



Drug-Free Schools and Campuses Regulations [Edgar Part 86] Biennial Review:
Academic Years 2023-2024 & 2024-25

Lewis University conducted a Biennial Review during the 2025 fall semester, in accordance with the Drug-Free Schools and Campuses Regulations [Edgar Part 86] Biennial Review: Academic Years 2023-2024 & 2024-2025.

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 2023 Biennial Review
8. SWOT Analysis for 2025 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:

Kayla DeCant, M.Ed
Project Director for Prevention & Outreach
Division of Student Life
Lewis University
One University Parkway
Romeoville, IL 60446
Tel: (815) 836-5719
Email: kdecant@lewisu.edu

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2025 Biennial Review Committee

Kayla DeCant, M.Ed

Project Director for Prevention & Outreach, Office of Student Life

Dr. Norah Collins Pienta

Dean of Students, Assistant VP of Student Life

Tom Burgess

Director, Residence Life & Student Conduct

Franky Schulze

Mental Health Counselor/Student Wellness Coordinator, Student Wellness Center

Ashley Eller

Clinical Care Coordinator, Student Wellness Center

Jill Whitaker

Director of Student Wellness Center

Brian Darden

Assistant Athletic Director- Compliance, Athletics

Javier Rodriguez

Assistant Director of Student Engagement

Jill Siegfried

Director, Student Recreation, Fitness & Wellness

Mike Zegadlo

Chief of Police, Lewis University Police Department

Chastity Check

Human Resources Generalist--Benefits

Dr. Jason Keleher

President, Faculty Senate

Dr. Kimberly Duris

Associate Professor, Psychology

University Mission Statement and Core Values

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

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

Time Frame

Lewis University conducted this Biennial Review in accordance with the Drug-Free Schools and Campuses Regulations [Edgar Part 86] covering academic years 2023-2024 & 2024-2025. The biennial review process commenced during the 2053 fall semester.

Individuals Involved

Kayla DeCant, M.Ed
Project Director for Prevention & Outreach, Office of Student Life

Dr. Norah Collins Pienta
Dean of Students, Assistant VP of Student Life

Tom Burgess
Director, Residence Life & Student Conduct

Franky Schulze
Mental Health Counselor/Student Wellness Coordinator,
Student Wellness Center

Jill Whitaker
Director of Student Wellness Center

Ashley Eller
Clinical Care Coordinator, Student Wellness Center

Brian Darden

Associate Athletic Director- Compliance, Athletics

Javier Rodriguez
Assistant Director of Student Engagement

Jill Siegfried
Director, Student Recreation, Fitness & Wellness

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Chief of Police, Lewis University Police Department

Chastity Check
Human Resources Generalist-- Benefits

Dr. Jason Keleher
President, Faculty Senate

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 Wellness 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 Lewisu.edu. Biennial review reports are kept for a minimum of three years in compliance to DFSCA.

Annual Policy Notification Process

Distribution to Students

All Lewis University students are provided access via the university’s website to the *Student Handbook* that contains all AOD policies: <https://www.lewisu.edu/studenthandbook/Student-Handbook-2025-2026.pdf>. The university Alcohol and Other Drugs Policy is also accessible via the Wellness Center webpage:

<http://www.lewisu.edu/student services/health/counseling services/alcohol-drugs-policy.htm>

All Lewis University students receive the Drug Free Schools and Campus Act Annual Notification via email each Fall. The Notification is also posted on the Dean of Students webpage: <https://www.lewisu.edu/dos/annual-notification.htm>

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>

All Lewis University employees receive the Drug Free Schools and Campus Act Annual Notification via email each Fall. The Notification is also posted on the Dean of Students webpage: <https://www.lewisu.edu/dos/annual-notification.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 | Alcohol Policy, Drug Policy, Smoking 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 | Yes, Romeoville ordinance codes are listed and state and federal laws are noted | Compliance with laws & regulations #1.2060 | n/a |

| | | | |
|--|--|------------------------------------|-----|
| distribution of illicit drugs and alcohol | in Alcohol and other drug policy. | | |
| 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 | Yes, in the Alcohol and other drug policy | 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, all student policies include clear sanctions and the student handbook clearly explains the different adjudication levels for sanctions. | Drug Free Workplace #6.2020 | n/a |

Biennial Review

Upon the completion of the 2025 review, access will be available upon request to all members of the University and public. Electronic copies are available on the Lewis University Dean of Students website. Paper copies will be maintained by the Dean of Students office.

Alcohol & Other Drugs Data

Drug- and alcohol- related sanctions & incidents

Lewis University Police Department Incidents

| Academic Year | AOD-related vandalism | AOD-related fatalities | AOD-related transports | AOD-related calls | Overdose-related calls | Total Incidents |
|---------------|-----------------------|------------------------|------------------------|-------------------|------------------------|-----------------|
| 2023-24 | 0 | 0 | 3 | 27 | 1 | 27 |
| 2024-25 | 0 | 0 | 2 (1 community member) | 29 | 0 | 29 |

2023-24 Academic Year

- 15 cannabis-related calls
 - 6 confiscations of contraband items and/or paraphernalia
 - 4 active use calls
 - 3 odor calls
- 12 alcohol-related calls
 - 6 underage consumption
 - 2 over 21 consumption
 - 2 driving under the influence
 - 2 hospital transports

2024-25 Academic Year

- 19 cannabis-related calls
 - 9 confiscations of contraband items and/or paraphernalia
 - 3 active use calls
 - 7 odor calls
- 17 alcohol-related calls
 - 6 underage consumption
 - 1 over 21 consumption
 - 1 fraudulent driver's license

Conduct Incidents 2023-24 Academic Year

| Case Type | # of Cases | Outcome(s) | Sanction(s) | Combined violation(s) |
|-----------|------------|---|---|---|
| Alcohol | 75 | 6 Not in Violation 64 In Violation 5 Not enrolled not heard | 54 Education project 5 Counseling referral 2 Advising Session 3 Official Reprimand | Guest Policy- 3 Noise Violation-13 Cannabis - 1 |
| Cannabis | 8 | 0 Not in Violation 6 In Violation 2 Not enrolled | 4 Counseling Referral 2 Advising Session | Alcohol – 1 Guest Policy – 3 Disorderly Conduct - 2 |

*note: There may be multiple sanctions for a single violation

Conduct Incidents 2024-25 Academic Year

| Case Type | # of Cases | Outcome(s) | Sanction(s) | Combined violation(s) |
|-----------|------------|--|---|--|
| Alcohol | 83 | 15 Not in Violation 68 In Violation | 67 Education project 1 Counseling Referral | Guest Policy – 8 Noise Violation-21 Cannabis-2 Failure to comply- 3 |
| Cannabis | 25 | 1 Not in Violation 21 In Violation 3 unknown offenders | 16 Education project 2 Counseling Referral 1 Residence Hall Restriction 2 Advising Session | Alcohol -2 |

*note: There may be multiple sanctions for a single violation

Drug and alcohol- related testing

Athletic Testing

| Academic Year | # of Tests Ran | Positive | Outcome(s) |
|---------------|----------------|----------|------------|
| 2023-24 | 32 | 0 | n/a |
| 2024-25 | 0 | 0 | n/a |

*Note: Tests are run on athletes when there is a report that involves reasonable suspicion. See the full policy on pg. 40-48

Aviation Testing

Lewis University did not conduct any testing under employee policy #6.2030 (pg. 64). The University follows FAA guidelines, which does not test students unless they have reasonable cause, or after an incident has occurred.

Nursing Testing- Undergraduate

| Academic Year | # of Tests Ran | Positive | Outcome(s) |
|---------------|----------------|---|---|
| 2023-24 | 259 | 1 Marijuana Metabolite | 1 had negative results on the re-test |
| 2024-25 | 402 | 2 Marijuana Metabolite 2 Unknown 1 Amphetamines | 3 had negative results on the re-test 1 dismissed from program due to insufficient grades 1 provided documentation, results changed to “negative” |

*Note: Tests are required for Nursing students under the Clinical Requirements policy (see pg. 54).

Nursing Testing- Graduate

| Academic Year | Positive | Outcome(s) |
|---------------|----------|------------|
|---------------|----------|------------|

| | | |
|---------|--|---|
| 2023-24 | 1 Marijuana Metabolite 1 Benzodiazepine | 2 were cleared by the Medical Review Officer at Castle Branch |
| 2024-25 | 1 Amphetamine | 1 provided documentation, results changed to “negative” |

*Note: Tests are required for Nursing students under the Clinical Requirements policy (see pg. 63).

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

Institutional data for perceptions and attitudes comes from the AlcoholEdu Vector solutions module assigned to first-year students during their first semester at the University.

Most students at my college have never used cannabis

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|---------------------|-----------|-----------|-----------|----------|
| Strongly Agree | 53 | 13% | 68 | 12.1% |
| Agree | 39 | 9.5% | 75 | 13.3% |
| Neutral or not sure | 187 | 45.7% | 269 | 47.8% |
| Disagree | 80 | 19.6% | 100 | 17.8% |
| Strongly Disagree | 50 | 12.2% | 51 | 9.1% |
| No Answer | 120 | | 101 | |

Most students at my college have never used prescription drugs without a prescription.

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|---------------------|-----------|-----------|-----------|----------|
| Strongly Agree | 67 | 16.3% | 98 | 17.4% |
| Agree | 67 | 16.3% | 112 | 19.9% |
| Neutral or not sure | 202 | 49.1% | 274 | 48.6% |
| Disagree | 54 | 13.1% | 53 | 9.4% |
| Strongly Disagree | 21 | 5.1% | 27 | 4.8% |
| No Answer | 118 | | 100 | |

The use of alcohol by other students on my campus has made me feel unsafe or unwelcome.

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|----------------|-----------|-----------|-----------|----------|
| Strongly Agree | 35 | 8.5% | 44 | 7.9% |
| Agree | 28 | 6.8% | 45 | 8.1% |

| | | | | |
|---------------------|-----|-------|-----|-------|
| Neutral or not sure | 129 | 31.4% | 198 | 35.7% |
| Disagree | 117 | 28.5% | 138 | 24.9% |
| Strongly Disagree | 102 | 24.8% | 129 | 23.3% |
| No answer | 118 | | 110 | |

Most students at my college consume alcohol on a regular basis

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|---------------------|-----------|-----------|-----------|----------|
| Strongly Agree | 40 | 8.9% | 56 | 10.5% |
| Agree | 58 | 12.9% | 90 | 16.8% |
| Neutral or not sure | 242 | 53.9% | 267 | 49.9% |
| Disagree | 68 | 15.1% | 90 | 16.8% |
| Strongly Disagree | 41 | 9.1% | 51 | 9.5% |
| No answer | 25 | | 42 | |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|---------------------|-----------|-----------|-----------|----------|
| Strongly Agree | 107 | 26.1% | 127 | 22.9% |
| Agree | 130 | 31.7% | 174 | 31.4% |
| Neutral or not sure | 148 | 36.1% | 221 | 39.9% |
| Disagree | 20 | 4.9% | 20 | 3.6% |
| Strongly Disagree | 5 | 1.2% | 12 | 2.2% |
| No answer | 119 | | 110 | |

I feel that policies related to alcohol and other drug use on campus are consistently enforced

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|---------------------|-----------|-----------|-----------|----------|
| Strongly Agree | 115 | 28.2% | 145 | 26.4% |
| Agree | 147 | 26% | 185 | 33.7% |
| Neutral or not sure | 131 | 32.1% | 199 | 36.2% |
| Disagree | 9 | 2.2% | 10 | 1.8% |
| Strongly Disagree | 6 | 1.5% | 10 | 1.8% |
| No answer | 121 | | 115 | |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|---------------------|-----------|-----------|-----------|----------|
| Strongly Agree | 22 | 4.9% | 30 | 5.6% |
| Agree | 19 | 4.3% | 41 | 7.7% |
| Neutral or not sure | 164 | 36.7% | 193 | 36.2% |
| Disagree | 133 | 29.8% | 156 | 29.3% |
| Strongly Disagree | 109 | 24.4% | 113 | 21.2% |
| No answer | 25 | | 44 | |

Drug- and alcohol-related use: State & National Data

The following data sets are from State and National surveys focused on drug and alcohol use among college students. Lewis University did not participate in either of the below surveys, but analyzed this data as part of the current trends occurring across Illinois and the United States.

Key findings from 2018 Illinois CORE Survey (full Executive Summary report in Appendices)

- Alcohol
 - 77% of the students consumed alcohol in the past year ("annual prevalence").
 - 73% of underage students (younger than 21) consumed alcohol in the previous 30 days.
 - 45% of male drinkers and 46% of female drinkers reported heavy episodic drinking in the last two weeks
- Illegal Drugs
 - 45% of the students have used marijuana in the past year ("annual prevalence").
 - 25% of the students are current marijuana users ("30-day prevalence").
 - 9% of the students have used tobacco in the past year ("annual prevalence").
 - 10% of the students have used hallucinogens in the past year (“annual prevalence”).
- Student perceptions
 - While approximately 77% of students actually used alcohol, students thought that roughly 97% of their peers consumed alcohol in the last year
 - While actual tobacco use stood at roughly 5% of the entire sample, students thought 70% of their peers used tobacco in the last year
 - While actual marijuana use stood at approximately 31%, students thought that about 90% of their peers used marijuana in the last year
 - Approximately 30% of all respondents reported experiencing the pressure to drink in the last month, but approximately 55% reported refusing a drink offer.

Key findings from Spring 2025 ACHA National College Health Assessment, Undergraduates (full Executive Summary report in Appendices)

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

| | Cis Men | Cis Women | Trans/GNC | Total |
|--|---------|-----------|-----------|-------|
| Tobacco or nicotine products | 22.9 | 19.8 | 23.1 | 20.7 |
| Alcoholic beverages | 57.9 | 63.4 | 62.9 | 61.2 |
| Cannabis—nonmedical use | 24.5 | 26.2 | 41.8 | 26.5 |
| Cocaine | 2.0 | 1.3 | 2.5 | 1.6 |
| Prescription stimulants—nonmedical use | 2.8 | 1.8 | 3.5 | 2.2 |
| Methamphetamine | 0.4 | 0.2 | 0.9 | 0.3 |
| Inhalants | 2.0 | 1.1 | 4.5 | 1.7 |
| Sedatives— nonmedical use | 1.5 | 1.3 | 2.7 | 1.5 |
| Hallucinogens | 4.0 | 2.6 | 7.0 | 3.3 |
| Heroin | 0.3 | 0.1 | 0.6 | 0.3 |
| Prescription opioids—nonmedical use | 0.7 | 0.4 | 1.2 | 0.5 |

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

| | Cis Men | Cis Women | Trans/GNC | Total |
|--|---------|-----------|-----------|-------|
| Tobacco or nicotine products | 32.8 | 30.9 | 33.7 | 31.6 |
| Alcoholic beverages | 64.3 | 69.2 | 71.4 | 67.8 |
| Cannabis—nonmedical use | 37.3 | 41.4 | 56 | 41.1 |
| Cocaine | 6.3 | 5.1 | 6.9 | 5.6 |
| Prescription stimulants—nonmedical use | 7.9 | 5.9 | 9.4 | 6.7 |
| Methamphetamine | 1.5 | 0.9 | 2.1 | 1.2 |
| Inhalants | 5.4 | 3.5 | 10.4 | 4.6 |
| Sedatives— nonmedical use | 4.7 | 4 | 7 | 4.4 |
| Hallucinogens | 12.3 | 8.6 | 17.9 | 10.3 |
| Heroin | 0.9 | 0.4 | 17.9 | 10.3 |
| Prescription opioids—nonmedical use | 3.5 | 2.4 | 4.5 | 2.9 |

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

| | Cis Men | Cis Women | Trans/GNC | Total |
|--|---------|-----------|-----------|-------|
|--|---------|-----------|-----------|-------|

| | | | | |
|--|------|------|------|------|
| Tobacco or nicotine products | 16.0 | 14.2 | 16.8 | 14.8 |
| Alcoholic beverages | 10.0 | 9.3 | 10.0 | 9.5 |
| Cannabis—nonmedical use | 15.1 | 16.4 | 28.9 | 16.7 |
| Cocaine | 1.3 | 0.9 | 1.6 | 1.0 |
| Prescription stimulants—nonmedical use | 1.3 | 0.9 | 1.8 | 1.1 |
| Methamphetamine | 0.3 | 0.2 | 0.5 | 0.2 |
| Inhalants | 0.9 | 0.4 | 2.0 | 0.7 |
| Sedatives— nonmedical use | 0.8 | 0.8 | 1.7 | 0.9 |
| Hallucinogens | 1.8 | 1.2 | 3.5 | 1.5 |
| Heroin | 0.2 | 0.2 | 0.3 | 0.2 |
| Prescription opioids—nonmedical use | 0.5 | 0.3 | 1.0 | 0.4 |

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

| | Cis Men | Cis Women | Trans/GNC | Total |
|--|---------|-----------|-----------|-------|
| Tobacco or nicotine products | 1.1 | 0.8 | 1.8 | 1.0 |
| Alcoholic beverages | 1.2 | 0.8 | 1.9 | 1.0 |
| Cannabis—nonmedical use | 1.5 | 0.9 | 2.6 | 1.2 |
| Cocaine | 0.2 | 0.1 | 0.4 | 0.2 |
| Prescription stimulants—nonmedical use | 0.2 | 0.1 | 0.5 | 0.2 |
| Methamphetamine | 0.1 | 0.1 | 0.5 | 0.1 |
| Inhalants | 0.1 | 0.1 | 0.5 | 0.1 |
| Sedatives— nonmedical use | 0.2 | 0.1 | 0.6 | 0.2 |
| Hallucinogens | 0.1 | 0.1 | 0.5 | 0.1 |
| Heroin | 0.1 | 0.0 | 0.4 | 0.1 |
| Prescription opioids—nonmedical use | 0.2 | 0.1 | 0.4 | 0.1 |

Drug-and alcohol-related use: Lewis University Data

The data for first year students comes from the AlcoholEdu Vector solutions module assigned to first-year students during their first semester at the University. The data for student athletes comes from the AlcoholEdu Ongoing, or the CannabisEdu Vector solutions module assigned to student athletes during the fall semester.

Drinker category--first year students

| Category | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|----------------|-----------|-----------|-----------|----------|
| Abstainer | 562 | 75% | 654 | 72% |
| Moderate | 26 | 3% | 49 | 5% |
| Heavy Episodic | 18 | 2% | 10 | 1% |
| Non-Drinker | 140 | 19% | 197 | 22% |
| Problematic | 2 | 0% | 2 | 0% |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|---------------|-----------|-----------|-----------|----------|
| Never | 10 | 50% | 20 | 71.4% |
| Once | 8 | 40% | 5 | 17.9% |
| Twice | 1 | 5% | 1 | 3.6% |
| Three or more | 1 | 5% | 2 | 7.1% |
| No response | 509 | - | 636 | - |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|---------------|-----------|-----------|-----------|----------|
| Never | 12 | 66.7% | 32 | 72.7% |
| Once | 5 | 27.8% | 10 | 22.7% |
| Twice | 1 | 5.6% | 0 | 0% |
| Three or more | 0 | 0% | 2 | 4.5% |
| No response | 511 | - | 620 | - |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|------------------------------------|-----------|-----------|-----------|----------|
| Cigarettes | 3 | 20% | 7 | 24.1% |
| E-cigarettes | 8 | 53.5% | 20 | 69% |
| Chewing Tobacco | 1 | 6.7% | 2 | 6.9% |
| Cannabis | 7 | 46.7% | 6 | 20.7% |
| Barbiturates | 0 | 0% | 0 | 0% |
| Inhalants | 0 | 0% | 0 | 0% |
| Non-prescribed medication for ADHD | 1 | 6.7% | 0 | 0% |
| No answer | 514 | | 635 | |

% use drugs (past two weeks)—student athletes

| | # 2024-25 | % 2024-5 |
|-----------------|-----------|----------|
| Cigarettes | 2 | 0.7% |
| E-cigarettes | 3 | 1.1% |
| Chewing Tobacco | 1 | 0.4% |

| | | |
|------------------------------------|----|------|
| Cannabis | 2 | 0.7% |
| Barbiturates | 0 | 0% |
| Inhalants | 0 | 0% |
| Non-prescribed medication for ADHD | 1 | 0.4% |
| No answer | 65 | |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|--------------------------|-----------|-----------|-----------|----------|
| Smoking plant material | 27 | 28.1% | 8 | 40% |
| Smoking concentrated THC | 7 | 7.3% | 3 | 15% |
| Vaping THC oil | 21 | 21.9% | 10 | 50% |
| Edible THC product | 18 | 18.7% | 11 | 55% |
| Other | 57 | 59.4% | 1 | 5% |
| No answer | 433 | | 644 | |

When you used a cannabis product, which form did you use? (Could select multiple)—student athletes

| | # 2024-25 | % 2024-5 |
|--------------------------|-----------|----------|
| Smoking plant material | 20 | 76.9% |
| Smoking concentrated THC | 7 | 26.9% |
| Vaping THC oil | 13 | 50% |
| Edible THC product | 19 | 73.1% |
| Other | 0 | 0% |
| No answer | 310 | |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|-----------|-----------|-----------|-----------|----------|
| Yes | 41 | 32.8% | 76 | 37.8% |
| No | 84 | 67.2% | 125 | 62.2% |
| No Answer | 404 | | 463 | |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|-----|-----------|-----------|-----------|----------|
| Yes | 131 | 29.4% | 213 | 35.6% |

| | | | | |
|-----------|-----|-------|-----|-------|
| No | 315 | 70.6% | 385 | 64.4% |
| No Answer | 83 | | 66 | |

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

College Counseling Assessment of Psychological Symptoms (CCAPS)

Substance Use Scores

| | 2023-24 | 2024-25 |
|--------------------------------|---------|---------|
| Lewis Average | 0.32 /4 | 0.32 /4 |
| National Average | 0.54 /4 | 0.54 /4 |
| Clients above National Average | 40.18% | 40.57% |

How many times have you felt the need to reduce your alcohol or drug use?

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|-------------------|-----------|-----------|-----------|----------|
| Never | 238 | 88.5% | 220 | 83.7% |
| 1 time | 19 | 7.1% | 24 | 9.1% |
| 2-3 times | 15 | 5.6% | 16 | 6.1% |
| 4-5 times | 0 | 0% | 10 | 3.8% |
| More than 5 times | 10 | 3.7% | 10 | 3.8% |

How many times have others expressed concern over your alcohol use?

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|-------------------|-----------|-----------|-----------|----------|
| Never | 250 | 92.9% | 245 | 93.2% |
| 1 time | 17 | 6.3% | 8 | 3.0% |
| 2-3 times | 7 | 2.6% | 11 | 4.2% |
| 4-5 times | 1 | 0.4% | 1 | 0.4% |
| More than 5 times | 5 | 1.9% | 4 | 1.5% |

Alcohol Use Disorder Identification Test (AUDIT) Scores

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|---|-----------|-----------|-----------|----------|
| 0 | 70 | 32.3% | 68 | 36.0% |
| 1 | 38 | 17.5% | 34 | 18.0% |
| 2 | 38 | 17.5% | 22 | 11.6% |
| 3 | 31 | 14.3% | 28 | 14.8% |
| 4 | 30 | 13.8% | 21 | 11.1% |
| 5 | 10 | 4.6% | 17 | 9.0% |
| 6 | 11 | 5.1% | 6 | 3.2% |
| 7 | 5 | 2.3% | 8 | 4.2% |
| 8 | 2 | 0.9% | 4 | 2.1% |
| 9 | 2 | 0.9% | 4 | 2.1% |

| | | | | |
|--------------|-----|------|-----|------|
| 10 | 3 | 1.4% | 1 | 0.5% |
| 11 | 1 | 0.5% | 1 | 0.5% |
| 12 | 1 | 0.5% | 2 | 1.1% |
| 13 | 2 | 0.9% | 3 | 1.6% |
| 14 | 0 | 0% | 1 | 0.5% |
| 15 | 0 | 0% | 1 | 0.5% |
| 17 | 1 | 0.5% | 1 | 0.5% |
| 21 | 0 | 0% | 2 | 1.1% |
| 32 | 1 | 0.5% | 0 | 0% |
| Total | 246 | | 224 | |

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?

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|------------------------|-----------|-----------|-----------|----------|
| Never | 77 | 35.5% | 69 | 36.5% |
| Monthly or less | 83 | 38.2% | 72 | 38.1% |
| 2 to 4 times a month | 63 | 29% | 47 | 24.9% |
| 2 to 3 times a week | 7 | 3.2% | 12 | 6.3% |
| 4 or more times a week | 1 | 0.5% | 1 | 0.5% |
| No response | 4 | 1.8% | 2 | 1.1% |

How often have you engaged in Binge Drinking?

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|--------------|-----------|-----------|-----------|----------|
| None | 218 | 81.0% | 40 | 15.2% |
| Once | 47 | 17.5% | 2 | 0.8% |
| Twice | 17 | 6.3% | 5 | 1.9% |
| 3 to 5 times | 7 | 2.6% | 1 | 0.4% |
| 6 to 9 times | 1 | 0.4% | 0 | 0% |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|-------------|-----------|-----------|-----------|----------|
| 1 or 2 | 120 | 55.3% | 89 | 47.1% |
| 3 or 4 | 59 | 27.2% | 55 | 29.1% |
| 5 or 6 | 11 | 5.1% | 12 | 6.3% |
| 7,8, or 9 | 2 | 0.9% | 4 | 2.1% |
| 10 or more | 2 | 0.9% | 3 | 1.6% |
| No response | 46 | 21.2% | 47 | 24.9% |

How often have you used Marijuana? (from intake form)

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|-------|-----------|-----------|-----------|----------|
| None | 233 | 86.6% | 225 | 85.6% |
| Once | 15 | 5.6% | 7 | 2.7% |
| Twice | 11 | 4.1% | 10 | 3.8% |

| | | | | |
|------------------|----|------|----|------|
| 3 to 5 times | 11 | 4.1% | 11 | 4.2% |
| 6 to 9 times | 3 | 1.1% | 4 | 1.5% |
| 10 or more times | 9 | 3.3% | 15 | 5.7% |

How often do you use cannabis? (From CCAPS)

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|------------------------|-----------|-----------|-----------|----------|
| Never | 71 | 32.9% | 45 | 23.9% |
| Monthly or less | 30 | 13.9% | 20 | 10.6% |
| 2 to 4 times a month | 13 | 6.0% | 7 | 3.7% |
| 2 to 3 times a week | 9 | 4.2% | 7 | 3.7% |
| 4 or more times a week | 10 | 4.6% | 17 | 9.0% |
| No response | 106 | 49.1% | 107 | 56.9% |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|-------------|-----------|-----------|-----------|----------|
| Less than 1 | 56 | 25.9% | 35 | 18.6% |
| 1 or 2 | 27 | 12.5% | 19 | 10.1% |
| 3 or 4 | 15 | 6.9% | 16 | 8.5% |
| 5 or 6 | 7 | 3.2% | 5 | 2.7% |
| 7 or more | 1 | 0.5% | 3 | 1.6% |
| No response | 127 | 58.8% | 126 | 67.0% |

How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|-----------------------|-----------|-----------|-----------|----------|
| Never | 96 | 44.4% | 61 | 32.4% |
| Less than monthly | 12 | 5.6% | 11 | 5.9% |
| Monthly | 3 | 1.4% | 6 | 3.2% |
| Weekly | 3 | 1.4% | 5 | 2.7% |
| Daily or almost daily | 4 | 1.9% | 3 | 1.6% |
| No response | 115 | 53.2% | 118 | 62.8% |

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

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-5 |
|-----------------------------------|-----------|-----------|-----------|----------|
| Never | 87 | 40.3% | 51 | 27.1% |
| Yes, but not in the past 6 months | 10 | 4.6% | 6 | 3.2% |
| Yes, during the past 6 months | 19 | 8.8% | 27 | 14.4% |
| No response | 116 | 53.7% | 120 | 63.8% |

Student Use of Timely Care Self-Care Journeys

| Topic | # 2023-24 | # 2024-25 |
|----------------------|------------------|------------------|
| Stress | 120 | 28 |
| Sleep | 104 | 98 |
| Depression | 92 | 104 |
| Relationships | 84 | 12 |
| Eating | 80 | 39 |
| Other | 74 | 2 |
| Anxiety | 60 | 126 |
| Substance Use | 18 | 18 |
| Resilience | 10 | 5 |
| Loss | 3 | 38 |
| Time Management | 0 | 44 |

AOD Policy & Compliance Inventory

Student Handbook Policies

Code of Conduct- 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 their education 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 community standards disrupts the University. Sanctions in response to violations of the standards 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 policies may be defined by the Office of Student Life as necessary and communicated to the student community.

University Community Standards and Code of Conduct

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.
- II. Failure to report to an appropriate University official the knowledge of any violation of University policy or a potentially harmful or disruptive situation.
 - a. Violation of University controlled substances policies
 - b. Violations of the University Drug Policy
 - c. Violations of the University Alcohol Policy
 - d. Violations of the University Smoking Policy
- III. Possession, storage and/or use of weapons is prohibited on any property owned or controlled by the university, including university housing or vehicles parked on campus, with the exceptions provided in subsections a and b. This includes, but is not limited to,
 - (1) firearms, firearm ammunition, BB gun, pellet guns, paintball guns, tear gas guns, stun guns, tasers, nerf guns or other projectile firing device considered dangerous or deadly of similar type;
 - (2) knife (except an ordinary eating utensil), dagger, dirk, switchblade knife, stiletto, ax, hatchet, or other deadly or dangerous weapon or instrument of similar type;
 - (3) bludgeon, blackjack, slingshot, sandbag, sand club, metal knuckles, Billy club, throwing star, nunchaku, or other dangerous or deadly weapon of similar type;
 - (4) bomb, bombshell, grenade, firework, bottle or other container containing an explosive, toxic, or noxious substance.
 - a. With compliance with the Illinois Firearm Concealed Carry Act (PA098-0063), any building, classroom, laboratory, artistic venue, athletic venue, entertainment venue, officially recognized University-related organization property, whether owned or leased and any real property, including sidewalks and common areas under the control of the University, are considered “prohibited areas” upon which a Concealed Carry License holder shall not knowingly carry a firearm. A Concealed Carry License holder shall be permitted to carry a concealed firearm on or about his or her person within a vehicle into a parking area and may store a firearm or ammunition concealed in a case within a locked vehicle or locked container out of plain view within the vehicle in the parking area. A Concealed Carry License holder may carry a concealed firearm in the immediate area surrounding his or her vehicle within a parking lot only for the limited purpose of storing or retrieving a firearm within the vehicle’s trunk. The University does not provide firearms storage for Concealed Carry License holders. Further, a Concealed Carry License holder shall not carry a firearm while operating a University vehicle or when engaged in university activities whether on or off university property.
 - b. In accordance with state statute and the Federal Law Enforcement Officer Safety Act, qualified current and retired law enforcement officers may possess firearms on university property.
- IV. Harassment

a. Verbal or physical harassing of any member of the University community including students, faculty, or staff– because of race, gender, religion, national origin, disability, physical appearance, or sexual orientation.

b. Unwanted contact including contact through electronic means.

c. Violation of a No Contact Order.

V. Sexual Misconduct Refer to the Sexual Misconduct section of this Student Handbook for specifics.

a. Sexual Harassment

b. Non-Consensual Sexual Intercourse

c. Non-Consensual Sexual Contact

d. Sexual Exploitation

e. Dating Violence

f. Domestic Violence

g. Other Gender Based Misconduct

h. Predatory Drugs

VI. Gang Activity

a. Recruiting other students into police recognized gangs.

b. Participating in gang-related activity on campus.

c. Promoting gang participation through the use and dissemination of gang symbols.

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. 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.

k. Behavior motivated by bias against an individual's actual or perceived race, ethnicity, religion or disability. For example; bigoted name calling or graffiti.

VIII. Academic dishonesty including, but not limited to, plagiarism, cheating, and collusion. Incidents involving academic dishonesty are addressed in accordance with the Academic Honesty Policy found in this **Student Handbook** and the procedures listed in the University Catalog.

IX. Misappropriating, use without permission, theft or inappropriate use of the property of another person or of the University:

a. Possession, use or sale of another's or the University's property without consent.

b. Destroying, or defacing another's or the University's property.

c. Obtaining the property of another person or of the University through fraud.

d. Trespassing in areas secured or in areas which are generally off limits including but not limited to rooftops or storage areas.

e. Sleeping in public areas owned, leased, or controlled by the University.

f. Soliciting/selling for personal or organizational profit without proper consent of University officials.

g. Littering and other inappropriate disposal of garbage or trash.

h. Driving vehicles outside of designated roadways on sidewalks, grass or other prohibited areas without prior approval.

i. Forcing open a locked door.

j. Entering a student room or residence hall to which you are not assigned without an escort.

k. Use of another student's copier/printer authorization code.

l. Removal of University property from its designated place.

m. Unauthorized use of another student's meal plan.

n. Solicitation of employees and students by individuals or profit-making organizations with products or services for personal use is prohibited unless otherwise authorized by the College President or his/her designee. Solicitation by individuals or non-profit organizations is not prohibited provided that it does not interfere with college business, programs and activities, is approved by the Dean of Students and is affiliated with a college organization, club or office.

X. Violating any Lewis University policies as outlined in other department policies, including Office of Technology, Registered Student Organization Manual, etc. Misuse of fire safety equipment, starting, causing or assisting in behavior, which could result in a fire or inhibit the work of emergency personnel.

a. Improper use of fire alarms, fire extinguishers, hoses or other safety devices, including removing or tampering with smoke detectors or fire procedure stickers.

- b. Inhibiting the work of firefighters especially through failure to evacuate a building or to cooperate with personnel.
 - c. Violation of the Fire Pit Policy.
 - d. Entering or exiting through a designated emergency door when not an emergency.
 - e. Possession of combustible items.
 - f. Not exiting a building when there is a fire alarm.
- XI. Falsifying, defacing, or altering any official document submitted to or issued by the University. This includes, but is not limited to, identification cards, grade reports, transcripts, official correspondence or receipts, or applications.
- a. Purporting to represent another person, an organization, or the University without consent or authority.
 - b. Incurring financial obligations on behalf of a person, organization, or the University without consent or authority.
 - c. Possession of a fraudulent or false identification card or document, including replica state or government issued identification.
 - d. Falsifying university timesheets.
- XII. Altering, possessing, duplicating, using keys without consent and authorization of University personnel.
- XIII. Providing false information to University officials including adjudicators at any level in the conduct process.
- XIV. Failure to comply with a sanction, including violation of requirements related to probationary status.
- XV. Violation of motor vehicle or parking policies of the University. Refer to the University Police section of this **Student Handbook** for specifics.
- XVI. 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. Refer to the Hazing policy in the **Student Handbook**.
- XVII. 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.
- XVIII. 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.
- XIX. Self-balancing scooters, otherwise known as hover boards, are prohibited from being used, possessed, ridden, stored or charged on University property.
- XX. Violation of the Unmanned Aircraft and Model Aircraft Policy. Refer to Unmanned Aircraft and Model Aircraft policy in the Student Handbook.
- XXI. Violation of University policies and procedures related to public health guidelines and directives.

