

WESLEYAN  
UNIVERSITY

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## **Biennial Review of the Alcohol and Other Drug Prevention Program of Wesleyan University**

For the period of September 1, 2004 to December 31, 2006  
As required by the Drug-Free Schools and Campuses Act

Compiled by:

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## Introduction

On August 16, 1990, the Department of Education published final regulations that implemented the Amendments to the Drug-Free Schools and Campuses Act of 1989. This Act requires all higher education institutions that receive federal funds to certify to the Department of Education that they have adopted and implemented a program to prevent the illicit use of drugs and the abuse of alcohol by students and employees. At a minimum, such a program must include the annual distribution of the following to each student and employee of an institution:

1. Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of drugs and alcohol by students and employees on your institution's property or as any part of your institution's activities.
2. A description of the applicable legal sanctions under local, State, and Federal law for unlawful possession, use or distribution of illicit drugs and alcohol.
3. A description of the health risks associated with the use of illicit drugs and the abuse of alcohol.
4. A description of any drug and alcohol counseling, treatment, or rehabilitation programs that is available to students and employees.
5. A clear statement that your institution will impose sanctions on students and employees (consistent with local, State, and Federal law) and a description of these sanctions up to and including expulsion or termination of employment and referral for prosecution for violations of the standards of conduct.

This Act also requires that an institution of higher education conduct a biennial review of its program to provide:

1. descriptions of the alcohol and other drug (AOD) prevention program contents
2. a statement of the AOD program goals and a discussion of goal achievement
3. summaries of the AOD program strengths and weaknesses
4. procedures for distributing AOD policy to students and employees
5. copies of the policies distributed to students and employees and
6. recommendations for revising the AOD program

This report is Wesleyan University's documentation of its compliance with the Drug-Free Schools and Campuses Act. This report covers the period from September 1, 2004 to December 31, 2006. Information for this biennial review was collected by the Alcohol and other Drugs Committee (membership listed below) and certified by the President. It will be on file in the President's Office, The Provost's Office, the office of the Dean of the College, and WesWELL, the Office of Health Education and available to anyone interested by request. Those on the Wesleyan computer network will be able to access the report and related alcohol and other drug prevention resources at <http://www.wesleyan.edu/deans/aod/index.html>.

## **Alcohol and other Drugs Committee Membership**

Rick Culliton	Dean of Campus Programs
Lisa Currie	Director of Health Education ( <i>chair</i> )
Lisa Dierker	Psychology Faculty
Nick Field '09	Student, Student Health Advisory Committee member
Lisa Gates	Dean, Class of 2007
Eric Heng	Area Coordinator, Residence Life
Steve Henry	Therapist, Office of Behavioral Health
Gale Lackey	Athletics/Physical Education
Joanna Tice '07	Student, Residence Life staff member
Dave Meyer	Director of Public Safety
Jeff Walker '08	Student, Student Health Advisory Committee co-chair
Joyce Walter	Director of Health Center
Mike Whaley	Dean of Student Services

## **Review of the Alcohol and other Drug Prevention Program**

This report will cover the six areas, as listed on page 3, which are required elements of the Biennial Review.

### **Section 1: Description of AOD program elements**

What follows are descriptions of the various components of the Alcohol and other Drugs prevention program at Wesleyan University. These components have been grouped into six categories: environmental strategies, educational strategies, policy and enforcement strategies, early intervention strategies, assessment, and campus-community coalitions.

#### **A. Environmental Strategies**

The environmental strategies profiled in this section include Residential living options and extracurricular/recreational options.

##### **Residential living options**

###### **• WellBeing House and Substance Free Floors**

Residential options at Wesleyan include a WellBeing program house and two Substance Free Floors, located in the Butterfield C residential hall. Any upper class student may apply to reside in the WellBeing house; the Substance Free Floors are open to all students. Students requesting to live on the Substance Free Floors were required to submit an application during the spring 2006 room selection process. Also, beginning in the fall 2006, Substance Free Floor residents will be required to sign a substance-free agreement.

These residential options provide a substance-free living space for all students who choose to live in a substance-free area. The programming of these areas focuses on wellness, and also provides a viable housing option for students in recovery from alcohol or other drug addictions.

