

GONZAGA UNIVERSITY

Biennial Review of Alcohol and Other Drug Programs Academic Years 2018-2019 and 2019-2020



Drug Free Schools workgroup members and contributors:

Jenna Parisi, Director, Office of Health Promotion

Paula Smith, Assistant Dean of Students, Resolution Center for Student Conduct and Conflict

Becky Wilkey, Director, Campus Security and Public Safety

Sydney Cheifetz, Health Educator, Alcohol and Other Drugs, Office of Health Promotion

Taylor Jordan, Clery Act and Behavioral Intervention Team Coordinator, Campus Security and Public Safety

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SUMMARY AND INTENT OF DOCUMENT

The Department of Education's, Office of Safe and Drug Free Schools requires, as a condition of receiving any federal funding or other financial assistance, that an institution of higher education (IHE) certify it has adopted and implemented Drug Free Schools and Campus Regulations to prevent the unlawful possession, use, or distribution of alcohol and illicit drugs by students and employees on school premises and as a part of any of its activities.

The institution's drug prevention program must include the following:

- Standards of conduct that clearly prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees
- A description of the legal sanctions under local, state, or federal law for the unlawful possession, use or distribution of illicit drugs and alcohol
- A description of any drug or alcohol counseling, treatment, rehabilitation or re-entry programs that are available to employees and students
- A clear statement that for violations of the standards of conduct the institution will impose sanctions on students and employees up to and including expulsion or termination of employment and referral for prosecution. A description of these sanctions will be provided to the campus community.

The law further requires that the institution conduct a biennial review of its program with the following objectives: (1) determining the effectiveness of the policy and implementing changes to the Alcohol and Other Drug (AOD) program if they are needed; and (2) ensuring that the sanctions developed to respond to violations of the policy are enforced consistently.

The biennial review must also include a determination as to: (1) the number of drug- and alcohol-related violations and fatalities occurring on the campus or as part of their activities that are reported to campus officials; and (2) the number and type of sanctions the IHEs impose on students and employees as a result of such violations or fatalities.

The intention of this document is to meet the legal requirements of conducting a biennial review and also to summarize the programs and activities related to alcohol and drug prevention on Gonzaga University's campus.

An announcement of the biennial review's availability will be sent to all University students and staff via campus email no later than Jan 31st, 2021. A copy of the report will be available on the University website no later than Dec. 31st, 2020. The report will be maintained on the University website and will be publicly accessible. Hard copies of the report can be provided upon request, by contacting 509-313-2224.

Gonzaga University Biennial Review Table of Contents

- A. Policies Related to Alcohol and Drug Use.....Page 4**
 - 1. Student Policy**
 - 2. Staff Policy**
 - 3. Faculty Policy**

- B. Statement of Risks Associated with Drug or Alcohol Use.....Page 5**

- C. Alcohol And Or Drug Programs Available To Students, Staff And Faculty.....Page 6**

- D. Student Climate/Health Assessment related to Alcohol or Drugs.....Page 14**

- E. Drug and Alcohol Policy Violations and Incidents.....Page 20**
 - 1. Student incidents and sanctions**
 - 2. Employee incidents and sanctions**

- F. RCW Title 69.50, Uniformed Controlled Substances Act.....Page 24**
 - 1. Article II—Standards and Schedules**
 - 2. Article IV—Offenses and Penalties**

A. POLICIES RELATED TO ALCOHOL AND DRUG USE

1) The Student Alcohol and Drug policies are found in the Student Code of Conduct link below:

<https://www.gonzaga.edu/student-life/student-services/resolution-center/student-code-of-conduct>

The Student Alcohol Policy is found in the above listed document at the following link:

<https://www.gonzaga.edu/student-life/student-services/resolution-center/student-code-of-conduct/standards-of-conduct-and-policies/university-policies/alcohol-policy>

The Student Drug Policy is found in the same document at the following link:

<https://www.gonzaga.edu/student-life/student-services/resolution-center/student-code-of-conduct/standards-of-conduct-and-policies/university-policies/drug-policy>

2) The Employee Drug, Controlled Substance and Alcohol Free Workplace Policy is accessible online in the Gonzaga University Policies and Procedures Manual at page 82-83:

<https://www.gonzaga.edu/about/offices-services/human-resources/about/policies-procedures>

3) In addition, the faculty handbook's Drug Free Workplace Policy is accessible online in the Gonzaga University Faculty Handbook at section 406.00:

<https://www.gonzaga.edu/academics/academic-calendar-resources/provost-senior-vice-president/faculty-handbook>

B. STATEMENT OF HEALTH RISKS ASSOCIATED WITH ALCOHOL AND OR DRUG USE

The following are summaries of the major health risks associated with alcohol and other drug use. This is not a complete listing; for more information about the most commonly used drugs and related risks please visit the [NIDA](https://www.nida.nih.gov/) website.

Each individual will experience the effects of alcohol and other drugs in a slightly different way given their tolerance, body size, family history, gender, and other physical and psychological factors. Misuse of alcohol and other drugs can lead to chemical dependency and can be harmful during pregnancy.

Gonzaga University offers resources explaining these issues at the following link:

<https://www.gonzaga.edu/student-life/health-well-being/health-counseling-services/resources/well-being-resources/wellness-toolbox/alcohol>

Alcohol

Alcohol in moderate amounts causes dizziness, dulling of the senses and impairment of coordination, reflexes, memory and judgment. Increased amounts of alcohol produce staggering, slurred speech, double vision, mood changes and, possibly, unconsciousness. Larger amounts result in death. Alcohol causes damage to the liver, heart and pancreas. It also may lead to malnutrition, stomach irritation, lowered resistance to disease and irreversible brain or nervous system damage.

Cannabis

Cannabis use leads to a substantial increase in heart rate. It impairs or reduces short-term memory and comprehension, and motivation and cognition are altered. With extended use it can produce paranoia and psychosis. Smoking cannabis damages the lungs and pulmonary system. Cannabis contains more cancer causing agents than tobacco. It also lowers male sex hormones, suppresses ovulation, and can cause changes in the menstrual cycle and possibly cause birth defects.

Cocaine

Cocaine and its derivative crack produce dilated pupils and elevated blood pressure, heart rate, respiratory rate and body temperature. They may also cause insomnia, loss of appetite, tactile hallucinations, paranoia, seizure and death.

Barbiturates

In small doses, barbiturates produce calmness, relaxed muscles and lowered anxiety. Larger doses cause slurred speech, staggering gait and altered perception. Very large doses taken in combination with other central nervous system depressants (e.g., alcohol) cause respiratory depression, coma and sometimes death.

Amphetamines

Amphetamine use causes increased heart and respiratory rates, elevated blood pressure, and dilated pupils. Larger doses cause rapid or irregular heartbeat, tremors and physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, high fever and heart failure.

Hallucinogens (including PCP, LSD, Mescaline, Peyote, Psilocybin)

PCP, or angel dust, interrupts the part of the brain that controls the intellect and impulsive behavior. PCP blocks pain receptors. Violent episodes, including self-inflicted injuries, are not uncommon. Chronic users report memory loss and speech difficulty. Very large doses produce convulsions, coma, heart and lung failure, or ruptured blood vessels in the brain. Mescaline, peyote, etc. cause dilated pupils, elevated body temperature, increased heart rate and blood pressure, and tremors. LSD causes pupil and changes in body temperature, blood pressure and heart rate. A person using LSD may experience loss of appetite, sleeplessness, dry mouth and tremors. Visual changes and hallucinations are among the more common effects.