XXII. Violation of the University Service or Assistance Animal Policies. Refer to the Service or Assistance Animal policy in the Student Handbook.

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 on this assessment, the student will be provided with treatment recommendations which could include services on campus and/or a referral to an off-campus treatment program or licensed treatment professional. Licensed counselors on campus will use research-based assessment tools to determine clinical recommendations. On campus counselors are prepared to serve low to moderate alcohol or other drug risk behaviors and/or symptoms and will be utilizing motivational interventions to refer to specialized or more intensive community-based treatment programs and providers as indicated. 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.

Parental Notification Policy

In accordance with the Family Educational Rights and Privacy Act (FERPA), the Dean of Students, 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 Students, 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 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 many 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 must comply with all federal, state, and local laws pertaining to alcohol possession and use 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 room with the door closed. Possessing and/or consuming alcohol with minors is not allowed 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) twelve-ounce cans or bottles. Amounts over 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 and subject to confiscation.

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 in Founders, Sheil and South Halls. No student, regardless of age, may possess alcohol at any time in alcohol free residence halls.

The construction of bars and displays of alcohol containers, whether empty or full, is not allowed. Gatherings of over eight people where alcohol is present are not permitted 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 impairment from alcohol use on campus or at any University-sponsored event.
- 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 kegs, party balls, punch bowls, wine boxes, etc.
- Participating in or being present during any drinking game.
- Possessing an open container of alcohol in a common area including bathrooms, hallways, lounges, elevators, lobbies or outdoor spaces

Local Ordinances and State Statutes, and Impaired Driving

The Lewis University Police Department has authority to enforce Illinois state statutes and Village of Romeoville local ordinances. A student or employee at Lewis University violating state and/or local laws related to drugs and alcohol may be subject to arrest and criminal prosecution in addition to university disciplinary action.

Romeoville Code of Ordinances:

Chapter 112 – Alcoholic Beverages 112.20 PURCHASE OR ACCEPTANCE OF GIFT, CONSUMPTION PROHIBITED; EXCEPTIONS.

(A) Any person to whom the sale, gift, or delivery of any alcoholic liquor is prohibited because of age shall not purchase or accept a gift of alcoholic liquor or have alcoholic liquor in his possession. Any person purchasing, accepting delivery of, or having possession of alcoholic liquor shall be in violation of this section.

(B) No person under 21 years of age shall consume alcoholic liquor.

(C) The possession and dispensing or consumption by a minor of alcoholic liquor in the performance of a religious service or ceremony, or the consumption by a minor under the direct supervision and approval of the parents or parent of the minor in the privacy of a home is not prohibited. (Ord. 430, passed 12-4-74; Am. Ord. 710, passed 1-16-80) Penalty, see § 112.99 (A)

Minimum Legal Drinking Age

Even with this flexibility for the States, Congress retains the power to use financial and tax incentives to promote certain alcohol policies, such as the minimum legal drinking age. The Federal Uniform Drinking Age Act of 1984 sets the minimum legal drinking age to 21 and every State abides by that standard. According to this Act, the Federal government can withhold ten percent of Federal funding for highways from States that do not prohibit people under age 21 from buying or publicly possessing any alcoholic beverage. While every State abides by this standard, State law varies on specifics about possession and exceptions to the law, such as allowing people under 21 to drink with their parents. To learn more about Alcohol Policy in the

United States, visit NIAAA's Alcohol Policy Information System (APIS) (235 ILCS 5/6-16) (from Ch. 43, par. 131) Sec. 6-16. Prohibited sales and possession.

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. <https://nida.nih.gov/research-topics/college-age-youngadults> or <https://nida.nih.gov/research-topics/co-occurring-disorders-health-conditions> <https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/alcohol-medication-interactions-potentially-dangerous-mixes>

The use, possession, sale, transfer, or manufacture of any drug or paraphernalia commonly associated with illegal or restricted 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. For students living in the Residence Halls, all legal prescriptions are the responsibility of the student and should be secure at all times.

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.
- 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, Mission and Ministry, Residence Life and the Student Wellness Center work together to provide various alcohol and drug prevention education and awareness activities and initiatives.

Alcohol and Other Drug Policy Sanctions

Initial offense with no aggravating factors are heard at Conduct Review Level. Possible sanctions and institutional actions include, but are not limited to:

- Completion of Educational project (online program)
- Authorship of a research/reflection essay
- Advising Session
- Official Reprimand or Warning
- Other sanctions as determined by the adjudicator

If there are aggravating factors the case may move to Administrative Review Level. Aggravating Factors Include:

- Combined with a drug violation
- Previous violations of the alcohol or other drug policy
- More than one violation is alleged
- History of policy violations

Subsequent Offenses are heard at the Administrative Review Level. Possible sanctions and institutional actions include, but are not limited to:

- Referral to Wellness Center
- Completion of the two-part Brief Alcohol Screening & Intervention for College Students (BASICS) assessment.
- Authorship of a research/reflection essay
- Completion of an online educational materials
- Notification of parents/guardians of students under 21 years of age
- Other sanctions as determined by the adjudicator

Continued Offenses or Offenses with additional Aggravating Factors are heard at the Student Conduct Board Hearing. Possible sanctions and institutional actions include, but are not limited to:

- Restrictions from university housing
- Possible removal from university housing or expulsion

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.

Smoking Policy

Lewis University is committed to providing a safe, healthy, and productive environment for all members of its community, including students, faculty, staff, and visitors. This policy aims to minimize exposure to secondhand smoke and vapor, promote a healthier campus, and comply

with applicable laws and regulations regarding smoking and nicotine product use. In compliance with the Illinois Indoor Clean Air Act, Lewis University is primarily a smoke-free campus. Smoking, vaping/e-cigarette use, and the use of all nicotine products (including smokeless tobacco like Zyn) are strictly prohibited in and on university property, with the exception of designated areas.

Definitions

- **Smoking:** Inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe, or any other lighted or heated tobacco or plant product intended for inhalation, including hookahs and cannabis.
- **Vaping/E-cigarettes:** The use of electronic smoking devices, electronic nicotine delivery systems, or other similar devices that create an aerosol or vapor, in any manner or form, regardless of the substance contained in the device. This includes, but is not limited to, e-cigarettes, e-cigars, e-pipes, vape pens, and JUULs.
- **Nicotine Products/Smokeless Tobacco:** Any product containing nicotine that is not intended for inhalation but is ingested or absorbed, including but not limited to chewing tobacco, snuff, snus, and nicotine pouches (e.g., Zyn, On!, Velo).
- **University Property:** Any building, structure, grounds, parking lot, or vehicle owned, leased, or operated by Lewis University. With the exception of the designated smoking area posted on campus. This prohibition includes, but is not limited to:
 - All university buildings and facilities, including residence halls, academic buildings, administrative offices, dining facilities, recreational facilities, and athletic venues.
 - All outdoor areas, including sidewalks, walkways, plazas, parking lots, athletic fields, outdoor seating areas, and entrances to buildings.
 - University-owned, leased, or rented vehicles.
 - During university-sponsored events held off-campus, when the university has control over the venue. **Lewis University maintains some designated smoking areas on university property.** These areas are designated by specific signage and tobacco refuse containers. All members of the Lewis University community are encouraged to respectfully inform individuals of this policy and its purpose.

Lewis University encourages all individuals who wish to quit smoking or using nicotine products to seek assistance. Resources may include:

- Lewis University Student Wellness Center
- Illinois Tobacco Quitline: 1-866-QUIT-YES (1-866-784-8937) or www.quityes.org
- Truth Initiative: www.truthinitiative.org

Failure to comply with this policy may result in 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 suite mates 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.

Room Inspection and Entry

Scheduled room inspections occur before breaks and after the halls have closed. The university will conduct room inspections at least twice a semester.

These inspections are conducted to ensure that building maintenance, safety, and property control requirements are being followed. The Director of Residence Life and/or their designee will notify students of a room inspection explaining how to properly prepare the room. Failure to prepare one's room is considered a violation of policy. An unscheduled room inspection may happen at any time. Students should be aware that any items prohibited by law or university policy may be confiscated and will be referred to the Student Conduct process. Whenever a room is entered, University personnel will knock and announce themselves. Whenever a room is entered without a resident being present, the staff member(s) should notify the student via notes or electronically via email. The note will state that the room has been entered, by whom, and the purpose for the entry.

Room Search

The university reserves the right to inspect residential rooms and regulate the use of the premises in accordance with University policies. A designated University official may conduct a formal search, with or without consent, of a residence hall room when one or more of the following conditions are believed to exist;

- When the staff has reasonable cause to suspect violations of health or safety regulations or of university policy.
- When the staff has reasonable cause to believe an emergency exists involving immediate danger to life, safety, health and/or property.
- When the staff has reasonable cause to suspect that a particular item or piece of information (such as medication or telephone number) is in the room and would be useful in responding to an emergency involving immediate danger to life, safety, health or property.
- When a disturbance exists in the room (i.e. continual alarm sounding, telephone ringing or loud stereo playing).
- When the staff has reasonable cause to suspect a university policy violation, particularly if it involves alcohol or drugs.

- When the staff has reasonable cause to think some act of vandalism has occurred or is occurring.
- For periodic environmental checks (i.e. furniture inventory, engineering/cleanliness concerns). These will be conducted during fall, winter, and spring breaks and at the university's discretion.
- For other sufficient cause as determined by the 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 the notification to police. Search findings are documented by University Staff. Any items in violation of University Community Standards discovered in a room search will be confiscated and turned over to the Lewis Police for storage and criminal investigation. The incident will be referred to Student Conduct.

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 Event Request 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.

Jurisdiction Over Student Conduct

The Student Code of Conduct and the student conduct process applies to the conduct of individual students and university-affiliated groups, organizations, teams, etc. The Student Code of Conduct is based on shared values and sets a range of expectations for the Lewis University student no matter where or when their conduct may take place. Therefore, the Student Code of Conduct will apply to behaviors that take place at all campus locations, at college-sponsored events, and may also apply off campus when the administration determines that the off-campus conduct affects a substantial college interest. A substantial University interest is defined to include:

- Any situation where it appears the student's conduct may present a danger or threat to the health or safety of self or others; and/or
- Any situation that significantly impinges upon the rights, property or achievements of self or others or significantly breaches the peace and/or causes social disorder; and/or
- Any situation that is detrimental to the educational mission and/or interests of the University.

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.

The Student Code of Conduct may be applied to conduct that takes place from the time a person is admitted to the University, during the time a person is enrolled as a student, including intra-semester breaks and between semesters. Further, the Student Code of Conduct applies to guests of community members, whose hosts may be held accountable for the misconduct of their guests.

The Student Code of Conduct may be applied to behavior conducted online, via email or other electronic medium. These postings can subject a student to allegations of conduct violations if evidence of policy violations is posted online. The University does not regularly

search for this information but may take action if and when such information is brought to the attention of University officials.

There is no time limit on reporting violations of the Student Code of Conduct; however, the longer someone waits to report an offense, the harder it becomes for University officials to obtain information and witness statements and to make determinations regarding alleged violations.

Lewis University reserves the right to take disciplinary action against any student whose behavior undermines the academic or social purposes, safety or order of the campus community. Disciplinary action is usually initiated by a written complaint or report submitted by any member of the Lewis community or guest. While it is possible to submit an anonymous report, an individual filing a report is encouraged to include their name on the report in order to expedite a disciplinary inquiry.

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.
2. 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.
3. Parents or guardians seeking consultation with University officials regarding 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.
4. 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.
5. 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.

6. 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.
7. Except in cases of sexual misconduct, attorneys, parents or guardians are not admitted to conduct or appeal proceedings at any level.
8. Before receiving a housing assignment, students under the age of 18 who qualify for housing must provide a written consent (or electronic) from their parent (s) or legal guardian (s). This consent must acknowledge the university's policies and procedures, including the housing contract.

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

<https://www.lewisu.edu/studenthandbook/Student-Handbook-2025-2026.pdf>

Student Organization Manual

The Student Organization Manual is designed to inform and guide all registered 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 registered student organizations [RSO's] shall operate. Contained within our policies are the steps required to become a registered student organization, procedures for hosting events on campus, and rules governing the use of university funds. All registered student organizations and their members must adhere to the policies, practices, and procedures mandated by the Lewis University 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 for Student Engagement, 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

Hate crimes and ugly racial attacks occur all too commonly in our society, so frequently perhaps as to make us immune to the pain and injustice experienced by the victims and their loved ones. Our silent, although often anguished, response indirectly contributes to an environment where

such atrocities are tolerated. Certainly, those occurrences are not unknown on many college campuses. University communities are reflections of the larger issues and tensions being experienced throughout society.

Lewis University attempts to foster a campus atmosphere that is permeated by its Mission-based values: Fidelity, Wisdom, Knowledge, Justice, and Association. As such, we seek to be “A Place and a People Committed to Diversity.” Accordingly, we have declared our campus to be a Sanctified Zone. That is, we aspire to be a campus where people are committed to working to end racism, bias, and prejudice by valuing diversity in a safe and nurturing environment.

During the 1997 Founders Week at a special dedication Mass, we declared our commitment to and appreciation for diversity and blessed our campus as a Sanctified Zone, where respect for the dignity of each person is to be promoted.

It was the President’s Transcultural Facilitation Council, which formulated the Sanctified Zone initiative. That group of twenty or so students, faculty, staff, and administrators called upon the entire Lewis community to help everyone, no matter their culture, race, religion, or social background, to feel comfortable, accepted and respected here on campus. Furthermore, they urged everyone to speak out in opposition to racism and in support of diversity, demonstrating an appreciation for the unique gifts and traditions of each cultural and ethnic group.

This active promotion of diversity and the opposition to all forms of prejudice and bias are a powerful and healing expression of our desire to be “Signs of Faith,” in keeping with the “Signum Fidei” (Sign of Faith) component of our Mission Statement. The Sanctified Zone symbol being displayed on campus features hands reaching out to each other. It also reflects the Mission-based values of Fidelity (representing many faith traditions with similar core values), Wisdom (the integration of reflection and action to work for justice), and Association (a community of mutual respect, collegiality, collaboration, and service).

Our hope is that as we faithfully progress in a determined effort to build a community of respect and concern, all students, faculty, staff, and alumni will be better able to contribute to a spirit of reconciliation locally, regionally, and globally. We have dedicated this effort in the memory of our beloved Joseph Cardinal Bernardin, who was such an inspiring model of all that is symbolized by our being a Sanctified Zone of tolerance, respect, and social justice. *Originated by Brother James Gaffney, FSC*

Event Policy

Definition of Event: For the purposes of this Student Organization Manual, an event can take many different forms. This Event Policy refers to any event sponsored by a student organization.

Student Organizations wishing to hold a dance will be held to the Event Policy as stated in this manual and the specific Dance Event Policy

Alcohol

- 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 Director of the Office for Student Engagement.
 - Student organizations may host events at off-campus locations that can legally serve alcohol (i.e., a restaurant, banquet hall, sports stadium) 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.
- No organization may sponsor an event in a bar or pub.
- 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 by Lewis University. All Lewis University students, regardless of student organization affiliation, must adhere to the policies and procedures stated in the Lewis University Student Handbook.

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 the 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 Student Engagement without an accompanying allegation of violating the policies of this manual or the Student Handbook and subsequent organizational review.

The new member process is essential to the positive development of chapter members. The process within each chapter must support and be conducive to the Lewis University Greek

Values. Each chapter is responsible for its own recruitment and membership education processes. For information about how to join a specific chapter, students are encouraged to contact the chapter directly.

**Please see the student organization manual for more information regarding these policies:*

<https://www.lewisu.edu/studentactivities/pdf/2025-2026-Student-Organization-Manual-V4.pdf>

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 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.

NCAA DII Regulations

Drugs-All Sports

- a. A student-athlete who, as a result of a drug test administered by the NCAA, tests positive for use of a substance in a banned drug class, as set forth in Bylaw 18.2.1.2.1, shall be declared ineligible for further participation in postseason and regular-season competition in accordance with the ineligibility provisions of Bylaw 18.2.1.2.
- b. A student-athlete who, as a result of a drug test administered by the NCAA, tests positive for use of a substance in a banned drug class other than narcotics (in accordance with the testing methods authorized by the NCAA Board of Governors), shall be subject to the following: (1) The student-athlete is ineligible for competition in all sports until they have been withheld from the equivalent of one season (the maximum number of championship segment regular-season contests or date of competition in Bylaw 17) of regular-season competition. The student athlete must be otherwise eligible for competition to fulfill this penalty except a transfer student-athlete may regain eligibility (see Bylaw 14.5.5.1) and fulfill a drug test penalty concurrently if they meet all other eligibility requirements; (2) A student-athlete who tests positive during a year in which they did not use a season of competition, shall be charged with the loss of one season of competition in all sports. A student-athlete who tests positive during a year in which they used a season of competition, shall be charged with the loss of an additional season of competition in all sports (in addition to the season used) unless they use a season of competition in the next academic year; and (3) The student-athlete shall remain ineligible for intercollegiate competition for 365 consecutive calendar days after the collection of the student-athlete's positive drug test specimen and until they test negative pursuant to the NCAA Drug-Testing Program's policies and procedures. [Bylaw 18.2.1.2.2]
- c. A student-athlete who, as a result of a drug test administered by the NCAA, tests positive for use of a substance in the banned drug class narcotics (in accordance with the testing methods authorized by the Board of Governors) shall be ineligible for competition during

50 percent of a season of competition in all sports (i.e., 50 percent of all contests or dates of competition in the season following the positive test). The student-athlete shall remain ineligible until the prescribed penalty is fulfilled and they test negative pursuant to the NCAA Drug-Testing Program's policies and procedures. [Bylaw 18.2.1.2.3]

- d. A policy adopted by the Board of Governors establishes that the penalty for missing a scheduled drug test is the same as the penalty for testing positive for the use of a banned drug other than a narcotic. You will remain ineligible until you retest negative. [Bylaws 18.2.1.2.4 and 18.2.1.2.4.1]

Non-NCAA Athletics Organization Positive Drug Test- All Sports

- a. If you test positive by a sport's governing body that has adopted the World Anti-Doping Agency code, you must notify your director of athletics regarding the positive drug test. You also must permit the NCAA to test you for the banned drugs listed in Bylaw 18.2.1.2.1.
- b. If the result of the NCAA drug test is positive, you will lose all remaining eligibility during the season in which you tested positive and an additional season of competition.
- c. The director of athletics must notify the NCAA chief medical officer in writing regarding a student-athlete's disclosure of a previous positive drug test administered by any other athletics organization.
- d. If the student-athlete transfers to a non-NCAA institution while ineligible and competes in intercollegiate competition during the prescribed period of ineligibility at a non-NCAA institution, the student-athlete remains ineligible for all NCAA regular-season and postseason competition until the student-athlete does not compete in collegiate competition for the entirety of the prescribed penalty (the total number of prescribed contests or dates of competition) while enrolled and otherwise eligible for competition at an NCAA institution. Furthermore, the student-athlete shall be ineligible for intercollegiate competition for the applicable consecutive-day period (365 or 730) after their final non-NCAA competition. Finally, the student-athlete remains ineligible until they retest negative pursuant to the NCAA Drug-Testing Program's policies and procedures. [Bylaw 18.2.1.2.5]
- e. The list is subject to change and the institution and student-athlete shall be held accountable for all banned drug classes on the current list. The list is located on the NCAA website (www.ncaa.org) or may be obtained from the NCAA Sport Science Institute staff.

NCAA consequences for positive drug test

1. A student-athlete who tests positive for an NCAA banned drug will be declared ineligible for participation in postseason and regular-season competition (unless a medical exception is granted).
2. A student-athlete who tests positive for a banned drug other than narcotics shall be ineligible for competition in all sports until they have been withheld from the equivalent of one

- season of regular season competition. The student-athlete shall be charged with the loss of one season of competition in all sports, in addition to the use of a season if they participated in intercollegiate competition during the same academic year. The student-athlete shall be ineligible for intercollegiate competition for 365 consecutive days after the collection of the student-athlete's positive drug-test specimen and until they test negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.
3. A student-athlete who tests positive for use of a substance in the banned drug class narcotics shall be ineligible for competition during 50% of a season of competition in all sports (i.e., 50% of all contests or dates of competition in the season following the positive test) and remain ineligible until the prescribed penalty is fulfilled and they test negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.
 4. A student-athlete who tests positive a second time for the use of any drug other than narcotics shall lose all remaining regular season and postseason eligibility in all sports. A student-athlete who previously tested positive for the use of any drug other than narcotics who tests positive for use of a substance in the banned drug class narcotics shall be withheld from competition for 50% of a season in all sports (i.e., first 50% of all regular season contests or dates of competition in the season following the positive test). The student-athlete will remain ineligible until the prescribed penalty is fulfilled and they test negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.
 5. A student-athlete who tests positive a second time for use of a substance in the banned drug class narcotics or a student-athlete who previously tested positive for the use of a substance in the banned drug class narcotics test positive for a banned drug other than narcotics shall be subject to the penalties set forth in Bylaws 18.2.1.2.2 (penalty – banned drug classes other than narcotics).
 6. A student-athlete found to have tampered with an NCAA drug-test sample shall be ineligible for competition in all sports until they have been withheld from the equivalent of two seasons of regular-season competition. A student-athlete involved in tampering during a year in which they did not use a season of competition shall be charged with the loss of two seasons of competition in all sports. A student-athlete involved in tampering during a year in which they used a season of competition shall be charged with the loss of two additional seasons of competition in all sports, in addition to the season used, unless they use a season of competition in one of the next two academic years. If they used a season of competition in one of the next two academic years, they will only be charged one additional season of competition in all sports, in addition to the season used. The student-athlete shall be ineligible for intercollegiate competition for 730 consecutive days after the student-athlete was involved in tampering and until they test negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.
 7. If a student-athlete transfers to a non-NCAA institution while ineligible because of a positive NCAA drug test and competes in collegiate competition within the prescribed penalty at a nonNCAA institution, the student-athlete will be ineligible for all NCAA regular season

and postseason competitions until the student-athlete does not compete in collegiate competition for the entirety of the prescribed penalty while enrolled and otherwise eligible for competition at an NCAA institution. The student-athlete shall be ineligible for intercollegiate competition for the applicable consecutive days (365 or 730) after their final non-NCAA competition and will remain ineligible until they test negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.

8. The penalty for missing a scheduled drug test is the same as the penalty for testing positive for the use of a banned drug other than a narcotic.
9. A student-athlete who tests positive has an opportunity to appeal the sanctions resulting from the positive drug test.

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.

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, 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.

(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. ii. 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.

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.

Graduate Nursing Student Handbook

Chemical Impairment Policy

a) Philosophy

It is the philosophy of the Department of Nursing 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, promotes teamwork, and constantly seeks value-added contributions and superior performance. Consistent with these values, the Department of Nursing 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 Department of Nursing 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 Department of Nursing 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 patients and is consistent with our contractual arrangements with these affiliating agencies.

b) Responsibility

In accordance with Lewis University regulations regarding controlled substances as stated in the Lewis 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 follow 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 Department of Nursing.

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 clinical activities, must report such instance to his/her clinical faculty prior to engaging in clinical activities.

The track coordinator and clinical faculty will determine whether or not the student is able to perform his/her activities. Unreported use violates this policy.

Any student in a classroom or clinical area will be required to pass tests for alcohol and illegal use of drugs as part of the health and clinical requirement as well as under the following circumstances:

- When the instructor determines there is reasonable cause to suspect that a student has violated any aspect of this policy or
- 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 laboratory certified by the State of Illinois Board of Public Health. All costs for required tests and acceptable transportation arrangements to the test site will be the responsibility of the student. Department of Nursing faculty and/or administration whom the College determines have a need to know will be made aware of the cond. of the test(s) and/or test results.

The student shall have the opportunity to explain or challenge positive test results. Whenever a specimen is taken, a second (split) specimen shall be retained at the test laboratory for possible confirmatory testing at a laboratory of the student's choice from the approved list and at the student's expense. The untested specimen shall be retained for one (1) week when a positive test result is found. If the student who tests positive does not act to have the

untested specimen reanalyzed during the one (1) week period, the Department of Nursing and the test laboratory will assume the student does not wish to do so and will dispose of the untested specimen. If the student elects to have the untested specimen reanalyzed, then no final disciplinary action will be taken until the results of the reanalysis are available, or within five (5) school days, whichever comes first. However, the student may not participate in any classroom, lab or clinical experience until the issue is resolved.

A student who tests positive for illegal or illegally used drugs will be subject to immediate dismissal from the Department of Nursing. 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 an occurrence will be grounds for immediate dismissal from the Department of Nursing.

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 of Department of Nursing policy.

c) Administration of the Policy

All questions, concerns, requests for information, assistance or interpretations should be referred to your faculty. The Department of Nursing reserves the right to respond to specific situations related to this policy in such 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.

Health Records & Clinical Requirement- Background check and Drug Test

The requirements for health records and clinical information are for the Department of Nursing, but clinical agencies may have more stringent requirements that must be followed. Beginning with your 2nd semester of enrollment in the graduate nursing program it is the student's responsibility to create an account in Castle Branch and remain in compliance with requirements throughout the duration of enrollment up to graduation.

A current record of immunizations is a requirement of Castle Branch, and the graduate nursing program and requirements may have an annual renewal. In the case of certain medical diagnoses, pregnancy, or religious beliefs an annual waiver request may be made available to a student. All waivers and supporting documents are subject to review and approval by the Graduate Nursing Program Director. However, even with approval a student may be denied clinical experience by a clinical agency. In addition, the student would hold harmless Lewis University for any risk of exposure. To request a waiver please contact Rosemarie Shaffern, rshaffern@lewisu.edu in the Graduate Nursing Program Office.

The timeline may be different for students that take a clinical/residency course during their first semester in the program. DNP students must create their Castle Branch account and upload documentation in the first semester in the program to prepare for DNP Residency and Project courses. The background check needs to be within the last 2 years, as more agencies require this timeframe.

If you have a current Castle Branch account, from undergraduate or another school/employer, you will need to use Lewis graduate nursing codes so the Graduate Nursing Office can track your account. We cannot view accounts not tied to Lewis University.

A student must follow Health Records and Clinical Requirements in order to enter a clinical/residency site. Any student who attends a clinical, practicum or scholarly project out of clinical compliance will be required to meet with the faculty and will not be allowed to count any accrued hours or patient cases during this time. Continued attendance while out of compliance at the clinical site will result in disciplinary action. Please see the [CoNHS Graduate Nursing Blackboard Organization](#) under health and clinical requirements area.

Students in the NP or DNP program may not participate in clinical or clock hours outside of the published semester dates.

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.

In regards to benefits, this Manual only summarizes the benefits in place at the time of publication. All determinations as to eligibility for and the amount of benefits will be controlled by the terms of the actual Benefit Plan documents and or third party administrators of the Plan where applicable.

Lewis University recognizes and appreciates the important service all employees provide toward the fulfillment of the University's Mission. Efficiency and job satisfaction will be enhanced by

employees who are punctual and regular in attendance and who meet their job responsibilities willingly.

Lewis University wishes each individual success in his/her position and hopes that each employment experience with Lewis University will be a rewarding one

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, 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.

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.

Volunteer’s Signature

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.

The Student Conduct Process

General Administration

The student conduct process is supervised by the Dean of Students/Assistant Vice President for Student Life and administered by the Director of Residence Life and Student Conduct. Student Conduct proceedings take place at three levels which are: Conduct 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, mentors or attorneys are not allowed at any level of 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 student conduct process, the adjudicator reserves the right to hear the case without student input in the event the student fails to attend.

The adjudicators' determination will be made on the basis of whether it is more likely than not that the student violated the student code of conduct.

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 by Student Conduct, students cited may review a redacted report(s) in the presence of a University staff member. If the student seeks to have something to take with them, a brief summary of the reports can be made available to students upon request.

Interim Protective Measures and Retaliation

The University may become aware of a student whose continued participation within the University community may pose an immediate threat to the student or other individuals, or whose removal is otherwise necessary to protect the health, safety, or welfare of members of the University community. If the Dean of Students or their designee determines that such a threat is posed, an interim suspension may be issued. Students remain responsible for their student account if an interim suspense is implement. No refund is allotted.

The Dean of Students or their designee may consult with other University personnel as necessary in deciding whether to impose an interim suspension.

A. An interim suspension generally means that the student is not allowed on any Lewis University campus, cannot attend classes or any University sponsored activities both on

and off University property until an investigation can be completed and pending the outcome of a University Conduct hearing. Any exceptions to the interim suspension will be explicitly communicated by the Dean of Students or their designee issuing the interim suspension. Students who live in university housing must leave University property.

- B. Notification of an interim suspension will be sent to the student's University e-mail account. Students may additionally be notified by other means. The notification will include information regarding the alleged behavior and the rationale for the interim suspension.
- C. Students requesting a review of an interim suspension please see the appeals process under the student conduct section.
- D. The University can impose, lift, reassess, and modify an interim suspension, as appropriate.

Determination of Adjudication Level

A review of documentation begins with a review of the student's conduct record for previous or similar incidents. The determination of the level at which the documentation will be handled is determined 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 encouraged to review the process as outlined in the *Student Handbook*.

Adjudication Levels

There are three Conduct Processes that will be used as determined by the circumstances.

Option 1: Conduct Review

1. A Residence Life Coordinator or member of the Residence Life Team will facilitate Conduct Review meetings for violations such as noise, visitation, and first-time alcohol violation.
2. At the Conduct Review meeting, the student will have the opportunity to read the report, documentation and review any information that the Conduct Facilitator is using to make a decision. If the student takes responsibility, they can move directly to sanctioning. The students will then share their perspective on what happened. It is the responsibility of the Conduct Facilitator to determine if there was a violation of the student code of conduct. If found responsible for violating the Student Code of Conduct, the Conduct Facilitator will determine what harm was caused and how it might be repaired.
3. The student may appeal the outcome of the Conduct Review. The appeals process is outlined below.
4. If the Conduct Facilitator finds the student to be responsible for violating policy, they will determine sanctions. Sanctions at this level include: Sanctions at this level include:
 - a. Advising session
 - b. Mediation
 - c. Peace Circle
 - d. Redress (apology, either written and/or verbal)
 - e. Restitution, payment for damage
 - f. 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.

- g. Educative Project or Essay
- h. Community Service (maximum of 10 hours)
- i. Referral to Counseling Service for mandatory assessment

All Conduct Review decisions are subject to review and approval by the Dean of Students/Assistant Vice President for Student Life and/or Director of Residence Life and Student Conduct.

Option 2: Administrative Review

1. An Administrative Review is heard by the Director of Residence Life and Student Conduct, or their designee, and a member of the University's Faculty or Staff who has received training in student conduct for policy violations such as threatening behavior, failure to comply, and alcohol/other drug violation with aggravating factors such as
 - a. Combined with an alcohol and/or drug violation
 - b. Previous alcohol or drug policy violations
 - c. More than one violation is alleged
 - d. History of policy violations
 - e. Failed to complete previous sanctions related to being in violation of a university policy.
 - f. The documentation indicates that the incident is more serious.
2. The student will have the opportunity to read the report, documentation and review any information that will be used to make a decision. The students will then share their perspective on what happened.
3. If the student takes responsibility for the violation, a discussion will be had regarding any additional information to be considered during sanctioning. If the student does not take responsibility, the Director or their designee will make a determination if it was more likely than not that there was a policy violation. Sanctions at this level include:
 - a. Advising session
 - b. Mediation
 - c. Peace Circle
 - d. Redress (apology either written and/or verbal)
 - e. Restitution, payment for damage
 - f. Fine. In situations when a fine is specified as a possible sanction, the adjudicating staff member uses discretion when determining the fine based on the circumstances of the case. The range for a conduct fine is \$25 to \$300
 - g. Educative project or essay
 - h. Community service (maximum of 20 hours)
 - i. Official reprimand
 - j. Activity restriction

- k. Facility restriction
- l. Behavioral contract
- m. Temporary suspension from residence life for up to one year
- n. Residence hall relocation
- o. Counseling Services for mandatory assessment
- p. Disciplinary probation.

All Administrative Review decisions are subject to review and approval by the Dean of Students/Assistant Vice President for Student Life.

Option 3: Conduct Board Hearing

Conduct Board Hearings are held for more egregious policy violations, multiple policy violations or for students that are already on disciplinary probation. Trained University staff and faculty representatives serve as members of the Conduct Board and are approved by the Dean of Students. If a student fails to attend the scheduled Conduct Board hearing, the Hearing will be heard in their absence and a decision rendered. Under extreme, unexpected circumstances, a request to reschedule a Hearing may only be granted by the Dean of Students. Requests to reschedule must be made to the Dean of Students no later than 48 hours (2 business days) before the scheduled hearing. If the exception can be made, the hearing will be rescheduled at the earliest possible time as determined by the University.

This Conduct Board hearing process is as follows:

1. The documentation indicates that the alleged violation is serious, such as but not limited to Student is arrested
 - a. Harm to self or others
 - b. Failure to comply with a conduct sanction
 - c. Threatening Behavior
 - d. Fighting
 - e. Weapons
2. Conduct Board Hearings are facilitated by the Dean of Students or their designee, the Director of Residence Life and Student Conduct, who administers the conduct process, and at least two board members.
3. Students have the right to request a meeting with the Director of Residence Life and Student Conduct to review the conduct procedures and review documentation related to the case. This request needs to be made no later than 48 hours before the scheduled Conduct Board Hearing.
4. Students may not contact any Conduct Board members before a Hearing. If additional questions arise, student may contact the Director of Residence Life and Student Conduct for clarification.
5. Students must share a list of their witnesses at least 48 hours before the hearing date to Residence Life and Student Conduct.
6. The student may have one member of the Lewis Community (student, faculty or staff)

serve as an advisor during the hearing. Parents, other relatives or guardians, and attorneys are not able to attend Conduct Board Hearings. Advisors are not allowed to address the board directly. Advisors serve as counsel and support to the student. Advisors may speak with the student but cannot make any requests of the Board.

