilities in representing the University.

Further information regarding off-campus events can be found in the Student Organization Manual. Advisors or their designee, approved by the Office of Student Engagement may be required to attend certain events whether on-or off-campus for the duration of the event. This determination is made by the Office of Student Engagement in consultation with Student Life.

An Activity Form must be submitted at least two weeks prior to any event, including events occurring off campus. No organization may sponsor an event in a bar or pub. Any consumption of alcohol at an organization event on or off campus is expressly prohibited without the written permission of the Vice President for Student Life or designee.

Organizations and their advisors are responsible for the general welfare of the group, its individuals and others with whom they have contact during the event. Financial obligations of the organization must be met in accordance with contracts and agreements made between the organization and those providing services. All contracts must be signed by the Office of Student Engagement or designate at least two weeks prior to the event.

At such events as described in this policy, behavior of the organization, individuals, and guests is governed by the code of conduct in this handbook as well as the **Student Organization Manual**. Inappropriate behavior, even though occurring off campus, may fall within the jurisdiction of the University

## Distinguishing Between Civil and University Jurisdiction Over Student Conduct

Certain kinds of conduct such as violating visitation or quiet hours, for example, which interfere with the Mission of the University, but which violate no criminal laws, are within the jurisdiction of the University. When criminal laws, such as traffic regulations or property rights, have been violated off-campus where no University sponsorship is involved, there are no grounds for University action. There are other kinds of conduct which interfere with the Mission of the University and are violations of the law.

Here concurrent jurisdiction applies. Therefore, the following principles apply:

- Law enforcement authorities may be involved.
- The University will proceed disciplinarily and sanction regardless of criminal or civil proceedings.
- The University may suspend or expel a student charged with a felony or other criminal offense for reasons of public safety or student welfare.
- The University conduct process and criminal proceedings operate independently of each other. The outcome of one process does not affect the outcome of the other.
- Decisions regarding the student's continuance at the University will be based on knowledge of a credible threat and consideration to the welfare and safety of self and/or others and the overall impact on the educational process of the University.
- Decisions regarding campus or activity restrictions or conditions on continued attendance may be appealed to the Vice President for Student Life.

## **Parental/Guardian Involvement**

1. Lewis complies with the regulations governing the implementation of the Family Educational Rights and Privacy Act (FERPA) as amended. This act specifically requires that the University not disclose personally identifiable information from educational and conduct records without prior written consent of the student. Such consent shall be signed and dated by the student and shall include a specification of the records to be disclosed, the purpose of the disclosure and the party or class of parties to whom the disclosure may be made. In accordance with federal law and university policy, the University may notify parent/guardian in cases of alcohol/drug policy violations. Additionally, parents will be notified when there is a serious concern for a student's mental or physical well-being, regardless of the involvement of alcohol and/or drugs. Please refer to **the Response to Students at Risk of Harm to Self or Others** policy in this Student Handbook.

2. Parents or guardians seeking consultation with University officials regarding a disciplinary action may only do so with the written consent of the student, except for those cases explained in #1 above. Parents/guardians will be informed of these regulations should they initiate contact with Student Life personnel.

3. In order for parents/guardians to gain access to information in the student's conduct file, said student must complete a Release of Information Form which will permit the release of specific

information as indicated by the student to parents/guardians. This form may be completed in consultation with the Dean of Students or designate. The student may have an adviser (Lewis student, faculty or staff) present during this discussion.

4. The student should note that the University may require full disclosure of pertinent information to parents/guardians in order to present a balanced picture of the matter being discussed.

5. The University reserves the right to provide information at a time appropriate to the student conduct process. In some cases, this will be after the University has reached its conclusions regarding the matter being adjudicated.

6. Except in cases of sexual misconduct, attorneys, parents or guardians are not admitted to conduct or appeal proceedings at any level.

*\*Please see the student handbook for more information regarding student policies:*

<http://www.lewisu.edu/sdl/pdf/StudentHandbook.pdf>

## Student Organization Manual

The *Student Organization Manual* is designed to inform and guide officially recognized student organizations of Lewis University. Much like the *Student Handbook* sets university behavioral standards and policies for every student, this manual sets the expectations and rules by which recognized organizations shall operate. Contained within are policies for students seeking formal recognition as an organization, procedures for hosting events on campus, and rules governing the use of university money to name a few. Each student organization has privileges and responsibilities and the organization's officers are responsible for educating their members on the policies and expectations included in this manual. All recognized organizations and their members must adhere to the policies, practices, and procedures mandated by *Student Organization Manual* and the *Student Handbook*.

While the manual is thorough, not every potential situation can be foreseen. As the issuing authority, the Office of Student Development & Leadership, under the direction of the Dean of Student Services, has the right to modify, amend, suspend, or otherwise change any policy in this manual with or without prior notification to student organizations.

**\*\*\*Special Note for Organizations with an off-campus affiliation:** Lewis University's *Student Organization Manual* and the *Student Handbook* take precedence over the policies or practices of any off-campus organization. While the University may cooperate with such organizations, Lewis University and its officials are not bound or compelled to honor any policy, practice, or request made on behalf of any external organization. This includes, but is not limited to:

- Other Colleges & Universities
- Greek Letter Organizations (Headquarters Offices, Alumni, Regional Officers, etc.)
- Non-Profit Organizations
- Honor Societies
- Professional Associations

## Event Planning Guidelines

### Alcohol

1. Alcohol is prohibited at student organization events.
  - If a student organization wishes to have alcohol at an on campus event, special permission may be granted by SDL.
  - Student organization may host events at off-campus locations that can legally serve alcohol (i.e. a restaurant, banquet hall, sports stadium, etc.) with the understanding that the organization in no way may represent the university or any of its employees. Should the venue serve alcohol under their license, Lewis University assumes no responsibility for the distribution of alcohol, nor the conduct of persons in attendance.
2. No organization may sponsor an event in a bar or pub.
3. No advertising may promote alcohol consumption. This includes drink cost or brand names appearing on any advertisement for any event

### Social/Risk Management

All Lewis University student organizations shall comply with the risk management policies as set forth Lewis University. All Lewis University students, regardless of student organization affiliation, are required to adhere to the policies and procedures as stated in the Lewis University Student Handbook as well.

The following policies can be found in the Lewis University Student Handbook.

1. Alcohol & Drugs
2. Hazing
3. Sexual Misconduct

### Greek Organization Standing

Lewis University and Greek organizations cooperate on Inter/National and local levels for the benefits of the students. In this partnership, Greek organizations agree to follow the university policies and accept the privilege of having a chapter on campus. In addition, Greek letter organizations realize that Lewis University has the ultimate authority over activities on its campus. To that end, the University reserves the right to determine which organizations are congruent with values and mission of the institution.

Organizations found to be operating contrary to the mission of the University, the Sanctified Zone culture, and otherwise generally held University cultural norms and values may have their formal recognition removed by SDL without an accompanying allegation of violating the policies of this manual or the *Student Handbook* and subsequent organizational review.

## Department of Athletics

### Drug Testing Policy

Lewis University is committed to providing a campus environment free of the abuse of alcohol and the illegal use of alcohol and drugs. This policy is a department policy for the Lewis University Athletic Department only and contains a separate process for the selection, screening, and treatment of student-athletes.

The Lewis University Department of Athletics Drug and Alcohol Policy is intended to offer to the student-athletes assistance and direction in reference to drug and alcohol abuse.

Those eligible for drug and alcohol testing are those individuals participating or involved in intercollegiate athletics as a student at Lewis University. All those participating in cheerleading and dance team may be subjected to drug testing in accordance with the policy as well.

### **Types of Drug Testing**

A student-athlete may be selected for testing dependent upon the agency for which they may compete. Lewis University student-athletes may be selected for drug testing by the following: institutional random, institutional reasonable suspicion, institutional follow-up, NCAA Championship and NCAA Year-Round testing. Athletes competing for other agencies while participating for Lewis University may be subject to additional testing at the discretion of their governing body.

**1. Institutional Random** The drug-testing schedule will be set by the Sports Medicine staff (Certified Athletic Trainer, Medical Doctor) with the approval of the Director of Athletics. The Head Coach will be notified the day of or the day prior to the screening, depending on the pre-arranged testing time. The Sports Medicine staff will notify the team or selected student-athletes of the time and place for the screening. Selection of student-athletes will be done randomly.

**2. Institutional Reasonable Suspicion** Student-athletes will be drug-screened and/or evaluated if there is probable cause to suspect alcohol, drug use or abuse. The coaching staff, an administrator, academic advisor, athletic trainer, or strength coach may be aware of or see certain signs, symptoms or changes in behavior that may cause him or her to suspect substance abuse. These staff members are mandated to report any suspicions to either the Head Athletic Trainer or Director of Athletics. Reports will be forwarded to the Director of Athletics. The Director will determine the need for counseling and/or testing. The objective measures needed to meet the requirements for reasonable suspicion are in Appendix B.

**3. Institutional Follow up Testing** Student-athletes who have tested positive (+) for a banned substance will be tested randomly following that positive test, as determined by the Head Athletic Trainer or his/her designee. The results will be monitored by the Sports Medicine staff. Student-athletes must show a decrease in levels consistent with an individual who is not using NCAA banned substances following an initial positive. Follow-up testing will also be performed

when the student-athlete enters the safe harbor program further outlined in this policy. At any point should a student-athlete NOT demonstrate the appropriate decrease in levels of NCAA banned substance or test positive (+) for a separate banned substance, he/she will receive an additional positive (+) result.

**4. NCAA Championship** In the event of an individual or team qualifying for NCAA Championship competition, the individual or team is subject to drug testing prior to, during or post event by the NCAA.

**5. NCAA Year Round Program** The NCAA reserves the right to test all sports in accordance with the Year Round Drug Testing Program.

**6. Other Sports Agency (International Olympic Committee, United States Anti-Doping Association, World Anti-Doping Agency)** A student-athlete under International or United States Olympic Guidelines may be drug tested as to those protocols governing the sport or agency.

#### **Statement on the Use of Supplements**

Dietary supplements do not undergo Federal government approval and are not tested for quality like prescription and over-the-counter medications. The product claims made by many dietary supplement manufacturers have not been based on scientific research in many cases. Many dietary supplements have not been subject to research by unbiased independent researchers in order to substantiate performance claims. The potential adverse and/or harmful effects of these substances have not been completely studied, but serious adverse effects have been reported in some instances. As there are minimal Federal government labeling requirements for dietary supplements, some products may contain NCAA and/or Lewis University banned substances which are not listed on the label. It is important for student-athletes to remember that **THEY WILL BE HELD RESPONSIBLE FOR EACH AND EVERY SUBSTANCE THAT ENTERS THE BODY!!**

Student-athletes should refer to the Resource Exchange Center [www.drugfreesport.com/rec](http://www.drugfreesport.com/rec) for inquiries on dietary supplements.

By signing Lewis University's Department of Athletics Drug and Alcohol Policy Consent Form, the student-athlete:

1. Acknowledges that he/she understands the need to disclose (using Appendix A) to the Lewis University Sports Medicine staff all dietary supplements used;

2. Acknowledges the aforementioned policies and statements, and fully accepts the detrimental and possibly permanent defects caused by the use of dietary supplements;
3. Fully accepts that they have been made aware of the Lewis University and the National Collegiate Athletic Association (NCAA) policies with regard to the use of dietary supplements;
4. Accepts any and all liability if they have used, continue to use, and/or use at anytime in the future, dietary supplements in any form; and releases Lewis University, its agents, and all personnel of any and all responsibility and liability related to such use.

### **Medical Exception Process**

Lewis University recognizes that some banned substances are used for legitimate medical purposes. Accordingly, Lewis University and the NCAA allow exceptions to be made for those student-athletes with a documented medical history demonstrating a need for regular use of such a substance. Exceptions may be granted for substances included in the following classes of banned drugs: stimulants, beta-blockers, diuretics and peptide hormones.

The student-athlete is required to report all medications to the Sports Medicine staff.

Lewis University should maintain in the student-athlete's medical records a letter from the prescribing physician that documents the student-athlete's medical history demonstrating the need for regular use of such a drug. The letter should contain information as to the diagnosis (including appropriate verification), medical history and dosage information.

In the event a student-athlete tests positive, the Head Athletic Trainer or designee, in consultation with the Team Physician, will review the student-athlete's medical record to determine whether a medical exception should be granted.

### **Confidentiality**

All members of Lewis University are expected to respect a student-athlete's right to privacy. It is essential that anything seen, heard, read, and/or otherwise obtained remain confidential by all parties involved. It is illegal for any personnel to gain access to student medical information, through any and all means, unless the information is needed for legitimate medical reasons, or because their job duties require such access. Members of the Lewis University community who legitimately have access to student medical information must maintain that information in confidence and share it only with others having a legitimate right to know the information. All Lewis University personnel are expected to adhere to the Confidentiality Policy at all times. Violation of the policy may warrant disciplinary action at the discretion of the Director of Athletics.

### **Screening and Selection Process**

Prior to any athletic participation, the student-athlete will be notified of the Lewis Drug Testing Policy. At this time, the student-athlete will sign a consent and authorization form as to the procedures set forth in the Drug Policy. All student-athletes will be subject to unannounced drug screenings throughout the calendar year on either a “random” or a “reasonable suspicion” basis. For purposes of this Policy, “random” shall mean a process in which the probability of any student-athlete being selected is the same as the probability of any other student-athlete being selected and in which the selection is made without the identity or characteristics of the individual being known. A “reasonable suspicion” screening will be based on personal, physical, or performance changes, which are characteristic of drug use. A test based on a reasonable suspicion can be requested by Athletic Department staff based on the objectives in Appendix B.

Student-athletes are to be notified by a member of the Sports Medicine staff that they have been selected for an institutional drug test. The student-athlete must be notified either in person and provide a signature, or via phone conversation with a member of the Sports Medicine staff. Student-athletes will not receive more than twenty-four (24) hour notice to show up for an institutional drug test. All notifications are held on file in the athletic training room.

The drug screening shall consist of the collection of a urine sample from the student-athlete under the supervision of a trained collector (Appendix D). Each urine sample shall be analyzed for the presence of banned drugs as noted in Appendix C by an independent laboratory contracted by the University to provide such services. An independent laboratory meeting NCAA and International Olympic Committee (IOC) requirements for collection, security, screening and transportation, storage and analysis and certified by the College of American Pathologists Athletic Drug Testing (CAP-ADT) will test the samples and will report all test results to the Director of Compliance, the Head Athletic Trainer, and the Director of Athletics. The Head Athletic Trainer or designee will review the results to determine which, if any, of the screenings are considered positive as reported by the independent laboratory.

### **Specimen Collection Procedures**

Lewis University reserves the right to test for banned drugs by any approved industry method. These methods may include, but are not limited to, oral fluid, sweat, urine or hair, as deemed necessary by the Department of Athletics Sports Medicine designee. Urine specimen collection will be observed collections based on the National Center for Drug Free Sport Urine Collection Protocol in Appendix D. Any suspicion of adulteration, manipulation, or dilution of urine samples will result in student-athletes being retained until a satisfactory sample is given under guidelines set in Appendix D.

### **Positive Results**

A positive result is defined as a urine sample revealing the presence of one or more of the banned drugs or metabolites listed in Appendix C. In addition, failure to arrive at the collection station at the designated time without justification, failure or refusal to provide an adequate urine sample (e.g., acidic, concentrated, enough volume) as determined by the laboratory or trained collector will result in a positive test. Positive tests may also result from leaving the collection station or holding area without the permission of the test site administrator or alteration of any sample as determined by the collection technician or their designee. All results will be forwarded from the lab to the Director of Compliance, Head Athletic Trainer, and Director of Athletics. The Director of Athletics will notify the student-athlete and Head Coach of the positive result in order to coordinate a meeting to discuss the results and sanctions.

### **Institutional Testing – Positive Results**

**First Violation** If a positive result is verified, the Director of Athletics will notify the student athlete within twenty-four (24) hours by email and phone to arrange a meeting with the Head Coach or his/her designee, a representative of the Sport Medicine staff, and Director of Athletics or his/her designee. The Team Physician and appropriate Team Athletic Trainer will also be notified. At this meeting, the student-athlete will be reminded of the University policy concerning future positive test results and will sign a statement to that effect (Appendix E).

Following the student-athlete meeting, the Director of Athletics will notify, to the extent consistent with FERPA, the parent/ guardian as well as the spouse, if applicable, of the student athlete's positive test result and the treatment and procedures with which the student-athlete is currently to comply. The Director of Athletics will notify this (these) individual(s) via verbal communication as well as certified letter.

Immediately upon notification of the first positive result, the student-athlete will be suspended from all athletic competition, travel, and pre-event meals for a minimum of one (1) contest during the NCAA championship season. If the student-athlete is unable to complete the suspension due to the end of the season, the suspension will carry over into the next season. Any suspension not completed prior to post-season competition will continue throughout the postseason. This also applies in the event of an off-season test. If the student-athlete is unable to participate due to injury or any other reason, the suspension will be served once the student athlete is cleared for participation.

The student-athlete must pass a medical review by Team Physician and Head Athletic Trainer prior to return to activity. Subsequent testing and/or diagnostic procedures deemed necessary by the Team Physician may be required as well. The Team Physician will determine the time needed for a safe return to participation.

Additionally, the student-athlete will schedule an initial meeting with the Health & Counseling Services Center, at which time future treatment/counseling sessions will be determined. The student-athlete will be required to provide proof to the Sports Medicine staff of a scheduled appointment within twenty-four (24) hours of the notification of a positive test. The attendance and progress of counseling will be closely monitored by the Sports Medicine staff. The student athlete will continue in counseling until released by the Director of Counseling Services or his/her designee. If the student-athlete fails to attend two appointments without an excuse from the Counseling Center, all athletic activities will be suspended until a counseling session is attended. If there is an additional absence following the above penalty, immediate suspension from all athletic activity will result and a meeting will be set up with the student-athlete, Head Coach, and Sports Medicine Designee.

The Sports Medicine Designee will coordinate the follow-up to any positive (+) drug test. Failure to comply with the above Policy will result in an immediate suspension from all athletic activities until the above requirements are met.

**Second Violation** If a positive result is verified, the Head Athletic Trainer will notify the student-athlete to arrange a meeting with the Head Coach or his/her designee, a representative of the Sport Medicine staff, and Director of Athletics or his/her designee. Upon a second violation of the Drug Policy, the Team Physician and appropriate team Athletic Trainer will again be notified.

Following the student-athlete meeting, the Director of Athletics will, to the extent consistent with FERPA, notify the parent/ guardian as well as the spouse, if applicable, of the student-athlete's positive test result and the treatment and procedures with which the student-athlete is currently to comply. The Director of Athletics will notify this (these) individual(s) via verbal communication as well as certified letter.

Immediately upon notification of the second positive result, the student-athlete will be dismissed from his/her respective team.

### **Appeal Process**

Student-athletes who test positive for a banned substance may, within forty-eight (48) hours following receipt of notice of the laboratory finding, contest the finding of the positive results. Upon the student-athlete's request for additional testing of the sample, the Director of Athletics will formally request B specimen confirmation. The student-athlete may choose to be present at the opening of B specimen at the laboratory drug test at his or her expense. If the student-athlete does not wish to be present at the opening of B specimen, but desires to be represented, arrangements will be made at the student-athlete's expense for a surrogate to attend the opening of B specimen. The surrogate will not be involved with any other aspect of the analysis of the

specimen. The student-athlete or his/her surrogate will attest to the sample number and the integrity of the security seal prior to the laboratory opening of B specimen. B specimen findings will be final, subject to the results of any appeal. If B specimen results are negative, the drug test will be considered negative.

Student-athletes who test positive, or who dispute that they have refused or failed to take a required test, under the terms of the Lewis University Drug and Alcohol Policy, will be entitled to a hearing with the Drug Testing Appeals Committee or his/her designee. Requests for such a hearing must be in writing by completion of the Appeal Notification Form (Appendix F) and received by the Drug Testing Appeals Committee Chair within seventy-two (72) hours of notification of a positive test result. If the seventy-two (72) hours would end on a weekend or holiday, the request must be made by noon on the next business day.

In addition, the Drug Testing Appeals Committee will evaluate any requests for hearings based on special or exceptional circumstances surrounding the drug testing policy, but not related specifically to test results. The student-athlete must put his/her request and the reason for the request in writing and submit it directly to the Chair of the Drug Testing Appeals Committee. The Drug Testing Appeals Committee will evaluate the request and notify the student-athlete if a hearing is to be held.

The Drug Testing Appeals Committee shall consist of the following:

- Head Athletic Trainer (Chair)
- Team Physician - Director of Health Services
- Faculty Athletic Representative
- Chair Intercollegiate Athletic Advisory Committee

The student-athlete may have an advocate or other representative present as a silent participant at the hearing if the student so desires. However, the student-athlete must present his or her own case. The meeting should take place at the next scheduled Committee meeting or sooner in the event of unique circumstances. All sanctions resulting in the positive test apply until the appeals process is finalized. Either the student-athlete or the other parties involved may request an extension of time to the Drug Testing Appeals Committee Chair or his/her designee, who will consider whether to grant the extension upon a showing of good cause. These proceedings shall include an opportunity for the student-athlete to present evidence, as well as to review the results of the drug test. The proceedings shall be open to only those persons deemed necessary by the Director of Athletics.

The decision by a majority vote of the Drug Testing Appeals Committee regarding the test results or refusal/failure to take a required test shall be final. Sanctions for a positive result or a

refusal/failure to take a required test are described in these procedures and are not subject to further appeal.

### **Safe Harbor Program**

A student-athlete eligible for the Lewis University Safe Harbor Program may refer himself or herself to the Program for voluntary evaluation and counseling. A student is not eligible for the Program after he or she has been informed of an impending drug test or after having received a positive Lewis University or NCAA drug test.

