

DRUGS AND ALCOHOL POLICY – CO CAMPUS

Date of Initial Approval: 6/1/2017**Date Revised:** 3/7/2024**Category:** 3.0 Administration & Governance**Responsible Department:** Compliance Office and Campus Security**Stakeholders Involved in Review:** Office of Compliance, Medical Response Team, Leadership Council

PURPOSE & SCOPE

Rocky Vista University (RVU) is committed to cultivating a drug and alcohol-free work place and maintaining a standard of conduct for employees and students that discourages the unlawful or unauthorized use, possession, storage, manufacture, distribution, or sale of alcoholic beverages and any illicit drugs or drug paraphernalia in University buildings, public campus areas or at University affiliated events held on or off-campus. For RVU employees, compliance with this policy is a term and condition of employment. For RVU students and student organizations, compliance with this policy is a term and condition of continued enrollment and organizational registration.

POLICY STATEMENT

Pursuant to the requirements of the Drug-Free School and Community Act Amendments of 1989 30 CFR 86; HEA Sec. 120; (PL 101-226), RVU has adopted and implemented drug and alcohol policies and programs designed to prevent drug and alcohol problems within the University setting. The policies and programs are designed to identify problems at the earliest stage, motivate the affected individuals to seek help, and to direct the individual toward the best assistance available.

Alcohol and Drug-Free Policy

RVU is an alcohol and drug-free campus, with the exception of special events that are approved by the RVU President, Provost, or College Dean for the use of alcohol. As set forth in local, state, and Federal laws, and the rules and regulations of the University, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on campus-controlled property is strictly prohibited. All drug and alcohol laws are vigorously enforced.

Disciplinary Sanctions

Through established disciplinary procedures, the University will impose sanctions upon students and employees who unlawfully use, possess, sell or distribute drugs or unlawfully use or abuse alcohol on University property, or as part of any University employment or activity. Depending on the circumstances, these sanctions may range from a warning or a suspension, to a maximum of expulsion or termination of employment. Students and employees who violate the University's regulations are also subject to referral by the Campus Safety and Security Department to the appropriate legal entities for criminal prosecution.

Amnesty for Alcohol and/or Drugs in Sexual Misconduct Investigations

While a student or employee may be hesitant to come forward and file a sexual misconduct investigation request out of concern that the complainant was using or was under the influence of alcohol or illegal drugs at the time of the alleged incident, RVU's primary interest and responsibility in such situations is in investigating claims of alleged sexual violence. Substance use itself does not assign culpability to a Reporting Party for sexual violence against them. Other rules violations will be addressed separately from a sexual violence allegation.

Drug and Alcohol Testing

RVU has Drug and Alcohol Testing policies which apply to employees and students. Please refer to the RVU Drug and Alcohol Testing Policy for Students and/or the RVU Drug and Alcohol Testing Policy for Employees for more information.

ROLES & RESPONSIBILITIES

COM Deans, Program Directors	Works with allegations of student violations, investigates, and decides on sanctions if student is in violation. (May consult with Provost)
Human Resources	Works with allegations of employee violations, investigates, and decides on sanctions if employee is in violation. (May consult with President)
Compliance Office	Ensures this policy is disseminated through annual notification as required by the Drug-Free Schools and Communities Act
Campus Safety and Security	Reports any known issues of use of drugs or alcohol to Deans, Program Directors, or HR. Mitigates risk of any harm whenever possible by removing person if disruptive or a danger to self or others.

RELATED PROCESSES, PROCEDURES, AND/OR DEFINITIONS

- Appendix 1- COLORADO DRUG AND ALCOHOL LAWS AND REGULATIONS
- Appendix 2- HEALTH RISKS ASSOCIATED WITH THE ABUSE OF ALCOHOL AND USE OF ILLICIT DRUGS
- Appendix 3- ALCOHOL AND DRUG TREATMENT AND COUNSELING PROGRAMS

POLICY REVISION HISTORY

06/01/2017 Original policy put in place pursuant to the Drug-Free Schools and Communities Act

02/16/24 Revised to include roles and responsibilities and decision-making for the use of alcohol at RVU events.