7. All Conduct Board hearings are to be recorded by the University for review as necessary by university officials. Recordings will be dated and stored for at least one year. Hearing deliberations are not recorded. No other recordings are permitted.

8. The Board may implement sanctions including but not limited to:

- a. Advising session
- b. Mediation
- c. Peace Circle
- d. Redress (apology either written and/or verbal)
- e. Restitution, payment for damage
- f. Fine. In situations when a fine is specified as a possible sanction, the adjudicating staff member uses discretion when determining the fine based on the circumstances of the case.
- g. Educative project or essay
- h. Community service (Board discretion as to hours assigned)
- i. Official reprimand
- j. Activity restriction
- k. Facility restriction
- l. Behavioral contract
- m. Guest restriction
- n. Suspension from residence life
- o. Residence hall relocation
- p. Privilege Restriction
- q. Referral to Counseling services for mandatory assessment
- r. Removal from Residence Life
- s. Campus restriction
- t. Disciplinary Probation
- u. Disciplinary Suspension
- v. Disciplinary Expulsion

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.

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 their college or school; the student is restricted from being on University property unless engaged in official business approved in writing by the Dean of Students or 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, they must submit a letter to the Dean of Students or designee requesting reinstatement and provide evidence that they have satisfied the terms of the suspension. There are no adjustments or refunds to the student for any remaining student account balance due to a suspension.

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 Students or designee.

Appeal Process

A student may appeal the decision made at any level of the conduct process. At each level, the appeal will be heard one level above the level at which it was originally heard.

- Conduct Review appeals are heard by the Director of Residence Life and Student Conduct or their designee
- Administrative Review appeals are heard by the Dean of Students or their designee
- Conduct Board Hearing appeals are heard by the Vice President for Student Life or their designee

Students submitting an appeal must include information showing one, or more, of the following:

- **alleged violation of Procedural Standards;** A violation of **Procedural Standards** means that the respondent was not provided the required notice or opportunity for a fair hearing due to specified procedural errors or errors in the interpretation of university policies/regulations. These specified procedural errors or errors of interpretation must have been so substantial as to effectively deny the student a fair hearing. Reasonable deviations from the procedures set out in the Code of Conduct or the Conduct process do not invalidate a decision or proceeding unless the student can show that there would have been a different outcome in the case if the deviation or

error had not occurred.

- **alleged violation of Substantive Standards.** A violation of **Substantive Standards** means there is a lack of information in the record that could support the decision or sanction(s). This does not mean the information presented at the hearing can be re-argued on appeal. Instead, it requires the student to show that no reasonable person could have determined that the student was responsible or could have imposed the sanction that was issued; and/or,

- **New Evidence** evidence that was not available at the time the determination was made, that could affect the outcome. Withholding information at the time of the hearing is not reason for an appeal based on New Evidence.

1. Appeals are submitted in writing and should be addressed to the Administrator of the conduct process where the case was heard as shown above. Written appeals must be submitted no more than three business days from the date of the outcome. Outcome letters are submitted to students via their university email through the Maxient system.

2. Students will be notified within three business days of receiving an appeal if the appeal is going to be heard. Students will receive information regarding the outcome once the appeal is completed.

3. There is only one opportunity to appeal an outcome. Additional appeals are not permitted, and the decision is final.

4. Appeal Outcomes

a. Appeal granted. New conduct meeting scheduled.

b. Alteration or addition of sanctions.

c. If new information is submitted, additional policy violations may be noted resulting in referral to a new conduct process.

d. Case sent to original hearing officer to be reheard at original level. e. In the case of a Board Hearing a new Appeals Board may be convened.

Student Organization Disciplinary Process

Complaints

Complaints against a student or organization can originate from various sources. These can include faculty, staff, other students, alumni, parents, friends, or members of the community at large. Once a complaint is received, a determination is made as to how the complaint will be addressed. Complaints against individual students are referred to the University conduct process. Information about the University conduct process can be found in the Student Handbook.

Complaints against organizations are referred to the Organizational Review Committee outlined below.

Note: Individual student members of an organization may be referred to the University conduct process in addition to any disciplinary action against the organization if they are found to be individually in violation of university policies.

Organization Review Process

In the case that Student Engagement is made aware of a violation of the Student Organization Manual and/or the Student Handbook, by any member of an RSO, the matter will be referred to

the Organization Review Committee. 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 Engagement will conduct interviews, inquiries, and gather information surrounding the allegations.
- At the investigation's end, Student Engagement will recommend how to proceed. Examples include:
 - o Reinstating the organization
 - o Refer the case for Review
 - o Refer the case to the University conduct process

If a case is determined to be sufficient to warrant an Organization Review, the situation may be handled at one of two levels:

- Organization Administrative Review
- Organization Board Review

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

Organization Administrative Review

An Administrative Review is called by the Office for Student Engagement. An organization Administrative Review is presided over by a staff member. 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 organization's representatives will be allowed to speak and give information relevant to the incident supporting 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 decide if the organization is in violation of university policies, and what appropriate sanction should be imposed.
- Sanctions may include:
 - o Activity Restriction
 - o Advising Session
 - o Community Service
 - o Educative Essay or Project
 - o Facility Restriction
 - o Fine

- o Official Reprimand
- o Restitution
- o Redress

Note: 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 involve allegations that if true could warrant dissolving the student organization or that cannot be resolved at another level in the process. Members of the staff that conduct the investigation may not serve as board members. An Organization Board review is presided over by the Dean of Students or designee with an appointed 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 chosen advisor's name to the Dean of Students at least 48 hours (2 days) before 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 the conduct of 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 is typically an investigative summary.
 - The organization may plea “in violation” or “not in violation.”
 - The organization's representatives will be allowed to speak and give information relevant to the incident supporting their position.
 - The Dean of Student Services and other Board members will ask any questions they have about 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

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

Notification of Sanctioning

An organization 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:

- Student Organization Review appeals to the Director of Student Engagement
- Organization Administrative Review appeals to the Dean of Student Services
- Organization Board Review appeals to the Senior Vice President 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 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 Dean of Student Services' approval.

AOD Comprehensive Program Inventory

Individual Based Programs

- **AlcoholEdu & AlcoholEdu Ongoing Education**
 - 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
- **CannabisEdu**
 - Assigned to student athletes

- Web-based learning module
- Educates students about the effect of cannabis on the brain and how it impacts attention, concentration, and memory. Students learn how to make informed decisions about cannabis, how to know when someone's use has become problematic, and how to help a friend who may have a problem with their cannabis use.
- **Under the Influence and Alcohol Wise 21+**
 - Online Intervention course by 3rd millennium for alcohol violations for minors and students over 21
 - Students assess personal motivations and expectations about drinking, examine how their alcohol use affects themselves and others, develop a personal profile that examines drinking habits and family influences, and develop a personalized plan of action for change
 - Students learn about standard drinks, the Expectancy Effect, the dangers of drinking and driving, and the dangers of alcohol and substance interaction
- **THC 101**
 - Online Intervention course by 3rd millennium for cannabis violations
 - Students learn the reasons why they use cannabis, self-assess patterns of use, and estimate their time and money spent using. Students are guided through a personalized plan of action for making positive behavior changes, reducing use and reduce negative consequences
 - Student also learn how cannabis affects the body, the unique risks associated with cannabis concentrates and edibles, and the health impacts of use on respiratory system and brain function and development
- **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, CUDIT-R, AUDIT**
 - Offered by the Student Wellness Center
 - CCAPS
 - Cannabis Use Disorder Identification Test (CUDIT-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.
- **LU Cares**
 - The Lewis University LU Cares webpage is dedicated to providing resources and support to students, faculty, and staff in times of need. It is a central hub for information on mental health services, crisis intervention, wellness programs, and academic support. LU Cares emphasizes the university’s commitment to fostering a safe, inclusive, and supportive environment, offering tools and guidance to help individuals navigate personal challenges, seek assistance, and access campus and community resources. Whether facing emotional, financial, or academic

difficulties, the page ensures that help is readily available for all members of the Lewis University community.

Environmental Based Programs

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

Program Metrics

| Program | # 2023-24 | # 2024-25 |
|--|-------------------------------|---------------------------------|
| AlcoholEdu- first year students | 511 | 621 |
| AlcoholEdu for Sanctions | 5 | 0 |
| 3 rd millennium Under the Influence | 3 | 46 |
| 3 rd millennium Alcohol Wise 21+ | 0 | 19 |
| 3 rd millennium THC 101 | 0 | 9 |
| AlcoholEdu Ongoing- athletes | 400 | 0 |
| CannabisEdu- athletes | 0 | 367 |
| BASICS | 6 assessments 3 follow-ups | 1 assessments 2 2 follow-ups |
| CASICS | 1 assessment 1 follow-up | 6 assessments 7 follow-ups |
| Employee Assistance Program referrals | 0 | 0 |
| AUDIT | 246 | 224 |
| CUDIT-R | 216 | 188 |
| Beyond the Locker Room | 338 | 437 |
| Bystander Intervention- first year students | 430 | 518 |
| Mindwise Screening | 16 | 5 |
| eCHECKUP | n/a | 6 (3 alc. 3 cannabis) |

Counseling Services: 6 (0.9%) students self-referred to counseling for AOD in 23-24, and 7 students (1.4%) self-referred in 24-25.

Program Outcomes

The data for first year students comes from the AlcoholEdu Vector solutions module assigned to first-year students during their first semester at the University. The data for student athletes comes from the AlcoholEdu Ongoing, or the CannabisEdu Vector solutions module assigned to student athletes during the fall semester.

As a result of taking this course (Alcohol Edu), I am confident in my ability to help someone who may be experiencing an overdose –first year students

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-25 |
|-------------------|-----------|-----------|-----------|-----------|
| Strongly Agree | 182 | 40.9% | 184 | 34.8% |
| Agree | 150 | 33.7% | 185 | 35% |
| Neutral | 100 | 22.5% | 140 | 26.5% |
| Disagree | 2 | 0.4% | 3 | 0.6% |
| Strongly Disagree | 11 | 2.5% | 16 | 3.0% |
| No answer | 27 | | 49 | |

This course (Alcohol Edu) increased my confidence in reaching out and offering support to a friend or peer who I think may have a problem with drugs or alcohol –first year students

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-25 |
|-------------------|-----------|-----------|-----------|-----------|
| Strongly Agree | 185 | 41.6% | 192 | 36.3% |
| Agree | 145 | 32.6% | 171 | 32.3% |
| Neutral | 102 | 22.9% | 145 | 27.4% |
| Disagree | 2 | 0.4% | 4 | 0.8% |
| Strongly Disagree | 11 | 2.5% | 17 | 3.2% |
| No answer | 27 | | 48 | |

This course (Alcohol Edu) affected my own decision not to drink or use other drugs- first year students

| | # 2023-24 | % 2023-24 | # 2024-25 | % 2024-25 |
|-------------------|-----------|-----------|-----------|-----------|
| Strongly Agree | 166 | 37.3% | 147 | 27.8% |
| Agree | 123 | 27.6% | 171 | 32.3% |
| Neutral | 114 | 25.6% | 145 | 27.4% |
| Disagree | 12 | 2.7% | 4 | 0.8% |
| Strongly Disagree | 30 | 6.7% | 17 | 3.2% |
| No answer | 27 | | 48 | |

This course (Cannabis Edu) increased my understanding of potential negative outcomes as a result of cannabis use. – student athletes

| | # 2024-25 | % 2024-25 |
|-------------------|-----------|-----------|
| Strongly Agree | 87 | 33.3% |
| Agree | 75 | 28.7% |
| Neutral | 87 | 33.3% |
| Disagree | 4 | 1.5% |
| Strongly Disagree | 8 | 3.1% |
| No response | 23 | |

This course (Cannabis Edu) helped me better understand the effects of high-potency THC. –student athletes

| | # 2024-25 | % 2024-25 |
|-------------------|-----------|-----------|
| Strongly Agree | 87 | 33.6% |
| Agree | 75 | 29.0% |
| Neutral | 87 | 33.6% |
| Disagree | 3 | 1.2% |
| Strongly Disagree | 7 | 2.7% |
| No response | 25 | |

3rd millennium pre/post test scores

| Course | Pre 2023-24 | Post 2023-24 | Pre 2024-25 | Post 2024-25 |
|---------------------|-------------|--------------|-------------|--------------|
| Under the Influence | 43.3% | 90% | 65.4% | 87.8% |
| THC 101 | - | - | 65.7% | 87% |

Note: Pre and post-test scores were unavailable for Alcohol Wise 21+

Beyond the Locker Room Feedback—Fall 2023

| | Total | Facilitators | Discussion | AOD | Bystander | Game | Refer Self | Refer Others | Helpful Resources |
|-------------------------|------------|--------------|------------|------|-----------|------|------------|--------------|-------------------|
| Overall | 338 | 4.73 | 4.60 | 4.64 | 4.64 | 4.60 | 308 | 316 | 332 |
| Men | 178 | 4.68 | 4.60 | 4.61 | 4.56 | 4.52 | 162 | 163 | 173 |
| Women | 133 | 4.79 | 4.59 | 4.66 | 4.70 | 4.71 | 125 | 130 | 133 |
| Baseball | 40 | 4.54 | 4.51 | 4.50 | 4.38 | 4.28 | 38 | 37 | 39 |
| Men's BB | 20 | 4.63 | 4.47 | 4.68 | 4.53 | 4.53 | 17 | 20 | 20 |
| Men's Lacrosse | 51 | 4.68 | 4.68 | 4.64 | 4.70 | 4.66 | 46 | 46 | 50 |
| Men's Soccer | 9 | 5.00 | 4.78 | 4.89 | 5.00 | 4.78 | 9 | 9 | 9 |
| Men's Swim | 18 | 4.78 | 4.83 | 4.61 | 4.61 | 4.67 | 16 | 17 | 16 |
| Men's T&F | 16 | 4.56 | 4.50 | 4.50 | 4.63 | 4.56 | 16 | 15 | 16 |
| Men's Volleyball | 24 | 4.88 | 4.63 | 4.63 | 4.54 | 4.54 | 20 | 19 | 23 |
| Women's BB | 15 | 4.93 | 4.73 | 4.87 | 4.87 | 4.93 | 14 | 15 | 15 |
| Bowling | 11 | 4.91 | 4.82 | 4.91 | 5.00 | 4.91 | 10 | 11 | 11 |
| Women's Lacrosse | 11 | 4.73 | 4.55 | 4.64 | 4.64 | 4.73 | 11 | 11 | 11 |
| Women's Soccer | 27 | 4.37 | 4.07 | 4.07 | 4.15 | 4.30 | 25 | 26 | 27 |
| Softball | 21 | 4.86 | 4.71 | 4.75 | 4.80 | 4.75 | 21 | 21 | 21 |
| Women's Swimming | 20 | 4.90 | 4.75 | 4.75 | 4.90 | 4.90 | 19 | 19 | 20 |

| | | | | | | | | | |
|---------------------------|-----------|------|------|------|------|------|----|----|----|
| Women's T&F | 16 | 4.94 | 4.75 | 4.88 | 4.75 | 4.69 | 15 | 15 | 16 |
| Women's Volleyball | 12 | 4.92 | 4.58 | 4.83 | 4.83 | 4.83 | 10 | 12 | 12 |
| Golf | 18 | 4.89 | 4.67 | 4.83 | 4.72 | 4.61 | 12 | 15 | 17 |
| Cross Country | 0 | 4.67 | 4.33 | 4.78 | 4.78 | 4.22 | 9 | 8 | 9 |

Scores are an average rating out of 5. Final three columns are a total number of athletes that indicated “yes” to the question.

Beyond the Locker Room Feedback—Fall 2024

| | Total | Facilitators | Wellness | AOD | Relationships | Discussion/Reflection | Activities | Refer Self | Refer Others | Helpful Resources |
|---------------------------|--------------|---------------------|-----------------|------------|----------------------|------------------------------|-------------------|-------------------|---------------------|--------------------------|
| Overall | 437 | 4.67 | 4.59 | 4.54 | 4.63 | 4.58 | 4.53 | 396 | 416 | 430 |
| Men | 214 | 4.62 | 4.51 | 4.45 | 4.58 | 4.53 | 4.47 | 185 | 199 | 210 |
| Women | 154 | 4.72 | 4.65 | 4.63 | 4.68 | 4.59 | 4.58 | 148 | 153 | 154 |
| Baseball | 45 | 4.53 | 4.38 | 4.30 | 4.53 | 4.56 | 4.41 | 38 | 40 | 44 |
| Men's BB | 21 | 4.67 | 4.67 | 4.48 | 4.76 | 4.76 | 4.62 | 19 | 21 | 21 |
| Men's Lacrosse | 46 | 4.58 | 4.44 | 4.49 | 4.53 | 4.38 | 4.49 | 43 | 44 | 46 |
| Men's Soccer | 44 | 4.55 | 4.43 | 4.34 | 4.52 | 4.57 | 4.30 | 36 | 40 | 42 |
| Men's Swim | 13 | 4.77 | 4.62 | 4.46 | 4.69 | 4.46 | 4.54 | 11 | 11 | 12 |
| Men's T&F | 17 | 4.82 | 4.76 | 4.76 | 4.76 | 4.41 | 4.59 | 17 | 17 | 17 |
| Men's Volleyball | 28 | 4.70 | 4.67 | 4.35 | 4.48 | 4.59 | 4.59 | 21 | 26 | 28 |
| Women's BB | 17 | 4.82 | 4.76 | 4.82 | 4.76 | 4.71 | 4.71 | 16 | 17 | 17 |
| Bowling | 12 | 4.58 | 4.50 | 4.17 | 4.25 | 4.50 | 4.50 | 12 | 12 | 12 |
| Women's Lacrosse | 24 | 4.54 | 4.33 | 4.42 | 4.38 | 4.29 | 4.30 | 23 | 24 | 24 |
| Women's Soccer | 24 | 4.72 | 4.68 | 4.64 | 4.68 | 4.36 | 4.56 | 23 | 24 | 25 |
| Softball | 20 | 4.85 | 4.90 | 4.85 | 5.00 | 4.90 | 4.80 | 19 | 19 | 20 |
| Women's Swimming | 21 | 4.52 | 4.38 | 4.48 | 4.52 | 4.38 | 4.29 | 20 | 21 | 21 |
| Women's T&F | 19 | 4.84 | 4.89 | 4.84 | 4.89 | 5.00 | 4.79 | 18 | 19 | 18 |
| Women's Volleyball | 17 | 4.94 | 4.82 | 4.76 | 4.94 | 4.76 | 4.82 | 17 | 17 | 17 |
| Golf | 19 | 4.74 | 4.63 | 4.58 | 4.58 | 4.74 | 4.58 | 17 | 17 | 19 |
| Cross Country | 50 | 4.69 | 4.67 | 4.63 | 4.69 | 4.67 | 4.59 | 46 | 47 | 47 |

Scores are an average rating out of 5. Final three columns are a total number of athletes that indicated “yes” to the question.

Beyond the Locker Room- Future Session topics

| | 2023 | 2024 |
|---------------------------------|------|------|
| Anxiety | 148 | 178 |
| Depression | 83 | 106 |
| Stress | 16 | 217 |
| Bullying | 12 | 30 |
| Hazing | 21 | 37 |
| Healthy/Unhealthy Relationships | 45 | 27 |
| Communication | 64 | 73 |
| Consent | 14 | 16 |
| Sleep | 140 | 146 |
| Conflict | 40 | 77 |

Bystander Intervention Feedback- Fall 2024

| Facilitators | Sexual Misconduct | Bystander Intervention | Scenarios | Resources |
|--------------|-------------------|------------------------|-----------|-----------|
| 4.63 | 4.61 | 4.65 | 4.61 | 449 |

Average ratings out of 5

Recommendations & Goals from 2023 Biennial Review

Recommendations from 2023 Biennial Review

- 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 from 2023 Biennial Review

| 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 |

Goal & Objective Achievement

| Goal/Objective | Progress |
|---|--|
| Policy Revisions to ensure compliance with EDGAR Part 86 and best practices | <ul style="list-style-type: none"> • Student Handbook policies were revised to include health information, and programs and resources available to students • A smoking and tobacco policy was added to the student handbook |
| Secure funding for AOD and prevention programming | <ul style="list-style-type: none"> • No funding was secured for AOD prevention programming |
| Consistent AOD policy enforcement—annual review | <ul style="list-style-type: none"> • Policy revisions included a tiered approach for student conduct adjudication |
| Have a tiered approach for AOD conduct that is based in identifying risk factors | <ul style="list-style-type: none"> • The student conduct process includes three options of Adjudication. These levels are determined based on the violation, as well as potential aggravating factors. |
| Increase awareness of existing AOD policy among students, faculty, staff | <ul style="list-style-type: none"> • Dissemination of annual notification to students, faculty, and staff |
| Solidify policy and procedure for implementation of AOD and sexual assault online education for all incoming students | <ul style="list-style-type: none"> • Sexual assault online education is required for all students, annually • Alcohol and other drug education is strongly encouraged for first-year and incoming students • Alcohol and other drug education is mandatory for student athletes, annually |
| Consideration of additional AOD harm reduction strategies | <ul style="list-style-type: none"> • Instillation of 3 Narcan distribution boxes on campus |
| Increase data sharing and data analysis around AOD prevention & intervention | <ul style="list-style-type: none"> • Biennial report data is shared with Student Life staff and the Lewis University community to spark conversation about AOD prevention & intervention on campus |

SWOT Analysis

Strengths/Achievements

- Updates to Student Handbook policy- adding smoking and tobacco policy
- Increase in health-seeking behaviors from students
- Utilization of self-care journeys
- Increase in self-referrals to counseling services
- Increased compliance with annual policy notification process- faculty, staff, and students are now notified via email every Fall and the notification is included on the website

Weaknesses

- Perception about AOD use on campus is pretty neutral, students are unsure about if their classmates are using or not
- Inaccuracy of current data
- Students do not talk to a provider at the Wellness center before they fill out the AUDIT and other intake forms. Therefore, it may not be accurate because they are unaware of the privacy/confidentiality of their answers
- Students complete the AlcoholEdu course during their first semester on campus, may not be accurate in their self-reporting.
- Increase in Nicotine use since last Biennial
- Lack of policy for campus events, or clarity about event policies (especially alcohol requests)
- How to make requests for alcohol, and how they are granted. Especially when students are present

Opportunities/Areas for Growth

- Education for administration and leadership
- Increased communication between student services and faculty to streamline information and support
- Connections with Lockport/Joliet distributors and programs to get more accurate data, and to discuss environmental programming.
- Increased tracking of clinical interventions
- Creating infrastructure for testing aviation students
- Integrating Hazing education into process for compliance
- Updates to athletic policy
- Non-alcohol related events during high-risk times of year (Halloween, St. Patrick's Day, etc.)
- Finding more information about where students go to drink off-campus
- Learning more about alcohol and cannabis availability through delivery programs

Threats

- Increased availability & use of Kratom (7-OH) in Will County, often with misleading labels. Although there is current legislation being proposed in Illinois (720 ILCS 642- Kratom Control Act), it is important for us to stay aware of this emerging substance
- House Bill 1143 is a proposed piece of legislation that would decriminalize and tax psilocybin and psilocybin products in Illinois for those over the age of 21. This could increase the use & availability of psychedelics for students

Recommendations for Next Biennium

1) Create policy for campus events

Develop and implement a comprehensive campus policy for events that include or may involve alcohol to reduce high-risk use and improve compliance with institutional and state guidelines.

2) Social Norming Campaigns on Campus

Develop and implement social norms campaigns, by using Vector survey results, to correct misperceptions about alcohol and drug use among Lewis's students. Materials will be physical posters as well as digital signage.

3) Increase completion of Vector surveys

Increase student participation and completion of Vector surveys compared to the previous Biennium to improve our understanding of student norms and usage on campus.

4) Provide transparency for Wellness Center intake forms & data

Revise Wellness Center intake forms to include clear, student-friendly language around data usage and confidentiality. Train Wellness Center staff on consistent messaging regarding data transparency.

5) Education for University leadership and administration

Provide education around policy updates (or clarify current policy), help increase ability to recognize signs of intoxication and misuse, increase referrals and connecting to resources on and off-campus for students

6) Increase collaboration between departments and Student Life

Ensure that departments that conduct testing (Nursing, Athletics, Aviation) around alcohol and other substances and collaborating with Student Life and the Dean of Student office to provide resources and support to students.

7) Collect information about off-campus distributors and delivery options

Identify and document local off-campus alcohol distributors and delivery services commonly used by students to inform student education, policy discussions, and campus-community prevention strategies.

8) Increase promotion of non-alcohol related events during high-risk times of the year

Increase availability, student awareness, and promotion of alcohol-free events during high-risk periods of the academic year.

Goals and Objectives for Next Biennium

| Goal/Objective | Timeframe | Responsible Parties |
|---|--------------------|--|
| Create policy for campus events | By Fall 2027 | Dr. Norah Collins-Pienta- Dean of Students Chastity Check- Human Resources |
| Social Norming Campaigns on Campus | Fall 2026 | Tom Burgess- Residence Life Kayla DeCant- Prevention & Outreach Ester Kraft- SEMSE |
| Increase completion of Vector surveys | Ongoing | Kayla DeCant- Prevention & Outreach Dr. Norah Collins-Pienta- Dean of Students |
| Provide transparency for Wellness Center intake forms & data | By Fall 2027 | Franky Schulze- Student Wellness Center Ashley Eller- Student Wellness Center |
| Education for University leadership and administration | By Fall 2028 | Dr. Norah Collins-Pienta- Dean of Students Kayla DeCant- Prevention & Outreach |
| Increase collaboration between departments and Student Life | Ongoing | Dr. Norah Collins-Pienta- Dean of Students Brian Darden- Aviation Ester Kraft- SEMSE Tom Burgess- Residence Life Jill Siegfried- Recreation Nursing Department Aviation Department |
| Collect information about off-campus distributors and delivery options | Summer 2026 & 2027 | Dr. Norah Collins-Pienta- Dean of Students Kayla DeCant- Prevention & Outreach |
| Increase promotion of non-alcohol related events during high-risk times of the year | Fall 2026 | Ester Kraft- SEMSE Jill Siegfried- Recreation Dr. Norah Collins-Pienta- Dean of Students Kayla DeCant- Prevention & Outreach |

Conclusion

Summary of Findings

58.5% of first-year students disagree or strongly disagree that Lewis' academic climate is negatively impacted by alcohol

Lewis's students are using e-cigarettes at higher rates than traditional cigarettes

Lewis's students use cannabis in multiple forms—most commonly vaping THC oil, and ingesting edible THC products.

General Strengths and Weaknesses

Strengths

- Increase in health-seeking behaviors from students
- Increase in students self-referring for resources & support, such as TimelyCare health journeys
- Increased compliance with annual policy notification process
- Updates to policy- creation of smoking & tobacco policy

Weaknesses

- Increase in vaping usage
- Updates are needed for athletic policies
- Inaccuracy in current institutional data
- Lack of non-alcohol related events during high-risk times of the year

Summary of Recommendations, Goals, and Objectives

1. Create policy for campus events
2. Social Norming Campaigns on Campus
3. Increase completion of Vector surveys
4. Provide transparency for Wellness Center intake forms & data
5. Education for University leadership and administration
6. Increase collaboration between departments and Student Life
7. Collect information about off-campus distributors and delivery options
8. Increase promotion of non-alcohol related events during high-risk times of the year

Appendices

Appendix A: Part 86 Compliance Checklist

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

Appendix C: 2018 Illinois CORE Survey Report

Appendix D: ACHA National College Health Assessment Undergraduate Executive Summary, Spring 2025

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? _____

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 email, on university 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, through email, on university website

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)

10. Who is responsible for conducting these biennial reviews?

Project Director for Prevention + outreach

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

12. Where is the biennial review documentation located?

Name lewisu.edu / dos / biennial - review . htm

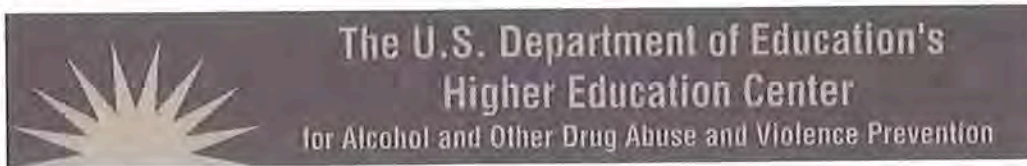
Title _____

Department Dean of Students office

Phone _____ E-mail dean of students @ lewisu . edu

13. Comments

Appendix 6



SUPPLEMENTAL CHECKLIST¹ 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 for first-year students
All student-focused events are alcohol-free

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

¹ This checklist can be found online at 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: 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 regularly sold on campus. only at
specific events targeted to faculty, staff, or alumni.

Examples of campuses that limit alcohol availability can be found at 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: 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 ^{N/A}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 is only distributed on-campus through
Bassett certified Sodexo dining staff.

Examples of campuses that increased enforcement of policies and laws can be found at 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

Illinois Higher Education Center for Alcohol, Other Drug, and Violence Prevention (IHEC)

2018 Report On

Alcohol and Other Drug Use among College Students in Illinois





ILLINOIS HIGHER
EDUCATION
C E N T E R

for alcohol, other drug
& violence prevention

***The 2018 Report on
Alcohol and Other Drug Use Among
College Students in Illinois
(Analysis of the 2018 Illinois CORE Survey)***

Funded by the

***Illinois Department of Human Services
Bureau of Positive Youth Development***

Authored by

Kelsey Markou

Student Affairs Assessment Coordinator

Eric S. Davidson Ph.D., MCHES, CSPS

Director, IHEC

Eastern Illinois University

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Executive Summary

The Survey

The 2018 Illinois CORE Survey was conducted in the spring of 2018 with funding from the Bureau of Positive Youth Development of the Illinois Department of Human Services. The survey collected self-reported information from a total of 7,128 students from 15 bachelor's degree-granting institutions (*hence four-year colleges*) and 5 community colleges (*hence two-year colleges*). With the primary purpose of assessing the current incidence and prevalence of alcohol and other drug use on college campuses, the survey collected data on a wide range of issues: from students' actual use and its consequences to perceptions and attitudes towards others' use and the secondhand effects of others' use. Demographic information was also collected to enable useful comparisons of usage and attitudes among students belonging to different demographic groups and social backgrounds. The Revised CORE Long Form 2 was used in collecting this information.

Methodology

The 2018 report utilizes both descriptive and quantitative techniques to generate insight into the levels of alcohol and drug use on college campuses in the state of Illinois. Issues covered in this report include alcohol and drug use levels on college campuses, frequency of use, direct consequences and indirect effects of others' use, students' beliefs and attitudes towards others' use, attitudes towards alcohol and drug policies on college campuses and the relationship between alcohol use and the general campus climate. All analyses are based on self-reported information and comparisons are mainly made between two and four-year colleges, on the basis of gender & age groups, and occasionally by year in school. Comparison of the 2018 findings to the 2016 data is occasionally made to gauge whether or not certain groups of students are reporting progress or otherwise. Findings are visualized through an extensive application of graphs and charts. Appropriate statistical techniques are also employed, where necessary, to test the soundness of these findings.

Definitions

"Two-year colleges," as used in this report, refers to community colleges while "four-year colleges" refers to bachelor's degree-granting institutions. These references are limited to the schools that took part in the 2018 Illinois CORE Survey. "Underage students" for the purpose of this report is defined as all students below the state of Illinois's minimum legal drinking age of 21 at the time of the survey. Though this definition underestimates the number of underage students— as it excludes students who turned 21 at the time of the survey but might have used or not used alcohol in the month preceding the survey, it serves as a fairly sound proxy for the underage population in the survey. And finally, a drink for the purpose of this report is defined as: 5 oz. wine, 10 oz. wine cooler, 12 oz. beer (10 oz. microbrew, 8-9 oz. Malt Liquor, Canadian Beer or Ice Beer) or 1.5 oz. of 80 proof liquor (either a mixed drink or shot).

Key Findings

Alcohol

Alcohol use witnessed a slight decrease from 82% in 2016 to 77% in 2018. The proportion of underage drinkers, however, remained largely stable between 2016 and 2018 with the main source of alcohol for this group being friends aged 21 years or more— where approximately 72% of all underage drinkers obtained alcohol, at least once, in the previous year. Other major findings include:

- The weekly average number of drinks per drinker¹ remained the same with 9.7 drinks in 2018
- The weekly average for four-year college drinkers was 10.2 drinks and 7.2 for two-year college drinkers
- The proportion of underage drinkers stood at 33% of the entire sample and 73% of all underage students
- Heavy and episodic Binge drinking among underage male drinkers increased from 49% in 2016 to 52% in 2018
- Binge drinking among underage female drinkers slightly decreased from 50% in 2016 to 47% in 2018

Effects of Drinking

- Non-drinkers reported an average GPA of 3.44— higher than the average GPA for drinkers (3.38) and the average GPA for the entire sample (3.39)
- Approximately 23% of **all drinkers** reported ever forgetting some actions they did as a result of drinking
- About 16% of **all drinkers** reported ever missing a class as a result of drinking
- Roughly 12% of **all drinkers** reported ever performing poorly on a test as a result of drinking
- Approximately 6% of **all drinkers** reported having been taken advantage of sexually as a result of drinking

Drug Use

- Marijuana was the most widely used illicit drug with 30% of all respondents ever using it in the last year
- Marijuana use was higher among four-year college students (33%) than two-year college students (21%)
- Approximately 22% of all respondents reported ever using cigarettes in the last year

¹ This estimate is only for students who reported drinking alcohol in the last year. Non-drinkers are not included in the computation of this estimate.

