



Colorado State University

COLORADO STATE UNIVERSITY DRUG AND ALCOHOL PREVENTION PROGRAM

Spring 2026

The Drug Free Schools and Communities Act requires the development and publication of a University's Drug and Alcohol Prevention Program. Campus partners are to be notified annually, and the program reviewed biennially.

Questions concerning this document or alcohol and other drug programs, interventions and policies may be directed to Lauren Ratliff, Colorado State University (CSU) Health Network, Health Education and Prevention Services, Manager of Substance Misuse Prevention at lauren.ratliff@colostate.edu and (970) 491-3213.

1. Standards of Conduct that Prohibit the Unlawful Possession, Use, or Distribution of Illicit Drugs

CSU Drug, Marijuana, Alcohol and Tobacco/Nicotine Policies

CSU's alcohol and drug policy applies to all members of the university community, including staff, faculty, students, affiliates, volunteers, and visitors. This report uses both the terms 'marijuana' and 'cannabis' to align with the corresponding policy language or the terminology recognized by the organizational body being referred to.

The university prohibits the following on any university-owned or controlled property, or at university activities:

- Illegally manufacturing, distributing, dispensing, possessing or using illicit drugs, including marijuana and its derivatives.
 - Possessing a medical marijuana permit does not allow for the possession, use or storage of marijuana anywhere on university property, including in residence halls and university apartments.
 - Possessing, selling or using drug paraphernalia.
- Anyone younger than 21 possessing or drinking alcohol on university property.
- Intentionally or knowingly selling or furnishing alcohol to anyone younger than 21, or anyone obviously inebriated.
- Possessing or consuming alcohol or drugs, or being impaired by alcohol or drugs while:
 - In a university laboratory, mechanical shop, or other place where the risks of injury are higher than under normal circumstances
 - Driving a university vehicle or machinery
 - Performing university job duties
 - Volunteering for the university
 - Interacting with children while working or volunteering at the university or at a university sponsored event
- Students and employees may not use alcohol, controlled substances or illicit drugs to adversely affect academic or job performance, endanger the physical well-being of themselves or others, or in a way that leads to property damage or serious misconduct.
- CSU, through University Housing, Student Conduct Services and CSU Police Department enforces the Student Conduct Code, state underage drinking laws, and local, state, and federal drug laws.
- CSU does permit the lawful use of alcohol at events and in connection with activities on CSU property, such as [tailgating home football games](#) when following tailgating policies or [special events](#) with permission and oversight from the university Office of Risk Management.
- The full text of CSU's Alcohol and Drug policy, with additional elements included, is available [online](#).
- Except as specifically provided under limited exemptions from the [full Smoking, Vaping, and Tobacco Use Policy](#), smoking or vaping of any substance, all uses of tobacco, and the sale of tobacco and other substances meant for smoking are prohibited in all buildings and on all grounds owned, leased, or controlled by CSU, including, but not limited to, green spaces, courtyards, breezeways, terraces, stairways and access ramps, outdoor plazas and patios, underpasses and recreational facilities and fields, roadways, walkways, sidewalks, and pick-up and drop-off points for campus and public bus transportation.

Alcohol and Drugs in Residence Halls

The possession or use of fermented malt beverages, intoxicating liquors, and illegal drugs is not permitted in any of the residence halls. This includes all students regardless of age. Alcoholic beverages may not be used by, possessed by, or distributed to any person under twenty-one (21) years of age. Use, abuse, possession, manufacturing, or distribution of illegal (under federal or state law) drugs including but not limited to cannabis, narcotics, methamphetamines, cocaine, opiates, LSD, mushrooms, heroin, designer drugs such as Ecstasy and GHB, or other controlled substances is prohibited. Use, abuse, or possession of prescription drugs other than for the person prescribed, or for use other than the prescribed purpose is prohibited. Abuse of over-the-counter drugs or inhalants is prohibited. Possession or use of drug paraphernalia including but not limited to equipment, products, and materials used to cultivate, manufacture, distribute, or use illegal drugs is also prohibited. The full text of this policy is available [online](#).

Medical and Recreational Cannabis in Residence Halls

The possession of a medical cannabis permit does not allow for the possession or use of cannabis [in the residence halls](#). Cannabis obtained for medicinal purposes cannot be stored or used in the residence halls. Recreational cannabis use, possession, and distribution is also a violation of University Housing Policy and the [Student Code of Conduct](#). These activities are illegal for persons under 21; for those 21 and older, these activities cannot occur on any University property.

CSU Responsible Action Exemption Policy for Students

Students or organizations, both on and off campus, who seek medical attention for themselves or on behalf of another student related to the use of drugs or alcohol will not be charged with violations of the Student Conduct Code related to that incident. The student seeking exemption from the emergency must comply with the recommendations of the Student Conduct Services hearing officer. This may include an assessment related to drug or alcohol use and treatment recommendations, among others. Failure to complete an assessment may result in charges against the student filed with Student Conduct Services. The parents or guardians of students may be notified by the university if a student involved in the situation is younger than 21. The full text of this policy is available [online](#).

2. Legal Sanctions Under State and Federal Law for the Unlawful Possession or Distribution of Illicit Drugs and Alcohol

The following information has been retrieved from LexisNexis, the online official publisher of the Colorado Revised Statutes. This information reflects the most recent statutes at the time of writing this report. However, laws are subject to change and for the most accurate and up-to-date information, it's advisable to consult the current Colorado Revised Statutes or seek legal counsel.

