



**University of Kansas**  
**Drug Free Schools and Communities Act (DFSCA)**  
**Biennial Review Report**  
**2022-2024**  
**December 20, 2024**

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## **Executive Summary**

The University of Kansas (KU) is the state's flagship institution, home to innovative research and the constant pursuit of knowledge. As a large public research institution, KU is comprised of the main campus, a medical center, the state's law enforcement training center, and 8 satellite campuses.

KU has significant experiential learning opportunities, robust study abroad programs, a multitude of diverse campus organizations, and an abundance of service-learning opportunities. The Medical Center campus in Kansas City, along with its additional locations in Salina and Wichita, trains the physicians, nurses, and other professionals who provide healthcare services across Kansas, including in rural communities that depend on those professionals to help attract and maintain a stable base population, which contributes to their local economy. The Edwards Campus in Overland Park serves students and working professionals in the Kansas City area. The Kansas Law Enforcement Training Center (KLETC) campus is located outside of Hutchinson, where the state's law enforcement officers receive their basic training. KU also has a premier athletics program featuring 16 Division 1 sports.

With such variation in programming, campus types, and learners, KU provides different types of programming, policies, and reviews to meet the needs of those groups. This biennial review encompasses those efforts from 2022 to 2024. Through this report is a requirement of the Drug Free Schools and Communities Act (DFSCA) of 1989 and the Education Department General Administrative Regulations (EDGAR) Part 86, KU is committed to going above and beyond to maintain a healthy and safe community for all who visit, work at, or attend KU. Additionally, the University has adopted and implemented an Alcohol and Drug program that is compliant with the law.

## **Review Process**

The University began its review process by collecting information from key stakeholders about policies, studies, prevention programs, and educational opportunities pertaining to student and employee alcohol and drug use. During these program and policy inventories, we reviewed all of the pertinent materials for their thoroughness, completeness, and efficacy. We also developed a DFSCA task force to conduct the biennial review and, in doing so, were able to embrace the One University approach by developing, for the first time, a singular biennial review for all KU campuses. This task force brought together leaders from across all campuses, providing a richer review of our collective approaches to addressing alcohol and drug use.

Leading by example, KU Chancellor Dr. Douglas Girod and his leadership team have shown commitment to bringing the University into greater compliance with the Drug- Free Schools and Communities Act requirements by allocating funds for consultants to provide guidance for the DFSCA taskforce to complete this Biennial Review Report. The Chancellor's Office was informed of DFSCA concerns throughout this review by Associate Vice Chancellor for Civil Rights and Title IX Lauren Jones McKown.

The Biennial Review process has shown strengths and weaknesses within KU's alcohol and other drug (AOD) programs and prevention plans.

Summary of Strengths: We are pleased to share that we have robust and comprehensive policies that address various types of alcohol and other drug use among students and employees at the University. As a large and complex institution, it would be easy to overlook a population or space where alcohol and other drug use is not accounted for, however, we found that is not the case. As provided herein, KU has extensive policies and protocols concerning alcohol and drug use.

The University has undertaken extensive prevention efforts for students targeting different groups around the campuses with tailored information. Similarly, in this biennium, the University has committed new resources to enhancing our employee wellness programs, including appropriate alcohol and drug use.

Summary of Weaknesses: This review has brought to light some areas for improvement. The University would benefit from more assessments and studies on student and employee alcohol use. As the University shifts toward a larger onboarding process, KU will ensure that the annual notification is provided to new employees as they begin their employment with KU.

## **Program Goals**

Our primary goal with this Biennial Review was to assess the health and safety of our community, including students, staff, faculty, and visitors. This included reviewing resources available for alcohol and drug abuse, programming and educational efforts, and processes by which members of the KU Community are held accountable for improper drug or alcohol use that poses safety concerns.

The goal of these educational program is to enable all members of our community to make healthy choices, not only for themselves but for others in their communities. Ample resources and programming are available to employees, students, and community members to learn about the dangers of substance abuse as well as ways to address substance abuse. University policies provide guidelines and boundaries about substance abuse for the KU community.

Alcohol is the most commonly abused drug in the United States. Alcoholism takes a toll on personal lives by affecting employment, finances, health, personal relationships, and families. College campuses are no exception. Accidents and injuries are more likely to occur on University property or at University activities when alcohol or other drugs are used.

The abuse of alcohol and other drugs may lead to serious consequences. These may include the loss of resistance to disease, the development of drug tolerance, physical and psychological dependence, and criminal prosecution. Every year thousands of people die in alcohol-related motor vehicle accidents. Impaired drivers are responsible for almost half of all traffic fatalities.

Similarly, drug use is prevalent among college students. There are many factors that contribute to increased drug use among college students, including drug use as a coping mechanism, family history of drug abuse, social pressure, experimentation, and to improve academic performance.<sup>1</sup> Marijuana, psychedelic or hallucinogenic drugs, stimulant medications, cocaine, and opioids are the most common types, in that order, of drugs used by college students. College students are not the only members of the university community who use or abuse drugs. Employees are also susceptible to drug abuse, and for similar reasons.

## **Recommendations**

Recommendation 1: Develop a consistent process to track distribution of the annual notification.

As mentioned above, KU is currently developing a more comprehensive new employee onboarding process. This revised process will be a great opportunity to share information about the University's alcohol and drug programs and policies with new employees.

Recommendation 2: Increase data collection efforts about employee substance abuse.

Through this review, the DFSCA taskforce found that there is limited data about employee alcohol and drug use. We will begin by reviewing our current efforts and employee habits to identify which programming is most effective for the new employee wellness programs being implemented by KU Human Resources.

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<sup>1</sup> <https://americanaddictioncenters.org/rehab-guide/college>

Recommendation 3: Ensure resources are consistently available for all campuses and satellite locations.

The University of Kansas has a presence across the entire state of Kansas and beyond. In order to serve all Jayhawks equally, KU will have resources available for Jayhawks wherever they are engaged with our programs and activities.

### **Effectiveness of the DAAPP**

It is difficult to make an overall conclusion on the effectiveness of the University's Drug and Alcohol Prevention Program (DAAPP) because there are significant information gaps. There is no survey data to review for employees or for KLETC students. It is also important to take into consideration the nature of their curriculum, nontraditional age of KLETC students, professional nature of their work, and limited time that the students spend at KLETC.

To determine DAAPP effectiveness with those groups, the only metric available were policy violations. We conclude that the employees are understanding and appreciating the serious harms alcohol and other drug use can cause as provided to them in the DAAPP. For Lawrence based students, the low number of alcohol violations demonstrates that the drug and alcohol policies in place are effective considering the prevalence of drinking on campus and self-reported Drinker Status from U Celebrate Survey (Aug 2024).

Some noteworthy statistics to highlight from the Lawrence based student surveys are:

- 69.3% of the mean percent of student respondents arranged for a designated driver/Uber/Lyft if they needed transportation home;
- 72.4% stated they watch out for friends to make sure they stay safe; and
- 48.5% cut themselves off before they have too much to drink.

For KUMC based students, there were consistently few (10-13 out of 771) respondents who shared that they thought alcohol or drug use was a problem for others in their program or themselves. This indicates that prevention efforts, either through policies or programming, are effective.

## **Help is Available**

The KU and KU Medical Center's Employee and Student Abuse Prevention Program is designed to provide information and assessment and referral services to help faculty, staff, and students identify problems, seek assistance, and develop healthy lifestyles. The University encourages identification of potential substance abuse at the earliest stage to encourage faculty, staff, and students or their families to seek assistance.

## **Student Resources and Programs:**

KU Counseling & Psychological Services (CAPS): (785)864-2277

KU Health Education Resource Office (HERO): (785)864-9570, [hero@ku.edu](mailto:hero@ku.edu)

HERO provides alcohol and other drug education to KU Lawrence students through free, one-on-one coaching sessions, presentations, and events.

Students who go through Student Conduct process may be required to complete one of four educational programs when applied to an outcome of a responsible finding: Choices 1, Choices 2, Choices+Daily Life, Daily Life. Students can also opt-in for any at no cost. One on one or small groups that offer prevention health education as well as tips and tools for navigating a variety of real-life situations in judgement-free and empathetic way.

AlcoholEdu is a mandatory alcohol education program for all newly enrolled, degree-seeking students on the Lawrence campus under the age of 21, which they are required to complete each academic year. This course is an online, science-based program that provides the latest information about alcohol and its effects on the body and mind. Failure to complete by the training deadline results in a hold on student's account that will prevent enrollment the following semester.

eCheckup to Go is a course that motivates individuals to reduce their alcohol consumption using personalized information about their own drinking and risk factors. The course takes about 20 minutes to complete. Personalized feedback is provided upon completion, including: Quantity and Frequency of Use; Amount Consumed; Normative Comparisons; Physical Health Information; Amount and Percent of Income Spent; Negative Consequences Feedback; and Explanation, Advice and Local Referral Information.

Student Conduct & Community Standards (SCCS) offers Hawk Habits for students who have been involved in a low-level alcohol and drug incident, or if there was just a singular incident that shows the student needs an intervention on their decision making. Hawk Habits is an in person, 1.5 hour course.

Jayhawk Buddy System: (785)864-9570, [jbs@ku.edu](mailto:jbs@ku.edu)

Jayhawk Buddy System is a Lawrence based social norms and protective behavior campaign to reduce the use and misuse of alcohol. It provides students with tips and tools to stay safe regardless of whether they choose to drink alcohol.

Support & Care Referral Team (SCRT): (785)864-4060, [studentaffairs@ku.edu](mailto:studentaffairs@ku.edu)

The SCRT works with concerned KU community members to provide resources and support to students, faculty & staff who may be experiencing difficulty coping with their environment and/or life circumstances. Anyone can submit a care referral.

SafeRide: (785)864-SAFE (7233), or via the SafeRide App.

SafeRide is a Lawrence based student-sponsored transportation service that provides a safe ride home for KU students at night between 10:30 p.m. and 2:30 a.m. A SafeRide driver will pick up passengers (whether at library, a bar, work, etc.) and drive them home anywhere within city limits. Drivers will not take passengers to another bar.

[TripsHOT](#) is a Kansas City Medical Center based on demand shuttle service that provides transportation between campus and parking garages and near-by parking lots.

KU Legal Services for Students: (785)864-5665, [legals@ku.edu](mailto:legals@ku.edu)

Legal Services for Students is a law office that provides advice, litigation support, negotiation, representation, and education to students on a wide range of issues.

KUMC Student Health Services: (913)588-1941

KUMC Department of Psychiatry: (913)588-6580

KUMC Department of Psychiatry offers a full range of inpatient, outpatient, and emergency services for the diagnosis and treatment of various behaviors, including chemical dependency. The department is professionally staffed by psychiatrists, psychologists, and social workers, and appointments may be made through the Psychiatry Clinic or individually through the private practices of these faculty members.

The Kansas Medical Society: 1-800-332-0156

The Kansas Medical Society offers confidential assistance to physicians, medical students, and residents suffering from chemical dependency as well as other forms of illness or impairment through their Impaired Physician Program and Impaired Medical Student and Resident Program. Informational brochures about these programs can be obtained from the Student Center or the Dean's Office, School of Medicine.

KUMC Counseling & Educational Support Services: (913)588-6580

Also available to KU Medical Center students are services from the Counseling and Educational Support Services located on the ground floor of the Student Center, Room G116. These resources are staffed by professional-level or practicum therapists.

Kansas Nurses Assistance Program: (913)236-7575

The Kansas Nurses Assistance Program is contracted with the Kansas State Board of Nursing, to provide an opportunity for a nurse with alcohol or other drug problems or physical or psychological difficulties to obtain confidential assistance and, if patient care has been jeopardized, it is an alternative to disciplinary action by the Kansas State Board of Nursing.

**Employee Resources:**

KU-Lawrence Human Resource Management: (785)864-4946

KUMC Human Resources Department: (913)588-5080

KU Employee Assistance Program (EAP): 1-888-275-1205, option 7, or TDD (800)-697-0353).

KU Employee Assistance Program (EAP): a 24-hour, toll-free assistance line. The Employee Assistance Program is available to provide immediate help, assistance or guidance. For more information, please refer to the [KU Human Resources](#) website.

**Community Resources:**

KU-Lawrence Police Department: (785)864-5900

KUMC Police Department: (913)588-5030

Al-Anon or Alateen Information: (888)-425-2666, [Kansas Al-Anon/Alateen website](#)

Alcoholics Anonymous: (785)842-0110, (816)471-7229

Alcoholics Anonymous is a 12-Step recovery support group for those dealing with an alcohol addiction.

Developing Caring Communities Committed to Action (DCCCA): (785)841-4138, [info@dccca.org](mailto:info@dccca.org)

DCCCA Provides a full continuum of addiction treatment programs, from outpatient counseling to residential treatment, along with educational outreach and prevention.

Global Drug Survey: [info@globaldrugsurvey.com](mailto:info@globaldrugsurvey.com)

Global Drug Survey provides public health reports and produces a range of drug education materials with the goal to make people more aware of usage trends and drug/alcohol safety.

Hearthstone: (785)749-5409

Hearthstone is a non-profit residential facility dedicated to helping adult men who are serious about recovering from alcohol and/or drug addiction.

MAPP to Safe Drinking: (650)498-2336

MAPP to Safe Drinking is a strategy for safe alcohol use that decreases the potential for negative consequences by encouraging protective behaviors.

Mirror, Inc.: (316)283-6743, [info @mirrorinc.org](mailto:info@mirrorinc.org)

Mirror, Inc. provides behavioral health care, alcohol and drug abuse prevention programs, and residential reentry services.

Narcotics Anonymous: (785)749-6631, (785)380-0230, (800) 561-2250

Narcotics Anonymous is a 12-step recovery support group for those dealing with drug addiction.

American Addiction Centers: 888-606-1707, [American Addiction Centers website](#)



National Institute on Alcohol Abuse and Alcoholism (NIAAA): (301)443-3860, [NIAAA website](#) or email [askniaaa@nih.gov](mailto:askniaaa@nih.gov)

The National Institute on Alcohol Abuse and Alcoholism supports and conducts research on the impact of alcohol use on human health and well-being.

Substance Abuse and Mental Health Services Administration ([SAMHSA](#)): [National Helpline](#) 1-800-662-HELP (4357), or TTY (1-800)-487-4889

SAMHSA's National Helpline is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations.

Suicide & Crisis Lifeline: 988

The Suicide & Crisis Lifeline is a free, confidential 24/7 call, text or chat hotline for mental health crises, suicidal thoughts and substance use emergencies.

### Students – Lawrence Campus

Type of Offense <sup>2</sup>	# Responsible Findings AY 22-23	# Responsible Findings AY 23-24
Drugs	11	10
Alcohol	124 (90 responsible + 34 cases amnesty <sup>3</sup> )	113(79 responsible +34 cases amnesty)
Housing Drugs	11	9
Housing Alcohol	130	95
<b>Alcohol Responsible Findings Outcomes</b>	<b>AY 22-23</b>	<b>AY 23-24</b>
Warnings	134	111
Disciplinary Probations	14	15

Drug Responsible Findings Outcomes	AY 22-23	AY 23-24
Warnings	17	19
Disciplinary Probations	2	3

In 2023, a death occurred that was not due to natural causes; it resulted from suicide by an overdose of prescription and over-the-counter medications.

Sanctions are determined by considering the nature of the violation, the student's awareness of his/her role in the incident, the impact of the student's behavior on others, the student's individual needs, the student's prior disciplinary history and any extenuating circumstances. Intent or lack of intent for the student's action or in its effect on others or on the University may be considered in determining the sanctions. For that reason, sanctions are likely to vary.

### Employees – Lawrence Campus

Behavior	AY 22-23	AY 23-24
Intoxicated at conference	N/A	1
Slurring/unfit Behavior	N/A	2
Unconfirmed intoxication at work	N/A	1

Outcomes	AY 22-23	AY 23-24
Counseling	N/A	2
Fired	N/A	1
Written Reprimand	N/A	1

<sup>2</sup> These offenses are classified by total drug offenses, total alcohol offenses, drug offenses that occurred within housing's jurisdiction, and alcohol offenses that occurred within housing's jurisdiction. These statistics are not broken down to include more specific policy violations.

<sup>3</sup> Amnesty is defined as not responsible; the incident occurred, but the student was not found responsible.

### Students – KLETC Campus

Type of Offense <sup>4</sup>	# Responsible Findings AY 22-23	# Responsible Findings AY 23-24
Drugs	0	0
Alcohol	0	0
Housing Drugs	0	0
Housing Alcohol	0	0
<b>Alcohol Responsible Findings Outcomes</b>	<b>AY 22-23</b>	<b>AY 23-24</b>
Warnings	0	0
Disciplinary Probations	0	0

Drug Responsible Findings Outcomes	AY 22-23	AY 23-24
Warnings	0	0
Disciplinary Probations	0	0

### Employees – KLETC Campus

Behavior	AY 22-23	AY 23-24
Intoxicated at conference	0	0
Slurring/unfit Behavior	0	0
Unconfirmed intoxication at work	0	0

Outcomes	AY 22-23	AY 23-24
Counseling	0	0
Fired	0	0
Written Reprimand	0	0

### Students – KUMC Campus

Type of Offense	# Responsible Findings AY 22-23	# Responsible Findings AY 23-24
Drugs	0	0
Alcohol	0	0

<sup>4</sup> These offenses are classified by total drug offenses, total alcohol offenses, drug offenses that occurred within housing’s jurisdiction, and alcohol offenses that occurred within housing’s jurisdiction. These statistics are not broken down to include more specific policy violations.

<b>Alcohol Responsible Findings Outcomes</b>	<b>AY 22-23</b>	<b>AY 23-24</b>
Warnings	0	0
Disciplinary Probations	0	0

<b>Drug Responsible Findings Outcomes</b>	<b>AY 22-23</b>	<b>AY 23-24</b>
Warnings	0	0
Disciplinary Probations	0	0

**Employees – KUMC Campus**

<b>Behavior</b>	<b>AY 22-23</b>	<b>AY 23-24</b>
Intoxicated at conference	0	0
Slurring/unfit Behavior	0	0
Unconfirmed intoxication at work	0	0

<b>Outcomes</b>	<b>AY 22-23</b>	<b>AY 23-24</b>
Counseling	0	0
Fired	0	0
Written Reprimand	0	0

KU Human Resources reviewed employee matters from this biennium, and considering previous discipline employees had received and evidence of alcohol use, determined that employees were treated similarly. HR will continue to track drug and alcohol violations to ensure that such matters are reported for inclusion in the DFSCA Biennial Review Report and continue to be handled consistently.

The following section presents the information available to the University, as survey data is not accessible for all constituent groups within the University. The Kansas Law Enforcement Training Center (KLETC) does not collect data from their students. The University has not collected any responsive data for employees at any of the campuses during this biennium. These surveys capture data from KU Lawrence students.

**American College Health Association National College Health Assessment III, University of Kansas Executive Summary Fall 2023**

Cis Men = 101
Cis Women = 304
Trans/GNC = 39

**Tobacco, Alcohol, and Other Drug Use**

Percent (%)	Ever Used			
	Cis Men	Cis Women	Trans/ Gender Non- Conforming	Total
Alcoholic beverages (beer, wine, liquor, etc.)	69.7	72.3	69.2	71.1
Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) [nonmedical use only]	43.4	45.0	57.9	45.9
Cocaine (coke, crack, etc.)	7.1	5.0	12.8	6.1
Prescription Stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) [nonmedical use only]	12.1	7.3	17.9	9.3
Methamphetamine (speed, crystal meth, ice, etc.)	2.0	1.0	2.6	1.3
Inhalants (poppers, nitrous, glue, gas, paint thinner, etc.)	4.0	1.7	12.8	3.3
Sedatives or Sleeping Pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) [nonmedical use only]	4.0	3.3	12.8	4.5
Hallucinogens (Ecstasy, MDMA, Moll, LSD, acid, mushrooms, PCP, Special K, etc.)	15.2	7.3	12.1	10.4
Heroin	0.0	0.3	5.3	0.7
Prescription Opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) [nonmedical use only]	3.1	2.6	10.3	3.6

*Used in the last 3 months			
Cis Men	Cis Women	Trans/ Gender Non- Conforming	Total
62.4	68.1	59.0	64.2
33.7	32.9	46.2	33.6
3.0	3.0	7.7	3.2
4.0	3.6	10.3	1.1
0.0	0.3	2.6	0.4
1.0	0.0	10.3	1.1
0.0	1.0	10.3	1.5
5.9	3.3	17.9	5.0
0.0	0.3	5.1	0.6
0.0	0.3	7.7	0.9

\*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

\*Moderate risk use of the substance

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- Conforming	Total
Alcoholic beverages	8.9	15.5	15.4	13.4
Cannabis [nonmedical use]	17.8	21.1	30.8	20.5
Cocaine	3.0	1.6	2.6	1.9
Prescription Stimulants [nonmedical use]	2.0	1.3	2.6	1.5
Methamphetamine	0.0	0.3	0.0	0.2
Inhalants	0.0	0.0	5.1	0.4
Sedatives or Sleeping Pills [nonmedical use]	0.0	0.3	2.6	0.4
Hallucinogens	2.0	1.6	5.1	1.9
Heroin	0.0	0.3	0.0	0.2
Prescription Opioids [nonmedical use]	0.0	0.3	0.0	0.2

\*High risk use of the substance

Cis Men	Cis Women	Trans/ Gender Non- Conforming	Total
1.0	1.3	5.1	1.5
3.0	1.0	5.1	2.2
0.0	0.0	5.1	0.4
0.0	0.0	5.1	0.4
0.0	0.0	2.6	0.2
0.0	0.0	5.1	0.4
0.0	0.0	5.1	0.4
0.0	0.0	5.1	0.4
0.0	0.0	5.1	0.4
0.0	0.0	5.1	0.4

\*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 (%)	Cis Men	Cis Women	Trans/ Gender Non-Conforming	Total
Prescription stimulants	2.0	2.3	2.6	2.2
Prescription sedatives or sleeping pills	0.0	0.3	5.1	0.6
Prescription opioids	0.0	0.0	7.7	0.6

\*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.