Perceptions about Other's Use of Drugs and Alcohol

Generally, students tend to underestimate the number of students who take less than 3 drinks per occasion and overestimate the number of students who take 3 or more drinks on a typical occasion. We also find that:

- While approximately 77% of students actually used alcohol, students thought that roughly 97% of their peers consumed alcohol in the last year
- While actual tobacco use stood at roughly 5% of the entire sample, students thought 70% of their peers used tobacco in the last year
- While only 5% of the entire sample actually used cocaine in the last year, students thought that approximately 60% of all students used cocaine in the last year
- While actual marijuana use stood at approximately 31%, students thought that about 90% of their peers used marijuana in the last year
- Students also overestimated the number of students who used cigarettes in the last year by approximately 63 percentage points

Alcohol Use, Beliefs and Campus Social Climate

- Approximately 30% of all respondents reported experiencing the pressure to drink in the last month, but approximately 55% reported refusing a drink offer.
- Approximately 43% of all respondents ever thought that alcohol made someone unattractive, only 13% actually told someone that alcohol made them unattractive.
- Almost all students (both drinkers and non-drinkers) equally agreed or strongly agreed that drunk-driving by students is unacceptable
- Non-drinkers were less likely than drinkers to agree that it is acceptable for students to drink alcohol every weekend, to meet people, to have fun or just to get drunk.

Campus Alcohol and Drug Policies

- Approximately 46% of all respondents agreed or strongly agreed that their campus' atmosphere promotes alcohol use.
- About 83% of all respondents agreed or strongly agreed that they were aware of their schools' alcohol policies but only 76% actually followed these policies.
- Approximately 60% of all respondents agreed or strongly agreed that the alcohol policies on their campus are enforced.
- 80% of all students also agreed or strongly agreed that it was easy for underage students to access alcohol on their campuses.

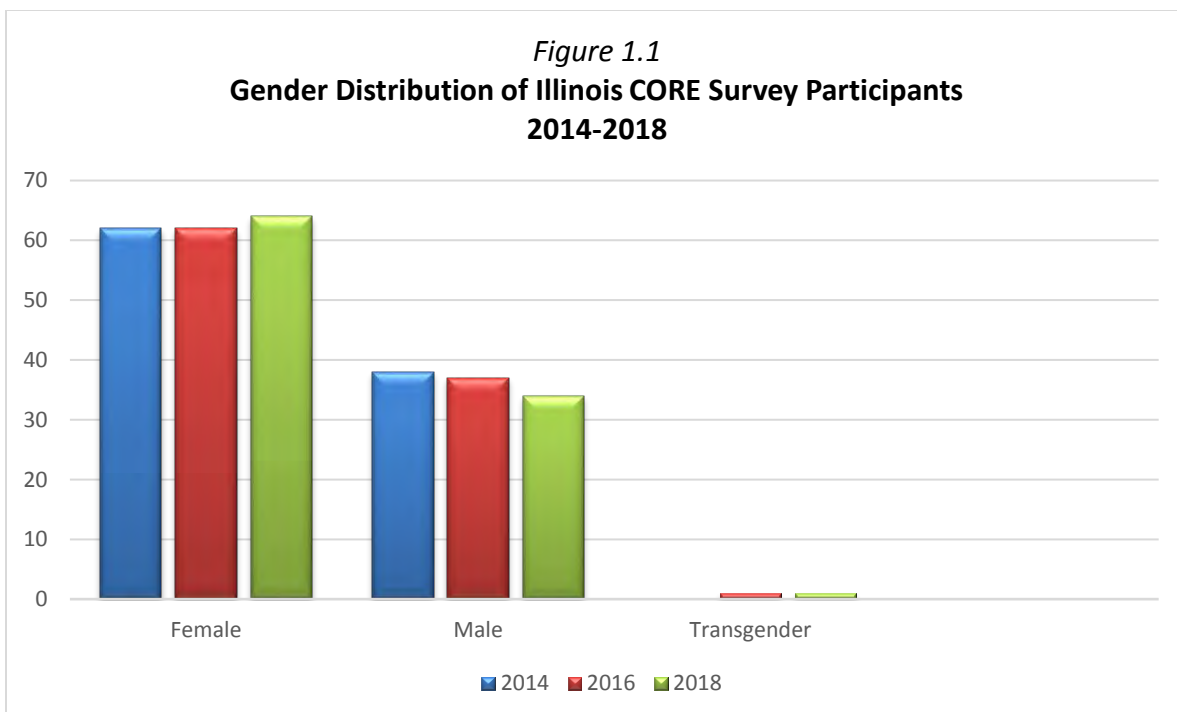
- Generally, four-year college students tend to show stronger opposition to stringent alcohol policies than two-year college students.

Background of Respondents

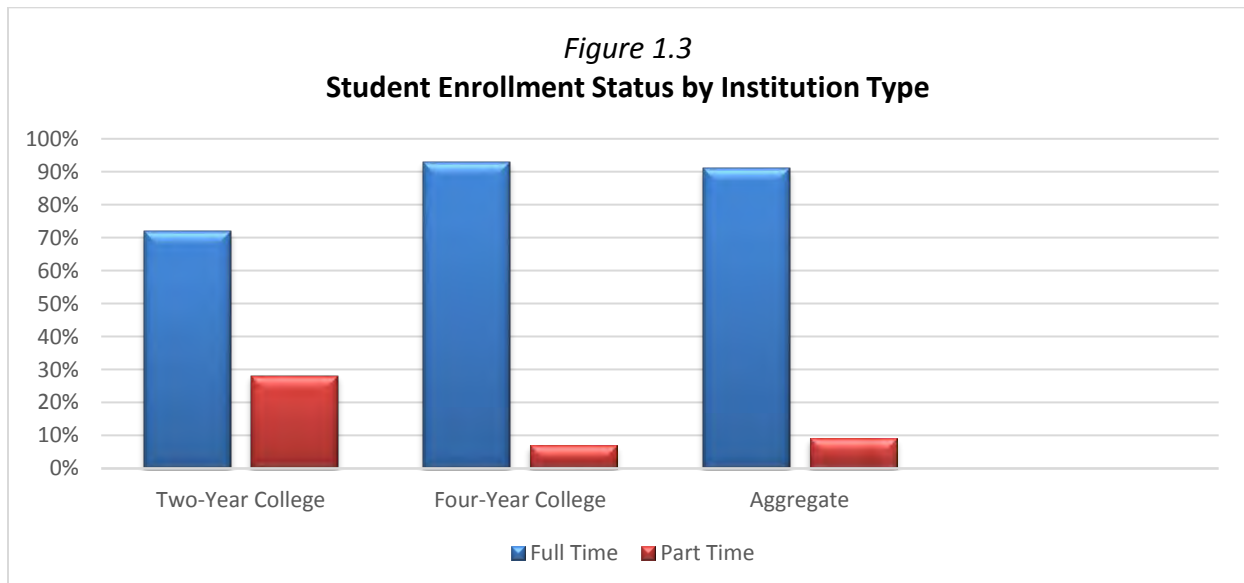
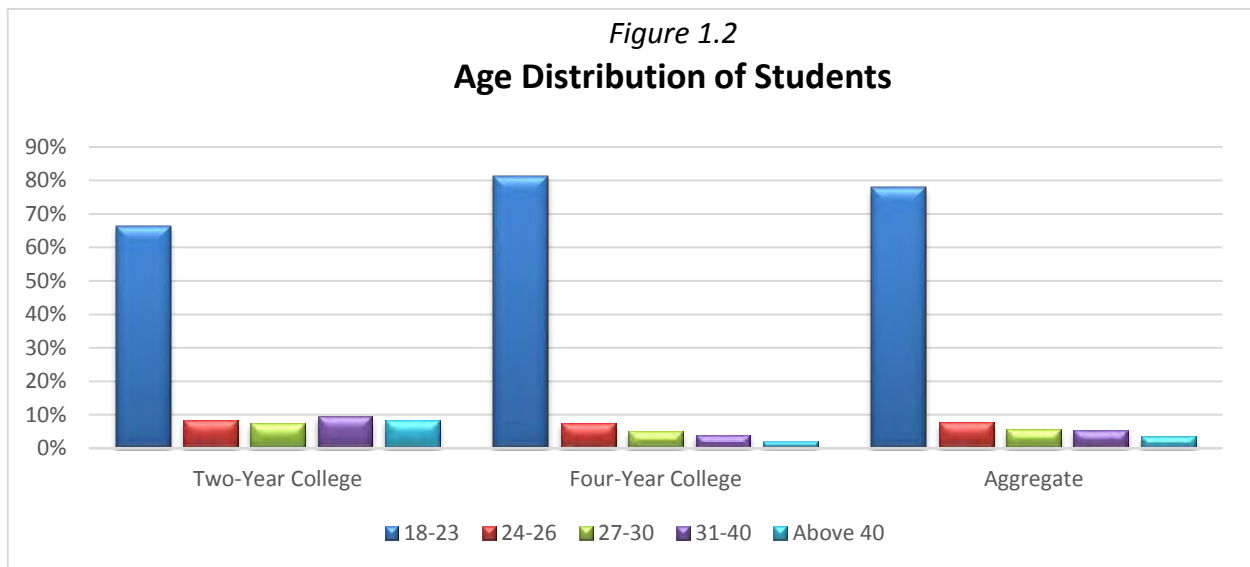
This year a total of 7,128 students took the CORE survey from twenty randomly selected universities (*hence four-year colleges*) and community colleges (*hence two-year colleges*) across the state of Illinois. Of these, 1,370 students representing approximately 19% of the entire sample belonged to two-year colleges while the remaining 5,158 students representing approximately 81% belonged to four-year colleges.

Gender and Age Distribution

As shown in Figure 1.1, the gender distribution of the 2018 survey participants remained relatively stable from the 2016 survey with female students constituting approximately 65% of the entire sample while those who identified as male constituted about 34% and transgender students constituting approximately 1% of the entire sample, just as in 2016. The distribution in two-year colleges and four-year colleges fairly reflected the statewide aggregate. Specifically, in two-year colleges, females constituted 75% of total students while males constituted roughly 24% with transgender students representing about 1% of the entire two-year college population. Also, in four-year colleges, while females constituted 62% of the total student population, males constituted 36% with transgender students representing approximately 1% of the student population.

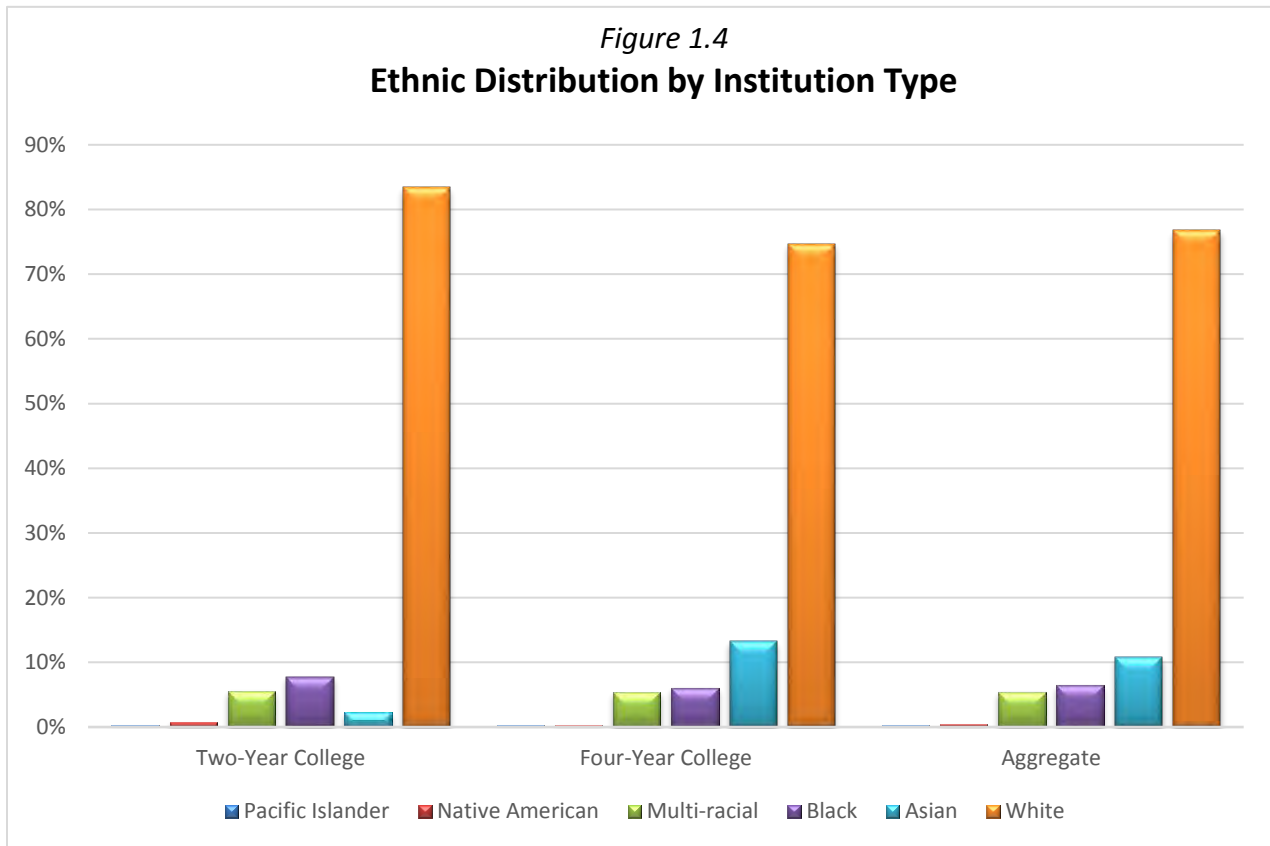


The mean age of the entire sample of 7,128 students stood at 22.6 years with a standard deviation of about 6 years. However, the mean age differed statistically between two and four-year college students. Specifically, while two-year college students averaged 24.5 years with a standard deviation of 9 years, four-year college students had an average age of 22.1 years with a standard deviation of 6 years. As Figure 1.2 shows, the proportion of two-year college students who were aged 27 years or above at the time of the survey stood at 26% as compared to 11% in four-year colleges. Again, even though, the proportion of students who reported studying on part-time basis stood at 9% across the sample, the figure stood at 28% for two-year colleges and 8% in the four-year colleges showing that community colleges continue to provide services for many non-traditional students.



Ethnic and Racial Background of Respondents

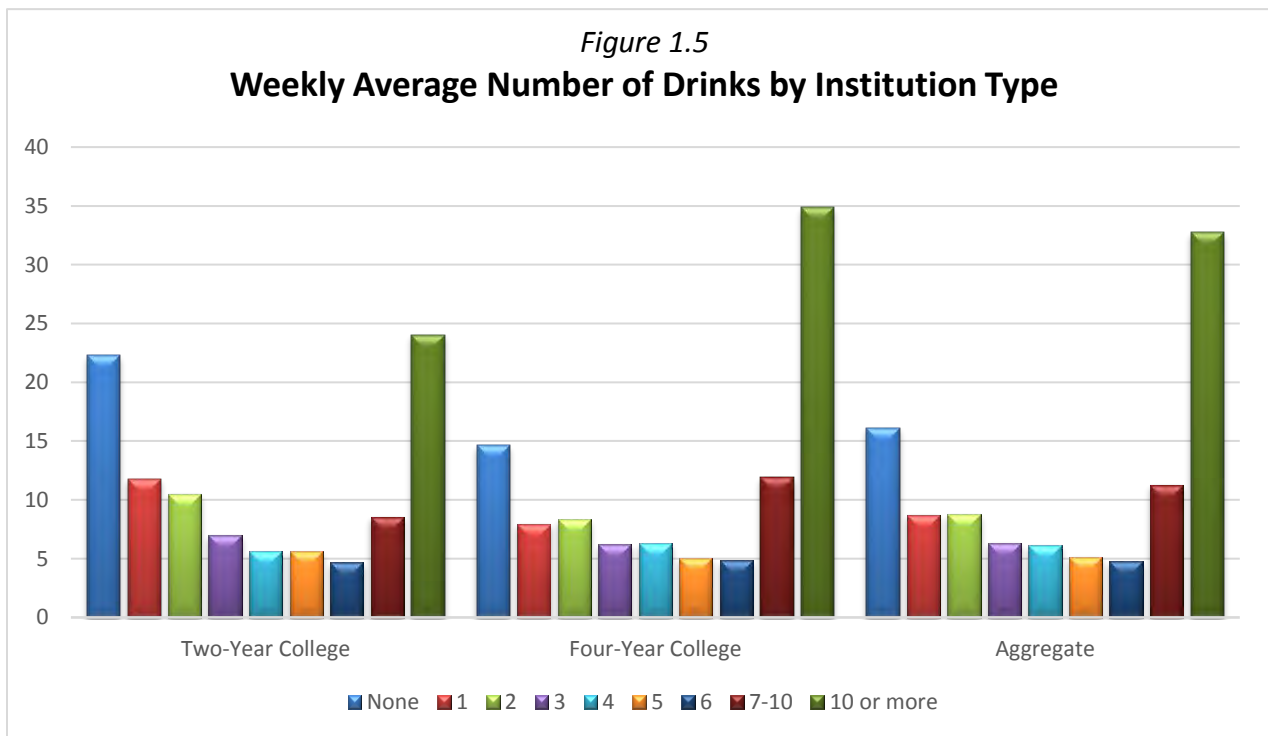
The survey participants belonged to diverse ethnic and racial backgrounds as shown in *Figure 1.4*. Specifically, approximately 78% of the respondents identified as White, 11% as Asian, approximately 7% as Black or African American, 6% as multi-racial, approximately 0.8% as Native American and roughly 0.2% as Pacific Islander. The distribution within two-year and four-year colleges followed a similar trend. Specifically, the proportion of students who identified as White stood at 86% and 76% in the two-year and four-year colleges, respectively. Those who identified as Asian stood at 2% and 13% in the two and four-year colleges, respectively, while those who identified as Black or African-American stood at 6% in two-year colleges and 7% in the four-year colleges. Students who identified as multi-racial constituted 5% and 6% of the two-year and four-year college population, respectively.



Alcohol Consumption

By Institution Type

The percentage of students who reported ever drinking alcohol in the last year slightly decreased from 82% to approximately 77% of the entire sample in 2018. This was fueled by decreases in the proportion of students who reported drinking in both four-year and two-year colleges with the proportion of four-year college students who drank decreasing from about 85% in 2016 to 80% in 2018 and the proportion of two-year college students who drank also decreasing from 72% in 2016 to about 67% in 2018. These decreases were only seen in the number of students who drank, as the weekly average number of drinks per drinker remained the same at 10 drinks. The weekly average number of drinks reported at two-year institutions remained the same with 7.2 drinks. We found that the number of drinks taken by four-year college students in 2018 was both statistically higher and significantly different than their two-year counterparts².



Again, the proportion of four-year college students who reported taking 7 or more drinks in a week (47%) was significantly higher than the proportion of two-year college students (33%). Table 1.0 and *Figure 1.6* provides a breakdown of the statistics on drinking across different demographics on both four-year and two-year college campuses.

² Results of the relevant tests are reported in the appendix

Table 1.0 Statistics¹ on the Weekly Average Number of Drinks by Institution, Year in School and Gender

| Classification | 2018 Average [Number of Drinks] | 2016 Average [Number of Drinks] | Standard Deviation [2018] | Minimum [2018] | Maximum [2018] |
|-------------------|------------------------------------|------------------------------------|------------------------------|-------------------|-------------------|
| Two-Year College | 7.2 | 7.4 | 11.2 | 0 | 95 |
| Four-Year College | 10.0 | 10.2 | 13.0 | 0 | 97 |
| Freshmen | 8.0 | 8.2 | 11.2 | 0 | 97 |
| Sophomore | 9.4 | 9.2 | 12.3 | 0 | 87 |
| Junior | 12.0 | 11.1 | 13.4 | 0 | 96 |
| Senior | 13.2 | 12.0 | 14.7 | 0 | 98 |
| Graduate | 7.0 | 6.8 | 9.2 | 0 | 90 |
| Male | 14.1 | 13.8 | 16.8 | 0 | 96 |
| Female | 7.7 | 7.2 | 9.0 | 0 | 100 |
| Transgender | 5.1 | 4.9 | 9.2 | 0 | 46 |
| Aggregate | 10.1 | 9.7 | 12.6 | 0 | 97 |

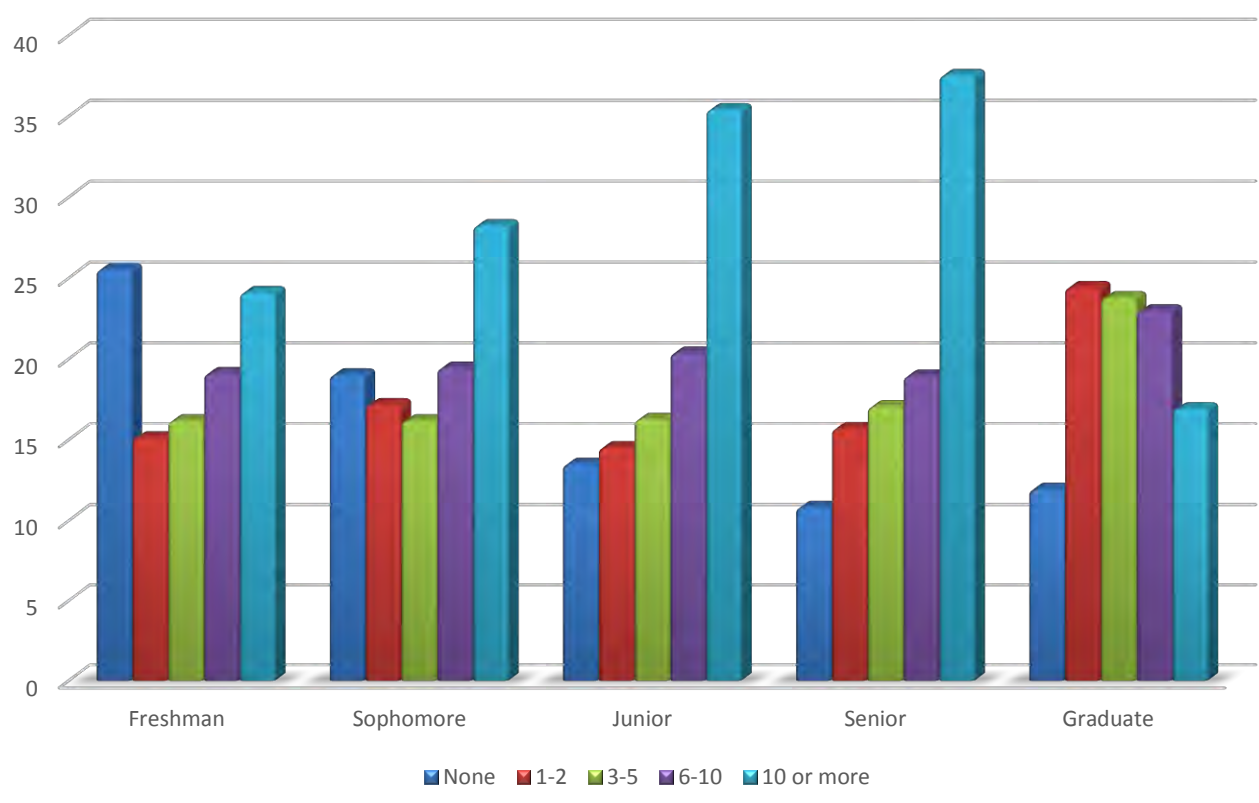
¹ The statistics are computed based on the drinker sample.

By Year in School

Among the different year groups, seniors continued to report the highest mean number of drinks with a weekly average of 13 drinks per drinker. This represented a 1-drink increase from the 2016 average of about 12 drinks per drinker. Unsurprisingly, the share of seniors who reported not drinking at all was lower (about 10.5%) than any other year group. Approximately 39% of all seniors also reported drinking more than 10 drinks per week. This was followed by juniors, approximately 36% of whom reported taking more than 10 drinks a week. Consequently, juniors also reported drinking an average of about 12 drinks per week (from about 11 drinks in 2016). Among sophomores, the weekly average number of drinks stood at 10 drinks per drinker with about 26% reporting not drinking at all and 28% reporting that they consumed more than 10 drinks per week.

Surprisingly, even though freshmen were less likely to drink than any other group (with about 38% reporting no alcohol consumption), they reported a higher weekly average number of drinks (8 drinks per drinker) than graduate students who were more likely to report alcohol consumption than freshmen.

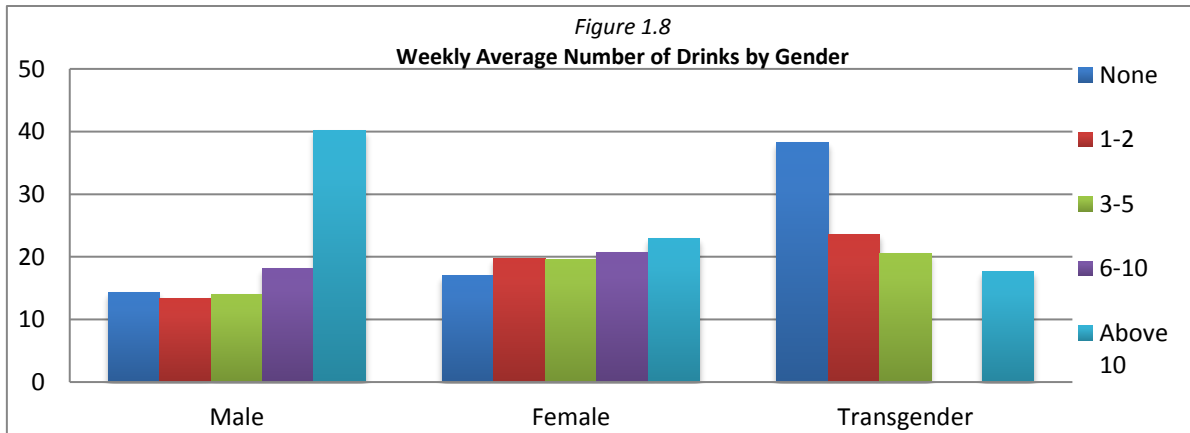
Figure 1.9
Daily Average Number of Drinks by Year In School



By Gender

When compared on the basis of gender, transgender students were most likely to report not consuming alcohol (about 38%) in the three months leading to the survey. Accordingly, the reported average number of drinks (5.1

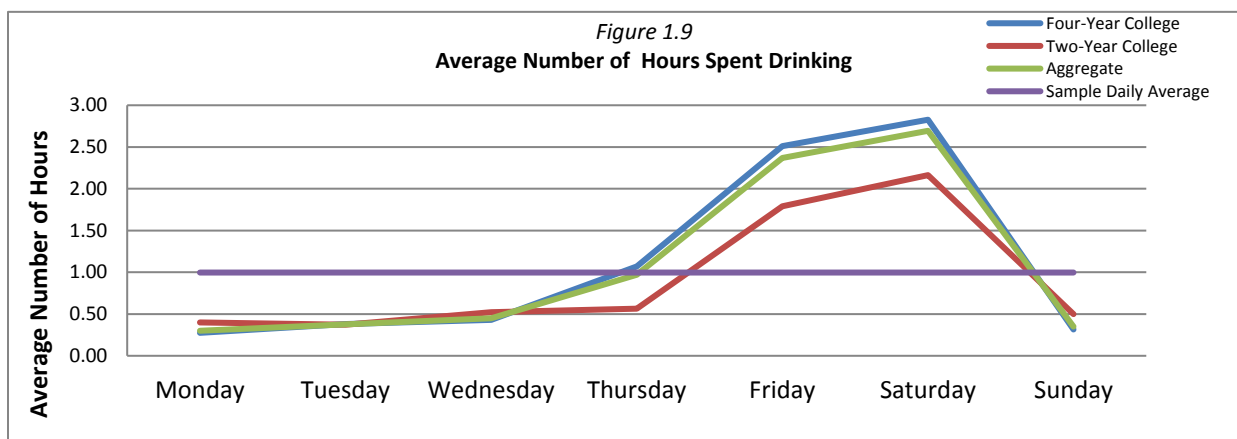
Figure 1.8
Weekly Average Number of Drinks by Gender



drinks per week) by the transgender population sample was slightly lower than the sample average and the 2016 reported average of about 4.9 drinks per week for the transgender students. Males reported the highest weekly average number of drinks, approximately 14 drinks per drinker, and also had the highest proportion of students who took more than 10 drinks per week. Although the average number of drinks reported by female students was about 3 drinks below the sample average, it still represented an increase of about 2 drinks from the 2016 average of 5 drinks per female drinker with approximately 17% reporting no alcohol consumption in the last year.

Number of Drinks and Number of Hours Spent Drinking

Alcohol use among students remains a fundamental challenge on college campuses, not just because of the health implications of irresponsible alcohol use, but also because of the amount of time students spend drinking at the expense of other personal development activities such as academic work or learning new skills. To assist health educators, programmers and college administrators to better understand parts of the economic costs of alcohol use to student drinkers, the Illinois CORE survey collected information on the average number of hours students typically spend drinking. As figure 1.9 shows, the weekly average number of hours spent drinking stood at approximately 7 hours per person for the entire sample of drinkers, thus a daily average of 1 hour per drinker. However, the number of hours spent drinking is usually less than 1 hour from Monday to Thursday, from there it begins to increase to approximately 1 hour 47 minutes for two-year college students and 2 hours 30 minutes for four-year college students



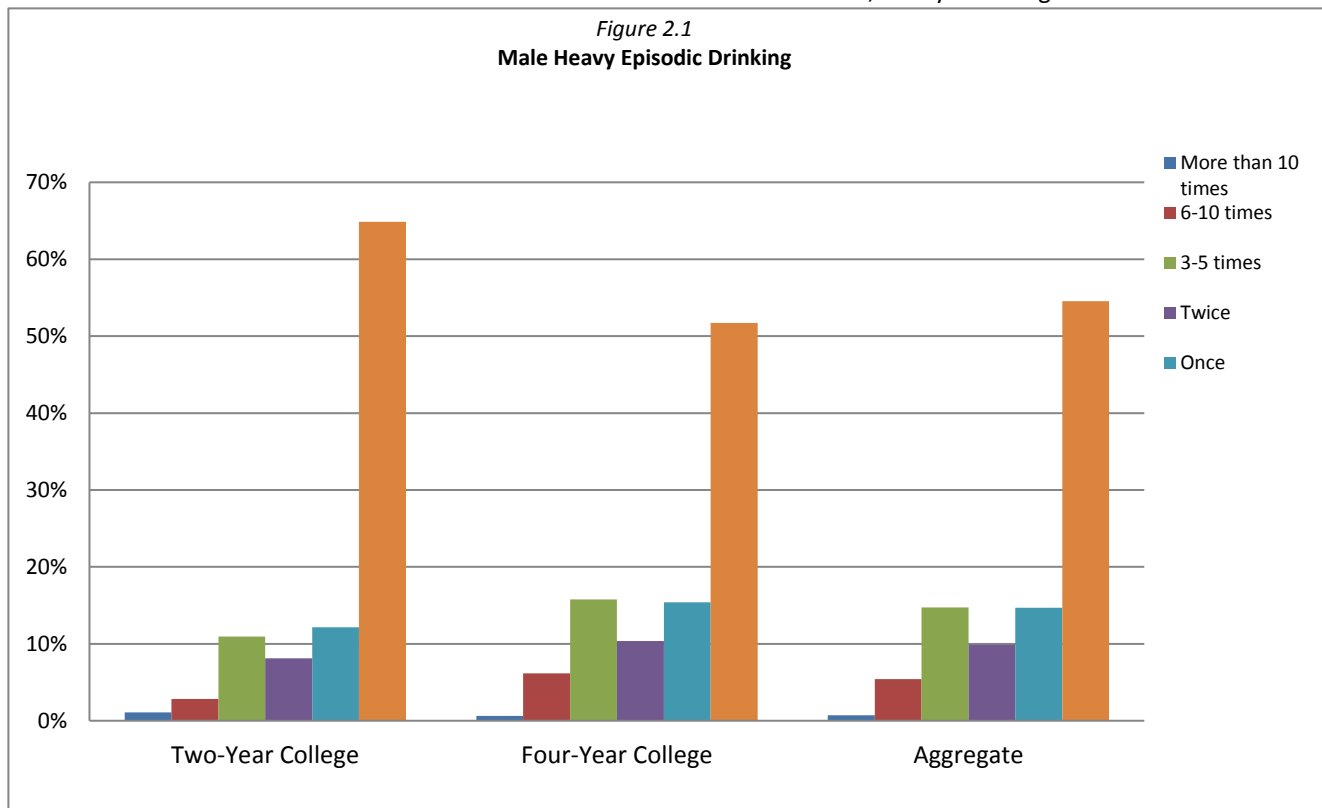
on Fridays. It reaches a maximum on Saturdays when four-year college students spend close to 3 hours drinking while two-year college students spend approximately 2 hours drinking. On Sunday however, it declines to less than 1 hour for both two-year and four-year college students. On the other hand, the average number of drinks consumed in a week stood at about 9.7 drinks per drinker, thus a daily average of about 1.4 drinks per drinker. As figure 2.0 shows, the average number of drinks is usually below the daily average of about 1.4 drinks from Monday to Thursdays for both two-year and four-year colleges. On Fridays, it increases to approximately 2.5 drinks on average for two-year college drinkers and roughly 3.5 drinks on average for four-year college drinkers before peaking at approximately 3 drinks on average for two-year college drinkers and about 4 drinks on average for four-year college drinkers on Saturdays. On Sundays, the average number of drinks decline to levels below one drink per drinker in

both two-year and four-year colleges. A comparison of figures 1.9 and 2.0 reveals a clear association between the number of hours spent drinking and the number of drinks consumed, offering an insight into some of the dynamics of drinking among college students.

Heavy Episodic Drinking

Heavy episodic drinking for the purpose of this report is defined as taking five or more drinks for males and four or more drinks for females within a two-hour period. According to the National Institute on Alcohol Abuse and Alcoholism (2014)³, drinking in this manner tends to bring blood alcohol concentration (BAC) levels to 0.08 g/dL and has been found to be associated with high degree health and safety risks such as car crashes, sexual assault and the potential to damage the liver and other organs of the body over the long-term.