Opioids (including Heroin, Codeine, Morphine, Opium, Percodan)

Narcotics cause drowsiness, nausea, and diminished pain reactions. The risks include shallow breathing, clammy skin, tremors, cramps, panic, and depression of male and female sex hormones, chronic constipation and slowing of the heart rate to the point of coma or death. When narcotics are injected, the use of contaminated needles can increase the risk for contracting AIDS and hepatitis. Symptoms of overdose include shallow breathing, clammy skin and convulsions. An overdose may result in a coma or even death.

Resources for drug and alcohol information on campus

Health and Counseling Services

<https://www.gonzaga.edu/student-life/health-well-being/health-counseling-services>

Office of Health Promotion

<https://www.gonzaga.edu/student-life/health-well-being/office-of-health-promotion/alcohol-other-drugs>

Wellness Toolbox

<https://www.gonzaga.edu/student-life/health-well-being/health-counseling-services/resources/well-being-resources/wellness-toolbox/alcohol>

C. ALCOHOL AND OR DRUG PROGRAMS AVAILABLE TO STUDENTS, STAFF AND FACULTY

Community resources:

Alcoholics Anonymous

Alcoholics Anonymous (AA) is an international fellowship of people who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about their drinking problem. A schedule of AA meetings in Spokane can be found [here](#), including those hosted on Gonzaga's campus.

SMART Recovery

Self-Management and Recovery Training (SMART) helps people recover from all types of addiction and addictive behaviors. SMART sponsors in-person meetings and daily online meetings. They also sponsor a message board and 24/7 chat rooms. Please visit their [website](#) for more information.

LifeRing

LifeRing is an abstinence-based worldwide network of individuals seeking to live in recovery from addiction to alcohol or to other non-medically prescribed drugs. Please visit the [website](#) for more information about online meetings.

Women for Sobriety

Women For Sobriety, Inc. is a non-profit organization dedicated to helping women overcome alcoholism and other addictions. Please visit the [website](#) for more information.

Narcotics Anonymous

Narcotics Anonymous (NA) is a nonprofit fellowship or society of people for whom drugs had become a major problem. Individuals meet regularly to help each other stay sober. This is a program of complete abstinence from all drugs. There is only one requirement for membership, the desire to stop using. NA information and meetings in Spokane can be found [here](#).

Pura Vida Recovery

Pura Vida is an active sober community in Spokane made up of men and women in recovery. By participating together in fun and engaging physical activities, members strengthen their emotional and physical sobriety. All programs are free and open to anyone with 48 hours of sobriety. Visit their [website](#) to learn more.

Celebrate Recovery

Celebrate Recovery is a Christ-centered recovery program. Bible study and personal connection help individuals grow spiritually while addressing all types of problems and addictions. Check out the [website](#) for more information. Meetings are held locally at [Family of Faith Community Church](#).

Recovery Café

Founded in 2017, with a mission to serve people in recovery, Recovery Café has programming designed to help participants maintain their recovery, fulfill their potential, and reclaim their lives. Please visit their [website](#) for the schedule and information about associated services.

On Campus Resources

Recovery Support

To better serve our students in recovery from substance use disorders Gonzaga has a collegiate recovery community (CRC) called OUR House. The OUR stands for Our Unique Recovery. At OUR House students in recovery, or in hope of recovery, from any background, are supported on their journeys and uplifted as valuable members of our community.

The mission of the CRC at Gonzaga University is to foster a common, collective sense of purpose that helps students to lead meaningful lives without alcohol or other drugs.

OUR House provides the physical space for a safe, recovery-positive environment where students can get support from other students who have been through what they've been through. Resources include:

- 24/7 house access
- Weekly recovery support group meetings
- Social events and activities
- Professional development opportunities
- Mentorship
- Referrals

Employee Assistance Program

Faculty and Staff members employed by Gonzaga University have 24/7 access to the Employee Assistance Program (EAP). The EAP helps employees through personal problems, planning for life events or simply managing daily life which can affect work, health and family. [Support Link](#) is a no-cost, company sponsored benefit available to all Gonzaga benefit eligible employees and dependents. The EAP offers confidential support, resources and information to get through life's challenges. Access to EAP information is made at <https://www.gonzaga.edu/about/offices-services/human-resources/benefits/work-life> or by calling 877-595-5284.

Health Advocates

Provides all benefit eligible employees and their immediate family members a variety of personalized healthcare services, free of charge.

Education and intervention opportunities

Gonzaga actively educates students about alcohol and other drugs. Workshops and presentations are offered throughout the academic year for various student groups and organizations, in addition to consultations for students and staff. Specific programs and interventions include the following:

eCHECKUP TO GO – This online program helps motivate students to reduce their consumption using personalized information about their own drinking and risk factors. It is designed and updated based on the most current and reliable research available. <https://www.gonzaga.edu/student-life/health-well-being/center-for-cura-personalis/well-being-prevention-education/alcohol-other-drugs>

Alcohol Skills Training Program – Intended to help students examine their alcohol use in a small group format, ASTP reviews basics alcohol education concepts, provides information about peer alcohol use, and promotes risk reduction strategies. <https://www.gonzaga.edu/student-life/health-well-being/center-for-cura-personalis/well-being-prevention-education/alcohol-other-drugs>

Student Learning Objective (goal):

Educate students about alcohol and drinking-related behaviors while increasing the students' interest in critically examining their drinking patterns and eventually implementing the skills they learn. In doing so, students can learn to recognize high-risk situations and to minimize the potential negative consequences through preventative action, reduced consumption, or abstinence.

Assessment:

Following the completion of the second session, we ask students to participate in a paper-based survey. This provides valuable information about the student's impression of the facilitator, level of learning, intention to change behavior, and willingness to engage with additional resources in the future.

*During the 2018-2019 academic year, intervention services moved from the Center for Cura Personalis to the Office of Health Promotion. Interventions were also conducted virtually during the COVID-19 pandemic.

Academic Year 2018-2019 Results: (n=51)

Academic Year 2019-2020 Results: (n=51)

Facilitator impression/effectiveness

Statement	% Strongly Agree/Agree '18-'19	% Strongly Agree/Agree '19-'20
My facilitator was supportive.	100%	100%
My facilitator was non-judgmental.	100%	100%
My facilitator was knowledgeable.	100%	100%

Likelihood of Future Behavior

Question	% Very likely/Likely '18-'19	% Very likely/Likely '19-'20
How likely are you to make a change in your drinking behavior?	65%	63%
How likely are you to refer a friend or acquaintance who might need assistance to CCP/OHP?	88%	60%