### Students in Recovery

- 1.7% of college students surveyed (1.3% cis men, 1.7% cis women, 3.2% transgender/gender non-conforming) indicated they were in recovery from alcohol or other drug use.

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

Percent (%)	Drank Alcohol			
	Cis Men	Cis Women	Trans/ Gender Non- Conforming	Total
Never	20.0	20.4	17.9	20.2
Within the last 2 weeks	48.0	56.3	41.0	52.5
More than 2 weeks ago but within the last 30 days	9.0	7.6	7.7	8.1
More than 30 days ago but within the last 3 months	12.0	7.2	12.8	8.8
More than 3 months ago but within the last 12 months	6.0	4.9	7.7	5.5
More than 12 months ago	5.0	3.6	12.8	4.8

*Used Cannabis/Marijuana			
Cis Men	Cis Women	Trans/ Gender Non- Conforming	Total
52.0	48.7	35.9	48.4
19.0	18.1	28.2	19.3
1.0	5.6	7.7	4.8
9.0	6.6	12.8	7.7
7.0	6.6	2.6	6.2
12.0	14.5	12.8	13.6

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

**Driving Under the Influence**

- 15.3% 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.
- 31.1% of college students reporting 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 consumes during the last time they drank alcohol in a social setting, their approximate time of consumption, sex, weight, and the average rate of ethanol metabolism. Only students who reported drinking alcohol within the last 3 months answered these questions.

Estimated BAC	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-Conforming	Total
<.08		78.3	76.3	95.7	78.5
<.10		82.6	83.9	100.0	85.0
Mean		0.04	0.05	0.03	0.05
Median		0.01	0.03	0.02	0.02
Std Dev		0.06	0.07	0.03	0.06



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

<b>Number of drinks</b>	<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non-Conforming	Total
4 or fewer		68.1	78.6	95.7	78.0
5		8.7	8.8	4.3	8.3
6		4.3	4.2	0.0	3.8
7 or more		18.8	8.4	0.0	9.9
Mean		4.1	3.1	2.4	3.3
Median		3.0	2.0	2.0	3.0
Std Dev		3.4	2.4	1.2	2.6

\*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:**

<i>Percent (%)</i>	Among <u>all</u> students surveyed				*Among those who reported drinking alcohol within the last two weeks			
	Cis Men	Cis Women	Trans/ Gender Non-Conforming	Total	Cis Men	Cis Women	Trans/ Gender non-Conforming	Total
Did not drink alcohol in the last two weeks (includes non-drinkers)	52.0	43.8	60.5	47.6				
None	25.0	26.6	26.3	26.2	52.1	47.4	66.7	50.0
1-2 times	18.0	20.7	10.5	18.9	37.5	36.8	26.7	36.1
3-5 times	4.0	6.9	0.0	5.5	8.3	12.3	0.0	10.5
6 or more times	1.0	2.0	2.6	1.8	2.1	3.5	6.7	3.4

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

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

<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non-Conforming	Total
Did something I later regretted	23.0	23.8	11.5	22.8
Blackout (forgot where I was or what I did for a large period of time and cannot remember, even when someone reminds me)	12.0	15.6	4.0	14.0
Brownout (forgot where I was or what I did for short periods of time, but can remember once someone reminds me)	14.7	25.5	11.5	21.7
Got in trouble with the police	0.0	0.0	3.8	0.3
Got in trouble with college/university authorities	0.0	0.9	3.8	1.2
Someone had sex with me without my consent	0.0	2.2	3.8	1.8
Had sex with someone without their consent	0.0	0.0	3.8	0.3
Had unprotected sex	12.0	12.6	11.5	12.2
Physically injured myself	6.7	9.1	11.5	8.9
Physically injured another person	0.0	0.0	3.8	0.3
Seriously considered suicide	5.3	2.2	3.8	3.0
Needed medical help	1.4	0.4	7.7	1.5
Reported two or more of the above	24.2	28.4	13.6	26.2

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

# National Social Norms Center U Celebrate! Survey

August 2024 University of Kansas

N=673 Response Rate=16.8%

<b>% Distribution of Demographic Characteristics of Weighted Sample: 2024</b>				
<b>Demographic Characteristics</b>	<b>Total Respondents=673</b>	<b>Unweighted N*</b>	<b>Unweighted %</b>	<b>Weighted %</b>
SEX	Male	259	38.5%	45.6%
	Female	401	59.6%	52.5%
	Other [A]	13	1.9%	1.9%
CLASS	Freshman	106	15.8%	21.0%
	Sophomore	174	25.9%	25.3%
	Junior	156	23.2%	23.0%
	Senior	237	35.2%	30.8%
AGE GROUP	18 Years Old	58	8.8%	9.8%
	19 Years Old	162	24.5%	27.1%
	20 Years Old	141	21.3%	21.6%
	21 Years Old	138	20.9%	19.2%
	22 Years or Older	162	24.5%	22.2%
RACE/ETHNICITY	White, non-Hispanic	478	71.0%	70.0%
	Afr. Am., non-Hispanic	15	2.2%	3.0%
	Hispanic	73	10.8%	9.7%
	Asian, Pacific Islander, non-Hispanic	35	5.2%	6.4%
	Native Am., non-Hispanic	1	.1%	0.0%
	Multi-Racial	31	4.6%	5.5%
	Not Reported	11	1.6%	1.8%
	International	29	4.3%	3.6%
RESIDENCE	On Campus	206	30.6%	33.1%
	Off Campus	467	69.4%	66.9%
MEMBERSHIP	Member Social Frat/Sor.	167	25.3%	24.5%
GRADE POINT AVERAGE	GPA 0-1.49	4	0.6%	0.6%
	GPA 1.5-2.49	21	3.2%	2.9%
	GPA 2.5-3.49	212	32.4%	33.3%
	GPA 3.5-4.0	418	63.8%	63.2%
DRINKER STATUS [B]	Heavy Drinker	116	17.2%	17.1%
	Moderate Drinker	254	37.7%	36.6%
	Light Drinker	82	12.2%	11.6%
	Rare Drinker	55	8.2%	8.2%
	Non-Drinker	166	24.7%	26.6%

\*Because some respondents may have chosen or neglected to answer an individual question, the sum of respondents' answers to any one question may be less than the total number of survey respondents.

[A] "Other" (sex) = transgender or missing

[B] Drinker status is an indicator based on how often a respondent drinks, how much they drink, and how often they drink substantially. "Heavy Drinker" = drank 6 or more days in the past month AND drank 5 or more drinks three or more times in the past two weeks OR drank 5 (males) or 4 (females) or more drinks the last time they partied. "Rare Drinker" = has drunk alcohol before but not at all in the past month. "Light Drinker" = drinks 1-5 days per month, and typically less than 3 drinks, and did not drink 5 or more drinks in the past two weeks. "Moderate Drinker" = Drinks more often or greater quantity than Light Drinker or drank 5 or more drinks 1 or 2 times in the past two weeks.

**Drinking Frequency, Quantity, Frequent Intense Drinking, Drinking Last Time Partied/Socialized:  
Overall and Among Key Demo Groups: 2024**

Questions About Drinking	Overall	SEX		CLASS				AGE GROUP		MEMBERSHIP	
		Males	Females	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek
<b>Days Drank in Past 30 Days</b>											
Never Drank	20.0%	22.0%	18.2% NS	30.7%	24.7%	20.0%	8.7%*	28.5%	8.0%*	7.4%	24.0%*
Former Drinker (not academic year)	6.7%	6.9%	6.8%	1.4%	8.2%	11.6%	5.3%	7.0%	6.2%	3.1%	8.0%
Drink but not in past month	8.2%	7.5%	8.5%	11.4%	9.4%	6.5%	6.3%	8.5%	7.3%	2.5%	9.6%
Drank 1-2 times in past month	18.4%	17.7%	18.5%	16.4%	20.6%	16.1%	19.9%	19.7%	16.1%	17.3%	18.4%
Drank 3-5 times in past month	21.8%	20.7%	22.7%	16.4%	20.0%	22.6%	26.2%	17.9%	28.1%	29.0%	20.0%
Drank 6-9 times in past month	14.9%	13.1%	17.0%	12.9%	11.8%	13.5%	19.9%	10.9%	20.8%	25.9%	11.6%
Drank 10-30 times in past month	10.0%	12.1%	8.2%	10.7%	5.3%	9.7%	13.6%	7.5%	13.5%	14.8%	8.6%
<b>Number Drinks Typically Drank When Drinking in Past 30 Days (Drinkers Only)</b>											
Mean number drinks	4.35	5.25	3.71**	4.79	4.35	4.67	3.95 NS	4.39	4.32 NS	4.82	4.12**
1-2 drinks	24.2%	23.6%	23.4%*	24.1%	24.7%	18.3%	27.6% NS	24.8%	23.5% NS	14.6%	29.0%*
3-4 drinks	38.4%	23.1%	50.6%	29.1%	35.1%	40.9%	42.9%	36.9%	40.2%	36.5%	39.2%
5-7 drinks	26.1%	30.2%	23.4%	29.1%	30.9%	28.0%	20.5%	25.7%	26.0%	35.8%	21.2%
8 or more drinks	11.4%	23.1%	2.6%	17.7%	9.3%	12.9%	9.0%	12.6%	10.3%	13.1%	10.6%
<b>Times Drank 5+ Drinks in Past Two Weeks (Drinkers Only)</b>											
None	43.0%	35.2%	48.3%*	35.9%	45.8%	43.6%	44.5% NS	43.7%	42.3% NS	29.1%	50.2%*
Once	23.9%	23.3%	25.0%	24.4%	25.0%	22.3%	24.4%	23.7%	23.3%	24.1%	23.0%
Twice	11.0%	11.9%	10.8%	10.3%	8.3%	10.6%	13.4%	9.8%	12.6%	14.2%	9.6%
Three Times	9.7%	10.9%	9.1%	16.7%	6.3%	9.6%	7.9%	9.8%	9.8%	12.1%	8.6%
Four Times	5.7%	8.3%	3.4%	0.0%	9.4%	9.6%	3.7%	7.4%	4.2%	9.9%	3.8%
Five or More Times	6.7%	10.4%	3.4%	12.8%	5.2%	4.3%	6.1%	5.6%	7.9%	10.6%	4.8%
<b>Mean Number Times Drank 5+ in Past Two Weeks</b>											
All Students (Non-Drinkers+Drinkers)	1.0	1.3	0.8**	1.1	0.8	1.0	1.2 NS	0.8	1.3**	1.8	0.8**
Drinkers	1.5	2.4	1.5**	1.5	2.0	1.8	2.2 NS	1.7	2.1**	2.9	1.5**
<b>Last time Partied/Socialized (All Students)</b>											
Drank 0-5 Drinks	80.0%	73.5%	85.1%*	83.7%	81.4%	79.6%	76.7% NS	83.5%	75.7%*	66.7%	84.5%*
Drank 6-7	10.5%	10.9%	10.3%	8.5%	10.2%	10.5%	12.1%	9.4%	11.4%	15.7%	8.5%
Drank 8+	9.5%	15.6%	4.6%	7.8%	8.4%	9.9%	11.2%	7.1%	12.9%	17.6%	7.0%
Or											
Drank 0-4 Drinks	71.9%	66.7%	75.4%*	78.7%	74.7%	70.4%	66.0% NS	77.0%	65.4%*	51.9%	78.3%*
Drank 5-7	18.6%	17.8%	20.1%	13.5%	16.9%	19.7%	22.8%	16.0%	21.7%	30.6%	14.7%
Drank 8+	9.5%	15.5%	4.6%	7.8%	8.4%	9.9%	11.2%	7.1%	12.9%	17.5%	7.0%
Or											
Drank 0-3 Drinks	61.8%	57.4%	64.5%*	67.4%	65.7%	61.2%	55.1% NS	68.4%	52.9%*	44.4%	67.2%*
Drank 4-7	28.7%	27.1%	30.9%	24.8%	25.9%	28.9%	33.8%	24.5%	34.2%	38.1%	25.8%
Drank 8+	9.5%	15.5%	4.6%	7.8%	8.4%	9.9%	11.1%	7.0%	12.9%	17.5%	7.0%
<b>Mean # Drinks Among</b>											
All Students	3.15	3.59	2.83**	2.59	2.75	3.27	3.77**	2.56	3.98**	4.63	2.69**
Drinkers Only	4.31	5.22	3.81**	3.70	4.33	4.65	4.87**	4.09	4.74**	5.44	4.10**
<b>Mean BAC*** Among</b>											
All Students	.037	.033	.042**	.028	.036	.038	.043 NS	.034	.043**	.052	.033**
Drinkers Only	.052	.048	.056 NS	.044	.056	.057	.050 NS	.054	.050 NS	.058	.049 NS
<b>Mean Perceived Number Drinks Typical Student Drank Last Time Period, Among...</b>											
All Students	4.35	4.41	4.25 NS	4.02	4.34	4.28	4.65 NS	4.11	4.71*	4.85	4.19*
Drinkers Only	4.65	4.83	4.48 NS	4.58	4.56	4.69	4.73 NS	4.45	4.87*	4.92	4.54 NS
0-5 Drinks (all students)	79.4%	77.1%	81.5% NS	79.4%	81.1%	79.4%	78.3% NS	82.2%	75.5% NS	75.8%	81.0% NS
0-4 Drinks (all students)	58.1%	55.2%	60.2% NS	59.9%	61.5%	59.4%	53.1% NS	62.8%	51.5%*	46.3%	62.5%*
0-3 Drinks (all students)	36.3%	38.9%	33.8%*	43.0%	36.1%	35.1%	32.9% NS	41.3%	29.2%*	24.4%	40.1%*
8+ Drinks (all students)	6.3%	8.2%	4.0%	5.6%	4.7%	7.1%	7.2%	4.9%	8.4%	6.9%	6.0%

\*p(Chi-square) <.05; \*\*p(F)<.05; NS=Not Significant \*\*\*BAC is the estimated blood alcohol concentration based on volume of alcohol consumed per hour for a male or female of various weights

**Respondents' Perceptions of Other Students' Use of Protective Behaviors, Drinking-Related Attitudes and Self-Reported Use of Protective Behaviors and Drinking-Related Attitudes, by Demographics and Drinker Status: 2024**

Protective Behavior	Mean % of Students Respondents Believe	Actual % of Drinkers Who Report They Always or Most of the Time...																
		Actual % of Drinkers Who Reported They...		SEX		CLASS				AGE GROUP		MEMBERSHIP		Drinker Status [A]				
		Most of the Time	Always	M	F	F	S	Jr.	Sr.	18-20	21+	Greek	Non-Greek	Heavy	Mode-rate	Light	Rare	No n
1. Avoid drinking or partying with mostly people they don't know	45.7%	29.3%	31.8%	53.7%	66.3%	46.8%	68.2%	51.4%	70.3%	60.1%	61.4%	54.1%	63.6%*	44.0%	62.1%	77.7%	81.4%	NA*
2. Arrange for a designated driver/Uber/Lyft if they needed transportation home	69.3%	19.3%	60.5%	74.2%	87.4%	74.7%	82.1%	72.4%	85.1%	79.8%	79.9%	80.0%	79.6%*	78.8%	78.6%	70.6%	74.6%	NA*
3. Eat before or while drinking	60.9%	34.6%	44.9%	75.7%	83.3%	66.7%	80.4%	75.5%	88.6%	75.0%	84.6%	81.5%	79.1% NS	75.2%	80.5%	88.2%	80.0%	NA*
4. Set a limit ahead of time as to the number of drinks they will have	33.3%	15.6%	12.9%	28.8%	28.8%	25.8%	33.0%	30.2%	26.0%	29.8%	29.5%	24.0%	30.6%*	13.3%	24.6%	45.5%	33.9%	NA*
5. Cut themselves off before they have too much to drink	48.5%	36.4%	34.6%	65.6%	75.7%	68.1%	73.0%	61.9%	76.8%	69.9%	71.8%	71.0%	70.9% NS	61.3%	76.2%	88.3%	77.0%	NA*
6. Drink only 1 kind of alcohol	37.3%	29.5%	11.8%	39.5%	42.5%	32.3%	45.5%	34.3%	47.2%	40.7%	41.9%	43.8%	39.9% NS	30.5%	37.9%	55.0%	61.7%	NA*
7. Consume four or fewer drinks when they party	45.7%	32.8%	19.4%	45.1%	57.9%	42.6%	55.0%	46.7%	58.3%	50.8%	53.6%	46.2%	55.0% NS	15.1%	53.0%	82.4%	65.0%	NA*
8. Keep track of how many drinks they have to make sure they do not drink too much	43.8%	26.4%	30.3%	53.5%	59.5%	62.4%	59.8%	49.1%	56.5%	59.2%	54.3%	51.4%	59.3% NS	39.0%	61.4%	80.4%	67.2%	NA*
9. Stay with the same group of friends the entire time they are drinking	65.1%	30.5%	56.4%	80.0%	92.4%	71.3%	88.5%	86.7%	94.3%	83.5%	90.6%	82.9%	88.5% NS	81.9%	92.7%	95.0%	96.7%	NA*
10. Watch out for friends to make sure they stay safe	72.4%	17.4%	72.7%	85.4%	95.8%	80.0%	92.9%	86.7%	95.5%	89.1%	91.5%	89.0%	90.6% NS	92.9%	93.6%	93.1%	90.2%	NA*
11. Maintain a pace of one drink per hour (or less) when drinking	31.3%	19.9%	12.9%	29.9%	34.4%	33.0%	36.0%	28.6%	33.9%	31.0%	35.0%	24.5%	36.7%*	10.2%	32.5%	64.1%	46.7%	NA*
12. Make arrangements to get home safely	69.7%	16.0%	72.7%	81.4%	95.8%	83.0%	93.8%	82.1%	92.6%	89.2%	88.0%	86.9%	89.4% NS	89.3%	91.1%	91.2%	91.7%	NA*
13. Alternate non-alcoholic	36.1%	21.1%	19.6%	36.7%	42.6%	43.6%	38.4%	34.9%	43.5%	38.0%	43.4%	34.0%	43.4%*	25.2%	43.0%	59.4%	61.7%	NA*

(water, etc.) with alcoholic beverages																		
14. Participate in a drinking game	61.8%	20.2% 6.0%	30.4% 23.2% NS	25.3% 24.1% 24.8% 29.0% NS	23.3% 28.8% NS	31.5% 23.1%*	33.0% 26.7% 9.0%	20.3% NA*										
15. Choose not to drink at all	29.9%																	
Number of Protective Behaviors Always Used		Most of the time or always																
Mean #	4.88	4.27	5.38* *	4.40	4.95	4.68	5.22 NS	4.86	4.98 NS	4.15	5.28**	3.17	4.56	6.92	7.05	**		
% Used	10.3%	16.9%	4.5% *	18.8%	7.9%	8.5%	8.4% NS	10.4%	9.7% NS	11.7%	8.2%	15.7%	10.5%	3.8%	7.3%	*		
% None	40.5%	42.0%	40.0%	37.5%	38.6%	49.1%	38.0%	39.0%	42.4%	48.3%	37.6%	55.7%	43.3%	21.8%	21.8%			
% Used 1-4	32.6%	26.5%	37.7%	29.2%	38.6%	27.4%	34.1%	35.9%	29.2%	29.7%	34.7%	24.3%	35.2%	41.0%	25.5%			
% Used 5-8	16.6%	14.6%	17.7%	14.6%	14.9%	15.1%	19.6%	14.7%	18.6%	10.3%	19.4%	4.3%	10.9%	33.3%	45.5%			
% Used 9-13																		

\*p(Chi-square) < .05; \*\*p(F) < .05; NS=Not Significant [A] Drinker status is an indicator based on how often a respondent drinks, how much they drink, and how often they drink substantially. "Heavy Drinker" = drank 6 or more days in the past month AND drank 5 or more drinks three or more times in the past two week OR drank 5 (males) or 4 (females) or more drinks the last time they partied. "Rare Drinker" = has drunk alcohol before but not at all in the past month. "Light Drinker" = drinks 1-5 days per month, and typically less than 3 drinks, and did not drink 5 or more drinks in the past two weeks. "Moderate Drinker" = Drinks more often or greater quantity than Light Drinker or drank 5 or more drinks 1 or 2 times in the past two weeks.