Consequently, heavy episodic drinking reduction remains core to the agenda of health educators and programmers on college campuses across the country. But to assist in effective prevention programming, there is often the need for evidence on the rates of heavy episodic drinking. To this end, the 2018 survey collected self-reported information on heavy episodic drinking on both males and females. Figure 2.1 shows the frequency of heavy episodic drinking among male students in two and four-year colleges. Overall, male students who reported heavy episodic drinking at least once in the last two weeks stood at 45% of all male drinkers. However, four-year college male drinkers were

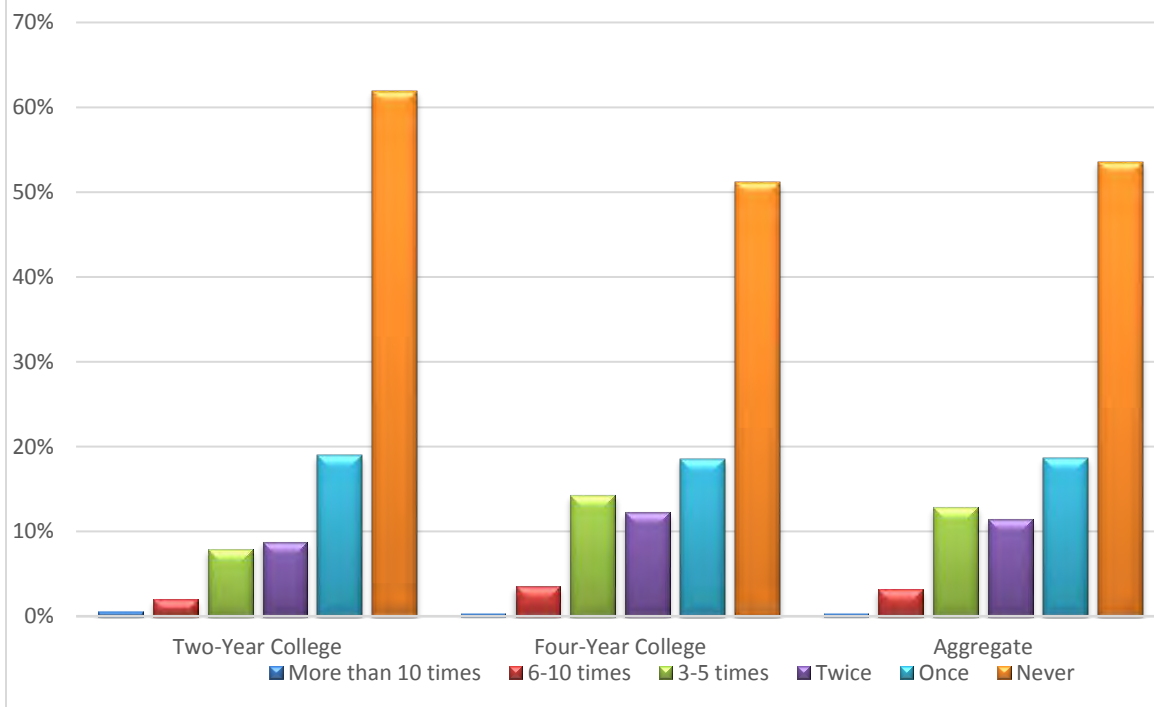


³ <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>

more likely to engage in heavy episodic drinking (48%) than their two-year college counterparts, 35% of whom reported drinking heavily in the two weeks leading up to the survey.

Among female students, the proportion who engaged in heavy episodic drinking stood at 46% of all female drinkers as shown in figure 2.2. However the proportion of female drinkers in two-year colleges who reported drinking heavily in the last two weeks was significantly lower (38%) than female drinkers in four-year colleges—49% of whom drank heavily in the two weeks leading up to the survey.

Figure 2.2
Female Heavy Episodic Drinking



Underage Drinking

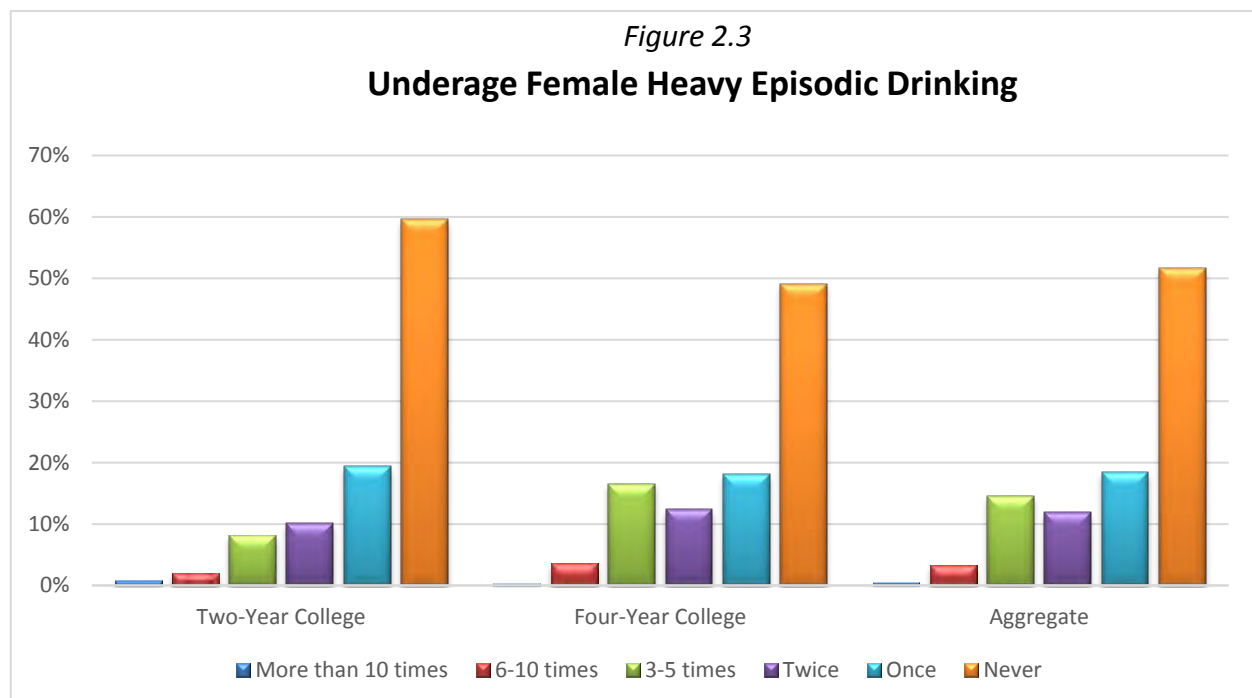
An underage student, for the purpose of this survey, is defined as any respondent below the minimum legal drinking age of 21 at the time of the survey. Overall, the proportion of underage drinkers stood at approximately 31% of the entire sample (both drinkers and non-drinkers). When expressed as a percentage of all underage students, the proportion of underage drinkers stands at about 73%, representing a marginal increase from the 2016 figure of 72%. On the basis of gender, the proportion of underage female students who reported ever drinking was 74% compared to males (72%) and transgender students (69%). Also, underage drinkers as a percentage of all underage students was higher in four-year colleges (77%) than in two-year colleges, where approximately 63% of all underage students reported ever drinking in the last year (*not shown*).

Table 2.0 Underage Drinkers by Gender

| | Male | Female | Transgender | Aggregate |
|------------------------------|------|--------|-------------|-----------|
| Underage Non-Drinkers | 28% | 26% | 31% | 27% |
| Underage Drinkers | 72% | 74% | 69% | 73% |

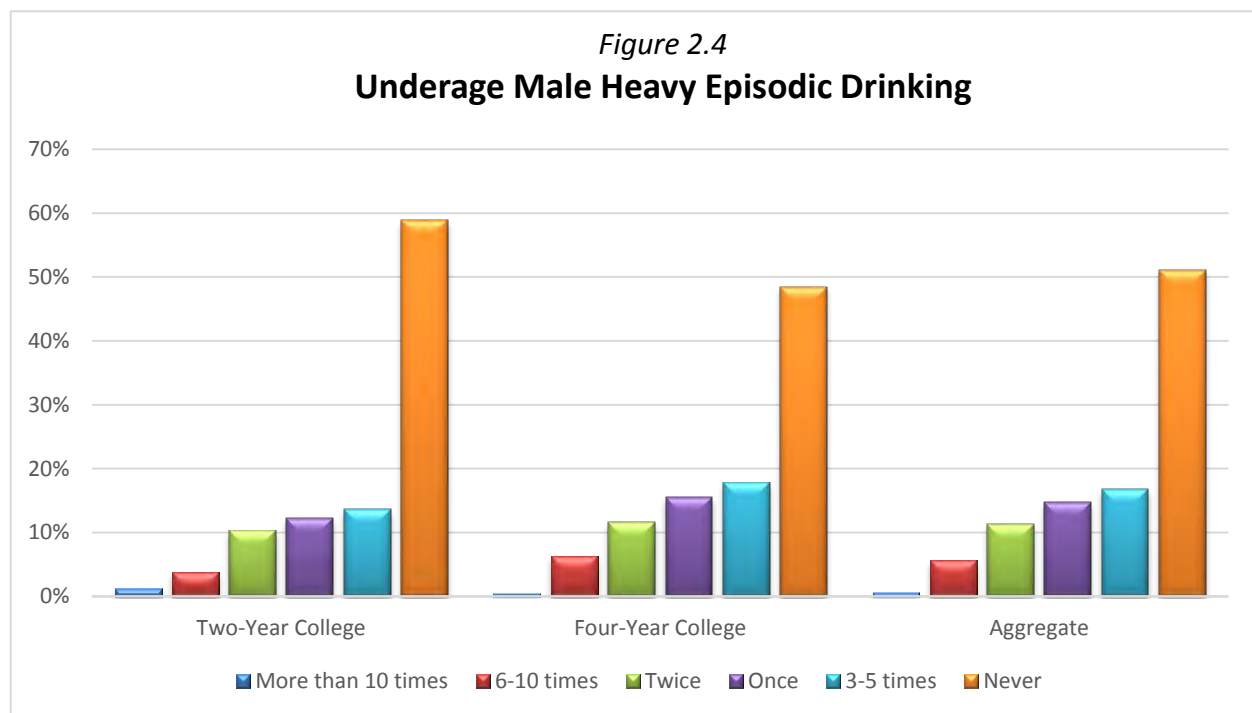
Underage Heavy Episodic Drinking

The proportion of underage female drinkers who drank heavily, at least once, in the two weeks leading up to the survey stood at 48%. More specifically, 18% engaged in heavy episodic drinking (exactly once) in the two weeks preceding the survey, 12% reported drinking heavily (exactly twice), 15% (3-5 times), 3% (6-10 times) and about 1% (more than 10 times) in the two weeks preceding the survey. However, underage female drinkers in four-year colleges were more likely than their two-year college counterparts to engage in heavy episodic drinking in the two-



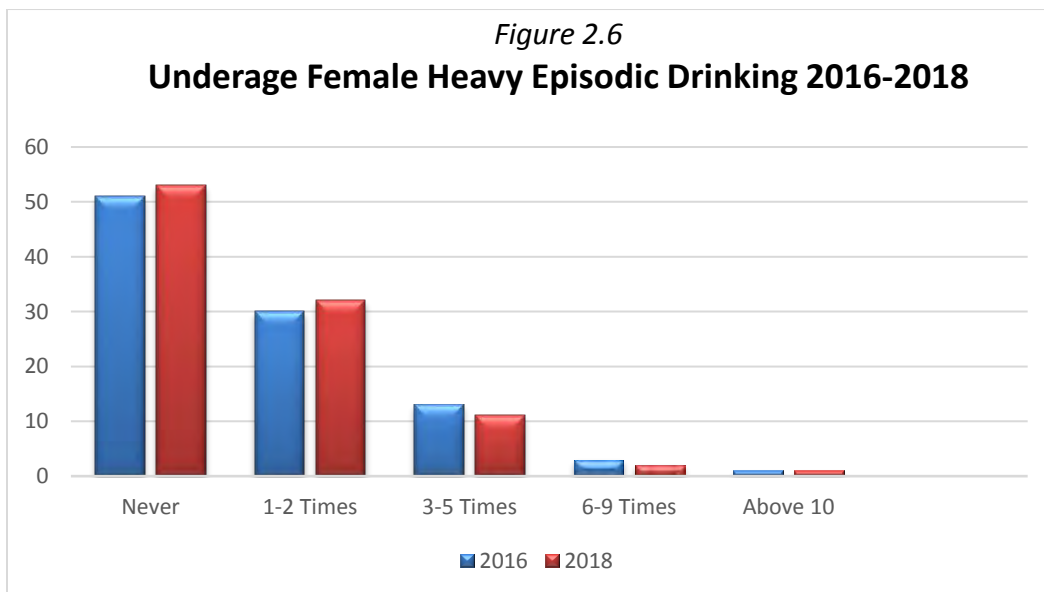
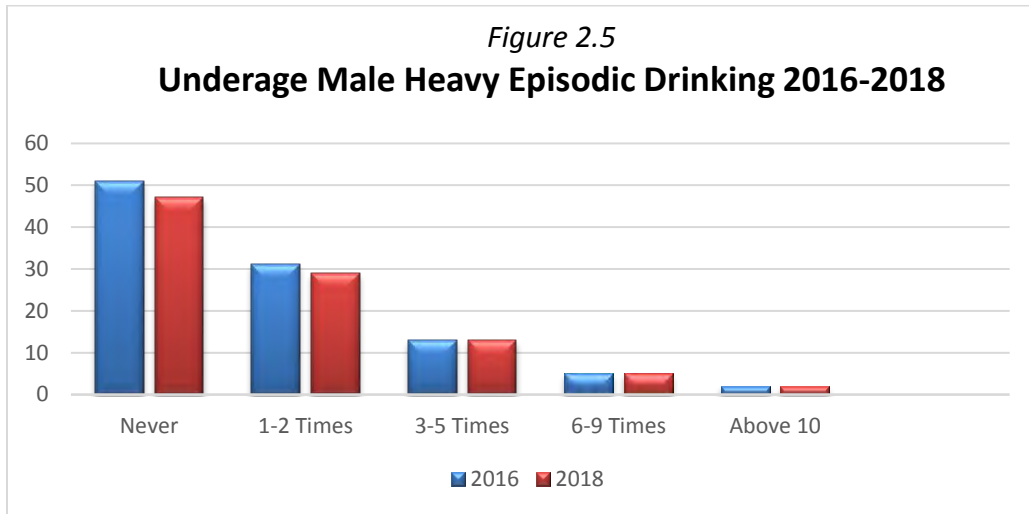
weeks leading up to the survey. Specifically, while the proportion stood at 51% of all underage female drinkers in four-year colleges, only 40% of underage female drinkers in two-year colleges reported heavy episodic drinking in the two weeks leading up to the survey as shown in Figure 2.3.

However, the proportion of underage male drinkers who reported heavy episodic drinking in the two weeks preceding the survey was slightly higher (49%) than the female cohort (48%). Fifteen percent of all underage male drinkers reported once engaging in heavy episodic drinking, in the two weeks preceding the survey, 11% reported heavily drinking exactly twice, 17% reported heavily drinking 3-5 times, 6% reported drinking heavily 6-10 times in the last two weeks and roughly 1% reported heavily drinking more than ten times in the two weeks preceding the survey. Similar to the distribution among underage female drinkers, underage male drinkers in four-year colleges were more likely (52%) to report heavy episodic drinking than their two-year counterparts, 41% of whom reported heavy episodic drinking in the last two weeks leading up to the survey as shown in figure 2.4



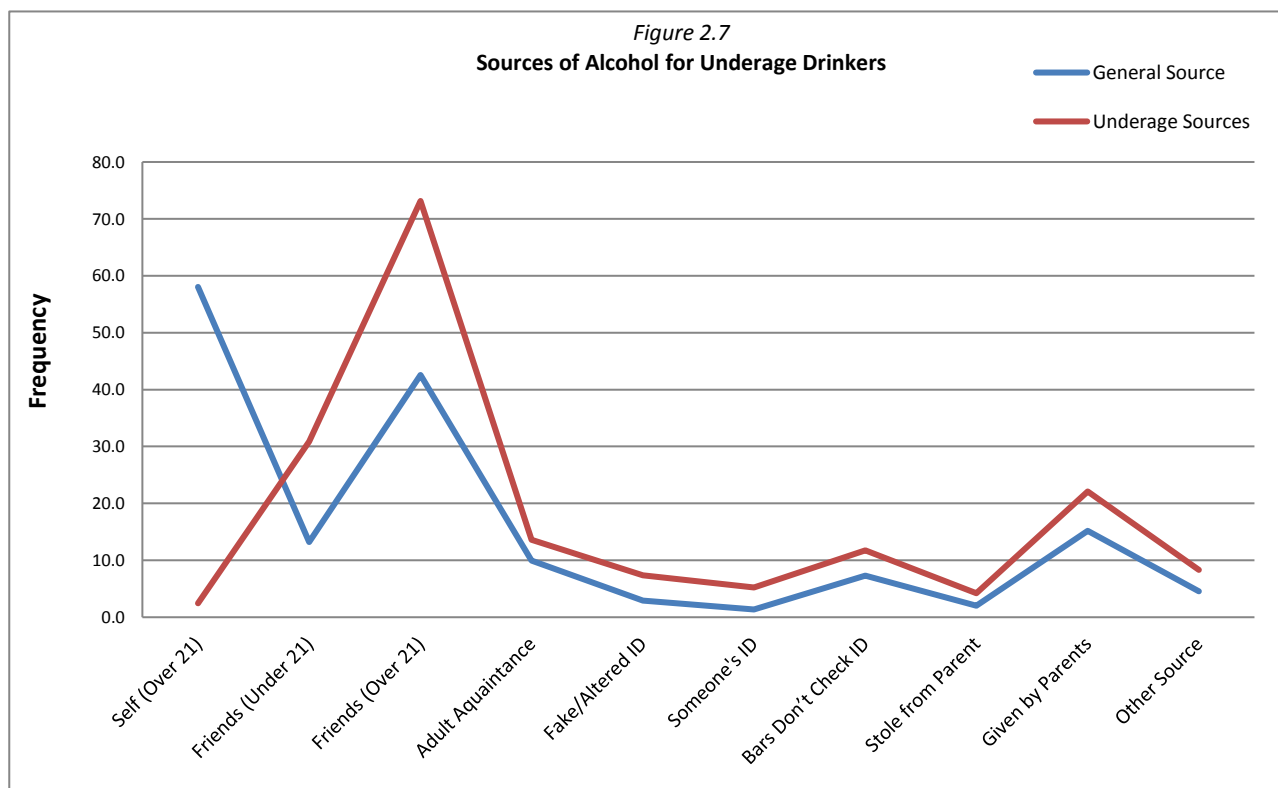
Generally, the 2018 statistics point to discernible increases in the frequency of underage binge drinking from 2016. For example, on aggregate, the proportion of underage male drinkers who engaged in heavy episodic drinking in the two weeks preceding the survey rose from approximately 39% in 2016 to 48% in 2018. As can be seen in figure 2.5, this increase is fueled by an approximate 11 percentage point increase in those who drank heavily one time, and a 2 percentage point increase in those who drank heavily 6-9 times in the last two weeks. Marginal declines are seen in the proportion of male underage drinkers who engaged in heavy episodic drinking 3-5 times a week and more than 10 times a week in the two weeks preceding the survey.

Among female underage drinkers, those who engaged in heavy episodic drinking in the last two weeks also increased from 33% in 2016 to approximately 48% in 2018. Among female underage drinkers, the rise in the number of heavy episodic drinkers is strongly fueled by a 9 percentage point increase in those who drank heavily once in the last two weeks leading up to the survey. However, unlike their male counterparts, marginal increases are also observed for those who engaged in heavy episodic drinking 3-5 times and 6-9 times a week as shown in figure 2.6. On the positive side, the proportion of underage female drinkers who engaged in heavy episodic drinking more than 10 times a week decreased from approximately 1% to nearly zero.



Sources of Alcohol for Underage Drinkers

According to the 2018 CORE survey, approximately 80% of all students agreed or strongly agreed that it was easy for underage students to access alcohol. The fact that easy access to alcohol is strongly associated with heavy episodic drinking is well established in the health literature (Wechsler et. al, 2002)⁴. Consequently, effective prevention programming requires programmers to have firm knowledge of the pathways via which students, particularly underage students, obtain alcohol. Thus, data becomes an important consideration. The 2018 survey collected information on the sources of alcohol and frequency at which students obtain alcohol from such sources. Figure 2.7 provides a visual comparison of the sources of alcohol for the entire sample and a subsample of underage students.

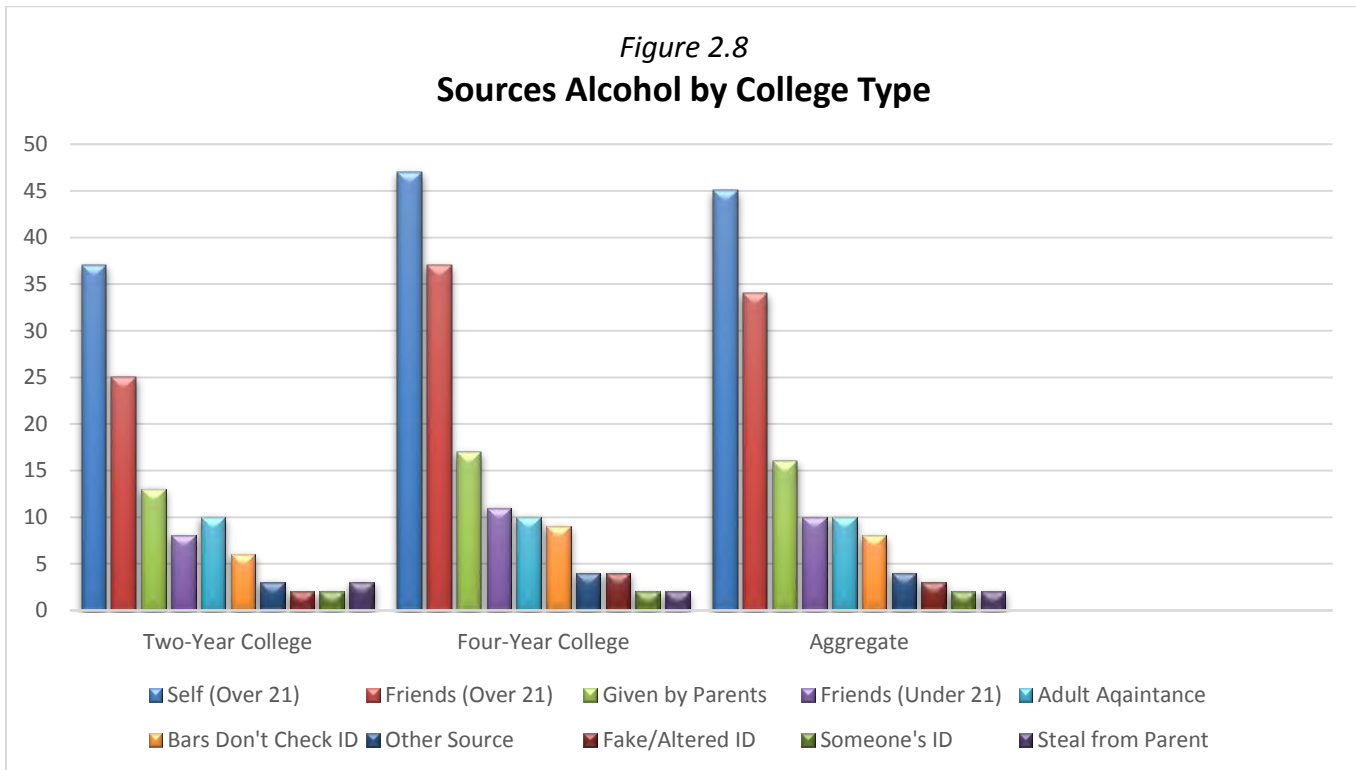


While the single largest source of alcohol for the general sample was self-purchase (approximately 45%), only 2.5% of the underage students reported ever purchasing alcohol themselves. The single largest source for most underage students was from friends aged 21 years or more, from whom approximately 73% of all underage students reported ever getting alcohol. This was followed by those who obtained alcohol from their parents with permission—approximately 22% of all underage drinkers reported getting alcohol from this source at least once in the last year.

⁴ Wechsler, H., Lee, J. E., Nelson, T. F., & Kuo, M. (2002), Underage College Students' Drinking Behavior, Access To Alcohol, And The Influence Of Deterrence Policies: Findings From The Harvard School Of Public Health College Alcohol Study. *Journal of American College Health, 50*(5), 223-236

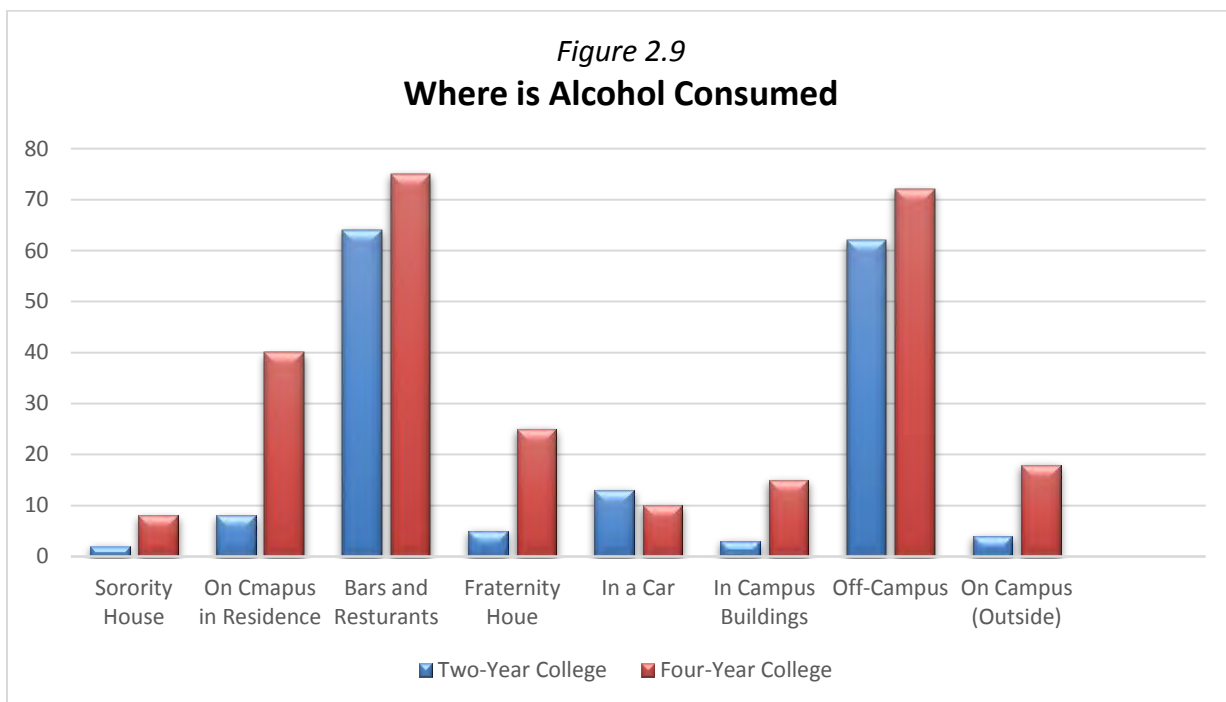
About 10% of all underage students also reported ever obtaining alcohol from adult acquaintances and 8% reported ever getting alcohol from bars or restaurants that don't check IDs. As shown in figure 2.8, the sources of alcohol on most college campuses did not appear to differ greatly. When compared by the type of institution, the proportion of students who reported ever buying alcohol themselves was higher (approximately 47%) in four-year colleges than in two year colleges where approximately 37% reported getting alcohol themselves. However, the proportion of students who reported obtaining alcohol from their friends aged 21 or above was also higher in four-year colleges than in two-year colleges. The other sources appeared relatively similar on both four-year and two-year college campuses.

Figure 2.8
Sources Alcohol by College Type

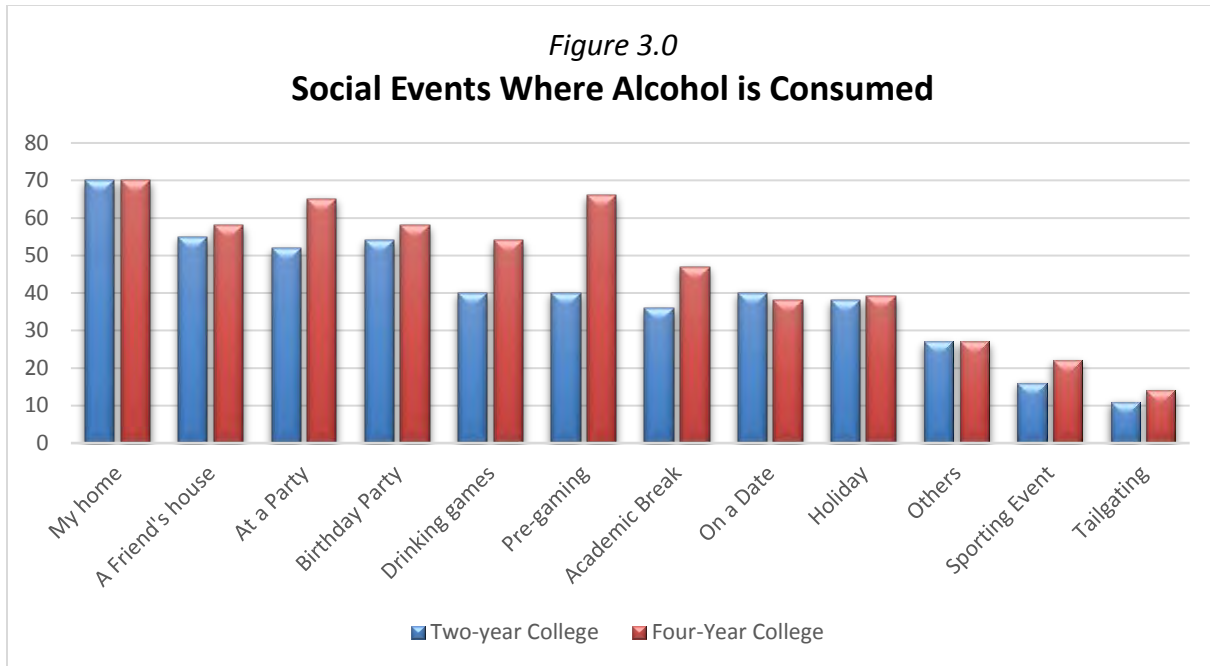


Where Is Alcohol Consumed?

Knowing where college students consume alcohol plays a vital role in both understanding and mitigating the risks that student drinkers face upon drinking. Typically, the risk of drunk driving, physical or sexual assault increases with distance. The farther the location is from campus or place of residence, the higher the exposure to such risks as students make their way back to campus after drinking. Again, closing the pathways to alcohol access for underage drinkers requires an understanding of the physical locations and social events where alcohol is usually consumed in today's colleges. The 2018 survey collected self-reported information on the places and events where students consumed alcohol in the last month before the survey. The findings from the survey are presented in figures 2.9 and 3.0 below.



Generally, students in two-year and four-year colleges differ significantly in terms of physical locations where they consumed alcohol. This could be explained, in part, by the differences in infrastructural set-ups and the social avenues that both campuses offer for events that may necessitate drinking. For example, the most popular locations for consuming alcohol were venues off-campus as well as bars and restaurants for both four-year and two-year college students. Four-year college students were significantly more likely to consume alcohol in an on campus residence (40%) compared to two-year college students (8%). Four-year college students were also more likely to consume alcohol in buildings located on campus such as sororities, fraternities or in other campus buildings. Two-year college students were slightly more likely to consume alcohol in a car with 13% compared to 10% for Four-year students.



Similarly, four-year and two-year college students differ in terms of the social events where alcohol is consumed with the exception of in their homes, holiday, on a date, and other location where both groups are equally likely to drink. Beyond that, four-year college students were more likely to drink at any of the other mentioned event. For example, the percentage of students who drank at friend's house in the last one month was 65% for four-year colleges and 58% for two-year colleges. Similarly, drinking at parties (65% vs. 52%), pre-gaming (66% vs. 40%), birthday party (58% vs. 53%), drinking games (54% vs. 40%), were more popular among four-year college students than two-year college students.

Effects of Drinking

Effective prevention requires programmers to understand the health, physical, and social risks that students are usually exposed to during and after drinking. This section discusses students' self-reported effects of alcohol use in the last one month. On aggregate, approximately 12% of all drinkers reported performing poorly on a test, at least once, in the last month.

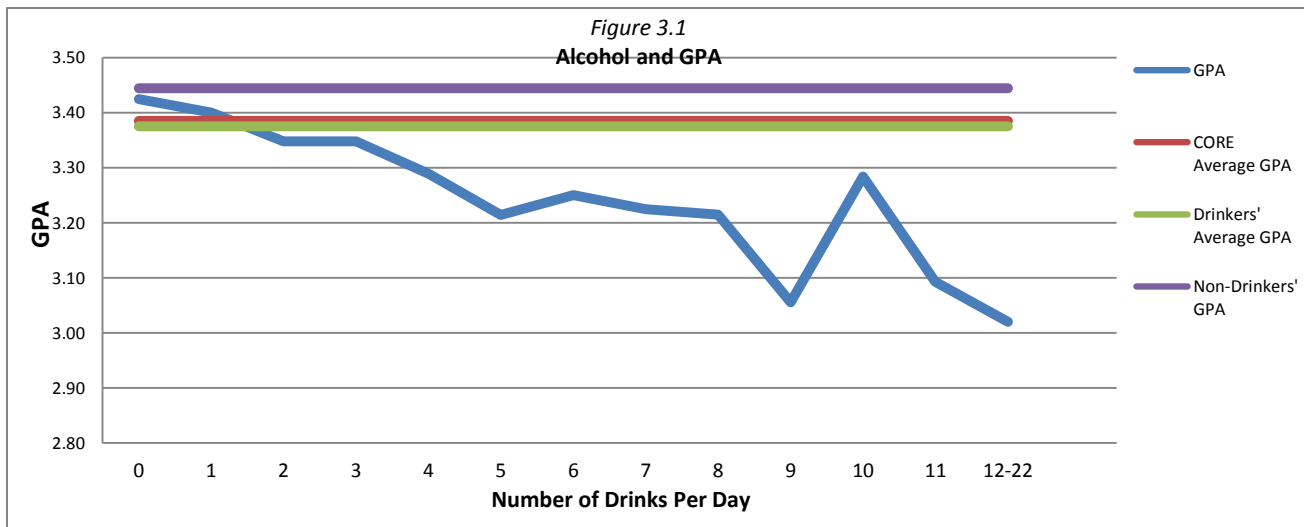
| | Two-Year College | Four-Year College | Aggregate |
|--|------------------|-------------------|-----------|
| Performed Poorly on a Test | 11% | 13% | 12.3% |
| Drove Under the Influence | 15% | 11% | 11.4% |
| Went to Class Under the Influence | 5% | 10% | 8.8% |
| Missed a Class | 11% | 17% | 16.2% |
| Forgot Actions | 16% | 25% | 23.2% |
| Passed Out | 12% | 14% | 13.3% |
| Taken Advantage of Sexually | 6% | 6% | 6.4% |
| Had Unprotected Sex | 9% | 9 % | 9.0% |
| Injured Yourself | 5% | 8% | 7.3% |
| Injured Others | 2% | 2% | 1.8% |

The percentage of drinkers who reported ever missing a class stood at about 16% of all drinkers while those who reported ever forgetting an action they did stood at about a quarter of all drinkers. Approximately 6% reported having ever been abused sexually as a result of drinking in the last month while those who reported ever having unwanted sex as a result of drinking stood at about 7%. Approximately 7% also reported ever injuring themselves as a result of drinking, in the last month. When compared by the type of institution effects of drinking are more prevalent in four-year students with them reporting more in all categories than two-year students except for driving under the influence, 15 % for two-year students and 11% for four-year students.