Applicable Legal Sanctions for the State of Colorado

MARIJUANA - COLORADO SANCTIONS				
Offense	Type of Offense	Jail Term/Penalties	Fine	Driver's License
Providing marijuana to a minor				
> 2.5 lbs (> 1 lb concentrate)	Level 1 drug felony	8 - 32 years, 3-year parole	\$5,000 - \$1M	n/a
> 6 oz - 2.5 lbs (3 oz - 1 lb concentrate)	Level 2 drug felony	4 - 8 years, 2-year parole	\$3,000 - \$750,000	n/a
> 1 oz - 6 oz (0.5 oz - 3 oz concentrate)	Level 3 drug felony	2 - 4 years, 1 year parole	\$2,000 - \$500,000	n/a
≤ 1 oz (≤ 0.5 oz concentrate)	Level 4 drug felony	6 months - 1 year, 1 year parole	\$1,000 - \$100,000	n/a
Manufacturing or process without a license				
Any amount of marijuana or concentrate	Level 3 drug felony	2 - 4 years, 1 year parole	\$2,000 - \$500,000	n/a
Dispense, sell, distribute, or possess with intent to manufacture, dispense, sell or distribute				
50 lbs (> 25 lbs concentrate)	Level 1 drug felony	8 - 32 years, 3-year parole	\$5,000 - \$1M	n/a
> 5 lbs - 50 lbs (> 2.5 lbs - 25 lbs concentrate)	Level 2 drug felony	4 - 8 years, 2-year parole	\$3,000 - \$750,000	n/a
> 12 oz - 5 lbs (> 6 oz - 2.5 lbs concentrate)	Level 3 drug felony	2 - 4 years, 1 year parole	\$2,000 - \$500,000	n/a
> 4 oz - 12 oz (> 2 oz - 6 oz concentrate)	Level 4 drug felony	6 months - 1 year, 1 year parole	\$1,000 - \$100,000	n/a
≤ 4 oz - 12 oz (≤ 2 oz concentrate)	Level 1 drug misdemeanor	6 - 18 months	\$500 - \$5,000	n/a
Possession of plants				
> 30 plants	Level 3 drug felony	2 - 4 years, 1 year parole	\$2,000 - \$500,000	n/a

> 6 - 30 plants	Level 4 drug felony	6 months - 1 year, 1 year parole	\$1,000 - \$100,000	n/a
≤ 6 plants	Level 1 drug misdemeanor	6 - 18 months	\$500 - \$5,000	n/a
Possession				
> 12 oz (> 3 oz concentrate)	Level 4 drug felony	6 months - 1 year, 1 year parole	\$1,000 - \$100,000	n/a
> 6 oz - 12 oz (>3 oz concentrate)	Level 1 drug misdemeanor	6 - 18 months	\$500 - \$5,000	n/a
> 2 oz - 6 oz	Level 2 drug misdemeanor	0 - 12 months	\$50 - \$750	n/a
≤ 2 oz	Drug petty offense	none	\$100	n/a
Public consumption, display, use				
< 2 oz	Drug petty offense	Up to 24-hour community service	\$100	n/a
> 2 oz - 6 oz	See: Possession			

Note: All controlled substance charges also include a drug offender surcharge in addition to the fines listed.

ALCOHOL - COLORADO SANCTIONS				
Offense	Type of Offense	Jail Term/Penalties	Fine	Driver's License
Alcohol consumption / possession: illegal under 21	Unclassified petty offense	24 - 36 hours community service; substance abuse education program	\$100 - \$250	Revocation or suspension possible
Juvenile DUI: Under 21 blood alcohol level (BAC) between .02 and .05 zero tolerance law	Class A traffic infraction Repeat offender = Class 2 traffic misdemeanor	24-hour community service; substance abuse education program	\$15 to \$100	Revocation or suspension possible
Driving while impaired (DWAI) BAC	Traffic misdemeanor	1st offense: 2-180 days jail; 24-48 hours community service 2nd offense: 10-365 days; 48-120 hours community service; 2 years probation	1st offense: \$200 - \$500 2nd offense: \$600 - \$1,500	Revoked if under 21

.05 - .08		3rd offense: 60-365 days; 48-120 hours community service; 2 years probation; alcohol education program	3rd offense: \$600 - \$1,500	
Driving under the influence (DUI) of ethyl alcohol BAC above .08	Traffic misdemeanor	1st offense: 5-365 days (if BAC > 0.2, then 10-365 days); 48-96 hours community service 2nd offense: 10-365 days; 48-120 hours community service; 2 years probation 3rd offense or more: 60-365 days; 48-120 hours community service; alcohol education program, 2 years probation	1st offense: \$600 - \$1,000 2nd offense: \$600 - \$1,500 3rd offense +: \$600 - \$1,500	Revoked
Open alcohol container	Class A traffic infraction	None	\$50	None

CONTROLLED SUBSTANCES - COLORADO SANCTIONS

Possession				
Schedule I and II, such as: more than 4 grams of cocaine, heroin, LSD, or fentanyl and GHB in any amount	Level 4 drug felony - possession	6 months - 1 year; 1 year parole period	\$1,000 - \$100,000	n/a
Schedule III, such as: PCP, Codeine, Diluadid	Level 1 drug misdemeanor - possession	6 months - 18 months	\$500 - \$5,000	n/a
Schedule IV, such as: Chloral Hydrate, tranquilizers, some barbituates and stimulants	Level 1 drug misdemeanor - possession	6 months - 18 months	\$500 - \$5,000	n/a
Schedule V, such as Codeine and other narcotics	Level 1 drug misdemeanor - possession	6 months - 18 months	\$500 - \$5,000	n/a
Use				
Schedule I - V	Level 2 drug misdemeanor	No imprisonment - 1 year	\$50 - \$750	n/a

Applicable Federal Sanctions

The following charts are taken from the United States Department of Justice’s Drugs of Abuse resource guide. (Drugs of Abuse | A DEA Resource Guide: 2024 EDITION).

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	5 kgs or more mixture	First Offense: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not less than 15 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. 2 or More Prior Offenses: Not less than 25 years. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture		10 grams or more mixture	
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or more mixture	
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture		100 gm or more pure or 1 kg or more mixture	
PENALTIES				
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine \$1 million if an individual, \$5 million if not an individual. Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.		
Flunitrazepam (Schedule IV)	1 gram			
Other Schedule III drugs	Any amount	First Offense: Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.		