**Respondents' Perceptions of Other Students' Use of Protective Behaviors, Drinking-Related Attitudes and Self-Reported Use of Protective Behaviors and Drinking-Related Attitudes: 2019-Continued**

Approve of	Mean % of Students Respondents Believe Approve of...	Actual % of All Respondents Who Approve of...	Actual % of All Respondents Who Approve of...														
			SEX		CLASS				AGE GROUP		MEMBERSHIP		DRINKER STATUS [A]				
			Males	Females	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek	Heavy	Moderate	Light	Rare	Non
1. Drinking more during celebration events than usual	67.5%	75.2%	75.3%	76.4% NS	70.7%	78.0%	73.4%	77.5% NS	74.2%	78.6% NS	84.5%	72.6%*	92.1%	86.1%	69.2%	67.3%	54.0%*
2. Drinking to the point of passing out	27.7%	7.2%	10.2%	4.9%*	9.3%	8.3%	4.5%	7.3% NS	6.0%	8.8% NS	8.6%	6.9% NS	15.8%	6.6%	2.6%	7.3%	4.0%*
3. Getting into fights/arguments due to drinking	23.9%	4.4%	5.9%	2.6%*	5.7%	3.6%	3.3%	4.4% NS	3.6%	4.8% NS	5.0%	4.0% NS	8.8%	2.9%	1.3%	1.8%	5.7%*
4. Bragging/telling stories about getting drunk	50.4%	36.5%	42.9%	29.8%*	44.3%	31.7%	31.2%	39.0% NS	32.6%	41.9%*	40.7%	35.1% NS	55.3%	42.6%	32.1%	29.1%	19.4%*
5. Pressuring someone to drink more than they want to drink	26.3%	5.6%	6.3%	4.9% NS	7.9%	4.8%	4.6%	5.4% NS	5.5%	5.2% NS	7.5%	4.8% NS	11.4%	5.3%	1.3%	3.6%	4.0%*
6. Getting wasted	50.7%	34.2%	37.1%	31.8% NS	38.6%	29.3%	32.5%	36.3% NS	31.1%	39.0%*	38.5%	32.7% NS	60.2%	42.4%	25.6%	25.5%	12.6%*
7. Cutting off a friend before they have too much to drink	56.5%	93.5%	90.1%	96.8%*	92.8%	91.1%	94.8%	94.6% NS	92.7%	94.9% NS	95.7%	93.1% NS	93.0%	97.1%	94.9%	90.9%	88.5%*
8. Getting medical help for a friend who had too much to drink	66.9%	96.1%	93.7%	98.6%*	93.6%	94.7%	96.8%	98.5% NS	95.1%	98.2%*	95.1%	96.8% NS	94.8%	95.9%	98.7%	100.0%	95.4% NS
9. Participating in drinking games	61.4%	80.3%	77.8%	82.8% NS	80.0%	78.9%	75.3%	85.3% NS	77.8%	84.6%*	91.9%	76.8%*	98.3%	92.5%	78.2%	80.0%	52.6%*
10. Choosing not to drink at all	46.9%	97.0%	95.4%	98.6%*	92.9%	99.4%	97.4%	97.5%*	97.9%	96.7% NS	96.3%	97.6% NS	93.9%	96.7%	97.4%	98.2%	98.9% NS

\*p(Chi-square) <.05; \*\*p(F)<.05; NS=Not Significant [A] Drinker status is an indicator based on how often a respondent drinks, how much they drink, and how often they drink substantially. "Heavy Drinker" = drank 6 or more days in the past month AND drank 5 or more drinks three or more times in the past two weeks OR drank 5 (males) or 4 (females) or more drinks the last time they partied. "Rare Drinker" = has drunk alcohol before but not at all in the past month. "Rare Drinker" = has drunk alcohol before but at all in the past month. "Light Drinker" = drinks 1-5 days per month, and typically less than 3 drinks, and did not drink 5 or more drinks in the past two weeks. "Moderate Drinker" = Drinks more often or greater quantity than Light Drinker or drank 5 or more drinks 1 or 2 times in the past two weeks.

**Respondents' Beliefs About and Actual Self-Reported Drinking and Use of Protective Behaviors During Celebration Events  
(Especially Fall Welcome and St. Patrick's Day): 2024**

Variable	Mean & Believed did (All Students)	Overall % Who Actually Did		% Who Actually Did									
		All Undergrads	Drinkers only	SEX		CLASS				AGE GROUP		MEMBERSHIP	
				Males	Females	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek
Drank during fall orientation, new student orientation, Welcome Week or weekend before Fall classes started? (All)	60.0%	31.4%	42.7%	41.7%	43.8% NS	34.4%	35.1%	49.5%	48.3%*	41.2%	44.9% NS	64.4%	33.8%*
Got drunk	--	19.6%	26.7%	27.9%	25.6% NS	25.3%	23.9%	27.4%	29.1% NS	26.0%	28.0% NS	46.9%	18.5%*
Drank at a Halloween party or celebration? (All)	74.1%	51.1%	69.6%	60.6%	77.0%*	65.3%	71.1%	71.0%	70.2% NS	70.4%	69.9% NS	87.6%	63.3%*
Got drunk	--	38.2%	52.0%	45.7%	58.3%*	51.0%	56.1%	57.9%	46.6% NS	55.8%	49.2% NS	71.7%	44.7%*
Drank at a Greek Fraternity or Sorority event? (All)	70.3%	29.1%	39.7%	31.7%	47.4%*	34.4%	44.7%	44.9%	36.3% NS	45.2%	34.3%*	82.1%	22.1%*
Got drunk	--	23.8%	32.4%	27.5%	37.2%*	29.2%	38.6%	31.1%	30.9% NS	36.0%	28.8% NS	69.7%	16.7%*
Drank on New Year's Eve? (All)	74.7%	47.4%	64.6%	61.0%	67.9% NS	52.1%	61.1%	60.7%	75.8%*	57.6%	73.7%*	72.4%	62.4%*
Got drunk	--	32.7%	44.5%	39.4%	49.2%*	40.6%	43.0%	41.5%	49.4% NS	42.4%	47.9% NS	57.2%	39.9%*
Drank on St. Patrick's Day? (All)	66.6%	27.2%	37.0%	38.1%	36.8% NS	35.4%	35.4%	36.8%	38.8% NS	35.6%	39.8% NS	47.6%	33.5%*
Got drunk	--	15.6%	21.3%	20.6%	22.2% NS	20.8%	23.9%	23.6%	18.0% NS	22.8%	20.0% NS	30.3%	17.6%*
Drank during Spring Break? (All)	72.9%	48.0%	65.4%	63.9%	67.2% NS	60.0%	56.1%	68.2%	72.5%*	60.0%	72.5%*	82.1%	59.7%*
Got drunk	--	30.6%	41.7%	41.7%	42.1% NS	35.4%	37.7%	40.6%	48.3% NS	37.5%	46.6%*	58.6%	35.3%*
Drank before, during or after watching NCAA basketball tournament games?	62.2%	25.1%	34.1%	39.7%	30.8%*	29.2%	27.2%	34.6%	41.0% NS	28.4%	41.5%*	51.7%	27.6%*
Got drunk	--	13.7%	18.6%	23.7%	15.0%*	19.8%	15.8%	17.9%	20.2% NS	16.8%	21.2% NS	31.0%	13.5%*
Drank at a tailgate or before or after a home football game?	64.3%	40.1%	54.7%	52.1%	58.5% NS	53.1%	52.2%	52.8%	58.1% NS	54.4%	55.3% NS	80.7%	44.4%*
Got drunk	--	25.7%	35.0%	36.7%	35.0% NS	37.9%	32.5%	36.8%	34.1% NS	35.5%	35.2% NS	55.2%	27.0%*
Drank on Step Day Eve and/or stop Day?	66.2%	35.4%	48.2%	45.4%	50.8% NS	40.6%	48.2%	50.0%	51.1% NS	46.8%	50.8% NS	73.3%	38.5%*
Got drunk	--	22.6%	30.8%	32.9%	29.4% NS	29.2%	32.5%	32.1%	29.2% NS	30.8%	31.4% NS	52.1%	22.3%*
Drank at Homecoming?	61.1%	17.7%	24.1%	24.3%	24.2% NS	24.0%	15.9%	22.4%	30.3%*	20.7%	28.4%*	44.8%	15.3%*
Got drunk	--	10.5%	14.4%	17.4%	11.7% NS	18.8%	11.4%	11.2%	15.7% NS	13.6%	15.3% NS	27.6%	8.8%*

**Respondents' Beliefs About and Actual Self-Reported Drinking and Use of Protective Behaviors During Celebration Events—Continued**

Number of Drinks Consumed	Overall % Who Actually Did		% Who Actually Did										
	All Undergrads	Among Those Who Drank	SEX		CLASS				AGE GROUP		MEMBERSHIP		
			Males	Females	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek	
Welcome Week (Day Drank the Most)													
Drank 1-3	NA	30.1%	21.5%	35.2%*	22.7%	30.0%	30.8%	31.7% NS	29.5%	31.6% NS	27.1%	33.3% NS	
Drank 1-4	NA	50.3%	41.5%	56.3%*	52.2%	60.0%	48.7%	46.0% NS	55.1%	44.7% NS	41.4%	57.1% NS	
Drank 1-5	NA	69.7%	59.1%	77.0%*	72.7%	73.3%	66.7%	69.4% NS	73.1%	65.8% NS	61.4%	75.9% NS	
Drank 8+ drinks	NA	14.8%	27.3%	6.9%	22.7%	6.7%	15.4%	16.1%	11.5%	18.4%	20.0%	10.8%	
Mean Number Drinks	NA	5.17	6.32	4.35**	5.65	4.82	5.35	5.07 NS	4.99	5.37 NS	5.64	4.80 NS	
Mean eBAC [A]	NA	.072	.068	.077 NS	.097	.071	.061	.070 NS	.074	.070 NS	.081	.064 NS	
St. Patrick's Day (Day Drank the Most)													
Drank 1-3	NA	34.9%	29.8%	37.1%**	30.8%	25.8%	29.6%	44.4% NS	29.7%	39.4% NS	33.3%	35.3% NS	
Drank 1-4	NA	51.9%	44.8%	57.1%**	48.0%	40.6%	59.3%	57.8% NS	46.9%	57.6% NS	46.7%	55.3% NS	
Drank 1-5	NA	64.3%	56.9%	70.0%**	73.1%	53.1%	66.7%	65.2% NS	60.9%	68.2% NS	61.4%	65.9% NS	
Drank 8+ drinks	NA	13.2%	22.4%	5.7%	0.0%	18.8%	14.8%	17.4%	12.5%	13.6%	15.9%	11.8%	
Mean Number Drinks	NA	4.81	5.37	4.41 NS	4.28	5.60	4.76	4.58 NS	5.04	4.58 NS	4.87	4.77 NS	
Mean eBAC [A]	NA	.054	.050	.058 NS	.047	.074	.061	.040**	.071	.038**	.054	.054 NS	

\*p<(Chi-square) <.05; \*\*p(F) <.05; NS = Not Significant; \*\*\*Too few cases that were members of fraternities/sororities for analysis [A] eBAC = estimated blood alcohol concentration: Based on the number of drinks consumed over a period of time given the individual weight and sex.

**Respondents' Beliefs About and Actual Self-Reported Drinking and Use of Protective Behaviors During Celebration Events –  
Continued**

Protective Behaviors Used During the Event	Overall % Who Did (Among Those Who Drank)	% Who Did Among Those Who Drank Who...									
		SEX		CLASS				AGE GROUP		MEMBERSHIP	
		Male	Female	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek
<b>Welcome Week</b> Avoided drinking or partying with mostly people you did not know	61.0%	55.4%	62.8% NS	61.8%	53.3%	63.2%	74.2%*	53.8%	68.0% NS	57.4%	64.3% NS
Arranged for a designated driver/Uber/Lyft	90.3%	87.5%	94.2% NS	78.3%	100.0%	87.2%	90.5% NS	91.0%	88.0% NS	91.3%	89.3% NS
Ate before or while you were drinking	94.2%	93.8%	96.5% NS	87.0%	100.0%	92.3%	95.2% NS	92.3%	96.0% NS	91.3%	96.4% NS
Set a limit ahead of time as to the number of drinks you would have	46.1%	43.1%	49.4% NS	21.7%	46.7%	61.5%	45.2%*	42.3%	50.0% NS	48.5%	42.9% NS
Cut yourself off before you had too much to drink	80.5%	73.4%	87.2%*	59.1%	90.3%	81.6%	82.3%*	82.1%	78.4% NS	81.2%	79.5% NS
Drank only one kind of alcohol while drinking	52.9%	47.6%	57.0% NS	47.8%	63.3%	50.0%	51.6% NS	54.5%	52.0% NS	52.2%	54.9% NS
Consumed four or fewer drinks	51.3%	38.7%	59.3%*	43.5%	58.1%	55.3%	48.3% NS	57.1%	45.2% NS	45.6%	56.1% NS
Kept track of how many drinks you had to make sure you did not drink too much	62.1%	48.4%	70.9%*	39.1%	74.2%	57.9%	66.7%*	63.6%	60.0% NS	63.8%	61.0% NS
Stayed with the same group of friends the entire time you were drinking	86.3%	76.6%	93.0%*	73.9%	87.1%	86.8%	88.9% NS	85.7%	86.7% NS	84.1%	89.2% NS
Watched out for friends to make sure they stayed safe	92.8%	89.1%	97.7%*	78.3%	96.8%	97.3%	93.7%*	92.2%	93.3% NS	91.3%	94.0% NS
Maintained a pace of one drink per hour (or less) when you were drinking	45.1%	36.5%	51.7% NS	52.2%	35.5%	47.4%	46.8% NS	41.6%	48.0% NS	39.7%	50.0% NS
Made arrangements to get home safely	92.8%	88.9%	96.5% NS	78.3%	96.8%	89.2%	98.4%*	92.2%	93.3% NS	92.6%	93.9% NS
Alternated non-alcoholic (water, etc.) with alcoholic beverages	53.6%	54.0%	53.5% NS	43.5%	43.3%	64.9%	55.6% NS	52.6%	54.7% NS	47.1%	57.8% NS
Did not participate in a drinking game	35.3%	36.1%	36.0% NS	50.0%	45.2%	34.2%	27.4% NS	38.7%	31.5% NS	22.7%	47.0%*
Number of Protective Behaviors Used Mean #	9.30	8.46	9.97**	7.81	9.92	9.29	9.54 NS	9.32	9.25 NS	8.85	9.67 NS
% Used None	1.3%	1.5%	1.1%*	0.0%	0.0%	2.6%	1.6% NS	0.0%	2.6% NS	2.9%	0.0% NS
% Used 1-4	7.0%	13.8%	2.3%	21.7%	0.0%	5.1%	6.3%	6.4%	7.8%	8.6%	4.8%
% Used 5-8	26.8%	32.3%	21.8%	21.7%	35.5%	23.1%	26.6%	29.5%	24.7%	32.9%	22.6%
% Used 9-14	65.0%	52.3%	74.7%	56.5%	64.5%	69.2%	65.6%	64.1%	64.9%	55.7%	72.6%



Protective Behaviors Used During the Event	Overall % Who Did (Among Those Who Drank)	% Who Did Among Those Who Drank Who...									
		SEX		CLASS				AGE GROUP		MEMBERSHIP	
		Male	Female	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek
Welcome Week Avoided drinking or partying with mostly people you did not know	66.9%	63.8%	68.6% NS	60.0%	59.4%	74.1%	71.1% NS	59.4%	74.2% NS	65.9%	67.1% NS
Arranged for a designated driver/Uber/Lyft	83.7%	79.3%	88.6% NS	73.1%	83.9%	85.2%	89.9% NS	79.7%	87.9% NS	88.9%	80.0% NS
Ate before or while you were drinking	92.2%	91.4%	91.4% NS	96.2%	87.5%	92.6%	91.1% NS	93.8%	90.9% NS	97.7%	89.4% NS
Set a limit ahead of time as to the number of drinks you would have	40.3%	48.3%	32.9% NS	28.0%	35.5%	50.0%	42.2% NS	28.1%	51.5%*	33.3%	44.2%*
Cut yourself off before you had too much to drink	75.2%	77.6%	72.9% NS	80.0%	62.5%	75.0%	80.0% NS	68.8%	81.5% NS	79.5%	72.9% NS
Drank only one kind of alcohol while drinking	50.8%	55.2%	47.1% NS	52.0%	38.7%	48.1%	60.0% NS	45.3%	56.1% NS	47.7%	52.9% NS
Consumed four or fewer drinks	54.3%	49.1%	57.1% NS	48.0%	46.9%	63.0%	57.8% NS	53.1%	55.4% NS	53.3%	54.1% NS
Kept track of how many drinks you had to make sure you did not drink too much	58.6%	54.4%	60.6% NS	57.7%	54.8%	66.7%	58.1% NS	55.6%	60.6% NS	62.8%	56.5% NS
Stayed with the same group of friends the entire time you were drinking	93.0%	89.5%	95.7% NS	100.0%	90.6%	85.7%	93.2% NS	92.2%	92.3% NS	95.5%	91.8% NS
Watched out for friends to make sure they stayed safe	98.5%	98.3%	98.6% NS	100.0%	100.0%	92.6%	100.0% NS	98.4%	98.5% NS	100.0%	97.6% NS
Maintained a pace of one drink per hour (or less) when you were drinking	50.4%	48.3%	52.9% NS	42.3%	45.2%	48.1%	60.0% NS	46.9%	53.8% NS	55.6%	47.1% NS
Made arrangements to get home safely	90.7%	80.7%	98.6%*	76.0%	96.8%	92.6%	93.3%*	90.6%	90.8% NS	97.7%	87.1%*
Alternated non-alcoholic (water, etc.) with alcoholic beverages	50.8%	61.4%	41.4%*	52.0%	45.2%	50.0%	55.6% NS	39.7%	61.5%*	44.4%	54.1% NS
Did not participate in a drinking game	50.4%	40.4%	58.6%*	42.3%	45.2%	50.0%	57.8% NS	46.9%	53.8% NS	48.9%	51.2% NS
Number of Protective Behaviors Used Mean #	9.53	9.35	9.64 NS	9.06	8.94	9.74	10.07 NS	8.96	10.08**	9.69	9.45 NS
% Used None	0.0%	0.0%	0.0% NS	0.0%	0.0%	0.0%	0.0% NS	0.0%	0.0% NS	0.0%	0.0% NS
% Used 1-4	3.8%	6.9%	1.4%	0.0%	6.5%	3.7%	4.4%	4.7%	3.0%	2.2%	4.7%
% Used 5-8	36.9%	36.2%	38.0%	52.0%	41.9%	33.3%	26.7%	43.8%	30.3%	28.9%	41.2%
% Used 9-14	59.2%	56.9%	60.6%	48.0%	51.6%	63.0%	68.9%	51.6%	66.7%	68.9%	54.1%

\*p(Chi-square) <.05; \*\*p(F) <.05; NS = Not Significant

**Perceived Approval of Peers and Actual Approval of Respondents for Getting Medical Help for Friend Who Drank too Much,  
Likelihood of Calling 9-1-1: 2024**

	Overall %	SEX		CLASS				AGE GROUP		MEMBERSHIP	
		Male	Female	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek
		What percentage of students approve of getting medical help for a friend who has drunk too much alcohol Mean Percentage <b>Believed to Approve</b>	66.9%	67.4%	66.2% NS	62.9%	63.3%	65.3%	72.8% NS	64.9%	69.1% NS
<b>Personally approve</b> of getting medical help for a friend who has drunk too much alcohol % of Respondents Approve	96.1%	93.7%	98.6%*	93.6%	94.7%	96.8%	98.5% NS	95.1%	98.2%*	95.1%	96.8% NS
How likely are you to call 9-1-1 for a friend who has passed out from drinking?											
% Extremely Likely	53.9%	41.1%	64.8%*	51.1%	55.9%	56.8%	51.9% NS	53.4%	54.0% NS	51.2%	54.6% NS
% Somewhat Likely	34.2%	41.7%	27.8%	36.9%	32.9%	33.5%	33.5%	34.2%	35.53%	37.0%	33.8%
% Neither Likely Nor Unlikely	5.5%	7.5%	3.4%	7.1%	4.7%	3.9%	6.8%	5.2%	5.5%	7.4%	4.6%
% Somewhat Unlikely	4.2%	6.2%	2.6%	5.0%	5.9%	2.6%	3.4%	5.4%	2.2%	1.9%	4.8%
% Extremely Unlikely	2.2%	3.3%	1.4%	0.0%	0.6	3.2%	4.4%	1.8%	2.9%	2.5%	2.2%
<b>IF UNLIKELY: Reason N =</b>	<b>41</b>	<b>27</b>	<b>14</b>	<b>7</b>	<b>11</b>	<b>7</b>	<b>16</b>	<b>26</b>	<b>14</b>	<b>7</b>	<b>33</b>
Fear of legal consequences	29.1%	27.8%	31.6%	54.0%	38.5%	29.3%	12.1%	41.9%	5.4%	41.3%	26.4%
Fear of consequences from the University	21.1%	21.7%	20.0%	46.0%	30.6%	13.4%	7.4%	32.5%	0.0%	16.3%	22.2%
Fear of Parental consequences	10.6%	11.7%	8.5%	46.0%	0.0%	0.0%	7.4%	16.3%	0.0%	16.3%	9.4%
Concern about what others might think	2.6%	4.0%	0.0%	0.0%	9.6%	0.0%	0.0%	4.0%	0.0%	0.0%	3.2%
Concern about medical costs	36.6%	21.6%	65.1%	27.0%	33.5%	52.1%	36.4%	42.0%	26.7%	51.8%	33.3%
Concern about how the friend who has passed out will react later	30.1%	24.8%	40.2%	54.0%	24.6%	0.0%	36.4%	38.8%	14.0%	41.3%	27.6%
Not sure the situation is an emergency	86.8%	83.1%	93.8%	100.0%	82.5%	84.0%	85.3%	91.9%	77.3%	87.0%	86.7%
Other (please specify)	8.2%	12.5%	0.0%	0.0%	0.0%	0.0%	20.6%	3.6%	16.6%	13.0%	7.1%

