



Ashford University Drug Free Schools and Communities Act Program Report 2017 Annual Report

Introduction

In compliance with the Drug-Free Schools and Communities Act, Ashford University (“University”) has implemented a program to prevent the illicit use of drugs and the abuse of alcohol by students and employees. The Program requires the University to distribute information annually to students and employees concerning the possession, use, or distribution of alcohol and illicit drugs at the University. This information includes the University’s standards of conduct relating to the unlawful possession, use, or distribution of illicit drugs and alcohol, health risks associated with the use of illicit drugs and alcohol abuse, resources for obtaining assistance with drug and alcohol abuse, and a summary of legal sanctions for violations of Iowa State and Federal law, as well as University disciplinary actions relating to the unlawful possession, use, or distribution of illicit drugs and alcohol. Ashford University Drug Free Schools and Communities Act Program Report is sent annually in December to staff, faculty, and students, and is distributed upon new hire or enrollment throughout the year.

The Drug-Free Schools and Communities Act Program is intended to supplement and not limit the provisions of the University's Drug-Free Workplace policy applicable to University employees.

Student Affairs provides an overall coordination of the Drug-Free Schools and Communities Act Program; however, some services are the responsibility of other University departments and staff, including:

Alcohol and Drug Education: Student Affairs, Employee Assistance Program

Counseling Referrals: Student Access and Wellness, Employee Relations/Human Resources

University Student Disciplinary Actions: Student Conduct Officer

Employee Disciplinary Actions: Human Resources

Standards of Conduct

The following information outlines the University standards of conduct relating to the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on University property or as a part of University-sponsored activities.

University Student Alcohol Use Policy

All individuals must observe state and federal laws regarding the use, consumption, possession, and distribution of alcohol. The University strictly prohibits the unauthorized use, consumption, possession, and distribution of alcohol by any student, regardless of legal drinking age, at the University or at University sponsored events and activities. The University Sanctions section set forth below provide additional explanation of the institution’s disciplinary procedures for students who are found to be in violation of this policy.

Alcohol may be served at certain University events or functions and only to those persons of legal drinking age who can verify their age with identification as required by the state in which the event or function occurs. Written permission must be obtained from the Vice President of Student Affairs or Clery designee to serve alcohol and any legally required

alcohol permits obtained prior to the function.

University Student Drug Use Policy:

All individuals must observe state and federal laws regarding the possession, use, sale, or distribution of illegal drugs and controlled substances. The University prohibits the unlawful possession, use, sale, or distribution of illegal drugs or controlled substances by any student at the University or at University-sponsored events and activities. Controlled substances include those drugs listed in the federal Controlled Substances Act. The Standards section in this catalog provides additional explanation of the institution's disciplinary procedures for students who are found to be in violation of this policy.

Employee Alcohol Policy:

The University prohibits employees from reporting to work under the influence of, dispensing, possessing or using alcohol on University premises or while conducting University business except as permitted at specific Company events. For the purposes of this policy, any alcohol concentration of greater than .04, expressed in terms of grams of alcohol per two hundred liters of breath, or its equivalent, shall be deemed to violate this policy.

Employee Drug Policy:

The University prohibits the manufacture, distribution, dispensation, sale, purchase, or transfer of any controlled substance by its employees on University premises or while conducting University business. The University prohibits the unlawful possession or use of any controlled substance by its employees on University premises or while conducting University business. Employees may not report to work under the influence of an unauthorized controlled substance. Controlled substances include those drugs listed in the federal Controlled Substances Act.

The University also prohibits the use, possession, distribution, transfer or sale of any drug paraphernalia on University premises or while conducting University business.

In compliance with the Drug-Free Workplace Act of 1988, and as a condition of employment, all employees must:

Abide by the terms set forth above;

Notify the Campus President, President, Director of Human Resources, Director of Human Resources Shared Services or other office designated for violations if an employee is convicted of violating any criminal drug statute and the violation occurred on or off University premises while conducting University business within five (5) days of the conviction.

When the Campus President, President, Director of Human Resources, Director of Human Resources Shared Services or other office designated for violations receives notice of a conviction of any criminal drug statute; he or she will coordinate efforts to comply with the reporting requirements of the Drug-Free Workplace Act of 1988.

