Ashford University Drug Free Schools and Communities Act Program Report

2018 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

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, Human Resources, 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, Human Resources, or other office designated for violations receives notice of a conviction of any criminal drug statute; they 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 their 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 six (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 Centers for Disease Control and Prevention, as well as the U.S. Drug Enforcement Administration provides information on the effects of alcohol and commonly used drugs and can be referenced on the Centers for Disease Control and Prevention and U.S. Department of Justice's website at https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm and http://www.justice.gov/dea/druginfo/factsheets.shtml (last visited September 18, 2019).

Alcohol:

Drinking too much can harm your health. Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following: Injuries, such as motor vehicle crashes, falls, drownings, and burns; Violence, including homicide, suicide, sexual assault, and intimate partner violence; Alcohol poisoning, a medical emergency that results from high blood alcohol levels; Risky sexual behaviors, including unprotected sex or sex with multiple partners, which can result in unintended pregnancy or sexually transmitted diseases, including HIV; Miscarriage and stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women. Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including: High blood pressure, heart disease, stroke, liver disease, and digestive problems; Cancer of the breast, mouth, throat, esophagus, liver, and colon; Learning and memory problems, including dementia and poor school performance; Mental health problems, including depression and anxiety; Social problems, including lost productivity, family problems, and unemployment; Alcohol dependence, or alcoholism. By not drinking too much, you can reduce the risk of these short- and long-term health risks.

Drugs:

Methamphetamine: Meth is a highly addictive drug with potent central nervous system (CNS) stimulant properties. Those who smoke or inject it report a brief, intense sensation, or rush. Oral ingestion or snorting produces a long-lasting high instead of a rush, which reportedly can continue for as long as half a day. Both the rush and the high are believed to result from the release of very high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure. Long-term meth use results in many damaging effects, including addiction. Chronic meth users can exhibit violent behavior, anxiety, confusion, insomnia, and psychotic features including paranoia, aggression, visual and auditory hallucinations, mood disturbances, and delusions — such as the sensation of insects creeping on or under the skin.

Such paranoia can result in homicidal or suicidal thoughts. Researchers have reported that as much as 50 percent of the dopamine-producing cells in the brain can be damaged after prolonged exposure to relatively low levels of meth. Researchers also have found that serotonin-containing nerve cells may be damaged even more extensively. Taking even small amounts of meth can result in: Increased wakefulness, increased physical activity, decreased appetite, rapid breathing and heart rate, irregular heartbeat, increased blood pressure, and hyperthermia (overheating). High doses can elevate body temperature to dangerous, sometimes lethal, levels, and cause convulsions and even cardiovascular collapse and death. Meth use may also cause extreme anorexia, memory loss, and severe dental problems. High doses may result in death from stroke, heart attack, or multiple organ problems caused by overheating.

Cocaine: Cocaine is an intense, euphoria-producing stimulant drug with strong addictive potential. Other effects include increased alertness and excitation, as well as restlessness, irritability, and anxiety. The intensity of cocaine's euphoric effects depends on how quickly the drug reaches the brain, which depends on the dose and method of abuse. Tolerance to cocaine's effects develops rapidly, causing users to take higher and higher doses. Taking high doses of cocaine or prolonged use, such as binging, usually causes paranoia. The crash that follows euphoria is characterized by mental and physical exhaustion, sleep, and depression lasting several days. Following the crash, users experience a craving to use cocaine again. Physiological effects of cocaine include increased blood pressure and heart rate, dilated pupils, insomnia, and loss of appetite. The widespread abuse of highly pure street cocaine has led to many severe adverse health consequences such as: Cardiac arrhythmias, ischemic heart conditions, sudden cardiac arrest, convulsions, strokes, and death In some users, the long-term use of inhaled cocaine has led to a unique respiratory syndrome, and chronic snorting of cocaine has led to the erosion of the upper nasal cavity.

Heroin: Heroin is a highly addictive drug and it is a rapidly acting opioid. Heroin can be injected, smoked, or sniffed/snorted. Because it enters the brain so rapidly, heroin is particularly addictive, both psychologically and physically. Heroin users report feeling a surge of euphoria or "rush," followed by a twilight state of sleep and wakefulness. One of the most significant effects of heroin use is addiction. With regular heroin use, tolerance to the drug develops. Once this happens, the person must use more heroin to achieve the same intensity. As higher doses of the drug are used over time, physical dependence and addiction to the drug develop. Effects of heroin use include: Drowsiness, respiratory depression, constricted pupils, nausea, a warm flushing of the skin, dry mouth, and heavy extremities. Because heroin users do not know the actual strength of the drug or its true contents, they are at a high risk of overdose or death. The effects of a heroin overdose are: Slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death

Marijuana: Marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis sativa plant. Marijuana contains over 480 constituents. THC (delta-9-tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect. When marijuana is smoked, the THC passes from the lungs and into the bloodstream, which carries the chemical to the organs throughout the body, including the brain. In the brain, the THC connects to specific sites called cannabinoid receptors on nerve cells and influences the activity of those cells. Many of these receptors are found in the parts of the brain that influence: • Pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement The short-term effects of marijuana include: • Problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination The effect of marijuana on perception and coordination are responsible for serious impairments in learning, associative

processes, and psychomotor behavior (driving abilities). Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychic addiction or dependence. Marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Withdrawal from chronic use of high doses of marijuana causes physical signs including headache, shakiness, sweating, and stomach pains and nausea. Withdrawal symptoms also include behavioral signs such as: • Restlessness, irritability, sleep difficulties, and decreased appetite