All other Schedule IV drugs	Any amount	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.</p>
Flunitrazepam (Schedule IV)	Other than 1 gram or more	
All Schedule V drugs	Any amount	<p>First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.</p> <p>Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.</p>

3. Health Risks Associated with the Use of Illicit Drugs, Nicotine and the Abuse of Alcohol

Alcohol

Substance Description

Alcohol (ethanol) is a psychoactive drug that is the active ingredient in drinks such as beer, wine, and distilled spirits (hard liquor). It is possible to overdose and die from ingestion of alcohol.¹

Risk of Dependence

Risk of alcohol dependence is influenced by a variety of factors, including how much and how often a person drinks, a person's age, health history and family history with alcohol dependence.²

Short-term Effects

Alcohol enters the bloodstream as soon as an individual takes their first sip. Alcohol's immediate effects can appear within about 10 minutes. As one drinks, there is an increase in blood alcohol concentration (BAC), which is the amount of alcohol present in the bloodstream. The higher the BAC, the more impaired an individual becomes by alcohol's effects. Alcohol interferes with the brain's communication pathways and can affect the way the brain looks and works. These effects can include reduced inhibitions, slurred speech, motor impairment, confusion, memory problems, concentration problems, coma, breathing problems, and even death.^{1 3} Additionally, drinking too much can weaken the immune system, making the body a much easier target for disease.³

There are also broader environmental impacts that come from alcohol abuse. The National Institute of Alcohol Abuse and Alcoholism (NIAAA) estimated that about 696,000 students ages 18 to 24 are assaulted by another student who has been drinking.³

About one in four college students report experiencing academic difficulties from drinking, such as missing class or getting behind in schoolwork.²

The NIAAA reported that college students who binge drank alcohol at least three times per week were roughly six times more likely to perform poorly on a test or project due to drinking (40 percent vs. 7 percent) than students who drank but never binged. It was also found that students who binge drank were also five times more likely to have missed a class (64 percent vs. 12 percent).²

¹U.S. Drug Enforcement Administration, *Drugs of Abuse: A DEA Resource Guide* (2022).

²National Institute on Alcohol Abuse and Alcoholism (NIAAA), *College Drinking Fact Sheet* (2024).

³Centers for Disease Control and Prevention, *Alcohol Use and Your Health* (2025).

Long-term Effects

Overconsuming on a single occasion slows your body's ability to ward off infections, even up to 24 hours after getting drunk. Drinking too much on a single occasion or overtime can take a serious toll on an individual's health. Some long-term effects on the body include serious heart, liver and pancreas problems.

Additionally, based on extensive reviews of research studies, there is a strong scientific consensus of an association between alcohol drinking and several types of cancer. Clear patterns have emerged between alcohol consumption and the development of the head and neck, esophageal, liver, breast, and colorectal cancers.⁴

Tobacco/Nicotine

Substance Description

Tobacco is a plant grown for its leaves, which are dried and fermented before being put in tobacco products. Tobacco contains nicotine, an ingredient that can lead to addiction, which is why so many people who use tobacco find it difficult to quit. There are also many other potentially harmful chemicals found in tobacco or created by burning it. Vaping nicotine has become a popular method of use, especially among adolescents. In many vaping devices, puffing activates the battery-powered heating device, which vaporizes the liquid in the cartridge. The person then inhales the resulting aerosol.⁵

Risk of Dependence

Nicotine in any form is a highly addictive drug. Research suggests it can even prime the brain's reward system, putting the user at risk for addiction to other drugs. For adolescents, this risk is higher due to interference with the developing brain.^{6 7}

Short-Term Effects

The nicotine in any tobacco product readily absorbs into the blood when a person uses it. Upon entering the blood, nicotine immediately stimulates the adrenal glands to release the hormone epinephrine (adrenaline). Epinephrine stimulates the central nervous system and increases blood pressure, breathing, and heart rate. As with drugs such as cocaine and heroin, nicotine activates the brain's reward circuits and increases levels of the chemical messenger dopamine, which reinforces rewarding behaviors. Studies suggest that other chemicals in tobacco smoke, such as acetaldehyde, may enhance nicotine's effects on the brain.⁷

Long-term Effects

Although nicotine is addictive, most of the severe health effects of tobacco use come from other chemicals. Tobacco smoking can lead to lung cancer, chronic bronchitis emphysema, increased the risk of heart disease. Smoking has also been linked to other cancers, leukemia, cataracts, Type 2 Diabetes, and pneumonia.⁸

⁴Bagnardi et al., "Alcohol Consumption and the Risk of Cancer: A Meta-Analysis," (2024).

⁵ADAMHS Board of Cuyahoga County, *Facts about Tobacco, Nicotine and E-Cigs* (2025).

⁶Truth Initiative, *Nicotine and the Young Brain* (2022).

⁷National Institute on Drug Abuse, "How Does Tobacco Deliver Its Effects?" (2022).

⁸American Cancer Society, *Health Risks of Smoking Tobacco* (2018).

These risks apply to the use of any smoked product, including hookah tobacco. Smokeless tobacco increases the risk of cancer, especially mouth cancers. Pregnant women who smoke cigarettes run an increased risk of miscarriage, stillborn or premature infants, or infants with low birth weight. Smoking while pregnant may also be associated with learning and behavioral problems in exposed children.⁹

Secondhand smoke exposure can also lead to lung cancer and heart disease. It can cause health problems in both adults and children, such as coughing, phlegm, reduced lung function, pneumonia, and bronchitis. Children exposed to secondhand smoke are at an increased risk of ear infections, severe asthma, lung infections, and death from sudden infant death syndrome.¹⁰

Nicotine also affects the development of brain circuits that control attention and learning. Other risks include mood disorders and permanent problems with impulse control (failure to fight an urge or impulse that may harm oneself or others).⁶

Cannabis/Marijuana

Substance Description

Cannabis/marijuana is a mind-altering (psychoactive) drug, produced by the cannabis sativa plant. Cannabis/marijuana has over 480 constituents. THC (delta9 tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect.¹¹

Risk of Dependence

Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychological addiction or dependence. No deaths from overdose of marijuana have been reported. Although, there have been an increasing number of emergency room visits involving marijuana edibles and concentrates.³

There are adverse effects associated with marijuana use in any form, though additional research is needed to understand how the use of concentrate may differ from smoking dried marijuana buds. Marijuana concentrates have very high levels of THC. Solvent-based products tend to be especially potent, with THC levels documented at an average of about 54-69% and reported to exceed 80%, while non-solvent-based extraction methods produce average THC levels between 39-60%. In comparison, the THC content in marijuana plant material, which is often used in marijuana cigarettes, is lower—with samples seized by the U.S. Drug Enforcement Agency averaging just over 15%. Not only do concentrates have high levels of THC, but dabbers inhale the entire amount all at once—in a single breath. As a result, concentrates can deliver extremely large amounts of THC to the body quickly. The risks of physical dependence and addiction increase with exposure to high concentrations of THC, and higher doses of THC are more likely to produce anxiety, agitation, paranoia, and psychosis. Additional research is needed to understand how the use of concentrate affects these risks.³

⁹Centers for Disease Control and Prevention, *"Smoking, Pregnancy, and Babies"* (2023).