Lewis University will work with the student-athlete to prepare a Safe Harbor treatment plan, which may include follow-up drug testing as determined by Director of Counseling Services, Team Physician, Athletic Trainer, Athletic Director or his/her designee. During that time the level of banned substance will be monitored by the Head Athletic Trainer, and Director of Athletics. If the student-athlete tests positive for a banned substance upon entering the Safe Harbor Program, that positive test will not result in any administrative sanctions unless the student tests positive at a higher level of banned substance, a different banned substance, or if the student-athlete fails to comply with the treatment plan. Based upon a medical review by the Team Physician and Head Athletic Trainer, the student-athlete may be disqualified from play or practice if medically indicated. The examination may consist of diagnostic tests to determine any potential risks the drug use poses to the student-athlete's welfare. A student-athlete will be permitted to remain in the Safe Harbor Program for a reasonable period of time determined by the treatment plan. A student-athlete will not be permitted to enter the Safe Harbor Program thirty (30) days prior to NCAA or Conference post-season competition.

If a student-athlete tests positive at a higher level of banned substance at any point in the Safe Harbor Program, a different banned substance from which he or she entered the Safe Harbor Program, or fails to comply with the Safe Harbor treatment plan, the student-athlete will be penalized at the equivalent of receiving an initial positive. An initial Safe Harbor positive test will be treated as a first positive and a subsequent positive as a second positive, subject to the sanctions explained in this Policy.

While in compliance with the Safe Harbor Program treatment plan, the student-athlete will be included in the list of students eligible for random drug testing by Lewis University. Student athletes in the Safe Harbor Program may be selected for drug testing by the NCAA.

Student-athletes will be removed from the Safe Harbor Program once they have completed counseling, contain no trace of any banned substance being tested for, and completed all other requirements determined by the treatment plan.

The Director of Athletics, the Director for Compliance, the Head Coach, the Head Athletic Trainer, and the Team Physician will be informed of the student-athlete's participation in the

Safe Harbor Program. The Athletic Trainer assigned to that sport also may be notified, if medically appropriate. Assistant Coaches may be informed at the discretion of the Head Coach. Other University employees may be informed only to the extent necessary for the implementation of this Policy.

## **Nursing BSN Program Student Handbook**

### **Chemical Impairment Policy**

#### **1. Philosophy**

It is the philosophy of the College of Nursing and Health Sciences to provide a safe and meaningful learning environment that allows students to treat each other with dignity and respect that encourages personal and professional growth, that promotes teamwork, and that constantly seeks value-added contributions and superior performance. Consistent with these values, the College of Nursing and Health Sciences requires all nursing students to be free of chemical impairment during participation in any aspect of the nursing program including classroom, laboratory, or clinical settings. The chemically impaired student is defined by the College of Nursing and Health Sciences as one who tests positive for or has abused alcohol, or who tests positive for, has used or abused any drug that is not legally obtainable, or any drug that is legally obtainable but is used by a person or in a manner not authorized by the terms of a legal prescription.

The College of Nursing and Health Sciences will provide information on support programs for treatment for and recovery from drug and alcohol abuse. This policy is in the best interest of the safety and health of all students, instructors, affiliating agencies, and clients and is consistent with our contractual arrangements with these affiliating agencies.

#### **2. Responsibility**

In accordance with University regulations regarding controlled substances as stated in the University Student Handbook, it is the responsibility of each student to refrain from the illegal manufacture, distribution/sale, purchase, possession, or use of drugs on University premises or while on University business. Students must also be in compliance with the University policy regarding alcoholic beverages. Students are, therefore, prohibited from reporting for any class, lab, or clinical experience while under the influence of alcohol, or while the presence of illegally used drugs can be detected in the student's system. Any student found to have violated this policy will be subject to immediate disciplinary action, including possible dismissal from the College of Nursing and Health Sciences.

A student taking a drug or other medication, whether or not prescribed by a physician for a medical condition, which may interfere with the safe and productive performance of the student's clinical activities, must report such instance to his/her clinical instructor prior to engaging in clinical activities. The clinical instructor will determine whether or not the student is able to perform his/her activities. Unreported use violates this policy.

All clinical placements for nursing students require a negative drug test prior to placement. This means that regardless of why, if a student tests positive for marijuana, the student will not be allowed to participate in a clinical. Although marijuana may be legal in Illinois, clinical agencies

receive federal funding and must abide by federal law which classifies marijuana as an illegal narcotic. Note: According to the National Institute on Drug Abuse, “Marijuana has negative effects on attention, motivation, memory, and learning that can persist after the drug’s immediate effects wear off- especially in regular users” and further, even though some states have approved the use of marijuana for prescription, “the FDA, which assesses the safety and effectiveness of medications, has not approved marijuana as a medicine” (US Department of Health and Human Services, March 2014). Website:

[http://www.drugabuse.gov/sites/default/files/parents\\_marijuana\\_brochure\\_0.pdf](http://www.drugabuse.gov/sites/default/files/parents_marijuana_brochure_0.pdf).

Clinical agencies will not accept Medical Marijuana Cards on any student and drug testing must be negative to attend clinicals.

## **Health Records and Clinical Requirements Policy**

### **1. Purpose**

a. To provide the nursing student with the best possible educational experience and meet legal obligations, the CONHS must comply with Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), and State of Illinois regulations, and terms specified in contracts with affiliating clinical agencies.

b. The health records and clinical requirements are designed to protect and safeguard the health of the student, the patients, and the faculty.

c. While the required health regulations are standard for health care personnel, it is possible that an agency may impose additional requirements which must be completed prior to the beginning of the clinical rotation.

d. Due to changes in regulations and agency contracts, clinical and health requirements may change unexpectedly.

### **2. Health and Clinical Requirements**

a. The student is responsible for meeting the following health and clinical requirements for the duration of all clinical experiences beginning with the 200 Level clinical courses and concluding with graduation:

- Annual renewal of AHA BLS CPR
- Quantiferon Gold yearly blood test and/or chest X-ray and symptom checklist
- Completion of the OSHA Standard Precautions, TB, Portability and Accountability Act (HIPAA) on-line videos and tests
- Proof of annual influenza immunization
- Proof of consistent maintenance of valid and current health insurance coverage
- FBI Departmental Order (fingerprinting)

b. The student must provide current documentation to their Castle Branch account for access at any time by CONHS, clinical faculty and the clinical agencies. Failure to do so by the specified date will result in the inability to attend clinical experiences. The student will be allowed to withdraw from the clinical course or will receive a failure in the course. The student will be responsible for all subsequent consequences up to and including possible dismissal from the major.

c. The student who repeats a nursing course and/or semester and/or is returning following a leave should contact the Undergraduate Office for specific information regarding health requirements. Castle Branch accounts must be updated prior to attending clinical every semester.

d. The student is responsible for providing his/her own transportation to clinical experiences.

### 3. Semester Level Specific Requirements

#### a. 200-level (Sophomore) Clinical Courses

i. For sophomore lab or the first clinical nursing course, the student must submit all required documentation to [castlebranch.com](http://castlebranch.com), including all physical examination and immunization forms by the assigned date in the semester.

ii. The student must meet the following health requirements:

(1) Completed and signed Report of Physical Examination and Immunization Record (Appendices F) attesting to good health;

(2) Documentation to verify compliance with the 1992 Federal Law for Health Care Workers related to Hepatitis B through:

(a) Completion of series of three (3) Hepatitis B immunizations (Appendix F); or (b) Demonstration of immunity following previous completion of Hepatitis B immunization series (Appendix F); or (c) Signed declination of Hepatitis B immunization series form (Appendix F). (d) If the series has not been completed at the beginning of the semester, the student must submit the signed declination form and may submit documentation of completion of the series at a later date to their Castle Branch account.

(3) Negative for active Tuberculosis (TB) through (a) QuantiFERON®-TB Gold blood test or (b) A negative Chest X-Ray and documented negative symptom check within the previous year. (c) Current employer health records of QuantiFERON®-TB Gold blood tests are acceptable to document negative TB response

(4) Signed informed *Consent Form* (Appendix G) regarding risks inherent in nursing prior to beginning the first clinical course.

(5) Additional physical exam of specific laboratory test work will be required if requested by a specific clinical agency.

(6) Documentation to verify current health insurance coverage uploaded to [castlebranch.com](http://castlebranch.com).

(7) The student must also meet the same health requirements as all Lewis University students. If the student has questions about the University's requirements, please contact Lewis University Health and Counseling Services in Mother Teresa Hall, Lower Level or access information through the Lewis website.

iii. The Student must also provide documentation to verify current

(1) CPR certification AHA (American Heart Association) BLS Provider and influenza immunization during the flu season renewed annually by October 1st.

(2) Compliance with OSHA requirements (a) The student is required to complete on-line videos on the OSHA Standard Precautions, the Prevention of Transmission of Tuberculosis in Healthcare Facilities, and HIPAA annually. Completion of videos and post tests are mandatory to continue in future clinical courses. (b) If required by the clinical agency, the student will be fit tested for a particulate respirator mask. If not equipped with such a mask, the student will not be assigned to a known Tuberculosis patient.

(3) All entering Soph II CONHS students will be fingerprinted prior to starting clinicals.

(4) All entering Soph II CONHS students must complete a yearly Drug Screen Test and the results must be negative. Cost must be incurred by CONHS student.

b. 300-Level (Junior – 1st semester and 2nd semester) and 400-Level (Senior – 1st semester) Clinical Course. Verification of the following must be submitted to the BSN Undergraduate Office or to castlebranch.com annually before or on the first day of the fall semester and as changes occur:

- i. Current Health Insurance card, if date has expired or there has been a change in carrier or policy to castlebranch.com
- ii. Yearly renewal of CPR certification for AHA BLS for Health Care Providers to be submitted to castlebranch.com; by the first day of clinical;
- iii. Negative QuantiFERON®-TB Gold blood test or negative chest x-ray and symptom check to be submitted to castlebranch.com; by the first day of clinical;
- iv. Completion of annual OSHA Standard Precautions, TB, and HIPAA on-line videos/tests;
- v. Documentation regarding any change in health status, including but not limited to pregnancy, medications being taken that might affect performance, and illnesses or injuries that might affect ability to deliver safe, effective care.
- vi. Students are required to submit the Illinois State Police *Conviction Form* yearly. Forms will be completed annually prior to the start of fall semester.
- vii. Yearly Drug Screen Test must be negative. Cost must be incurred by CONHS student and drug screen must be ordered through castlebranch.com prior to the fall semester.
- vii. Annual influenza immunization to be submitted to castlebranch.com by October 1.

c. 400-Level (Senior – 2nd semester) Clinical Courses. Verification of the following must be submitted to the BSN Undergraduate Office annually before or on the first day of the fall semester and as changes occur:

- i. Current Health Insurance Card, if date has expired or there has been a change in carrier or policy;
- ii. Yearly renewal of CPR certification AHA BLS to be submitted to castlebranch.com prior to first day of clinical;
- iii. Negative QuantiFERON®-TB Gold blood test or negative chest x-ray and symptom check to be submitted to castlebranch.com prior to first day of clinical;
- iv. Completion of annual OSHA Standard Precautions, TB, and HIPAA on-line videos/tests; and
- v. Documentation regarding any change in health status, including but not limited to pregnancy, medications being taken that might affect performance, and illnesses or injuries that might affect ability to deliver safe, effective care.
- vi. For the community health rotation: (1) A valid, current driver's license and (2) Valid insurance on the student's automobile is mandatory.
- vii. Students are required to submit the Illinois State Police *Conviction Form* yearly. Forms will be completed annually prior to the start of fall semester.
- viii. Yearly Drug Screen Test must be negative. Cost must be incurred by CONHS student and drug screen must be ordered through castlebranch.com prior to the fall semester.
- ix. Annual influenza immunization to be submitted to castlebranch.com by October 1.

Any student enrolled in the program, who is now undergoing or who has undergone treatment for substance abuse and/or chemical dependency in the two years prior to most recent enrollment in the program and/or at any time while enrolled in the program, must disclose this fact to the College of Nursing and Health Sciences prior to participation in any College activities. Such a student shall be subject to follow-up testing while a student at the College of Nursing and Health Sciences.

### **3. Practice**

Any student in classroom, clinical or lab will be required to pass tests for alcohol and illegal use of drugs under the following circumstances:

- when the instructor determines there is reasonable cause to suspect that;

(A) a student has violated any aspect of this policy or

(B) a student has impaired judgment or physical capacity to satisfactorily perform the regularly required learning activities, or

- on a random basis

Test analysis shall be performed by a CastleBranch approved vendor. The student will be instructed to log into their CastleBranch account and use code (LF49dt) to order the test.

(A) student who tests positive for alcohol or illegal or illegally used drugs will be subject to immediate dismissal from the College of Nursing and Health Sciences. A student with a dilute negative result on routine urine drug screening will have the opportunity to retest once.

Under no circumstances is a student under the influence of or testing positive for legal drugs that impair performance, illegal drugs or alcohol permitted in any clinical setting. Such occurrence will be grounds for immediate dismissal from the College of Nursing and Health Sciences.

Even if the test result is negative but the student's behavior is deemed inappropriate, said student may be subject to discipline or dismissal for violation of this or any other University or College of Nursing and Health Sciences policy

### **4. Administration**

All questions, concerns, requests for information, assistance or interpretations should be referred to the student's instructor. The College of Nursing and Health Sciences reserves the right to respond to specific situations related to this policy in such a manner as circumstances warrant as well as the right to terminate, amend, modify, and change provisions of this policy and practice. Information held in confidence about a student related to any aspect of this policy will be disclosed only on a need to know basis.

## PERSONAL HISTORY DISCLOSURE STATEMENT

WHEN PARTICIPATING IN NURSING CLINICALS OR WHEN APPLYING FOR THE RIGHT TO SIT FOR THE PROFESSIONAL LICENSURE EXAMINATION, THE APPLICANT MUST SIGN A DISCLOSURE STATEMENT. THEREFORE, FOLLOWING ADMISSION TO THE COLLEGE OF NURSING AND HEALTH SCIENCES, YOU MUST SIGN THE FOLLOWING STATEMENT:

1. (a) Have you, in the last two years, received treatment for alcohol or other substance abuse? YES \_\_\_\_\_ \* NO \_\_\_\_\_

(b) Are you currently or have you within the past two years, illegally used drugs? YES \_\_\_\_\_ \* NO \_\_\_\_\_

*If yes\* to either 1 (a) or (b), you will need to sign a Wellness Contract prior to enrollment in the nursing program or any nursing course.*

2. Have you been denied a health care professional license or permit, or privilege of taking an examination for health care professional license or permit, or had a health care professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? YES \_\_\_\_\_ \* NO \_\_\_\_\_

*If yes\*, you must attach a detailed explanation to your application for the licensure examination at admission to Soph II courses*

Have you been charged, are currently on a plea bargain, or been convicted in any state or in federal court of a misdemeanor or felony (other than minor traffic violations)? YES \_\_\_\_\_ \* NO \_\_\_\_\_

3. Clinical agencies require “no findings” upon FBI Background Fingerprinting Checks. Will your fingerprints show you have never been printed for any type of charge? YES \_\_\_\_\_ NO \_\_\_\_\_ \*

**\*If yes\* to question 3 or no\* to question 4**, when fingerprinting is submitted to the CONHS, if your fingerprinting shows prior expunged or dismissed charges, you will need to submit a certified copy of the court records regarding the charges, nature of offense and disposition of dismissal or expungement within 2 weeks of being contacted by the Undergraduate Office. If findings show convictions or a current plea bargain the student may not be placed in a clinical agency until the fingerprinting reflects “no findings” from an expungement or dismissal.

Under penalties of perjury, I declare that the above statements are true and accurate. I further declare I will promptly report in writing to the appropriate College of Nursing and Health Sciences Program Chair/Coordinator any changes in the accuracy of these statements while I am enrolled as a student in the College of Nursing and Health Sciences at Lewis University.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student ID #

5. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? YES \_\_\_\_\_ \* NO \_\_\_\_\_

*If yes\*, you will need to attach a detailed statement, including an explanation whether or not you are currently under treatment to your application for the licensure examination. A CONHS Medical Release Form with No Restrictions to Practice must be on file initially at Soph II and subsequently every Fall semester.*

*Pursuant to the College of Nursing and Health Sciences Chemical Impairment Policy, if the answer is yes above you must indicate if this is for (2) alcohol or other substance abuse, and if yes for this, you are required by the College of Nursing and Health Sciences to sign a Student Wellness Contract on admission and prior to entrance into any nursing course.*

6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? YES \_\_\_\_\_ \* NO \_\_\_\_\_

*If yes\*, you must attach a detailed explanation to your application for the licensure examination.*

7. Are you a U.S. citizen **OR** a lawfully admitted resident alien of the United States? YES \_\_\_\_\_ **NO** \_\_\_\_\_ \*

*If no\*, a valid Social Security Number and valid driver's license number are needed to obtain clinical agency computer access, clinical agency identification badges and complete the FBI Criminal Background Fingerprinting Check for clinical agency placement. Please make an appointment to meet with the Undergraduate Program Chair/Coordinator.*

Under penalties of perjury, I declare that the above statements are true and accurate. I further declare I will promptly report any changes in the accuracy of these statements to the College of Nursing while I am enrolled as a student in the College of Nursing and Health Sciences at Lewis University.

\_\_\_\_\_  
Signature of Student Date

## Guidelines for Accommodating Students with Disabilities in Schools of Nursing (Excerpt)

The Rehabilitation Act, S504, does not protect those whose abuse of alcohol or other drugs prevents them from performing the job duties or who are a direct threat to others. Although this refers to employment, the same standard probably applies to students. The ADA applies a similar definition and clarifies that one currently engaging in the use of illegal drugs is not protected. ADA and 504 also specifically exempt several categories of individuals including transvestites, homosexuals, bisexuals, transsexuals, pedophiles, exhibitionists, voyeurists, those with gender identity disorders not resulting from physical impairments, compulsive gamblers, kleptomaniacs, and pyromaniacs.

Regardless of disability, the individual must be able to perform the "*Essential Functions of the Job*". Functions are considered essential if:

- the employees in the position are required to perform these functions;
- they are functions that would fundamentally change the job if removed;
- the position exists to perform these functions;
- a limited number of other employees are available to perform the functions; or
- the functions are highly specialized, and the person in the position is hired for his or her special expertise or ability to perform the function.

## Human Resources Policy Manual

The *Human Resources Policy Manual* is generally applicable to all employees of the University, with the exception that only those portions indicated by a check-mark will apply to full and half-time regular faculty governed by the University Faculty By-Laws, and that to the extent employees work in a unit covered by a collective bargaining agreement, the applicable collective bargaining agreement will control in areas covered by it. It is provided for use as a reference and as a summary of the University's personnel policies and benefits as they currently exist.

This *Manual* is not intended to impose upon the University any contractual or other obligations. The University reserves the right to deviate from the procedures, policies and benefits set forth in this *Manual* as it deems appropriate in its sole and absolute discretion.

The *Manual* is designed to acquaint you with the University's policies as quickly as possible. Accordingly, you will find it to your advantage to read the entire *Manual* promptly so that you will have a complete understanding of the material covered. Relevant forms referenced throughout the *Manual* are contained herein as exhibits in Section 8. The *Manual* has been placed in the myLewis portal in addition to being located on each employee desktop.

Please understand that this *Manual* only highlights University policies, practices, and benefits, and cannot, therefore, anticipate every situation or answer every question about employment. In such instances, please direct your questions to a member of the Office of Human Resources. Additionally, circumstances may require that policies, practices, and benefits described in the *Manual* change from time-to-time. Consequently, the University reserves the right to amend, supplement, or rescind any

provisions of this *Manual* as it deems appropriate in its sole and absolute discretion. Amendments will be made in the copy of this *Manual* posted in the myLewis portal.

### **Standards of Conduct and Work Rules-- Policy #1.1030 Effective: 1/1/01**

Lewis University requires order and discipline to succeed and to promote efficiency, productivity and cooperation among employees. For this reason, it may be helpful to identify some examples of conduct that are not permissible and that may lead to disciplinary action, up to and including immediate dismissal. Types of behavior and conduct that Lewis University considers inappropriate and which could lead to disciplinary action up to and including dismissal without prior warning at the sole discretion of the University include, but are not limited to, the following examples:

1. Insubordination, including improper conduct toward a supervisor or refusal to perform tasks assigned by a supervisor in the appropriate manner.
2. Reporting for work under the influence of alcohol or drugs or possession or use of alcoholic beverages or illegal drugs on University property. Consumption of alcoholic beverages at University-authorized functions, when allowed, must be done with discretion.
3. Failure to maintain confidential information.
4. Theft or unauthorized removal of property from the University, its employees, students, agents or visitors.
5. Altering or falsifying any time reporting record.
6. Absence for three or more consecutive workdays without notice to the employee's supervisor, which shall be considered job abandonment.
7. Falsifying or making a material omission on an employment application or resume or making erroneous entries or material omissions on the University's records.
8. Misusing, destroying, or damaging property of the University, its employees, students, agents, or visitors.
9. Fighting or using obscene, abusive, or threatening language or gestures on University property.
10. Bringing on University property dangerous or unauthorized materials such as explosives, firearms, and other similar items.
11. Unsatisfactory work performance.
12. Failure to notify supervisor of absence from work in accordance with policy #1.2050.
13. Excessive tardiness or absenteeism.
14. Sleeping on the job.
15. Snowmobiling, dirt biking, or use of other similar vehicles on University property.
16. Hunting on University property.
17. Disregard for University-wide or departmental policies and procedures relative to the safety and security of the University's employees, students, visitors, or property.
18. Failure to comply with the University's no-smoking policy.
19. Failure to cooperate with the University's investigation of insurance, discrimination, or disciplinary matters.
20. Blatant disregard for University rules and regulations (e.g., parking regulations, etc.)

21. Failure to accept training for skills required of position.
22. Harassment of co-workers, subordinates, students or others on the basis of race, color, religion, gender, age, national origin, sexual orientation, marital status, or disability status.
23. Discrimination on the basis of race, color, religion, gender, age, national origin, marital status, or disability status when making decisions which affect the terms and conditions of an employee's employment or the grades, status, or privileges of students.

Many of these items are discussed in further detail elsewhere in the *Manual*. Questions may be addressed with managers or with a member of the Office of Human Resources.

### **Compliance with Laws & Regulations—Policy #1.2060 Effective: 10/28/03**

Lewis University does not tolerate the willful violation or circumvention of any federal, state, local or foreign law by an employee during the course of that person's employment; nor does the University tolerate the disregard or circumvention of Lewis University policy or engagement in unscrupulous dealings. Employees should not attempt to accomplish by indirect means, through agents or intermediaries, that which is directly forbidden.