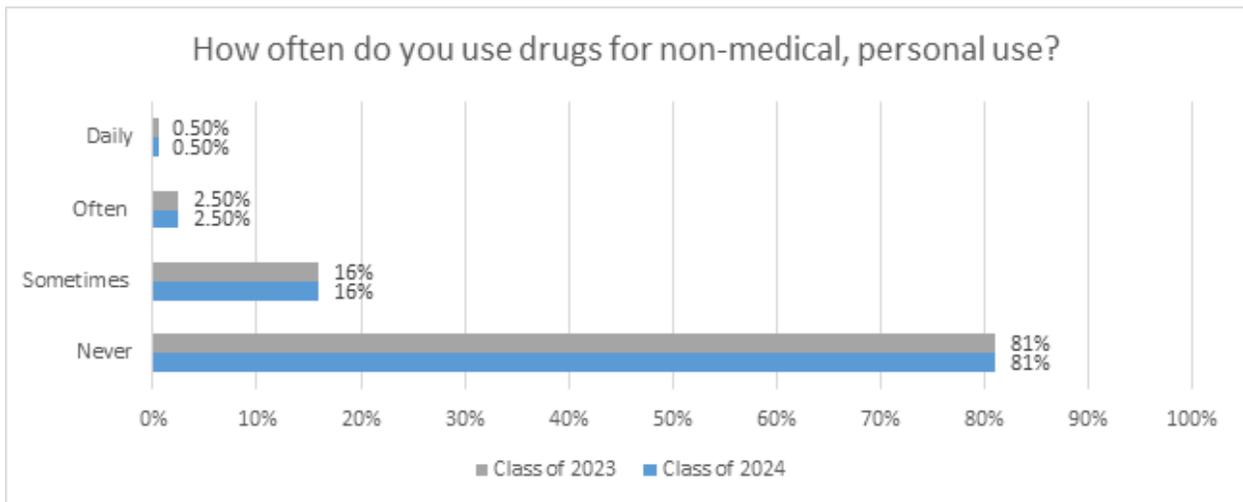
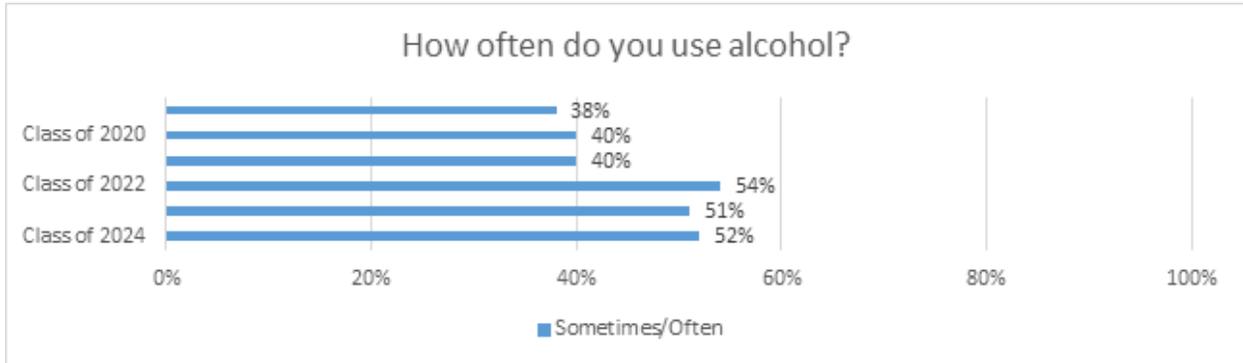
Students also provide responses to 'useful information they learned', what they would like to know more about, and other things we can do to support them in the future. This feedback is analyzed and modifications/additions to the class presentation are made for the following year.

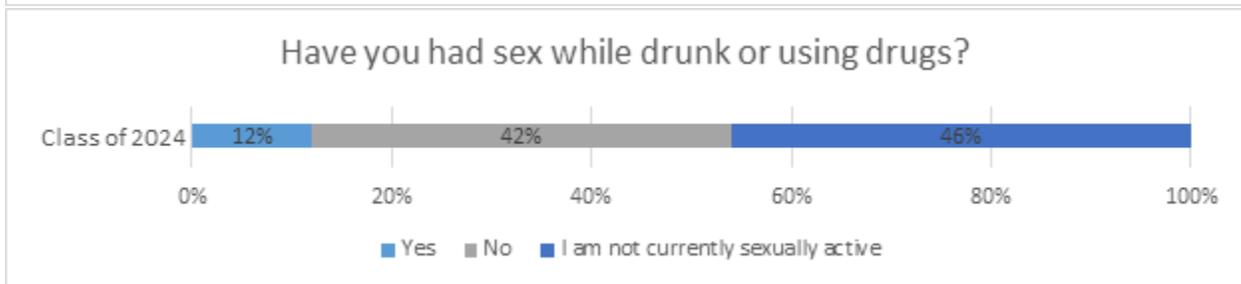
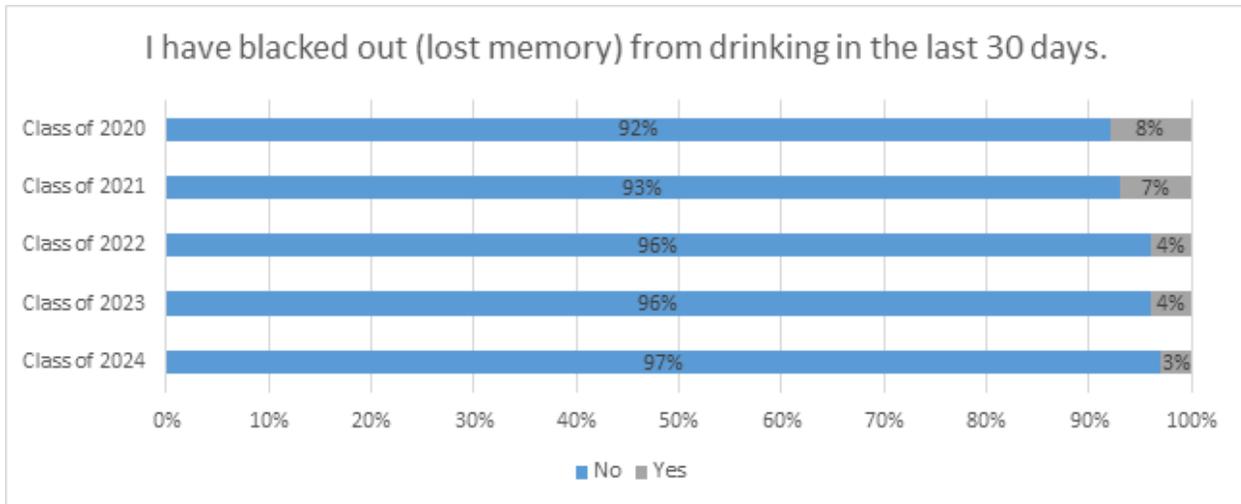
Zag Into Action– This is a self-paced online course (created in house) that covers substance use, healthy relationships, sexual misconduct, diversity and inclusion, and other topics critical to making a successful transition to college. The module about substance use includes the eCHECKUP TO GO assessment tool. The program must be completed by all new incoming undergraduates prior to the start of their first

semester. The program sets a foundation that is reinforced during Orientation, and throughout the year through intentional opportunities via professional residential staff.