Prescription and OTC Drugs: Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor) to avoid unsafe workplace practices.

Legal Sanctions

Local, state, and federal laws prohibit the possession or use of, distribution of, manufacture of, or possession with intent to distribute a controlled substance or a counterfeit controlled substance. Discussed in greater detail below, these laws are subject to change by the States of Iowa and California General Assembly, and the United States Congress, as appropriate to their jurisdictions. Specific drugs, amounts, and penalties are described in the Controlled Substances Act, available online at www.deadiversion.usdoj.gov/21cfr/21usc/.

For Iowa, these penalties include:

21 U.S.C.S. 862, Denial of Federal benefits, including student loans, grants, contracts, and professional commercial licenses. Persons convicted of illegal possession may be denied these benefits for up to one year for a first offense and up to five years for second and subsequent offenses. Persons convicted of drug trafficking may be denied these benefits for up to five years for a first offense and up to 10 years for a second offense. Upon a third or subsequent drug trafficking conviction, a person may be permanently ineligible for all Federal benefits.

The following summary sets forth the legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol. Please note that a student or employee who violates the University's policies relating to the possession or distribution of illicit drugs and alcohol is subject both to the University's sanctions, as well as any applicable criminal sanctions provided by local, state, or federal law.

Iowa Code § 124.401 and in 21 U.S.C. § 841(b). State and Federal legal sanctions are subject to change by the Iowa General Assembly and the United States Congress, respectively.

a. **Penalty Enhancement.** The maximum term and fine increase significantly if state or federal penalty enhancement rules apply. Factors which raise maximum penalties under federal penalty enhancement rules include death or serious bodily injury; prior drug conviction; placing at risk or distributing a drug to a person under 21 years old; using a person under 18 years of age to assist in the drug violation; and distributing or manufacturing a drug within 1,000 feet of school property, including the Ashford University campus. Penalty enhancement rules apply to defendants 18 years or older. Factors which raise maximum penalties under state penalty enhancement rules include using firearms or dangerous weapons in the commission of the offense.

b. **Possession.** Both state and federal laws prohibit possession of a controlled substance and distinguish between "simple possession" and possession with intent to distribute. In Iowa, simple possession for a first time offender is a serious misdemeanor, carrying a minimum \$315 fine and a penalty of up to a year incarceration and a maximum \$1,875 in fines. § 903.1(1)(b). If the substance is marijuana, the maximum penalty for a first time offender shall not exceed \$1,000 and/or 6 months incarceration. § 124.401(5). Under federal law, simple possession of any controlled substance, including marijuana, is a misdemeanor and first time offenders are subject to a minimum \$1,000 fine and up to a year incarceration. 21 U.S.C. § 844(a).

If the defendant has prior convictions for drug offenses under either State or Federal law, the offense brings enhanced penalties. If the defendant is tried under the Federal statute, certain "mandatory minimums" may apply regardless of whether the previous

offense was a State misdemeanor or a conviction under Federal law.

Additionally, a person in possession of a small amount of a controlled substance for personal use may be assessed a civil fine up to \$10,000 in addition to any criminal fine. 21 U.S.C. § 844(a).

Persons in possession of a controlled substance (first offense) may also be denied Federal benefits including student loans, contracts, grants, and professional licenses for up to a year. 21

U.S.C. § 862(b).

c. Driving While Intoxicated. Under state law, a person found guilty of operating a motor vehicle while under the influence of drugs or alcohol (blood concentration of .08 or greater) shall be imprisoned for not less than 48 hours and fined not less than \$625 for the first offense. Iowa Code §321J.2(2)(a). For the second Operating While Intoxicated (OWI) offense the minimum period of confinement is seven days and a fine of not less than \$1,875. Iowa Code §321J.2(2)(b). The minimum period of confinement for the third or subsequent OWI convictions is thirty days and could be up to one year, with a fine of not less than \$3,125. Iowa Code 231J.2(2)(c).

The driver's license of an individual under 21 years of age who is found guilty of operating a motor vehicle with a blood alcohol concentration of .02 percent or more is subject to a 60-day suspension even if the individual is not legally intoxicated. Iowa Code § 321J.12(2)(c). For individuals convicted of OWI, the period of suspension is 180 days or more regardless of age. Iowa Code §321J.12(1).