Failure to comply with the standards contained in this policy will result in disciplinary action that may include termination, referral for criminal prosecution, and reimbursement to the University or to the government, for any loss or damage resulting from the violation. As with all matters involving disciplinary action, principles of fairness will apply. Any employee charged with a violation of this policy will be afforded an opportunity to explain her/his actions before disciplinary action is taken, although when deemed warranted the University may suspend an employee pending investigation before interviewing the employee.

Disciplinary action will be taken:

1. Against any employee who authorizes or participates directly in actions that are a violation of this policy.
2. Against any employee who has deliberately failed to report a violation or deliberately withheld relevant and material information concerning a violation of this policy.
3. Against any director, manager or supervisor who attempts to retaliate, directly or indirectly, or encourages others to do so, against any employee who reports a violation of this policy.

### **Adherence to National Collegiate Athletic Association (NCAA) Rules and Regulations—Policy #1.2080 Effective: 2/7/05**

Lewis University is a member of the NCAA at the Division II level. Pursuant to said membership, the University pledges adherence to the rules and regulations promulgated by the NCAA. In order that the University remains in compliance with these directives, the following policy applies to all individuals employed in an athletic capacity (i.e. coaches, trainers, athletic administrators) as well as others who monitor athletic compliance.

All individuals employed in an athletic capacity are subject to the rules and regulations of the NCAA. If at any time it is determined that an individual is in violation of such regulations, then by the provision of the NCAA enforcement procedures, the individual may be subject to corrective, disciplinary action, up to and including termination of employment.

In addition, all individuals associated with athletics must comply with the provisions of the Lewis University Athletic Compliance Manual. Violations will be handled in accordance with the disciplinary policy described in the Human Resources Manual.

Individuals who are not directly involved in an athletics capacity must also refrain from conduct which would violate the University's institution obligations under NCAA rules. A key concern for non-athletics personnel is that they not provide any extra benefit to a student-athlete that is not also available to non-student athletes on the same terms. This includes money, gifts, and preferential treatment in grading or University provided resources.

### **No-Smoking/Tobacco Free—Policy #6.1070 Effective: 5/7/07**

In compliance with the Smoke Free Illinois Act, Lewis University is primarily a smoke-free/tobacco-free campus. Specifically:

- Use of tobacco or tobacco products is prohibited in all University buildings, including the use of electronic cigarettes (or other products identified below in definition).
- Smoking and use of other tobacco products is only permitted in designated outdoor smoking areas.
- Use of tobacco in University-owned or leased vehicles is prohibited.
- No designated smoking areas will be within twenty-five (25) feet of building entrances.
- No smoking or use of tobacco while operating university owned, leased or rented equipment.

Definition: For the purposes of this policy, “tobacco” includes any lit or unlit cigarette (clove, bidis, kreteks), e-cigarettes, cigars, cigarettos, pipes, hookah products; and any other smoking product; and any smokeless, spit or spit less, dissolvable, or inhaled tobacco products, included but not limited to dip, chew, snuff or snus, in any form (orb, sticks, strips, pellet, etc); and all nicotine delivery devices that are not FDA-approved as cessation products.

Please note that the use of tobacco is allowed during authorized breaks/lunches at designated outside locations ONLY —all of which are at least twenty-five (25) feet from building entrances.

Failure to comply with this policy may result in disciplinary action up to and including dismissal of employment.

Amended: 05/07/07, 4/11/13, 11/26/13

### **Drug Free Workplace—Policy #6.2020 Effective: 1988**

Lewis University is committed to compliance with the Drug Free Workplace Act of 1988 (34 CFR Part 85, Subpart F) and has agreed to take the following steps as required by the Act:

- (A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's

workplace and specifying the actions that will be taken against employees for violations of such prohibition;

- (B) Establishing a drug free awareness program to inform employees about
  - (i) the dangers of drug abuse in the workplace;
  - (ii) the person's policy of maintaining a drug free workplace;
  - (iii) any available drug counseling, rehabilitation, and employee assistance programs;and
  - (iv) the penalties that may be imposed upon employees for drug abuse violations;
- (C) Making it a requirement that each employee to be engaged in the performance of such contract be given a copy of the statement required by subparagraph (A);
- (D) Notifying the employee in the statement required by subparagraph (A), that as a condition of employment on such contract, the employee will
  - (i) abide by the terms of the statement; and
  - (ii) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction.
- (E) Notifying the contracting agency within ten days after receiving notice under subparagraph (Dii) from an employee or otherwise receiving actual notice of such conviction;
- (F) Taking one of the following actions within 30 days of receiving notice under subparagraph (Dii) with respect to any employee who is so convicted
  - (i) taking appropriate personnel action against such an employee, up to and including termination; or
  - (ii) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal State, or local health, law enforcement, or other appropriate agency;
- (G) Making a good faith effort to continue a drug free workplace through implementation of paragraph (A), (B), (C), (D), (E), and (F).

The University will take appropriate action against any employee convicted of a violation of any criminal drug statute occurring in the workplace. Such action may include the requirement of satisfactory participation in a drug abuse assistance or rehabilitation program or it may include dismissal of employment.

**Drug / Alcohol Testing Policy—Policy #6.2030 Effective: 9/28/00**

The employees in the Aviation Services Department are required to comply with U.S. Department of Transportation (DOT) and Federal Aviation Administration (FAA) regulations on drug and alcohol testing in employment. The University has developed extensive policy and procedures to comply with all aspects of this required drug and alcohol testing which shall include testing for the following reasons: pre-employment testing, periodic and random testing, post-accident testing and reasonable cause testing.

The employees covered by this policy have been trained in compliance and have received a complete copy of this policy. Any questions in this regard may be addressed to the Associate Vice President for Human Resources, who has been designated the Drug Program Manager for Lewis University. To the extent there may be a discrepancy between this brief description of the drug/alcohol testing policy and the terms of the complete policy statement, the complete policy statement will control.

### **Workplace Searches—Policy #6.2080 Effective: 1/1/01**

To safeguard the property of the employees and students of Lewis University, and to help prevent the possession, sale, and use of illegal drugs and firearms on University premises, the University reserves the right to question employees and to inspect any packages, parcels, purses, handbags, briefcases, lunch boxes/bags, or other possessions articles carried to and from University property.

Also, the University reserves the right to search any employee's office, desk, files, locker or any other area or article on University property. In this regard, it should be noted that all offices, desks, files (paper or electronic), lockers, and so forth, are the property of Lewis University and are issued for the use of employees only during their employment with Lewis University. Inspections may be conducted at any time without prior notification and at the discretion of Lewis University.

### **Volunteer's Code of Conduct—Policy #6.3020 Effective 5/9/11**

As a volunteer, I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children and youth while at Lewis University.

Volunteers shall:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where they are alone with children and youth at all activities.
- Use positive reinforcement with children and youth rather than criticism, competition, or comparison.
- Refuse to accept expensive gifts from children and youth or parents without previous written approval of your supervisor.
- Refrain from giving expensive gifts to children or youth without prior approval of the parents or guardian and your supervisor.

- Report to your supervisor any suggested abuse. Failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children or youth.

Volunteers must not:

- Smoke or use tobacco products in the presence of children or youth.
- Use, possess, or be under the influence of illegal drugs or alcohol at any time while volunteering.
- Pose any health risk to the children and youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and youth.
- Humiliate, ridicule, threaten, or degrade children and youth.
- Touch a child in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and youth.
- Use profanity in the presence of children and youth.

I understand that as a volunteer working with children and youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct may result in my removal as a volunteer with children and youth.

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Volunteer’s Signature

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Date

**Employee Assistance Policy—Policy# 6.3030 Effective: 03/01/12**

Lewis believes that it is in the best interest of the employee, the employee’s family, and the University to provide an Employee Assistance Program (EAP) to help with issues of daily living by providing confidential and professional assessment, short-term counseling and/or referral services, information and resources. The objective of this program is to assist employees in a manner consistent with good business and professional practice.

Without amending any of the rights or responsibilities of the employee or the company, it is the policy of Lewis University to handle such employee situations within the following framework:

1. Lewis University recognizes that issues of daily living can be successfully addressed if identified and employees are provided with appropriate services, information and resources. This applies whether the issue involves a dependent care situation, mental or emotional concern, financial problem, marital or family distress, alcoholism, drug abuse, stress, legal problem, or other concern.

2. Employees who have a concern are encouraged to voluntarily seek assistance on a confidential basis by directly calling the EAP or visiting the EAP web site. Family, fellow workers, or other concerned individuals can also suggest that an employee contact the EAP. Employees who choose voluntarily to use the EAP are assured that their continued employment and employee status will not be jeopardized by utilizing the EAP or following its recommendations.

3. When an employee's job performance or attendance is unsatisfactory and the employee is unable or unwilling to correct the situation either alone or with normal supervisory assistance, this is an indication that there may be some cause outside the realm of his or her job responsibilities which is the basis of the problem. In such instances, the employee's supervisor is encouraged to use the EAP as a referral resource to help the employee address personal issues that may be impacting job performance. It is the employee's choice whether to follow the recommendation of their supervisor to use the EAP program as it is their choice to sign a Release of Information allowing EAP feedback about EAP compliance to the Company. It is not a requirement of their job or a condition of employment. Likewise, it is also the employee's choice to follow the recommendations of the EAP, if the EAP is accessed. In the case of an employee being referred due to job performance issues, job action can be taken only as it relates to job performance, not EAP compliance. An employee's refusal to use the EAP is not, in itself, a cause for disciplinary action. At the same time, the Employee Assistance Program is not a substitute for appropriate discipline, nor a basis to compromise applicable rules, regulations, working agreements or a safe, healthy or efficient operation. Participation in the Employee Assistance Program will not excuse substandard job performance and discipline will not be used as retribution for refusal to use the EAP program.

4. There is no charge to the employee for the assessment or short-term counseling services provided by the EAP staff. If a referral for further assistance is made and accepted, the cost of such assistance is the employee's responsibility, except as may be covered in a manner by the employee's health care insurance program. These financial considerations will be discussed with the employee in advanced of the referral by the EAP staff. Any necessary time off from work, which is rare, will be handled according to existing university policies.

5. This program is available to family members who impact the employee.

All EAP records and discussion will remain confidential between the employee and the EAP staff unless the employee authorizes disclosure or as otherwise required by law. EAP participants' files belong to PERSPECTIVES, and will not be included as part of the employee personnel or medical records.

<https://www.lewisu.edu/welcome/offices/hr/eap.htm>

## **AOD Judicial/Sanction Process**

### **THE JUDICIAL PROCESS**

#### **General Administration**

The student conduct process is supervised by the Dean of Student Services and administered by the Director of Community Standards. Conduct proceedings take place at three levels which are: the Residence Life Coordinator Review, the Administrative Review and the Conduct Board Hearing. In order to safeguard confidentiality at conduct proceedings, neither students, advisors, nor witnesses are permitted to use recording devices or have them in their possession.

Additionally, parents, guardians or attorneys are not allowed at conduct proceedings. Fairness is the goal of the student conduct process at Lewis University. The process is characterized as fair, speedy, deliberate, and non-prejudiced.

At any level of the conduct process, the adjudicator reserves the right to hear the case without student input in the event the student fails to attend the conduct review or hearing.

#### **Documentation Phase**

Violations of University Behavioral Standards and Policies, as listed in the *Student Handbook*, are documented by University officials. Once the documentation has been received in the Office of Student Services, students cited may review the report(s) in the presence of a University staff member. A brief summary of the reports can be made available to students upon request.

Note: For reasons involving the safety of individual students and/or the maintenance of an appropriate learning environment, students may be temporarily suspended from residence life and/or have their access to campus restricted by the Dean for Student Services prior to and during the adjudication phase of the conduct process.

#### **Determination of Adjudication Level**

A review of documentation always begins with a check of the student's conduct record for previous or similar incidents. The determination of the level at which the documentation will be handled is influenced by the student record and the circumstances of the incident.

At each stage in the conduct process, it is essential that students are aware of its various elements and stages. Therefore, whenever students are involved with the conduct process they are directed to review the process as outlined in the *Student Handbook*.

#### **Adjudication Levels**

##### **Option 1: Residence Life Coordinator (RLC) Review**

- 1) The documentation indicates that the alleged violation is minor in nature.
- 2) The RLC reviews the documentation and initiates a discussion with the student. After consideration of all documentation and information received from the student, the student either admits to being in violation or requests that the RLC make a determination as to whether said student is in violation or not in violation. If the student does not accept the determination that he/she is in violation, or does not accept the sanction imposed, the

appeal is to the Administrative Reviewer. The appeal must be submitted within three working days of receipt of the decision.

- 3) If the Residence Life Coordinator finds the student to be in violation, the RLC will determine the level of sanctioning. Possible sanctions at this level:
  - a. Advising session
  - b. Redress (apology, either written and/or verbal)
  - c. Restitution, payment for damage
  - d. Fine. In situations when a fine is specified as a possible sanction, the adjudicating staff member uses discretion when determining the amount of the fine based on the circumstances of the case. The range for a conduct fine is \$25 to \$100.
  - e. Educative Project or Essay
  - f. Community Service (maximum of 10 hours)
  - g. Referral to Counseling Services
- 4) The determination is recorded and signed by the RLC and the student. Sanctions are supervised by the Residence Life Coordinator.
- 5) All Residence Life Coordinator Review decisions are subject to review and approval by the Administrative Reviewer.

### **Option 2: Administrative Review**

- 1) The documentation indicates that the alleged violation is more serious in nature or a Residence Life Coordinator Review decision is being appealed (within the Conditions and Procedures for Appeal outlined in this *Student Handbook*).
- 2) Administrative Reviews are conducted by the Director of Community Standards, or designee, who may involve other staff members at his/her discretion.
- 3) The reviewer initiates a discussion with the student.
  - a. If the Administrative Review is a result of an appeal from a Residence Life Coordinator Review, the decision of the adjudicator is final. No appeal of the decision or sanctions is allowed.
  - b. If the Administrative Review is the first step in the process, the matter will be adjudicated after a review of the reports, possible sanctions and a general review of student rights within the Conduct process. In some cases at this point, the Administrative Reviewer may decide that the case should be referred to the Conduct Board level.
- 4) After consideration of all documentation and information received from the student, the student either admits to being in violation or requests that the adjudicator makes a determination as to whether said student is in violation or not in violation. If the adjudicator finds the student in violation, sanctions are imposed. Possible sanctions at this level:
  - a. Advising session
  - b. Redress (apology either written and/or verbal)
  - c. Restitution, payment for damage
  - d. Fine. In situations when a fine is specified as a possible sanction, the adjudicating staff member uses discretion when determining the amount of the fine based on the circumstances of the case. The range for a conduct fine is \$25 to \$300.
  - e. Educative project or essay
  - f. Community service (maximum of 20 hours)

- g. Official reprimand
  - h. Activity restriction
  - i. Facility restriction
  - j. Behavioral contract
  - k. Temporary suspension from residence life
  - l. Residence hall relocation
  - m. Counseling Services
  - n. Disciplinary probation. University probation is a formal notice to the student that the activity in question is unacceptable within the University community, and that if continued or if other inappropriate behavior follows, more severe action may be taken, including the possibility of suspension or expulsion. Official notice of probation will be provided to the student and the appropriate University personnel. Please refer to the *Student Employment Manual* and the *Student Organization Manual* for policies related to students on Disciplinary Probation.
- 5) The reviewer presents the sanction(s) via the Adjudication Form, which is signed by the adjudicator and the student.
  - 6) If the student does not accept the determination that he/she is in violation, or does not accept the sanction imposed, the appeal is to the Dean of Student Services.
    - a. The Dean of Student Services will examine the documentation, meet with the student and make a determination as to whether the process was followed, new evidence is present or the sanction is unduly severe. If any of these conditions exist, the Dean of Student Services may alter the determination and/or the sanctions.
    - b. Students are required to follow the Conditions and Procedures for Appeal as outlined in the *Student Handbook*. This is the final step in the appeal process at this level.

### **Option 3: Conduct Board Hearing**

University staff and faculty representatives serve as members of the Conduct Board. Board membership is approved by the Dean of Student Services. The board regularly reviews conduct policies and procedures and recommends necessary changes. Because Conduct Board hearings are considered critical to a student's status at the University, no Conduct Board hearing may be missed without permission. Permission may only be granted by the Dean of Student Services. If the student cannot attend a conduct hearing he/she must contact the office of the Dean of Student Services 48 hours prior to the scheduled hearing. If the reason is acceptable, a hearing will be rescheduled at the earliest possible time.

Failure to attend a hearing without permission may result in the case being adjudicated without student input. In the case of a Conduct Board hearing, the student is subject to immediate suspension from the University if he/she fails to attend without obtaining prior permission.

This Conduct Board hearing process is as follows:

- 1) The documentation indicates that the alleged violation is serious in nature.
- 2) Conduct board hearings are conducted by a lead hearing officer, presenting officer(s), and a minimum of two hearing officers.
- 3) Conduct board hearings are scheduled as necessary. The administrator of the conduct process will coordinate the convening of Conduct Board hearings.

- 4) Prior to the hearing, students directed to appear before the Conduct Board may not initiate a meeting with Conduct Board members, other than the presenting officer. Students are encouraged to meet with the presenting officer to clarify procedural matters pertaining to the conduct process and review documentation related to the case. If additional or alternate consultation prior to the hearing is requested by the student or recommended by the presenting officer, he/she will be referred to the Dean of Student Services.
- 5) Students must declare the presence of their witnesses at least 48 hours prior to the start of the hearing.
- 6) Conduct board hearings are formal processes which are conducted in a highly structured setting. Both student attire and demeanor at such meetings should be carefully considered as they reflect the student's attitude toward the entire Conduct process. If dress or behavior is deemed inappropriate, the hearing may be postponed at the discretion of the Board.
- 7) The student may have one person to serve as an advisor. An advisor must be from the Lewis student, faculty or staff community. Parents, other relatives or guardians, and attorneys are specifically excluded from these internal hearings. Advisors are not allowed to address the board directly. Advisors serve as counsel to the student as to his or her best course of action during the hearing. Advisors may speak with their advisee at any time or request a brief recess for consultation through his or her advisee. Only those persons called by the Board are allowed to speak with the Board directly.
- 8) Conduct Board hearings are to be conducted according to established rules of procedure and decorum. The lead hearing officer is charged with guiding the process of the hearing. Fines of up to \$50 will be levied for "contempt" in the form of outbursts, improper language, or failure to cooperate in the questioning process. A hearing may be recessed or terminated for cause by the lead hearing officer in consultation with the Conduct board members.
- 9) All Conduct Board hearings are to be recorded for review as necessary by University officials. Recordings will be dated and stored for at least one year.
- 10) The Conduct Board hearing is guided by the following procedural outline. The specific agenda for a hearing will be determined by the lead hearing officer in consultation with the other board members dependent on the specific nature of each hearing.
  - a. A statement of purpose is read at the start of each hearing.
  - b. Copies of all relevant documentation are provided to students and Board members by the presenting officer. All written reports are University property and part of confidential student conduct records. All copies must be returned to the presenting officer at the end of each hearing. Copies may not leave the hearing room.
  - c. The presenting officer presents an outline of the case and relates the charges to the documentation.
  - d. The lead hearing officer asks if the student requires clarification related to the charges.
  - e. The option is given to the student to adjourn with his/her advisor. This recess may be a maximum of 30 minutes.
  - f. As the Board hearing continues, the student makes a statement of in violation or not in violation to each charge.

- g. If the student makes a statement of in violation, then the hearing moves directly to the sanctioning stage.
  - h. If the Board is left to determine whether or not the student is in violation or not in violation, a description of the events is presented by the student. It should be noted that the presentation must be well prepared and delivered in a clear, respectful and reasonable manner.
  - i. Witnesses are called individually and are questioned by Board members and the student.
  - j. After all information has been presented; the board deliberates to determine whether or not the student is in violation or not in violation. The student, his/her advisor and the presenting officer leave the room during the board's deliberation. If the deliberation takes an extended period of time, the lead hearing officer may recommend to the other Board members that a later time be set for the student to hear the Board's determination.
  - k. If the student is found to be not in violation, the Board hearing is ended and the student is dismissed.
  - l. If the Board finds the student in violation or the student admits that he/she is in violation, the hearing resumes in the presence of the presenting officer and the student. The finding of in violation is delivered to the student and there is an opportunity for the student to present any mitigating circumstances to the Board before it determines sanctioning.
  - m. Once mitigating circumstances have been presented the hearing moves to the sanctioning phase. The presenting officer provides a history of the conduct activity of the student and recommendations/considerations for sanctioning.
  - n. The presenting officer is not present when the Board determines sanctions.
  - o. Board decisions and sanctions to be imposed are recorded and signed by the lead hearing officer and the student. The student receives a copy of the Board's determinations at the completion of the hearing. A formal decision letter is sent to the student.
  - p. The Dean of Student Services supervises the enforcement of these sanctions directly or through appointed designates.
  - q. In order to protect confidentiality, entering pleas, delivering decisions/sanctions and hearing mitigating circumstances are done with one student at a time in cases involving more than one student.
- 11) The Board may require any of the items in the full spectrum of sanctions:
- a. Advising session
  - b. Redress (apology, either written and/or verbal)
  - c. Restitution, payment for damage
  - d. Fine. In situations when a fine is specified as a possible sanction, the adjudicating staff member uses discretion when determining the amount of the fine based on the circumstances of the case.
  - e. Educative project or essay
  - f. Community service (Board discretion as to hours assigned)
  - g. Official reprimand
  - h. Activity restriction
  - i. Facility restriction

- j. Behavioral contract
- k. Guest Restriction
- l. Temporary suspension from residence life
- m. Residence life relocation
- n. Privilege Restriction
- o. Counseling Services
- p. Removal from residence life
- q. Campus restriction
- r. Disciplinary probation. University probation is a formal notice to the student that the activity in question is unacceptable within the University community, and that if continued or if other inappropriate behavior follows, more severe action may be taken, including the possibility of suspension or expulsion. Official notice of probation will be provided to the student and the appropriate University personnel. Please refer to the *Student Employment Manual* and the *Student Organization Manual* for policies related to students on Disciplinary Probation.
- s. Disciplinary suspension. Suspension from the University involves the exclusion of the student from participation in any academic as well as other activities of the University for a specified period. Written notification of this action will be provided to the student and appropriate University personnel. Suspension from the University further involves the following: the action of suspension will be noted on the student's disciplinary record; the student will be withdrawn from all courses carried that semester according to the policy of his/her college or school; the student is restricted from being on University property unless engaged in official business approved in writing by the Dean of Student Services or his/her designee; the suspension may include any other disciplinary action as determined by the adjudicating agent. Reinstatement from suspension: When a student has concluded the suspension period and completed the conditions accompanying the suspension, he/she must submit a letter to the Dean of Student Services or his/her designee requesting reinstatement and provide evidence that he/she has satisfied the terms of the suspension.
- t. Disciplinary expulsion. Expulsion is the most serious University disciplinary action and involves the permanent exclusion of the student from the University. Expulsion involves the following: forfeiture of all rights and degrees not actually conferred at the time of the expulsion; notification of the expulsion provided to the student and appropriate University personnel; permanent notation of the expulsion on the student's disciplinary record and withdrawal from all courses according to the policies of the student's college or program. Any student expelled from the University is restricted from University property unless engaged in official business approved in writing by the Dean of Student Services or his/her designee.