\*p(Chi-square) <.05; \*\*p(F) <.05; NS = Not Significant

**Percentage of Students, Students Who Drink Who Experienced Harmful Outcomes as Result of Drinking this Academic Year, Overall, by Demographic Groups and Drinker Status [A]: 2024**

Type of Harm Experienced as Result of Drinking (Asked of Drinkers Only)	% of All Students	% of Drinkers Only	Percent of Drinkers Who Experienced this Academic Year															
			SEX		CLASS				AGE GROUP		MEMBERSHIP		DRINKER STATUS [A]					
			Males	Females	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek	Heavy	Moderate	Light	Rare		
Got into legal trouble	1.8%	2.5%	3.7%	1.1% NS	5.3%	1.8%	1.9%	1.7% NS	3.2%	1.7% NS	4.1%	1.8% NS	2.6%	3.7%	0.0%	0.0% NS		
Got into trouble with your college/university	1.6%	2.3%	2.8%	1.9% NS	7.5%	0.9%	1.0%	0.9%*	3.6%	0.9%*	2.8%	2.1% NS	2.6%	2.5%	0.0%	3.6% NS		
Physically injured another person	1.2%	1.6%	2.3%	0.8% NS	2.9%	1.8%	1.9%	1.7% NS	1.6%	1.7% NS	2.1%	1.5% NS	2.6%	1.7%	1.3%	0.0% NS		
Did something that you later regretted	27.2%	37.2%	39.1%	36.1% NS	42.6%	33.9%	44.8%	33.8% NS	39.5%	33.8% NS	44.5%	33.9%*	56.1%	39.3%	16.9%	16.4%*		
Forget where you were or what you did	22.8%	31.1%	29.6%	32.7% NS	36.2%	32.7%	31.4%	27.8% NS	34.8%	27.8% NS	40.0%	27.4%*	57.9%	29.3%	9.1%	14.5%*		
Got involved in a fight	3.6%	4.9%	8.4%	1.9%*	6.4%	3.5%	5.7%	5.6% NS	4.4%	5.6% NS	6.2%	4.7% NS	9.6%	5.4%	1.3%	0.0%*		
Had someone use force or the threat of force to have sex with you	2.0%	2.7%	2.3%	2.3% NS	5.3%	2.7%	1.9%	1.7% NS	3.2%	1.7% NS	4.8%	1.8% NS	2.6%	3.3%	2.6%	1.8% NS		
Physically injured yourself	9.4%	12.9%	12.5%	13.0% NS	12.8%	12.4%	19.0%	14.1% NS	12.0%	14.1% NS	16.6%	11.4% NS	27.8%	11.2%	2.6%	3.6%*		
Damaged a relationship with a family member, friend, or significant other	4.9%	6.8%	8.1%	5.0% NS	8.5%	6.2%	4.8%	6.4% NS	7.2%	6.4% NS	8.3%	6.2% NS	5.3%	10.0%	1.3%	1.8%*		
Had unprotected sex	12.9%	17.6%	16.3%	18.7% NS	16.1%	18.6%	21.7%	18.5% NS	16.8%	18.5% NS	25.0%	14.4%*	30.4%	17.4%	7.9%	5.5%*		
Received a lower grade on an assignment, test, or paper	8.7%	11.9%	12.5%	10.6% NS	8.5%	11.5%	18.1%	12.4% NS	11.6%	12.4% NS	19.3%	8.8%*	20.0%	12.0%	7.8%	0.0%*		
Received a lower final grade in a class	4.5%	6.1%	8.8%	3.8%*	8.6%	4.4%	10.5%	6.4% NS	5.6%	6.4% NS	11.6%	4.1%*	10.4%	7.9%	0.0%	0.0%*		
Missed class	18.5%	25.3%	27.4%	23.7% NS	34.4%	25.7%	24.8%	21.4% NS	29.0%	21.4% NS	36.3%	20.6%*	50.0%	24.5%	5.2%	3.7%*		
Missed work	5.1%	7.0%	8.3%	6.1% NS	5.3%	5.3%	12.4%	6.8% NS	7.2%	6.8% NS	12.4%	4.7%*	9.6%	9.5%	0.0%	0.0%*		
Non-Drinkers	26.6%	--																
None	32.2%	43.9%	44.7%	43.0% NS	36.5%	45.6%	40.6%	45.8% NS	41.8%	45.8% NS	31.7%	48.2%*	19.1%	41.7%	69.6%	68.5%*		
1-3 Different Harms	28.7%	39.1%	36.5%	41.9%	43.8%	34.2%	40.6%	39.4%	38.6%	39.4%	44.1%	37.4%	44.3%	42.9%	25.3%	29.6%		
4-6 Different Harms	9.5%	13.0%	12.3%	12.8%	15.6%	16.7%	11.3%	10.6%	15.5%	10.6%	16.6%	11.8%	28.7%	10.5%	5.1%	1.9%		
7-14 Different Harms	3.0%	4.0%	6.4%	2.3%	4.2%	3.5%	7.5%	4.2%	4.0%	4.2%	7.6%	2.6%	7.8%	4.9%	0.0%	0.0%		
At Least 1 Harm	41.2%	56.1%	55.0%	57.0% NS	63.2%	54.0%	59.4%	54.2%*	58.0%	54.2%*	68.3%	51.8%*	80.7%	58.3%	29.5%	32.7%*		

\*p (Chi-square) <.05; NS = Not Significant [A] Drinker status is an indicator based on how often a respondent drinks, how much they drink, and how often they drink substantially. "Heavy Drinker" = drank 6 or more days in the past month AND drank 5 or more drinks three or more times in the past two weeks OR drank 5 (males) or 4 (females) or more drinks the last time they partied. "Rare Drinker" = has drunk alcohol before but not at all in the past month. "Light Drinker" = drinks 1-5 days per month, and typically less than 3 drinks, and did not drink 5 or more drinks in the past two weeks. "Moderate Drinker" = Drinks more often or greater than Light Drinker or drank 5 or more drinks 1 or 2 times in the past two weeks.

**Percentage Distribution of Having Seen Alcohol-Related Messages at University this Academic Year, Formats, Locations, Number Times, Believability, Impact, Overall by Demographic Group and Drinker Status: 2024**

	All Students % Yes	Percent Responding YES														
		SEX		CLASS				AGE GROUP		MEMBERSHIP		DRINKER STATUS [A]				
		Males	Females	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek	Heavy	Moderate	Light	Rare	Non
Do you recall seeing any messages on posters, flyers, ads, digital screens, billboards, placards, table tents, t-shirts, etc. around campus or hearing messages on the radio about alcohol?	57.1%	56.8%	56.9%NS	61.2%	55.95%	55.8%	56.4%NS	59.9%	52.6%NS	63.4%	55.3%NS	64.0%	52.9%	54.5%	60.0%	58.7%NS
Do you remember what the message said or what the message was about?	38.1%	40.5%	35.2%NS	35.3%	42.6%	32.6%	39.7%NS	36.2%	40.6%NS	40.2%	37.0%NS	33.3%	39.1%	50.0%	40.6%	34.3%NS
Which of the following images or messages, if any, do you recall seeing anywhere on or off campus this academic year?																
Image 1: Good Teams	40.6%	36.0%	44.2%	43.9%	43.5%	38.1%	38.8%	45.4%	35.8%	46.2%	39.3%	41.8%	41.9%	40.5%	20.7%	43.6%
Image 2: Halloween	43.1%	37.0%	48.8%	52.6%	47.8%	42.9%	34.2%	51.6%	31.5%	46.2%	42.8%	37.1%	47.3%	47.9%	36.1%	41.2%
Image 3: Buddy Up	43.1%	39.7%	45.9%	52.6%	46.1%	42.9%	35.2%	49.5%	35.8%	43.2%	43.5%	41.8%	44.0%	43.2%	41.0%	43.6%
Image 4: 9 of 10 Same Friends	40.7%	37.7%	44.2%	41.3%	50.5%	35.5%	37.3%	47.8%	31.5%	45.1%	39.7%	42.6%	39.7%	40.5%	32.4%	44.1%
Image 5: Get Home Safely	51.8%	48.9%	54.3%	59.3%	59.7%	43.4%	46.6%	59.5%	41.3%	53.3%	51.8%	50.6%	49.7%	55.4%	42.5%	56.5%
Image 6: Buddy System	44.8%	40.0%	48.5%	53.2%	52.0%	40.0%	38.3%	53.3%	33.9%	45.1%	45.3%	40.0%	47.3%	40.5%	30.3%	50.0%
Number of Images Seen (All Respondents)																
Mean Number Images Seen	1.59	1.50	1.66NS	1.64	1.72	1.59	1.44NS	1.75	1.37**	1.62	1.61NS	1.54	1.59	1.59	1.34	1.59NS
None	35.8%	40.4%	32.0%NS	30.5%	30.1%	40.5%	40.2%NS	29.7%	44.1%*	31.8%	35.9%NS	35.5%	34.5%	33.8%	44.2%	35.8%NS
1-2 Images	43.0%	40.4%	45.5%	48.9%	45.4%	35.1%	42.7%	45.8%	38.8%	47.1%	41.9%	44.5%	42.9%	43.2%	38.5%	43.6%
3-4 Images	18.8%	17.8%	19.1%	19.8%	20.9%	21.6%	14.6%	20.7%	16.3%	17.8%	19.7%	18.2%	19.3%	20.3%	15.4%	18.8%
5-6 Images	2.5%	1.4%	3.5%	0.8%	3.7%	2.7%	2.5%	3.8%	0.8%	3.2%	2.5%	1.8%	3.4%	2.7%	1.9%	1.8%
Where did you see the images or messages (Check all that apply)-of those who recall seeing messages																
Poster	66.7%	68.2%	65.4%	71.2%	66.6%	65.0%	64.5%	67.8%	66.6%	64.4%	67.9%	68.0%	66.9%	65.7%	57.7%	NA
Table Tent	5.8%	5.6%	5.3%	5.6%	5.1%	7.8%	5.1%	5.2%	6.5%	5.9%	5.8%	10.8%	5.5%	5.1%	4.4%	NA
Digital Display	12.5%	14.4%	10.7%	14.5%	11.6%	13.7%	10.7%	13.3%	11.4%	12.0%	12.7%	20.9%	7.0%	14.2%	12.3%	NA
Facebook	2.8%	3.9%	1.6%	4.2%	2.9%	2.1%	2.0%	2.6%	3.2%	4.2%	2.3%	3.4%	3.0%	1.8%	11.0%	NA
Twitter/X	0.7%	0.7%	0.7%	0.0%	0.7%	0.9%	1.1%	0.3%	1.5%	0.8%	0.7%	4.3%	0.0%	0.0%	0.0%	NA
Instagram	9.5%	8.9%	9.2%	14.6%	6.7%	12.2%	6.1%	12.4%	4.7%	14.4%	7.8%	10.8%	8.7%	10.8%	5.2%	NA
T-shirt/Sweatshirt	3.3%	5.2%	1.9%	6.0%	2.6%	2.3%	2.5%	2.9%	3.5%	4.2%	2.7%	6.9%	3.0%	2.7%	3.3%	NA
Campus Events	16.1%	16.8%	16.2%	23.5%	17.4%	14.9%	9.9%	16.7%	15.2%	13.9%	16.8%	30.1%	9.8%	9.1%	24.2%	NA
Bulletin Board	36.2%	36.0%	35.8%	36.7%	35.5%	40.4%	33.3%	37.1%	35.1%	37.5%	35.8%	33.2%	34.8%	41.6%	52.8%	NA
Water bottle	2.8%	3.5%	2.3%	7.6%	1.6%	1.1%	1.3%	3.4%	1.7%	3.3%	2.6%	2.8%	4.1%	0.0%	2.2%	NA
Magnet	1.6%	1.5%	1.2%	3.0%	1.5%	2.2%	0.0%	1.7%	1.3%	1.7%	1.5%	1.2%	2.9%	0.0%	0.0%	NA
Bathroom Stall	60.2%	51.5%	67.5%	58.3%	59.8%	61.3%	61.3%	62.9%	56.2%	64.0%	59.3%	60.6%	57.1%	68.5%	59.9%	NA
Someone else's room or apartment	1.5%	2.2%	0.6%	4.6%	0.9%	0.0%	0.7%	1.7%	1.3%	2.5%	1.2%	2.4%	1.1%	1.8%	4.4%	NA
Altogether, about how many times this academic year have you seen these images or messages, including seeing the same one multiple times (of those who recall seeing messages)																
1-3 times	28.9%	30.1%	28.0%NS	26.7%	32.8%	25.0%	30.4%NS	28.5%	30.1%NS	31.8%	27.5%NS	30.7%	34.0%	21.6%	28.1%	24.4%NS
4-7 times	33.7%	29.0%	36.6%	37.6%	27.7%	32.6%	36.8%	32.5%	36.5%	37.3%	32.7%	38.7%	32.7%	39.2%	28.1%	31.1%
8-15 times	23.6%	24.7%	23.9%	27.7%	26.9%	22.8%	18.4%	25.6%	19.9%	22.7%	24.4%	21.3%	23.5%	21.6%	28.1%	25.2%
16-21 or more times	13.8%	16.1%	11.5%	7.9%	12.6%	19.6%	14.4%	13.4%	13.5%	8.2%	15.4%	9.3%	9.9%	17.6%	15.6%	19.3%
How believable is the information in the message(s) you have seen? (of those who recall seeing messages)																
Very Believable (1)	29.6%	33.3%	25.7%*	31.7%	33.9%	30.5%	22.8%NS	31.8%	25.9%NS	35.1%	27.7%NS	24.0%	29.5%	27.5%	45.2%	30.3%NS
Somewhat Believable (2)	53.5%	51.3%	56.3%	50.5%	52.1%	53.7%	56.7%	53.2%	54.4%	44.1%	57.0%	54.7%	54.2%	47.1%	45.2%	56.3%
Neither Believable nor Unbelievable (3)	8.1%	6.9%	9.0%	7.9%	8.3%	6.3%	10.2%	7.9%	8.2%	9.9%	7.0%	10.7%	5.4%	17.6%	3.2%	7.6%
Somewhat Unbelievable (4)	7.2%	5.3%	8.6%	9.9%	5.0%	8.4%	6.3%	6.4%	8.2%	9.9%	6.4%	6.7%	9.6%	3.9%	6.5%	5.9%
Very Unbelievable (5)	1.6%	3.2%	0.4%	0.0%	0.8%	1.1%	3.9%	.7%	3.2%	0.9%	1.8%	4.0%	1.2%	3.9%	0.0%	0.0%
Did you talk to anyone about the information in the message(s)? (of those who recall seeing messages)																
Yes	13.3%	14.8%	11.8%NS	14.7%	14.8%	10.5%	12.7%NS	12.1%	14.5%NS	16.2%	12.5%NS	19.7%	13.9%	9.6%	9.4%	10.9%NS
With whom did you share the information you learned from the message(s)? (Check all that apply)- (of those who recall seeing messages)																
Friends (1)	85.3%	78.1%	94.6%	87.0%	94.0%	72.8%	82.3%	85.0%	87.8%	86.1%	85.0%	93.7%	87.4%	64.1%	40.2%	90.4%
Family (2)	21.6%	14.4%	23.2%	33.1%	23.1%	9.9%	16.6%	26.4%	15.9%	25.3%	19.9%	18.1%	15.6%	33.3%	24.4%	30.6%
Classmates (3)	40.3%	41.2%	42.1%	45.5%	40.7%	35.8%	37.8%	43.7%	31.2%	51.6%	35.1%	46.7%	31.6%	64.1%	63.6%	33.8%
Co-workers (4)	7.2%	10.9%	4.0%	0.0%	10.0%	10.3%	8.8%	5.2%	10.6%	5.7%	7.8%	13.4%	7.8%	8.9%	0.0%	0.0%
A girlfriend or boyfriend (5)	20.5%	26.0%	16.6%	12.0%	38.2%	0.0%	22.5%	27.5%	11.5%	18.7%	21.3%	24.4%	18.5%	0.0%	36.4%	24.0%
Roommate (6)	28.4%	19.1%	39.2%	15.9%	36.9%	25.8%	32.5%	31.2%	22.2%	25.3%	29.7%	32.6%	29.1%	34.4%	0.0%	26.1%

\*p<(Chi-square) <.05; [A] Drinker status is an indicator based on how often a respondent drinks, how much they drink, and how often they drink substantially. "Heavy Drinker" = drank 6 or more days in the past month AND drank 5 or more drinks three or more times in the past two weeks OR drank 5 (males) or 4 (females) or more drinks the last time they partied. "Rare Drinker" = has drunk alcohol before but not at all in the past month. "Rare Drinker" = has drunk alcohol before but at all in the past month. "Light Drinker" = drinks 1-5 days per month, and typically less than 3 drinks, and did not drink 5 or more drinks in the past two weeks. "Moderate Drinker" = Drinks more often or greater quantity than Light Drinker or drank 5 or more drinks 1 or 2 times in the past two weeks.

**Non-Drinkers' Reasons, Campus Engagement, Stress, Perceived Support and Suggestions for Assistance: 2024**

Type of Harm Experienced as a Result of Drinking (asked of Drinkers only)								%								
								of All Respondents								
Never Drank								20.0%								
No Longer drink/quite drinking								6.7%								
[IF NEVER DRANK] Reasons you choose not to drink alcohol? (Check all that apply).								%								
								of Non-Drinker Respondents								
1. Drinking doesn't interest me								72.3%								
2. Don't like the taste of alcohol								41.2%								
3. Under 21, don't want to get into legal trouble								48.2%								
4. Drinking would threaten my health and wellness								41.5%								
5. Drinking would interfere with my responsibilities (i.e. school, work, family, etc.)								45.6%								
6. In recovery								2.9%								
7. Have a family history of addiction								27.0%								
8. Friends are against drinking								2.3%								
9. Religious beliefs								15.3%								
10. Other (Please specify):								5.1%								
								N= 231								
To what extent do you feel you can engage in traditional college experiences (i.e. tailgates, parties, etc.) without drinking alcohol?								Not at All	A Little	Somewhat	Quite a Bit	Completely	Total	N		
								7.9%	14.1%	24.3%	28.2%	25.4%	100.0%	177		
Because you choose not to drink, how stressful is it for you to attend celebratory events (i.e. tailgates, holidays, 21 <sup>st</sup> birthdays, etc.) where other are drinking alcohol?								Not at All	A Little	Somewhat	Quite a Bit	Extremely	Total	N		
								35.4%	28.1%	15.7%	16.9%	3.9%	100.0%	178		
On a scale from 1 to 5, with 1 being not supported at all, 5 being extremely supported, how supported do you feel in your decision to not drink by each of the following?								Not Supported at All	1	2	3	4	Extremely Supported	5	Total	N
Family								3.4%	3.4%	8.4%	18.0%	66.9%	100.0%	178		
Friends								1.7%	6.9%	23.1%	30.6%	37.6%	100.0%	173		
Roommates								3.4%	5.2%	19.0%	21.3%	51.1%	100.0%	174		
Peers at KU								5.1%	12.0%	30.3%	26.9%	25.7%	100.0%	175		
The KU community								5.1%	10.3%	24.0%	28.6%	32.0%	100.0%	175		
The town/community where you live								2.9%	10.3%	21.8%	30.5%	34.5%	100.0%	174		
What could KU do to better support students like you in their choice not to drink alcohol? (Please select all that apply)																
1. Nothing more KU can/should do to support students who don't drink								30.3%								
2. Provide more university sponsored alcohol-free spaces and events								33.5%								
3. More education/awareness on risks and consequences of drinking								26.1%								
4. Enforce current laws and university policies regarding alcohol								22.7%								
5. Health campaigns that support non-drinking students								23.0%								
6. Incentives (free soda, juice, coffee, etc.) for students who do not drink								40.0%								
7. Change campus culture regarding drinking								28.7%								
8. Counseling and support services for non-drinking students								9.2%								
9. Facilitate connections among non-drinking students								21.9%								
10. Other (please specify)								2.5%								
								N= 229								

**Respondents' Perception, Approval, and Engagement Regarding University Alcohol Sales and Use of Alternative Forms Transportation Among Students Making Arrangements to Get Home by Drinker Status: 2024**