For California, these penalties include:

It is illegal for persons under the age of 21 to possess an alcoholic beverage in any public place or any place open to the public (CA Bus. & Prof. Code §25662). Any person who furnishes, gives or sells any alcoholic beverage to someone under the age of 21 is guilty of a misdemeanor (CA Bus. & Prof. Code §25658(a)). Any person under the influence of alcohol in a public place and unable to exercise care for one's own safety or that of others is guilty of a misdemeanor (CA Penal Code §647(f)). It is illegal for persons to operate a motor vehicle while under the influence of alcohol or other intoxicants or with a blood alcohol level of .08% or higher (CA Veh. Code §23152). It is a misdemeanor to ride a bicycle under the influence of alcohol, drugs or both (CA Veh. Code §21200.5). It is an infraction to possess an open container of an alcoholic beverage while in a motor vehicle (CA Veh. Code §23223). It is an infraction for an owner or driver of a motor vehicle to allow an open container of alcohol in the passenger area (CA Veh. Code §23225).

The following is a list of some of the legal sanctions for driving under the influence of alcohol (or any other drug): First conviction: Imprisonment in the county jail for not less than 96 hours, at least 48 hours which are continuous, nor more than six months and by a fine of not less than \$390 nor more than \$1,000 and except as otherwise provided suspension of privilege to operate motor vehicle (CA Veh. Code §23536). Conviction of driving under the influence with or without bodily injury within ten years of certain other felony convictions including vehicular manslaughter and driving under the influence: Imprisonment in state prison or in the county jail for not more than one year and a fine of not less than \$390 nor more than \$1,000 and revocation of privilege to operate a motor vehicle (CA Veh. Code §23550.5). Driving under the influence causing bodily injury: Imprisonment in state prison or county jail for not less than 90 days nor more than one year and a fine of not less than \$390 nor more than \$1,000 and

suspension of privilege to operate a motor vehicle (CA Veh. Code §23554). Driving under the influence causing bodily injury or death to more than one victim: Enhancement of one year in state prison for each additional injured victim up to a maximum of three one year enhancements (CA Veh. Code §23558). Second conviction of driving under the influence causing bodily injury within ten years or conviction within ten years of separate conviction of other specified offenses involving alcohol or drugs: Imprisonment in the county jail for not less than 120 days nor more than one year and a fine of not less than \$390 nor more than \$5,000 and revocation of privilege to operate a motor vehicle (CA Veh. Code §23560).

California penalties for offenses involving controlled substances include Cal. Health & Safety Code §11350 Imprisonment in the county jail or state prison, and fine not to exceed \$70 or probation with fine for felony convictions of at least \$1,000 for the first offense and at least \$2,000 for second or subsequent offenses or community service for unlawful possession of controlled substances.

Health Risks

The following provides information on the health risks associated with the abuse of alcohol and use of illicit drugs. The U.S. Department of Justice provides information on the effects of alcohol and commonly used drugs and can be referenced on the U.S. Department of Justice's website at <http://www.justice.gov> and <http://www.justice.gov/dea/druginfo/factsheets.shtml> (last visited September 27, 2018).

Alcohol:

Alcohol consumption causes a number of marked changes in behavior. Even a low amount can significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate amounts of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high amounts of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high amounts cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower amounts of alcohol will produce the effects described here. Alcohol is an important dimension in sexual violence in that many perpetrators are drinking when they attack their victims or experience alcohol abuse problems.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly combined with poor nutrition, can also lead to permanent damage to vital organs, such as the brain and the liver. Based on language from the Mayo Clinic, consuming alcohol during pregnancy increases the risk that the child may be born with fetal alcohol syndrome. Problems that may be caused by fetal alcohol syndrome include physical deformities, mental retardation, learning disorders, vision difficulties, and behavioral problems.

Because alcohol affects many organs in the body, long-term heavy drinking puts people at risk for developing serious health problems, some of which are described below.