### **Appeal Process**

A student may appeal the decision of the Conduct board in accordance with the Conditions and Procedures for Appeal as outlined in this *Student Handbook*. Conduct board hearing determinations are appealed to the Senior Vice President for Student Services.

## **Conditions and Procedures for the Appeal of Determinations and Sanctions at all Levels**

- 1) Reasons for Appeal:
  - a. At all levels of adjudication, a student may appeal a determination of being in violation if he/she considers there to have been a lack of fairness in the process. The Conduct process is characterized as fair, speedy, deliberate and non-prejudicial.
  - b. A student may appeal a determination of being in violation if new evidence is present which may alter the determination.
  - c. A student may appeal a determination if he/she believes the sanction(s) to be unduly severe.
- 2) Students must submit their appeals in writing. The written letter of appeal should explain the decision being appealed, and the grounds under which the appeal is being filed.
- 3) The student will be informed if the appeal will or will not be considered.
- 4) The appeal must be submitted within three working days following the receipt of the conduct board or review decision.
- 5) The student is responsible for picking up the decision letter within 24 hours after he/she has been informed of its availability.
- 6) Students are encouraged to consult with advisors (Lewis University, faculty, staff, or student) regarding the presentation of their case for appeal.
- 7) A request for an appeal is no guarantee that the appeal will be considered. Grounds for the appeal must be clearly outlined in the written request.
- 8) The decisions reached by appeal agents at all levels are final.

At the Conduct board level, the Senior Vice President for Student Services will examine the documentation; interview the presenting officer, the Dean of Student Services and/or possibly the involved student(s). The proceedings tape may be reviewed as determined by the Senior Vice President for Student Services. If the process has been followed and there is no new evidence, and the sanction is judged to be fair, the decision is upheld. This is the final stage in the appeal process. If the process is found lacking, new evidence is present and compelling, or the sanction is determined to be too severe, then the Senior Vice President for Student Services may do one of the following:

- 1) Grant an appeal hearing before the Senior Vice President for Student Services.
- 2) Remand the case to the original Conduct Board for further review.
- 3) Convene an Appeals Board with himself/herself as chair, and two to four additional members, none of whom may have served on the Conduct board which first heard the case.

The Senior Vice President for Student Services reserves the right to amend any Conduct Board decision at any point in the process.

## **Student Organization Review Process**

In the case that SDL is made aware of a violation of the Student Organization Manual and/or the Student Handbook, the matter will be referred to the Organization Review Process. The following is an outline of the steps in the review process:

- The organization, and its operations, will be suspended pending the outcome of the Organization Review Process.
- Student Development & Leadership will conduct interviews, inquiries, and gather information surrounding the allegations
- At the conclusion of the investigation, SDL will make a recommendation as to how to proceed.

Examples include:

- o Reinstating the organization
- o Refer the case for Review
- o Refer the case to the University Judicial Process

In the event that a case is determined to be sufficient to warrant an Organization Review, the situation may be handled at one of three levels:

- Student Organization Review
- Organization Administrative Review
- Organization Board Review

The level at which a case is handled is determined by SDL and approved by the Dean of Student Services.

### **Student Organization Review**

A Student Organization Review is called by SORC, and advised by SDL. The presiding officer is the SDL Graduate Assistant. A panel of SORC representatives will be selected prior to the hearing. When a case is sent to a Student Organization Review, the following steps will take place:

- A meeting will take place prior the review hearing where the complaint and information from the investigation will be shared with SORC supervisor and review panel.
  - At the time of the review hearing, the allegations against an organization will be read.
  - The organization may plea “in violation” or “not in violation.”
- The representatives of the organization will be allowed to speak and give information relevant to the incident that supports their position.
  - The SORC supervisor and the review panel will ask any questions they have of the organization
  - The SORC supervisor and the review panel will then privately discuss the case and decide if the organization is in violation of university policies, and what appropriate sanction should be imposed.
  - Sanctions may include:
 

o Activity Restriction	o Fine
o Advising Session	o Official Reprimand
o Community Service	o Restitution
o Educative Essay or Project	o Redress
o Facility Restriction	
  - If the Student Organization Review panel is unable to reach a decision, or determines that the case warrants further investigation, individual judicial action, or authority, the case can be referred back to SDL for t a different level of the disciplinary process.

## **Organization Administrative Review**

An Administrative Review is called by Student Development & Leadership. An Organization Administrative Review is presided over by a Student Development & Leadership staff member. Organization Administrative Review hearings are less formal than an Organization Board Review or Student Organization Review. In addition to the presiding staff member, at least one other university staff member must be present. When a case is handled in an Organization Administrative Review, the following will take place:

- The Organization Administrative Review date will be set by the presiding staff member
- At the review, the allegations against an organization will be read
- The organization may plea “in violation” or “not in violation.”
- The representatives of the organization will be allowed to speak and give information relevant to the incident that supports their position.
- The presiding and other staff member(s) will ask any questions they have of the organization
- The presiding and other staff member(s) will then privately discuss the case and organization is in violation of University policies, and what appropriate sanction should be imposed.
  - Sanctions may include:
    - Activity Restriction
    - Advising Session
    - Community Service
    - Educative Essay or Project
    - Facility Restriction
    - Fine
    - Official Reprimand
    - Restitution
    - Redress
- If an Organization Administrative Review is unable to reach a decision, or determines that the case warrants further investigation, individual judicial action, or sanctions outside the scope of its authority, the case can be referred for adjudication at a different level of the disciplinary process.

## **Organization Board Review**

An Organization Board Review is the highest and most formal level of the organization review process. This proceeding is reserved for cases that either involves allegations that if true could warrant dissolving the student organization or that cannot be resolved at another level in the process. The members of an Organization Review Board are chosen by SDL and the Dean of Student Services and must include at least one representative from the Office of Student Services and the Student Organization Resource Center. There can be no more than six persons on the Board. Members of the SDL staff that conduct the investigation may not serve as board members. An Organization Board review is presided over by the Dean of Student Services or designee with an appointed SDL staff member to present the case against the organization. The organization in question may have a university staff or faculty member of their choosing present at the board review to serve as an advisor. The organization must submit the name of the chosen advisor to the Dean of Student Services at least 48 hours prior to the board review. At an Organization Board Review, the following will take place:

- The Organization Board Review date will be set by the Dean of Student Services

- The Board Review members will be given instructions by the Dean of Student Services including:
  - A summary of the events leading to the review
  - A summary of the review process and agenda for the hearing
  - Expectations for conduct board members
  - Confidentiality expectations
  - Potential outcomes of the hearing
- Representatives from the organization in question will be admitted to the hearing
- The allegations against an organization will be read. This typically is in the form of an investigative summary
- The organization may plea “in violation” or “not in violation.”
- The representatives of the organization will be allowed to speak and give information relevant to the incident that supports their position.
- The Dean of Student Services and other Board members will ask any questions they have of the organization or members individually.
- The Dean of Student Services and other board members will then privately discuss the case and decide if the organization is in violation of University policies, and what appropriate sanction should be imposed.
- Sanctions may include:
 

○ Activity Restriction	○ Official Reprimand
○ Advising Session	○ Probation
○ Change or Addition of an Advisor	○ Removal of Formal Recognition Status
○ Community Service	○ Restitution
○ Educative Essay or Project	○ Redress
○ Facility Restriction	○ Suspension
○ Fine	

### **Notice of Sanctioning**

An organization that is found in violation of university policy by any level of the Organization Review Process will be notified in writing of the sanctions imposed. This notification shall be made by the person presiding over the review or their designee.

### **Appeals**

If an organization is found in violation of university policy by any level of the Organization Review Process, that organization has the right to appeal the decision. All appeals must be submitted in writing within 10 business days of the sanctioning letter’s date. The level of the review will determine the appeal agent.

#### Review Level

#### Appeal Agent

Student Organization Review

Assistant Dean of Student Affairs

Organization Administrative Review

Dean of Student Services

**Rights of Student Organizations & Individuals**

The Organization Review Process is not a criminal proceeding and a review is not a court of law. As such, student organization rights differ considerably from an individual student. Depending on the nature of the alleged violations, information shared with the organization and its members will be at the discretion of the presiding authority of the review. Since student organizations are not persons, and organization reviews do not sanction individuals, rights afforded to individual students by the *Student Handbook* do not apply to the organization. Based on the findings of the review, individual students may be referred to the student judicial process.

**Organizations with Off-Campus Affiliations**

Lewis University's *Student Organization Manual* and the *Student Handbook* take precedence over the policies or practices of any off-campus organization. While the University may cooperate with such organizations, Lewis University and its officials are not bound or compelled to honor any policy, practice or request made on behalf of any external organization. If the presiding authority wishes, off-campus affiliates may be involved in the review process. Such involvement is solely at the discretion of the presiding authority with the approval of the Dean of Student Services.

# AOD Comprehensive Program Inventory

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## Individual Based Programs

- **AlcoholEdu & AlcoholEdu Ongoing Education**
  - Required for student athletes, highly encouraged for first year students
  - Web-based learning module
  - Educates students on alcohol and other drug-related risks, bystander intervention, and community standards. Students learn to identify effects of alcohol and other drugs, learn to recognize and intervene in an overdose, understand the role of alcohol in consent, and learn ways to support non-drinkers in our community
- **AlcoholEdu for Sanctions**
  - Used in conduct outcomes
  - Web-based learning module
  - Provides the knowledge, skills, and planning strategies for students to evaluate their current choices regarding alcohol, to examine the negative outcomes of high-risk drinking, understand laws and policies related to alcohol use, and learn bystander intervention strategies
- **Brief Assessment and Screening for College Students (BASICS)**
  - Offered by **Student Wellness Center**, for policy violations or self-referrals
  - Two, 50-minute sessions scheduled two weeks apart
  - Preventive intervention designed to help college students make better decisions about alcohol use by 1) reducing alcohol consumption and its adverse consequences, 2) promote healthier choices among young adults, and 3) provide important information and coping skills for reducing risk
- **Cannabis Screening and Interventions for College Students (CASICS)**
  - Offered by **Student Wellness Center**, for policy violations or self-referrals
  - Two, 50-minute sessions scheduled two weeks apart
  - Preventive intervention utilizing a risk-reduction approach to help students examine their own behavior in a non-judgment environment. Helps students identify substance use strategies that work for them, and help build skills to utilize in real-life applications
- **eCHECKUP TO GO / eTOKE**
  - Offered by Student Wellness Center-- used during BASICS and CASICS sessions, or student can access individually online
  - Online survey
  - Provides personalized feedback about an individual's alcohol/marijuana use patterns, and encourages students to reflect on their past and current usage,

specific health and personal consequences, unique personal and family risk factors, and Lewis University norms and national college use patterns

- Employee Assistance Program (EAP)—**Perspectives, Ltd.**
  - Hosted by **Human Resources**
  - Provides convenient and confidential online access to a library of articles, self-guided assessment, links, and information about emotional well-being, family and care giving, health and wellness, and more. EAP counselors help with many types of issues including relationships, emotional needs, substance abuse, work stress, and job performance.
- **Assessment and Care Team (ACT)**
  - Lead by the Dean of Students office
  - Multidisciplinary team of staff, faculty and administrative leaders that work to respond and support the health, safety, and wellbeing of students and university community
- **Screenings—Mindwise, CCAPS, CUIDT-R, AUDIT**
  - Offered by the Student Wellness Center
  - CCAPS
  - Cannabis Use Disorder Identification Test (CUIDT-R): brief cannabis misuse screening tool to identify cannabis use problems
  - Alcohol Use Disorders Identification Test (AUDIT): screening tool to assess alcohol consumption, drinking behaviors, and alcohol-related problems

## **Group Based Programs**

- Beyond The Locker Room presentations for Student Athletes
- Bystander Intervention for First-year students
  - Presentation given through Cornerstone course, developed in partnership with Guardian Angel Community Services (GACS)
- Residence Life programs

## **Universal Based Programs**

- **The Well**
  - Hosted by Recreation & Wellness Center
  - Website that contains a variety of resources about the eight dimensions of wellness (physical, emotional, social, environmental, financial, occupational, spiritual, and intellectual)
- **Wellness on Wednesdays (WOW)**
  - Hosted by Recreation & Wellness Center

- During these free programs Lewis students, faculty, and staff spend their lunch hour learning about the latest health trends from health and exercise experts.
- Hidden in Plain Sight
  - Hosted by HERO, but comes to campus about once a year
  - Trailer set up as a teenager’s bedroom to allow adults to spot dangers of alcohol and drug use that are “hidden in plain sight”
  - Narcan training is also offered during this event
- LU Cares
  - LU cares is a one-stop-shop for everything related to sexual misconduct at Lewis University. It encompasses information on Title IX, sexual assault, consent, sexual harassment, stalking, and healthy relationships. It includes information for how to make a report, how to support a friend, and how to find resources on and off campus. Staff and faculty can also use the website to gain more knowledge around the topics of reporting a known incident, and their role as a responsible employee.

## Environmental Based Programs

- Alcohol-free residence halls for First-year students
- Alcohol-free student events

## Program Metrics

Program	# 2021-22	# 2022-23
AlcoholEdu- first year students	67	304
AlcoholEdu- athletics	477 / 493 completed	405/492 completed
AlcoholEdu for Sanctions	0	5
BASICS	2	3
CASICS	2	2
Employee Assistance Program referrals	0	0
AUDIT	358	271
CUDIT-R	295	271
Beyond the Locker Room	282 from 14 teams	425 from 21 teams
Bystander Intervention	580	755

Counseling Services: 3 student self-referred to counseling for AOD in 21-22 & 22-23

## Program Outcomes

**To what degree do you feel that AlcoholEdu has prepared you to prevent an alcohol overdose? –first year students**

	# 2021-22	% 2021-22
Not at all	2	0.6%
A Little Bit	7	2.0%
Somewhat	30	8.6%
Very Much	89	25.6%
Completely	219	63.1%

\* Data for 2022-23 had less than 20 respondents, so was not shared by Vector to maintain anonymity

**To what degree do you feel that AlcoholEdu has prepared you support a decision made by someone else not to drink or use other drugs? –first year students**

	# 2021-22	% 2021-22
Not at all	1	0.3%
A Little Bit	5	1.4%
Somewhat	27	7.7%
Very Much	59	16.9%
Completely	257	73.6%

\* Data for 2022-23 had less than 20 respondents, so was not shared by Vector to maintain anonymity

**To what degree do you feel that AlcoholEdu Ongoing has prepared you to recognize an alcohol overdose? –student athletes**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Not at all	6	2.3%	6	3.6%
A Little Bit	3	1.2%	2	1.2%
Somewhat	46	17.8%	36	21.4%
Very Much	47	18.1%	29	17.3%
Completely	157	60.6%	95	56.5%
No response	n/a		30	

**As a result of talking AlcoholEdu Ongoing, how much do you think your drinking-related behavior will change? –student athletes**

	# 2021-22	% 2021-22	# 2022-23	% 2022-23
Not at all	75	30.1%	47	29%
A Little Bit	36	14.5%	31	19.1%
Somewhat	82	32.9%	54	33.3%

Very Much	24	9.6%	16	9.9%
Completely	32	12.9%	14	8.6%
No response	n/a		36	

### Beyond the Locker Room Feedback—Spring 2022

Team	# of Participants	Facilitator	Group Discussion	Info	Refer %	Self %	Relevance %
Men's T&F	28	4.65	4.53	4.61	89.30%	78.60%	92.90%
Men's Lacrosse	41	4.61	4.28	4.36	90.20%	90.20%	97.60%
Men's Soccer	28	4.75	4.53	4.71	100%	100%	96.40%
Men's Tennis	6	4.33	4.16	3.83	100%	100%	100%
Men's Volleyball	17	4.76	4.58	4.41	100%	82.40%	94.10%
Men's Baseball	36	4.52	4.3	4.47	94.40%	86.10%	100%
Women's Basketball	15	4.86	4.4	4.93	100%	93.30%	100%
Women's T & F	28	4.92	4.35	4.66	100%	96.40%	100%
Women's Lacrosse	23	4.82	4.69	4.73	100%	100%	100%
Women's Soccer	20	4.8	4.6	4.7	95%	85%	95%
Women's Tennis	11	4.9	4.63	4.81	100%	100%	100%
Women's Bowling	12	4.58	4.16	4.5	83.30%	91.70%	83.30%
Women's Softball	17	4.94	4.94	4.92	88.20%	100%	100%
<b>Total</b>	<b>282</b>	<b>4.73</b>	<b>4.47</b>	<b>4.60</b>	<b>95.00%</b>	<b>91.50%</b>	<b>97.20%</b>

Men's Teams	156				94%	88.50%	96.80%
Women's Teams	126				96%	95.20%	97.60%

## Beyond the Locker Room Athlete Presentations 2022



97.2% of student athletes stated that the information shared was relevant to themselves and to their team

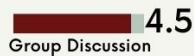
### WHAT THEY LIKED

1. **The 5 D's/ How to Intervene**
2. **The statistics**
3. **The Discussion/ reflection**
4. **The Facilitators**

### FUTURE SESSIONS

1. **Mental health**
  - a. **Anxiety, sleep, stress relief**
2. **Other substances**
3. **Team culture**
4. **Bullying**
5. **Dealing with injuries/COVID**

"I really liked how it brought the team together, I feel more connected believing they would intervene if I needed help and they've had similar experiences to me."



"I enjoyed being able to hear from my teammates and what they like about the team culture, and what we can do more of. I also liked how we had team discussions on alcohol and how it plays into the team"



Would refer a student to receive Counseling Services if needed

"Loved the informational presentation, facilitators were awesome and had great examples"



Would seek Counseling services if needed

"I liked that the presenters told us how to stay safe and be responsible rather than not to drink or do anything at all. Allowing for open conversation"

# Recommendations & Goals from 2018 Biennial Review

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## Recommendations from 2018 Biennial Review

- 1) Secure funding for AOD and prevention programming**  
Explore opportunities for campus-based funding and grant funding. Determine annual budgetary needs.
- 2) Consistent AOD policy enforcement**  
Recommend that AOD constituents (Health & Counseling Services, Office of the Dean, Campus Police, Judicial Officers, Residence Life, and Athletics) review policy and procedure for AOD violations.
- 3) Increase awareness of existing AOD policy among students, faculty, staff**  
Develop policy and procedure for the annual distribution of the AOD policy. The annual notification is a requirement of the Drug Free Schools and Campuses mandate.
- 4) Solidify policy and procedure for implementation of AOD and sexual assault online education for all incoming students**  
Campus SaVE Act mandates providing education to all students regarding sexual assault, dating violence, domestic violence, and stalking.
- 5) Consideration of additional AOD harm reduction strategies**  
For example, reviewing the sale of alcohol on campus, staffed residence halls, eliminating alcohol from campus events where students are present.

## Goals from 2018 Biennial Review

- 1) Increase awareness of AOD policy among students, faculty, and staff.**
  - a) Collaboratively establish a medium for delivering the annual AOD policy notification for all students, staff, and faculty.
  - b) Incorporate policy information in AOD programming delivered to students.
  - c) Involve LUPD and other AOD constituents in IHEC affiliate meetings and other non-police training.
  - d) Training for LUPD and other AOD constituents on new and current alcohol policies.

- e) Training for LUPD on AOD concepts and importance of documents including when not making arrests.

**2) Expansion of programming around AOD and overlapping issues**

- a) Increase programming in residence halls, #LNLU.
- b) Involve students and facilitate their buy-in.
- c) Implement monthly AOD programming and activities (ie. drink pours, expectancy challenge).
- d) Explore and research prevention programming utilized by other local universities.

**3) Enhance and expand AOD prevention programming with Athletics Department**

- a) Seek to involve student-athletes as peer educators. As student's viewed as leaders on the LU campus, athletes would be advantageous collaborators in connecting with students about wellness issues.

**4) Reinforce cohesion among partnerships and collaborations with Student Services departments such as LUPD, MSS, SDL, Residence Life, Athletics, Ministry, & community partners**

- a) Collaboratively plan events capitalizing on the strengths of each department.
- b) Increase late night programming in social/community spaces to promote alcohol free activities, #LNLU.
- c) Establish connections with various partners in local communities.
- d) Prevention partnerships with police officers to provide AOD programming in residence halls.
- e) Collaboratively promote events and programs through the use of social media and other outlets.

**5) Increase awareness and training of bystander intervention (Step Up! & Kognito) for staff and faculty**

- a) Increase frequency and quantity of Bystander Intervention and Kognito training specifically for faculty and staff.
- b) Develop collaborative efforts between department leaders to encourage training among their staff and faculty.
- c) Attend monthly faculty meeting to provide information regarding Kognito and Step Up!