¹⁰Centers for Disease Control and Prevention, *Health Problems Caused by Secondhand Smoke* (2025).

¹¹U.S. Department of Justice, Drug Enforcement Administration, *Marijuana/Cannabis* (2020).

Short-term Effects

Short-term effects of cannabis/marijuana include problems with memory and learning, difficulty in thinking and problem solving, loss of coordination, feeling tired, bloodshot eyes, increased heart rate, lung irritation, increased appetite, and increased blood pressure (although prolonged use may cause an overall decrease in blood pressure).^{12, 14}

Research studies have shown negative effects of marijuana on drivers, including an increase in lane weaving, poor reaction time, and altered attention to the road. Use of alcohol with marijuana makes drivers more impaired, causing even more lane weaving. Some studies report that opioids can cause drowsiness and impair thinking and judgment. Other studies have found that being under the influence of opioids while driving can double your risk of having a crash.¹⁵

It is difficult to determine how specific drugs affect driving because people tend to mix various substances, including alcohol. But we do know that even small amounts of some drugs can have a measurable effect.¹⁴ As a result, some states have zero-tolerance laws for drugged driving. This means a person can face charges for driving under the influence (DUI) if there is any amount of drug in the blood or urine. Many states are waiting to develop laws until research can better define blood levels that indicate impairment, such as those they use with alcohol.¹⁴

There was sufficient evidence to suggest that cannabis use alters circadian rhythms, and hence, negatively impacts sleep. The current literature is largely from studies utilizing self-report measures of sleep; thus, objective measures of sleep are needed. In addition, although there were no empirical studies on the temporal relationship between cannabis use and sleep, the majority of the literature focused on characterizing sleep impairment after cannabis use.¹⁵

Long-term Effects

Cannabis/marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system.^{11 13}

Depressants

Substance Description

Depressants will induce sleep, relieve anxiety and muscle spasms, and prevent seizures. Barbiturates are older drugs and include: Butalbital (Fiorina®), Phenobarbital, Pentothal®, Seconal®, Nembutal®.^{16 17 18}

¹²National Institute for Drug Abuse. *Cannabis (Marijuana) Concentrates Drug Facts* (2020).

¹³National Institute for Drug Abuse. *Cannabis (Marijuana)* (2024).

¹⁴National Institute for Drug Abuse. *Drugged Driving Drug Facts* (2019).

¹⁵Edwards & Filbey, "Understanding the Relationship Between Sleep and Cannabis Use" (2021).

¹⁶Drug Enforcement Administration, *What Are Depressants?* (2024).

¹⁷Drug Enforcement Administration, *Rohypnol Fact Sheet* (2019).

¹⁸Borke, J. *Barbiturate Intoxication and Overdose* (2016).

Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects including tolerance and dependence. Some examples include: Valium®, Xanax®, Halcion®, Ativan®, Klonopin®, Restoril®.

Rohypnol® is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally. Lunesta®, Ambien®, and Sonata® are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. It is possible to overdose and die from ingestion of barbiturates and benzodiazepines when used with opiates.^{16 17 18}

Risk of Dependence

A person can rapidly develop dependence on and tolerance to barbiturates, meaning a person needs more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death.^{19 20}

Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects including tolerance and dependence. Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment.^{19 20}

Short-term Effects

Most depressants act on the brain by increasing activity of gamma-aminobutyric acid (GABA), a chemical that inhibits brain activity. This action causes the drowsy and calming effects that make the medicine effective for anxiety and sleep disorders. People who start taking central nervous system depressants usually feel sleepy and uncoordinated for the first few days until the body adjusts to these side effects. Other effects from use and misuse can include slurred speech, confusion, poor concentration, confusion, headache, light-headedness, dizziness, dry mouth, problems with movement and memory, lowered blood pressure and slowed breathing.¹⁶

Long-term Effects

If a person takes depressants long term, they might need larger doses to achieve therapeutic effects. Continued use can also lead to dependence and withdrawal when use is abruptly reduced or stopped. Suddenly stopping can also lead to harmful consequences like seizures.^{19 20}

¹⁹Edinoff et al. "Benzodiazepines: Uses, Dangers, and Clinical Considerations" (2021).

²⁰Prescription CNS Depressants DrugFacts (2018).

Hallucinogens

Substance Description

Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood. Deaths exclusively from acute overdose of LSD, magic mushrooms, and mescaline are extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material. Hallucinogens are split into two categories: classic hallucinogens and dissociative drugs. Some examples of classic hallucinogens include: Psilocybin (Magic Mushrooms), MDMA (Ecstasy), LSD (Acid), and DMT (Dimethyltryptamine). Some examples of dissociative drugs include: PCP (Phencyclidine), Ketamine, and Salvia.²¹

Risk of Dependence

Evidence suggests that certain hallucinogens can be addictive, and that people can develop a tolerance to them. For example, LSD is not considered an addictive drug because it doesn't cause uncontrollable drug-seeking behavior. However, LSD does produce tolerance, so some users who take the drug repeatedly must take higher doses to achieve the same effect. This is an extremely dangerous practice, given the unpredictability of the drug. In addition, LSD produces tolerance to other hallucinogens, including psilocybin. The misuse and addiction potential of DMT is currently unknown. Unlike other hallucinogens, DMT does not appear to lead to tolerance. There is also little evidence that taking it in the form of ayahuasca tea can lead to addiction. On the other hand, PCP is a hallucinogen that can be addictive. People who stop repeated use of PCP experience drug cravings, headaches, and sweating as common withdrawal symptoms. More research is needed on the tolerance or addiction potential of a variety of hallucinogens.²¹