###### **• Quiet Houses**

The establishment of Quiet Houses on Home Avenue and Lawn Avenue has discouraged large scale parties that are typically characterized by gross alcohol consumption and other associated high risk behaviors.

##### **Extracurricular/recreational options**

###### **• Student-driven programming and social options**

One of the strengths of Wesleyan's student body is the interest and ability to create a wide variety of social programming in spite of insufficient space and monetary resources. Students collaborate with various offices to produce many events, including alcohol free events. In addition, events are strengthened through collaboration with AOD prevention and educational programs, Host Training, and the availability of trained student event staff to work student sponsored social events.

During the 2004-2005 academic year, 171 social events were registered with the Office of Student Activities and Leadership Development (SALD). All of these events were registered as alcohol free. Of these events, 44 were supported by the Supplemental Event Fund offered by SALD and provided late night, social events opportunities that were registered as alcohol free.

During the 2005-2006 academic year, 162 social events were registered with SALD. All of these events were registered as alcohol free. Of these events, 48 were supported by the Supplemental Event Fund offered by SALD and provided late night, social events opportunities that were registered as alcohol free.

During fall 2006, as of November 1, 2006, 30 social events were registered with SALD. All of these events were registered as alcohol free and 3 of the events were supported by the Supplemental Event Fund.

• **Good Clean Fund/HealthFull Words Fund**

The Good Clean Fund provided students with “mini-grants” of up to \$100 to defray the costs associated with providing alcohol-free social events to the campus. Much of this funding came directly from the Health Education budget; a small portion was derived from fines levied on students found in violation of the University’s alcohol and drug policies. In 2004 – 2005, \$2,495.71 was disseminated for 30 events.

After extensive discussion with various relevant student groups and committees, the Good Clean Fund was discontinued effective May 2005. This decision was supported by the fact that other more significant funding sources for social events exist and due to an effort to consolidate funding sources to reduce the burden on students when seeking funding for their events. All monies previously designated for the Good Clean Fund were redirected to the HealthFull Words Fund, which supports student-initiated educational programs on health issues, including alcohol and other drugs.

• **Changed Hours in Campus Facilities**

In the spring 2004 Semester, late night (until 2am) weekend dining options and late night student entertainment were moved to the newly remodeled Summerfields Restaurant. This shift resulted in a significant reduction of all food services in the Campus Center with many of the dining options being relocated to other campus locations.

The construction of the new Usdan University Center which is underway presents exciting possibilities for student life. This new facility is scheduled to open in fall 2007. It will be the central dining area for all students, so late night dining will move into the new center. Space is being envisioned on the ground floor for student performances that will mean a return of late night entertainment in this central location. So the possibilities for late night alcohol free events and programs will only increase in the upcoming years.

The Freeman Athletic Center offers extended hours to increase student access to fitness facilities on Thursday, Friday and Saturday nights. Attendance has been strong and increasing each year as noted in the table below:

### Freeman Athletic Center Utilization – Extended Hours

<b>2004-2005</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Total Number of Students	949	1050	1810
Average per Night	35.15	40.4	72
<b>2005-2006</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Total Number of Students	987	1204	2234
Average per Night	36.23	47.22	99.20
<b>Fall 2006*</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Total Number of Students	477	656	1097
Average per Night	47.70	72.80	121.88

*\*Data current through November 1, 2006.*

#### • **Campus Center Activities Board (CCAB)**

The start of the fall 2004 semester marked the third year for the Campus Center Activities Board. Four student CCAB members met with the Campus Center Coordinator on a weekly basis. The group was charged with creating, developing, publicizing, organizing, and managing late night alcohol free events and programs in the Campus Center. Some examples were poetry slams, open mic's, viewing major sports or political events, lounge type parties, Halloween scavenger hunt, video game tournaments. The Board produced 5 events in the fall 2004 Semester, and 6 events in spring 2005.