# Goal & Objective Achievement

Goal/Objective	Progress
Secure funding for AOD and prevention programming	<ul style="list-style-type: none"> <li>AOD prevention programming currently has no funding.</li> <li>There is 0.50 FTE dedicated to AOD prevention &amp; outreach at Lewis</li> </ul>
Consistent AOD policy enforcement	<ul style="list-style-type: none"> <li>There is minimal data from this era to reliably say that enforcement has been consistent</li> <li>Turnover for the student conduct position on campus has also decreased the reliability in our data</li> </ul>
Increase awareness of existing AOD policy among students, faculty, staff	<ul style="list-style-type: none"> <li>Annual AOD training required for student athletes, recommended for first-year students</li> <li>Currently, faculty &amp; staff do not receive any AOD training</li> </ul>
Solidify policy and procedure for implementation of AOD and sexual assault online education for all incoming students	<ul style="list-style-type: none"> <li>Sexual Assault Prevention online education required for first-year students, and for student athletes</li> <li>AOD online education is strongly encouraged, but not required</li> </ul>
Consideration of additional AOD harm reduction strategies	<ul style="list-style-type: none"> <li>Currently, no alcohol is sold on campus</li> <li>Alcohol is not permitted at an event hosted by student organizations</li> <li>Sodexo contracts with X to provide trained bartenders at events where alcohol is served</li> </ul>
Expansion of programming around AOD and overlapping issues	<ul style="list-style-type: none"> <li>There has been minimal work on this goal, as there was no prevention &amp; outreach for AOD until October of 2023</li> </ul>
Enhance and expand AOD prevention programming with Athletics Department	<ul style="list-style-type: none"> <li>Athletes complete an online module (Vector), and attend an in-person training (Beyond the Locker Room) every fall</li> </ul>
Reinforce cohesion among partnerships and collaborations with Student Services departments such as LUPD, MSS, SDL, Residence Life, Athletics, Ministry, & community partners	<ul style="list-style-type: none"> <li>Events &amp; programs are discussed at our Student Life Planning Committee</li> <li>Student Life events are all posted on one social media account--@lifeatlewis</li> <li>There are few late-night programs on campus, however this due to the decrease in student interest during the pandemic</li> </ul>
Increase awareness and training of bystander intervention for staff and faculty	<ul style="list-style-type: none"> <li>Currently, faculty &amp; staff do not receive any bystander intervention training</li> </ul>

# SWOT Analysis

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## Strengths/Achievements

- Strong inter-departmental collaboration and support for AOD efforts
- Confidential, free screenings available for all students
- Lewis takes a risk-reduction and education approach to AOD work
- AOD-related transports have remained low

## Weaknesses

- Aviation- need to ensure we are following all FAA requirements and include education for students
- Lack of education and outreach on campus
- Lack of capacity on campus for AOD efforts
- Low completion of Vector questions, makes it difficult to utilize institutional data

## Opportunities/Areas for Growth

- Education for administration and leadership
  - Include policy clarifications—intoxication on campus/in class
  - Held recognize signs of intoxication and misuse
  - How to connect students to resources on/off campus
- Increased communication between student services and faculty
- Connections with Lockport/Joliet distributors and programs
- Increased tracking of clinical interventions
- Creating infrastructure for testing aviation students
- Education focused on e-cigarettes and chewing tobacco on campus
  - Clarify the policy around indoor use
- Connections with programs and facilities for referrals
- Require AlcoholEdu for first year students—not optional/recommended
- Increased compliance efforts for annual policy notification process
  - Ensure students, faculty, and staff who enter after distribution still get information
  - Ensure students, faculty, and staff who are off-campus, abroad, and online are included in notification
  - Issue notification in a way that can be tracked for compliance

## Threats

- Alcohol at faculty/staff events—can be unwelcoming for faculty/staff of different faiths, or who are in recovery
- Potential for a bar opening on campus

# Recommendations for Next Biennium

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- 1) Policy Revisions to ensure compliance with EDGAR Part 86 and best practices**  
Ensure policies include a description of any drug or alcohol counseling, treatment or rehabilitation or re-entry programs that are available to employees or students.
- 2) Secure funding for AOD and prevention programming**  
Explore opportunities for campus-based funding and grant funding. Determine annual budgetary needs.
- 3) Consistent AOD policy enforcement**  
Recommend that AOD constituents (Student Wellness Center, Office of the Dean, Campus Police, Judicial Officers, Residence Life, and Athletics) review policy and procedure for AOD violations.
- 4) Have a tiered approach for AOD conduct that is based in identifying risk factors**  
Have clear guidelines for what kind of risk factors we are looking for, and how to classify each conduct case. This ensures that each case is receiving the appropriate level of intervention.
- 5) Increase awareness of existing AOD policy among students, faculty, staff**  
Develop policy and procedure for the annual distribution of the AOD policy. The annual notification is a requirement of the Drug Free Schools and Campuses mandate.
- 6) Solidify policy and procedure for implementation of AOD and sexual assault online education for all incoming students**  
Campus SaVE Act, and IL state law, mandates providing annual education to all students regarding sexual assault, dating violence, domestic violence, and stalking.
- 7) Consideration of additional AOD harm reduction strategies**  
For example, reviewing the sale of alcohol on campus, staffed residence halls, eliminating alcohol from campus events where students are present.
- 8) Increase data sharing and data analysis around AOD prevention & intervention**  
Work to ensure we are collecting and analyzing AOD prevention/outreach, and policy enforcement outside of the Biennial Review.

# Goals and Objectives for Next Biennium

Goal/Objective	Timeframe	Responsible Parties
Policy Revisions to ensure compliance with EDGAR Part 86 and best practices	By Fall 2024	Norah Collins-Pienta—Dean of Students Kayla DeCant—Prevention & Outreach Tom Burgess—Residence Life David Cronan—Human Resources
Secure funding for AOD and prevention programming	Fall 2024	Norah Collins-Pienta—Dean of Students Kayla DeCant—Prevention & Outreach
Consistent AOD policy enforcement—annual review	Spring 2025	Jill Whitaker—Student Wellness Center Norah Collins-Pienta—Dean of Students Mike Zegadlo- LUPD Tom Burgess—Residence Life
Have a tiered approach for AOD conduct that is based in identifying risk factors	Summer 2024	Jill Whitaker—Student Wellness Center Norah Collins-Pienta—Dean of Students Kayla DeCant—Prevention & Outreach Mike Zegadlo- LUPD Tom Burgess—Residence Life
Increase awareness of existing AOD policy among students, faculty, staff	Summer 2024	Norah Collins-Pienta—Dean of Students Kayla DeCant—Prevention & Outreach
Solidify policy and procedure for implementation of AOD and sexual assault online education for all incoming students	By Fall 2025	Norah Collins-Pienta—Dean of Students Kayla DeCant—Prevention & Outreach
Consideration of additional AOD harm reduction strategies	Ongoing	Jill Whitaker—Student Wellness Center Norah Collins-Pienta—Dean of Students Kayla DeCant—Prevention & Outreach Mike Zegadlo- LUPD Tom Burgess—Residence Life
Increase data sharing and data analysis around AOD prevention & intervention	Ongoing	Jill Whitaker—Student Wellness Center Norah Collins-Pienta—Dean of Students Kayla DeCant—Prevention & Outreach Mike Zegadlo- LUPD Tom Burgess—Residence Life Ester Kraft—SEMSE Nursing Department Aviation Athletics

# Conclusion

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## Summary of Findings

- 61.5% strongly disagree or disagree that Lewis' academic climate is negatively impacted by alcohol
- Students use of alcohol and marijuana at Lewis is consistent with national averages. However, Lewis-specific data could be skewed due to the low averages of completion.
- Lewis's students are using substances outside of alcohol and marijuana, such as tobacco, barbiturates, and non-prescribed stimulants, which is important to know for education and outreach

## General Strengths and Weaknesses

### Strengths

- Strong inter-departmental collaboration and support for AOD efforts
- Confidential, free screenings available for all students
- Lewis takes a risk-reduction and education approach to AOD work
- AOD-related transports have remained low

### Weaknesses

- Aviation- need to ensure we are following all FAA requirements and include education for students
- Lack of education and outreach on campus
- Lack of capacity on campus for AOD efforts
- Low completion of Vector questions, makes it difficult to utilize institutional data

## Summary of Recommendations, Goals, and Objectives

- 1) Secure funding for AOD and prevention programming
- 2) Consistent AOD policy enforcement
- 3) Have a tiered approach for AOD conduct that is based in identifying risk factors
- 4) Increase awareness of existing AOD policy among students, faculty, staff
- 5) Solidify policy and procedure for implementation of AOD and sexual assault online education for all incoming students
- 6) Consideration of additional AOD harm reduction strategies
- 7) Increase data sharing and data analysis around AOD prevention & intervention

# Appendices

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**Appendix A: Part 86 Compliance Checklist**

**Appendix B: Supplemental Checklist: Drug-Free Schools and Campuses Regulations (EDGAR Part 86)**

**Appendix C: CORE Executive Summary Report, 2013-2015 National Data**

**Appendix D: ACHA National College Health Assessment Undergraduate Executive Summary, Spring 2023**

## Appendix 2

### PART 86 COMPLIANCE CHECKLIST

#### Part 86, Drug-Free Schools and Campuses Regulations Compliance Checklist

1. Does the institution maintain a copy of its drug prevention program? Yes  No   
If yes, where is it located? \_\_\_\_\_

virtual/electronic copies on shared drive

2. Does the institution provide *annually* to *each employee* and *each student*, who is taking one or more classes for any type of academic credit except for continuing education units, written materials that adequately describe and contain the following?

- a. Standards of conduct that prohibit unlawful possession, use, or distribution of illicit drugs and alcohol on its property or as a part of its activities

Students: Yes  No

Staff and Faculty: Yes  No

- b. A description of the health risks associated with the use of illicit drugs and the abuse of alcohol

Students: Yes  No

Staff and Faculty: Yes  No

- c. A description of applicable legal sanctions under local, state, or federal law

Students: Yes  No

Staff and Faculty: Yes  No

- d. A description of applicable counseling, treatment, or rehabilitation or re-entry programs

Students: Yes  No

Staff and Faculty: Yes  No

- e. A clear statement of the disciplinary sanctions the institution will impose on students and employees, and a description of those sanctions

Students: Yes  No

Staff and Faculty: Yes  No

3. Are the above materials distributed to students in one of the following ways?

- a. Mailed to each student (separately or included in another mailing)

Yes  No

- b. Through campus post offices boxes

Yes  No

- c. Class schedules which are mailed to each student

Yes  No

- d. During freshman orientation

Yes  No

- e. During new student orientation

Yes  No

f. In another manner (describe) through online education module, on website

4. Does the means of distribution provide reasonable assurance that each student receives the materials annually?  
Yes  No

5. Does the institution's distribution plan make provisions for providing these materials to students who enroll at some date after the initial distribution? Yes  No

6. Are the above materials distributed to staff and faculty in one of the following ways?

a. Mailed

Staff: Yes  No  Faculty: Yes  No

b. Through campus post office boxes

Staff: Yes  No  Faculty: Yes  No

c. During new employee orientation

Staff: Yes  No  Faculty: Yes  No

d. In another manner (describe) in HR policy manual, on website through my Lewis

7. Does the means of distribution provide reasonable assurance that each staff and faculty member receives the materials annually?

Staff: Yes  No  Faculty: Yes  No

8. Does the institution's distribution plan make provisions for providing these materials to staff and faculty who are hired after the initial distribution?

Staff: Yes  No  Faculty: Yes  No

9. In what ways does the institution conduct biennial reviews of its drug prevention program to determine effectiveness, implement necessary changes, and ensure that disciplinary sanctions are enforced?

a. Conduct student alcohol and drug use survey

Yes  No

b. Conduct opinion survey of its students, staff, and faculty

Students: Yes  No  Staff and Faculty: Yes  No

c. Evaluate comments obtained from a suggestion box

Students: Yes  No  Staff and Faculty: Yes  No

d. Conduct focus groups

Students: Yes  No  Staff and Faculty: Yes  No

e. Conduct intercept interviews

Students: Yes  No  Staff and Faculty: Yes  No

f. Assess effectiveness of documented mandatory drug treatment referrals for students and employees  
Students: Yes  No  Staff and Faculty: Yes  No

g. Assess effectiveness of documented cases of disciplinary sanctions imposed on students and employees  
Students: Yes  No  Staff and Faculty: Yes  No

h. Other (please list)

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10. Who is responsible for conducting these biennial reviews?

Project Director for Prevention + Outreach

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11. If requested, has the institution made available, to the Secretary and the public, a copy of each requested item in the drug prevention program and the results of the biennial review? Yes  No  UNSURE

12. Where is the biennial review documentation located?

Name \_\_\_\_\_

Title DEAN of students office

Department \_\_\_\_\_

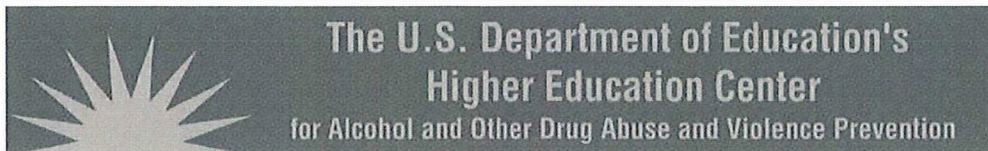
Phone \_\_\_\_\_ E-mail dean of students@lewisu.edu

13. Comments

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## Appendix 6



### SUPPLEMENTAL CHECKLIST<sup>1</sup> Drug-Free Schools and Campuses Regulations (EDGAR Part 86)

The Drug-Free Schools and Campuses Regulations require an institution of higher education (IHE) to certify it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees. **Failure to comply with the Drug-Free Schools and Campuses Regulations may forfeit an institution's eligibility for federal funding.**

EDGAR Part 86 establishes a set of minimum requirements for college substance use programs. Colleges and universities may have additional obligations under state law, including recent court decisions in lawsuits brought against IHEs by college and university students and employees. Consultation with an attorney knowledgeable in this area is highly recommended.

#### A. Description of the AOD Program Elements

##### 1. Alcohol-Free Options

How does your campus provide an environment with alcohol-free options? Please check all that apply:

- Alcohol-free events and activities are created and promoted.
- Student service learning or volunteer opportunities are created, publicized, and promoted.
- Community service work is required as part of the academic curriculum.
- The campus offers a student center, recreation center, coffeehouse, or other alcohol-free settings.
- The student center, fitness center, or other alcohol-free settings have expanded hours.
- Nonalcoholic beverages are promoted at events.
- Does not promote alcohol-free options.

Other: Alcohol-free housing  
All student events are alcohol-free

Examples of campuses that offer alcohol-free options can be found at [www.higheredcenter.org/ideasamplers](http://www.higheredcenter.org/ideasamplers): Pennsylvania State University, Ohio State University, and University of North Carolina.

<sup>1</sup> This checklist can be found online at [www.higheredcenter.org/dfsca/supp-checklist.html](http://www.higheredcenter.org/dfsca/supp-checklist.html).

## 2. Normative Environment

How does your campus create a social, academic, and residential environment that supports health-promoting norms? Please check all that apply:

- College admissions procedures promote a healthy environment.
- The academic schedule offers core classes on Thursdays, Fridays, and Saturdays.
- Exams/projects increasingly require class attendance and academic responsibility.
- Substance-free residence options are available.
- The campus encourages an increase in academic standards.
- Faculty and staff are educated about behavioral indicators, student norms, and cultural attitudes related to high-risk or illegal alcohol use.
- Faculty and staff are educated about behavioral indicators, student norms, and cultural attitudes related to illicit drug use.
- Faculty are encouraged to engage in a higher level of contact with students.
- Students are educated about misperceptions of drinking norms.
- Student leadership (e.g., orientation leaders, resident assistants, fraternity and sorority members, athletes, student organizations) promotes positive, healthy norms.
- Students have opportunities to advise and mentor peers.
- Pro-health messages are publicized through campus and community media channels.
- Does not promote a normative environment.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examples of campuses that promote a normative environment can be found at [www.higheredcenter.org/ideasamplers](http://www.higheredcenter.org/ideasamplers): Santa Clara University, Northern Illinois University, and University of Arizona.

## 3. Alcohol Availability

How does your AOD prevention program limit alcohol availability? Please check all that apply:

- Alcohol is banned or restricted on campus.
- Alcohol use is prohibited in public places.
- Delivery or use of kegs or other common containers is prohibited on campus.
- Alcohol servers are required to be registered and trained.
- Server training programs are mandatory.
- Guidelines for off-campus parties are disseminated.
- The number and concentration of alcohol outlets near campus are regulated.
- The costs of beer and liquor licenses are raised.
- The days or hours of alcohol sales are limited.

- The container size of alcoholic beverages is reduced.
  - Alcohol is regulated by quantity per sale.
  - Keg registration is required.
  - State alcohol taxes are increased.
  - Does not limit alcohol availability.
  - Other: Alcohol is not sold on campus, outside specific events
- 
- 
- 

Examples of campuses that limit alcohol availability can be found at [www.higheredcenter.org/ideasamplers](http://www.higheredcenter.org/ideasamplers): Lehigh University, Michigan State University, and University of Colorado.

#### 4. Marketing and Promotion of Alcohol

How does your AOD prevention program limit marketing and promotion of alcohol on and off campus? Please check all that apply:

- Alcohol advertising on campus is banned or limited.
  - Alcohol industry sponsorship for on-campus events is banned or limited.
  - Content of party or event announcement is limited.
  - Alcohol advertising in the vicinity of campus is banned or limited.
  - Alcohol promotions with special appeal to underage drinkers is banned or limited.
  - Alcohol promotions that show drinking in high-risk contexts is banned or limited.
  - Pro-health messages that counterbalance alcohol advertising are required.
  - Cooperative agreements are endorsed to institute a minimum price for alcoholic drinks.
  - Cooperative agreements are endorsed to limit special drink promotions.
  - "Happy hours" is eliminated from bars in the area.
  - The sale of shot glasses, beer mugs, and wine glasses at campus bookstores is banned.
  - Does not restrict marketing and promotion of alcohol.
  - Other: \_\_\_\_\_
- 
- 
- 

Examples of campuses that limit marketing and promotion of alcohol can be found at [www.higheredcenter.org/ideasamplers](http://www.higheredcenter.org/ideasamplers): Baylor University, University of Minnesota, and University at Albany, State University of New York.

**5. Policy Development and Enforcement**

How does your AOD prevention program develop and enforce AOD policies on and off campus? Please check all that apply:

- On-campus functions must be registered.
- ID checks at on-campus functions are enforced.
- Undercover operations are used at campus pubs and on-campus functions.
- Patrols observe on-campus parties.
- Patrols observe off-campus parties.
- Disciplinary sanctions for violation of campus AOD policies are increased.
- Criminal prosecution of students for alcohol-related offenses is increased.
- Driver's licensing procedures and formats are changed.
- Driver's license penalties for minors violating alcohol laws are enforced.
- Sellers/servers are educated about potential legal liability.
- ID checks at off-campus bars and liquor stores are enforced.
- Penalties for sale of liquor to minors are enforced.
- Laws against buying alcohol for minors are enforced.
- Penalties for possessing fake IDs are enforced.
- Undercover operations are used at retail alcohol outlets.
- DUI laws are enforced.
- Roadblocks are implemented.
- Open house assemblies are restricted.
- Dram shop laws that apply legal action for serving intoxicated drinkers or minors are established.
- Does not develop or enforce AOD policies.

Other: Alcohol only distributed through  
Bassett certified socexo dining staff

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Examples of campuses that increased enforcement of policies and laws can be found at [www.higheredcenter.org/](http://www.higheredcenter.org/) idea samplers: Boston College, University of Oregon, and West Texas A&M University.

**B. A Statement of AOD Program Goals and a Discussion of Goal Achievement**

Please state your AOD program goals:

See Biennial report  
pg. 67

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## Multiple Selection

SIUC/Core Institute  
374 E. Grand Avenue  
(618) 453-4420  
Carbondale, IL 62901

Consortium Number =  
Institution Number =  
Number of Surveys = 90119

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## Multiple Selection: 2013 - 2015 National Data

### CORE ALCOHOL AND DRUG SURVEY LONG FORM - FORM 194

#### EXECUTIVE SUMMARY

The Core Alcohol and Drug Survey was developed to measure alcohol and other drug usage, attitudes, and perceptions among college students at two and four-year institutions. Development of this survey was funded by the U.S. Department of Education. The survey includes several types of items about drugs and alcohol. One type deals with the students' attitudes, perceptions, and opinions about alcohol and other drugs, and the other deals with the students' own use and consequences of use. There are also several items on students' demographic and background characteristics as well as perception of campus climate issues and policy.

#### Key Findings from students at Multiple Selection

Following are some key findings on the use of alcohol:

- 81.5% of the students consumed alcohol in the past year ("annual prevalence").
- 68.7% of the students consumed alcohol in the past 30 days ("30-day prevalence").
- 60.5% of underage students (younger than 21) consumed alcohol in the previous 30 days.
- 43.2% of students reported binge drinking in the previous two weeks. A binge is defined as consuming 5 or more drinks in one sitting.

Following are some key findings on the use of illegal drugs:

- 33.9% of the students have used marijuana in the past year ("annual prevalence").
- 19.8% of the students are current marijuana users ("30-day prevalence").
- 12.3% of the students have used an illegal drug other than marijuana in the past year ("annual prevalence").
- 6.3% of the students are current users of illegal drugs other than marijuana ("30-day prevalence").

The most frequently reported illegal drugs used in the past 30 days were:

- 19.8% Marijuana (pot, hash, hash oil)
- 3.0% Amphetamines (diet pills, speed)
- 2.0% Cocaine (crack, rock, freebase)

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Following are some key findings on the consequences of alcohol and drug use:

31.0% reported some form of public misconduct (such as trouble with police, fighting/argument, DWI/DUI, vandalism) at least once during the past year as a result of drinking or drug use.

21.7% reported experiencing some kind of serious personal problems (such as suicidality, being hurt or injured, trying unsuccessfully to stop using, sexual assault) at least once during the past year as a result of drinking or drug use.

Following are some key findings on opinions about the campus environment:

91.4% of students said the campus has alcohol and drug policies;  
8.0% said they "don't know"; and  
0.6% said there wasn't a policy.

52.4% of students said the campus has an alcohol and drug prevention program;  
43.9% said they "don't know"; and  
3.7% said there wasn't a program.

76.5% of students said the campus is concerned about the prevention of drug and alcohol use;  
13.6% said they "don't know"; and  
9.9% said the campus is not concerned.

With regard to students' perceptions of other students' use:

87.7% of students believe the average student on campus uses alcohol once a week or more.  
60.2% of students believe the average student on this campus uses some form of illegal drug at least once a week.

30.6% of students indicated they would prefer not to have alcohol available at parties they attend.