	Mean % of Student Respondents Believe Approve of	Actual % of Respondents who Approve of..	Actual % of All Respondents Who Approve of...														
			SEX		CLASS				AGE GROUP		MEMBERSHIP		DRINKER STATUS [A]				
			Males	Females	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek	Heavy	Moderate	Light	Rare	Non
Selling alcohol at a University athletic event (e. g. football, hockey, basketball game)	46.6%	82.7%	85.6%	81.0%NS	75.2%	81.1%	83.9%	87.9%*	78.6%	88.7%*	91.3%	80.0%*	95.7%	94.3%	82.1%	81.8%	58.2%*
Drinking alcohol at a University athletic event (inside the stadium)	57.2%	75.5%	78.5%	73.6%NS	68.6%	68.9%	75.0%	86.3%*	69.5%	84.5%*	85.7%	72.2%*	91.2%	84.0%	73.1%	80.0%	53.1%*

	Mean % of Student Respondents Believe (All respondents)	% Respondents Who Engaged in Behavior (All Respondents)	% Respondents 21+ Who Engaged in Behavior	% Among Respondents Age 21+														
				SEX		CLASS				AGE GROUP		MEMBERSHIP		DRINKER STATUS [A]				
				Males	Females	Fresh	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek	Heavy	Moderate	Light	Rare	Non
Purchase any alcohol at an athletic event	45.2%	22.8%	40.9%	46.9%	36.8%NS	14.3%	35.0%	38.3%	35.0%NS	NA	40.9%	65.7%	32.7%*	73.8%	47.5%	21.6%	20.0%	0.0%*
Drank alcohol while attending an athletic event (inside)	50.2%	34.3%	49.1%	55.4%	45.6%NS	28.6%	40.0%	42.4%	53.9%NS	NA	49.1%	74.6%	40.7%*	82.0%	58.0%	27.0%	25.0%	2.6%*

Protective Behavior	% Always, Most of the time, Sometimes, Rarely	SEX		CLASS				AGE GROUP		MEMBERSHIP		DRINKER STATUS [A]				
		Males	Females	Fresh.	Soph.	Jr.	Sr.	18-20	21+	Greek	Non-Greek	Heavy	Moderate	Light	Rare	Non
Arrange for a designated driver/Uber/Lyft, etc.	93.4%	91.6%	96.9%*	89.4%	96.4%	91.4%	94.9%NS	94.0%	93.2%NS	96.6%	92.0%NS	97.4%	95.9%	82.9%	94.7%	NA*
This academic year, which of the following did you use to get home safely:																
Designated driver	71.6%	69.8%	72.9%	64.3%	68.0%	66.8%	80.5%	67.5%	75.8%	74.0%	70.4%	75.3%	69.2%	85.3%	57.2%	
Uber	75.6%	71.5%	78.7%	79.7%	77.2%	80.2%	69.7%	76.2%	74.4%	96.3%	66.3%	91.0%	79.7%	61.0%	38.9%	
Lyft	18.2%	18.7%	17.3%	21.5%	10.4%	16.7%	22.4%	13.6%	23.0%	23.8%	15.5%	26.5%	17.0%	13.4%	10.3%	
Other rideshare or taxi	3.6%	3.8%	3.4%	8.7%	0.0%	1.8%	4.3%	2.2%	5.0%	4.9%	3.0%	4.2%	4.6%	0.0%	1.8%	
KU SafeRide	36.6%	31.0%	40.7%	45.0%	41.9%	40.2%	26.8%	47.1%	25.3%	33.1%	38.1%	42.4%	34.2%	36.7%	34.7%	
KU Safe Bus	21.0%	14.0%	26.6%	29.3%	28.1%	23.7%	10.4%	30.2%	10.8%	21.4%	20.7%	31.1%	18.8%	16.8%	13.4%	
Called a friend/family member for a ride	50.9%	46.3%	54.1%	63.0%	47.8%	48.3%	48.3%	52.6%	48.6%	61.8%	46.1%	58.7%	49.8%	44.2%	47.1%	
Walked home	61.7%	63.2%	60.8%	73.8%	62.7%	58.2%	57.0%	64.8%	58.4%	72.7%	56.8%	78.6%	63.2%	43.5%	38.7%	
Other (please specify)	1.5%	3.1%	0.3%	0.0%	1.8%	2.2%	1.7%	0.8%	2.3%	0.7%	1.9%	0.8%	1.7%	1.7%	1.9%	

KUMC Annual Student Survey, May 2024

<b>Please indicate your level of agreement with the following statement: Alcohol use is a problem for student in my program at KUMC</b>		
<b>Count</b>	<b>Percent</b>	
13	1.69%	Strongly agree
60	7.78%	Moderately agree
209	27.11%	Neither agree nor disagree
195	25.29%	Moderately disagree
294	38.13%	Strongly disagree
771	Respondents	

<b>Please indicate your level of agreement with the following statement: Alcohol use is a problem for me</b>		
<b>Count</b>	<b>Percent</b>	
11	1.43%	Strongly agree
12	1.56%	Moderately agree
32	4.15%	Neither agree nor disagree
73	9.47%	Moderately disagree
643	83.40%	Strongly disagree
771	Respondents	

<b>Please indicate your level of agreement with the following statement: Drug use is a problem for student in my program at KUMC</b>		
<b>Count</b>	<b>Percent</b>	
10	1.30%	Strongly agree
34	4.41%	Moderately agree
184	23.87%	Neither agree nor disagree
128	16.60%	Moderately disagree
415	53.83%	Strongly disagree
771	Respondents	

<b>Please indicate your level of agreement with the following statement: Drug use is a problem for me</b>		
<b>Count</b>	<b>Percent</b>	
10	1.30%	Strongly agree
4	0.52%	Moderately agree
19	2.46%	Neither agree nor disagree
31	4.02%	Moderately disagree
707	91.70%	Strongly disagree
771	Respondents	

## **Alcohol and Drug Policies**

The consumption of alcoholic liquor on the campus of the University of Kansas is prohibited by State statute except under special circumstances provided by law and policy. Any alcoholic liquor service must conform to the policies of the Kansas Board of Regents and the University of Kansas and must be approved in advance by the Chancellor.

Under circumstances permissible by state statutes and regulations of the Kansas Alcoholic Beverage Control, official university units and university-affiliated organizations may serve, sell, or otherwise provide alcoholic liquor or permit consumption of alcoholic liquor in designated non-classroom areas on university campuses in connection with approved official university events, fundraising activities for university programs, and non-university events sponsored by cultural, governmental, or business organizations, or by individuals representing Kansas or university constituents.

The following guidelines shall be observed in serving or selling alcoholic liquor:

1A. The chancellor or designee must approve in advance all events or locations on any university campus at which alcoholic liquor will be served, purchased, or consumed. The campus contacts listed below shall maintain record of their campus designee, if applicable, a list of approved events and locations, and a list of any restrictions on the sale or service of alcohol imposed by the chancellor or designee. Requests for approval should be submitted following the information provided in the campus procedures (see [Related Procedures](#) section below).

1B. Alcoholic liquor shall be defined as those beverages containing alcohol, including beer, wine, spirits, etc. Nonalcoholic beverages and food must be available at all events where alcoholic liquor is served.

1C. The KU Memorial Unions (Union) shall hold a liquor license and shall be responsible for all alcoholic liquor sales and service at Lawrence campus-approved locations. The Union's sale or service of alcohol liquor in its facilities, as part of its retail dining operation, is permitted as an approved university event.

1D. Alcoholic liquor sales and service at all other approved university locations, such as the Edwards Campus and the KUMC campuses, shall be by an external caterer licensed to serve alcohol (external caterer). The Union and external caterers must comply with all university contracts related to pouring rights, including which brands of alcohol may be sold or served.

1E. At all times, the sale or serving of alcoholic liquor on any university campus or in conjunction with any university event must be in compliance with the Kansas Liquor Control Act.

1F. No alcoholic beverages shall be sold or served to individuals under 21 years of age.

1G. The Union or external caterer will adhere to the following definitions and regulations in its capacity as the licensed caterer of alcoholic liquor:



- a. The length of any pre-event alcoholic beverage service shall be determined by agreement between the sponsoring organization and the Union or external caterer licensed to serve alcohol.
- b. Alcoholic beverages may not be carried outside the approved area.

1H. The KU Memorial Unions and external caterers shall provide liability insurance and name the University of Kansas, the Board of Regents and the State of Kansas as additional insureds. Such policy shall provide full liquor legal liability insurance coverage up to \$1,000,000 per occurrence and \$2,000,000 aggregate.

1I. Failure to comply with this policy or any law governing the consumption of alcoholic liquor will result in loss of the privileges granted under this policy.

## 2. Lawrence Campus Athletics

The chancellor or designee may approve the sale and/or service of alcoholic liquor at athletic events. Requests must be made in writing no later than two weeks prior to the event or season and must specify the area(s) alcoholic beverages will be served and consumed. Requests will not be deemed approved unless written approval is granted prior to the event or season.

2A. Tailgating at Football Games: The following guidelines shall be observed for the private consumption of alcoholic liquor coinciding with home football games (“Tailgating and premium areas”) and Spring game/scrimmage, officially sponsored by Kansas Athletics Inc.:

- a. Tailgating is permitted three hours preceding kick-off and during half-time. Consumption of alcoholic liquor shall end no later than 30 minutes following kick-off. Consumption during half-time shall end 15 minutes following the second half kick-off; no further consumption is permitted.
- b. Alcoholic liquor may not be consumed in areas outside those designated by this policy. Tailgating is permitted in designated parking areas and in designated areas on the Campanile Hill. Tailgating is not permitted in the war memorials (Korean War Memorial, Vietnam Veterans Memorial, and the WWII Memorial Campanile and surrounding plaza). Consumption of alcoholic liquor is not permitted on city streets, including Mississippi, Fambrough Drive, Maine, and 11th Streets.
- c. The legal drinking age of 21 years will be enforced, and individuals consuming alcoholic liquor at tailgates will be responsible for their conduct and that of their guests.
- d. Containers of a capacity in excess of one gallon are not permitted. Food and non-alcoholic beverages must be available at any location where alcoholic liquor is consumed. Cooking is not permitted in the parking garages.
- e. Remaining alcoholic liquor should be transported off-campus following the end of the football game.

3A. An approved caterer must be used for bar service at the Edwards Campus. A list of approved caterers will be provided by the Edwards Campus events team.

3B. Alcohol may be served at an event once prior approval has been granted. An application for approval must be submitted no later than two weeks prior to the event. This application should be sent to either an event coordinator or the conference and events manager.

The following guidelines shall be observed for the service and consumption of alcoholic beverages on The University of Kansas Medical Center campuses (Kansas City, Salina, Wichita).

4A. Beer and wine are the only alcoholic beverages permissible on KUMC campuses when pre-approval has been granted.

4B. Alcoholic beverages at KUMC events must be purchased and served from an external caterer licensed to serve alcohol.

4C. Only persons of legal drinking age may possess, be served, or permitted to consume alcoholic beverages.

4D. An alcoholic beverage pre-approval form for the KUMC campuses must be completed by the requester and subsequently approved by the appropriate campus designee no later than two weeks prior to the event.

The University of Kansas Alcohol Service at Events policy is available online at the [KU Policy Library](#).

### **Kansas Board of Regents Policy on Consumption, Service and Sale of Alcohol in Non-Classroom Areas**

In accordance with K.S.A. 2018 Supp. 41-719(g), and amendments thereto, state universities are permitted to allow consumption of alcoholic liquor on state university property under authorized and appropriately controlled conditions and guidelines to be determined by the chief executive officer of each university and set forth in an institutional policy on service of alcoholic liquor.

In addition to authorizing consumption in accordance with K.S.A. 2018 Supp. 41-2018, any service or sale of alcoholic liquor on campus must be approved, in advance, by the chief executive officer of the institution, or the chief executive officer's designee, and may only be allowed in those non classroom areas, and outside grounds immediately adjacent thereto, that are specifically designated for such activities in the institutional policy on service of alcoholic liquor. Service and sale of alcoholic liquor on campus shall be in compliance with the Kansas Club and Drinking Establishment Act, including but not limited to acquisition of the appropriate license or permit for each designated area, and may only be for on-premise consumption.

Each institution shall file and maintain a current copy of its policy on service of alcoholic liquor with the President and Chief Executive Officer on behalf of the Board.

For purposes of this policy, alcoholic liquor has the meaning specified in K.S.A. 2018 Supp. 41-102 and includes beer, wine and spirits.

### **State of Kansas Substance Abuse Policy Affirmation Form**

Statement of Policy: Employees are the State of Kansas' most valuable resource and, therefore, their health and safety is a serious concern. The State of Kansas will not tolerate substance abuse or use which imperils the health and well-being of its employees or threatens its service to the public. Furthermore, employees have a right to work in an environment free of substance abuse and

with persons free from the effects of drug or alcohol abuse. It shall therefore be the policy of the State of Kansas to maintain a workforce free of substance abuse.

A. Reporting to work or performing work for the state while impaired by or under the influence of controlled substances or alcohol is prohibited.

B. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace, or while the employee is on duty, official state business or stand-by-duty.

C. Violation of such prohibitions by an employee is considered conduct detrimental to state service and may result in a referral to the Employee Assistance Program or discipline in accordance with K.S.A. 75-2949d, or other appropriate administrative regulations.

D. Employees are required by federal law to notify the employing state agency head in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(1) An employee who is convicted of violating any criminal drug statute in such workplace situations as stated above will be subject to discipline in accordance with K.S.A. 75-2949d, or other appropriate administrative regulations.

(2) A conviction means a finding of guilt or the imposition of a sentence by a judge or jury, or both, in any federal or state court.

E. Agencies that receive federal grants or contracts must, in turn, notify federal granting agencies in writing, within ten calendar days of receiving notice from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.

F. Employees will be given a copy of the Substance Abuse Policy. Employees will be informed that they must abide by the terms of the policy as a condition of employment and of the consequences of any violation of such policy.

### **Prevention of Illegal Drug and Alcohol Use on Campus and in the Workplace, and Conditions of Employment Policy (Lawrence based campuses)**

The University of Kansas prohibits the unlawful possession, use, manufacture, purchase, or distribution of alcohol or drugs, or any attempt thereof, by students or by employees on its property or as part of its activities.

The University is committed to a program to prevent the illegal or irresponsible use of drugs and alcohol by students and employees. Any student or employee found to be using, possessing, manufacturing, or distributing controlled substances or alcohol, or whose behavior evidences being under the influence of alcohol or controlled substances on University property or at University events in violation of laws or University policies shall be subject to criminal or disciplinary action in accordance with laws of the State of Kansas and the policies of the Board of Regents and the University of Kansas.

For employees, the University will take appropriate personnel action for such infractions, up to and including termination. Students will be subject to sanctions, which may include completion of an approved drug or alcohol rehabilitation program, disciplinary warning, probation, suspension or expulsion from the University.

As a condition of employment, all employees of the University of Kansas shall abide by the terms of this policy statement and will notify the University of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction. The University will, in turn, notify as appropriate, any applicable federal agency of the conviction within ten days of receipt of notification of conviction. The University will initiate personnel action, up to and including termination, within thirty days of receiving notice of such conviction. Employees may also be required to satisfactorily participate, at their own expense, a drug abuse assistance or rehabilitation program before being allowed to return to work. For purposes of the Alcohol and Drug Policy, “conviction” means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

The University of Kansas Alcohol & Drug Policy for Lawrence and Edwards campuses is located in the KU Policy Library at: <http://policy.ku.edu/human-resources/alcohol-and-drug>. This brochure is meant to give you information regarding the use of alcohol and drugs on campus and in the workplace. It is available online at <http://policy.ku.edu/student-affairs/alcohol-drug-policies-brochure>

### **Policy on Prevention of Illegal Drug and Alcohol Use on Campus and in the Workplace (Medical Center campuses)**

The University of Kansas prohibits the unlawful possession, use, manufacture, or distribution of alcohol or drugs by students and employees on its property or as part of any of its activities. Consumption of alcoholic liquor or cereal malt beverage on the premises of the University of Kansas Medical Center is prohibited except in certain special circumstances authorized by state law. Any alcoholic liquor service must conform to the policies of the Kansas Board of Regents and University, and must be approved in advance by the Executive Vice Chancellor.

The University is committed to a program to prevent the illegal use of drug and alcohol by students and employees. Any student or employee of the University found to be abusing alcohol or using, possessing, manufacturing, or distributing controlled substances or alcohol in violation of the law on University property or at University events shall be subject to disciplinary action in accordance with applicable policies of the University of Kansas. For employees, the University will take appropriate personnel action for such infraction, up to and including termination. Students who violate this policy will be subject to sanctions which include completion of an approved drug or alcohol rehabilitation program, disciplinary warning, probation, suspension, and/or expulsion from the University.

As a condition of employment, all employees of the University of Kansas shall abide by the terms of this policy statement and will notify the University of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Specifically, employees must notify either their supervisor, Human Resources, or KU Police Department. The University will, in turn, notify, as appropriate, the applicable federal agency of the conviction within

ten days of its receipt of notification of the conviction. The University will initiate personnel action, up to and including termination, within thirty days of receiving notice of such conviction. Employees may also be required to satisfactorily participate, at their expense, in a drug abuse assistance or rehabilitation program if allowed to return to work. For purposes of this policy, "conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with responsibility to determine violations of the federal or state criminal drug statutes.

Students and employees are reminded that illegal possession or use of drugs or alcohol may also subject individuals to criminal prosecution. The University will refer violators of proscribed conduct to appropriate authorities for prosecution.

### **The University's Substance Abuse Policy (Lawrence based campuses)**

The University recognizes that problems related to the abuse of alcohol and illicit drugs may be resolved through cooperation between the employer and the affected employee. The policy and procedures set forth here for handling substance abuse problems among faculty and staff is intended to enhance cooperation and to protect the individual, the University, and the University's substantial interest in the welfare of the University community.

The University strives to preserve the dignity of individual faculty and staff members and, through management, to address substance abuse that affects its employees' performance or conduct. Cultural, genetic, and physiological factors are currently believed to play a contributing role in the development of substance abuse. Because faculty and staff members are considered to be valued members of the university community, every effort is made to return the faculty or staff member to normal and productive employment.

All employees should work to engender a University-wide enlightened attitude toward a realistic recognition of the nature of substance abuse, and an attitude that will encourage employees of their unit to take advantage of available treatments whenever needed.

The University's Substance Abuse Policy and Procedures is available online at [KU Policy Library](#).

### **Mandatory Alcohol Education Policy (Lawrence and Edwards)**

To ensure that University of Kansas students are aware of the potentially harmful effects of alcohol and to provide students with an opportunity to identify high-risk alcohol behaviors, the University requires newly enrolled, degree-seeking students under the age of 21 as of August 1<sup>st</sup> of the academic year to complete the AlcoholEdu program.

Edwards Campus students are excluded from this requirement. For the purpose of this policy, Edwards Campus students are defined as students who do not have the Lawrence Campus required fee on their account in the academic term the AlcoholEdu program is completed.

The complete Mandatory Alcohol Education Policy is available online at [KU Policy Library](#).

### **Amnesty Policy (Lawrence only)**

University of Kansas students seeking immediate medical assistance on behalf of persons experiencing drug or alcohol-related emergencies will not be sanctioned for violations of University and/or Department of Student Housing drug or alcohol-related policies. This program is designed to promote the health and safety of our community. Any student who abuses the Amnesty Policy may be subject to disciplinary action for impeding the orderly process of the University.

The complete Amnesty Policy is available online at the [KU Policy Library](#).

### **Parent Notification Policy (Lawrence only)**

The University of Kansas will notify the parent/legal guardian of any student enrolled on the Lawrence campus, regardless of age, when the student's suspected alcohol or drug use has placed the health or safety of the student or others in danger, and notification is necessary to protect the health or safety of the student or other individuals.

In addition, The University of Kansas will notify the parent/legal guardian of a student who is under 21 years of age and enrolled on the Lawrence campus, upon the University's knowledge of such student committing one of the following circumstances.

The first known violation of University policy or state law regarding alcohol, when the suspected use of alcohol has:

- placed the student in a life-threatening situation as determined by an attending medical professional or as reasonably determined by the Vice Provost for Student Affairs or designee.
- caused the student to be in a physical or mental state that has prompted intervention by University personnel, police, or medical personnel out of concern for the student's wellbeing or to address the student's conduct.
- endangered the health or welfare of another person.
- The second known violation of University policy or state law regarding alcohol and/ or drugs.
- A violation of University policy or state law regarding alcohol or other drugs that results in the cancellation of the student's University housing contract.

The complete Parental Notification Policy is available online at [KU Policy Library](#).

### **Student Financial Aid (all campuses)**

A student may be ineligible to receive financial aid if the student is convicted of an offense involving the possession or sale of a controlled substance for conduct that occurred during the period of enrollment for which the student was receiving federal student aid. If you have questions, contact the Federal Student Aid Information Center at 1-800-433-3243.

## **Lawrence Student Code of Conduct**

### **Non-Academic Misconduct**

- A. In relation to student rights, students are given and accept a high level of responsibility to self, to others and the community. Behavior that violates the core value of Responsibility includes:
- . Alcohol and Drugs: students using, possessing, manufacturing, or distributing controlled substances or alcohol, or whose behavior evidences being under the influence of alcohol or controlled substances, as described in the university alcohol and drug policy. See policy at [Alcohol & Drug Policy](#).
  - . Violations of Policy: violating other published University policies or rules.