The 2005 – 2006 CCAB was even more active, producing 7 events in the fall 2005 Semester, and 12 events in the spring 2006 Semester. As of November 1, 2006, the board has provided 4 more late night programs for the Campus Center. By the end of this semester, 4 more events will take place. Attendance at these late night CCAB events ranged from 15 to 120 depending on the nature of the event, and the ever-present competition from other events occurring around campus on any given night.

#### • **Stress Free Zone**

The Health Education office hosts a “Stress Free Zone” program each semester, one night during each final exam period. Students were invited to the Campus Center during evening hours to participate in crafts, play board games, watch movies, receive a chair massage, and enjoy refreshments served by members of the Student Services staff. This brief “stress relief” break helped students manage their stress levels during exam week and avoid alcohol consumption as a stress reliever.

## **B. Educational Strategies**

The educational strategies profiled in this section include awareness and information training, social norming, peer education, and student leader training.

### **Awareness and information training**

#### **• New Student Orientation**

New student orientation for incoming first-year and new transfer, exchange and visiting students includes alcohol and drug education as part of its programming. Mike Green, a professional speaker, presented his “Four Stages of Drinking” program to new students during Orientation in 2004 and 2005.

In 2006, the orientation program invited a new speaker, Randy Haveson, due to the desire to present a clearer message about maintaining a low risk relationship with alcohol. Alcohol and drug issues were also presented to new students through a public safety presentation during new student orientation and a residentially-based educational program series called “First Year Matters,” held during the first six weeks of each fall semester.

#### **• Host Training**

Host training was developed during the 1997-1998 academic year to provide students with a stronger understanding of their responsibilities and requirements as the host of social events on campus. Students are now required to take an on-line training course and pass an on-line exam if they plan to host a registered social event on campus. Topics covered in training include campus AOD policy, liability concerns, available support resources, and the event registration process.

### **Educational Outreach**

#### **• Residentially-based programs**

Residence Life utilizes a comprehensive programming model which includes components that reflect the Department’s mission to promote “responsible, inclusive, learning communities.” In assessing each community’s needs, the staff includes programming on health topics, including alcohol and other drug issues.

There are 94 student staff members, each of whom is required to sponsor six programs a semester. Residential Life policy dictates that all programs sponsored by Residential Life, are alcohol free. This has encouraged the development of substance-free social alternatives by staff and residents which contribute to a healthier culture on campus.

#### **• Athletics**

The Athletics Department sponsored John Underwood, a speaker from the American Athletic Institute for the program “Pure Performance: How alcohol and other drugs affect athletic performance” in September 2004. 276 Wesleyan varsity athletes attended the evening meeting. All coaches met with the speaker the following day for additional discussion.

In September 2006, the National Center for Drug Free Sport sent a speaker to present a program on dangers of steroid use and banned substances to all student-athletes. Both speaker programs were supported by \$500.00 grants from the NCAA to supplement the costs.



In January 2007, the National Center for Drug Free Sport will send a speaker to present a program on dangers of steroid use and banned substances to all student-athletes.

- **Student Health Advisory Committee AOD Subcommittee**

The Student Health Advisory Committee (SHAC) is a group of students interested in health-related concerns on Wesleyan's campus. The committee is instrumental in providing Health Services and WesWELL with information on how to better serve the health needs of students. A subcommittee of students interested in AOD issues formed in the 2005 – 2006 academic year. They offered a number of passive and active educational efforts to their peers, including a newsletter on prescription drug abuse entitled the "Toilet Paper", which was posted in bathroom stalls around campus around finals week.

- **"Helping a Friend" Program Series**

In an effort to create greater collaboration between the three health offices (WesWELL, Health Services and Office of Behavioral Health for Students) and assist students who were concerned about a friend's behavior, an educational outreach series was developed in 2005 - 2006. This three-part series addressed severe intoxication, marijuana and prescription drug abuse, typically in panel discussion format with ample opportunity for questions and discussion. Attendance was strong and the series continued in fall 2006 with two additional workshops on marijuana and prescription drug abuse.