80.3% of students indicated they would prefer not to have drugs available at parties they attend.

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The following percentages of survey respondents said they saw drinking as a central part of the social life of the following groups:

- 81.6 % of the respondents said they saw drinking as central in the social life of male students.
- 73.0 % of the respondents said they saw drinking as central in the social life of female students.
- 18.1 % of the respondents said they saw drinking as central in the social life of faculty/staff.
- 43.2 % of the respondents said they saw drinking as central in the social life of alumni.
- 62.9 % of the respondents said they saw drinking as central in the social life of athletes.
- 76.1 % of the respondents said they saw drinking as central in the social life of fraternities.
- 69.9 % of the respondents said they saw drinking as central in the social life of sororities.
- 49.9 % of the students said they believe the social atmosphere on campus promotes alcohol use.
- 22.4 % of the students said they believe the social atmosphere on campus promotes drug use.
- 8.7 % of the students said they do not feel safe on campus.

Compared to other campuses...

- 13.5 % feel that alcohol use is greater
- 34.7 % feel that alcohol use is less
- 51.8 % feel alcohol use is about the same

On the Core Alcohol and Drug Survey, respondents were asked to report whether students on this campus cared about a number of campus climate issues (with the response options being "not at all", "slightly", "somewhat", and "very much"). The following percentages of respondents on this campus indicated that their fellow students cared "somewhat" or "very much" about the following issues:

- 83.3 % said students cared about sexual assault
- 76.4 % said students cared about assaults that are non-sexual
- 72.2 % said students cared about harassment because of race or ethnicity
- 70.7 % said students cared about harassment because of sexual orientation
- 69.7 % said students cared about harassment because of gender
- 62.7 % said students cared about harassment because of religion
- 53.4 % said students cared about campus vandalism
- 40.2 % said students cared about alcohol and other drug use

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Table 1 shows the percentage of students who reported having experienced any of the following within the last year and, if so, the percentage who reported consuming alcohol or other drugs shortly before these incidents.

**Table 1 - Experiences of Harassment or Violence**

<u>Experience</u>	<u>Used Alcohol or Drugs</u>	<u>Incident</u>
6.8%	11.7%	Ethnic or racial harassment
7.4%	41.3%	Threats of physical violence
3.4%	53.9%	Actual physical violence
1.6%	28.6%	Theft involving force or threat of force
4.6%	64.1%	Forced sexual touching or fondling
2.8%	75.4%	Unwanted sexual intercourse

On the Core Alcohol and Drug Survey, students were asked to rate the degree of risk people take when they act in certain ways, listed below. The response options were, "no risk", "slight risk", "moderate risk", "great risk", and "can't say". The numbers listed below indicate the percentage of respondents who felt there was "great risk" associated with the following behaviors:

- 7.2% try marijuana once or twice
- 11.2% smoke marijuana occasionally
- 29.3% smoke marijuana regularly
- 42.7% try cocaine once or twice
- 77.3% take cocaine regularly
- 47.0% try LSD once or twice
- 74.4% take LSD regularly
- 46.5% try amphetamines once or twice
- 72.5% take amphetamines regularly
- 18.8% take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day
- 60.1% take four or five drinks nearly every day
- 48.5% have five or more drinks in one sitting
- 51.0% take steroids for body building or improved athletic performance
- 34.6% consume alcohol prior to being sexually active
- 40.9% regularly engage in unprotected sexual activity with a single partner
- 81.1% regularly engage in unprotected sexual activity with multiple partners

**Sexual Behavior:**

65.7% of the students reported engaging in sexual intercourse within the past year. Of these, 21.4% used alcohol the last time they had intercourse and 6.5% used drugs.

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In the last 30 days, the following percentages of students engaged in the behaviors described below:

- 63.3 % refused an offer of alcohol or other drugs
- 15.7 % bragged about alcohol or other drug use
- 70.9 % heard someone else brag about alcohol or other drug use
- 10.1 % carried a weapon such as a gun, knife, etc. (not hunting or job related)
- 34.7 % experienced peer pressure to drink or use drugs
- 13.9 % held a drink to have people stop bothering you about why you weren't drinking
- 22.0 % thought a sexual partner was not attractive because he/she was drunk
- 12.9 % told a sexual partner that he/she was not attractive because he/she was drunk

The following data describes how students say their friends would feel if they...

- |  |   |  |
|--|---|--|
| Tried marijuana once or twice          | - | 38.7 % of their friends would disapprove |
| Smoked marijuana occasionally          | - | 51.0 % of their friends would disapprove |
| Smoked marijuana regularly             | - | 73.3 % of their friends would disapprove |
| Tried cocaine once or twice            | - | 86.8 % of their friends would disapprove |
| Took cocaine regularly                 | - | 96.7 % of their friends would disapprove |
| Tried LSD once or twice                | - | 84.6 % of their friends would disapprove |
| Took LSD regularly                     | - | 96.2 % of their friends would disapprove |
| Took one or two drinks every day       | - | 59.3 % of their friends would disapprove |
| Took four or five drinks every day     | - | 89.5 % of their friends would disapprove |
| Had five or more drinks at one sitting | - | 58.4 % of their friends would disapprove |

The following are some key findings on the perceived effects of alcohol:

- 75.8 % say it breaks the ice
- 75.9 % say it enhances social activity
- 46.7 % say it makes it easier to deal with stress
  
- 63.6 % say it facilitates a connection with peers
- 67.3 % say it gives people something to talk about
  
- 61.8 % say it facilitates male bonding
- 55.6 % say it facilitates female bonding
  
- 64.2 % say it allows people to have more fun
- 72.9 % say it gives people something to do
- 24.0 % say it makes food taste better
  
- 27.4 % say it makes women sexier
- 19.9 % say it makes men sexier
- 21.8 % say it makes me sexier
- 50.0 % say it facilitates sexual opportunity

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### Use of Drugs

The following tables provide additional details about students' reported use of drugs at this institution. Unless otherwise indicated, percentages are based on the total number of students responding validly to a given item.

For comparison purposes some figures are included from a reference group of 125371 students from 288 institutions from the 2012 to 2014 National Data.

In general, substantial proportions of students report having used alcohol, tobacco, and marijuana in response to the question, "At what age did you first use \_\_\_\_\_?" whereas comparatively few report having used each of the other substances. This question examines "lifetime prevalence" as opposed to annual prevalence and 30-day prevalence.

Table 2 describes lifetime prevalence, annual prevalence, 30-day prevalence, and high frequency use (3 times a week or more).

**Table 2 - Substance Use**

Substance	Lifetime Prevalence		Annual Prevalence		30-Day Prevalence		3X/Week or more	
	Coll.	Ref.	Coll.	Ref.	Coll.	Ref.	Coll.	Ref.
Tobacco	40.6	42.2	31.2	32.4	19.9	21.1	9.7	10.6
Alcohol	84.3	84.4	81.5	81.5	68.7	68.7	20.0	20.0
Marijuana	46.0	46.1	33.9	33.6	19.8	19.9	8.2	8.2
Cocaine	7.6	7.6	4.7	4.4	2.0	1.8	0.2	0.2
Amphetamines	9.7	9.9	5.4	5.4	3.0	3.0	1.4	1.4
Sedatives	6.0	6.2	3.1	3.1	1.5	1.5	0.4	0.4
Hallucinogens	7.5	7.7	4.5	4.5	1.3	1.3	0.2	0.2
Opiates	2.3	2.4	1.3	1.3	0.7	0.8	0.3	0.3
Inhalants	2.5	2.7	1.0	1.0	0.5	0.5	0.2	0.2
Designer drugs	9.0	8.9	5.4	5.5	1.5	1.7	0.2	0.2
Steroids	1.0	1.0	0.6	0.6	0.4	0.4	0.2	0.2
Other drugs	3.6	3.7	1.8	1.9	0.7	0.7	0.2	0.2

#### Notes:

Coll. = Multiple Selection

Ref. = Reference group of 125371 college students

**Multiple Selection**

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The average number of drinks consumed per week at this institution is 4.1 drinks. The national average is 4.3 drinks (based on a sample of 123430). The percentage of students who report having binged in the last two weeks at this institution is 43.2% compared to the national average of 43.6%.

**Consequences of Alcohol and Drug Use**

The proportion of students who report having had problems as a result of drinking or drug use is another indicator of the level of substance abuse. The percentages of students who reported that within the past year they had various problematic experiences are given in Table 3. The top group of items represents public misconduct or behaviors that involve actual or potential harm to others. The second group represents possibly serious personal problems. The last group may consist of less serious (and more common) experiences which nevertheless may indicate excessive use.

**Table 3 - Problematic Experiences**

<u>This Institution</u>	<u>Reference Group</u>	<u>Experience</u>
1.0	1.1	Been arrested for DWI/DUI
10.3	10.5	Been in trouble with police, residence hall, or other college authorities
4.3	4.6	Damaged property, pulled fire alarms, etc.
16.5	17.6	Driven a car while under the influence
25.6	26.5	Got into an argument or fight
1.4	1.3	Tried to commit suicide
4.8	4.5	Seriously thought about suicide
13.6	14.1	Been hurt or injured
7.7	7.7	Been taken advantage sexually
1.7	1.8	Taken advantage of another sexually
4.3	4.4	Tried unsuccessfully to stop using
9.4	9.1	Thought I might have a drinking or other drug problem
19.2	19.1	Performed poorly on a test or important project
33.0	33.1	Done something I later regretted
24.1	24.5	Missed a class
27.1	27.3	Been criticized by someone I know
32.1	32.3	Had a memory loss
49.8	50.1	Got nauseated or vomited
58.9	59.1	Had a hangover

**Multiple Selection**

SIUC/Core Institute  
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**Differences among Student Groups**

Table 4 compares substance use patterns and consequences of several campus groups: males and females, younger and older, academically more and less successful, and on and off-campus residents.

**Table 4 - Differences among Student Groups**

	<u>Gender</u>		<u>Age</u>		<u>Average Grades</u>		<u>Campus Residence</u>	
	<b>Female</b>	<b>Male</b>	<b>16-20</b>	<b>21+</b>	<b>A-B</b>	<b>C-F</b>	<b>On</b>	<b>Off</b>
Sample Sizes:	54382	33188	49745	39465	77655	11006	45492	40723
Currently use (in the past 30 days) alcohol	68.2	69.4	60.5	79.1	68.7	68.3	66.5	71.0
Currently use (in the past 30 days) marijuana	17.0	24.1	21.1	18.1	18.9	26.0	20.0	19.0
Currently use (in the past 30 days) illegal drugs other than marijuana	5.1	8.2	5.6	7.0	6.0	8.1	5.2	7.4
Had 6 or more binges in the past 2 weeks	2.5	7.1	3.9	4.8	4.1	5.9	4.4	4.1
Have driven a car while under the influence during past year	14.5	19.6	12.5	21.6	15.5	23.5	11.2	22.0
Have been taken advantage of sexually during past year	8.8	5.8	8.0	7.3	7.5	9.1	8.2	7.1
Have taken advantage of another sexually during past year	1.2	2.4	1.6	1.7	1.6	2.3	1.6	1.6

**Sample Demographics**

Following are some summary characteristics of the students who completed and returned the questionnaire

- 27.0% were freshmen
- 22.0% were sophomores
- 22.6% were juniors
- 23.8% were seniors
- 3.7% were graduates
- 0.8% were other
- 84.3% were in the "typical" college age range of 18-22.
- 62.1% were female.
- 47.2% lived off campus.
- 54.1% worked part-time or full-time.
- 94.9% were full-time students.
- 26.7% reported spending at least 5 hours per month in volunteer work.



# UNDERGRADUATE STUDENT Reference Group

## Executive Summary

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Spring 2023

The ACHA-NCHA III 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.



AMERICAN COLLEGE HEALTH ASSOCIATION

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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](http://www.acha.org), and [www.acha.org/NCHA](http://www.acha.org/NCHA).

*Suggested citation for this document:*

American College Health Association. American College Health Association-National College Health Assessment III: Undergraduate Student Reference Group Executive Summary Spring 2023. Silver Spring, MD: American College Health Association; 2023.

# Introduction and Notes

The ACHA-National College Health Assessment (ACHA-NCHA) 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 and behaviors on the most prevalent health topics. 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.

ACHA initiated the original ACHA-NCHA in 2000 and the instrument was used nationwide through the Spring 2008 data collection period. A revised survey, the ACHA-NCHA-II, was in use from Fall 2008 - Spring 2019 data collection periods. The survey was redesigned again, and data collection with the ACHA-NCHA III began in Fall 2019.

Please note that it is not appropriate to compare trends between versions of the survey. Directly comparing data points between the Original ACHA-NCHA, the ACHA-NCHA II, and the ACHA-NCHA III can lead to an erroneous conclusion and is not recommended.

## *Notes about this report:*

1. Missing values have been excluded from analysis and only valid percents are included in this document, unless otherwise noted.
2. **The ACHA-NCHA III is programmed differently than earlier versions of the survey.** Rather than asking the respondents to answer every question (and offering a "not applicable" option), display logic was used throughout the survey to determine whether, based on their response to an earlier question, the student saw a follow-up question. This makes the valid percents of certain questions impossible to apply to the entire sample, as the denominator used was limited to only the number of students that saw the question. When appropriate, results are also presented using the entire sample as the denominator to show the proportion of the overall sample that experienced a particular issue. These differences in presentation are carefully noted throughout the document and will often explain differences observed between this document and the full data report. Please look carefully at descriptions of the data presented in each table, as well as any footnotes included.
3. **About the use of sex and gender in this report:** Survey results are reported by sex based on the responses to questions 67A, 67B, and 67C. The responses to these questions are used to create a new variable called RSEX. RSEX is used for organizing results in the ACHA-NCHA report documents. Respondents are reported as cis men or cis women only when their responses to 67A, 67B, and 67C are consistent with one another. If gender identity is consistent with sex at birth AND "no" is selected for transgender, then respondents are designated as either cis men or cis women in RSEX. If respondents select "yes" for transgender OR their sex at birth is not consistent with their gender identity, then they are designated as transgender/gender non-conforming in RSEX. A respondent that selects "intersex" for sex at birth, "no" for transgender, and man or woman for gender identity are designated as cis men or cis women in RSEX. A respondent that selects "intersex" for sex at birth, "yes" for transgender, or selects a gender identity other than man or woman are designated as transgender/gender non-conforming in RSEX. A respondent that selects "another identity" on 67C is designated missing in RSEX. A respondent that skips any of the three questions is designated as missing in RSEX. Totals displayed in this report include missing responses. Please see the ACHA-NCHA III survey codebook for more information about how data on sex and gender are coded.

For additional information about the survey's development, design, and methodology, email Mary T Hoban, PhD, MCHES, ([mhoban@acha.org](mailto:mhoban@acha.org)), Christine Kukich, MS ([ckukich@acha.org](mailto:ckukich@acha.org)), or visit [www.acha-ncha.org](http://www.acha-ncha.org).

**We need to draw your attention to an important change in your ACHA-NCHA Report documents.** Beginning in Spring 2021, responses for transgender and gender-nonconforming students are readily available directly in the report documents. This represents an important change in the way we have been reporting ACHA-NCHA results. We've prepared the following information to better explain the specific changes, our reasoning for doing so, and tips for using these redesigned report documents.

#### **I. What we've done to date**

- The ACHA-NCHA has asked respondents about their gender identity for 12 years.
- Data on transgender and gender-nonconforming (TGNC) students was available in the data file, but not displayed explicitly in the report documents in an effort to protect the privacy of TGNC students, particularly those students in smaller campus environments and at schools that publicly shared their ACHA-NCHA report documents.
- We have been trying to find the right balance between protecting students' privacy and making the results accessible to campus surveyors who may not use the statistical software that would be required to extract this information directly from the data files. Until now, we've erred on the side of protecting student privacy.

#### **II. Why change?**

- The number of TGNC students in our samples has been increasing over the years. Between 2008 and 2015, the number of students identifying as TGNC was very small (less than 0.05%). We've learned over the years that gender identity is complex and fluid. To better capture this complexity, we began asking separate questions about sex at birth and gender identity in Fall 2015. Now TGNC students tend to represent 3-4% of the overall sample.
- With greater number of students identifying as TGNC on the ACHA-NCHA in recent years, we have a better opportunity to understand their needs and behaviors than we have in years past.
- A number of health disparities between TGNC students and their cisgender peers have been well documented<sup>[1]</sup>, and schools need readily available access to this data in order to better address the needs of TGNC students.

#### **III. What's different about the way we are reporting?**

- First – a note about how we have been reporting ACHA-NCHA results to date. RSEX is a variable we create based on the responses to the questions on sex at birth, whether or not a student identifies as transgender, and their gender identity. The RSEX variable had allowed us to sort respondents into 4 groups for reporting purposes: male, female, non-binary, and missing. (Details about this variable can be found in all report documents.)
- The value labels for RSEX have been revised to better represent gender identity rather than sex. A value of "1" has been changed from "Male" to "Cis Men<sup>[2]</sup>." A "2" has been changed from "Female" to "Cis Women<sup>[3]</sup>." The value "3" has been changed from "non-binary" to "Transgender and Gender-Nonconforming" (TGNC), as it's a more accurate and inclusive term. The value "4" on RSEX remains "missing/unknown" and is used for students who do not answer all three questions.
- The "missing/unknown" column in the Data Report document has been replaced with a "Trans/Gender-Nonconforming" column. Because space limitations in the report prevent us from displaying all 4 categories plus a total column in the same document, it's now the "missing/unknown" column that is not displayed. Now when the Total of any given row is higher than the sum of the cis men, cis women, and TGNC respondents, the difference can be attributed to "missing/unknown" respondents that selected the response option presented in that row
- A column for "Trans/Gender-Nonconforming" has been added the Executive Summary Report document.

#### **IV. Important considerations with this new format**

- Percentages in the Executive Summary may represent a very small number of TGNC students and can limit the generalizability of a particular finding. To assist with the interpretation of the percentages displayed in the Executive Summary, the total sample size for each group has been added to every page.
- We encourage ACHA-NCHA surveyors to carefully review their report documents, particularly among the student demographic variables, and consider students who may be inadvertently identified in the results based on a unique combination of the demographic characteristics before sharing the documents widely or publicly. This is especially true for very small schools, as well as schools that lack diversity in the student population.
- Think about the implication of working with and documenting very small samples – from the perspective of making meaningful interpretations, as well as the privacy of respondents. This is true of all demographic variables, and not limited to gender identity. You may consider a minimum cell size or another threshold by which you make decisions about making your Institutional Data Report publicly available. It is less of a concern in your Institutional Executive Summary as we only display the percentages with the overall sample size.

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[1] Greathouse M, BrckaLorenz A, Hoban M, Huseman R, Rankin S, Stolzenberg EB. (2018). Queer-spectrum and trans-spectrum student experiences in American higher education: The analysis of national survey findings. New Brunswick, NJ: Tyler Clementi Center, Rutgers University.

[2] Cisgender refers to people whose gender identity matches their sex assigned at birth. Cis men is short for "cisgender men" and is a term used to describe persons who identify as men and were assigned male at birth.

[3] Cis women is short for "cisgender women" and is a term used to describe persons who identify as women and were assigned female at birth.

This Executive Summary highlights results of the ACHA-NCHA III Spring 2023 survey for Undergraduate Student Reference Group consisting of 55292 respondents.

The response rate was 11.0%.

## Findings

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

### A. General Health and Campus Climate

- 47.3 % of college students surveyed ( 58.7 % cis men, 44.8 % cis women, and 27.4 % transgender/gender non-conforming) described their health as *very good or excellent*.
- 85.3 % of college students surveyed ( 89.3 % cis men, 85.3 % cis women, and 70.3 % transgender/gender non-conforming) described their health as *good, very good or excellent*.

Proportion of college students who reported they *agree or strongly agree* that:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
I feel that I belong at my college/university	64.9	64.2	52.5	63.4
I feel that students' health and well-being is a priority at my college/university	47.0	44.5	30.9	44.2
At my college/university, I feel that the campus climate encourages free and open discussion of students' health and well-being.	56.7	55.7	43.2	55.0
At my college/university, we are a campus where we look out for each other	44.7	44.2	31.9	43.4

### B. Nutrition, BMI, Physical Activity, and Food Security

College students reported:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Drinking 0 sugar-sweetened beverages (per day), on average, in the last 7 days	32.3	25.4	22.2	27.1
Drinking 1 or more sugar-sweetened beverages (per day), on average, in the last 7 days	67.7	74.6	77.8	72.9
Drinking energy drinks or shots on 0 of the past 30 days	65.0	69.4	67.4	68.1
Drinking energy drinks or shots on 1-4 of the past 30 days	18.0	16.8	17.1	17.1
Drinking energy drinks or shots on 5 or more of the past 30 days	17.1	13.8	15.5	14.8
Eating 3 or more servings of fruits (per day), on average, in the last 7 days	17.3	16.7	15.1	16.8
Eating 3 or more servings of vegetables (per day), on average, in the last 7 days	26.9	26.4	26.5	26.6

**Estimated 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.

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
<b>BMI</b>				
<18.5 Underweight	4.6	6.0	7.5	5.8
18.5-24.9 Healthy Weight	54.4	58.2	50.6	56.7
25-29.9 Overweight	27.2	19.8	20.6	21.8
30-34.9 Class I Obesity	8.7	9.1	11.5	9.2
35-39.9 Class II Obesity	3.3	3.9	5.2	3.9
≥40 Class III Obesity	1.7	2.9	4.6	2.7
Mean	24.94	24.80	25.59	24.89
Median	23.81	23.17	23.73	23.44
Std Dev	5.23	6.03	6.87	5.89

### Students meeting the recommended guidelines for physical activity

Based on: US Dept of Health and Human Services. *Physical Activities Guidelines for Americans*, 2nd edition. Washington, DC: US Dept of Health and Human Services; 2018

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

#### Definitions:

- Recommendation for **aerobic activity**: 150 minutes or more of moderate-intensity physical activity per week or 75 minutes of vigorous-intensity physical activity or the equivalent combination
- Recommendation for **strength training**: 2 or more days a week of moderate or greater intensity activities that involve all major muscle groups
- **Active Adults** meet the recommendation for strength training **AND** aerobic activity
- **Highly Active Adults** meet the recommendation for strength training and **TWICE** the recommendation for aerobic activity (300 minutes or more of moderate-intensity physical activity per week or 150 minutes of vigorous-intensity physical activity or the equivalent combination)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Guidelines met for <b>aerobic exercise only</b>	76.8	69.4	61.4	70.8
Guidelines met for <b>Active Adults</b>	54.7	40.6	25.9	43.3
Guidelines met for <b>Highly Active Adults</b>	45.7	32.3	19.9	35.0

### Food Security

Based on responses to the *US Household Food Security Survey Module: Six-Item Short Form (2012)* from the USDA Economic Research Service.