### **Student Housing (Lawrence)**

The presence, possession, use, manufacture, or distribution of alcohol in or surrounding Housing & Residence Life facilities or activities is prohibited. Cereal malt beverages and alcoholic liquor (this includes all alcoholic beverages such as beer, wine, energy drinks with alcohol, etc.) may not be brought into or consumed in educational buildings or in university student housing facilities. This regulation pertains to any person, regardless of age, student status, or position within or outside of the university setting. Kansas law Article 13 prohibits providing alcohol to guests under the age of 21. Adults charged with a violation of the hosting law face penalties under the law and University policy.

There is an exception to this prohibition on possession and use of alcohol for persons of legal drinking age, who possess and consume alcohol in an amount consistent with personal consumption, in the confines of individual apartments in Jayhawker Towers, McCarthy Hall, Stouffer Place, and Sunflower Apartments, as well as KU's leased spaces in HERE Apartments and Hawker Apartments. Consistent with the policy permitting possession only for the purposes of personal consumption, alcohol containers in excess of one liter, including kegs and party balls, are prohibited in all Student Housing facilities.

All who are present or are a party to an alcohol policy violation will be subject to further action under the university and housing conduct process, regardless of their participation level. The irresponsible use or misuse of alcohol by any resident, whether or not of legal drinking age, and any inappropriate behaviors that results from consumption of alcohol, including the inability to exercise care for one's own safety or the safety of others due in whole or in part to alcohol consumption, is considered a violation of the Housing and University alcohol policy. Being under the influence of alcohol, even when the use of alcohol is permitted by University policy, is not an excuse for misconduct or failing to follow University and housing rules and policies.

In addition, the following are prohibited:

- Hosting a gathering where alcohol is consumed by minors.
- Participating in high-risk alcohol consumption. Examples include, but are not limited to, kegs or significant amounts of alcohol, beer pong, flip cup, and/or other drinking games,

inability to function without assistance, incoherence, disorientedness, unconsciousness, loss of control of bodily functions, community disruption, and/or endangering self and/or others.

- Possessing devices to rapidly consume alcohol. Examples include, but are not limited to, beer bongs and funnels.
- Containers once containing any alcoholic beverage are prohibited in the residence halls, scholarship halls, and in apartments where the occupants are not at least 21 years of age. This prohibition includes, but is not limited to, beer cans or bottles, liquor bottles, wine bottles, kegs, funnels, beer bongs, and/or flasks. Discovery of an alcoholic beverage container or other alcohol paraphernalia will require immediate discarding of the item, container and contents, if any, in the presence of a staff member.

The illegal possession, illegal or inappropriate use, or presence of drugs is prohibited.

Policy violations include, but are not limited to:

- Possession and/or use of drugs and/or controlled substances is prohibited. Examples include, but are not limited to, inhaling, injecting, or ingesting.
- Manufacturing, growing, selling, providing, and/or distributing drugs and/or controlled substances is prohibited.
- Possessing drug paraphernalia is prohibited.
- Misuse of prescription medications of any kind is prohibited.
- Inhaling, injecting, or ingesting any substances that may alter your mental state not directed by a medical professional is prohibited.
- Possession of prescription medications other than those prescribed to and in possession of the resident.
- Hosting a gathering where drugs and/or controlled substances are present and/or consumed is prohibited.

### **Student-Athletes Drug Awareness and Testing Policy (Lawrence)**

Kansas Athletics strongly believes that the use and abuse of illegal and/or banned drugs:

- A. Is detrimental to the health (physical & psychological) of a student-athlete;
- B. Interferes negatively with the academic performance of a student-athlete;
- C. Is dangerous to the life and health of the student-athlete and his/her teammates during athletic competition and practice; and
- D. Compromises the integrity and spirit of intercollegiate athletics competition.

Thus, Kansas Athletics has made it a policy that the use and abuse of illegal and/or banned drugs will not be tolerated. Kansas Athletics recognizes the addictive results of illicit drug use and as provided in this policy will encourage education, treatment and rehabilitation for any student-



athlete involved in the drug testing program. The health and performance of our athletes are among our primary concerns.

#### Purpose of the Policy and Program

- A. Education - To educate University of Kansas student-athletes about the problems associated with drug use and abuse.
- B. Promote Health and Safety of Student-Athlete Participation - To provide reasonable safeguards assuring that every student-athlete is able to safely and fully participate in athletics competition unimpaired by the use of illegal or banned drugs.
- C. Detection of Abuse - To detect student-athletes who may be involved in substance abuse and to ensure that athletic competition is unimpaired by illegal or banned drugs.
- D. Treatment and Rehabilitation - To assist in the treatment and rehabilitation of a student-athlete who tests positive for drug use as part of this program, so that the student-athlete may safely and fully participate in academics and athletics and to reduce personal, family and social disruption.
- E. Discourage and Deter Drug Use - To discourage and deter the use of illegal and banned drugs by imposing sanctions on offenders

#### General Policies

- A. Student-athletes shall be subject to this Drug Awareness and Testing Policy when the student-athlete reports to the university academic/athletic program and continues for the remainder of his/her athletic career. In the event a student-athlete no longer participates in athletically related activities (i.e., practice, competition or other team functions) but continues to receive athletically related financial aid from Kansas Athletics, the student-athlete may continue to be subject to this policy as long as he/she receives the financial aid.
- B. If a student-athlete fails to report for drug testing within the allotted time after notification, the failure to appear shall be considered a positive test. A physician's note is required if the student-athlete is too ill to report for testing.
- C. If a student-athlete reports to the testing site and subsequently leaves the site without permission from the drug testing administrator, he/she shall be considered to have a positive test.
- D. If a student-athlete is observed altering or tampering with a specimen, substituting another urine sample, or otherwise affecting the validity of the test, it will be considered a positive test.
- E. All tests results ordered, received, and opened by the Head Team Physician or Senior Administrator for Kansas Team Health, even those not conducted as part of the regular Kansas Athletics Drug Awareness and Testing Policy, shall be considered a test under this policy. Any positive results from any tests ordered, received and opened pursuant to this paragraph, except as part of the Preliminary Medical Screening and/or under the Voluntary Disclosure Program as set forth below, shall be counted as a positive result under this policy.
- F. If a student-athlete, as part of his/her treatment plan, is required to receive counseling, he/she will receive notification of the counseling appointment. The first counseling session, whenever possible, should occur no later than 3 weeks after notification of the positive test, unless prohibited

by a break in the academic calendar or an appeals process. Failure to report for counseling could result in the student-athlete being charged for the cost of the counseling session. [Note: Once an appointment has been scheduled, non-Athletics department counseling personnel will charge Kansas Athletics for the session even if the student-athlete fails to appear]. Should a student-athlete miss counseling sessions, he/she may be subject to sanctions for violating team rules and failure to meet the conditions of his/her performance contract, in addition to being charged for the cost of the missed session, if applicable.

G. Conviction of a student-athlete for sale of drug shall result in automatic dismissal from his/her team and the recommendation of loss of all athletically related financial aid.

H. A student-athlete testing positive shall be subject to testing to determine continued use or non-use. A drug(s) metabolite level that is the same or increased from the most recent test indicates usage and therefore a subsequent positive offense will be imposed. A decrease in drug(s) metabolite from the most recent test will not be considered a positive test.

I. The Drug Testing Appeals Committee shall be appointed at the discretion of the Director of Athletics. The Committee shall be chaired by the Deputy Athletics Director for Sports Administration & Student-Athlete Well-Being/SWA and also consist of the Head Team Physician, the Faculty Athletics Representative or another KU Lawrence Campus Faculty member. The Deputy Athletics Director/SWA shall ensure that any appeals to this Committee are conducted pursuant to this policy.

J. All drug testing results will be returned to the Head Team Physician. The Senior Administrator for Kansas Team Health shall serve as the Kansas Athletics drug testing site coordinator.

K. This policy and its administration/operation are subject to change or modification at any time. However, any change or modification will be implemented only by action of the Athletics Director (or designee) and will not be applied retroactively if it would adversely affect a student-athlete's rights.

#### Drug Testing Program

The Head Coach, the Compliance Office, and Kansas Team Health athletic training staff shall inform and educate the student-athletes about the drug testing program. Information concerning the program and a consent form associated with the program shall be provided to every student-athlete prior to his/her first drug test. Student-athlete is defined as any student-athlete who is certified eligible to participate in practice and/or competition in intercollegiate athletics and student-athletes who are receiving financial aid from Kansas Athletics, whether or not they have exhausted eligibility.

Each student-athlete at Kansas Athletics shall be subject to testing as described in this policy. The drug testing program shall be conducted by a medical laboratory agency and the Senior Health Administrator shall be the primary contact with the medical lab agency.

#### A. Preliminary Medical Screening Program

During a student-athlete's initial academic year on campus, a preliminary medical screening (baseline) will be conducted to test for the use of banned substances. Baseline test results, if

positive, will be for assessment and informational use by the Head Team Physician. The Head Coach will be notified of the results, if positive; however, there will be no sanctions imposed either by this Policy or the Coach, even if the student-athlete's team rules provide sanctions for positive test results. Rather, this baseline test shall serve as an identifier of a student-athlete who may need counseling or other medical treatment and will not initiate any sanctions. Should the baseline test be positive, this will count as a first positive under this policy. While a positive result on the initial drug test does not result in team/eligibility sanctions, the results will serve as a positive test on record. Any future positive tests will be added to this result and the student athlete will be subject to sanctions per this policy under second positive test.

#### B. Mandatory Drug Testing Program

1. All student-athletes shall be subject to unannounced, random tests during the course of the year. The Head Team Physician shall determine a number of student-athletes on selected teams that shall be subject to testing. The Director of Mental Health Services or Senior Administrator for Kansas Team Health shall provide the Compliance Office with the names of the student-athletes that are randomly selected for testing. The Head Team Physician in consultation with fellow members of the Drug Policy Committee shall determine the number of random tests that occur each year.

2. All student-athletes shall be tested periodically (including testing required by Kansas Athletics, NCAA, and/or Big 12) during their career at KU.

#### C. Testing Program Based on Reasonable Suspicion

Information provided to Kansas Team Health staff indicating a "reasonable suspicion" of drug use by student-athletes shall prompt the Head Team Physician to require student-athletes to submit to drug-testing. Reasonable suspicion shall not mean a mere "hunch" or "intuition," but shall instead be based upon a specific event or occurrence which has led to the belief that a student-athlete has used drugs banned by this policy. Any of the following criteria shall be sufficient on its own to constitute "reasonable suspicion:"

1. Direct observation of drug use by a reliable source;
2. Direct observation by coaches, athletic trainers, or team physicians of physical and mental deficiency, medical symptoms of drug use, aberrant conduct or unexplained absenteeism;
3. Common sense conclusions about observed or reliably described human behavior upon which practical people ordinarily rely (e.g., significant changes in behavioral patterns, athletic or academic performance; with regards to anabolic steroids, significant weight gain and/or unusually aggressive behavior);
4. Police, court, or other reliable source determination that the student-athlete has used or possessed prohibited drugs;
5. A demonstrated history of use of prohibited drugs, which can include either prior legal convictions or prior positive tests for prohibited drugs through Kansas Athletics, Big 12 Conference's, and/or NCAA's, or any other reliable testing program.

#### D. Voluntary Disclosure Drug Testing Program

To assist in the treatment and rehabilitation of student-athletes so that they may safely and fully participate in academics and athletics, Kansas Athletics encourages voluntary admission of prohibited drug use. As such, Kansas Athletics has a Voluntary Disclosure Drug Testing Program through which a student-athlete may volunteer for evaluation, testing, and counseling. To enter the Voluntary Disclosure Program, a student-athlete must disclose use of a prohibited substance to the Head Team Physician. A student-athlete shall not be eligible for the Voluntary Disclosure Program in the following instances:

- After the student-athlete is notified of his/her selection for drug testing; or
- Thirty (30) days prior to any NCAA or Big 12 Conference postseason competition; or
- If a student-athlete has previously entered him/herself into the Voluntary Disclosure Program; or
- If a student-athlete has previously tested positive under this Kansas Athletics drug testing policy.

After a student-athlete requests entry into this program, the Head Team Physician and/or Director of Mental Health Services will arrange for a chemical dependency evaluation. This assessment information will be used to develop an appropriate treatment plan for the student-athlete. As part of the treatment plan, counseling sessions may be set up with an outside provider. The treatment plan will include drug testing. If the initial test upon entering this Voluntary Disclosure Program is positive for banned drug(s), the positive test shall not result in any administrative sanction except under this section. The Head Team Physician may remove the student-athlete from competition or practice if medically necessary as part of the treatment plan. The student-athlete will be permitted to remain in the voluntary disclosure program for a reasonable period of time, as determined by the treatment plan. While in compliance with the treatment plan, the student-athlete shall not be tested under the Kansas Athletics Drug Testing Program. However, the student-athlete may be selected by the NCAA and/or Big 12 for drug testing and if the student-athlete tests positive he/she shall be subject to any NCAA or Big 12 sanctions, if applicable.

Failure to comply with the Voluntary Disclosure Program treatment plan or evidence of new substance abuse (as determined by follow-up testing) shall result in a positive test result and the student-athlete shall be subject to sanctions for a positive test result. Any positive test result will result in the student-athlete being assessed a positive test result and he/she shall then be subject to the actions/sanctions indicated in this program. This option is available to a student-athlete on a one time basis during his/her academic/athletic career.

Drugs banned by Kansas Athletics and the NCAA (Appendix I) include the following: Stimulants, Anabolic Agents, Alcohol and Beta Blockers (banned for rifle only), Diuretics and Other Masking Agents, Street Drugs, Peptide Hormones and Analogues, Anti-estrogens, Beta-2 Agonists, Opioids. This list may change during the academic year and student-athletes will be informed of any updates by the Sports Medicine Department. In addition, updates may be found on the NCAA website ([www.ncaa.org](http://www.ncaa.org)).

All student-athletes shall read and complete the form entitled, *Consent and Authorization Agreement*. This form must be completed before a student-athlete is allowed to practice. Failure to sign the consent form prior to practice and competition shall result in the student-athlete's

ineligibility for practice or competition. Additionally, student-athletes who receive financial aid from Kansas Athletics must sign the consent form as a condition of receipt of such aid.

A positive test, from mandatory testing, Kansas Athletics directed testing, or the voluntary disclosure program, will be defined as one that indicates concentration levels consistent with those established by the NCAA. Student-athletes with positive test results shall be notified as soon as possible by the Head Team Physician.

Positive test results shall be reported to the following individuals: the Head Team Physician, the student-athlete, Sport Administrator, Head Coach, Senior 506B Administrator for Kansas Team Health, Director Mental Health Services, Physician Assistant, Senior Associate Athletics Director/Compliance, Athletic Trainer assigned to that sport, Deputy Athletics Director for Sports Administration & Student-Athlete Well-Being/SWA, Director of Peak Performance and Leadership, and counseling or rehabilitation program personnel. The Head Coach has the option of notifying the student-athlete's parent(s), legal guardian(s), and/or spouse.

#### NCAA and Big 12 Testing and Sanctions

The NCAA conducts drug testing year-round on student-athletes. Should a student-athlete test positive on an NCAA test after August 1, 2014 for a "street drug" as defined on the list of NCAA banned drugs found in Bylaw 31.2.3.4, the student-athlete shall be charged with the loss of competition during a minimum of 50 percent of a season (at least the first 50 percent of all contests or dates of competition in the season following the positive test). A positive test result for any other banned drug shall result in the student-athlete being declared ineligible for postseason and regular-season competition for "one calendar year after the collection of the student-athlete's positive drug-test specimen."

The Big 12 also may conduct drug testing. Should a student-athlete test positive on a Big 12 test for performance enhancing drug use, the student-athlete will lose eligibility for one (1) calendar year from the date of the first positive test and the student-athlete will be charged with the loss of a season of competition in all sports. Should a student-athlete test positive on a Big 12 test for a "street drug", the student-athlete shall be subject to the Kansas Athletics' drug testing sanctions as described below.

A positive test result for either performance enhancing or recreational drug use on either an NCAA test or a Big 12 test will count as a positive drug test for purposes of Kansas Athletics' drug testing sanctions, unless otherwise provided in the Voluntary Disclosure Program section of this Policy.

#### Kansas Athletics Actions/Sanctions

The following consequences/sanctions have been established by Kansas Athletics for a Positive Drug Test. If a student-athlete tests positive on a drug test administered by Kansas Athletics, he/she shall be subject to the consequences/sanctions specified in this policy.

Note: Each student-athlete's situation shall be viewed independently due to the potentially serious nature of the student-athlete's substance abuse, the best interest of his/her mental health, the safety of other student-athletes, and/or the integrity of the sport program. Flexibility and discretion may be used in developing a particular performance contract.

There are two separate tracks for positive test result consequences: one for a positive test for marijuana and a second track for all other positive test results, including any street drug (other than marijuana) and/or a banned performance enhancing drug.

#### A. TRACK ONE – Positive test for marijuana

##### FIRST-TIME POSITIVE FOR MARIJUANA

1. The student-athlete will be placed on probation and subject to the conditions set forth below.
2. The Head Team Physician will arrange for a chemical dependency evaluation of the student-athlete. This assessment information will be used by the Head Team Physician to develop an appropriate treatment plan for the student-athlete.
3. The Drug Testing and Policy Committee will develop a performance contract for the student-athlete and will monitor his/her progress in meeting the expectations of the contract which will include the probationary term. The Head Team Physician shall meet with the Head Coach or designee, Sport Administrator and student-athlete to review the performance contract.
4. The performance contract will specify expectations of behavior, including the expectations set forth in the aforementioned treatment plan (e.g. attendance and engagement in counseling sessions, participation in leadership/Protect Your Talent (PYT) sessions, etc.).
5. The student-athlete will not automatically be placed into a departmental follow-up testing pool but will be subject to any testing recommended by the treatment counselor.
6. At the conclusion of a successful completion of the performance contract, as determined by the case management team, the student-athlete will be subject to a random drug test to confirm his/her compliance with the drug testing program. The test result must indicate a level below the NCAA cut-off level for a positive test.
7. If the student-athlete does not successfully complete the performance contract, as determined by the case management team, or if he/she has a positive test as part of confirming compliance with the drug testing program, the student-athlete will be deemed to have a “second positive” and shall therefore be subject to the consequences as set forth below.
8. Based on team rules, the Head Coach, in consultation with the Sport Administrator, has the discretion of adding further consequences/sanctions.

##### SECOND-TIME POSITIVE FOR MARIJUANA

1. The consequences for a second time positive test for marijuana are probation, an appropriate treatment plan, development of a performance contract, and monitoring by the case management team.
2. The student-athlete will be suspended for one (1) contest beginning with the first available outside competition (pre-season or regular season) after the Head Team Physician receives the test results and has informed the student-athlete of the 506B results.
3. At the conclusion of a successful completion of the performance contract, as determined by the case management team, the student-athlete will be notified that he/she will be subject to a random

drug test to confirm his/her compliance with the drug testing program. The test result must indicate a level below the NCAA cut-off level for a positive test.

4. If the student-athlete does not successfully complete the performance contract, as determined by the case management team, or if he/she has a positive test as part of confirming compliance with the drug testing program, the student-athlete will be deemed to have a “third positive” and shall be subject to the consequences as set forth below.

5. Based on team rules, the Head Coach, in consultation with the Sport Administrator, has the discretion of adding further consequences/sanctions.

#### THIRD-TIME POSITIVE FOR MARIJUANA

1. The consequences for a third time positive test for marijuana are probation, an appropriate treatment plan, development of a performance contract, and monitoring by the case management team.

2. The student-athlete will be suspended for a minimum of 10% of the contests scheduled or two (2) contests, whichever is less, beginning with the first available outside competition (pre-season or regular season) after the Head Team Physician receives the test results and has informed the student-athlete of the results.

3. The case management team will continue to monitor the progress that is made in meeting the expectations of the performance contract.

4. At the conclusion of a successful completion of the performance contract, as determined by the case management team, the student-athlete will be subject to increased testing frequency and any testing recommendations of the treatment counselor.

5. If the student-athlete does not successfully complete the performance contract, as determined by the case management team, or if he/she has a positive test as part of confirming compliance with the drug testing program, the student-athlete shall be deemed to have a “fourth positive” and shall be subject to the consequences as set forth below.

6. Based on team rules, the Head Coach, in consultation with the Sport Administrator, has the discretion of adding further consequences/sanctions.

#### FOURTH-TIME POSITIVE FOR MARIJUANA

1. The Head Team Physician, with input from the student-athlete’s treatment counselor, will develop a specific rehabilitation program for the student-athlete (which may include inpatient counseling at the student-athlete’s expense).

2. The case management team will monitor the progress that is made in meeting the goals of the rehab program.

3. The student-athlete will be suspended for a minimum of 25% (or six (6) contests, whichever is less,) of the contests scheduled, beginning with the first available outside (pre-season or regular season) competition after the Head Team Physician receives the test results and has informed the student-athlete of the results.

4. At the conclusion of a successful completion of the rehab program, as determined by the case management team, the student-athlete will be notified that he/she will be subject to increased testing frequency and any testing recommendations of the treatment counselor.

5. If the student-athlete does not successfully complete the rehab program, as determined by the case management team, or if he/she has a positive test, the student-athlete will be notified that he/she will be dismissed from the team and a recommendation shall be made to cancel any athletic-related financial aid.

6. Based on team rules, the Head Coach, in consultation with the Sport Administrator, has the discretion of adding further consequences/sanctions.