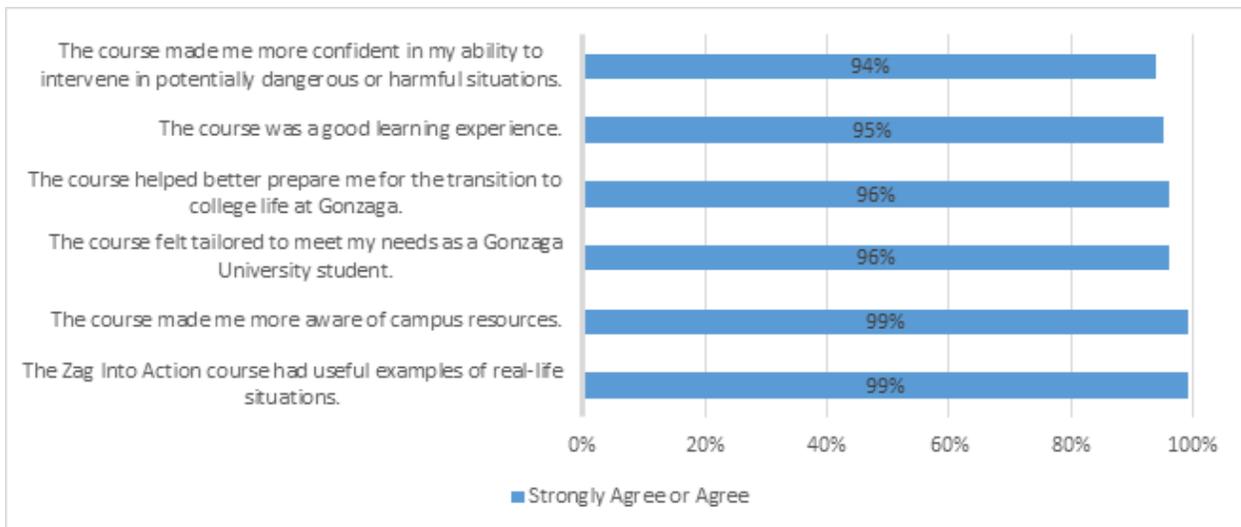
Relevant data:

Alcohol and Drug Use





Course Feedback



Zags Help Zags- The Zags Help Zags program empowers the Gonzaga community to promote well-being and to take action in preventing physical, mental, and emotional harm. This is a Gonzaga University designed program that provides comprehensive bystander intervention strategies for fostering a safe campus community. The program is run out of the Office of Health Promotion and helps develop students, faculty, and staff to be *active bystanders* who step in to make a positive difference in the Gonzaga community. <https://www.gonzaga.edu/zagshelpzags>

BASICS: Brief Alcohol Screening and Intervention for College Students - An evidence-based intervention approach specifically designed for college students to prevent/reduce high-risk drinking and negative consequences. Students often conform to patterns of heavy drinking they see as acceptable, while holding false beliefs about alcohol's effects or actual alcohol-use norms. BASICS is designed to help students make different decisions about using alcohol. The program's approach is empathic, rather than confrontational or judgmental. It aims 1) to reduce alcohol consumption and its adverse consequences, 2) to promote healthier choices among young adults, and 3) to provide important information and coping skills for reducing risk. Developed at the University of Washington's Addictive Behaviors Research Center, BASICS is a widely recognized model program by the Substance Abuse and Mental Health Services Administration, National Registry of Evidence-based Program and Practices, and by the U.S. Department of Health and Human Services.

Students will engage in a self-reflective process whereby they will independently choose to change high-risk alcohol use behaviors while using evidence-based information provided about alcohol, associated risks with excessive drinking and alternative coping strategies. At Gonzaga University, BASICS is facilitated in 1:1 sessions. Students who are sanctioned for an alcohol policy violation and self-report high risk drinking behaviors are required to attend these sessions, which are facilitated throughout the academic year.

Student Learning Objective (goal):

Students engage in a self-reflective process where they independently choose to change high-risk alcohol use behaviors using information provided about alcohol, associated risks with excessive drinking and alternative coping strategies.

Assessment

Each participant takes an online assessment of their alcohol/drug use and the student is presented with their assessment results in the second session. Individuals reflect internally on their results and are invited to discuss certain assessment results. Following the completion of the second session, we also ask students to participate in a paper-based survey. This provides valuable information about the student's impression of the facilitator, level of learning, intention to change behavior, and willingness to engage with additional resources in the future.

*During the 2018-2019 academic year, intervention services moved from the Center for Cura Personalis to the Office of Health Promotion. Interventions were also conducted virtually during the COVID-19 pandemic.

Academic Year 2018-2019 Results: (n=47)

Academic Year 2019-2020 Results: (n=35)

Facilitator impression/effectiveness

Statement	% Strongly Agree/Agree '18-'19	% Strongly Agree/Agree '19-'20
My facilitator was supportive.	98%	100%
My facilitator was non-judgmental.	98%	100%

My facilitator was knowledgeable.	98%	100%
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Likelihood of Future Behavior

Question	% Very likely/Likely '18-19	% Very likely/Likely '19-'20
How likely are you to make a change in your drinking behavior?	83%	91%
How likely are you to refer a friend or acquaintance who might need assistance to OHP?	85%	74%

IMPACT - Is a personal discussion with an individual regarding the impact that alcohol/drugs may be having on their life, on their community, and potentially on their future. Through conversation and additional self-reflection, participants will assess their high-risk alcohol/drug use behaviors, associated risks with excessive use and alternative coping strategies (if associated). This one-on-one conversation occurs in 1-2 consecutive weeks. Each session lasts approximately one hour and is facilitated by professional and graduate assistant staff in the Center for Cura Personalis. IMPACT is provided for students who have received prior alcohol-related sanctions or first time cannabis or other drug violations.

Student Learning Objective (goal):

Upon completion of IMPACT, students will be able to reflect upon their substance use and the impact it has on and in their life, community and future, and self-assess use and potential for behavior change. Additional goals include sharing resources available to students (e.g. O.U.R. House) and evaluating for additional drug or alcohol assessment if warranted (referrals will be made to a community provider).

*During the 2018-2019 academic year, intervention services moved from the Center for Cura Personalis to the Office of Health Promotion. Interventions were also conducted virtually during the COVID-19 pandemic.

Academic Year 2018-2019 Results: (n=22)

Academic Year 2019-2020 Results: (n=36)

Facilitator impression/effectiveness

Statement	% Strongly Agree/Agree '18-'19	% Strongly Agree/Agree '19-'20
My facilitator was supportive.	91%	97%
My facilitator was non-judgmental.	91%	97%
My facilitator was knowledgeable.	86%	97%

Likelihood of Future Behavior

Question	% Very likely/Likely '18-'19	% Very likely/Likely '19-'20
How likely are you to make a change in your behavior?	82%	63%
How likely are you to refer a friend or acquaintance who might need assistance to CCP?	73%	75%

D. STUDENT CLIMATE/HEALTH ASSESSMENT RELATED TO ALCOHOL OR DRUGS

National College Health Assessment

Gonzaga University leverages information and data obtained from national and university specific alcohol and drug surveys. The information is used to determine if existing programs are meeting intended alcohol and drug programming objectives as well as identify opportunities to meet changing campus community needs. One tool used by the University is the National College Health Assessment (NCHA), which was administered in spring 2019 (n=669). Please see select results from the executive summary below.