APPENDIX 1

COLORADO DRUG AND ALCOHOL LAWS AND REGULATIONS

Colorado drug law classifies controlled substances under Federal drug “schedules”. Controlled substances are categorized by their risk of addition. The drug substance you are accused of possessing affects the charges and possible sentences if you are found guilty of drug possession charges.

Schedule I drugs include those that are the most dangerous and have a high risk of addiction or dependency and “no legitimate medical use”. Drugs included under this heading include LSD, marijuana, heroin, mescaline, and peyote.

Schedule II substances still have a high risk of abuse but may have legitimate medical uses. These include things like opium, cocaine, methadone, methamphetamines, and amphetamines.

Schedule III drugs are slightly less dangerous than Schedule II substances, but still have a moderate risk of abuse. Schedule III substances include hydrocodone, codeine, anabolic steroids, testosterone, ketamine, and some depressants.

Schedule IV drugs have a slight risk of dependency and have very acceptable medical uses. Some Schedule IV drugs are clonazepam, some tranquilizers, and sedatives.

Schedule V substances have a very low risk of dependency and include things like over the counter medication with Codeine.

Colorado Drug Possession – Laws & Penalties

You may be charged with possession if you are **in control of a controlled substance**. This means the drugs do not have to be in your pocket but may be in your glove box or in an easily accessible area. An illegal drug that is knowingly under your control is a possession charge under Colorado law.

If you are charged with possession, the sentence you face depends on the substance you are caught with. All drug possession charges and penalties are classified by Schedule, except for Marijuana possession.

Substance / Drug	Charge	Potential Sentence for Possession
Schedule I or II, <i>1st offense</i>	Class 3 Felony	4-12 years in prison and fines of \$3,000-\$750,000
Schedule I or II, <i>2nd offense</i>	Class 2 felony	8-24 years in prison and \$5,000- \$1 million
Schedule III, <i>1st offense</i>	Class 4 felony	2-6 years in prison and fines of \$2,000- \$500,000

Schedule III, 2 nd offense	Class 3 felony	4-12 years in prison and fines of \$3,000-\$750,000
Schedule IV, 1 st offense	Class 5 felony	1-3 years in prison and fines of \$1,000- \$100,000
Schedule IV, 2 nd offense	Class 4 felony	2-6 years in prison and fines of \$2,000- \$500,000
Schedule V, 1 st offense	Class 1 misdemeanor	6-18 months in jail and fines of \$500-\$5,000
Schedule V, 2 nd offense	Class 5 felony	1-3 years in prison and fines of \$1,000- \$100,000

Ref: CRS 18-18-405

Federal Drug Trafficking Penalties

- Please see: <https://www.dea.gov/drug-policy-information>

Colorado Marijuana Laws

The new law did not change penalties associated with more than one ounce of marijuana. If you are in possession of more than one ounce, the charge you face depends on the quantity:

Marijuana Amount	Criminal Charge	Potential Sentence
More than 1 oz. and less than 8 oz.	Class 1 misdemeanor	6- 18 months in jail and fines of \$500-\$5,000
More than 8 oz.	Class 5 felony	1-3 years in prison and fines of \$1,000-\$100,000.

Ref: CRS 18-18-406

If you are caught using marijuana in public or having it out in the open, you can be sentenced to an additional 15 days in jail. If this is your **second offense** or greater you could be facing double the maximum sentence.

If you are charged with more than possession and perhaps were caught in possession with intent to distribute, you face much harsher sentences. For instance, **you could be facing 2 to 6 years in prison for being in possession with intent to distribute any amount of marijuana.**

Colorado State Alcohol Law/RVU Alcohol Policy

Colorado State Law allows a person who has reached his/her 21st birthday to possess and/or consume alcoholic beverages. Students and employees may be required to present valid identification to verify the fact that they are 21 years of age and can legally consume alcohol. Thus, alcohol may be consumed only by people of legal age at approved functions on University premises. Furthermore, the distribution and consumption of alcohol at University events must comply with the guidelines set forth in the University's Drug and Alcohol policy.