B. TRACK TWO – Positive test for any street drug other than marijuana and/or a performance enhancing drug

FIRST-TIME POSITIVE FOR ANY STREET DRUG OTHER THAN MARIJUANA AND/OR A PERFORMANCE ENHANCING DRUG

1. The student-athlete will be on probation and subject to the conditions set forth below.

2. The Head Team Physician will arrange for a chemical dependency evaluation of the student-athlete. This assessment information will be used by the Head Team Physician to develop an appropriate treatment plan for the student-athlete. Counseling sessions may be set up with an outside provider.

3. A case management team will be assigned to the student-athlete to develop a performance contract for the student-athlete and monitor his/her progress, or lack thereof, in meeting the terms of the contract. This team will consist of the Head Team Physician, the Head Coach or designee, and the Sport Administrator.

4. The performance contract will specify expectations of behavior, including the expectations set forth in the aforementioned treatment plan (e.g. attendance and engagement in counseling sessions).

5. The student-athlete will be suspended for a minimum of one (1) contest beginning with the first available outside (pre-season or regular season) competition after the Head Team Physician receives the test results and has informed the student-athlete of the results.

6. At the conclusion of a successful completion of the performance contract, as determined by the case management team, the student-athlete will be subject to a random drug test to confirm his/her compliance with the drug testing program. The test result must indicate a negative test for any banned substance.

7. If the student-athlete does not successfully complete the performance contract, as determined by the case management team, or if he/she has a positive test for any banned substance as part of confirming compliance with the drug testing program, the student-athlete will be deemed to have a “second positive” and shall be subject to the consequences as set forth below.

8. Based on team rules, the Head Coach, in consultation with the Sport Administrator, has the discretion of adding further consequences/sanctions.



## SECOND-TIME POSITIVE FOR ANY STREET DRUG OTHER THAN MARIJUANA AND/OR A PERFORMANCE ENHANCING DRUG

1. A performance contract will be developed that specifies the expectations of behavior, (attendance and engagement in counseling sessions). Leadership/PYT sessions will not be part of this contract.
2. The case management team will continue to monitor the progress that is made in meeting the terms of the student-athlete's performance contract.
3. The student-athlete will be suspended for a minimum of 25% (or six (6) contests, whichever is less,) of contests beginning with the first available outside (pre-season or regular season) competition after the Head Team Physician receives the test results and has informed the student-athlete of the results.
4. At the conclusion of a successful completion of the performance contract, as determined by the case management team, the student-athlete will be notified that he/she will be subject to a random drug test to confirm their compliance with the drug testing program. The test result must indicate a negative test for any banned substance.
5. If the student-athlete does not successfully complete the performance contract, as determined by the case management team, or he/she has a positive test for any banned substance as part of confirming compliance with the drug testing program, the student-athlete will be deemed to have a "third positive" and shall be subject to the consequences as set forth below.
6. Based on team rules, the Head Coach, in consultation with the Sport Administrator, has the discretion of adding further consequences/sanctions.

## THIRD-TIME POSITIVE FOR ANY STREET DRUG OTHER THAN MARIJUANA AND/OR A PERFORMANCE ENHANCING DRUG

For a third positive test for any street drug other than marijuana and/or a performance enhancing drug, the student-athlete will be dismissed from the team and a recommendation shall be made to cancel any athletic-related financial aid.

### Appellate Process

- A. Student-athletes may appeal the validity of the test results. A student-athlete must notify the Head Team Physician or Senior Administrator for Kansas Team Health within 48 hours of his/her notification of the positive test result if he/she requests that a second sample be tested. All costs of conducting the second test shall be charged to the student-athlete.
- B. Only student-athletes who are subject to sanctions imposed by this policy for a second, third or fourth positive test for a Track One banned substance (marijuana) or for a second or third positive test for a Track Two banned substance (any street drug other than marijuana and/or a performance enhancing drug) may request an appeal of the sanctions. Appeals to avoid the sanctions of this policy will be given consideration by the Drug Testing Appeals Committee, in its sole discretion, only if there is a basis for the appeal or for unique circumstances.

C. Student-athletes have three (3) business days after receipt of written notification of a positive test result in which to notify the Senior Administrator or Head Team Physician, in writing, of their request to appeal the imposition of the sanctions.

D. Any suspensions from competition for a positive test result shall be stayed until the conclusion of the appeals process, unless at the discretion of the Head Coach a determination is made that the suspensions would be in the best interests of the program.

E. An appeals hearing shall be conducted within 14 calendar days of receipt of the student-athlete's written request to appeal. The appeal will be heard by the Drug Testing Appeals Committee, chaired by the Deputy Athletics Director for Sport Administration & Student-Athlete Well-Being/SWA. Should any member of the Drug Testing Appeals Committee be unavailable to serve for any reason, such as a conflict of interest or schedule conflict, the Athletics Director may appoint a replacement for that person for that particular appeal only.

F. The appeals process will not be adversarial. Student-athletes will receive written notice of the hearing at least forty-eight (48) hours prior to the hearing and they may appear in person and be accompanied by an advisor. Such advisor may only advise the student-athlete and will not be allowed to otherwise participate in the appeal hearing. If the advisor is an attorney, the General Counsel for Kansas Athletics will be notified. If the student-athlete wants to submit materials in support of the appeal, such materials must be submitted to the Drug Testing Appeals Committee at least twenty-four (24) hours before the appeal hearing. Alternatively, in lieu of a personal appearance, a student athlete may present matters in writing for consideration on appeal. In the event the student-athlete requests, in writing, a more expedited appeal, the Drug Testing Appeals Committee is authorized to take such action as is reasonable to accommodate such a request. The Drug Testing Appeals Committee shall consider all written records, including the test results, notices, and the student-athlete's written appeal and all relevant evidence presented to it, including all mitigating and aggravating circumstances. The Drug Testing Appeals Committee shall have the authority to modify any sanction based on its evaluation of the evidence and/or to hold any sanction in abeyance.

G. The Drug Testing Appeals Committee shall render a decision on the appeal. This decision shall be deemed final and not subject to appeal by any party.

H. Should the student-athlete appeal successfully a positive test result, further testing shall be considered at the discretion of the Head Team Physician. Should the appeal be unsuccessful, the sanctions imposed by this policy shall be applied immediately upon written notification to the student-athlete.

It is the student-athlete's responsibility to check with their Kansas Athletics Trainer, the Sport Nutritionist, or the Head Team Physician before using any substance

### **Study Abroad (Lawrence)**

KU Study Abroad programs do not have an explicit policy in relation to alcohol consumption. Use of illegal drugs on study abroad is prohibited and could be grounds for dismissal. Students are provided this information in the attached Conditions of Participation/Liability Release signed by all program participants. If there are repeated instances of alcohol misuse, these are generally addressed under the "Behavior in the Host Country" or "Conduct" sections of the Conditions of

Participation. A progressive discipline process is engaged as needed, whereby students are counseled on behavioral expectations, provided written notice if continued issues occur, and dismissed from the program if behaviors are egregious, jeopardize the health or safety of the student or others, or disrupt repeatedly the functioning of teaching, research, administration, etc. as outlined in the Student Code.

The Pre-Departure Guide 2024 warns that students can be removed from their program for illegal drug use. It also provides information about prescription medication while above, use of medical marijuana, and differences in illegal/legal drugs in different countries.

And the Study Abroad and Global Engagement Conditions of Participation states: Use of illegal drugs during the entire period of the program is strictly prohibited. Students in the program found using or possessing illegal drugs in any form are subject to immediate expulsion.

### **Guidelines for Registered Student Organizations (Lawrence)**

Alcohol is permitted at certain events that meet certain hosting conditions. Alcohol must be requested in advance via the [Alcoholic Beverage Request Form](#). Organizations utilizing KU Catering and Event Services may request alcohol through their catering request. All alcohol on campus is subject to the [Alcohol Service at Events Policy](#). Events including alcohol and/or prohibited substances will be denied from being posted on the Rock Chalk Central calendar.

The Office of Student Conduct and Community Standards offers Organizational Amnesty to encourage reporting and reduce barriers for registered organizations should an incident occur. In accordance with the University of Kansas student amnesty policy, registered organizations seeking immediate medical assistance on behalf of persons experiencing drug- or alcohol-related emergencies will not be sanctioned for violations of University drug- or alcohol-related policies related to the incident of medical need. Additionally, the student(s) receiving medical assistance will not be sanctioned for violations of these policies following their first incident requiring medical attention. Repeat incidents of a student and/or registered organization requiring medical assistance under this amnesty policy may be subject to disciplinary action under university policies.

Registered organizations aware of violations of the Code of Student Rights and Responsibilities or other University policies will not be sanctioned for the incident if the organization's executive officers proactively report the incident to Student Conduct and Community Standards. This includes suspected hazing, harm to persons, and alcohol and drug violations.

### **KU Sorority and Fraternity Life (SFL) Prevention of Drug & Alcohol Use Policy (Lawrence)**

The University of Kansas prohibits the unlawful possession, use, manufacture, purchase, or distribution of alcohol or drugs, or any attempt thereof, by students or by employees on its property or as part of its activities.

The University is committed to a program to prevent the illegal or irresponsible use of drugs and alcohol by students and employees. Any student or employee found to be using, possessing, manufacturing, or distributing controlled substances or alcohol, or whose behavior evidence being

under the influence of alcohol or controlled substances, in violation of the law on university property or at university events shall be subject to disciplinary action in accordance with policies of the State of Kansas, the Board of Regents, and the University of Kansas.

University of Kansas enforces a strict policy regarding alcohol and drugs in the best interests of the safety and well-being of the campus community. Underage drinking, high-risk drinking, hazing activities, and other misuses of alcohol will not be tolerated.

SFL also recognizes that individual chapters and organizations may have their own policies on alcohol and drug use.

### **Kansas Law Enforcement Training Center (KLETC)**

Students at KLETC are required to be 21 and to be a certified law enforcement officer. Underage drinking is not a concern with KLETC students. KLETC does have a no alcohol policy for its students during the time they are attending training on campus for related training events.

Students attending basic law enforcement training course at KLETC shall not possess, consume or be under the influence of alcohol from the arrival at KLETC each training week until their dismissal at the conclusion of each training week whether physically present on the KLETC campus or elsewhere during off-duty hours. Refusal to take a PBT test when requested by any KLETC staff member shall constitute conclusive evidence that a student has consumed alcohol in violation of this rule. Student Handbook Rule 601.

Students who violate the Alcohol and Drug Policy will be subject to sanctions which include reports to sponsor agency, disciplinary action, and up to dismissal from KLETC.

### **Graduate Medical Education Handbook (Medical Center)**

As set forth in KUMC's Policy on Prevention of Illegal Drug and Alcohol Use on Campus and in the Workplace, KUSOM prohibits the unlawful possession, use, manufacture, or distribution of alcohol or drugs by Residents on its property or as part of any of its activities. Consumption of alcoholic liquor or cereal malt beverage on the premises of the KUSOM is prohibited except in certain special circumstances authorized by state law and policies of the Board of Regents and KUSOM. KUSOM is committed to a program to prevent the illegal use of drug and alcohol by Residents.

Any Resident found to be abusing alcohol or using, possessing, manufacturing, or distributing controlled substances or alcohol in violation of the law on KUSOM/TUKHS property or at KUSOM/TUKHS events may be subject to corrective action in accordance with GME and KUSOM policy. As a condition of employment, all Residents agree to notify KUSOM of any criminal drug statute or DEA regulation charge and/or conviction no later than five calendar days after such charge and/or conviction. KUSOM will, in turn, notify, as appropriate, the applicable federal agency of the conviction within ten calendar days of its receipt of notification of the conviction. KUSOM may initiate corrective actions.

A Resident may also be referred to the Kansas Medical Society Professionals' Health Program and/or required to satisfactorily participate, at the Resident's expense, in a drug abuse assistance or rehabilitation program if allowed to return to the Resident staff. Residents are reminded that

illegal possession or use of drugs or alcohol may also subject individuals to criminal prosecution. KUSOM may refer Residents involved in proscribed conduct to appropriate authorities for prosecution.

### Impairment Policy

Physician well-being is essential to quality patient care. GME strives to create an environment to assist Residents in maintaining wellness and proactively addressing any impairment that could potentially affect their practice of medicine or performance.

For the purpose of this policy, a health condition or impairment is defined as including (but not limited to) any physical health, mental health, substance use/abuse, or behavioral condition that has the potential to adversely affect a Resident's practice of medicine and/or performance.

Potential signs of impairment: • Stress or fatigue that impairs performance or judgment • Marked unexplained behavior changes • Repetitive patient or staff complaints • Odor of cannabis or alcohol at work • Missing controlled substances, inappropriate drug handling or diversion Note: This policy is specifically designed to assess and confront problems of impairment.

Assessment: The process by which the determination of impairment, is established or excluded.

Drug or Alcohol Screening: Screening is a test to assess the presence of alcohol or drug usage such as cocaine, amphetamines, barbiturates, benzodiazepines, marijuana, opiates, phencyclidine, propoxyphene, and/or methadone. The type of tests may include urine, blood, hair, breath alcohol, saliva, sweat screens. All Residents will be subject to drug and alcohol screening and/or testing if there is a reasonable suspicion of misuse or abuse per the policies of the TUKHS, VA or other clinical sites.

Reintegration: The process by which a Resident may resume training during and/or after treatment for impairment.

Kansas Medical Society Professionals' Health Program (KMS-PHP): A program that offers evaluation, treatment and advocacy for Kansas Physicians. PHP assists or conducts interventions for physicians who need assistance in dealing with various health-related concerns including mental health, physical health, substance use/misuse, process addictions, disruptive behavior, burnout and wellness.

## **School of Nursing Handbook**

### **Drug Screen Policy**

Healthcare providers are entrusted with the health, safety, and welfare of patients; have access to confidential and sensitive information; and operate in settings that require the exercise of good judgment and ethical behavior. Additionally, clinical facilities are increasingly requiring drug screening of any individuals, including students, who provide services and care within their facilities, both for safety reasons and to remain in compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

Assessment of a student's suitability to function in a clinical setting is imperative to promote integrity in healthcare services. Clinical observations and rotations are an essential element in certain degree programs' curricula. A student with a positive drug screen may be barred from certain clinical facilities and thus may be unable to fulfill degree program requirements.

Identification of such students prior to clinical rotations will enable appropriate assessment and follow-up.

All students receive instructions on how and when to complete the pre-admission or pre-clinical/practicum screening. Students may be required to complete drug testing at multiple points in their academic career depending on affiliated facility requirements. Students are required to have a negative test result prior to proceeding into their first course requiring clinical observations, practicums, rotations or placements.

Undergraduate: Traditional (on-campus) BSN students undergo a urine drug screen (UDS) prior to admission. A confirmed positive test may result in a rescinding of acceptance into the program. RN-to-BSN and Partnership students undergo UDS for their capstone course, which requires a clinical experience. When prompted, the student must complete the screening prior to participating in the required course. A student with a confirmed positive or positive/negative dilute test will be asked to retest and may be referred to the appropriate student assistance program for evaluation and treatment, possible student disciplinary hearing, and proper disposition through the Student Admission and Progression Committee (SAPC).

Graduate: Graduate students undergo a UDS prior to participating in clinical or practicum observations, rotations, or placements. A confirmed positive test or positive/negative dilute test will be asked to retest and may preclude participation in clinical or practicum observations, practicum, rotations, placement at certain facilities, and/or lead to dismissal from the School of Nursing. A student with a confirmed positive test may be referred to the appropriate student assistance program for evaluation and treatment, possible student disciplinary hearing, and proper disposition through the SAPC.

### **Impaired Student Assistance Program**

The faculty, staff and students of the University of Kansas School of Nursing recognize and accept their responsibility to provide an educational atmosphere wherein nursing students may pursue and achieve their academic goals. The faculty also recognize and accept their responsibility to the public, health care institutions/agencies to provide safe patient care. In support of these beliefs, the faculty concur with the University of Kansas policy prohibiting the unlawful possession, use, manufacture, or distribution of alcohol or other drugs by students or employees on its property or as part of any of its activities. We further believe that impaired nursing students may need assistance in order to free themselves of chemical dependency.

The University of Kansas School of Nursing fully acknowledges the stressors students encounter in their professional and private roles and recognizes the impaired student as one whose substance abuse and misuse will interfere with their ability to function according to accepted academic, professional, or social standards. In addition, substance abuse and misuse may harm patients, their families, and coworkers and be disruptive in the work environment. We support participation in treatment programs that have goals to provide a lifestyle free of substance abuse as an option prior to dismissal from the program.

**PURPOSE AND COMPONENTS OF THE PROGRAM:**

1. Interventions: The Dean of the School of Nursing has designated a member(s) of the administrative staff, Associate Dean of Student Affairs, to be trained and function as the intervener(s). Responsibilities of this person(s) are to:
  - . assist in the identification and referral to treatment programs, students enrolled in the School of Nursing who are potentially impaired as the result of alcohol or other drug abuse.
  - . establish a liaison and referral system to the Kansas Nurses Assistance Program or to a state assistance program where the student is licensed to which all students who are licensed to practice nursing are referred.
2. Student Admission and Progression Committee: This committee has the responsibility to:
  - . promote and monitor efforts for the KU School of Nursing faculty and students to be sensitized and receive education regarding the impaired student and professional.
  - . develop, implement, and monitor the policies and procedures of the KU School of Nursing regarding the impaired student and professional.
  - . serve as a model that can be utilized by other professional nursing education programs.

#### GUIDELINES FOR A STUDENT ENTERING THE PEER ASSISTANCE PROGRAM:

1. Self-Referral: If a student independently identifies and acknowledges a problem with alcohol or other drug abuse to any member of the faculty, staff or student body, the student will be referred to the designated administrative individual for referral to a substance abuse expert for evaluation and treatment (if indicated). The School of Nursing will make every effort to support students' recovery on reentry by affording them the opportunity to continue their education. Students must obtain written approval from the School of Nursing's designated administrative individual that they have successfully met the criteria of the recovery process prior to reentry. Standards of confidentiality will be maintained during all phases of intervention and assistance and every effort shall be made to reduce the stigma that may be associated with the identified student's behavior.
2. Non-Self-Referral:
  - . Identification: It is essential that faculty, staff and the student body recognize their responsibility to act when they suspect a student is abusing alcohol or other drugs. The identifying individuals should document physical evidence and objective behavioral data related to the School of Nursing that support the deviation in student performance. These include specific observable behaviors in class or clinical activities. If they suspect that these performance deviations represent impairment, then they may notify the designated administrative individual.
  - . Determination of Probable Alcohol or Drug Abuse/dependence: If the data collected indicate possible alcohol or other drug abuse, the identifying individual will contact the designated administrative individual for a confidential consultation on how to proceed.

- . Intervention: While the optimal solution is for the student to recognize the problem and seek treatment voluntarily, the School of Nursing designated administrative individual may decide to proceed with a planned intervention if behavioral signs indicate a potential problem (see definition under Philosophy). It is important to note that at the time of the intervention, a diagnosis is not being made. An intervention simply indicates a need for evaluation to determine if substance abuse exists.

The intervention is conducted without prior notification of the student by the School of Nursing designated administrative individual and may include other appropriate individuals. If the student is receiving mental health care, the student's written consent will be sought to inform the current therapist of the intervention and its outcome at the conclusion of the intervention.

In the intervention, each member presents behavioral documentation of the student's actions. At the conclusion of the intervention, the student will be asked to agree to evaluation by a substance abuse treatment center. The treatment center must be mutually agreed upon by the School of Nursing designated administrative individual and the student. When possible, the student will go directly to evaluation from the intervention. The decision to seek evaluation and treatment is the student's.

If the student is a current LPN or RN and refuses evaluation, a report will be made to the Kansas State Board of Nursing (KSBN) or to state board of nursing where the student is licensed. For all students who refuse evaluation, other University policies regarding academic/ nonacademic misconduct may be implemented.

- . Evaluation: If the student agrees to an evaluation, it will be conducted as soon as possible, by a trained professional in substance abuse. The student will be responsible for providing the School of Nursing designated administrative individual with a written copy of the evaluation outcome and appropriate follow-up measures. If the student refuses to comply with this provision, dismissal from the School of Nursing may be considered, but strictly for behavioral conduct and/ or performance reasons, which fall within the provisions outlined in the applicable student handbook.
- . Possible Evaluation Outcomes May Include But Are Not Limited To:
  - . If the evaluation indicates that the student is impaired due to alcohol or other drug abuse, the therapist recommends treatment, and the student agrees to treatment, then the student may be placed on approved leave for the duration of the treatment program.
  - . If the evaluation indicates that the student is impaired due to alcohol or other drug abuse, the therapist recommends treatment, and the student refuses treatment, dismissal from the school will be considered, but strictly



for behavioral conduct and/ or performance reasons, which fall within the provisions outlined in the applicable student handbook.