Alcohol Use and GPA

Figure 3.2 shows the relationship between students' grade point average and amount of alcohol consumed per day. This is based on student' self-reported grade point averages (GPA's) and levels of alcohol use per day. While the analysis is not robust enough to conclude that the amount of alcohol use influences students' GPA, it is easy to observe a generally negative relationship between alcohol use and GPA; higher levels of alcohol consumption is associated with lower GPA. Perhaps, the most remarkable finding is that the average GPA for non-drinkers is higher

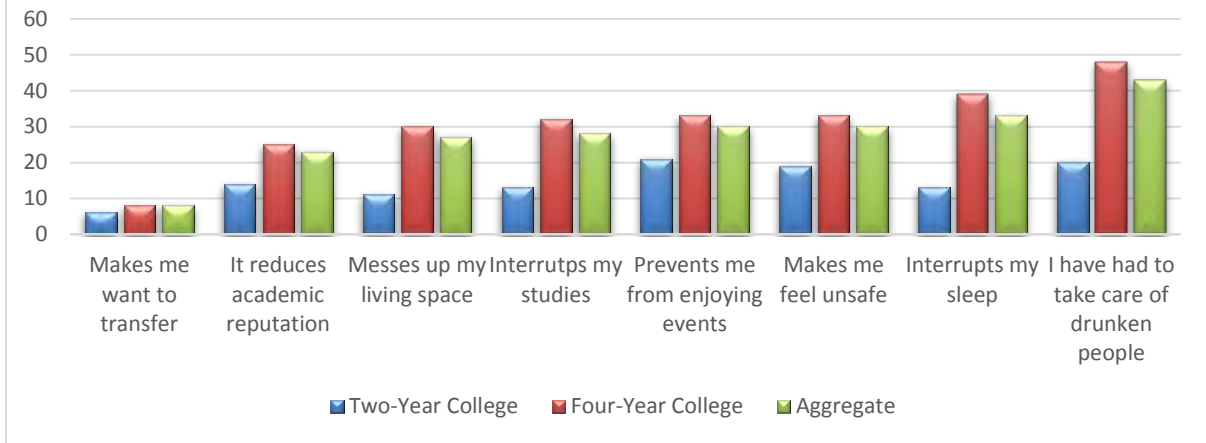
(3.44 with a standard deviation of 0.61) than the GPA for drinkers (3.38) as well as the GPA for the entire sample (3.39) on average



Effects of Others' Drinking

While irresponsible drinking behaviors could expose the drinker to several health risks in both the short-term and the long-term, it could have deleterious impact on non-drinkers too. While the most commonly known adverse effects of drinking on others are generally drunk driving, driving with someone who is intoxicated or injuring others, there exists a range of social consequences of drinking that could impact both the social climate on campus and the reputation of the relevant institution. Consequently, data on such effects can help to inform the urgency of prevention efforts on college campuses. To assist in understanding these consequences, the 2018 Survey collected information from participants on how the drinking behaviors of others affect their social environment and their personal well-being. As shown in figure 3.2, roughly 28% of all respondents reported that someone's drinking ever interrupted their studies, with approximately 23% reporting that they felt the drinking behaviors of others reduced their school's academic reputation. Again, approximately 33% of all respondents also reported that others' drinking behaviors ever made them feel unsafe, while roughly 27% also said a drunken person ever messed up their living space. The proportion of students whose sleep was ever interrupted by the behavior of a drunken person stood at about 39% of the entire sample with roughly 5% experiencing this often. Approximately 43% of all respondents also reported ever taking care a drunken person, with 21% of all respondents doing this a few times and 4% doing it often. Consequently, about 8% reported that the drinking behaviors of others made them ever feel like transferring from their current institution.

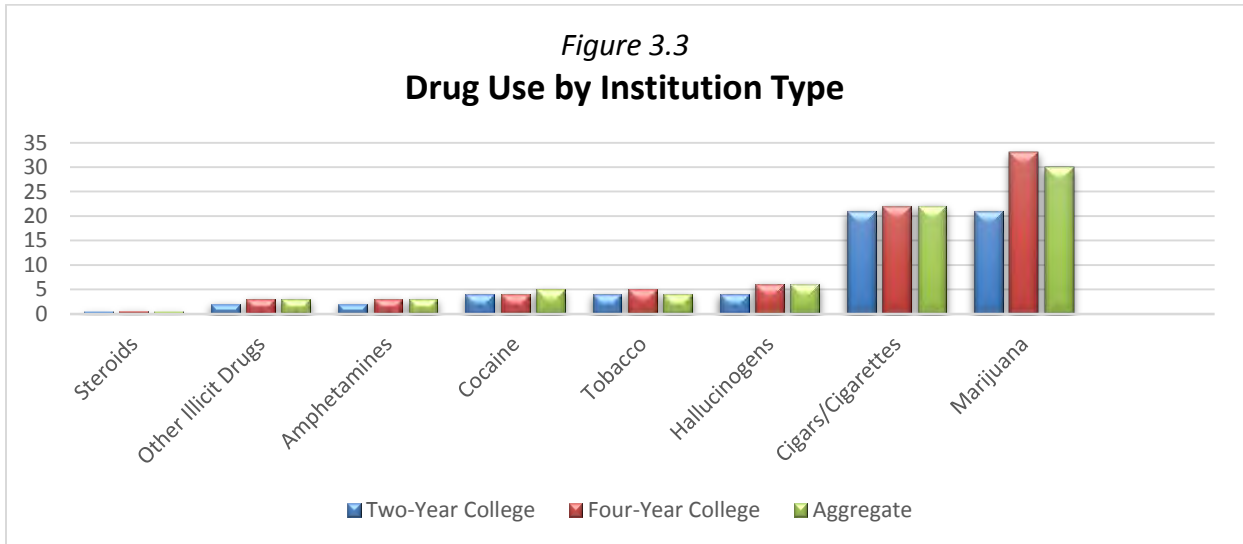
Figure 3.2
Effects of Other's Drinking



Drug Use

Alcohol use exceeded the use of any other drug (legal or illicit) not prescribed in the last year. Specifically, the number of people who reported ever using alcohol in the last year stood at about 72% of the entire sample. This compares to 22% of the entire sample who reported using cigars, cigarettes or pipe tobacco in the last year, as shown in figure 3.3. Approximately 45% of the entire sample also reported ever using marijuana in the last year. However, those who reported using marijuana at least once in a month stood at about 25% of the entire sample. About 9% also reported ever using tobacco in the last year, 10% reported ever using hallucinogens without prescription, roughly 9% said they had ever used cocaine, 4% also used amphetamines, approximately 1% reported ever using steroids without prescription and about 3% also said they used other illegal drugs without prescription in the last year.

Figure 3.3
Drug Use by Institution Type



The use of many of the aforementioned drugs in the last year differed only slightly between two-year and four-year colleges as shown in Figure 3.5. For example, marijuana use stood at 46% in four-year colleges and 44% in two-year colleges in the last year. Cocaine use also stood at approximately 9% in both two-year and four-year colleges. The rate of use of steroids, amphetamines and hallucinogens without prescription in the last year was also similar among both groups. However, a recognizable difference exists between the two groups regarding cigar and cigarette use. Specifically, while roughly 46% of two-year college students reported using cigars and cigarette, the statistic for four-year colleges stood at approximately 36%— ten percentage points lower.

Perceptions about Alcohol and Drug Use on College Campuses

On college campuses, the drinking behaviors of individual students are strongly influenced by perceived drinking norms or perceptions of others' drinking habits. Generally, students tend to overestimate the amount of alcohol taken by their colleagues. As a result, they attempt to make up for the gap by drinking more or excessively. Therefore, knowing the perceptions of students regarding alcohol use on college campuses is important for developing effective prevention programs and helping bust the myth about alcohol use on college campuses. This section discusses, based on the 2016 Survey, the attitudes and perceptions of students regarding alcohol and other drug use on their respective campuses.

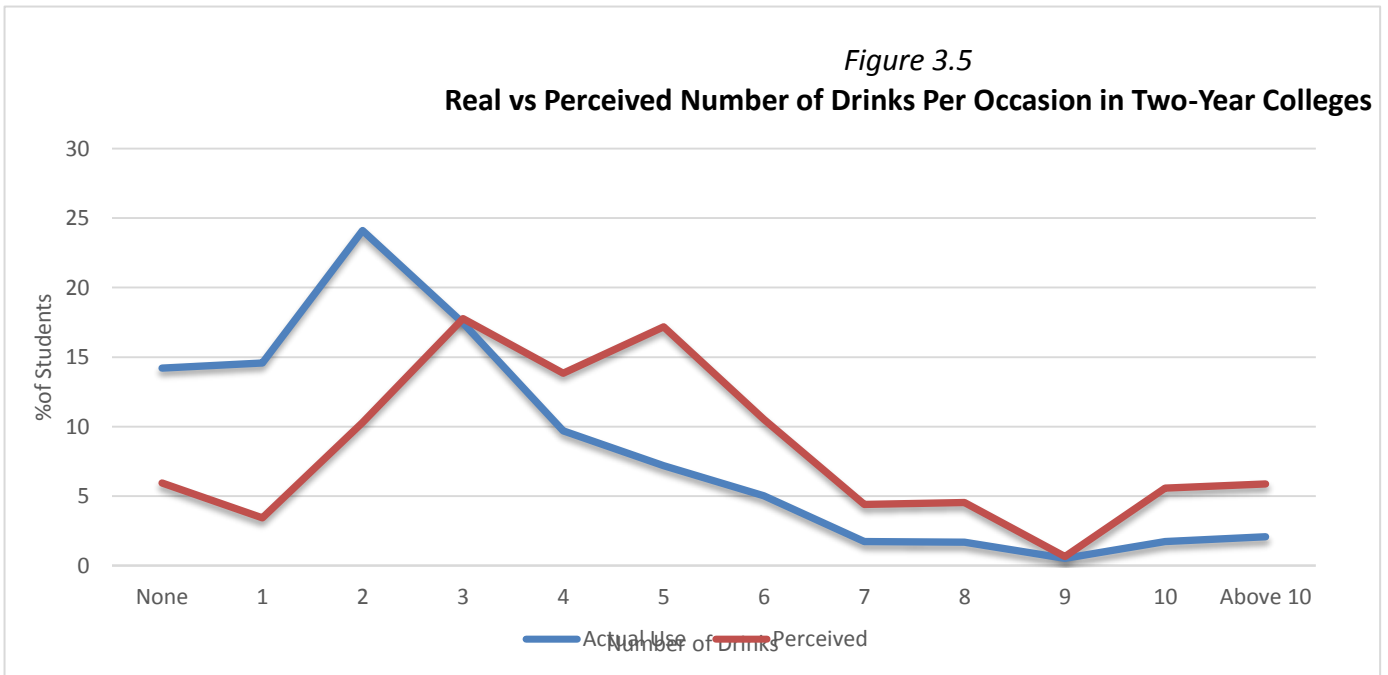
Alcohol Use: Perceptions

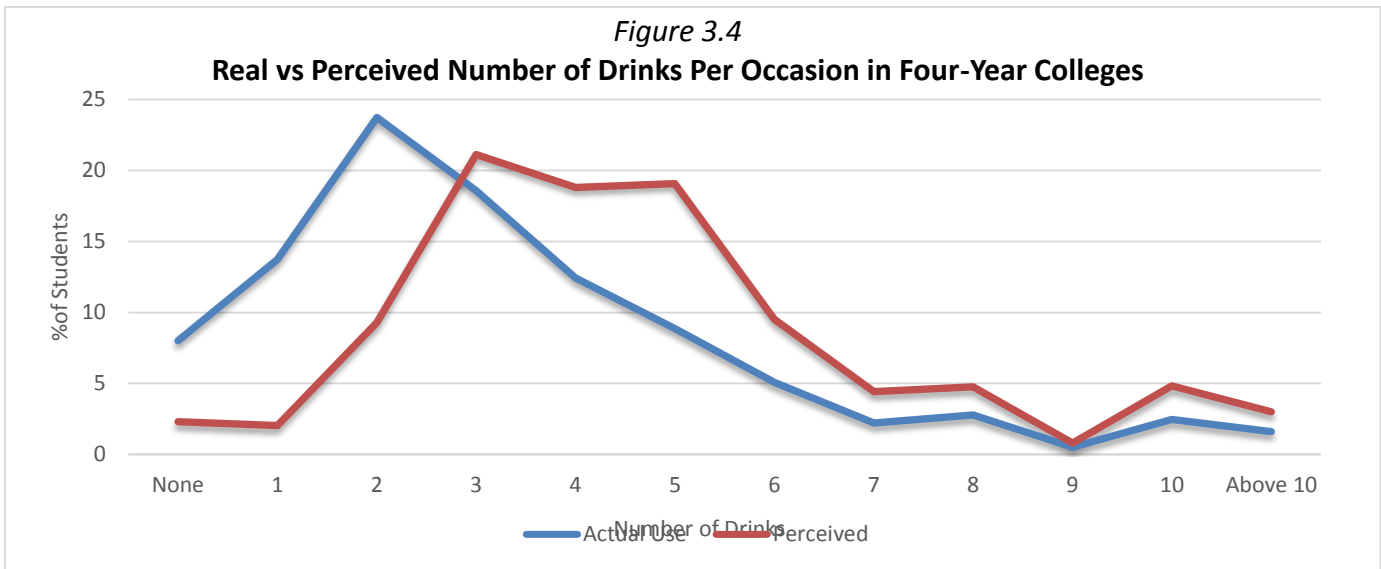
Earlier in the Survey, students were asked to report the amount of alcohol they drink on a typical occasion (for example at a party, birthday, etc.). Later, they were asked to report how much alcohol *they think* an average student drinks during such occasions: the perceived alcohol use. The findings are presented in *Table 5.0 and Figures 3.4 & 3.5*. In both the four-year and two-year colleges, we observe similar discrepancies between the reported actual level of alcohol consumption and the perceived amounts of alcohol use with the former mostly exceeding the latter.

Generally, we find that students tend to underestimate the number of people who take fewer than 3 drinks on a typical occasion. For example, on aggregate, while students thought that only 2% of people don't drink at all on a typical occasion, the actual number of people who said they never drank on a typical occasion stood at roughly 10%. Also, the number of people who said they took just one drink on a typical occasion was roughly 12 percentage points higher than students thought. Similarly, the number of people who reported taking just two drinks was about 16 percentage points higher than the perceived number of people. Similarly, for 4 drinks, the actual amount is lower than the perceived amount by about 6 percentage points and by 11 percentage points for 5 drinks. Similar discrepancies are observed for the number of people who take 6-9 drinks. However, most students were able to correctly predict that, indeed, just about 1% of all drinkers take 9 drinks on a typical occasion.

| Table 5.0 Perceived Alcohol Use Per Occasion: Aggregate | | | |
|--|------------|-----------|------------------------------------|
| | Actual Use | Perceived | Difference (Actual – Perceived) |
| Zero | 10% | 32 | +8 |
| 1 | 14% | 2% | +12 |
| 2 | 24% | 8% | +16 |
| 3 | 19% | 17% | +2 |
| 4 | 11% | 17% | -6 |
| 5 | 9% | 20% | -11 |
| 6 | 5% | 10% | -5 |
| 7 | 2% | 5% | -3 |
| 8 | 3% | 6% | -3 |
| 9 | 1% | 1% | 0 |
| 10 | 2% | 6% | -4 |
| Above 10 | 2% | 5% | -3 |

Figure 3.5
Real vs Perceived Number of Drinks Per Occasion in Two-Year Colleges





Other Drug Use: Perceptions

Across the state, the reported use of drugs without prescription and the perceived use of such drugs on both two and four-year college campuses showed significantly wide differences, as shown in *Figures 3.8 & 3.9*. In general, we observe that students tend to overestimate the number of people who use drugs without prescription. For example, while actual tobacco use in the last year stood at just about 5% across the sample, students thought that approximately 70% of their peers used tobacco in the last year, a 61 percentage point difference. Similarly, students overestimated the number of people who ever took cocaine in the last year by approximately 55 percentage points. Again, while actual marijuana use in the last year stood at 31%, it was perceived that about 90% of all students ever took marijuana in the last year. The use of cigarettes on college campuses was also overestimated by roughly 63 percentage points, hallucinogens by 51 percentage points, steroids and other illegal drugs by roughly 46 percentage points and amphetamines by about 44% percentage points as shown in *Table 6.0*.

These differences reflect the perceptions on both four-year and two-year colleges. It is therefore unsurprising that, as shown in figures 3.6 and 3.7, similar disparities between actual and perceived usage exist on both four-year and two-year college campuses across the state.

Table 6.0: Perceived Drug Use In The Last Year: Aggregate

| | Actual | Perceived | Difference (Actual-Perceived) |
|-------------------|--------|-----------|----------------------------------|
| Tobacco | 9% | 68% | -59% |
| Cocaine | 8% | 54% | -46% |
| Marijuana | 45% | 85% | -40% |
| Cigars/Cigarettes | 38% | 82% | -44% |
| Hallucinogens | 10% | 53% | -44% |
| Steroids | 1% | 47% | -46% |
| Other Illegals | 3% | 49% | -46% |
| Amphetamines | 4% | 45% | -41% |

Figure 3.6

Real vs Perceived Drug Use in the Past Year in Two-Year Colleges

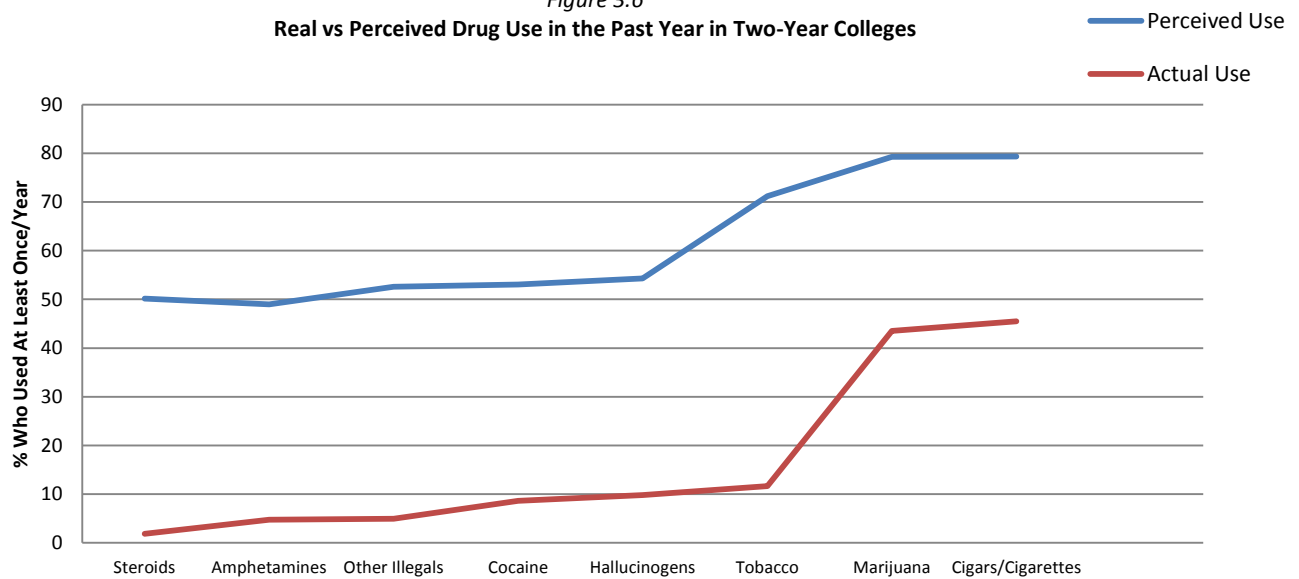
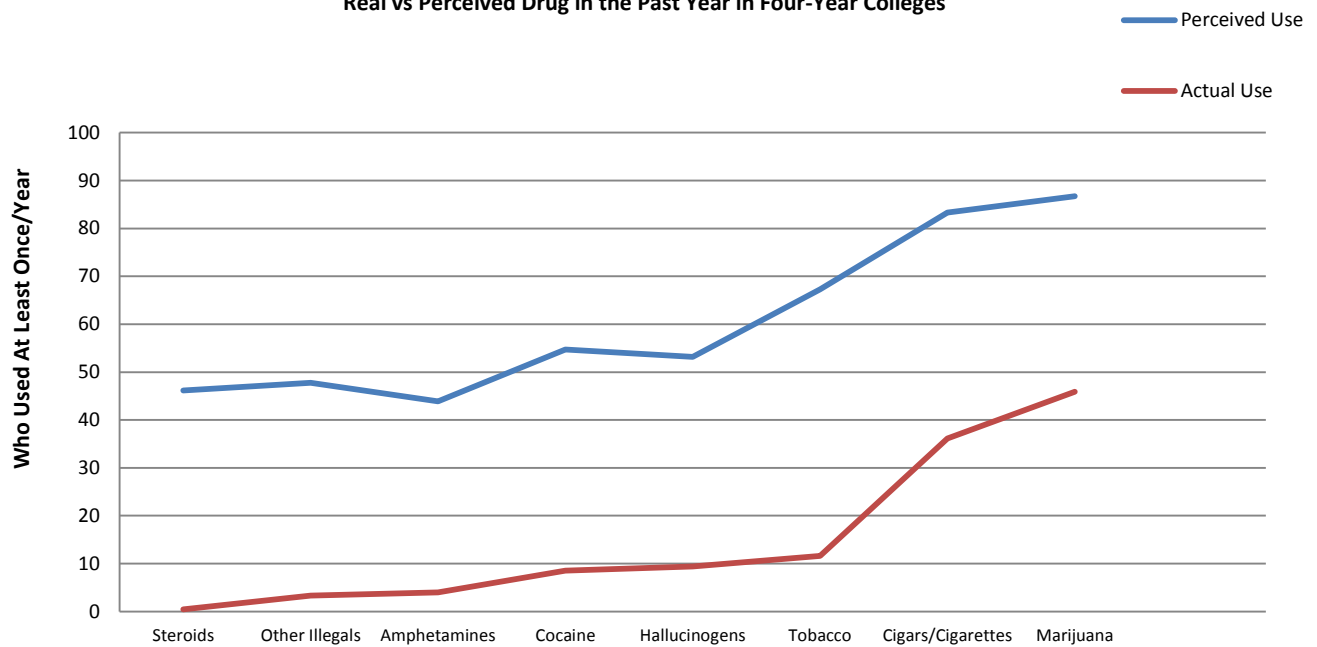


Figure 3.7
Real vs Perceived Drug in the Past Year in Four-Year Colleges

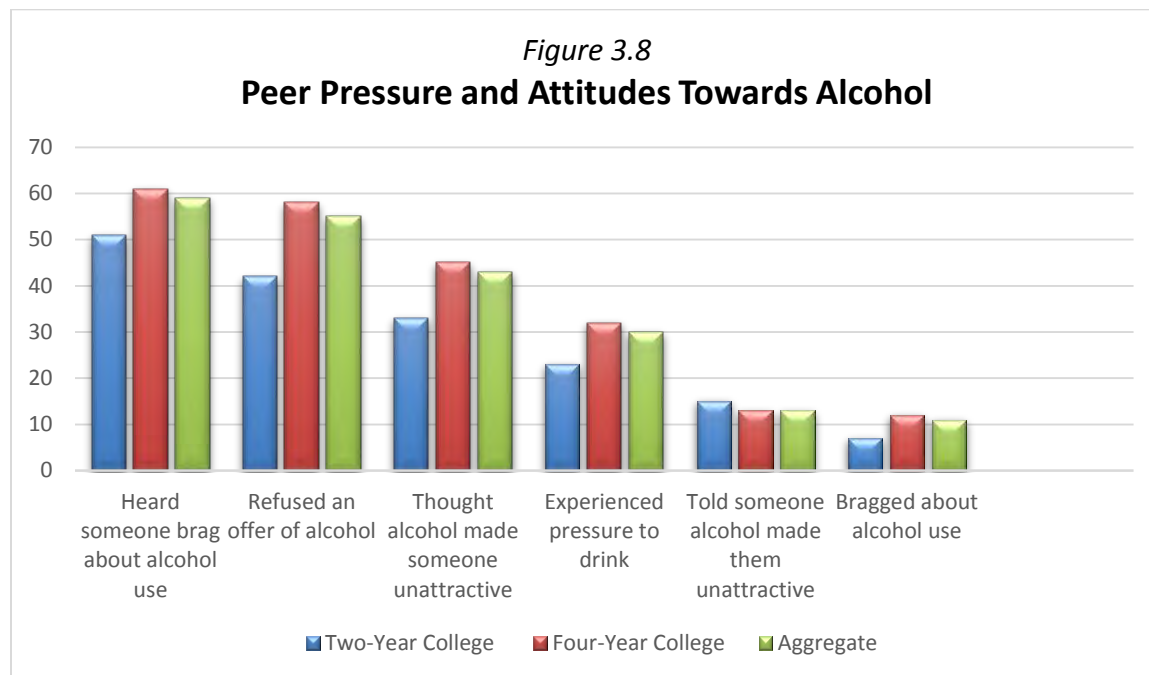


Peer Pressure and Alcohol Use

The tendency of college students to depend on their peers for advice has significant implications for the perceptions and attitudes of many students towards drug and alcohol use. The direct and indirect persuasion of peers could influence students to engage in several risk-taking activities, such as irresponsible alcohol use, often by portraying alcohol and other drug use as a positive and socially acceptable experience (Santor et. al., 2000). This may foster an atmosphere of irresponsible alcohol use on campus that may have negative consequences for both the social environment and the school’s reputation. Knowledge of the social climate on campus regarding alcohol use thus becomes important in prevention programming.

The 2018 Survey asked students to report how often they have experienced different forms of pressure to use alcohol or have sought to positively change the attitudes of others towards drinking. As *Figure 3.8* shows, approximately 59% of all respondents reported ever hearing someone brag about alcohol use on campus in the month preceding the survey. Conversely, only 11% of all respondents said they ever bragged about alcohol use in the last month. But even though approximately 30% of all respondents reported having ever experienced the pressure to drink, approximately 55% reported actually being able to refuse an offer of alcohol. Thus, 45% could not

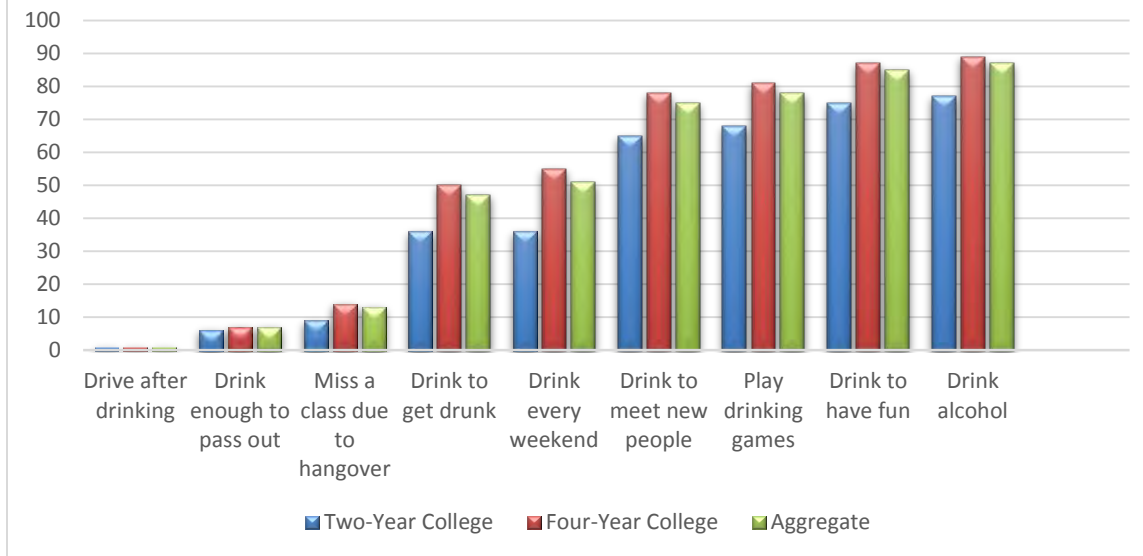
decline an offer of alcohol. Also, while about 43% of all respondents said they ever thought alcohol made someone look unattractive, only 13% said they actually told someone alcohol made them look unattractive.



Attitudes towards Drinking

Students were also asked to state the extent to which they agree or disagree with the attitudes of students regarding alcohol use. *Figure 3.9* provides a breakdown of these findings by the type of institution. We find four-year college students to be generally more likely to agree with any reason for which a student would want to drink except for drunk-driving where both groups were equally likely (1.8%) to find the practice acceptable. For example, while roughly 90% of all four-year college students agreed that it was completely acceptable or reasonably acceptable (hence acceptable) for students to drink alcohol, only 77% of two-year college students agreed that it was acceptable for students to drink. Again, four-year college students were more likely to agree that it was acceptable for students to drink just to have fun (with 87% supporting this view), than two-year college students, approximately 75% of whom found this acceptable. Additionally, 81% of four-year college students were more likely to find playing drinking games acceptable. This compares to roughly 68% of their two-year college counterparts who found this practice acceptable. Similarly four-year college students are more likely than two-year college students to agree with drinking to meet people (78% against 65%), drink every weekend (55% against 36%), miss a class due to a hangover (14% against 9%) or just drinking to get drunk (50% against 36%).

Figure 3.9
Proportion of Students Find it Acceptable For Students



Perceptions about Ease of Access and Enforcement of Alcohol Policies

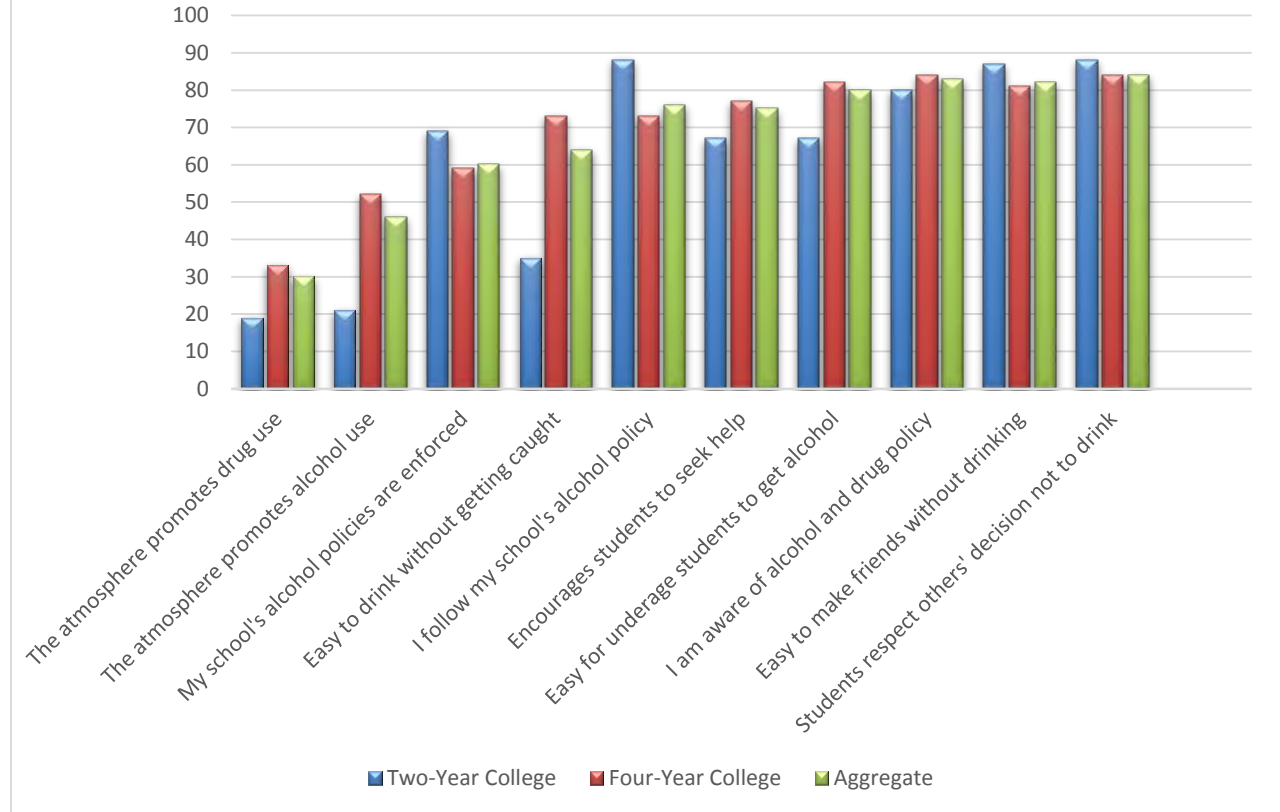
Even though most universities and colleges continue to formulate stringent alcohol use policies, irresponsible alcohol use remains a challenge on college campuses. The decisions that students make about alcohol use may be shaped by their values and beliefs, which in turn determines their adherence or otherwise to alcohol use policies. Thus, the choice to violate or obey alcohol use policies may be informed by a student’s beliefs about the extent to which these policies are enforced. It is therefore important for those engaged in campus alcohol policy administration to understand the views of students regarding these policies, the extent to which they are implemented and how the social environment promotes the adherence or violation of such policies. Accordingly, the 2018 Survey collected self-reported information on students’ views and perceptions towards alcohol policies on their campuses.