Alcohol-Related Liver Disease: More than 2 million Americans suffer from alcohol-related liver disease. Some drinkers develop alcoholic hepatitis, or inflammation of the liver, as a result of long-term heavy drinking. Its symptoms include fever, jaundice (abnormal yellowing of the skin, eyeballs, and urine), and abdominal pain. Alcoholic hepatitis can cause death if drinking continues. If drinking stops, this condition often is reversible. About 10 to 20 percent of heavy drinkers

develop alcoholic cirrhosis, or scarring of the liver. Alcoholic cirrhosis can cause death if drinking continues.

Heart Disease: Moderate drinking can have beneficial effects on the heart, especially among those at greatest risk for heart attacks, such as men over the age of 45 and women after menopause. But long-term heavy drinking increases the risk for high blood pressure, heart disease, and some types of stroke.

Cancer: Long-term heavy drinking increases the risk of developing certain forms of cancer, especially cancer of the esophagus, mouth, throat, and voice box. Women are at slightly increased risk of developing breast cancer if they drink two or more drinks per day. Drinking may also increase the risk for developing cancer of the colon and rectum.

Pancreatitis: The pancreas helps to regulate the body's blood sugar levels by producing insulin. The pancreas also has a role in digesting ingested food. Long-term heavy drinking can lead to pancreatitis, or inflammation of the pancreas. This condition is associated with severe abdominal pain and weight loss and can be fatal.

Drugs:

Methamphetamine: Methamphetamine releases high levels of the neurotransmitter dopamine which stimulates brain cells enhancing mood and body movement. It also appears to have a neurotoxic effect damaging brain cells that contain dopamine and serotonin, another neurotransmitter. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease, a severe movement disorder. Users may become addicted quickly and use it with increasing frequency and in increasing doses. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness.

Hyperthermia and convulsions can result in death.

Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

Cocaine: Cocaine is a strong central nervous system stimulant that interferes with the re-absorption process of dopamine, a chemical messenger associated with pleasure and movement. Dopamine is released as part of the brain's reward system and is involved in the high that characterizes cocaine consumption. The physical effects of cocaine use include constricted peripheral blood vessels, dilated pupils, and increased temperature, heart rate, and blood pressure. The duration of cocaine's immediate euphoric effects, which include hyper-stimulation, reduced fatigue, and mental clarity, depends on the route of administration.

High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce a particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they often become depressed, which may lead to further cocaine use to alleviate depression. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause it to collapse. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest.

Heroin: Heroin abuse is associated with serious health conditions including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis. Mental functioning becomes clouded due to depression of the central nervous system. Long-term

effects of heroin appear after repeated use for some period of time. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration.

Marijuana: Recent research findings indicate that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of other major drugs of abuse.

Someone who smokes marijuana regularly may have many of the same respiratory problems as tobacco smokers. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds. Continuing to smoke marijuana can lead to abnormal functioning of lung tissue injured or destroyed by marijuana smoke.

MDMA (Ecstasy): MDMA causes injury to the brain, affecting neurons that use the chemical serotonin to communicate with other neurons. The serotonin system plays a direct role in regulating mood, aggression, sexual activity, sleep, and sensitivity to pain. Many of the risks users face with MDMA use are similar to those found with the use of cocaine and amphetamines, such as: psychological difficulties including confusion, depression, sleep problems, drug craving, severe anxiety, and paranoia – during and sometimes weeks after taking MDMA; physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and chills or sweating; and increases in heart rate and blood pressure, a special risk for people with circulatory or heart disease. There is also evidence that people who develop a rash that looks like acne after using MDMA may be risking severe side effects, including liver damage, if they continue to use the drug.

Rohypnol, GHB, and Ketamine: Coma and seizures can occur following abuse of GHB and, when combined with methamphetamine, there appears to be an increased risk of seizure. Combining use with other drugs such as alcohol can result in nausea and difficulty breathing. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. In October, 1996, because of concern about Rohypnol, GHB, and other similarly abused sedative-hypnotics, Congress passed the "Drug-Induced Rape Prevention and Punishment Act of 1996." This legislation increased federal penalties for use of any controlled substance to aid in sexual assault.

LSD: The effects of LSD are unpredictable. They depend on the amount taken; the user's personality, mood, and expectations; and the surroundings in which the drug is used. Usually, the user feels the first effects of the drug 30 to 90 minutes after taking it. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors.