Cigarette

Percent (%)	Actual Use		
	Male	Female	Total
Never used	71.4	87.5	83.3
Used, but not in the last 30 days	15.7	8.4	10.2
Used 1-9 days	11.9	3.7	5.9
Used 10-29 days	0.5	0.2	0.3
Used all 30 days	0.5	0.2	0.3
<i>Any use within the last 30 days</i>	13.0	4.1	6.5

Perceived Use		
Male	Female	Total
27.2	23.8	24.4
26.6	28.3	28.2
40.2	41.2	41.0
4.3	4.3	4.2
1.6	2.4	2.1
46.2	47.9	47.4

E-Cigarette

Percent (%)	Actual Use		
	Male	Female	Total
Never used	60.5	74.0	70.3
Used, but not in the last 30 days	16.8	14.2	14.8
Used 1-9 days	15.1	8.0	9.9
Used 10-29 days	4.3	1.5	2.4
Used all 30 days	3.2	2.4	2.6
<i>Any use within the last 30 days</i>	22.7	11.8	14.9

Perceived Use		
Male	Female	Total
8.7	7.7	8.0
9.8	8.8	9.0
44.0	45.0	44.9
25.5	26.1	25.9
12.0	12.4	12.2
81.5	83.5	83.0

Tobacco from a water pipe (hookah)

Percent (%)	Actual Use		
	Male	Female	Total
Never used	82.7	93.8	90.7
Used, but not in the last 30 days	16.2	5.4	8.4
Used 1-9 days	1.1	0.9	0.9
Used 10-29 days	0.0	0.0	0.0
Used all 30 days	0.0	0.0	0.0
<i>Any use within the last 30 days</i>	1.1	0.9	0.9

Perceived Use		
Male	Female	Total
35.9	28.2	30.4
38.6	31.5	33.6
23.4	36.0	32.4
1.1	3.2	2.6
1.1	1.1	1.1
25.5	40.3	36.0

Alcohol

	Percent (%)	Actual Use		
		Male	Female	Total
Never used		15.8	11.6	13.1
Used, but not in the last 30 days		8.7	9.9	9.5
Used 1-9 days		54.9	65.6	62.4
Used 10-29 days		20.7	12.7	14.8
Used all 30 days		0.0	0.2	0.2
<i>Any use within the last 30 days</i>		75.5	78.5	77.4

Perceived Use		
Male	Female	Total
2.2	1.1	1.4
0.0	0.9	0.6
54.9	51.4	52.3
39.1	43.7	42.6
3.8	3.0	3.2
97.8	98.1	98.0

Marijuana

	Percent (%)	Actual Use		
		Male	Female	Total
Never used		42.7	47.0	45.7
Used, but not in the last 30 days		20.0	22.6	22.0
Used 1-9 days		26.5	24.1	24.6
Used 10-29 days		8.1	4.3	5.6
Used all 30 days		2.7	1.9	2.1
<i>Any use within the last 30 days</i>		37.3	30.4	32.3

Perceived Use		
Male	Female	Total
3.8	3.9	3.8
8.7	4.7	5.7
62.0	58.2	59.6
22.8	28.5	26.8
2.7	4.7	4.1
87.5	91.4	90.5

Drinking and Driving

- 0.6 % of college students reported driving after having *5 or more drinks* in the last 30 days.*
- 17.1 % of college students reported driving after having *any alcohol* in the last 30 days.*

*Students responding "N/A, don't drive" and "N/A don't drink" were excluded from this analysis.

Reported number of drinks consumed the last time students "partied" or socialized. Only students reporting one or more drinks were included.

Number of drinks*	Percent (%)	Male	Female	Total
4 or fewer		35.4	63.3	56.1
5		9.0	14.3	12.7
6		15.3	11.2	12.1
7 or more		40.3	11.2	19.1
Mean		6.12	4.16	4.67
Median		6.00	4.00	4.00
Std Dev		3.25	2.16	2.65

* Students reporting 0 drinks were excluded.

Reported number of times college students consumed five or more drinks in a sitting within the last two weeks:

	Percent (%)	Male	Female	Total
N/A don't drink		19.5	14.7	16.5
None		33.0	46.4	42.6
1-2 times		33.0	30.3	30.7
3-5 times		13.0	7.5	9.0
6 or more times		1.6	1.1	1.2

Percent of college students who reported using prescription drugs that were not prescribed to them within the last 12 months:

	Percent (%)	Male	Female	Total
Antidepressants		1.1	2.8	2.2
Erectile dysfunction drugs		0.0	0.4	0.4
Pain killers		5.4	2.1	3.1
Sedatives		1.1	1.1	1.2
Stimulants		12.5	5.1	7.2
<i>Used 1 or more of the above</i>		15.8	9.0	10.8

College students reported doing the following *most of the time* or *always* when they "partied" or socialized during the last 12 months:*

	Percent (%)	Male	Female	Total
Alternate non-alcoholic with alcoholic beverages		38.3	41.2	40.3
Avoid drinking games		16.6	23.3	21.6
Choose not to drink alcohol		15.8	15.6	15.7
Determine in advance not to exceed a set number of drinks		28.2	45.3	40.9
Eat before and/or during drinking		81.9	88.6	87.0
Have a friend let you know when you have had enough		37.2	46.3	44.2
Keep track of how many drinks being consumed		62.4	77.4	73.8
Pace drinks to one or fewer an hour		16.9	26.4	24.0
Stay with the same group of friends the entire time drinking		84.5	92.5	90.5
Stick with only one kind of alcohol when drinking		40.5	49.7	47.4
Use a designated driver		87.3	90.0	89.1
<i>Reported one or more of the above</i>		98.0	99.0	98.8

*Students responding "N/A, don't drink" were excluded from this analysis.

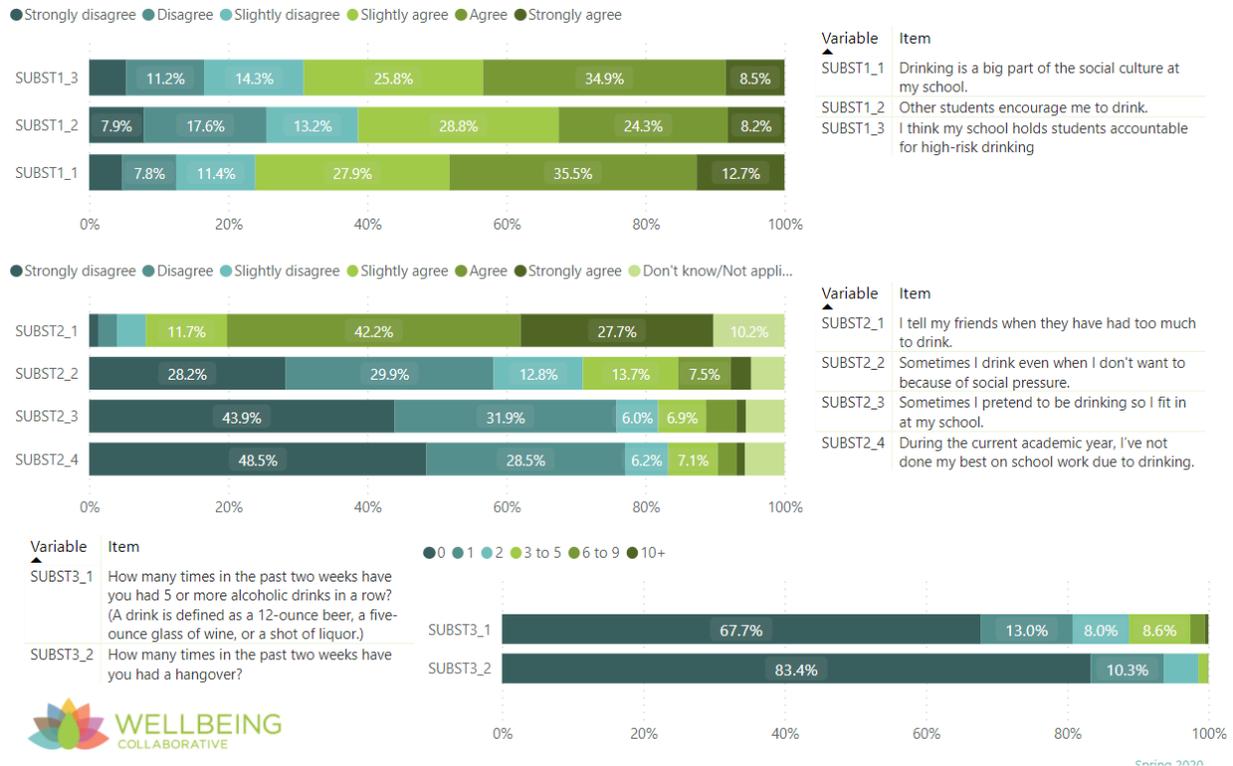
College students who drank alcohol reported experiencing the following in the last 12 months when drinking alcohol:*