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
High or marginal food security (score 0-1)	56.0	49.2	41.5	50.5
Low food security (score 2-4)	24.2	27.2	26.4	26.4
Very low food security (score 5-6)	19.7	23.6	32.2	23.1
<b>Any food insecurity</b> (low or very low food security)	44.0	50.8	58.5	49.5

## C. Health Care Utilization

### College students reported:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Receiving psychological or mental health services within the last 12 months	22.5	39.5	63.3	36.6

\*The services were provided by:

My current campus health and/or counseling center	42.4	40.6	39.7	40.7
A mental health provider in the local community near my campus	23.8	26.2	29.1	26.2
A mental health provider in my home town	46.0	51.5	51.3	50.6
A mental health provider not described above	14.3	12.4	15.5	13.2

\*Only students who reported receiving care in the last 12 months were asked these questions

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Visiting a medical provider within the last 12 months	57.0	74.3	79.1	70.0

\*The services were provided by:

My current campus health center	28.7	33.1	36.5	32.4
A medical service provider in the local community near my campus	28.8	31.4	35.1	31.1
A medical service provider in my home town	75.5	78.5	73.3	77.5
A medical service provider not described above	6.8	4.9	7.3	5.5

\*Only students who reported receiving care in the last 12 months were asked these questions

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

**College students reported:**

	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Flu vaccine within the last 12 month		50.2	54.0	59.1	53.4
Not starting the HPV vaccine series		18.0	13.9	10.8	14.8
Starting, but not completing HPV vaccine series		2.9	4.5	4.8	4.1
Completing HPV vaccine series		46.0	57.1	58.1	54.2
Not knowing their HPV vaccine status		33.1	24.5	26.3	26.9
Ever having a GYN visit or exam (females only)			45.5	34.2	
Having a dental exam in the last 12 months		71.4	73.8	65.0	72.5
Being tested for HIV within the last 12 months		8.6	11.2	14.0	10.7
Being tested for HIV more than 12 months ago		6.1	6.5	7.8	6.5
Wearing sunscreen usually or always when outdoors		19.1	45.2	33.0	37.3
Spending time outdoors with the intention of tanning at least once in the last 12 months		36.0	57.6	30.9	49.9

**D. Impediments to Academic Performance**

Respondents are asked in numerous places throughout the survey about issues that might have negatively impacted their academic performance within the last 12 months. This is defined as negatively impacting their performance in a class or delaying progress towards their degree. Both types of negative impacts are represented in the figures below. Please refer to the corresponding Data Report for specific figures on each type of impact. Figures in the left columns use all students in the sample as the denominator. Figures in the right columns use only the students that experienced that issue (e.g. students who used cannabis, reported a problem or challenge with finances, or experienced a particular health issue) in the denominator. (items are listed in the order in which they appear in the survey)

**Negatively impacted academic performance among all students in the sample**

	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Alcohol use		2.5	2.1	2.8	2.2
Cannabis/marijuana use		3.4	1.9	5.2	2.5

**Negatively impacted academic performance among only students that experienced the issue**

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
	3.7	2.8	3.9	3.1
	10.1	5.1	11.0	6.9

**Problems or challenges in the last 12 months**

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Career	12.7	13.4	17.6	13.5
Finances	15.6	17.9	24.3	17.7
Procrastination	50.5	50.8	64.2	51.6
Faculty	7.0	6.7	11.0	7.1
Family	8.7	13.3	21.6	12.7
Intimate Relationships	12.4	13.2	15.3	13.1
Roommate/housemate	5.8	8.3	10.6	7.8
Peers	4.9	5.8	10.2	5.9
Personal appearance	5.5	8.4	12.2	7.9
Health of someone close to me	9.3	12.5	15.7	11.8
Death of a family member, friend, or someone close to me	8.2	12.0	13.6	11.1
Bullying	1.7	2.4	3.8	2.3
Cyberbullying	0.9	1.0	1.9	1.1
Hazing	0.7	0.4	0.6	0.5
Microaggression	2.0	2.9	8.8	3.1
Sexual Harassment	0.8	3.2	5.7	2.8
Discrimination	2.3	2.7	8.2	3.0

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
	36.4	36.5	39.9	36.7
	35.9	34.3	40.6	35.2
	68.5	66.5	74.6	67.6
	59.0	56.8	59.8	57.6
	31.0	32.0	36.8	32.3
	33.8	33.5	34.0	33.6
	24.9	24.4	29.4	24.8
	23.6	22.3	27.6	23.1
	13.2	13.7	17.0	13.9
	27.4	29.1	32.0	29.0
	38.2	45.4	52.6	44.2
	32.9	32.2	33.2	32.7
	31.1	31.2	29.0	31.1
	40.0	39.9	46.8	40.6
	16.2	16.1	19.3	16.9
	23.9	23.3	27.9	24.0
	25.1	25.0	30.0	25.9

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

**Negatively impacted academic performance among all students in the sample**

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<b>Acute Diagnoses in the last 12 months</b>				
Bronchitis	1.0	2.3	2.1	1.9
Chlamydia	0.1	0.2	0.4	0.2
Chicken Pox (Varicella)	0.1	0.0	0.2	0.1
Cold/Virus or other respiratory illness	12.3	21.8	21.3	19.2
Concussion	1.4	2.1	2.3	1.9
Gonorrhea	0.1	0.1	0.2	0.1
Flu (influenza or flu-like illness)	6.1	9.2	9.0	8.3
Mumps	0.0	0.0	0.3	0.1
Mononucleosis (mono)	0.9	1.2	1.4	1.1
Orthopedic injury	2.6	3.2	4.8	3.1
Pelvic Inflammatory Disease	0.1	0.2	0.3	0.1
Pneumonia	0.5	0.8	1.0	0.8
Shingles	0.1	0.1	0.3	0.1
Stomach or GI virus or bug, food poisoning or gastritis	2.3	5.4	6.4	4.7
Urinary tract infection	0.2	3.1	2.9	2.3

**Negatively impacted academic performance among only students that experienced the issue**

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
46.5	55.8	60.6	54.4
13.7	18.4	26.5	18.0
23.3	7.8	31.6	14.3
44.5	52.9	56.4	51.5
59.5	67.0	69.4	65.6
18.1	15.6	33.3	18.6
51.6	60.5	64.3	58.8
14.6	16.2	52.6	20.9
59.2	64.3	63.3	62.9
33.2	34.8	51.0	35.8
24.5	39.0	41.4	36.0
52.1	62.4	63.8	60.0
23.3	24.8	55.0	27.2
39.6	50.1	54.7	48.8
26.3	23.4	30.3	23.9

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<b>Any ongoing or chronic medical conditions diagnosed or treated in the last 12 months</b>	20.3	33.7	57.0	31.7

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
31.0	43.5	65.5	42.4

**Other impediments to academic performance**

Assault (physical)	0.4	1.1	1.6	0.9
Assault (sexual)	0.5	3.4	5.9	2.8
Allergies	3.1	4.0	4.7	3.8
Anxiety	24.4	40.0	57.2	36.9
ADHD or ADD	11.2	13.1	32.3	14.0
Concussion or TBI	1.5	2.2	2.8	2.0
Depression	18.0	27.6	54.2	26.8
Eating disorder/problem	1.9	5.7	9.4	4.9
Headaches/migraines	6.1	14.7	18.0	12.6
Influenza or influenza-like illness (the flu)	5.0	7.6	8.4	6.9
Injury	2.8	2.9	4.7	3.0
PMS	0.1	14.4	16.0	10.7
PTSD	1.7	4.6	12.7	4.4
Short-term illness	4.1	7.1	10.0	6.5
Upper respiratory illness	6.1	12.3	13.8	10.8
Sleep difficulties	21.7	26.0	40.9	25.9
Stress	32.0	46.3	61.2	43.4

12.8	30.0	28.3	26.0
20.7	34.6	44.0	34.6
9.5	10.4	11.5	10.3
46.5	54.5	66.6	54.0
66.1	69.8	78.3	70.2
47.9	55.6	55.6	54.0
55.1	61.8	72.3	61.7
26.0	27.8	29.5	27.8
25.7	36.7	39.8	35.0
35.7	41.5	45.3	40.5
23.0	27.9	35.3	27.2
18.9	31.8	40.1	32.4
44.2	48.0	55.1	48.9
29.2	35.5	42.0	34.8
29.9	37.2	39.6	36.0
48.3	49.7	59.5	50.3
48.8	56.9	69.8	56.1

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

## E. Violence, Abusive Relationships, and Personal Safety

Within the last 12 months, college students reported experiencing:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
A physical fight	4.7	1.5	2.9	2.5
A physical assault (not sexual assault)	2.7	2.1	3.5	2.4
A verbal threat	14.6	11.0	21.4	12.7
Sexual touching without their consent	3.7	8.7	10.9	7.5
Sexual penetration attempt without their consent	1.0	3.1	3.9	2.6
Sexual penetration without their consent	0.9	2.3	3.2	2.0
Being a victim of stalking	2.4	5.7	8.0	5.0
A partner called me names, insulted me, or put me down to make me feel bad	9.1	11.2	10.5	10.6
A partner often insisted on knowing who I was with and where I was or tried to limit my contact with family or friends	5.6	6.5	6.0	6.2
A partner pushed, grabbed, shoved, slapped, kicked, bit, choked or hit me without my consent	3.0	3.1	3.4	3.1
A partner forced me into unwanted sexual contact by holding me down or hurting me in some way	1.1	2.0	2.9	1.9
A partner pressured me into unwanted sexual contact by threatening me, coercing me, or using alcohol or other drugs	1.8	4.0	5.9	3.5

College students reported feeling *very safe* :

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
On their campus (daytime)	79.3	69.2	61.6	71.3
On their campus (nighttime)	44.7	16.6	16.6	24.1
In the community surrounding their campus (daytime)	49.5	35.3	28.9	38.7
In the community surrounding their campus (nighttime)	25.6	8.7	7.7	13.2

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

## F. Tobacco, Alcohol, and Other Drug Use

Percent (%)	Ever Used			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Tobacco or nicotine delivery products (cigarettes, e-cigarettes, Juul or other vape products, water pipe or hookah, chewing tobacco, cigars, etc.)	33.6	32.4	33.0	32.7
Alcoholic beverages (beer, wine, liquor, etc.)	65.5	70.7	70.4	69.3
Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) <b>[Please report nonmedical use only.]</b>	41.0	43.7	55.7	43.8
Cocaine (coke, crack, etc.)	6.4	4.9	5.7	5.4
Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) <b>[Please report nonmedical use only.]</b>	8.7	6.5	8.7	7.2
Methamphetamine (speed, crystal meth, ice, etc.)	1.3	0.9	1.7	1.1
Inhalants (poppers, nitrous, glue, gas, paint thinner, etc.)	5.0	3.0	7.5	3.8
Sedatives or Sleeping Pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) <b>[Please report nonmedical use only.]</b>	4.9	4.1	6.5	4.5
Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.)	12.8	8.3	16.0	10.0
Heroin	0.8	0.5	1.2	0.6
Prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) <b>[Please report nonmedical use only.]</b>	4.1	2.7	5.0	3.2

\*These figures use all students in the sample as the denominator, rather than just those students who reported lifetime use.

*Used in the last 3 months			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
23.9	22.6	22.5	22.9
59.4	65.3	62.4	63.5
29.2	31.4	44.2	31.7
2.3	1.6	1.7	1.8
3.2	2.4	3.7	2.7
0.3	0.1	0.4	0.2
2.0	1.1	3.7	1.5
1.5	1.5	2.6	1.5
5.4	3.1	7.7	4.0
0.2	0.1	0.4	0.1
0.7	0.4	1.2	0.6

### Substance Specific Involvement Scores (SSIS) from the ASSIST

Percent (%)	*Moderate risk use of the substance			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Tobacco or nicotine delivery products	16.3	15.7	16.5	15.9
Alcoholic beverages	10.9	11.4	10.9	11.2
Cannabis (nonmedical use)	18.6	20.1	30.5	20.4
Cocaine	1.3	1.0	1.4	1.1
Prescription stimulants (nonmedical use)	1.5	1.4	2.3	1.5
Methamphetamine	0.3	0.2	0.5	0.3
Inhalants	0.8	0.4	1.6	0.6
Sedatives or Sleeping Pills (nonmedical use)	0.9	1.0	1.8	1.1
Hallucinogens	2.6	1.6	4.4	2.1
Heroin	0.2	0.1	0.4	0.2
Prescription opioids (nonmedical use)	0.6	0.5	0.9	0.5

\*These figures use all students in the sample as the denominator, rather than just those students who reported lifetime use.

*High risk use of the substance			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
1.3	1.3	1.6	1.3
1.5	1.0	1.5	1.2
1.9	1.2	3.3	1.5
0.1	0.0	0.1	0.1
0.1	0.0	0.3	0.1
0.1	0.0	0.2	0.1
0.1	0.1	0.4	0.1
0.1	0.0	0.3	0.1
0.1	0.0	0.3	0.1
0.1	0.0	0.3	0.1

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

**\*Proportion of students who were prescribed a medication and used more than prescribed or more often than prescribed in the past 3 months**

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Prescription stimulants	2.2	1.6	2.3	1.8
Prescription sedatives or sleeping pills	1.2	1.1	2.0	1.2
Prescription opioids	0.5	0.3	0.7	0.4

\*These figures use all students in the sample as the denominator, rather than just those students who reported having a prescription. Note that the title of this table was changed in Fall 2022, but the figures remain the same.

**\*Tobacco or nicotine delivery products used in the last 3 months**

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Cigarettes	10.8	8.9	12.2	9.6
E-cigarettes or other vape products (for example: Juul, etc.)	17.0	18.8	17.3	18.2
Water pipe or hookah	2.3	1.6	2.2	1.8
Chewing or smokeless tobacco	4.2	0.7	0.9	1.7
Cigars or little cigars	5.9	1.1	1.9	2.4
Other	1.0	0.3	0.7	0.5

\*These figures use all students in the sample as the denominator, rather than just those students who reported tobacco or nicotine delivery product use in the last 3 months.

**Students in Recovery**

■ 2.5 % of college students surveyed ( 2.9 % cis men, 2.1 % cis women, and 5.5 % transgender/gender non-conforming) indicated they were in recovery from alcohol or other drug use.

**When, if ever, was the last time you:**

Percent (%)	Drank Alcohol			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Never	27.2	22.3	22.0	23.6
Within the last 2 weeks	44.0	46.9	39.2	45.6
More than 2 weeks ago but within the last 30 days	8.4	10.3	11.4	9.9
More than 30 days ago but within the last 3 months	8.6	9.8	12.4	9.7
More than 3 months ago but within the last 12 months	7.0	7.0	9.2	7.1
More than 12 months ago	4.7	3.8	5.8	4.1

\*Students were instructed to include medical and non-medical use of cannabis.

Cis Men	Cis Women	*Used Cannabis/Marijuana	
		Trans/ Gender Non- conforming	Total
54.5	51.3	39.5	51.4
18.9	19.1	29.9	19.8
4.0	4.6	6.4	4.6
5.7	6.5	7.4	6.3
7.1	8.0	8.7	7.8
9.8	10.6	8.0	10.2

**Driving under the influence**

- 11.7 % of college students reported driving after having *any alcohol* in the last 30 days.\*  
\*Only students who reported driving in the last 30 days and drinking alcohol in the last 30 days were asked this question.
- 30.5 % of college students reported driving within 6 hours of using cannabis/marijuana in the last 30 days.\*  
\*Only students who reported driving in the last 30 days and using cannabis in the last 30 days were asked this question.

**Estimated Blood Alcohol Concentration (or eBAC)** of college students. 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 drank alcohol in a social setting, their approximate time of consumption, sex, weight, and the average rate of ethanol metabolism. Only students who reported drinking alcohol within the last 3 months answered these questions.

Estimated BAC	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
< .08		79.2	78.1	82.6	78.7
< .10		84.9	84.3	86.9	84.6
Mean		0.05	0.05	0.04	0.05
Median		0.02	0.03	0.02	0.03
Std Dev		0.06	0.06	0.05	0.06

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

\*Reported number of drinks consumed the last time students drank alcohol in a social setting.

Number of drinks	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
4 or fewer		64.0	79.5	81.3	75.7
5		9.1	8.5	6.7	8.5
6		7.6	5.0	4.7	5.6
7 or more		19.2	7.0	7.3	10.1
Mean		4.3	3.1	2.9	3.4
Median		3.0	2.0	2.0	3.0
Std Dev		4.3	2.4	2.6	3.0

\*Only students who reported drinking alcohol in the last three months were asked this question.

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

Among all students surveyed					
	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Did not drink alcohol in the last two weeks (includes non-drinkers)		56.0	53.1	61.0	54.5
None		18.6	22.7	22.7	21.6
1-2 times		18.1	18.6	12.8	18.1
3-5 times		6.1	4.9	2.8	5.0
6 or more times		1.2	0.6	0.7	0.8

\*Only students who reported drinking alcohol in the last two weeks were asked this question.

\*Among those who reported drinking alcohol within the last two weeks

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
42.3	48.4	58.2	47.5
41.2	39.8	32.8	39.7
13.8	10.4	7.3	11.1
2.6	1.4	1.7	1.7

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

	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Did something I later regretted		20.1	21.8	17.5	21.1
Blackout (forgot where I was or what I did for a <b>large period of time and cannot remember</b> , even when someone reminds me)		12.5	12.7	10.0	12.4
Brownout (forgot where I was or what I did for <b>short periods of time, but can remember</b> once someone reminds me)		21.9	25.3	20.9	24.1
Got in trouble with the police		1.2	0.7	0.9	0.8
Got in trouble with college/university authorities		1.3	0.9	1.4	1.0
Someone had sex with me <b>without my</b> consent		0.8	2.3	2.3	1.9
Had sex with someone <b>without their</b> consent		0.3	0.2	0.4	0.2
Had unprotected sex		11.8	12.5	9.1	12.1
Physically injured myself		7.5	8.5	9.6	8.3
Physically injured another person		0.9	0.5	0.9	0.6
Seriously considered suicide		3.4	2.6	7.1	3.1
Needed medical help		1.2	1.1	1.5	1.2
<b>Reported two or more of the above</b>		25.5	27.5	24.0	26.7

\*Only students who reported drinking alcohol in the last 12 months were asked these questions.

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

## G. Sexual Behavior

When, if ever, was the last time you had:

Percent (%)	Oral sex			Total
	Cis Men	Cis Women	Trans/ Gender Non- conforming	
Never	40.5	39.1	38.4	39.5
Within the last 2 weeks	27.9	30.0	25.5	29.1
More than 2 weeks ago but within the last 30 days	6.3	7.7	6.8	7.2
More than 30 days ago but within the last 3 months	8.3	8.9	10.2	8.8
More than 3 months ago but within the last 12 months	8.8	8.2	10.2	8.5
More than 12 months ago	8.3	6.2	8.8	6.9

Vaginal intercourse			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
47.9	41.4	51.5	43.9
27.1	32.8	20.6	30.4
4.7	6.5	5.3	5.9
6.2	7.3	7.1	7.0
7.1	6.7	6.9	6.8
7.0	5.3	8.6	6.0

Percent (%)	Anal intercourse			Total
	Cis Men	Cis Women	Trans/ Gender Non- conforming	
Never	81.2	85.3	79.1	83.8
Within the last 2 weeks	3.7	1.5	3.6	2.3
More than 2 weeks ago but within the last 30 days	1.5	1.0	1.6	1.2
More than 30 days ago but within the last 3 months	2.5	1.8	3.4	2.1
More than 3 months ago but within the last 12 months	3.7	3.3	4.2	3.4
More than 12 months ago	7.4	7.1	8.2	7.3

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

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
None	0.6	0.4	0.6	0.4
1	66.1	69.3	61.5	68.0
2	12.7	13.0	16.0	13.1
3	7.1	6.6	7.2	6.8
4 or more	13.6	10.6	14.7	11.7
Mean	2.2	1.8	2.3	2.0
Median	1.0	1.0	1.0	1.0
Std Dev	3.5	2.1	3.9	2.7

\*Only students who reported having oral sex, or vaginal or anal intercourse in the last 12 months were asked this question.

College students who reported having oral sex, or vaginal or anal intercourse within the last 30 days who reported using a condom or another protective barrier *most of the time* or *always*:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Oral sex	5.4	5.3	4.2	5.2
Vaginal intercourse	45.3	39.5	43.7	41.0
Anal intercourse	31.9	20.8	33.3	26.8

\*Only students who reported having oral sex, or vaginal or anal intercourse in the last 30 days were asked these questions.

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they or their partner used any method to prevent pregnancy the last time they had vaginal intercourse:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Yes, used a method of contraception	83.1	84.7	80.6	84.1
No, did not want to prevent pregnancy	2.3	1.6	2.6	1.8
No, did not use any method	12.6	12.9	15.2	13.0
Don't know	2.0	0.8	1.6	1.1

\*Only students who reported having oral sex, or vaginal or anal intercourse in the last 12 months were asked this question.

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

\*Those students who reported using a contraceptive use the last time they had vaginal intercourse, reported they (or their partner) used the following methods:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Birth control pills (monthly or extended cycle)	44.0	42.0	30.2	41.8
Birth control shots	2.2	2.0	2.0	2.1
Birth control implants	8.5	8.0	8.3	8.1
Birth control patch	1.2	1.1	1.3	1.2
The ring	1.8	2.3	1.8	2.2
Emergency contraception ("morning after pill" or "Plan B")	6.8	7.0	4.9	6.8
Intrauterine device	13.8	15.6	18.9	15.3
Male (external) condom	57.0	49.6	58.0	51.8
Female (internal) condom	0.2	0.3	0.5	0.3
Diaphragm or cervical cap	0.1	0.0	0.0	0.0
Contraceptive sponge	0.1	0.0	0.2	0.0
Withdrawal	17.2	23.9	17.5	21.9
Fertility awareness (calendar, mucous, basal body temperature)	3.5	6.3	6.9	5.7
Sterilization (hysterectomy, tubes tied, vasectomy)	1.7	2.0	3.9	2.0
Other method	1.1	0.9	3.2	1.1
<i>Male condom use plus another method</i>	34.0	33.9	34.9	33.9
<i>Any two or more methods (excluding male condoms)</i>	19.9	23.3	18.8	22.3

\*Only students who reported they or their partner used a method the last time they had vaginal intercourse were asked these questions.