As shown in *Figure 4.0*, on aggregate, approximately 52% of four-year students and 33% of two-year students agreed that their campus’ atmosphere promotes alcohol use and drug use respectively. However, four-year college students were more than twice as likely as their two-year college counterparts to agree that their campus’ atmosphere promotes alcohol use. Similarly, while about 84% of all four-year college students agreed to being aware of their schools’ alcohol policies, only 59% agreed that these policies are being enforced, with about 82% agreeing that it was easy for underage students to get alcohol on four-year college campuses.

Approximately 77% of four-year college students agreed that their schools encourage students with drinking problems to seek help, however, just about 73% agree that they follow their schools’ alcohol policies. Among four-year college students, though 84% agreed that students tend to respect the decisions of others not to drink, only 81% agreed that it was easy to make friends without drinking. On two-year college campuses, although

approximately 80% agreed to being aware of their schools' alcohol policies just about 69% agreed that these policies are being enforced, with 67% agreeing that it is easy for underage students to access alcohol. Although two-year college students were less likely (67% of all respondents) than their four-year counterparts (77%) to agree that their schools encourage students with drinking problems to seek help, they were more likely (88%) than their four-year counterparts (73%) to agree that they follow their school's alcohol policies. Also among two-year college students, 88% agreed that students tend to respect the decisions of others not to drink and an equal proportion also agreed that it was indeed easy to make friends on campus without drinking alcohol.

Figure 4.0
Perceptions About Alcohol and Drug Use on School Campuses
(Agree/Strongly Agree)



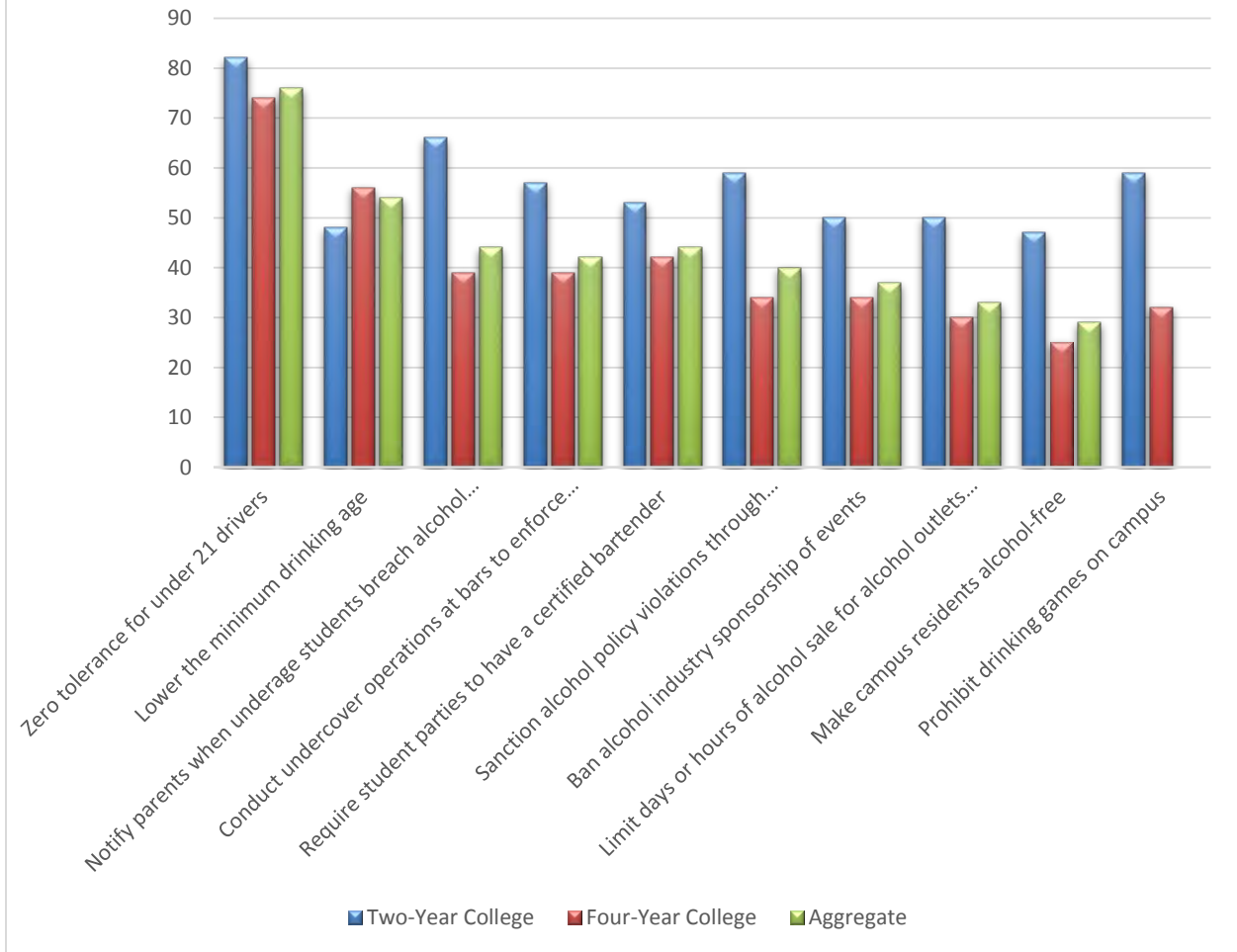
Attitudes toward Alcohol Regulation

The attitudes of students towards changes or the introduction of more stringent policies could provide an insight into the extent of inappropriate alcohol use on college campuses and how that can be handled. Specifically, the resistance of students to policies proposed to curtail alcohol use could provide a guide on possible loopholes and how these can be managed to assist prevention efforts.

In the 2018 Survey, students were asked to categorically state whether they oppose or support a number of proposed measures to deal with alcohol use on college campuses. As shown in *Figure 4.3*, two-year college students were more likely than their four-year college counterparts to support all the proposed measures to deal with alcohol use except for lowering the minimum legal age for drinking (21 years) where they switch places with four-year college students.

Specifically, regarding whether student parties should have certified bartenders, 53% of two-year college students as opposed to 42% of four-year college students supported the idea. Also, while 66% of all two-year college students supported the idea that the parents of underage students who violate alcohol use policies be notified on the first offence, only 39% of all four-year college students agreed to this idea. Similar trends are observed for making campus residence halls alcohol-free, where the level of support is 47% among two-year college student and just 25% among four-year college students. Regarding whether undercover operations may be needed at bars and restaurants to aid alcohol policy enforcement, only 39% of four-year college students as opposed to approximately 57% of two-year college students supported the idea. Similarly, support for a zero-tolerance law (for under-21 (drunk) drivers) was higher among two-year college students than four-year college students, just as the support for limiting the hours and days of sale of alcohol in outlets near school campuses garnered more support from two-year college students (50% of them) than four-year college students, only 30% of whom support the idea. In view of the foregoing, it is not surprising that the support for lowering the minimum legal age below 21 years garnered more support from four-year college students (56%) than two-year college students (48%).

Figure 4.3
Proportion of Students Who Agree or Strongly Agree



Conclusion

Alcohol use on college campuses across the state saw a downward trend between 2016 and 2018— both in the number of students who drank and the average quantity of alcohol consumed. This was fueled by lower drinking rates in four-year colleges. Community colleges, however, reported borderline declines in both the percentage of students who drank and the average amount of alcohol consumed. Underage drinking also experienced a marginal increase between 2016 and 2018. Underage heavy episodic drinking among both males and females, both additionally remained about the same between 2016 and 2018. The single largest reported source of alcohol for most underage students was friends aged 21 years and above. This was followed by underage students who obtained alcohol from their parents with permission.

This underscores the need for increased prevention efforts on four-year college campuses where the social infrastructure and peer influence make many students, particularly freshmen (many of whom are underage), susceptible to drinking,— and often binge drinking, in a bid to avoid being caught. Irresponsible alcohol use continues to affect students and schools negatively. Students reported several negative secondhand effects of others' drinking on their personal lives and the reputation of their institutions to the extent that almost 1 out of every 10 students ever thought of transferring from their current institution because of irresponsible alcohol use. The importance of this is further informed by the general students' viewpoint that alcohol policies are hardly enforced on campuses and that the campus environment generally promotes alcohol use.

Although the statistics generally point to slight declines in alcohol use on community college campuses, it is vital for administrators in community colleges to intensify prevention efforts, particularly towards the use of cigarette and marijuana, each of which was used by at least 2 out of every 10 community college students in the last year. Additionally, with over 59% of community college students supporting the idea of sanctioning students who violate alcohol policies, administrators should seek to leverage these positive attitudes to enhance prevention efforts.



**ILLINOIS HIGHER
EDUCATION
C E N T E R**

**for alcohol, other drug
& violence prevention**



An Illinois Higher Education Center for Alcohol and Other Drug Prevention Report

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Illinois Higher Education Center for Alcohol and Other Drug Prevention Report

Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920
Phone: 217-581-2019
<http://www.eiu.edu/ihec>



SPRING 2025

Reference Group Executive Summary



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 healthcare and prevention and wellness services for the nation's 20 million college students. For more information about the association's programs and services, visit www.acha.org, and www.acha.org/NCHA.

Suggested citation for this document:

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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.

Beginning in Spring 2021, responses for transgender and gender-nonconforming students became readily available directly in the report documents. We've prepared the following tips for using these report documents.

Important considerations with this format:

- Percentages in the Executive Summary may represent a very small number of transgender/gender non-conforming 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.

4. To see a list of changes made to the current and past surveys, click here: <https://www.acha.org/ncha/resources/resources-for-participating-institutions/current-survey/>.

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

This Executive Summary highlights results of the ACHA-NCHA III Spring 2025 survey for Reference Group consisting of 65950 respondents. The response rate was 10%.

Findings

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

A. General Health and Campus Climate

- 52.2 % of college students surveyed (61.2 % cis men, 50.6 % cis women, and 31.9 % transgender/gender non-conforming) described their health as **very good or excellent**.
- 88.0 % of college students surveyed (91.0 % cis men, 88.3 % cis women, and 74.5 % 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 |
|--|---------|-----------|-------------------------------------|-------|
| Percent (%) | | | | |
| I feel that I belong at my college/university | 68.4 | 68.3 | 55.4 | 67.2 |
| I feel that students' health and well-being are a priority of my college/university | 54.4 | 52.7 | 37.4 | 52.0 |
| I feel that the climate of my college/university encourages free and open discussion about students' health and well-being | 61.0 | 61.5 | 48.5 | 60.2 |
| We are a college/university where we look out for each other | 53.4 | 52.0 | 37.9 | 51.3 |

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

College students reported:

| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|--|---------|-----------|-------------------------------------|-------|
| Percent (%) | | | | |
| Drinking 0 sugar-sweetened beverages (per day), on average, in the last 7 days | 36.3 | 29.4 | 25.8 | 31.2 |
| Drinking 1 or more sugar-sweetened beverages (per day), on average, in the last 7 days | 63.7 | 70.6 | 74.2 | 68.8 |
| Drinking energy drinks or shots on 0 of the past 30 days | 63.3 | 67.1 | 65.4 | 65.9 |
| Drinking energy drinks or shots on 1-4 of the past 30 days | 18.1 | 17.4 | 17.1 | 17.6 |
| Drinking energy drinks or shots on 5 or more of the past 30 days | 18.6 | 15.5 | 17.5 | 16.5 |
| Eating 3 or more servings of fruits (per day), on average, in the last 7 days | 19.6 | 18.1 | 16.0 | 18.5 |
| Eating 3 or more servings of vegetables (per day), on average, in the last 7 days | 29.3 | 28.9 | 27.9 | 29.0 |

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 |
|--------------------------|---------|-----------|-------------------------------------|-------|
| Percent (%) | | | | |
| BMI | | | | |
| <18.5 Underweight | 4.4 | 6.2 | 7.2 | 5.8 |
| 18.5-24.9 Healthy Weight | 53.3 | 58.1 | 51.3 | 56.3 |
| 25-29.9 Overweight | 29.6 | 20.5 | 21.6 | 23.1 |
| 30-34.9 Class I Obesity | 8.5 | 8.5 | 10.8 | 8.7 |
| 35-39.9 Class II Obesity | 2.7 | 3.9 | 5.2 | 3.6 |
| ≥40 Class III Obesity | 1.5 | 2.7 | 3.9 | 2.5 |
| Mean | 25.0 | 24.8 | 25.5 | 24.9 |
| Median | 24.3 | 23.2 | 23.8 | 23.6 |
| Std Dev | 5.1 | 6.0 | 6.7 | 5.8 |

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 = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

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)

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non-conforming | Total |
|---|-------------|---------|-----------|---------------------------------|-------|
| Guidelines met for aerobic exercise only | | 78.3 | 70.9 | 63.2 | 72.4 |
| Guidelines met for Active Adults | | 56.8 | 43.0 | 28.7 | 45.9 |
| Guidelines met for Highly Active Adults | | 46.7 | 33.9 | 21.5 | 36.6 |

Food Security

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

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non-conforming | Total |
|--|-------------|---------|-----------|---------------------------------|-------|
| High or marginal food security (score 0-1) | | 58.5 | 54.8 | 48.2 | 55.3 |
| Low food security (score 2-4) | | 22.7 | 25.2 | 24.7 | 24.6 |
| Very low food security (score 5-6) | | 18.8 | 19.9 | 27.1 | 20.2 |
| Any food insecurity (low or very low food security) | | 41.5 | 45.2 | 51.8 | 44.7 |

C. Health Care Utilization

College students reported:

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non-conforming | Total |
|---|-------------|---------|-----------|---------------------------------|-------|
| Receiving psychological or mental health services within the last 12 months | | 24.2 | 40.8 | 64.0 | 37.8 |
| Visiting a medical provider within the last 12 months | | 59.4 | 76.6 | 83.6 | 72.2 |

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non-conforming | Total |
|--|-------------|---------|-----------|---------------------------------|-------|
| Ever prescribed medication for a mental health condition | | 20.3 | 35.3 | 59.8 | 32.8 |
| Prescribed before starting at current college/university* | | 14.4 | 25.5 | 45.7 | 23.6 |
| Prescribed after starting at current college/university* | | 5.8 | 9.6 | 13.8 | 8.8 |
| Last 12 months, prescribed medication for a mental health condition* | | 10.3 | 20.1 | 38.6 | 18.5 |

*These figures use all students in the sample as the denominator, rather than just those students who have ever been prescribed medication for a mental health condition

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non-conforming | Total |
|---|-------------|---------|-----------|---------------------------------|-------|
| Ever had counseling for a mental health condition | | 26.3 | 46.2 | 72.2 | 42.4 |
| Started counseling before starting at current college/university* | | 18.9 | 34.8 | 58.6 | 31.7 |
| Started counseling after starting at current college/university* | | 7.2 | 11.1 | 13.2 | 10.1 |
| Last 12 month, had counseling for a mental health condition* | | 14.4 | 29.5 | 52.3 | 26.6 |

*These figures use all students in the sample as the denominator, rather than just those students who have ever had counseling for a mental health condition

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

College students reported:

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|--|-------------|---------|-----------|-------------------------------------|-------|
| Flu vaccine within the last 12 month | | 46.0 | 50.7 | 56.3 | 49.8 |
| Not starting the HPV vaccine series | | 21.4 | 15.4 | 10.5 | 16.8 |
| Starting, but not completing HPV vaccine series | | 3.1 | 4.1 | 6.3 | 4.0 |
| Completing HPV vaccine series | | 44.4 | 57.5 | 58.3 | 53.8 |
| Not knowing their HPV vaccine status | | 31.1 | 23.0 | 24.9 | 25.4 |
| Ever having a GYN visit or exam (females only) | | | 52.9 | 42.9 | |
| Having a dental exam in the last 12 months | | 70.3 | 75.5 | 68.1 | 73.5 |
| Being tested for HIV within the last 12 months | | 10.2 | 12.6 | 18.6 | 12.3 |
| Being tested for HIV more than 12 months ago | | 9.0 | 10.3 | 10.3 | 9.9 |
| Wearing sunscreen usually or always when outdoors | | 22.6 | 50.0 | 35.4 | 41.2 |
| Spending time outdoors with the intention of tanning at least once in the last 12 months | | 33.9 | 55.6 | 32.2 | 47.9 |

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)*

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|------------------------------------|-------------|---------|-----------|-------------------------------------|-------|
| Alcohol use | | 2.2 | 1.6 | 3.2 | 1.9 |
| Cannabis/marijuana use | | 2.5 | 1.6 | 4.7 | 2.1 |
| Pregnancy or a partner's pregnancy | | 0.5 | 0.5 | 0.9 | 0.6 |

| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|------------------------------------|---------|-----------|-------------------------------------|-------|
| Alcohol use | 3.4 | 2.2 | 4.4 | 2.7 |
| Cannabis/marijuana use | 8.7 | 5.0 | 10.0 | 6.5 |
| Pregnancy or a partner's pregnancy | 28.4 | 42.1 | 46.8 | 38.3 |

| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|--|---------|-----------|-------------------------------------|-------|
| Career | 13.2 | 12.9 | 16.5 | 13.1 |
| Finances | 14.4 | 15.9 | 22.4 | 15.8 |
| Procrastination | 43.8 | 44.0 | 58.1 | 44.5 |
| Faculty | 6.2 | 6.1 | 9.6 | 6.4 |
| Family | 7.2 | 11.1 | 17.2 | 10.4 |
| Intimate Relationships | 10.2 | 10.8 | 15.0 | 10.8 |
| Roommate/housemate | 4.7 | 6.3 | 8.8 | 5.9 |
| Peers | 4.1 | 5.0 | 9.4 | 5.0 |
| Personal appearance | 4.8 | 6.5 | 10.5 | 6.2 |
| Health of someone close to me | 7.8 | 10.6 | 13.5 | 10.0 |
| Death of a family member, friend, or someone close to me | 7.0 | 9.8 | 11.3 | 9.1 |
| Bullying | 1.6 | 2.1 | 4.3 | 2.1 |
| Cyberbullying | 0.9 | 0.9 | 2.2 | 1.0 |
| Hazing | 0.6 | 0.4 | 0.9 | 0.5 |
| Microaggression | 2.2 | 3.0 | 8.8 | 3.2 |
| Sexual Harassment | 0.7 | 2.0 | 4.4 | 1.8 |
| Discrimination | 2.0 | 2.5 | 8.6 | 2.8 |

| | | | | |
|--|------|------|------|------|
| Career | 36.0 | 34.2 | 36.4 | 34.9 |
| Finances | 34.5 | 32.0 | 39.3 | 33.3 |
| Procrastination | 64.1 | 61.1 | 71.2 | 62.7 |
| Faculty | 55.0 | 54.1 | 58.5 | 54.8 |
| Family | 29.4 | 29.5 | 32.7 | 29.9 |
| Intimate Relationships | 31.4 | 30.8 | 37.1 | 31.5 |
| Roommate/housemate | 24.0 | 22.3 | 28.8 | 23.2 |
| Peers | 23.4 | 21.3 | 28.5 | 22.6 |
| Personal appearance | 13.1 | 11.9 | 15.8 | 12.6 |
| Health of someone close to me | 24.8 | 26.4 | 29.3 | 26.4 |
| Death of a family member, friend, or someone close to me | 36.1 | 42.0 | 46.8 | 41.0 |
| Bullying | 34.8 | 34.5 | 36.1 | 35.0 |
| Cyberbullying | 32.0 | 33.8 | 36.3 | 33.8 |
| Hazing | 42.5 | 50.0 | 56.7 | 48.4 |
| Microaggression | 16.9 | 16.8 | 21.0 | 17.7 |
| Sexual Harassment | 25.9 | 20.6 | 28.2 | 22.2 |
| Discrimination | 23.5 | 26.5 | 32.8 | 27.2 |

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

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

| Percent (%) | Trans/ Cis Men Cis Women Gender Non- Total conforming | | | |
|---|---|------|------|------|
| | | | | |
| Acute Diagnoses in the last 12 months | | | | |
| Bronchitis | 0.9 | 2.0 | 2.3 | 1.7 |
| Chlamydia | 0.1 | 0.2 | 0.3 | 0.2 |
| Chicken Pox (Varicella) | 0.1 | 0.0 | 0.3 | 0.1 |
| Cold/Virus or other respiratory illness | 10.4 | 18.0 | 21.4 | 16.0 |
| Concussion | 1.1 | 1.7 | 2.1 | 1.5 |
| Gonorrhea | 0.2 | 0.0 | 0.2 | 0.1 |
| Flu (influenza or flu-like illness) | 6.4 | 9.3 | 10.6 | 8.4 |
| Mumps | 0.1 | 0.0 | 0.3 | 0.1 |
| Mononucleosis (mono) | 0.5 | 0.8 | 0.9 | 0.7 |
| Orthopedic injury | 2.2 | 2.8 | 4.9 | 2.8 |
| Pelvic Inflammatory Disease | 0.1 | 0.1 | 0.4 | 0.2 |
| Pneumonia | 0.9 | 1.4 | 1.6 | 1.2 |
| Shingles | 0.1 | 0.1 | 0.4 | 0.1 |
| Stomach or GI virus or bug, food poisoning or gastritis | 2.6 | 4.9 | 6.0 | 4.3 |
| Urinary tract infection | 0.2 | 2.5 | 2.7 | 1.9 |

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

| Trans/ Cis Men Cis Women Gender Non- Total conforming | | | | |
|---|------|------|------|------|
| | | | | |
| | | | | |
| | | | | |
| | 37.5 | 48.4 | 56.7 | 47.1 |
| | 14.7 | 18.0 | 21.7 | 17.8 |
| | 16.9 | 9.7 | 40.0 | 16.0 |
| | 39.3 | 46.5 | 56.1 | 45.8 |
| | 53.8 | 62.1 | 55.3 | 59.5 |
| | 24.0 | 10.5 | 24.4 | 18.3 |
| | 48.8 | 55.7 | 63.8 | 54.7 |
| | 33.9 | 13.3 | 40.7 | 25.9 |
| | 48.5 | 54.2 | 50.6 | 52.7 |
| | 29.5 | 31.9 | 43.8 | 32.4 |
| | 41.3 | 29.3 | 52.9 | 35.4 |
| | 51.9 | 58.2 | 67.7 | 57.4 |
| | 25.7 | 26.5 | 50.0 | 30.3 |
| | 39.6 | 44.9 | 51.3 | 44.5 |
| | 20.3 | 21.6 | 26.7 | 22.1 |

| Percent (%) | Trans/ Cis Men Cis Women Gender Non- Total conforming | | | |
|--|---|------|------|------|
| | | | | |
| Any ongoing or chronic medical conditions diagnosed or treated in the last 12 months | 17.5 | 29.4 | 52.0 | 27.4 |

| Trans/ Cis Men Cis Women Gender Non- Total conforming | | | | |
|---|------|------|------|------|
| | | | | |
| | 27.5 | 37.7 | 60.1 | 37.2 |

Other impediments to academic performance

| | | | | |
|---|------|------|------|------|
| Assault (physical) | 0.5 | 0.7 | 1.8 | 0.7 |
| Assault (sexual) | 0.5 | 1.8 | 4.0 | 1.6 |
| Allergies | 2.5 | 3.2 | 4.3 | 3.1 |
| Anxiety | 19.8 | 32.3 | 47.4 | 29.5 |
| ADHD or ADD | 10.2 | 12.1 | 29.7 | 12.7 |
| Concussion or TBI | 1.3 | 1.7 | 2.4 | 1.6 |
| Depression | 13.3 | 20.0 | 42.3 | 19.5 |
| Eating disorder/problem | 1.5 | 3.7 | 7.1 | 3.3 |
| Headaches/migraines | 4.7 | 12.2 | 17.0 | 10.3 |
| Influenza or influenza-like illness (the flu) | 4.9 | 7.3 | 10.4 | 6.8 |
| Injury | 2.3 | 2.4 | 4.6 | 2.5 |
| PMS | 0.2 | 11.2 | 13.5 | 8.2 |
| PTSD | 1.6 | 3.5 | 10.0 | 3.4 |
| Short-term illness | 3.8 | 6.4 | 10.6 | 5.9 |
| Upper respiratory illness | 5.6 | 10.1 | 14.6 | 9.1 |
| Sleep difficulties | 17.6 | 21.9 | 37.0 | 21.5 |
| Stress | 26.6 | 38.4 | 54.4 | 35.8 |

| | | | | |
|--|------|------|------|------|
| | 21.1 | 27.1 | 35.2 | 26.8 |
| | 27.1 | 28.6 | 36.9 | 29.8 |
| | 8.6 | 9.2 | 11.1 | 9.2 |
| | 41.1 | 46.9 | 58.3 | 46.8 |
| | 59.8 | 63.7 | 72.8 | 64.1 |
| | 48.0 | 51.4 | 49.3 | 50.6 |
| | 50.6 | 54.4 | 64.8 | 55.0 |
| | 25.2 | 24.4 | 27.8 | 25.0 |
| | 22.7 | 32.9 | 40.0 | 31.8 |
| | 34.3 | 39.0 | 46.7 | 38.7 |
| | 22.0 | 25.6 | 33.3 | 25.4 |
| | 44.0 | 29.1 | 39.7 | 30.1 |
| | 43.8 | 40.1 | 47.4 | 42.1 |
| | 27.7 | 32.2 | 41.3 | 32.2 |
| | 28.1 | 31.8 | 38.8 | 31.8 |
| | 43.2 | 44.7 | 57.4 | 45.6 |
| | 43.9 | 49.8 | 64.0 | 49.6 |

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

E. Violence, Abusive Relationships, and Personal Safety

Within the last 12 months, college students reported experiencing:

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|--|-------------|---------|-----------|-------------------------------------|-------|
| A physical fight | | 3.9 | 1.3 | 2.7 | 2.2 |
| A physical assault (not sexual assault) | | 2.6 | 1.9 | 3.6 | 2.3 |
| A verbal threat | | 12.2 | 9.0 | 19.1 | 10.7 |
| Sexual touching without their consent | | 2.7 | 5.4 | 7.8 | 4.9 |
| Sexual penetration attempt without their consent | | 1.1 | 2.0 | 3.1 | 1.9 |
| Sexual penetration without their consent | | 1.0 | 1.5 | 2.7 | 1.5 |
| Being a victim of stalking | | 2.3 | 4.2 | 6.0 | 3.8 |
| A partner called me names, insulted me, or put me down to make me feel bad | | 8.7 | 9.6 | 8.9 | 9.3 |
| A partner often insisted on knowing who I was with and where I was or tried to limit my contact with family or friends | | 5.5 | 5.2 | 5.3 | 5.4 |
| A partner pushed, grabbed, shoved, slapped, kicked, bit, choked or hit me without my consent | | 2.9 | 2.5 | 3.5 | 2.8 |
| A partner forced me into unwanted sexual contact by holding me down or hurting me in some way | | 1.5 | 1.6 | 2.9 | 1.7 |
| A partner pressured me into unwanted sexual contact by threatening me, coercing me, or using alcohol or other drugs | | 1.9 | 2.8 | 4.6 | 2.7 |

College students reported feeling **very safe*** :

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|---|-------------|---------|-----------|-------------------------------------|-------|
| On their campus (daytime) | | 86.9 | 82.2 | 77.2 | 83.1 |
| On their campus (nighttime) | | 58.5 | 28.8 | 30.7 | 37.4 |
| In the community surrounding their campus (daytime) | | 60.5 | 48.0 | 45.1 | 51.2 |
| In the community surrounding their campus (nighttime) | | 36.0 | 15.5 | 14.5 | 21.3 |

*Note: "Does not apply" responses were removed from the total in the denominator

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

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.) | 32.8 | 30.9 | 33.7 | 31.6 |
| Alcoholic beverages (beer, wine, liquor, etc.) | 64.3 | 69.2 | 71.4 | 67.8 |
| Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) <i>[Please report nonmedical use only.]</i> | 37.3 | 41.4 | 56.0 | 41.1 |
| Cocaine (coke, crack, etc.) | 6.3 | 5.1 | 6.9 | 5.6 |
| Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) <i>[Please report nonmedical use only.]</i> | 7.9 | 5.9 | 9.4 | 6.7 |
| Methamphetamine (speed, crystal meth, ice, etc.) | 1.5 | 0.9 | 2.1 | 1.2 |
| Inhalants (poppers, nitrous, glue, gas, paint thinner, etc.) | 5.4 | 3.5 | 10.4 | 4.6 |
| Sedatives or Sleeping Pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) <i>[Please report nonmedical use only.]</i> | 4.7 | 4.0 | 7.0 | 4.4 |
| Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.) | 12.3 | 8.6 | 17.9 | 10.3 |
| Heroin | 0.9 | 0.4 | 1.2 | 0.7 |
| Prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) <i>[Please report nonmedical use only.]</i> | 3.5 | 2.4 | 4.5 | 2.9 |

| *Used in the last 3 months | | | |
|----------------------------|-----------|-------------------------------------|-------|
| Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| 22.9 | 19.8 | 23.1 | 20.7 |
| 57.9 | 63.4 | 62.9 | 61.2 |
| 24.5 | 26.2 | 41.8 | 26.5 |
| 2.0 | 1.3 | 2.5 | 1.6 |
| 2.8 | 1.8 | 3.5 | 2.2 |
| 0.4 | 0.2 | 0.9 | 0.3 |
| 2.0 | 1.1 | 4.5 | 1.7 |
| 1.5 | 1.3 | 2.7 | 1.5 |
| 4.0 | 2.6 | 7.0 | 3.3 |
| 0.3 | 0.1 | 0.6 | 0.3 |
| 0.7 | 0.4 | 1.2 | 0.5 |

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

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 | 16.0 | 14.2 | 16.8 | 14.8 |
| Alcoholic beverages | 10.0 | 9.3 | 10.0 | 9.5 |
| Cannabis (nonmedical use) | 15.1 | 16.4 | 28.9 | 16.7 |
| Cocaine | 1.3 | 0.9 | 1.6 | 1.0 |
| Prescription stimulants (nonmedical use) | 1.3 | 0.9 | 1.8 | 1.1 |
| Methamphetamine | 0.3 | 0.2 | 0.5 | 0.2 |
| Inhalants | 0.9 | 0.4 | 2.0 | 0.7 |
| Sedatives or Sleeping Pills (nonmedical use) | 0.8 | 0.8 | 1.7 | 0.9 |
| Hallucinogens | 1.8 | 1.2 | 3.5 | 1.5 |
| Heroin | 0.2 | 0.1 | 0.3 | 0.2 |
| Prescription opioids (nonmedical use) | 0.5 | 0.3 | 1.0 | 0.4 |

| *High risk use of the substance | | | |
|---------------------------------|-----------|-------------------------------------|-------|
| Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| 1.1 | 0.8 | 1.8 | 1.0 |
| 1.2 | 0.8 | 1.9 | 1.0 |
| 1.5 | 0.9 | 2.6 | 1.2 |
| 0.2 | 0.1 | 0.4 | 0.2 |
| 0.2 | 0.1 | 0.5 | 0.2 |
| 0.1 | 0.1 | 0.5 | 0.1 |
| 0.1 | 0.1 | 0.5 | 0.1 |
| 0.2 | 0.1 | 0.6 | 0.2 |
| 0.1 | 0.1 | 0.5 | 0.1 |
| 0.1 | 0.0 | 0.4 | 0.1 |
| 0.2 | 0.1 | 0.4 | 0.1 |

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

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

| Percent (%) | Trans/ Cis Men Cis Women Gender Non- Total conforming | | | |
|--|---|-----|-----|-----|
| | Prescription stimulants | 1.6 | 1.1 | 2.2 |
| Prescription sedatives or sleeping pills | 1.0 | 0.8 | 1.8 | 0.9 |
| Prescription opioids | 0.4 | 0.2 | 0.8 | 0.3 |

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

*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 (%) | Trans/ Cis Men Cis Women Gender Non- Total conforming | | | |
|---|---|------|------|------|
| | Cigarettes | 11.9 | 9.6 | 15.5 |
| E-cigarettes or other vape products (for example: Juul, etc.) | 13.1 | 14.9 | 15.8 | 14.3 |
| Water pipe or hookah | 1.8 | 1.2 | 1.8 | 1.4 |
| Chewing or smokeless tobacco | 4.6 | 1.1 | 1.7 | 2.1 |
| Cigars or little cigars | 4.8 | 0.8 | 2.1 | 2.0 |
| Other | 2.4 | 0.6 | 1.2 | 1.1 |

*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

2.4 % of college students surveyed (2.7 % cis men, 1.8 % cis women, and 6.1 % 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 Gender Non- Total conforming | | | |
|--|--|------|------|------|
| | Never | 27.4 | 22.7 | 20.4 |
| Within the last 2 weeks | 42.8 | 44.9 | 40.5 | 43.9 |
| More than 2 weeks ago but within the last 30 days | 8.7 | 10.8 | 11.2 | 10.2 |
| More than 30 days ago but within the last 3 months | 9.2 | 10.2 | 12.8 | 10.1 |
| More than 3 months ago but within the last 12 | 6.7 | 6.9 | 8.7 | 7.0 |
| More than 12 months ago | 5.2 | 4.4 | 6.4 | 4.7 |

| Cis Men | Cis Women | *Used Cannabis/Marijuana Trans/ Gender Non- Total conforming | |
|---------|-----------|---|------|
| | | 57.2 | 53.1 |
| 15.5 | 15.3 | 27.3 | 16.2 |
| 3.5 | 4.2 | 5.7 | 4.1 |
| 5.1 | 5.6 | 7.9 | 5.6 |
| 6.6 | 7.8 | 9.3 | 7.5 |
| 12.1 | 13.9 | 10.8 | 13.1 |

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

Driving under the influence

- 12.7 % 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.
- 26.4 % 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 (%) | Trans/ Cis Men Cis Women Gender Non- Total conforming | | | |
|---------------|-------------|---|------|------|------|
| | | < .08 | 84.5 | 82.8 | 85.4 |
| < .10 | | 88.8 | 87.5 | 90.0 | 88.0 |
| Mean | | 0.04 | 0.04 | 0.04 | 0.04 |
| Median | | 0.02 | 0.02 | 0.02 | 0.02 |
| Std Dev | | 0.05 | 0.05 | 0.05 | 0.05 |

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

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

| Number of drinks | Percent (%) | Trans/ Cis Men Cis Women Gender Non- Total conforming | | | |
|------------------|-------------|---|------|------|------|
| | | 4 or fewer | 70.7 | 83.5 | 84.4 |
| 5 | | 8.4 | 7.2 | 6.3 | 7.4 |
| 6 | | 6.0 | 4.0 | 3.6 | 4.5 |
| 7 or more | | 14.9 | 5.3 | 5.7 | 7.9 |
| Mean | | 3.8 | 2.8 | 2.8 | 3.1 |
| Median | | 3.0 | 2.0 | 2.0 | 2.0 |
| Std Dev | | 3.5 | 2.2 | 2.8 | 2.7 |