Short-term Effects

Classic hallucinogens can cause users to see images, hear sounds, and feel sensations that seem real but do not exist. The effects generally begin within 20 to 90 minutes and can last as long as 12 hours in some cases (LSD) or as short as 15 minutes in others (synthetic DMT). Along with hallucinations, other short-term general effects include increased heart rate, nausea, intensified feelings, and sensory experiences (such as seeing brighter colors) changes in sense of time (for example, the feeling that time is passing by slowly). Specific short-term effects of some hallucinogens include increased blood pressure, increased breathing rate, increased body temperature, loss of appetite, dry mouth, sleep problems, spiritual experiences, feelings of relaxation, uncoordinated movements, excessive sweating, panic, paranoia (extreme and unreasonable distrust of others), psychosis (disordered thinking detached from reality), bizarre behaviors, and vomiting.²¹

²¹National Institute on Drug Abuse. DrugFacts. *Hallucinogens* (n.d.).

Long-term Effects

Two long-term effects have been associated with the use of classic hallucinogens, although these effects are rare. The first is called persistent psychosis which is a series of continuing mental problems, including: visual disturbances, disorganized thinking, paranoia, and mood changes. The second is called Hallucinogen Persisting Perception Disorder (HPPD). This manifests in recurrences of certain drug experiences, such as hallucinations or other visual disturbances. These flashbacks often happen without warning and may occur within a few days or more than a year after drug use. These symptoms are sometimes mistaken for other disorders, such as stroke or a brain tumor. ²¹

Narcotics/Opioids

Substance Description

Also known as “opioids,” the term “narcotic” comes from the Greek word for “stupor” and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as “narcotics,” today “narcotic” refers to opium, opium derivatives, and their semi-synthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is “opioid.” Examples include heroin, OxyContin®, Vicodin®, Codeine, Morphine, Fentanyl, and Methadone. It is possible and common to overdose and die from ingestion of opioids. ²²

Risk of Dependence

Use can create psychological dependence. Long after the physical need for the drug has passed, the user may continue to think and talk about using drugs and feel overwhelmed coping with daily activities. Relapses are common if there are no changes to the physical environment or the behavioral motivators that prompted the abuse in the first place. ²²

Short-term Effects

In the short term, opioids can relieve pain and make people feel relaxed and happy. However, opioids can also have harmful effects, including drowsiness, confusion, nausea, constipation, euphoria, and slowed breathing. ²²

Long-term Effects

Opioid misuse can cause slowed breathing, which can cause hypoxia, a condition that results when too little oxygen reaches the brain. Hypoxia can have short- and long-term psychological and neurological effects, including coma, permanent brain damage, or death. Researchers are also investigating the long-term effects of opioid addiction on the brain, including whether damage can be reversed. People who use opioids over the long term may develop insomnia, collapsed veins at injection sites, damaged tissue in nose from snorting, heart lining and valve infection, abscesses, constipation and stomach cramps, liver and kidney disease, pneumonia, depression and other mental illness, sexual dysfunction, and issues with menstrual cycles. ²²

²²National Institute on Drug Abuse *Opioids DrugFacts* (n.d.).

Stimulants

Substance Description

Stimulants speed up the body's systems. This class of drugs includes prescription and illicit stimulants. Prescription stimulants include amphetamines (Adderall® and Dexedrine®), methylphenidate (Concerta® and Ritalin®), and diet aids (such as Didrex®). Illicit stimulants include methamphetamine, cocaine, methcathinone, and synthetic cathinones that are commonly sold under the guise of "bath salts". It is possible and common to overdose and die from ingestion of stimulants.²³

Risk of Dependence

Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs. In fact, the strongest psychological dependence observed occurs with the more potent stimulants, such as amphetamine, methylphenidate, methamphetamine, cocaine, and methcathinone. Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a "crash."^{23 24}

Short-term Effects

People who use stimulants report feeling a "rush" (euphoria) along with the following increased blood pressure, heart rate and breathing, decreased blood flow, increased blood sugar, dilated pupils, nausea, increased body temperature, restlessness, tremors and muscle twitches.²³

Long-term Effects

Repeated misuse of stimulants, even within a short period, can cause psychosis, anger, or paranoia. If the drug is injected, it is important to note that sharing drug injection equipment and having impaired judgment from drug misuse can increase the risk of contracting infectious diseases such as HIV and hepatitis.

For methamphetamine, some long-term effects include extreme weight loss, addiction, severe dental problems, intense itching leading to skin sores, anxiety, changes in brain structure and function, confusion, memory loss, sleeping problems, violent behavior, paranoia, and hallucinations.

For cocaine, long-term effects are dependent on the method of use. Snorting can result in loss of smell, nosebleeds, frequent runny noses, and problems swallowing. Smoking can result in cough, asthma, respiratory distress, and higher risk of lung infections like pneumonia. Consuming by mouth can cause severe bowel decay from reduced blood flow. Needle injections can result in a higher risk for contracting HIV, hepatitis C, and other bloodborne diseases, skin and soft tissue infection, and scarring or collapsed veins at injection sites.²³

²³Drug Enforcement Administration. *What Are Stimulants?* (2020).

²⁴Substance Abuse and Mental Health Services Administration (SAMHSA). *Important Facts About Alcohol and Drugs* (2016).

4. Programs Available for Employees and Students Relating to Drug and Alcohol Misuse

Students

Decreasing Risk for First Year Students

New, incoming students engage in the Ram Orientation Rams Take Care, Rams Take Action session that integrates substances education and bystander messaging. Ram Orientation Leaders are trained in program content, motivational interviewing and bystander intervention for program delivery. This content also provides information regarding how to intervene in alcohol or other drug-related emergencies. Ram Orientation has an intentional focus on students building positive social connections and a substance misuse protective factor. A request has been made to add session evaluation questions to the Ram Orientation survey in fiscal year 2025.