	Percent (%)	Male	Female	Total
Did something you later regretted		51.7	42.4	44.9
Forgot where you were or what you did		44.9	40.2	41.9
Got in trouble with the police		2.0	1.0	1.3
Someone had sex with me without my consent		2.0	2.0	2.0
Had sex with someone without their consent		0.0	0.0	0.0
Had unprotected sex		25.7	16.7	19.4
Physically injured yourself		23.6	16.6	18.8
Physically injured another person		3.4	1.0	1.6
Seriously considered suicide		4.7	5.5	5.2
<i>Reported one or more of the above</i>		66.9	61.8	63.4

*Students responding "N/A, don't drink" were excluded from this analysis.

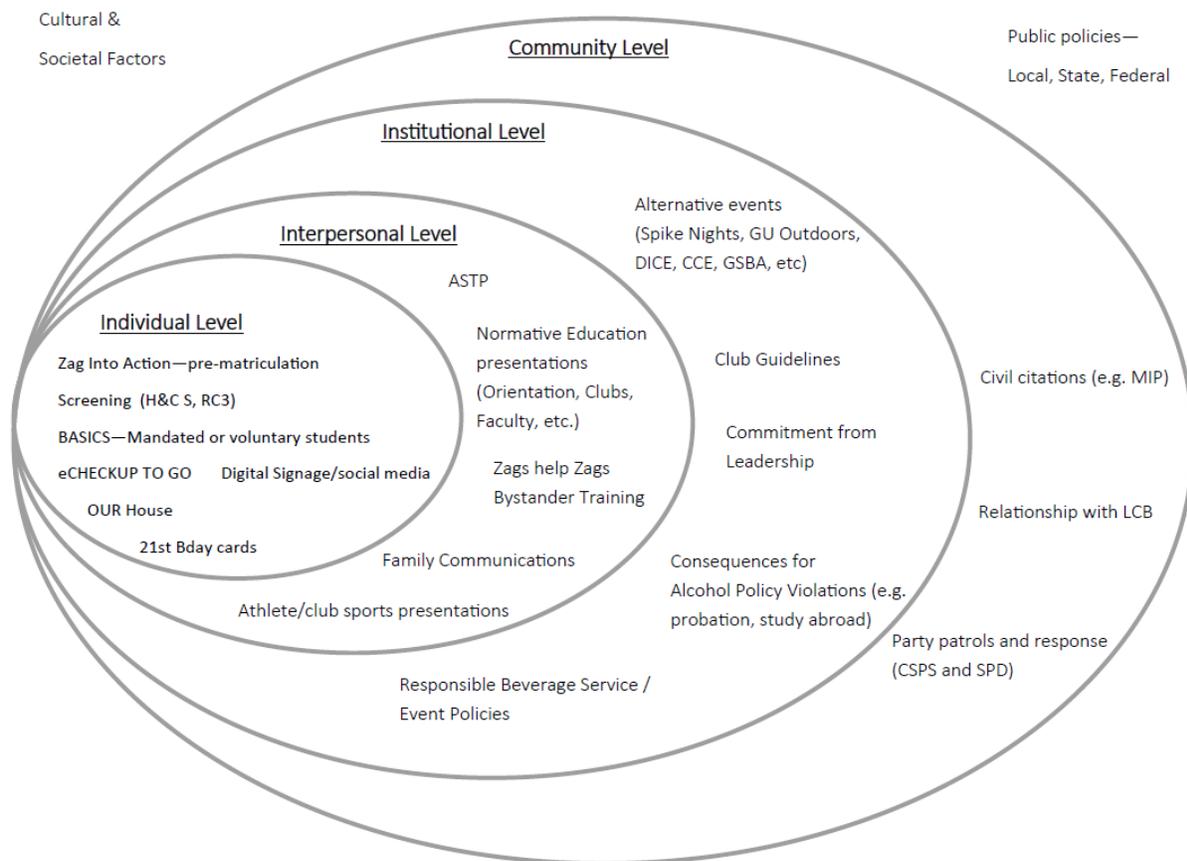
Wellbeing Assessment Survey

In spring of 2020, GU administered the Wake Forest Wellbeing Assessment Survey, and added a custom module about alcohol use (n=1112). Selected results highlighted below.



Campus Climate Diagrams and Strategies

Gonzaga University is committed to implementing a comprehensive, public health approach to address student drinking and drug use, and related harms. Please see the diagram of a socioecological model below, which highlights myriad strategies in use both on and off-campus.



Additional Improvements/Updates since last review

- Hired 1FTE Health Educator focused on Alcohol and Other Drugs.
- Hired a graduate assistant to facilitate brief motivational interventions.
- During AY '18/'19, over 230 Gonzaga community members participated in a listening tour spurred by several years of data collection focused on student drinking.
 - We viewed this as an opportunity to engage our Ignatian pedagogy to better understand the context and experience with alcohol of a variety of constituents (students, staff, families, faculty, and administrators). Our goal was to listen, to learn more about what is influencing GU's culture around alcohol, and to gather perspectives, thoughts, and feelings on alcohol's relationship with the common good. After the conclusion of the tour and subsequent data analysis, a working group was formed in AY '19/'20 to explore ten significant themes that emerged from the listening tour.
- The newly formed alcohol working group cares deeply about the well-being of our community and met regularly (monthly) to engage in dialogue and discernment around potential next steps.
- Identified additional methods to engage peers (undergraduate students) in the delivery of alcohol and other drug prevention programming and strategic initiatives through the use of well-being interns and working group members.

Recommendations for Improvements

Student substance use continues to be a primary area of focus. Modifications/additions to undertake moving forward include:

- Continue to explore and implement strategies to facilitate coping methods and effective harm reduction strategies among students during the COVID-19 pandemic.
- Continue adding more information about polysubstance use to ASTP and other passive programming mechanisms.
- Continue identifying additional methods to engage peers (undergraduate and graduate students) in the delivery of alcohol and other drug prevention programming and strategic initiatives.
- Increase the reach of the Zags Help Zags bystander intervention program.
- Continue to regularly monitor peer-reviewed literature and shared higher education best practices to address student cannabis use within a legalized recreational use state.
- Conduct additional assessment related to student cannabis use in Fall 2020.
- Continue to engage campus stakeholders in the development of a revised, formal campus alcohol policy (applied to students, staff, faculty, and community members when applicable).