MDMA (Ecstasy): MDMA acts as both a stimulant and psychedelic, producing an energizing effect, distortions in time and perception, and enhanced enjoyment of tactile experiences. As with many other drugs of abuse, MDMA is rarely used alone. It is common for users to mix MDMA with other substances, such as alcohol and marijuana. MDMA mainly affects brain cells that use the chemical serotonin to communicate with each other. Serotonin helps to regulate mood, aggression, sexual activity, sleep, and sensitivity to pain. Clinical studies suggest that MDMA may increase the risk of long-term, perhaps permanent, problems with memory and learning. Some unwanted psychological effects include: Confusion, anxiety, depression, paranoia, sleep problems, and drug craving. Users of MDMA experience many of the same effects and face many of the same risks as users of other stimulants such as cocaine and amphetamines. These include increased motor activity, alertness, heart rate, and blood pressure. In high doses, MDMA can interfere with the body's ability to regulate temperature. On occasions, this can lead to a sharp increase in body temperature (hyperthermia), resulting in liver, kidney, and cardiovascular system failure, and death. Because MDMA can interfere with its own metabolism (that is, its breakdown within the body), potentially harmful levels can be reached by repeated drug use within short intervals. Studies suggest chronic use of MDMA can produce damage to the serotonin system.

Rohypnol: Rohypnol is a trade name for flunitrazepam, a central nervous system (CNS) depressant that belongs to a class of drugs known as benzodiazepines. Like other benzodiazepines, Rohypnol produces sedative-hypnotic, anti-anxiety, and muscle relaxant effects. Rohypnol is also referred to as a "date rape" drug and is misused to physically and psychologically incapacitate victims targeted for sexual assault. The drug is usually placed in the alcoholic drink of an unsuspecting victim to incapacitate them and prevent resistance to sexual assault. The drug leaves the victim unaware of what has happened to them. Like other benzodiazepines, Rohypnol slows down the functioning of the CNS producing: Drowsiness (sedation), sleep (pharmacological hypnosis), decreased anxiety, and amnesia (no memory of events while under the influence of the substance). Rohypnol can also cause: Increased or decreased reaction time, impaired mental functioning and judgment, confusion, aggression, and excitability. Rohypnol causes muscle relaxation. Adverse physical effects include: Slurred speech, loss of motor coordination, weakness, headache, and respiratory depression Rohypnol also can produce physical dependence when taken regularly over a period of time. High doses of Rohypnol, particularly when combined with CNS depressant drugs such as alcohol and heroin, can cause severe sedation, unconsciousness, slow heart rate, and suppression of respiration that may be sufficient to result in death.

GHB: Gamma-Hydroxybutyric acid (GHB) is another name for the generic drug sodium oxybate. GHB and its analogues are abused for their euphoric and calming effects and because some people believe they build muscles and cause weight loss. GHB and its analogues are also misused for their ability to increase libido, suggestibility, passivity, and to cause amnesia (no memory of events while under the influence of the substance) — traits that make users vulnerable to sexual assault and other criminal acts. Use of GHB produces Central Nervous System (CNS) depressant effects including: Euphoria, drowsiness, decreased anxiety, confusion, and memory impairment GHB can also produce both visual hallucinations and — paradoxically — excited and aggressive behavior. GHB greatly increases the CNS depressant effects of alcohol and other depressants. Low doses of GHB produce nausea. At high doses, GHB overdose can result in: Unconsciousness, seizures, slowed heart rate, greatly slowed breathing, lower body temperature, vomiting, nausea, coma, and death Regular use of GHB can lead to addiction and withdrawal that includes: Insomnia, anxiety, tremors, increased heart rate and blood pressure, and occasional psychotic thoughts. GHB overdose can cause death.

Ketamine: Ketamine is a dissociative anesthetic that has some hallucinogenic effects. It distorts perceptions of sight and sound and makes the user feel disconnected and not in control. Ketamine can induce a state of sedation (feeling calm and relaxed), immobility, relief from pain, and amnesia (no memory of events while under the influence of the drug). It is abused for its ability to produce dissociative sensations and hallucinations. Ketamine has also been used to facilitate sexual assault. Ketamine can make users unresponsive to stimuli. When in this state, users experience: Involuntarily rapid eye movement, dilated pupils, salivation, tear secretions, and stiffening of the muscles This drug can also cause nausea. An overdose can cause unconsciousness and dangerously slowed breathing.

LSD: LSD is a potent hallucinogen that has a high potential for abuse and currently has no accepted medical use in treatment in the United States. LSD is abused orally. During the first hour after ingestion, users may experience visual changes with extreme changes in mood. While hallucinating, the user may suffer impaired depth and time perception accompanied by distorted perception of the shape and size of objects, movements, colors, sound, touch, and the user's own body image. The ability to make sound judgments and see common dangers is impaired, making the user susceptible to personal injury. It is possible for users to suffer acute anxiety and depression after an LSD "trip" and flashbacks have been reported days, and even months, after taking the last dose. The physical effects include: Dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. Overdose effects include: Longer, more intense "trip" episodes, psychosis, and possible death.

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 Student Advocate 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:

Addiction Counselor: A resource guide for mental health students and counselors seeking information on mental health issues, signs, and where to find help.

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 polices 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.