- **e-CHUG (alcohol assessment)**

The electronic Check-Up to Go (e-CHUG) is a brief 6-7 minute assessment tool designed to provide individual feedback on alcohol consumption and drinking patterns. e-CHUG is made available to Wesleyan University students by the Davison Health Center and WesWELL, the Office of Health Education. The information is given to help students make informed choices about their health care. e-CHUG is available to all students, but is required for students who have a medical transport for alcohol or other drugs and as part of a CHOICES workshop (alcohol harm reduction program) as a sanction of the Student Judicial Board (SJB).

- **Alcohol Forum**

In February 2005, the Office of Behavioral Health collaborated with Athletics, the OBHS Student Advisory Board and Psi U to offer an Alcohol Forum. The results from this informal discussion offer great insight into student perceptions (and misperceptions) surrounding alcohol culture on campus. (*See Appendix C: Notes from 2005 Alcohol Forum.*)

### **Peer education**

- **Peer Health Advocates**

A small group of students are hired each year by the Health Education Office to serve as Peer Health Advocates; currently seven students hold this position. These students receive training each year on a variety of health issues, including alcohol and other drugs. Topics covered include actual and normative data on student AOD consumption rates, comprehensive prevention strategies and theory, addressing severe intoxication situations and the like.

These students address a variety of health issues in their health promotion efforts, including alcohol and other drug abuse, through awareness events and workshops as well as passive

methods and staffing the health education office throughout the year. They have successfully built relationships with numerous student organizations to extend the reach of the health education office.

- **Wesleyan Health Empowerment Network (WHEN)**

A volunteer group called the Wesleyan Health Empowerment Network was developed in fall 2006 to extend the outreach capabilities of the health education office even further. A founding membership of more than twenty students have been prepared to present workshops and outreach activities on a variety of health issues, including alcohol and other drugs. One of three required trainings covered alcohol and other drugs and relevant AOD information is woven into trainings on other health issues, as appropriate. An optional training on addressing severe intoxication situations effectively has also been offered.

### **Student leader training**

- **Event Staff**

A trained student event staff is available to assist social event hosts with maintaining order at their events and intervening should problems arise. Paid by the Dean's Office, event staff is available at no charge to event hosts. Event staff members are trained with "TIPS for the University," which provides them with intervention skill training and the opportunity to role-play potential situations they might encounter.

- **Residence Life Staff training**

During the initial student staff training each August, alcohol and other drugs are discussed in several sessions. These include presentations about policy and enforcement practices by Public Safety and the Dean of Student Services office; and the health risks associated with severe intoxication. The student staff is also provided with emergency procedures to follow in the event of an alcohol overdose. This training is repeated each January for mid-year hires.

- **Greek Organizations**

Over the past several years, changes in the University's alcohol and social event policies as well as increased training for event hosts on the liability associated with serving alcohol have resulted in some positive changes with respect to AOD use by Greek organizations. Specifically, Greek organizations at Wesleyan no longer host large social functions where alcohol is served. These functions are not prohibited from a University policy standpoint, but the hosts no longer seem willing to accept the liability associated with such events. We continue to be concerned about possible underage and/or high-risk AOD use by members (or prospective members) of these organizations, and will continue to use educational and policy enforcement tools to address these concerns.

### **Academic Courses**

A number of academic courses address alcohol and/or other drugs as part of the curriculum. Due to the challenges of collecting comprehensive data during the current Biennial Review period, a small listing of these courses that could be gathered from the electronic course catalogue (WesMaps) is included in this Biennial Review.

The AOD Committee plans to work with representatives from Academic Affairs to create an effective system of gathering this information each semester in order to promote curriculum infusion and to be better prepared for future reporting cycles. (*See Appendix A: Academic Courses*)

### **C. Policy & Enforcement Strategies**

During the spring 2006 semester, the Dean of the College created an Alcohol and Other Drug (AOD) Committee, and charged the committee with completing this Biennial Review; this committee will be restructured for fall 2006 in order to develop a strategic plan for addressing alcohol and illegal drug use at Wesleyan. This committee of administrative staff, student leaders and faculty reviewed the policies and procedures governing alcohol and other drug use, as well as the prevention efforts currently in place.