*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:

| | Percent (%) | Among <u>all</u> students surveyed Cis Men Cis Women Gender Non- Total conforming | | | |
|-----------------|-------------|---|------|------|------|
| | | Did not drink alcohol in the last two weeks (includes non-drinkers) | 57.2 | 55.1 | 59.9 |
| None | | 21.4 | 24.8 | 23.9 | 23.8 |
| 1-2 times | | 15.8 | 16.3 | 13.1 | 15.8 |
| 3-5 times | | 4.6 | 3.3 | 2.3 | 3.6 |
| 6 or more times | | 1.0 | 0.5 | 0.8 | 0.6 |

*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- Total conforming |
|--|---------|-----------|---|
| | 50.0 | 55.4 | 59.6 54.2 |
| | 37.0 | 36.2 | 32.6 36.1 |
| | 10.7 | 7.3 | 5.8 8.2 |
| | 2.3 | 1.1 | 2.0 1.5 |

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

| | Percent (%) | Trans/ Cis Men Cis Women Gender Non- Total conforming | | |
|--|-------------|---|-------------|-------------|
| | | Did something I later regretted | 16.0 | 18.7 |
| Blackout (forgot where I was or what I did for a large period of time and cannot remember, even when someone reminds me) | 10.0 | 9.5 | 7.7 | 9.5 |
| Brownout (forgot where I was or what I did for short periods of time, but can remember once someone reminds me) | 16.7 | 20.0 | 17.6 | 19.0 |
| Got in trouble with the police | 0.9 | 0.6 | 1.2 | 0.8 |
| Got in trouble with college/university authorities | 1.0 | 0.6 | 1.2 | 0.8 |
| Someone had sex with me without my consent | 0.8 | 1.3 | 2.7 | 1.3 |
| Had sex with someone without their consent | 0.3 | 0.2 | 0.8 | 0.3 |
| Had unprotected sex | 10.4 | 9.7 | 8.4 | 9.8 |
| Physically injured myself | 5.1 | 6.0 | 7.6 | 5.9 |
| Physically injured another person | 0.8 | 0.4 | 1.2 | 0.6 |
| Seriously considered suicide | 2.0 | 1.6 | 5.4 | 2.0 |
| Needed medical help | 0.9 | 0.9 | 1.8 | 1.0 |
| Reported two or more of the above | 19.3 | 21.2 | 19.8 | 20.6 |

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

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

G. Sexual Behavior

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

| Percent (%) | Oral sex | | | |
|--|----------|-----------|-------------------------------------|-------|
| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| Never | 38.9 | 38.3 | 35.9 | 38.4 |
| Within the last 2 weeks | 27.8 | 28.4 | 26.8 | 28.1 |
| More than 2 weeks ago but within the last 30 days | 7.3 | 7.8 | 8.5 | 7.7 |
| More than 30 days ago but within the last 3 months | 8.6 | 8.7 | 9.6 | 8.7 |
| More than 3 months ago but within the last 12 | 8.6 | 8.6 | 9.6 | 8.7 |
| More than 12 months ago | 8.8 | 8.2 | 9.5 | 8.4 |

| Vaginal intercourse | | | |
|---------------------|-----------|-------------------------------------|-------|
| Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| 45.0 | 40.1 | 50.8 | 42.3 |
| 27.7 | 32.1 | 20.2 | 30.0 |
| 5.9 | 6.5 | 5.3 | 6.2 |
| 6.6 | 7.1 | 6.7 | 7.0 |
| 6.7 | 7.1 | 7.9 | 7.1 |
| 8.1 | 7.1 | 9.1 | 7.5 |

| Percent (%) | Anal intercourse | | | |
|--|------------------|-----------|-------------------------------------|-------|
| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| Never | 80.6 | 85.2 | 76.3 | 83.3 |
| Within the last 2 weeks | 3.9 | 1.4 | 4.4 | 2.4 |
| More than 2 weeks ago but within the last 30 days | 1.7 | 0.8 | 2.0 | 1.1 |
| More than 30 days ago but within the last 3 months | 2.4 | 1.6 | 2.9 | 2.0 |
| More than 3 months ago but within the last 12 | 3.3 | 2.7 | 4.4 | 3.0 |
| More than 12 months ago | 8.0 | 8.3 | 10.0 | 8.3 |

*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 (%) | Number of sexual partners | | | |
|-------------|---------------------------|-----------|-------------------------------------|-------|
| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| None | 0.8 | 0.5 | 0.6 | 0.6 |
| 1 | 71.3 | 75.9 | 65.1 | 73.9 |
| 2 | 10.8 | 11.3 | 13.2 | 11.3 |
| 3 | 5.8 | 5.4 | 7.1 | 5.6 |
| 4 or more | 11.3 | 7.0 | 14.0 | 8.7 |
| Mean | 2.1 | 1.6 | 2.5 | 1.8 |
| Median | 1.0 | 1.0 | 1.0 | 1.0 |
| Std Dev | 3.7 | 1.7 | 5.4 | 2.8 |

*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 (%) | Condom or protective barrier | | | |
|---------------------|------------------------------|-----------|-------------------------------------|-------|
| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| Oral sex | 6.1 | 5.1 | 5.1 | 5.4 |
| Vaginal intercourse | 43.3 | 37.8 | 38.4 | 39.2 |
| Anal intercourse | 22.2 | 16.3 | 29.1 | 20.6 |

*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 (%) | Contraception | | | |
|---------------------------------------|---------------|-----------|-------------------------------------|-------|
| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| Yes, used a method of contraception | 79.7 | 82.6 | 80.0 | 81.7 |
| No, did not want to prevent pregnancy | 3.4 | 2.6 | 3.6 | 2.9 |
| No, did not use any method | 14.7 | 14.0 | 15.5 | 14.3 |
| Don't know | 2.2 | 0.8 | 0.9 | 1.2 |

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

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

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

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|--|-------------|-------------|-------------|-------------------------------------|-------------|
| Birth control pills (monthly or extended cycle) | | 36.0 | 35.3 | 28.6 | 35.1 |
| Birth control shots | | 1.3 | 1.3 | 2.2 | 1.4 |
| Birth control implants | | 7.4 | 6.8 | 8.9 | 7.0 |
| Birth control patch | | 1.5 | 1.3 | 1.5 | 1.3 |
| The ring | | 1.4 | 2.1 | 1.3 | 1.9 |
| Emergency contraception ("morning after pill" or "Plan B") | | 5.5 | 6.2 | 7.1 | 6.1 |
| Intrauterine device | | 16.3 | 19.2 | 20.1 | 18.5 |
| External/male condom | | 53.3 | 46.9 | 52.9 | 48.8 |
| Internal/female condom | | 0.5 | 0.2 | 0.9 | 0.3 |
| Diaphragm or cervical cap | | 0.1 | 0.1 | 0.2 | 0.1 |
| Contraceptive sponge | | 0.1 | 0.0 | 0.1 | 0.0 |
| Withdrawal | | 16.9 | 20.9 | 17.3 | 19.7 |
| Fertility awareness (calendar, mucous, basal body temperature) | | 3.9 | 5.8 | 6.3 | 5.4 |
| Sterilization (hysterectomy, tubes tied, vasectomy) | | 2.6 | 3.0 | 5.1 | 3.0 |
| Other method | | 1.3 | 1.1 | 3.6 | 1.3 |
| External/Male condom use plus another method | | 27.8 | 28.3 | 31.5 | 28.3 |
| Any two or more methods (excluding external/male condoms) | | 17.1 | 19.3 | 20.7 | 18.8 |

*Only students who reported they or their partner used a method the last time they had vaginal intercourse were asked these questions. This question was select all that apply.

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 (17.9 % cis men, 19.3 % cis women, 20.1 % 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 (1.5 % cis men, 1.4 % cis women, 2.7 % trans/gender non-conforming)

H. Mental Health and Wellbeing

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

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|---|-------------|---------|-----------|-------------------------------------|-------|
| No or low psychological distress (0-12) | | 85.7 | 81.4 | 63.1 | 81.3 |
| Serious psychological distress (13-24) | | 14.3 | 18.6 | 36.9 | 18.7 |
| Mean | | 7.16 | 8.09 | 10.95 | 8.04 |
| Median | | 6.00 | 7.00 | 11.00 | 7.00 |
| Std Dev | | 5.11 | 5.05 | 5.22 | 5.17 |

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

| | Percent (%) | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|-------------------------------|-------------|---------|-----------|-------------------------------------|-------|
| Negative for loneliness (3-5) | | 55.0 | 54.2 | 38.6 | 53.3 |
| Positive for loneliness (6-9) | | 45.0 | 45.8 | 61.4 | 46.7 |
| Mean | | 5.22 | 5.28 | 6.02 | 5.32 |
| Median | | 5.00 | 5.00 | 6.00 | 5.00 |
| Std Dev | | 1.89 | 1.83 | 1.90 | 1.86 |

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 = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|---------|---------|-----------|-------------------------------------|-------|
| Mean | 44.40 | 45.80 | 41.08 | 45.04 |
| Median | 47.00 | 48.00 | 43.00 | 47.00 |
| Std Dev | 9.08 | 8.06 | 9.57 | 8.61 |

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 | 6.24 | 6.05 | 5.43 | 6.05 |
| Median | 6.00 | 6.00 | 6.00 | 6.00 |
| Std Dev | 1.57 | 1.53 | 1.74 | 1.57 |

Self injury

- 10.1 % of college students surveyed (6.7 % cis men, 9.5 % cis women, and 29.2 % 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 | | 42.1 | 45.6 | 56.9 | 45.5 |
| Career | | 37.0 | 38.1 | 45.8 | 38.3 |
| Finances | | 42.2 | 50.1 | 57.7 | 48.4 |
| Procrastination | | 69.1 | 72.7 | 82.7 | 72.3 |
| Faculty | | 11.5 | 11.5 | 16.8 | 12.0 |
| Family | | 24.9 | 38.2 | 53.4 | 35.6 |
| Intimate relationships | | 32.8 | 35.4 | 40.9 | 35.1 |
| Roommate/housemate | | 19.7 | 28.5 | 31.0 | 26.2 |
| Peers | | 17.9 | 23.6 | 33.8 | 22.8 |
| Personal appearance | | 36.9 | 54.9 | 67.4 | 50.7 |
| Health of someone close to me | | 32.0 | 40.7 | 46.7 | 38.7 |
| Death of a family member, friend, or someone close to me | | 19.7 | 23.6 | 24.4 | 22.6 |
| I was bullied | | 4.6 | 6.2 | 12.0 | 6.2 |
| I was cyberbullied | | 3.0 | 2.7 | 6.2 | 3.1 |
| I was hazed | | 1.5 | 0.9 | 1.6 | 1.1 |
| I experienced microaggression(s) | | 12.9 | 18.0 | 42.6 | 18.3 |
| I was sexually harassed | | 2.7 | 9.6 | 15.9 | 8.1 |
| I experienced discrimination | | 8.5 | 9.6 | 26.4 | 10.5 |
| Students reporting none of the above | | 12.2 | 7.2 | 3.5 | 8.4 |
| Students reporting only one of the above | | 10.4 | 7.0 | 3.5 | 7.7 |
| Students reporting 2 of the above | | 12.7 | 9.9 | 5.4 | 10.3 |
| Students reporting 3 or more of the above | | 64.7 | 75.9 | 87.7 | 73.5 |

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

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

| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
|--|---------|-----------|-------------------------------------|-------|
| Academics | 80.3 | 87.4 | 86.9 | 85.6 |
| Career | 72.3 | 75.9 | 74.6 | 74.8 |
| Finances | 71.4 | 78.0 | 82.7 | 76.8 |
| Procrastination | 57.7 | 64.5 | 70.1 | 63.2 |
| Faculty | 49.6 | 55.2 | 51.5 | 53.5 |
| Family | 57.0 | 66.8 | 72.5 | 65.4 |
| Intimate relationships | 61.3 | 64.6 | 64.3 | 63.7 |
| Roommate/housemate | 45.4 | 57.5 | 57.0 | 54.9 |
| Peers | 37.6 | 46.3 | 50.8 | 45.0 |
| Personal appearance | 45.1 | 58.0 | 59.6 | 55.6 |
| Health of someone close to me | 55.5 | 63.6 | 63.4 | 61.7 |
| Death of a family member, friend, or someone close to me | 65.2 | 74.4 | 75.0 | 72.2 |
| I was bullied | 47.7 | 61.2 | 57.9 | 58.0 |
| I was cyberbullied | 46.1 | 56.4 | 55.4 | 53.4 |
| I was hazed | 38.0 | 52.8 | 62.7 | 48.7 |
| I experienced microaggression(s) | 28.3 | 36.0 | 41.0 | 35.4 |
| I was sexually harassed | 40.0 | 53.4 | 62.0 | 53.4 |
| I experienced discrimination | 40.8 | 49.9 | 59.9 | 49.8 |

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

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

| | Percent (%) | | | |
|------------------------------------|-------------|-----------|-------------------------------------|-------|
| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| Negative suicidal screening (3-6) | 78.9 | 76.3 | 41.0 | 74.5 |
| Positive suicidal screening (7-18) | 21.1 | 23.7 | 59.0 | 25.5 |
| Mean | 4.84 | 5.03 | 7.92 | 5.18 |
| Median | 3.00 | 3.00 | 8.00 | 4.00 |
| Std Dev | 2.78 | 2.88 | 3.78 | 3.02 |

Suicide attempt

- 2.2 % of college students surveyed 2.6 % cis men, 1.6 % cis women, and
- 5.1 % 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:

| | Percent (%) | | | |
|-----------|-------------|-----------|-------------------------------------|-------|
| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| No stress | 3.9 | 1.1 | 1.3 | 1.9 |
| Low | 31.3 | 19.0 | 13.8 | 22.1 |
| Moderate | 47.0 | 52.5 | 49.1 | 50.6 |
| High | 17.8 | 27.5 | 35.8 | 25.4 |

I. Acute Conditions

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

| | Percent (%) | | | |
|--|-------------|-----------|-------------------------------------|-------|
| | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| Bronchitis | 2.5 | 4.2 | 4.2 | 3.8 |
| Chlamydia | 1.1 | 1.2 | 1.5 | 1.2 |
| Chicken Pox (Varicella) | 0.5 | 0.5 | 0.9 | 0.5 |
| Cold/virus or other respiratory illness (for example: sinus infection, ear infection, strep throat, tonsillitis, pharyngitis, or laryngitis) | 26.9 | 39.2 | 38.9 | 35.7 |
| Concussion | 2.1 | 2.9 | 3.9 | 2.7 |
| Gonorrhea | 0.7 | 0.4 | 1.1 | 0.6 |
| Flu (influenza) or flu-like illness | 13.5 | 16.9 | 17.1 | 16.0 |
| Mumps | 0.4 | 0.3 | 0.7 | 0.3 |
| Mononucleosis (mono) | 1.2 | 1.6 | 2.0 | 1.5 |
| Orthopedic injury (for example: broken bone, fracture, sprain, bursitis, tendinitis, or ligament injury) | 7.5 | 9.0 | 11.4 | 8.8 |
| Pelvic Inflammatory Disease | 0.4 | 0.5 | 0.8 | 0.5 |
| Pneumonia | 1.8 | 2.5 | 2.5 | 2.3 |
| Shingles | 0.4 | 0.5 | 1.0 | 0.5 |
| Stomach or GI virus or bug, food poisoning or gastritis | 6.7 | 11.2 | 12.0 | 10.0 |
| Urinary tract infection | 1.0 | 11.9 | 10.6 | 8.8 |

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

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 | Percent (%) | College students reported <u>ever</u> being diagnosed with the following: | | | | *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 | Cis Men | Cis Women | Trans/ Gender Non- conforming | Total |
| ADD/ADHD - Attention Deficit/Hyperactivity Disorder | 13.6 | 14.1 | 32.4 | 15.3 | 61.2 | 74.4 | 78.2 | 71.7 | |
| Alcohol or Other Substance Use Disorder | 1.7 | 1.2 | 3.0 | 1.5 | 41.6 | 44.7 | 55.5 | 45.2 | |
| Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia) | 18.4 | 40.2 | 60.8 | 35.5 | 65.2 | 74.5 | 78.1 | 73.6 | |
| Autism Spectrum | 3.0 | 1.9 | 15.9 | 3.2 | 39.5 | 55.0 | 59.7 | 52.5 | |
| Bipolar and Related Conditions (for example: Bipolar I, II, Hypomanic Episode) | 1.6 | 2.6 | 7.3 | 2.6 | 61.1 | 72.2 | 73.2 | 70.4 | |
| Borderline Personality Disorder (BPD), Avoidant Personality, Dependent Personality, or another personality disorder | 0.7 | 1.6 | 5.4 | 1.6 | 48.5 | 66.7 | 69.6 | 65.0 | |
| Depression (for example: Major depression, persistent depressive disorder, disruptive mood disorder) | 14.9 | 28.3 | 55.2 | 26.4 | 64.2 | 73.3 | 77.6 | 72.5 | |
| Eating Disorders (for example: Anorexia Nervosa, Bulimia Nervosa, Binge-Eating) | 1.5 | 8.1 | 14.3 | 6.7 | 42.5 | 47.5 | 54.1 | 48.0 | |
| Gambling Disorder | 0.4 | 0.1 | 0.6 | 0.2 | 25.4 | 26.2 | 36.4 | 28.7 | |
| Insomnia | 4.2 | 7.4 | 15.9 | 7.1 | 52.0 | 56.4 | 60.0 | 56.1 | |
| Obsessive-Compulsive and Related Conditions (for example: OCD, Body Dysmorphia, Hoarding, Trichotillomania and other body-focused repetitive behavior disorders) | 2.9 | 7.6 | 15.6 | 6.8 | 59.1 | 67.8 | 72.7 | 67.5 | |
| PTSD (Posttraumatic Stress Disorder), Acute Stress Disorder, Adjustment Disorder, or another trauma- or stressor- related condition | 3.3 | 8.9 | 20.5 | 8.1 | 68.3 | 67.5 | 75.2 | 68.9 | |
| Schizophrenia and Other Psychotic Conditions (for example: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder) | 0.4 | 0.3 | 1.7 | 0.4 | 52.0 | 48.6 | 62.7 | 54.1 | |
| Tourette's or other neurodevelopmental condition not already listed | 0.5 | 0.5 | 2.5 | 0.7 | 36.1 | 41.3 | 49.5 | 42.9 | |
| Traumatic brain injury (TBI) | 1.4 | 1.2 | 2.3 | 1.4 | 41.8 | 41.1 | 33.7 | 40.8 | |

*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 |
|---|-------------|---------|-----------|-------------------------------------|-------|
| Students reporting none of the above | 68.8 | 50.7 | 26.7 | 54.0 | |
| Students reporting only one of the above | 13.3 | 15.3 | 11.7 | 14.5 | |
| Students reporting both Depression and Anxiety | 11.1 | 24.7 | 49.0 | 22.6 | |
| Students reporting any two or more of the above (excluding the combination of Depression and Anxiety) | 6.9 | 9.3 | 12.7 | 8.9 | |

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

STI's/Other chronic infections

College students reported ever being diagnosed with the following:

| Percent (%) | Trans/ | | | |
|---|---------|-----------|-----------------------|-------|
| | Cis Men | Cis Women | Gender Non-conforming | Total |
| Genital herpes | 0.6 | 1.3 | 1.2 | 1.1 |
| Hepatitis B or C | 0.4 | 0.2 | 0.6 | 0.3 |
| HIV or AIDS | 0.3 | 0.1 | 0.5 | 0.2 |
| Human papillomavirus (HPV) or genital warts | 0.7 | 1.9 | 1.6 | 1.6 |

*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**

| | | Trans/ | | |
|--|---------|-----------|-----------------------|-------|
| | Cis Men | Cis Women | Gender Non-conforming | Total |
| | 40.4 | 45.0 | 56.3 | 45.2 |
| | 37.7 | 30.8 | 30.4 | 34.3 |
| | 68.3 | 18.2 | 60.0 | 50.0 |
| | 41.1 | 48.9 | 42.4 | 47.3 |

Other Chronic /Ongoing Medical Conditions

College students reported ever being diagnosed with the following:

| Percent (%) | Trans/ | | | |
|--|---------|-----------|-----------------------|-------|
| | Cis Men | Cis Women | Gender Non-conforming | Total |
| Acne | 23.0 | 32.0 | 30.6 | 29.4 |
| Allergies - food allergy | 10.4 | 14.4 | 17.0 | 13.5 |
| Allergies - animals/pets | 12.2 | 14.5 | 17.2 | 14.1 |
| Allergies - environmental (for example: pollen, grass, dust, mold) | 25.2 | 30.2 | 34.0 | 29.1 |
| Asthma | 13.5 | 15.9 | 20.6 | 15.5 |
| Cancer | 0.8 | 0.9 | 1.2 | 0.9 |
| Celiac disease | 0.6 | 1.2 | 1.7 | 1.1 |
| Chronic pain (for example: back or joint pain, arthritis, nerve pain) | 4.6 | 8.4 | 17.7 | 8.0 |
| Diabetes or pre-diabetes/insulin resistance | 2.4 | 3.8 | 4.8 | 3.5 |
| Endometriosis | 0.2 | 2.6 | 3.2 | 2.0 |
| Gastroesophageal Reflux Disease (GERD) or acid reflux | 3.6 | 6.1 | 9.1 | 5.7 |
| Heart & vascular disorders (for example: atrial fibrillation or other cardiac arrhythmia, mitral valve prolapse or other valvular heart disease, congenital heart condition) | 1.9 | 2.8 | 4.3 | 2.6 |
| High blood pressure (hypertension) | 4.1 | 2.7 | 3.0 | 3.1 |
| High cholesterol (hyperlipidemia) | 3.3 | 4.0 | 4.9 | 3.9 |
| Irritable bowel syndrome (spastic colon or spastic bowel) | 2.6 | 5.8 | 7.6 | 5.1 |
| Migraine headaches | 5.6 | 14.4 | 18.6 | 12.2 |
| Polycystic Ovarian Syndrome (PCOS) | 0.1 | 5.6 | 6.1 | 4.1 |
| Sleep Apnea | 3.1 | 2.0 | 3.9 | 2.4 |
| Thyroid condition or disorder | 1.2 | 4.1 | 4.2 | 3.3 |
| Urinary system disorder (for example: bladder or kidney disease, urinary reflux, interstitial cystitis) | 0.7 | 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**

| | | Trans/ | | |
|--|---------|-----------|-----------------------|-------|
| | Cis Men | Cis Women | Gender Non-conforming | Total |
| | 29.1 | 45.9 | 32.9 | 41.3 |
| | 26.4 | 34.4 | 27.2 | 32.1 |
| | 22.8 | 30.8 | 24.5 | 28.3 |
| | 23.0 | 31.4 | 23.5 | 28.7 |
| | 24.8 | 39.7 | 34.5 | 35.7 |
| | 60.7 | 66.2 | 47.8 | 62.6 |
| | 46.0 | 52.9 | 50.0 | 51.8 |
| | 65.1 | 71.7 | 69.6 | 70.4 |
| | 73.7 | 74.3 | 66.7 | 73.3 |
| | 40.0 | 67.1 | 58.8 | 66.0 |
| | 50.5 | 53.6 | 45.3 | 52.3 |
| | 52.1 | 61.0 | 58.7 | 58.8 |
| | 67.0 | 71.5 | 69.1 | 69.5 |
| | 65.7 | 64.6 | 59.9 | 64.5 |
| | 52.5 | 54.6 | 50.3 | 53.9 |
| | 40.0 | 54.6 | 50.6 | 52.4 |
| | 27.3 | 72.9 | 66.3 | 71.8 |
| | 55.8 | 54.1 | 46.5 | 54.1 |
| | 65.8 | 78.2 | 68.6 | 76.3 |
| | 54.6 | 59.0 | 55.7 | 58.0 |

| | |
|---------------|-------|
| Cis Men n = | 18134 |
| Cis Women n = | 42251 |
| Trans/GNC n = | 4238 |

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

| Percent (%) | Trans/ Cis Men Cis Women Gender Non- Total conforming | | | |
|------------------------------------|---|------|------|------|
| | Type I Diabetes | 28.6 | 17.2 | 24.7 |
| Type II Diabetes | 29.9 | 20.6 | 25.9 | 23.2 |
| Pre-diabetes or insulin resistance | 60.6 | 75.9 | 77.2 | 73.1 |
| Gestational Diabetes | 3.1 | 7.9 | 7.1 | 7.3 |

K. Sleep

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

| Percent (%) | Trans/ Cis Men Cis Women Gender Non- Total conforming | | | |
|--------------------|---|------|------|------|
| | Less than 15 minutes | 46.8 | 41.1 | 33.4 |
| 16 to 30 minutes | 28.4 | 28.7 | 29.6 | 28.7 |
| 31 minutes or more | 24.8 | 30.2 | 37.0 | 29.2 |

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

| Percent (%) | On weeknights Cis Men Cis Women Gender Non- Total conforming | | | |
|------------------|--|------|------|------|
| | Less than 7 hours | 42.4 | 40.7 | 46.0 |
| 7 to 9 hours | 56.8 | 57.9 | 52.5 | 57.1 |
| 10 or more hours | 0.8 | 1.4 | 1.5 | 1.3 |

| Cis Men | Cis Women | On weekend nights Trans/ Gender Non- Total conforming | |
|---------|-----------|--|------|
| | | 19.8 | 19.1 |
| 72.7 | 71.8 | 66.0 | 71.5 |
| 7.5 | 9.1 | 14.4 | 9.0 |

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

| Percent (%) | Felt tired or sleepy during the day Cis Men Cis Women Gender Non- Total conforming | | | |
|-------------|--|------|------|------|
| | 0 days | 6.6 | 3.0 | 2.7 |
| 1-2 days | 31.0 | 20.1 | 15.5 | 22.8 |
| 3-5 days | 43.4 | 46.2 | 39.6 | 44.9 |
| 6-7 days | 19.0 | 30.7 | 42.3 | 28.2 |

| Cis Men | Cis Women | Got enough sleep so that they felt rested Trans/ Gender Non- Total conforming | |
|---------|-----------|--|------|
| | | 12.3 | 17.1 |
| 34.6 | 39.8 | 39.0 | 38.3 |
| 40.2 | 34.8 | 31.5 | 36.2 |
| 12.9 | 8.3 | 7.1 | 9.5 |

Demographics and Sample Characteristics

● Age

| | |
|----------------|------------|
| 18 - 20 years: | 43.1 % |
| 21 - 24 years: | 32.5 % |
| 25 - 29 years: | 13.1 % |
| 30+ years: | 11.3 % |
| Mean age: | 23.2 years |
| Median age: | 21.0 years |

● Gender*

| | |
|------------------------------------|--------|
| Cis Women: | 64.1 % |
| Cis Men: | 27.5 % |
| Transgender/Gender Non-conforming: | 6.4 % |

* See note on page 2 regarding gender categories

● Student status

| | |
|-------------------------------------|--------|
| 1st year undergraduate: | 21.0 % |
| 2nd year undergraduate: | 16.8 % |
| 3rd year undergraduate: | 18.4 % |
| 4th year undergraduate: | 13.7 % |
| 5th year or more undergraduate: | 2.6 % |
| Master's (MA, MS, MFA, MBA, etc.): | 15.2 % |
| Doctorate (PhD, EdD, MD, JD, etc.): | 11.2 % |
| Not seeking a degree: | 0.4 % |
| Other: | 0.9 % |

| | |
|--------------------|--------|
| Full-time student: | 91.5 % |
| Part-time student: | 8.0 % |
| Other student: | 0.5 % |

● Relationship status

| | |
|---|--------|
| Not in a relationship: | 51.7 % |
| In a relationship, not married/partnered: | 38.4 % |
| Married/partnered: | 10.0 % |

● Primary Source of Health Insurance**

| | |
|--|--------|
| College/university sponsored SHIP plan: | 21.6 % |
| Parent or guardian's plan: | 56.0 % |
| Employer (mine or my spouse/partners): | 8.1 % |
| Medicaid, Medicare, SCHIP, or VA: | 9.8 % |
| Bought a plan directly or from the exchange: | 1.9 % |
| Embassy/sponsoring agency (international): | 0.3 % |
| Another source: | 1.4 % |
| Have insurance, but don't know source: | 1.9 % |
| Don't have health insurance: | 2.2 % |
| Don't know if I have health insurance: | 1.0 % |
| Students that selected more than one source: | 5.4 % |

| | |
|--------------------|-------|
| ● Student Veteran: | 2.2 % |
|--------------------|-------|

| | |
|--|-------|
| ● Parent or primary responsibility for someone else's child/children under 18 years old: | 5.5 % |
|--|-------|

● Students describe themselves as

| | |
|----------------------------|--------|
| Straight/Heterosexual: | 70.4 % |
| Asexual: | 2.2 % |
| Bisexual: | 12.9 % |
| Gay: | 2.3 % |
| Lesbian: | 3.3 % |
| Pansexual: | 2.6 % |
| Queer: | 3.5 % |
| Questioning: | 2.2 % |
| Identity not listed above: | 0.6 % |

● Housing

| | |
|-----------------------------------|--------|
| Campus or university housing: | 38.3 % |
| Fraternity or sorority residence: | 1.3 % |
| Parent/guardian/other family: | 14.2 % |
| Off-campus: | 44.8 % |
| Temporary or "couch surfing": | 0.3 % |
| Don't have a place to live: | 0.1 % |
| Other: | 1.0 % |

● Students describe themselves as**

| | |
|---|--------|
| American Indian or Native Alaskan: | 2.4 % |
| Asian or Asian American: | 20.4 % |
| Black or African American: | 9.0 % |
| Hispanic or Latino/a/x: | 13.9 % |
| Middle Eastern/North African (MENA) or Arab Origin: | 2.1 % |
| Native Hawaiian or Other Pacific Islander Native: | 0.7 % |
| White: | 58.9 % |
| Biracial or Multiracial: | 5.2 % |
| Identity not listed above: | 1.3 % |

If Hispanic or Latino/a/x, are you**

| | |
|--|--------|
| Mexican, Mexican American, Chicano: | 53.4 % |
| Puerto Rican: | 10.3 % |
| Cuban: | 3.7 % |
| Another Hispanic, Latino/a/x, or Spanish Origin: | 39.1 % |

If Asian or Asian American, are you**

| | |
|------------------|--------|
| East Asian: | 52.7 % |
| Southeast Asian: | 22.3 % |
| South Asian: | 27.4 % |
| Other Asian: | 1.6 % |

● Visa status & location of study

| | Do not have/need a U.S. visa | Have/need a U.S. visa |
|-----------------------|------------------------------|-----------------------|
| Studying in U.S. | 76.0 % | 17.7 % |
| Studying Outside U.S. | 5.2 % | 1.1 % |

**this question was select all that apply, totals may add up to over 100%

● **First generation students:** 33.3 %
 (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): | 17.5 % |
| Autism Spectrum Disorder: | 4.3 % |
| Deaf/Hearing loss: | 2.2 % |
| Learning disability: | 4.7 % |
| Mobility/Dexterity disability: | 1.9 % |
| Blind/low vision: | 3.7 % |
| Speech or language disorder: | 1.1 % |

● **Participated in organized college athletics**

| | |
|--------------|--------|
| Varsity: | 4.4 % |
| Club sports: | 8.6 % |
| Intramurals: | 10.6 % |

● **Member of a social fraternity or sorority**

| | |
|---------------|-------|
| Greek member: | 7.6 % |
|---------------|-------|

● **Dropout Intention**
Very, moderately, or slightly likely to:

| | |
|------------------------------------|-------|
| Leave school and transfer schools: | 7.7 % |
| Leave school without transferring: | 4.7 % |

Demographics of Participating Institutions

One hundred and six postsecondary institutions self-selected to participate in the Spring 2025 ACHA National College Health Assessment and 70,859 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 65,950 students at 97 schools. Demographic characteristics of the 97 campuses follow.

| Demographic Characteristics of the 97 US Postsecondary Institutions Included in the Spring 2025 ACHA-NCHA III Reference Group | |
|--|-----------------|
| Campus Characteristic (from 2023 Dept. of Education IPEDS data files) | <i>n</i> |
| Type of Institution | |
| Public | 60 |
| Private | 37 |
| 2-year | 5 |
| 4-year or above | 92 |
| Location of Campus | |
| Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, VT) | 21 |
| Midwest (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI) | 20 |
| South (AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV) | 20 |
| West (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY) | 36 |
| Campus Size | |
| < 2,500 students | 17 |
| 2,500 – 4,999 students | 14 |
| 5,000 – 9,999 students | 17 |
| 10,000 – 19,999 students | 15 |
| 20,000 students or more | 34 |
| Campus Setting | |
| Urban | 51 |
| Suburban | 23 |
| Town | 19 |
| Rural | 4 |
| Carnegie Classification | |
| Associates Colleges | 5 |
| Baccalaureate Colleges | 19 |
| Baccalaureate/Associates Colleges | 1 |
| Masters Colleges and Universities | 21 |
| Doctoral Universities | 49 |
| Special Focus Institutions | 2 |
| Miscellaneous | 0 |

| Demographic Characteristics of the 97 US Postsecondary Institutions Included in the Spring 2025 ACHA-NCHA III Reference Group | |
|--|----------|
| Campus Characteristic (from 2023 Dept. of Education IPEDS data files) | n |
| ACHA Membership Status | |
| Institutional Member | 84 |
| Nonmember | 13 |
| Religious Affiliation | |
| No | 84 |
| Yes | 13 |
| Postsecondary Minority Institution (US Department of Education) | |
| No | 75 |
| Yes | 22 |
| <u>*If yes:</u> | |
| Historically Black College or University (HBCU) | 4 |
| Hispanic-serving Institution (HSI) | 13 |
| Tribal College or University | 1 |
| Predominately Black Institution | 0 |
| Asian American and Native American Pacific Islander-serving | 10 |
| Alaska Native-serving or Native Hawaiian-serving Institution | 0 |
| Native American-serving Nontribal Institution | 1 |
| *institutions may hold more than one type of minority status | |
| NOTE: 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. | |

| | Spring 2025 Institutions |
|----------------------------|---------------------------------|
| Number of institutions | 97 |
| Number of students | 65,950 |
| Mean response proportion | 11% |
| Median response proportion | 10% |