Ram Orientation CSU Health Network Parent and Family Presentations provide requirements, recommendations, and services information (new student version also occurs), as well as encourage prevention-focused conversations with their new students. Parent and Family Programs follow-up communications provide resources on how to support their students and conversation guidance.

The AlcoholEdu online module is required for new, incoming students under the age of 23 to facilitate healthier decisions related to alcohol and drug use. Module components include the setting of expectations and norms clarification, as well as providing personalized feedback and tailored content that engages abstainers, light to moderate users and frequent users with customized messaging. It also educates on the mental and physical effects of substance use and alcohol poisoning, as well as prepares students to engage in active bystander behavior. The module also includes vaping and cannabis education.

The Sexual Assault Prevention online module, required for incoming students, focuses on issues associated with stalking, relationship violence and sexual assault. Students learn about consent, how to help a friend and how to intervene in a situation that might escalate interpersonal violence. Content around the role of alcohol and other substances and consent are highlighted in this module.

The AlcoholEdu and Sexual Assault Prevention modules prompt new students to e-sign that they have read related campus policies, and they are provided with both local and national topic-related resources.

YOU@CSU is an online portal (<https://you.colostate.edu/>) that connects students and employees to personalized campus and online resources and support services in the areas of Succeed (Academics/Career), Thrive (Physical/Mental Health) and Matter (Purpose/Connection) to make the most of their university experience. This includes screening questions related to substance use that help dial up timely education and support resources. Incoming students are encouraged to create a profile and explore. The HelpCompass navigation tool in the portal is an essential crisis navigation tool that helps students, faculty, and staff connect to the right help in moments of need.

Student staff trainings are provided Ram Orientation Leaders, Ram Welcome Leaders, Resident Assistants, University Housing Support Staff, Fraternity and Sorority Life Student Leadership, Key, Cultural Resources Centers, etc. regarding their role in creating an environment that encourages healthy decisions around alcohol and other drugs. Training can include brief motivational interviewing

skills to help have critical conversations with students they serve, active bystander techniques, harm reduction education and referral. Discussions with partners to revitalize this cycle of training will occur in fiscal year 2026.

University Housing staff work to create community with their yearly influx of new and returning students and offer Living Substance Free floors in the residence halls. As part of their CSU Police Department Officer Liaison program, each residence hall is assigned an officer with the intention of forming relationships and building trust. Students become accustomed to seeing the officers, associating them less with just policy violation response.

Early in the Fall semester, a Setting Expectations Campaign within University Housing is mobilized, in follow up to housing contract signing. The campaign provides clear messaging about campus alcohol and campus substance misuse prevention other drug policies and violations, as well as messaging to reinforce AlcoholEdu content related to how to help a friend with alcohol poisoning and promotion of Responsible Action/Medical Exemption policy.

Fraternity and Sorority Life Community

The GreekLifeEdu online module completion is required by many fraternity and sorority chapters by their (inter)national organization.

The Fraternity and Sorority Harm Reduction and Risk Management Workgroup focuses on exploration, implementation and updates to harm reduction and prevention strategies specific to the fraternity and sorority community. This group meets biweekly throughout the academic year and focuses on the promotion of resources, grounded in harm reduction, for chapters to utilize when planning social events with alcohol. These resources include: (1) third party vendor contracting, (2) event monitoring, (3) tailgate event planning and (4) BYOB strategy. The Manager of Substance Misuse Prevention sits on this workgroup and provides consultations and workshops for chapter risk managers.

The Fraternity and Sorority Joint Policy on Risk Management is the risk management policy that governs the fraternity and sorority community and is regularly reviewed by the workgroup to make updates based on experience and best practice. The current policy is available at: <https://fsl.colostate.edu/current-students/community-policies/>

There is intentional follow-up regarding violation of alcohol-related policies and online publishing of fraternity and sorority organization conduct outcomes.

The Office of Fraternity and Sorority Life provides risk management officer workshop on a variety of harm reduction related topics, with at least one per year focused on alcohol misuse prevention. Additionally, workshops have been hosted on marijuana misuse prevention and managing alcohol expectancies in the social drinking environment. Individual fraternity and sorority chapters have access to request CSU Health Network provided presentations on a variety of harm reduction and risk management topics, including substance use, at any time. In addition, many chapters receive regular presentations on these topics provided by the (inter)national organization (e.g., Alcohol Skills Training Program)

The annual Tailgating Summit engages the fraternity and sorority community in discussion regarding harm reduction and safer behavior at tailgate events.

Broader than the Fraternity and Sorority Life community, CSU provides hazing prevention training, messaging and encourages reporting of incidents. Fraternity and Sorority Life specific hazing prevention resources can be found at: <https://fsl.colostate.edu/resources/hazing-prevention-education-resources/>.

Athletes

Substance misuse prevention messaging and support resource information is embedded into the first-year athlete course curriculum messaging and orientation. CSU adheres to the NCAA athlete alcohol and other drug testing protocol.

There are counselors embedded in Athletics to provide student mental health/substance misuse support.

In fiscal year 2026, mental health and well-being athlete specific messaging is being considered to rotate on monitors at their Filling Station and Training Room, as well as mental health related athlete skill building and Notice and Respond training for coaches.

High Risk Times/Events

The Community Welcome event held early Fall helps foster a sense of community and connection between students and long-term Fort Collins residents. Volunteers made up of CSU students and staff, city employees, and Fort Collins and CSU Police go door-to-door visiting approximately 2,000 homes in neighborhoods surrounding the main campus. Teams distribute information about City ordinances and expectations CSU has for its students. Additionally, the teams encourage neighbors to get out and meet each other, providing residents with the “Art of Neighboring” brochure, as well as exchange names and contact information to create positive relationships.

The [Party Registration program](#) provides party hosts with an opportunity to receive a warning, giving a 20-minute window to voluntarily terminate a party after a noise complaint has been received. Party smart tips and resources are provided upon registration.