Penalties for Driving Under the Influence / Driving While Ability Impaired

Colorado law enforcement refers to drunken driving offenses as either:

- DUI (Driving Under the Influence), triggered by .08% or higher BAC, or
- DWAI (Driving While Ability Impaired), triggered by .05% BAC or higher (but less than .08% BAC).

Penalties for a DWAI/DUI in Colorado

	<u>1st Offense</u>	<u>2nd Offense</u>	<u>3rd Offense</u>
Jail	Up to 1 year (DUI), or up to 180 days (DWAI)	Up to 1 year (DUI & DWAI)	Up to 1 year (DUI & DWAI)
Fines and Penalties	Up to \$1,000 (DUI), or up to \$500 (DWAI)	Up to \$1,500 (DUI & DWAI)	Up to \$1,500 (DUI), or up to \$1,000 (DWAI)
License Suspension	9 months (DUI), none for DWAI	1 year (DUI & DWAI)	2 years (DUI & DWAI)
IID** Required	No	Yes	Yes

DWAI With Previous DUI: Jail – 60 Days to 1 Year, Fine – \$800 to \$1,200, Public Service – 52 to 104 Hours

DUI With Previous DWAI: Jail – 70 Days to 1 Year, Fine – \$900 to \$1,500, Public Service – 56 to 112 Hours

Lookback Period: There is no lookback period in Colorado. All prior DWAI/DUIs are relevant for sentencing and penalty purposes.

**[Interlock Ignition Device](#)

How much do you have to drink (BAC*) for a DWAI/DUI in Colorado?

Under 21	.02%
21 or older	.08% DUI or .05% DWAI

*BAC = blood alcohol content

What if you refuse to take a chemical test in Colorado?

Colorado has an implied consent law. That means that if you refuse to submit to a chemical test you will be subject to a fine and automatic license suspension. To learn more, see [Colorado's implied consent law](#).

	1 st Offense	2d offense	3 rd Offense
Refusal to take test	1 year revocation of license	2 year revocation of license	3 year revocation of license

APPENDIX 2
HEALTH RISKS ASSOCIATED WITH THE ABUSE OF ALCOHOL
AND USE OF ILLICIT DRUGS

The U.S. Department of Justice provides information on the effects of alcohol and commonly used drugs. This information is provided below and can also be found on the U.S. Department of Justice website at <http://www.justice.gov>.

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

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly combined with poor nutrition, can also lead to permanent damage to vital organs, such as the brain and the liver.

Females who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at a greater risk of becoming alcoholics themselves.

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

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

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

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

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

Drugs

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

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

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

Heroin: Heroin abuse is associated with serious health conditions including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis. Mental functioning becomes clouded due to depression of the central nervous system. Long-term effects of heroin appear after repeated use for some period of time. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration.

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

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

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

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

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

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

APPENDIX 3
ALCOHOL AND DRUG TREATMENT AND COUNSELING PROGRAMS

- Colorado Physician Health Program: 303-860-0122
899 Logan St., Suite 410
Denver, CO 80203
- ESI Employee Assistance Group
[ESI GROUP : Welcome \(lifeadvantages.net\)](http://ESI GROUP : Welcome (lifeadvantages.net))
800-252-4555
- 24 Hour National Alcohol and Substance Abuse Information Center: 1-800-784-6776
- Broader Horizons Counseling Services: 303-975-6696
5524 E Colfax Ave
Denver, CO 80220
- Community Alcohol/Drug Rehab: 303-295-2521
3315 Gilpin Street
Denver, CO 80205
- <https://www.narcotics.com/na-meetings/colorado/>
- <https://alcoholicsanonymous.com/aa-meetings/colorado/>
- <https://www.rehab.com/colorado>