The Office of Residential Life has further clarified the AOD enforcement roles for student and professional staff. All student staff members are required to confront and document AOD policy violations and forward reports to professional staff members for appropriate judicial follow up. Beginning in fall 2005, all documented violations are maintained by the Dean of Students Services. The central filing of this information enables staff to more readily address repeat offenders. The University's Code of Non-Academic Conduct has been revised to permit the expeditious handling of AOD violations by professional staff in Residential Life.

The Student Judicial Board annually releases data and summary reports; the reports for the 2004 - 2005 and 2005 - 2006 academic years are available at <http://www.wesleyan.edu/studentservices/sjb/sjbcases.html>. During this reporting period, there has been an increase in the number of cases and charges both of which can be attributed to a greater focus on increased enforcement efforts. The Office of Public Safety continues to document the majority of alcohol and drug offenses, and also publishes crime statistics on its website at [www.wesleyan.edu/publicsafety/](http://www.wesleyan.edu/publicsafety/).

The Director of Athletics reviews the Athletics department's alcohol and hazing policies with all athletes at the annual fall winter and spring athlete meetings. All student-athletes receive a Student – Athlete Handbook which includes these policies as well as the list of NCAA Banned Substances.

*See Appendices D and E for the current student and employee alcohol and other drug policies.*

### **D. Early Intervention Strategies**

The early intervention strategies profiled in this section include residence hall staff, student and employee assistance programs, and counseling and support groups.

#### **• CHOICES alcohol harm reduction program**

The CHOICES program engages students in a self-reflective process where they independently choose to change high-risk alcohol use behaviors using information provided about alcohol, the risks associated with excessive drinking and available alternative coping strategies. CHOICES is

being piloted beginning November 2006 for the academic year. The program is for students sanctioned by the Student Judicial Board (SJB) for alcohol violations and students referred by Residential Life Area Coordinators.

- **Residence Hall Staff**

In fall 2004, the Residential Life Area Coordinator staff was increased from three professional staff members to five. This significant addition has positively impacted the efficiency in which the Office of Residential Life can implement both proactive and reactive measures to alcohol and other drug related behaviors.

Ninety-six residence hall student staff members are often the first responders to problems affecting 2,170 students living in residence halls, apartments and program houses. They are appropriately trained and expected to report negative or inappropriate conduct and behavior through Communication Reports, reviewed by members of the Office of Residential Life staff. These reports will be acted upon if the situation warrants attention by the central staff or consultation with others.

- **Student and employee assistance programs**

Health Services, the Office of Behavioral Health, the Office of Health Education, and Human Resources each provide referrals for students or employees to sources of assistance on alcohol and other drug issues.

- **Therapy and support groups**

The Office of Behavioral Health offers support groups for students each semester, as demand suggests a need for such groups. The topics vary each semester and periodically include alcohol and other drug issues.

## **E. Assessment**

- **Core Survey**

The Core Survey was last administered to a representative sample of the student body in November 2002 by the Office of Institutional Research, and supported by the Office of the Dean of the College. Plans are being made for an administration of the Core or other similar lifestyle survey during the 2007 – 2008 academic year.

## **F. Campus-Community Coalition**

- **AWARE**

The AWARE (Association of Wesleyan Area Residents) neighborhood association continues to assist the University in addressing disruptive behavior by students adjacent to campus grounds – some of this behavior is likely the result of AOD use. AWARE members and Residential Life staff convene “community standards” meetings for all students who will live in wood frame houses adjacent to the formal campus, and “quiet house zones” have been established. While noise problems have been the impetus for much of this work, our sense is that these measures have reduced large house parties hosted by students where excessive alcohol use and underage drinking were frequently issues.

### **G. Statewide Healthy Campus Initiative**

Wesleyan University participated in the development of a Statewide Healthy Campus Initiative, developed under the guidance of The Governor's Prevention Partnership and the Departments of Mental Health and Addiction Services and Higher Education.