Depending on the year, CSU campus administrators and/or Public Safety Team typically distribute harm reduction and expectation setting health messaging at the start/end of school year, as well as before the Rocky Mountain Showdown football game with CU-Boulder, Halloween, and Spring Break/St. Patrick’s Day. These events are known to have a higher risk for alcohol and other drug misuse and related impacts.

Fort Collins Police and CSU Police Department engage in joint party patrols, DUI saturation patrols, and compliance checks during the year, with greater emphasis on early Fall, around Halloween and late Spring.

CSU sporting events substance misuse and related issues prevention includes: (1) prevention/tailgating/same day policy communications, (2) limiting hours of sales at venues, (3) server training and (4) game day protocols and policy enforcement.

The award-winning Football Game Bystander Intervention builds upon bystander education as part of Ram Orientation and AlcoholEdu. The CREWS Peer Education team engages student football game attendees in conversations using brief motivational interviewing and pledging shown to foster bystander and harm reduction behaviors.

There is intentional campus creation and promotion of activities at higher risk times, like Ram Welcome. An example is the [First 50 Days](#) that involves University Housing’s integration of activities for students to engage in during their first eight weeks on campus.

The [CSU RamRide program](#) provides free, safe rides for CSU students. The community of Fort Collins also has a late-night bus route.

Semester at Sea substance use prevention efforts include expectation setting, accountability, community building, student alcohol misuse prevention education and active bystander intervention messaging. Education follow up involves a post, first port motivational interviewing questions activity. Revisions to the curriculum, informed by feedback from the facilitators and voyagers, is being used to update. An additional resource to aid in taking a [tolerance break](#) from cannabis has been utilized to aid in mitigating withdrawal from cannabis during voyage.

Outreach

The Health Education and Prevention Services department and CREWS Peer Education provide educational presentations and outreach related to substance misuse prevention, including opioid overdose response and naloxone administration and quick trainings. Department staff continue to work collaboratively with campus mental health and well-being colleagues to foster healthy coping strategies and skill-building.

Naloxone and fentanyl testing strip access are widely available at no cost to the CSU community. Locations include campus pocket pantries, a Lory Student Center kiosk, at the Health and Medical Center and can be requested through an online request process.

Health Messaging

Substance misuse prevention health communications are provided through various campus communication options, including social media, during critical times during the year.

Help-Seeking, Treatment and Recovery

Online screening tools are accessible through the YOU@CSU portal and CSU Health Network website to assess symptoms of substance misuse and distress and encourage help seeking behaviors.

The Interactive Screening Program is an evidence-based program where higher-risk students are e-mailed and provided with a brief screening and the opportunity to connect virtually with a counselor that can facilitate connection to ongoing support, as needed. This tool allows direct outreach to students who have been identified as potentially at higher risk for mental health distress, substance misuse and crisis.

Students with a Conduct Code violation related to alcohol and/or other substances are sanctioned to complete the Basics online assessment through CSU Health Network Drugs, Alcohol, and You (DAY) Program, which helps to determine the most appropriate level of intervention.

Students with a Conduct Code violation related to alcohol and/or other substances may be sanctioned to complete an online assessment through CSU Health Network Drugs, Alcohol, and You (DAY) Program, which helps to determine the most appropriate level of intervention. DAY works with sanctioned and non-sanctioned students across the spectrum of use, including addiction and recovery. See [Drugs, Alcohol and You \(DAY\) Programs - CSU Health Network](#) for detailed information about DAY Program

offerings.

Nicotine cessation provides support for students interested in quitting or reducing nicotine and/or vaping product use. Both local and virtual resources are available for CSU students and employees. Visit [Quitting Resources | Tobacco Policy | Colorado State University](#) to learn more.

Ram Recovery Community, founded in 2017, provides peer support for students on all paths and phases of recovery including substance use disorders, eating disorders, as well as other mental health disorders. Health Education and Prevention Services advises the Ram Recovery Community. The student organization provides weekly, peer-facilitated support meetings. Ram Recovery continues to host a yearly sober tailgate in the Fall and other community connection, substance-free events.

Grant funding has been continuously explored to develop a Ram Recovery Program, which includes hiring a dedicated staff position, offering recovery-focused programming, providing recovery housing, and creating a living-learning community centered on recovery. This initiative aims to support students in recovery through academic, social, and emotional support while reducing stigma across campus. Additionally, if grant funding is secured, we seek to adapt the admissions process to help students self-identify and connect with recovery resources. Peer specialists and training staff on medication assisted treatment will also be explored.

More information about alcohol and drugs educational programs and individual assistance: CSU Health Network (970) 491-7121, [Home - CSU Health Network](#).

Employees

CSU Employee Drug, Alcohol Treatment and Educational Programs

Colorado State University's Employee Assistance Program offers on-site assessment and referrals, 3rd party counseling, and support in linking to treatment and counseling for employees struggling with mental health and substance related issues. More information can be found at the [Employee Assistance Program website](#).

A CSU employee can learn more about the Employee Assistance Program and engage in services by contacting the Employee Assistance Coordinator at 970-491-3437.

More information about community resources can be obtained by viewing the [CARE Program website](#) or contacting the Community Resources Coordinator by phone at 970-491-4839.

State of Colorado policy is that treatment may be more appropriate for alcoholics and intoxicated individuals than criminal prosecution. Employees should be afforded a continuum of treatment to help them lead normal lives as productive members of society [C.R.S. §27-81- 101(1)].

The state supports the following kinds of treatment facilities and services [C.R.S. §27-81-101(2)]:

- Screening centers for alcoholics
- Medical detoxification
- Intensive treatment
- Halfway-house care
- Outpatient rehabilitative therapy, orientation, education, and in-service training
- Patient transportation

To find a mental health or substance abuse treatment facility in your area, visit [this list](#).

5. Disciplinary Sanctions for Students or Employees for Violations of Standards of Conduct

Violating University, State or Federal Drug and Alcohol Policy or Law

Students

All CSU students are required to comply with the [Student Conduct Code](#) which sets behavior expectations for students, including expectations regarding drug and alcohol use.