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they or their partner used emergency contraception ("morning after pill" or "Plan B") in the last 12 months:

Yes ( 20.3 % cis men, 23 % cis women, 18.4 % trans/gender non-conforming)

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they experienced an unintentional pregnancy or got someone pregnant within the last 12 months:

Yes ( 1.1 % cis men, 1.4 % cis women, 2.4 % trans/gender non-conforming)

## H. Mental Health and Wellbeing

Kessler 6 (K6) Non-Specific Psychological Distress Score (Range is 0-24)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
No or low psychological distress (0-4)	32.2	22.0	7.5	23.7
Moderate psychological distress (5-12)	51.1	54.2	47.2	52.9
Serious psychological distress (13-24)	16.7	23.8	45.2	23.4
Mean	7.64	8.95	11.99	8.82
Median	7.00	8.00	12.00	8.00
Std Dev	5.19	5.22	5.17	5.31

UCLA Loneliness Scale (ULS3) Score (Range is 3-9)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Negative for loneliness (3-5)	49.2	47.4	31.2	46.7
Positive for loneliness (6-9)	50.8	52.6	68.8	53.3
Mean	5.52	5.59	6.36	5.63
Median	6.00	6.00	6.00	6.00
Std Dev	1.93	1.86	1.87	1.89

**Diener Flourishing Scale – Psychological Well-Being (PWB) Score (Range is 8-56)**

(higher scores reflect a higher level of psychological well-being)

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Mean	43.92	44.90	40.05	44.29
Median	46.00	47.00	41.00	46.00
Std Dev	9.22	8.34	9.36	8.75

**The Connor-Davison Resilience Scale (CD-RISC2) Score (Range is 0-8)**

(higher scores reflect greater resilience)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Mean	6.19	5.93	5.32	5.95
Median	6.00	6.00	5.00	6.00
Std Dev	1.56	1.55	1.71	1.58

**Self injury**

■ 13.0 % of college students surveyed ( 8.0 % cis men, 12.6 % cis women, and 35.1 % trans/gender non-conforming) indicated they had intentionally cut, burned, bruised, or otherwise injured themselves within the last 12 months.

**Within the last 12 months, have you had problems or challenges with any of the following:**

	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Academics		48.4	52.2	63.6	52.0
Career		35.1	37.2	44.5	37.1
Finances		43.8	52.7	60.2	50.8
Procrastination		74.3	77.0	86.6	77.0
Faculty		12.0	12.0	18.5	12.5
Family		28.4	42.2	59.5	39.7
Intimate relationships		37.0	39.9	45.4	39.5
Roommate/housemate		23.7	34.6	36.5	31.8
Peers		21.1	26.5	37.5	25.8
Personal appearance		42.0	62.3	72.6	57.6
Health of someone close to me		34.1	43.2	49.8	41.3
Death of a family member, friend, or someone close to me		21.8	26.7	26.2	25.4
Bullying		5.1	7.6	11.6	7.2
Cyberbullying		2.9	3.3	6.8	3.5
Hazing		1.7	1.0	1.3	1.2
Microaggression		12.3	18.3	46.1	18.7
Sexual Harassment		3.6	14.0	20.7	11.7
Discrimination		9.3	11.0	27.6	11.8

\*Only students who reported a problem or challenge in the last 12 months were asked about level of distress.

<b>Students reporting none of the above</b>	9.2	5.0	1.5	5.9
<b>Students reporting only one of the above</b>	9.4	5.7	2.3	6.4
<b>Students reporting 2 of the above</b>	12.0	8.3	4.2	9.0
<b>Students reporting 3 or more of the above</b>	69.3	81.1	92.1	78.7

**\*Of those reporting this issue, it caused moderate or high distress**

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
	82.9	89.6	89.3	87.9
	69.0	74.3	74.2	72.9
	72.0	78.2	82.9	77.1
	60.0	67.8	73.2	66.2
	46.7	51.0	53.0	50.2
	57.3	68.3	74.4	66.8
	62.3	64.5	67.4	64.2
	47.6	59.5	58.9	57.1
	39.6	47.1	49.4	45.8
	46.0	61.5	63.5	58.7
	56.9	64.6	64.2	62.9
	66.2	75.9	75.6	73.7
	48.4	56.6	61.9	56.1
	42.7	52.2	50.2	50.0
	43.7	47.2	55.3	46.9
	27.3	36.3	42.5	35.9
	44.5	56.2	59.8	55.7
	39.7	47.5	56.6	47.6

**Suicide Behavior Questionnaire-Revised (SBQR) Screening Score (Range is 3-18)**

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Negative suicidal screening (3-6)	74.5	70.6	34.7	69.1
Positive suicidal screening (7-18)	25.5	29.4	65.3	30.9
Mean	5.23	5.48	8.48	5.63
Median	4.00	4.00	8.00	4.00
Std Dev	3.03	3.16	3.83	3.28

**Suicide attempt**

- 2.7 % of college students surveyed ( 3.1 % cis men, 2.3 % cis women, and 5.6 % trans/gender non-conforming) indicated they had attempted suicide within the last 12 months.

**Within the last 30 days, how would you rate the overall level of stress experienced:**

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
No stress	3.1	0.7	0.7	1.3
Low	30.6	16.5	11.5	19.8
Moderate	47.0	51.4	47.4	49.9
High	19.4	31.5	40.4	28.9

**I. Acute Conditions**

**College students reported being diagnosed by a healthcare professional within the last 12 months with:**

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Bronchitis	2.3	4.2	3.6	3.6
Chlamydia	1.0	1.4	1.4	1.3
Chicken Pox (Varicella)	0.4	0.4	0.5	0.4
Cold/virus or other respiratory illness (for example: sinus infection, ear infection, strep throat, tonsillitis, pharyngitis, or laryngitis)	28.0	41.6	38.1	37.7
Concussion	2.4	3.3	3.6	3.1
Gonorrhea	0.6	0.4	0.8	0.5
Flu (influenza) or flu-like illness	12.1	15.5	14.3	14.5
Mumps	0.3	0.2	0.6	0.3
Mononucleosis (mono)	1.6	2.0	2.3	1.9
Orthopedic injury (for example: broken bone, fracture, sprain, bursitis, tendinitis, or ligament injury)	7.8	9.2	9.5	8.8
Pelvic Inflammatory Disease	0.3	0.4	0.8	0.4
Pneumonia	1.0	1.4	1.7	1.3
Shingles	0.4	0.4	0.6	0.4
Stomach or GI virus or bug, food poisoning or gastritis	6.0	11.0	11.9	9.7
Urinary tract infection	0.8	13.7	10.0	10.0

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

## J. Ongoing or Chronic Conditions

The questions for the *ongoing or chronic conditions* are presented differently in this report than the order they appear in the survey. In the survey, all items appear in a single list, ordered alphabetically. In this report, the conditions are presented in groups to ease burden on the reader. The findings are divided into mental health conditions, STIs and other chronic infections, and other ongoing or chronic conditions in this report.

Mental Health	College students reported ever being diagnosed with the following:			
	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming
ADD/ADHD - Attention Deficit/Hyperactivity Disorder	13.2	12.8	30.1	14.2
Alcohol or Other Drug-Related Abuse or Addiction	1.7	1.3	3.4	1.5
Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia)	18.9	40.3	61.8	36.1
Autism Spectrum	3.2	1.4	13.6	2.8
Bipolar and Related Conditions (for example: Bipolar I, II, Hypomanic Episode)	1.5	3.0	7.6	2.9
Borderline Personality Disorder (BPD), Avoidant Personality, Dependent Personality, or another personality disorder	0.7	1.6	6.5	1.7
Depression (for example: Major depression, persistent depressive disorder, disruptive mood disorder)	16.0	30.3	57.3	28.4
Eating Disorders (for example: Anorexia Nervosa, Bulimia Nervosa, Binge-Eating)	1.4	8.9	15.6	7.3
Gambling Disorder	0.3	0.1	0.4	0.2
Insomnia	4.2	7.5	16.9	7.3
Obsessive-Compulsive and Related Conditions (for example: OCD, Body Dysmorphia, Hoarding, Trichotillomania and other body-focused repetitive behavior disorders)	2.8	7.9	14.8	7.0
PTSD (Posttraumatic Stress Disorder), Acute Stress Disorder, Adjustment Disorder, or another trauma- or stressor- related condition	3.3	9.0	21.9	8.4
Schizophrenia and Other Psychotic Conditions (for example: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder)	0.4	0.2	2.0	0.4
Tourette's or other neurodevelopmental condition not already listed	0.7	0.4	2.4	0.7
Traumatic brain injury (TBI)	1.2	1.1	1.9	1.2

**\*Of those ever diagnosed, those reporting contact with healthcare or MH professional within last 12 months**

Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
58.6	75.8	77.3	71.8
45.2	44.2	51.3	45.4
67.7	78.2	82.1	77.2
40.8	59.2	61.7	54.3
61.9	76.2	77.8	74.4
56.7	71.3	72.7	70.0
66.9	78.1	80.4	76.7
49.5	56.1	55.8	55.6
23.8	29.0	50.0	28.4
51.3	60.1	60.3	58.9
55.1	68.3	68.4	66.8
67.2	73.1	78.1	73.3
51.7	55.6	76.4	62.0
33.3	52.0	52.4	47.6
33.9	44.3	32.3	40.1

\*Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
<i>Students reporting none of the above</i>	68.0	51.4	26.8	54.1
<i>Students reporting only one of the above</i>	13.4	13.9	11.0	13.5
<i>Students reporting both Depression and Anxiety</i>	11.9	26.7	51.2	24.5
<i>Students reporting any two or more of the above (excluding the combination of Depression and Anxiety)</i>	6.7	8.1	11.0	7.9

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

**STI's/Other chronic infections**

**College students reported ever being diagnosed with the following:**

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Genital herpes	0.4	1.0	1.0	0.8
Hepatitis B or C	0.3	0.2	0.3	0.2
HIV or AIDS	0.2	0.1	0.6	0.1
Human papillomavirus (HPV) or genital warts	0.4	1.2	0.9	0.9

*\*Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.*

**\*Of those ever diagnosed, had contact with healthcare or MH professional within last 12 months**

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
45.8	51.9	52.9	51.3
34.1	41.8	50.0	40.0
46.2	33.3	60.0	45.1
34.4	48.7	56.7	47.6

**Other Chronic /Ongoing Medical Conditions**

**College students reported ever being diagnosed with the following:**

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Acne	25.3	32.0	31.0	30.1
Allergies - food allergy	10.2	14.3	18.1	13.5
Allergies - animals/pets	12.8	14.7	16.9	14.4
Allergies - environmental (for example: pollen, grass, dust, mold)	26.4	31.2	33.8	30.2
Asthma	15.0	16.7	20.2	16.5
Cancer	0.7	0.6	0.8	0.6
Celiac disease	0.5	1.3	1.6	1.1
Chronic pain (for example: back or joint pain, arthritis, nerve pain)	4.3	8.1	16.2	7.6
Diabetes or pre-diabetes/insulin resistance	1.7	2.8	3.6	2.6
Endometriosis	0.2	2.3	3.1	1.8
Gastroesophageal Reflux Disease (GERD) or acid reflux	3.0	5.6	7.8	5.0
Heart & vascular disorders (for example: atrial fibrillation or other cardiac arrhythmia, mitral valve prolapse or other valvular heart disease, congenital heart condition)	2.0	2.5	3.8	2.5
High blood pressure (hypertension)	3.5	2.2	3.1	2.6
High cholesterol (hyperlipidemia)	2.4	2.8	3.3	2.7
Irritable bowel syndrome (spastic colon or spastic bowel)	2.3	5.8	8.0	5.0
Migraine headaches	6.0	14.2	18.6	12.3
Polycystic Ovarian Syndrome (PCOS)	0.1	4.1	5.4	3.1
Sleep Apnea	2.5	1.5	2.8	1.9
Thyroid condition or disorder	1.1	3.6	3.5	2.9
Urinary system disorder (for example: bladder or kidney disease, urinary reflux, interstitial cystitis)	0.6	1.5	1.7	1.3

*\*Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.*

**\*Of those ever diagnosed, had contact with healthcare or MH professional within last 12 months**

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
32.5	47.8	30.9	43.1
24.7	34.8	24.1	31.8
19.2	29.4	21.3	26.3
22.1	30.9	21.7	28.1
26.3	39.7	33.0	35.8
54.6	59.3	65.4	58.3
41.1	60.0	46.3	55.9
63.2	72.8	68.0	70.8
69.9	74.3	61.9	72.4
19.0	65.5	61.6	63.9
45.5	56.9	46.4	53.8
50.9	62.1	57.0	59.5
60.5	67.1	60.0	64.1
55.0	62.0	64.6	60.5
50.2	60.4	55.0	58.6
39.2	54.4	47.7	51.7
20.0	74.7	62.5	72.5
54.4	50.5	38.1	50.6
64.2	79.4	80.0	77.9
51.9	58.3	58.3	57.5

Cis Men n =	14648
Cis Women n =	36472
Trans/GNC n =	3602

Students who reported being diagnosed with diabetes or pre-diabetes/insulin resistance, indicated they had:

<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Type I Diabetes	37.3	22.1	23.7	25.2
Type II Diabetes	26.6	16.9	14.9	18.4
Pre-diabetes or insulin resistance	54.0	72.7	80.3	70.4
Gestational Diabetes	3.2	7.1	9.7	6.6

## K. Sleep

Reported amount of time to usually fall asleep at night (sleep onset latency):

<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Less than 15 minutes	45.4	38.8	29.2	39.9
16 to 30 minutes	28.3	28.8	27.8	28.6
31 minutes or more	26.3	32.4	43.1	31.5

Over the last 2 weeks, students reported the following average amount of sleep (excluding naps):

On weeknights				
<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Less than 7 hours	42.6	42.4	47.4	42.8
7 to 9 hours	56.5	56.1	51.1	55.8
10 or more hours	0.9	1.5	1.5	1.4

On weekend nights				
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total	
19.8	21.2	20.5	20.8	
71.2	69.0	64.8	69.3	
9.1	9.7	14.7	9.9	

Students reported the following on 3 or more of the last 7 days:

Felt tired or sleepy during the day				
<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
0 days	5.9	2.1	2.1	3.1
1-2 days	27.5	17.2	12.3	19.6
3-5 days	44.8	46.5	38.4	45.4
6-7 days	21.8	34.2	47.2	31.8

Got enough sleep so that they felt rested				
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total	
13.9	19.1	25.5	18.2	
35.9	42.1	40.8	40.3	
38.5	31.9	27.5	33.4	
11.7	6.8	6.2	8.1	

## Demographics and Sample Characteristics

<b>■ Age</b>		<b>■ Students describe themselves as</b>	
18 - 20 years:	56.9 %	Straight/Heterosexual:	68.9 %
21 - 24 years:	33.7 %	Asexual:	1.5 %
25 - 29 years:	4.4 %	Bisexual:	14.2 %
30+ years:	5.1 %	Gay:	1.9 %
Mean age:	21.3 years	Lesbian:	2.8 %
Median age:	20.0 years	Pansexual:	3.1 %
		Queer:	3.8 %
		Questioning:	3.1 %
		Identity not listed above:	0.6 %
<b>■ Gender*</b>			
Cis Women:	66.0 %		
Cis Men:	26.5 %		
Transgender/Gender Non-conforming:	6.5 %		
<i>* See note on page 2 regarding gender categories</i>			
<b>■ Student status</b>		<b>■ Housing</b>	
1st year undergraduate:	27.6 %	Campus or university housing:	44.9 %
2nd year undergraduate:	23.4 %	Fraternity or sorority residence:	1.4 %
3rd year undergraduate:	25.1 %	Parent/guardian/other family:	16.6 %
4th year undergraduate:	19.4 %	Off-campus:	35.9 %
5th year or more undergraduate:	4.5 %	Temporary or "couch surfing":	0.4 %
Master's (MA, MS, MFA, MBA, etc.):	0.0 %	Don't have a place to live:	0.1 %
Doctorate (PhD, EdD, MD, JD, etc.):	0.0 %	Other:	0.8 %
Not seeking a degree:	0.0 %		
Other:	0.0 %		
		<b>■ Students describe themselves as</b>	
Full-time student:	93.6 %	American Indian or Native Alaskan	2.8 %
Part-time student:	6.0 %	Asian or Asian American	17.2 %
Other student:	0.4 %	Black or African American	6.0 %
		Hispanic or Latino/a/x	16.1 %
<b>■ Visa to work or study in the US:</b>	10.3 %	Middle Eastern/North African (MENA) or Arab Origin:	1.8 %
		Native Hawaiian or Other Pacific Islander Native:	0.7 %
<b>■ Relationship status</b>		White:	63.8 %
Not in a relationship:	56.0 %	Biracial or Multiracial:	5.4 %
In a relationship but not married/partnered:	38.5 %	Identity not listed above:	1.1 %
Married/partnered:	5.5 %		
		<b><i>If Hispanic or Latino/a/x, are you</i></b>	
<b>■ Primary Source of Health Insurance</b>		Mexican, Mexican American, Chicano:	65.1 %
College/university sponsored SHIP plan:	11.6 %	Puerto Rican:	7.5 %
Parent or guardian's plan:	67.7 %	Cuban:	2.8 %
Employer (mine or my spouse/partners):	4.3 %	Another Hispanic, Latino/a/x, or Spanish Origin:	31.5 %
Medicaid, Medicare, SCHIP, or VA:	10.0 %		
Bought a plan on my own:	1.7 %	<b><i>If Asian or Asian American, are you</i></b>	
Don't have health insurance:	2.4 %	East Asian:	53.8 %
Don't know if I have health insurance:	0.9 %	Southeast Asian:	30.8 %
Have insurance, but don't know source:	1.5 %	South Asian:	18.4 %
		Other Asian:	1.8 %
<b>■ Student Veteran:</b>	1.9 %		
<b>■ Parent or primary responsibility for someone else's child/children under 18 years old:</b>	4.0 %		

■ **First generation students** 37.5 %  
(Proportion of students for whom no parent/guardian have completed a bachelor's degree)

■ **Do you have any of the following?**  
Attention Deficit/Hyperactivity Disorder (ADD or ADHD): 16.8 %  
Autism Spectrum Disorder: 3.9 %  
Deaf/Hearing loss: 2.2 %  
Learning disability: 5.3 %  
Mobility/Dexterity disability: 1.4 %  
Blind/low vision: 4.2 %  
Speech or language disorder: 1.1 %

■ **Participated in organized college athletics:**  
Varsity: 5.3 %  
Club sports: 8.2 %  
Intramurals: 10.2 %

■ **Member of a social fraternity or sorority:**  
Greek member: 8.1 %

### Demographics of Participating Institutions

One hundred twenty-seven postsecondary institutions self-selected to participate in the Spring 2023 ACHA National College Health Assessment and 79,137 surveys were completed by students on these campuses. For the purpose of forming the Reference Group, only institutions located in the United States that surveyed all students or used a random sampling technique, and used the ACHA-NCHA III (currently only offered as a web survey) are included in the analysis, yielding a final data set consisting of 78,024 students at 125 schools. **This report includes only data from 55,292 UNDERGRADUATE students at 125 schools.** Demographic characteristics of the 125 campuses follow.

<b>Demographical Characteristics of the 125 US Postsecondary Institutions Included in the Spring 2023 ACHA-NCHA III UNDERGRADUATE Reference Group</b>	
<b>Campus Characteristic</b>	<b><i>n</i></b>
Type of Institution	
Public	80
Private	45
2-year	11
4-year or above	114
Location of Campus	
Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, VT)	27
Midwest (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI)	17
South (AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV)	25
West (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY)	56
Campus Size	
< 2,500 students	30
2,500 – 4,999 students	23
5,000 – 9,999 students	21
10,000 – 19,999 students	13
20,000 students or more	38
Campus Setting	
Very large city (population over 500,000)	24
Large city (population 250,000-499,999)	12
Small city (population 50,000-249,999)	46
Large town (population 10,000-49,999)	25
Small town (population 2,500-9,999)	14
Rural community (population under 2,500)	4
Carnegie Classification	
Associates Colleges	11
Baccalaureate Colleges	19
Baccalaureate/Associates Colleges	4
Masters Colleges and Universities	27
Doctoral Universities	64
Special Focus Institutions	0

<b>Demographical Characteristics of the 125 US Postsecondary Institutions Included in the Spring 2023 ACHA-NCHA III UNDERGRADUATE Reference Group</b>	
<b>Campus Characteristic</b>	<b><i>n</i></b>
ACHA Membership Status	
Institutional Member	99
Nonmember	26
Religious Affiliation	
No	108
Yes	17
<u>If yes:</u>	
Catholic	9
Protestant or Other Christian	8
Postsecondary Minority Institution (US Department of Education)	
No	101
Yes	24
<u>*If yes:</u>	
Historically Black College or University (HBCU)	0
Hispanic-serving Institution (HSI)	12
Tribal College or University	2
Predominately Black Institution	0
Asian American and Native American Pacific Islander-serving	13
Alaska Native-serving or Native Hawaiian-serving Institution	0
Native American-serving Nontribal Institution	4
*institutions may hold more than one type of minority status	
<b>NOTE:</b> In an effort to protect the identity of the participating institutions, the minority institution status variables have been recoded into a single dichotomous (yes/no) variable in the Reference Group SPSS data files. Secondary researchers with access to the blind data files will not be able to ascertain which type of minority status designation an institution holds.	

<b>UNDERGRADUATE</b>	<b>Spring 2023 Institutions</b>
Number of institutions	125
Number of students	55,292
Mean response proportion*	11%
Median response proportion*	10%

\*Calculation of response proportion is based all students surveyed at the institution, and not limited to only undergraduate student responses.