The Statewide Healthy Campus Initiative planning group first met in October 2004 to develop a statewide action plan to address alcohol and other drug use among Connecticut's college students. Joyce Walter, Director of Health Services, represented Wesleyan on this planning group. Using examples from other successful states, the group began to identify ways the state could expand its support of campus level alcohol and other drug prevention activities. A statewide action plan was finalized in June 2005. (*See Appendix B: Statewide Healthy Campus Initiative Action Plan*)

On January 20, 2006, President Doug Bennet represented Wesleyan at a Presidential Signing Event, held at the University of Hartford. Thirty-six Connecticut college and university presidents signed the Statewide Healthy Campus Initiative Commitment Letter to signify their support to this important initiative. Participation in this event has helped to refocus our efforts on alcohol and other drug issues, leading to the creation of the current AOD committee.

### **Section 2: Statement of AOD program goals and discussion of goal achievement**

The current alcohol and other drug (AOD) program does not possess a clearly defined set of goals and objectives due to its decentralized structure and diffuse responsibility. Many different offices are responsible for implementing a variety of activities that ultimately contribute to AOD prevention. All should be considered valuable parts of an effective prevention program but are currently created without any specific AOD-related goals or outcomes in mind. Survey data is regularly collected, but could be used more effectively to inform the campus community about alcohol and other drug issues and the success of preventative measures.

As previously mentioned, the Alcohol and Other Drug Committee formed in spring 2006 to complete this Biennial Review and make recommendations to support the creation of a comprehensive strategic plan to address AOD issues on campus. The creation of that plan will provide the prevention program with defined goals and objectives, which will be reported on during the 2006 - 2008 Biennial Review process.

### **Section 3: Summaries of AOD program strengths and weaknesses** **Strengths**

#### **• Policy is current**

Due to ongoing revisions to the student Code of Non-Academic Conduct, the policy as it pertains to alcohol and other drugs is current. This assists greatly in creating greater understanding of student responsibilities and expectations for behavior.

#### **• Greater coordination of judicial efforts**

During this reporting period, we have improved AOD enforcement and documentation procedures as well as better integrated judicial follow up for violations of the University's AOD policies. Residential Life has further clarified expectations for student staff (resident advisors, house managers, etc.) in terms of confronting and reporting violations. Adjudication processes have also been changed such that violations are handled more expeditiously by both Residential Life staff and by the Student Judicial Board.

- **Many social and educational options exist outside the classroom**

Wesleyan University offers numerous substance-free social and educational events for students. Many of these events are student-led and assist greatly in expanding students' educational experiences while at Wesleyan. These also assist in developing a stronger campus community and understanding of a variety of cultural and social issues. While the availability of physical programming space has been increasingly limited due to campus construction projects, many events still occur which positively impact student culture.

- **Students are highly involved in decision-making**

Due to the commitment of the University to involving students in all aspects of their education, students participate in most committees, program planning groups and other activities along side faculty and staff on campus. This includes committees that address alcohol and other drug issues, such as the Student Health Advisory Committee and the Student Life Committee, as well as the AOD committee which compiled this report.

### *Weaknesses*

- **AOD program needs greater coordination and planning**

The efforts of the various university departments and officials that are, or should be, concerned with AOD issues must be better coordinated in order to create lasting change around high risk drinking and illegal drug use. A standing committee or task force should be created to develop and implement a strategic plan on AOD issues, as a clearly defined set of goals for AOD prevention does not exist currently. This body should have broad representation from all areas of campus as well as the power, authority and resources to create change; it should also be held accountable by the President and senior staff members for its efforts.

- **Few evidence-based prevention methodologies are currently being utilized**

In recent years, a large body of research on alcohol and other drug prevention has emerged. Much of this research has been directed towards determining the effectiveness of various prevention and intervention methodologies. Given that few of these proven techniques are being utilized currently at Wesleyan, it is recommended that a priority be placed on supporting and implementing these research-based methodologies in order to have the greatest impact on high risk behavior as possible.

- **Little involvement in prevention efforts outside of student life offices**

There is a significant lack of involvement in prevention efforts by departments and offices outside of Office of the Dean of the College, excepting Athletics and Public Safety. Involving all departments and divisions across the campus, particularly Academic Affairs is necessary in order to affect comprehensive and lasting environmental change.