The Student Conduct Code prohibits student use, possession, manufacturing, and distribution of illegal drugs. This includes:

- a. Misuse of alcohol
- b. Prescription drugs used in a manner other than as prescribed
- c. Use or possession of illegal drugs (under federal or state law) including but not limited to marijuana, methamphetamine, cocaine, opiates, LSD, psilocybin mushrooms, heroin, ecstasy, GHB, other controlled substances, or any substance used for an intoxicating effect
- d. Drug paraphernalia including but not limited to equipment, products, and materials used to cultivate, manufacture, distribute, or use illegal drugs

The Student Conduct Code applies to student behaviors on and off campus. If a student is found to have violated drug or alcohol conduct expectations, the student may be subject to discipline under the Student Conduct Code, as well as criminal prosecution under federal and state laws. Sanctions include disciplinary probation, loss of good standing, suspension, deferred suspension, and even expulsion. Student organizations can lose official recognition. Academic penalties can include grading penalties and permanent transcript notations. Housing modifications and parental notification are possible sanctions for policy violations. Educational programs and workshops may be assigned. The student has a right to appeal the hearing officer's decision. CSU, through its University Housing Office, Office of Student Conduct Services and CSU Police Department, vigorously enforces state underage drinking laws; local, state and federal drug laws and the Student Conduct Code.

Employees

The university may properly intervene when employee use of alcohol or drugs affects job performance and conduct. Employees covered by this policy may not report to work or be at work while impaired by alcohol or drugs, even those lawfully prescribed, as determined under a reasonable suspicion standard. Employees who violate the university's policies concerning illicit drugs face discipline outlined in university policies and procedures. Employees may also be subject to criminal prosecution under federal and state laws for drug-related criminal offenses.

No member of the academic community (faculty members, administrative professionals, staff, and students) may unlawfully possess, use, manufacture, dispense, or distribute controlled substances, illicit drugs, or alcohol on university property or as a part of any university activity. University policy also prohibits the performance of one's duties while impaired by the use of alcohol or drugs. The University, through its established committees and procedures, will impose sanctions on students and employees found to be in violation of this policy, possibly including, but not limited to, one (1) or more of the following: reprimand, probation, expulsion, eliminating or lowering salary increases for a period of time, temporary suspension with or without pay, termination, and referral to civil authorities for prosecution consistent with local, State, and Federal law and University policy. University employees who are

convicted under a criminal drug statute for an act in violation of this policy must report the conviction to the Executive Director of the Department of Human Resources, in writing within five (5) days. The University will annually inform faculty members, administrative professionals, staff, and students of applicable health risks, counseling, treatment, rehabilitation or reentry programs, and applicable local, State, and Federal law on unlawful possession or distribution of drugs and alcohol. An employee's job security or chances for promotion will not be at risk solely because they seek and participate in treatment for substance abuse. However, seeking treatment does not excuse poor performance or misconduct. Employment conditions relating to drugs and alcohol are elaborated on within CSU's policy library: [Policy Library - Office of Policy & Compliance - Colorado State University](#)

Colorado Immunity from Arrest and Prosecution Law

The 911 Good Samaritan Law protects people from criminal prosecution for certain drug and alcohol violations if they call for help in an alcohol- or drug-related emergency, including marijuana (C.R.S. §18-1-711). The caller will be immune from criminal prosecution if they comply with the following:

- The caller must provide their name to police or emergency medical services.
- The caller must remain on scene until help arrives.
- The caller must cooperate with the police and emergency medical services.
- Immunity also extends to the person in need of medical attention if that person complies with these same requirements.

More information about the 911 Good Samaritan law and other Colorado public health harm reduction legislation is available here: [Colorado public health harm reduction legislation | Colorado Department of Public Health and Environment](#)

CSU Responsible Action Exemption Policy for Students

Students or organizations, both on and off campus, who seek medical attention for themselves or on behalf of another student related to the use of drugs or alcohol will not be charged with violations of the Student Conduct Code related to that incident.

- e. The student seeking exemption for the emergency must comply with the recommendations of the Student Conduct Services hearing officer. These may include an assessment related to drug or alcohol use and treatment recommendations, among others.
- f. Failure to complete an assessment may result in charges against the student filed with Student Conduct Services.
- g. The parents or guardians of students may be notified by the university if a student involved in the situation is younger than 21 and was transported to the hospital for medical attention.
- h. More information on the policy <https://resolutioncenter.colostate.edu/sc-procedures/>.

Marijuana Use and Possession on Campus

The use and possession of marijuana is prohibited on all property owned or controlled by the university and during all activities sponsored by the university, wherever located. The potential health and behavioral impacts of marijuana do not fit with CSU's mission as an academic institution and a safe, fast-paced, high-functioning work environment. Federal agencies continue to enforce federal law against those who facilitate the illegal use of marijuana, despite state law.

Colorado constitution amendment 64 legalizes certain activities related to marijuana under Colorado law, yet amendment 64 specifically authorizes the university – as a school and an employer – to prohibit the possession and use of marijuana. In addition, although amendment 64 passed in Colorado, marijuana remains illegal under the federal Controlled Substances Act, which prohibits marijuana possession and use. This federal law applies to recreational and medical uses of marijuana. It is not a defense that the person holds a medical marijuana card. Students and employees who violate this policy are subject to university discipline.

Federal laws such as the Drug-Free Workplace Act and the Drug-Free Schools and Communities Act also restrict use of marijuana in the workplace. These federal laws require the university to prohibit the use of marijuana on campus. The Colorado State University Police Department, along with Student Conduct Services, enforces the campus-wide prohibition of marijuana. CSU strives to maintain a safe workplace. Employees who are under the influence of marijuana, just like with alcohol, create serious safety risks when operating machinery or working with potentially hazardous materials or substances in the workplace. While performing their job duties:

- CSU employees are prohibited from consulting or assisting with the cultivation, sale, distribution, or use of marijuana.
- Any employee who provides such assistance shall be acting outside the scope of his or her employment and assumes personal liability for such action.
- CSU is not required to accommodate an employee's medical or recreational use of marijuana.
- Illegal drug use is a bar to acquisition or renewal of a federal security clearance.