LSD is not considered an addictive drug since it does not produce compulsive drug-seeking behavior as do cocaine, amphetamine, heroin, alcohol, and nicotine. However, like many of the addictive drugs, LSD produces tolerance, so some users who take the drug repeatedly must take progressively higher doses to achieve the state of intoxication they had previously achieved. This is an extremely dangerous practice, given the unpredictability of the drug. The National Institute on Drug Abuse (NIDA) is funding studies that focus on the neurochemical and behavioral properties of LSD. This research will provide a greater understanding of the effects of the drug.

Drug or Alcohol Counseling, Treatment or Rehabilitation

The University provides supportive intervention resources related to drug and alcohol use and abuse for students and staff. The University disseminates informational materials, education programs, and referrals regarding the use of alcohol and/or a controlled substance.

The University provides services related to drug and alcohol use and abuse for its staff, faculty and students. University employee services are coordinated through the Cigna

Employee Assistance Program.

All University staff and faculty may utilize the Ashford University HELP Resource to identify support resources and appropriate response to escalated psycho-social issues, including drug and alcohol abuse. When individual students experience escalated circumstances and intervention is appropriate, support services are provided by the Student Advocates through the Ashford University HELPLine.

Utilizing a case management approach, Student Advocates provide short-term support and resource identification to include both local and national resources. In this way, Student Advocates address the impact of substance abuse and action plan with students in order to coordinate support and recovery efforts.

The [Emergency Assistance page](#) of the Ashford University website includes contact information on national counseling, treatment, and rehabilitation programs for drug and alcohol resources for students, prospective students, and the community to access in a confidential manner.

The information available on the Emergency Assistance page of the Ashford University website includes the following national toll-free telephone numbers and are provided to assist any member of the University who may require assistance in dealing with a drug or alcohol problem:

American Council on Alcoholism (800) 527-5344: Addresses alcoholism as a treatable disease through public education, information, intervention, and referral.

Al-Anon (888) 425-2666: Helps families and friends of alcoholics recover from the effects of living with the problem drinking of a relative or friend.

The National Institute on Drug Abuse Hotline (877)-643-2644: Provides information, support, treatment options, and referrals to local rehab centers for any drug or alcohol problem.

Hotlines/Help Lines:

24 Hour National Alcohol & Substance Abuse Information Center (800) 784-6776

Enforcement

The University seeks to uphold University drug and alcohol-related policies and laws and will impose disciplinary sanctions against those students and/or employees who violate said policies and laws consistent with local, State, or Federal law.

Enforcement of the University's Drug and Alcohol policies is facilitated by Safety and Security, Student Affairs, and Employee Relations. As part of the disciplinary process, the University may also request that the student or employee complete a rehabilitation program.

Students

The University sought to uphold University drug and alcohol-related policies and laws, and would impose disciplinary sanctions against those students and/or employees who violate said policies and laws consistent with local, State or Federal law. Enforcement of the University's Drug and Alcohol policy was facilitated by Safety and Security, Student

Affairs, and Employee Relations. A focus on educational and intervention support opportunities continued to remain a priority of the University.

Employees

Sanctions for employees included: Coaching, Mandatory EAP Referral, and Termination. In addition, some employees chose to voluntarily resign. Employees may self-refer or have a Human Resource's referral to the Employee Assistance Program for assistance in dealing with the use of alcohol or a controlled substance. The Employee Relations group, including the Vice President of Human Resources, managed staff corrective action. The findings of each investigation were reviewed against past precedents and recommended sanctions were imposed consistent with those comparisons.

The University shall not take adverse action under this policy against any employee who complies with the requirements of and successfully completes a Rehabilitation Program. Participation in a Rehabilitation Program, however, shall not preclude the University from taking any adverse employment action against an employee during the Rehabilitation Program based on the employee's failure to comply with any requirement of the Rehabilitation Program, including any action by the employee to invalidate a test sample provided by the employee pursuant to the Rehabilitation Program.

Conclusion

It is the University's intent to provide a drug-free, healthy, safe, and secure academic environment. This information is very important, and we encourage you to read it carefully. The information presented in this Report is available at www.ashford.edu/DFSCA. You may also request a paper copy of this Report by responding to studentaffairs@ashford.edu, and a copy will be mailed to you.