- . If the evaluation does not indicate that the student is impaired due to alcohol or other drug abuse but includes a recommendation regarding another health problem, the School of Nursing designated administrative individual will determine if further action is necessary.
- . If the evaluation does not indicate that the student is impaired due to alcohol or other drug abuse and the therapist makes no recommendation then no other action will be taken, except in cases where a faculty member has observed the physical evidence or problems. At this point the academic/ non-academic misconduct procedure may be initiated.
- . Reentry to School of Nursing: Upon successful completion of a treatment program, the student submits written documentation of treatment to the School of Nursing designated administrative individual requesting reentry to the nursing program. Based on this information, the School of Nursing designated administrative individual makes a decision regarding reentry and notifies the student. Conditions for reentry will include:
  - . a written certification of successful completion of treatment from the treatment agency/ therapist.
  - . documentation of plans for continued involvement in post-treatment support groups.
  - . agreement to participate in random drug screens for which the student is required to pay
  - . provision for release of information to appropriate faculty.
  - . any prescribed long-term monitoring that the treatment team deemed appropriate for the individual student's case.
- . The School of Nursing designated administrative individual will carry out supervision of the student's adherence to the requirements of the post-treatment follow-up. This includes attendance at appropriate support groups such as Alcoholics Anonymous and Narcotics Anonymous and negative drug screens at all times. If any of these conditions are not met, the School of Nursing administrative individual will institute the Non-Academic Misconduct Procedure. Any of the possible sanctions, including dismissal from the program, may be dispensed.

### **School of Health Professions Handbook**

Currently, the School of Health Professions requests a drug screen only when the student's clinical site requires one, or if there is a questionable violation of the KU Medical Center drug and alcohol policy. If a drug screening is found to be positive for drugs or alcohol, the Office of the Dean, the SHP Office of Student Affairs and a member of the SHP academic affairs committee will review the results and may refer the student to the Student Counseling Office.

## **Nurse Anesthesia Student Handbook**

The University of Kansas recognizes that the widespread use of illegal drugs and alcohol today poses a very serious problem. Not only can the use and/or abuse of drugs or alcohol jeopardize the health, safety, and well-being of the individual and others, but it can also endanger the safety of the general public, cause accidents and injuries, adversely affecting productivity and morale and contribute to excessive absenteeism and tardiness. Since our students and faculty are our most valuable resource and the safety and well-being of our students, faculty, and the general public are of paramount concern to us, we have developed a drug and alcohol policy to help us contribute to the solution of this very difficult health and social problem.

In accordance with the above, the Nurse Anesthesia Program strictly prohibits the use, sale, manufacture, transfer or possession of drugs or alcohol on the Medical Center and affiliate premises and strictly prohibits any student or faculty from going to work or class under the influence of drugs or alcohol. Any individual found in violation of this drug and alcohol policy will be subject to disciplinary action up to and including dismissal. The program expresses its commitment to the education of nurse anesthetists, to the support of all members of the faculty, and to the practice of competent anesthesia care for all consumers.

Chemical dependency poses a threat to these goals; therefore, a program has been developed to provide the necessary education and assistance to help prevent or forestall the personal deterioration and compromise of skills that would result if the disease of addiction were allowed to progress. Therefore, the program accepts the responsibility to educate students on the inherent problems of the chemically dependent. The program also believes that students are legally and ethically accountable to the consumer and the profession for the quality of anesthesia care rendered. To this end, the program has developed guidelines to provide information relative to mechanisms of peer support and treatment modalities for students. It is recognized that a healthy attitude concerning substance abuse is pertinent to all health care providers.

We do not grant, nor can we grant immunity to civil law, when students create breaches in legal conduct. We consider any use, possession, or distribution of illegal drugs and/or narcotics (including but not limited to hallucinogens, amphetamines, barbiturates, opiates, and marijuana) to be a matter of great concern. If an individual becomes involved in matters which endanger the well-being of patients, him/her, and fellow students or employees, resultant action will be taken. Theft or use of controlled substances must be reported to civil authorities. All RNs with an active addiction will be reported to the Kansas Nurses Assistance Program (KANP) and may be reported to the State Board of Nursing.

### **Policy**

We are committed to programs of drug education and counseling, and only the lawful and prudent use of alcohol and/or drugs. Those who use illegal drugs or abuse legal drugs (such as alcohol) are accountable to the law and to this policy. We will uphold the law, actively discourage illicit alcohol and drug use, educate our students about the effects of alcohol and other drug abuse, and refer abusers and those affected by abuse of others to appropriate treatment modalities. The following policies will be adhered to:

1. The misuse, possession, distribution or being under the influence of drugs or alcohol on our premises by students is absolutely prohibited.
2. Any illegal drug use, unauthorized use, misuse, possession, sale, manufacturing, distribution, or trafficking of drugs is absolutely prohibited at all times. This includes unauthorized use or misuse of over-the-counter medications or prescription drugs, or paraphernalia associated with such.
3. Engagement in any such illegal or prohibited activity is cause for disciplinary action, dismissal and, when appropriate, immediate referral to local authorities for criminal prosecution.
4. This is meant to include students performing clinical rotations or other academic related assignments at other institutions.

#### Admission Procedures

The program reserves the right to investigate the background of any program applicant with respect to substance abuse and/or disciplinary issues related to RN licensure or employment as an RN. Any information obtained in such an investigation may be used in determining the suitability of an applicant for admission to the program. An SRNA will be subject to immediate dismissal from the program if the SRNA's 40 application or any documents prepared or submitted to the University in the process of applying to the program contain inaccurate, incomplete, or fraudulent information. Program applicants must answer the following questions prior to admission. If applicants answer yes to any of these questions, a full explanation must be provided. This information will not necessarily disqualify applicants from admission to the program, but any inaccurate, incomplete, or fraudulent information will be cause to deny admission or for dismissal if admitted. Applicants must answer yes to starred (\*) questions even if the charge(s), actions(s) or proceedings(s) was/were ultimately expunged or pardoned.

\*1. Has your staff status or scope of practice at any hospital or health care institution ever been limited, suspended, revoked, not renewed, voluntarily or involuntarily terminated, or subject to corrective action, or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body?

\*2. Has your license to practice in any jurisdiction ever been voluntarily or involuntarily relinquished, limited, suspended, restricted, revoked, denied, censured, or subject to monitoring or subject to any consent order or probationary conditions, or have proceedings toward any of those ends ever been instituted?

3. Do you presently have an alcohol or drug dependency that affects or may affect your ability to perform the professional duties required of an SRNA or CRNA?

4. In the past five years, have you been treated for the use or misuse of alcohol or drugs (whether prescribed or obtained without a prescription)?

5. Have you ever been arrested and/or charged with committing a felony or "Class A" misdemeanor in any jurisdiction?

6. Have you ever been convicted of a felony or "Class A" misdemeanor, whether or not related to the practice of nursing or nurse anesthesia (in this context, conviction is understood to include pleas of guilty, pleas of nolo contendere, and diversion agreements)?

Education Information on substance abuse and program policies will be incorporated into the student nurse anesthetists' curriculum throughout the program. This will include information on drug and alcohol abuse and stress management.

#### Monitoring

Any student whose behavior or performance indicates reasonable suspicion that he or she is under the influence of drugs or alcohol will be confronted by program faculty and other appropriate KUMC employees. If the individual acknowledges abuse of drugs or alcohol, he or she will be removed from the area and appropriate disciplinary action, up to and including termination and referral for criminal prosecution, may be taken. If a student refuses to acknowledge abuse of drugs or alcohol upon being confronted, he or she will be asked to voluntarily submit to drug or alcohol testing. Refusal to submit to drug or alcohol testing under these conditions will result in immediate initiation of disciplinary action, up to and including dismissal from the program.

#### Testing

If any student is suspected of substance use or abuse, the department has the right to require that the individual immediately submit to urine and/or hematology drug/alcohol screening test(s). The student will be taken by a faculty or staff department member to a nearby lab for testing or submit to testing on-site. The department will make reasonable efforts to maintain confidentiality in the administrative handling of matters relating to student drug and alcohol testing. Students should be aware that test results may be used for administrative or judicial proceedings and may be provided to state and/or federal agencies or affiliate sites, as required by applicable law. If the urine and/or hematology drug screening test(s) indicate the presence of forbidden substances, the individual will be dismissed from the program. The individual must report within 24 hours to the Kansas Nurses Assistance Program with confirmation sent to the Nurse Anesthesia Department Chair. Failure to enroll in a treatment program within 24 hours will result in no future consideration for readmission and the individual will be referred to the Kansas State Board of Nursing and criminal prosecution.

In order that the drug and alcohol policy can be adequately enforced and thereby eliminate serious safety risks associated with drugs/alcohol in the workplace, students shall be subject to testing for alcohol and drugs in their system in the following circumstances:

1. When there is a reasonable suspicion that the individual may be under the influence of alcohol or drugs. Reasonable suspicion means personal observation of an apparent physical state of impairment, marked changes in personal behavior, altered speech or appearance, other physical indications or other similar characteristics, or a reliable report of the foregoing.
2. Following an accident or incident in which patient safety precautions were violated or careless acts were performed, or which resulted in injury to any person or damage to equipment.
3. A drug miscount in the anesthesia environment.
4. If required by an affiliate clinic site.

Application for Readmission: Students may be considered for readmission to the program following a minimum of one full year of inpatient/outpatient addiction treatment. The student being considered for readmission must be able to document they have not handled controlled

substances in a work-type setting for a minimum of one year. Status of re-entry and academic standing will be determined case-by-case by the program and university administration. The readmitted student shall:

1. Return to the program curriculum after documented reasonable inpatient/outpatient treatment for substance abuse is completed, as determined by program/university administration.
2. Meet and maintain all academic/clinical requirements and make satisfactory progression in the program.
3. Verify that he or she is substance free and participating in a rehabilitation program for addiction, and:
  - a. Submit at least two references at the time of return to the program from a professional counselor or sponsor and a physician indicating that he or she is substance free and is presently attending substance abuse meetings on a regular basis.
  - b. Attend at least two (2) meetings a week at Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Any local meetings are acceptable; however, the NA meetings are strongly recommended. Attendance is to be verified weekly in writing by the sponsor.
  - c. Continue to be substance free throughout the program.
  - d. Submit to random urine and/or hematology screening test(s).

**SELF-REPORTING** Any criminal drug violation in the workplace by a student will be reported in accordance with the Drug-Free Workplace Act. A report of a conviction must be made by a student within five (5) days of the conviction to the department chairman and the dean. If the individual is funded through federal grant or contract, the funding agency will be notified by the department chairman and the dean within ten (10) days after receiving notice from the faculty or student. Newly admitted students are required to advise the program administration of their substance abuse history and their status in peer assistance programs. Failure to comply will result in termination.

### **Kansas Laws on Alcohol Use**

In addition to the University of Kansas policies on cereal malt beverage and alcoholic liquor, state laws and city ordinances provide criminal penalties for specific violations. The most common are as follows:

It is illegal for anyone of any age to consume alcoholic liquor on state or University of Kansas property, except where specific exemptions are provided by law. Maximum Penalty: 6 months in jail; \$200 fine.

It is illegal for anyone under 21 years of age to possess, purchase, attempt to purchase or consume cereal malt beverage or alcoholic liquor except where specific exemptions are provided by law. Maximum Penalty: \$200 minimum fine (18-21 years of age); \$500 fine (under 18 years of age); perform 40 hours of public service; attending an alcohol education program; and up to 30 days suspension of driving privileges.

It is illegal for anyone to furnish cereal malt beverage or alcoholic liquor to another person under 21 years of age. Maximum Penalty: 6 months in jail; \$200 minimum fine. It is illegal for anyone to host a person under 21 in such a manner that permits the minor to consume alcoholic liquor or cereal malt beverages. Maximum Penalty: 1 year in jail, \$1,000 minimum fine; performance of community service.

## **Use, and Misuse, of Forms of Identification**

Possession, use, attempting to obtain, sale, and manufacture of altered or false driver's licenses or identification cards are prohibited by criminal laws. Criminal convictions may jeopardize employment status in professions requiring licensing, certification, or security clearances.

In Kansas, it is also illegal to lend a driver's license or identification card to a person under 21 years of age in order to obtain cereal malt beverage and/or alcoholic liquor.

Possession or display of any fictitious or fraudulently altered driver's license or identification card is a Class B nonperson misdemeanor. Maximum Penalty: 6 months in jail; \$1,000 fine; completion of alcohol/drug education or training program.

Lending a driver's license or identification card to a person under 21 years of age for use in obtaining cereal malt beverage and/or alcoholic liquor, is a Class B nonperson misdemeanor (first conviction):

Maximum Penalty: at least 100 hours public service; \$500 fine; 6 months in jail; (severity level and penalties increase with subsequent convictions).

Other crimes relating to false identification can have more severe consequences. Dealing in false identification documents is a severity level 8 nonperson felony. Penalties will vary based upon factors considered in sentencing guidelines. Maximum Penalty: 11 months in jail; \$100,000 fine.

## **Driving Under the Influence**

In Kansas it is illegal for anyone to operate a vehicle under the influence of alcohol, drugs, or both alcohol and drugs, with a breath or blood alcohol content of .08 or more. For anyone under 21, it is illegal to do so with a breath or blood alcohol content of .02 or greater. If convicted, you are subject to the following penalties:

### *First Conviction (Misdemeanor)*

Maximum Penalty: 6 months in jail; \$1,000 fine; required completion of an alcohol education program; suspended driver's license for 30 days; then use of ignition interlock device for 180 days (1 year suspension and subsequent 1 year ignition interlock device if alcohol concentration is .15 or greater)

### *Second Conviction (Misdemeanor)*

Maximum Penalty: 1 year in jail; \$1,750 fine; completion of alcohol treatment program; suspended driver's license for 1 year; then use of ignition interlock device for 1 year (2 years, if alcohol concentration is .15 or greater)

### *Third Conviction (Misdemeanor)*

(Felony if prior conviction within preceding 10 years) Maximum Penalty: 1 year in jail; \$2,500 fine; completion of alcohol treatment program; suspended driver's license for 1 year; use of ignition interlock device for 2 years (3 years, if alcohol concentration is .15 or greater), with costs.

### *Fourth Conviction (Felony)*

Maximum Penalty: 1 year in jail; \$2,500 fine; participation in alcohol abuse program; required mental health evaluation; suspended driver's license for 1 year, then use of ignition interlock device for 3 years (4 years, if alcohol concentration is .15 or greater), with costs.

### *Fifth & Subsequent Convictions (Felony)*

Maximum Penalty: 1 year in jail; \$2,500 fine; participation in alcohol abuse program; required mental health evaluation; suspended driver's license for 1 year, then use of ignition interlock device for 10 years, with costs.

*Refusal to Submit to Alcohol or Drug Testing (Felony)*

Penalty:

1st time - suspended driver's license for 1 year; driving is restricted by ignition interlock device for two years.

2nd time - suspended driver's license for 1 year; driving is restricted by ignition interlock device for three years,

3rd time - suspended driver's license for 1 year; driving is restricted by ignition interlock device for four years,

4th time - suspended driver's license for 1 year; driving is restricted by ignition interlock device for five years,

5th time – suspended driver's license for 1 year; driving is restricted by ignition interlock device for ten years.

**City of Lawrence Ordinances**

It is illegal in Lawrence for individuals under the age of 21 to possess, consume, obtain, purchase, or attempt to obtain or purchase alcohol or cereal malt beverages, except as otherwise authorized by law. Penalty for persons between 18 and 21 years of age: up to 30 days in jail and/or a \$300 to \$500 fine. Additional penalties, including community service, educational programs, and loss of driving privileges are authorized by law. (Lawrence City Code Section 4-103)

It is illegal in Lawrence for anyone of any age to possess an open container of, and/or consume alcoholic liquor, including on public property, except those areas specifically licensed for sale or specifically exempted by state law. Penalty: up to 6 months in jail and/or up to a \$50 to \$200 fine. (Lawrence City Code Section 4-105)

It is illegal in Lawrence to intentionally or recklessly allow individuals under the age of 21 to possess or consume alcohol or cereal malt beverages on any land, building, structure, or room you own, occupy, or procure. Penalty: Up to 6 months in jail and a fine of at least \$1,000. (Lawrence City Code Section 4-103.1)

**City of Overland Park Ordinances**

It is illegal in Overland Park to buy for, sell to give or furnish, directly or indirectly, alcohol to individuals under the age of 21. This does not apply to a parent or legal guardian furnishing cereal malt beverages to their child under their supervision. Maximum Penalty: 30 days in jail; \$500 fine.

It is illegal in Overland Park to host social activities that allows individuals under the age of 21 to possess or consume alcohol or cereal malt beverages. Maximum Penalty: \$1,000; community or public service.

It is illegal for a person under the age of 21 to possess, consume, obtain, purchase or attempt to obtain or purchase alcohol. Maximum Penalty: \$500 fine; up to 30 days in jail; 40 hours of public service; alcohol education; and suspension of driving privileges.

It is illegal for anyone of any age to possess an open container of, and/or consume alcoholic liquor in any public street, sidewalk, public way, public or private parking lot, public property, or within a vehicle in such place in Overland Park, except in those areas specifically licensed for sale or specifically exempted by law. Maximum Penalty: alcohol education/safety program.

### ***Hutchinson Ordinances***

It is unlawful for any person under the age of 21 to purchase cereal malt beverage or beer containing not more than 6% alcohol by volume. It is unlawful for any person to drink cereal malt beverage or beer containing not more than 6% alcohol by volume or alcoholic liquor or to have in his or her possession any cereal malt beverage or beer containing not more than 6% alcohol by volume or alcoholic liquor except in the original package or container which shall not have been opened: a. in or upon any highway, road, street, alley, sidewalk, public easement or automobile parking lot, whether such lot be publicly or privately owned, or in or upon any vehicle while in or upon any such place; or b. in or upon the premises of any cereal malt beverage licensee but outside the serving area of such licensed premises.

### ***Wichita Ordinances***

No person under 21 years of age shall possess, consume, obtain, purchase, or attempt to obtain or purchase any alcoholic beverage except as authorized by law.

Minimum Penalty: misdemeanor punishable by a minimum fine of \$200 and not to exceed \$500; Maximum Penalty: Imprisonment not to exceed 30 days, or by both such a fine and imprisonment.

It is illegal for anyone to consume or possess an open container of alcoholic beverage in public places, except for in areas and at events specifically exempted by state law.

Maximum Penalty: 6 months in jail and/or up to \$200 fine.

### ***Wyandotte Unified Government Ordinances***

It is illegal for anyone to furnish, drink, consume and/or possess an open container of alcoholic liquor, beer, or cereal malt beverage in public places, except for in areas and at events specifically exempted by state law.

Maximum Penalty: 6 months in jail and/or up to \$200 fine.

### ***Salina Ordinances***

No person under the legal age for consumption of cereal malt beverage shall represent that he or she is of said age for the purpose of asking for, purchasing, or obtaining by any means any cereal malt beverage from any person. It is unlawful for anyone to drink or consume cereal malt beverages upon public streets, alleys, roadways, or highways, or inside any vehicle on public streets, alleys, roads, or highways.

### ***Kansas Law on Drug Use***

The illegal possession, use illegal use, or manufacturing of drugs may subject individuals to criminal prosecution. The University will refer violations of prohibited conduct to appropriate authorities for prosecution.



Kansas law also mandates for certain offenders a non-prison sanction of placement in drug abuse treatment programs. Certain other offenders, including habitual drug users and those convicted of unrelated felonies, remain subject to punishment of imprisonment.

The manufacture of a controlled substance is a drug severity level 2 felony. Maximum Penalty: 12 years imprisonment; \$500,000 fine.

Illegal possession or use of opiates, amphetamines and narcotics is a drug severity level 5 felony. Maximum Penalty: 3 1/2 years imprisonment; \$100,000 fine.

Unlawful possession or use of depressants\*, stimulants, hallucinogenic drugs (including marijuana and K-2), anabolic steroids, simulated controlled substances and paraphernalia, as well as unlawfully obtaining and distributing prescription drugs is a Class A non-person misdemeanor and may escalate to a level 5 felony. Maximum Penalty: 1-year imprisonment; \$2,500 fine. With a prior conviction for this offense: 3 1/2 years imprisonment; \$100,000 fine.

The sale or distribution of these drugs is a drug severity level 4 felony and may escalate to a drug severity level 1 felony. Maximum Penalty: 4 years & 3 months imprisonment; \$300,000 fine. With prior convictions for this offense: 17 years imprisonment; \$500,000 fine. \*Depressants include barbiturates and barbital; hallucinogens include LSD and psilocybin.

### **Federal Law**

The Federal Controlled Substances Act establishes federal U.S. drug policy under which the manufacture, importation, possession, use, and distribution of certain substances is regulated. The Act provides penalties for, among other things, the intentional unlawful distribution or possession with intent to distribute controlled substances, unlawful possession of a controlled substance, and unlawful distribution of a controlled substance, manufacturing, or employing or persuading a person under 18 to unlawfully distribute a controlled substance on or within 1,000 feet. 21 U.S.C. Section 801 *et seq.* The Federal Controlled Substances Act provides penalties for the following:

Intentional unlawful distribution or possession with intent to distribute controlled substances. Maximum Penalty: Life imprisonment; \$10,000,000 fine (first conviction). With a prior conviction for this offense: fine amount is \$20,000,000. With two prior convictions for this offense: life imprisonment without release.

Unlawful possession of a controlled substance. Maximum Penalty: 3 years imprisonment; \$5000 fine.

Unlawful distribution of a controlled substance, manufacturing, or employing or persuading a person under 18 to unlawfully distribute a controlled substance on or within 1,000 feet of a school or university. Maximum Penalty: Up to three times the term of imprisonment and fine otherwise authorized by law.