E. DISCIPLINARY SANCTIONS FOR VIOLATIONS OF THE STANDARDS OF CONDUCT

Student Violations of the Alcohol Policy and Other Drugs Policy

In accordance with the Drug Free Schools and Communities Act, information about minimum conduct outcomes associated with the use of alcohol and other drugs are available at:

<https://www.gonzaga.edu/student-life/student-services/resolution-center/the-conduct-process/conduct-outcomes-for-alcohol-and-other-drugs>, and are listed in the tables below:

Violations of the Alcohol Policy Minimum Outcomes:

Class 1 Violations	1 Violation	2 Violations	3 Violations	4 Violations
Possession of Alcohol Paraphernalia - Residential Facilities Possession of Alcohol in a Restricted Area	\$25 Fine	\$50 Fine	\$100 Fine	\$150 Fine and Conduct Probation
Class 2 Violations	1 Violation	2 Violations	3 Violations	4 Violations
Underage Possession, Use, or Consumption of Alcohol	\$50 Fine	\$150 Fine	\$250 Fine and Conduct Probation	Suspension
Class 3 Violations	1 Violation	2 Violations	3 Violations	

Mass Quantities of Alcohol - Residential Facilities Drinking Games - Residential Facilities	\$100 Fine	\$200 Fine and Conduct Probation	Suspension	
Acute Intoxication (Regardless of Age)	No Fine Alcohol Education	\$200 Fine and Conduct Probation	Suspension	
Class 4 Violations	1 Violation	2 Violations	3 Violations	
Provision of Alcohol to Minors	\$200 Fine	\$300 Fine and Conduct Probation	Suspension	

Violations of the Drug Policy Minimum Outcomes:

Class 1 Violations	1 Violation	2 Violations	3 Violations	4 Violations
Possession of Drug Paraphernalia	\$50 Fine	\$100 Fine	\$150 Fine and Conduct Probation	Suspension
Class 2 Violations	1 Violation	2 Violations	3 Violations	
Possession, Use, or Consumption of Marijuana Misuse of Prescription Drugs or Other Products Provision or Manufacture of Drug Paraphernalia	\$100 Fine	\$250 Fine and Conduct Probation	Suspension	
Class 3 Violations	1 Violation	2 Violations		
Provision of Marijuana Possession, Use, or Consumption of Other Drugs	\$250 Fine and Conduct Probation	Suspension		
Class 4 Violations	1 Violation	2 Violations		
Manufacture of Drugs Provision of Drugs or Controlled Substances	Suspension	Expulsion		

The Resolution Center for Student Conduct and Conflict and/or its designee(s) are not limited to the assignment of minimum outcomes. The nature of the violation, the circumstances surrounding the violation, the student’s prior conduct history (if any), the impact of the misconduct on the community, and conduct outcomes assigned to previous findings for such violations, will be among the factors considered in determining an outcome. The University generally assigns workshops and other

educational assignments in addition to the University’s minimum response to improper use of alcohol or other drugs. A list of University conduct outcomes is available at: <https://www.gonzaga.edu/student-life/student-services/resolution-center/student-code-of-conduct/administration-of-the-student-code-of-conduct/conduct-outcomes>.

Employee Violations of the University’s Drug, Controlled Substance and Alcohol-Free Workplace Policy

Violation of the University’s Drug, Controlled Substance and Alcohol-Free Workplace Policy may result in actions ranging from mandatory participation in a drug rehabilitation program up to dismissal from employment. Full policy is available at: <https://www.gonzaga.edu/about/offices-services/human-resources/about/policies-procedures>

Clery-Reportable Disciplinary Referrals and Conduct Process Information

The tables below represents Clery-Reportable Disciplinary Referrals for calendar years 2016 and 2017 and Conduct Process Information for academic years 2016-17 and 2017-18.

Clery-reportable disciplinary referrals includes individuals referred to the Office of Community Standards as being present during incidents involving alleged alcohol or drug-related law violation(s). Some referrals include an initial review of names submitted only.

Conduct process information includes Clery-reportable and other disciplinary referrals resulting in initiation of disciplinary action. It includes findings of responsibility and sanctions. The University uses a preponderance of evidence standard and not all conduct processes result in findings of responsibility, and in those instances, the assignment of disciplinary sanctions does not occur.

Clery-Reportable Disciplinary Referrals

	2019				2018			
Conduct Referrals	On-Campus		Non-Campus	Public	On Campus		Non-Campus	Public
	Non-Housing	Housing			Non-Housing	Housing		
Disciplinary Referrals for Drugs	10	76	0	2	0	80	0	1
Disciplinary Referrals for Alcohol	24	719	0	1	20	483	0	9

Conduct Process Information

	2018-2019	2019-2020
Number of Alcohol or Other Drug (AOD) cases	480	412
Number of cases with an AOD finding of responsibility	386	330

Alcohol		
Charge Language	Findings of Responsibility	
Underage Possession, Use, or Consumption of Alcohol	236	221
Acute Intoxication: Underage	58	29
Acute Intoxication: Of Age	8	9
Provision of Alcohol to Minors	48	78
Mass Quantities of Alcohol - Residential Facilities	2	1
Possession of Alcohol Paraphernalia - Residential Facilities	55	52
Possession of Alcohol in a Restricted Area	9	4
Drinking Games - Residential Facilities	n/a	42

Drug		
Charge Language	Findings of Responsibility	
Possession, Use, or Consumption of Marijuana	84*	65
Possession, Use, or Consumption of Other Drugs		1
Provision of Marijuana	3*	2
Provision of Drugs or Controlled Substances		0
Possession of Drug Paraphernalia	18	37
Misuse of Prescription Drugs or Other Products	0	1
Provision or Manufacture of Drug Paraphernalia	0	0
Manufacture of Drugs	0	0

* Updates to the Student Code of Conduct in 2019 resulted in Marijuana-related violations to be tracked separately from Other Drug-related violations.

Conduct Outcomes Assigned for Cases with Alcohol or Other Drug Related Findings of Responsibility		
Alcohol or Other Drug Education Opportunities	137	113
Reflective Assignments	47	15
Policy Review Assignments	52	118
Other Developmental Opportunities	111	28
Residential Restrictions	6	1
Non-Residential Restrictions	1	0
Warnings	312	8
Housing or Conduct Probation	50	107
Separation from the University	4	1
Fine	305	258
Restitution	3	1

F. REVISED CODE OF WASHINGTON, TITLE 69.50,

State of Washington Laws relating to drug violations

The Safe and Drug Free Schools Act requires institutions to provide documentation relating to drug related offenses and potential penalties associated with those crimes. The Revised Code of Washington (RCW) contains the classifications of controlled substances, definitions of drug related criminal acts and sentencing for violating those statutes. The most relevant laws of the section covering controlled substances are listed here with web links:

Uniformed Controlled Substances Act <http://app.leg.wa.gov/rcw/default.aspx?cite=69.50>

1. Article IV—Offenses and Penalties

RCW 69.50.401 <http://app.leg.wa.gov/RCW/default.aspx?cite=69.50.401>

Prohibited acts: A—Penalties.

(1) Except as authorized by this chapter, it is unlawful for any person to manufacture, deliver, or possess with intent to manufacture or deliver, a controlled substance.

(2) Any person who violates this section with respect to:

(a) A controlled substance classified in Schedule I or II which is a narcotic drug or flunitrazepam, including its salts, isomers, and salts of isomers, classified in Schedule IV, is guilty of a class B felony and upon conviction may be imprisoned for not more than ten years, or (i) fined not more than twenty-five thousand dollars if the crime involved less than two kilograms of the drug, or both such imprisonment

and fine; or (ii) if the crime involved two or more kilograms of the drug, then fined not more than one hundred thousand dollars for the first two kilograms and not more than fifty dollars for each gram in excess of two kilograms, or both such imprisonment and fine;

(b) Amphetamine, including its salts, isomers, and salts of isomers, or methamphetamine, including its salts, isomers, and salts of isomers, is guilty of a class B felony and upon conviction may be imprisoned for not more than ten years, or (i) fined not more than twenty-five thousand dollars if the crime involved less than two kilograms of the drug, or both such imprisonment and fine; or (ii) if the crime involved two or more kilograms of the drug, then fined not more than one hundred thousand dollars for the first two kilograms and not more than fifty dollars for each gram in excess of two kilograms, or both such imprisonment and fine. Three thousand dollars of the fine may not be suspended. As collected, the first three thousand dollars of the fine must be deposited with the law enforcement agency having responsibility for cleanup of laboratories, sites, or substances used in the manufacture of the methamphetamine, including its salts, isomers, and salts of isomers. The fine moneys deposited with that law enforcement agency must be used for such clean-up cost;

(c) Any other controlled substance classified in Schedule I, II, or III, is guilty of a class C felony punishable according to chapter [9A.20](#) RCW;

(d) A substance classified in Schedule IV, except flunitrazepam, including its salts, isomers, and salts of isomers, is guilty of a class C felony punishable according to chapter [9A.20](#) RCW; or

(e) A substance classified in Schedule V, is guilty of a class C felony punishable according to chapter [9A.20](#) RCW.

(3) The production, manufacture, processing, packaging, delivery, distribution, sale, or possession of marijuana in compliance with the terms set forth in RCW [69.50.360](#), [69.50.363](#), or [69.50.366](#) shall not constitute a violation of this section, this chapter, or any other provision of Washington state law.

(4) The fines in this section apply to adult offenders only

Washington State Crimes and Penalties — Alcohol

Persons under 21 - Minor in Possession and Consumption

RCW 66.44.270

(1) It is unlawful for any person to sell, give, or otherwise supply liquor to any person under the age of twenty-one years or permit any person under that age to consume liquor on his or her premises or on any premises under his or her control. For the purposes of this subsection, "premises" includes real property, houses, buildings, and other structures, and motor vehicles and watercraft. A violation of this subsection is a gross misdemeanor punishable as provided for in chapter 9A.20 RCW.

(2)(a) It is unlawful for any person under the age of twenty-one years to possess, consume, or otherwise acquire any liquor. A violation of this subsection is a gross misdemeanor punishable as provided for in chapter 9A.20 RCW. (b) It is unlawful for a person under the age of twenty-one years to be in a public place, or to be in a motor vehicle in a public place, while exhibiting the effects of having consumed liquor. For purposes of this subsection, exhibiting the effects of having consumed liquor means that a

person has the odor of liquor on his or her breath and either: (i) Is in possession of or close proximity to a container that has or recently had liquor in it; or (ii) by speech, manner, appearance, behavior, lack of coordination, or otherwise, exhibits that he or she is under the influence of liquor. This subsection (2)(b) does not apply if the person is in the presence of a parent or guardian or has consumed or is consuming liquor under circumstances described in subsection (4) or (5) of this section.

(3) Subsections (1) and (2)(a) of this section do not apply to liquor given or permitted to be given to a person under the age of twenty-one years by a parent or guardian and consumed in the presence of the parent or guardian. This subsection shall not authorize consumption or possession of liquor by a person under the age of twenty-one years on any premises licensed under chapter 66.24 RCW.

(4) This section does not apply to liquor given for medicinal purposes to a person under the age of twenty-one years by a parent, guardian, physician, or dentist.

(5) This section does not apply to liquor given to a person under the age of twenty-one years when such liquor is being used in connection with religious services and the amount consumed is the minimal amount necessary for the religious service.

(6) Conviction or forfeiture of bail for a violation of this section by a person under the age of twenty-one years at the time of such conviction or forfeiture shall not be a disqualification of that person to acquire a license to sell or dispense any liquor after that person has attained the age of twenty-one years

Drivers under the Influence of Alcohol or Drugs

RCW 46.61.502

(1) A person is guilty of driving while under the influence of intoxicating liquor or any drug if the person drives a vehicle within this state: (a) And the person has, within two hours after driving, an alcohol concentration of 0.08 or higher as shown by analysis of the person's breath or blood made under RCW 46.61.506; or (b) While the person is under the influence of or affected by intoxicating liquor or any drug; or (c) While the person is under the combined influence of or affected by intoxicating liquor and any drug.

(2) The fact that a person charged with a violation of this section is or has been entitled to use a drug under the laws of this state shall not constitute a defense against a charge of violating this section.

(3) It is an affirmative defense to a violation of subsection (1) (a) of this section which the defendant must prove by a preponderance of the evidence that the defendant consumed a sufficient quantity of alcohol after the time of driving and before the administration of an analysis of the person's breath or blood to cause the defendant's alcohol concentration to be 0.08 or more within two hours after driving. The court shall not admit evidence of this defense unless the defendant notifies the prosecution prior to the omnibus or pretrial hearing in the case of the defendant's intent to assert the affirmative defense.

(4) Analyses of blood or breath samples obtained more than two hours after the alleged driving may be used as evidence that within two hours of the alleged driving, a person had an alcohol concentration of 0.08 or more in violation of subsection (1)(a) of this section, and in any case in which the analysis shows an alcohol concentration above 0.00 may be used as evidence that a person was under the influence of or affected by intoxicating liquor or any drug in violation of subsection (1)(b) or (c) of this section.

(5) Except as provided in subsection (6) of this section, a violation of this section is a gross misdemeanor.

(6) It is a class C felony punishable under chapter 9.94A RCW, or chapter 13.40 RCW if the person is a juvenile, if: (a) The person has four or more prior offenses within ten years as defined in RCW 46.61.5055; or (b) the person has ever previously been convicted of (i) vehicular homicide while under the influence of intoxicating liquor or any drug, RCW 46.61.520(1)(a), (ii) vehicular assault while under the influence of intoxicating liquor or any drug, RCW 46.61.522(1)(b), or (iii) an out-of-state offense comparable to the offense specified in (b)(i) or (ii) of this subsection.

Classification of Crimes - Sentences

RCW 9A.20.021 <http://app.leg.wa.gov/RCW/default.aspx?cite=9A.20.021>

Maximum sentences for crimes committed July 1, 1984, and after.

(1) Felony. Unless a different maximum sentence for a classified felony is specifically established by a statute of this state, no person convicted of a classified felony shall be punished by confinement or fine exceeding the following:

(a) For a class A felony, by confinement in a state correctional institution for a term of life imprisonment, or by a fine in an amount fixed by the court of fifty thousand dollars, or by both such confinement and fine;

(b) For a class B felony, by confinement in a state correctional institution for a term of ten years, or by a fine in an amount fixed by the court of twenty thousand dollars, or by both such confinement and fine;

(c) For a class C felony, by confinement in a state correctional institution for five years, or by a fine in an amount fixed by the court of ten thousand dollars, or by both such confinement and fine.

(2) Gross misdemeanor. Every person convicted of a gross misdemeanor defined in Title [9A](#) RCW shall be punished by imprisonment in the county jail for a maximum term fixed by the court of up to three hundred sixty-four days, or by a fine in an amount fixed by the court of not more than five thousand dollars, or by both such imprisonment and fine.

(3) Misdemeanor. Every person convicted of a misdemeanor defined in Title [9A](#) RCW shall be punished by imprisonment in the county jail for a maximum term fixed by the court of not more than ninety days, or by a fine in an amount fixed by the court of not more than one thousand dollars, or by both such imprisonment and fine.

(4) This section applies to only those crimes committed on or after July 1, 1984.

(5) The fines in this section apply to adult offenders only.