- **AOD program evaluation needs improvement**

Although we currently collect useful data regarding drug and alcohol use, our prevention efforts will benefit greatly from better analysis and use of this data. Violations and sanctions are tallied annually and surveys on student consumption are conducted regularly, providing quantitative data on the current state of affairs. By systematically reviewing this data, however, and identifying new sources of data, a campus-wide committee would be better equipped to recommend and implement changes to policy and practice.

It is recommended that the Core Survey on Alcohol and other Drug Use be conducted more frequently than every four years, or that it be alternated every two years with a lifestyle instrument such as the National College Health Assessment, which addresses a wider range of health issues. Another potential source of new data is the Core Faculty and Staff Environmental Survey to assess employee perceptions and attitudes about student consumption and the campus environment.

- **AOD issues could be infused into the curriculum**

Only a small handful of academic courses address alcohol or drug issues in whole or in part currently. Faculty members should be provided with incentives to research alcohol and other drug issues within their area of expertise and incorporate their findings into the curriculum. This will assist greatly in promoting a multi-dimensional understanding of AOD issues by the student body.

#### **Section 4: Procedures for distributing AOD policy to students and employees**

The Student Handbook is distributed to new students during orientation and is available to all students in an electronic format on the university's website. All returning students, faculty and staff are notified when the updated Student Handbook is available online via email. Information about AOD policy is also distributed to new employees at Wesleyan through information distributed by Human Resources and resides in the administrative staff handbook for continuing employees.

This handbook, and the documents distributed to new employees, meets the Federal Act's guidelines for policy distribution as it includes:

1. The University's standards of conduct concerning drugs and alcohol.
2. A description of all applicable local, State, and Federal laws concerning drugs and alcohol.
3. A description of the health risks associated with the use of drugs and alcohol.
4. A description of the drug and alcohol counseling, treatment and rehabilitation programs available at Wesleyan University.
5. A clear statement of the University's sanctions up to and including expulsion or termination of employment for violations of the standards of conduct.

All policies that pertain to students and employees are always accessible online through the Wesleyan University website at [www.wesleyan.edu](http://www.wesleyan.edu). Students can find the handbook and information about codes of academic and non-academic conduct, including AOD policies, on the

Dean of the College's website. The Human Resources office maintains an extensive site on policies, procedures, benefits and resources for employees, including the AOD policy.

**Section 5: Copies of the policies distributed to students and employees**

See Appendices C and D for copies of AOD policies distributed to students and employees.

**Section 6: Recommendations for revising AOD programs**

Effectively addressing alcohol and other drug issues on a college campus is a complex and ongoing task, which requires investment from all corners of the university in order to create lasting cultural change. These efforts must be planned for strategically, based on current data and science-based methodologies, and implemented with strong support from the highest levels of the university structure. This will help ensure success in creating a campus environment which supports responsible decision making and low-risk behavior around alcohol and other drugs (AOD).

In order to effect change at the cultural level, the university's AOD prevention efforts must go far beyond asking students to evaluate their personal risk for judicial violations or harm to their health. All members of the campus community must be asked to critically examine and improve their current prevention and intervention efforts, if any, in addressing alcohol and other drug use within their area of responsibility or expertise.

Due to the difficulty of creating a cultural shift, it should be expected that four to five years (or more) may pass before notable reductions in student alcohol and other drug consumption rates, judicial violations and other measures can be documented. Therefore, a standing committee with diverse representation is needed to create a strategic plan, oversee all efforts, maintain focus and document progress during this time. It is planned that this committee will be formed in fall 2006 to begin the strategic planning process.

The current AOD Committee, tasked with completing the federally-required Biennial Review of Wesleyan's AOD Prevention program in spring 2006, provides the following recommendations on prevention and intervention strategies. These recommendations provide a strategic planning committee with a foundation on which to build a strategic plan for our AOD efforts. This is not intended to be a definitive list; rather it should provide a starting point for addressing AOD issues in a comprehensive fashion.

**Recommendations for Prevention & Intervention Strategies**

The following recommendations are arranged into categories which reflect an environmental management approach to addressing AOD issues. Additional information on the environmental management approach is available from the Higher Education Center for Alcohol and other drug and Violence Prevention (found at [www.edc.org/hec](http://www.edc.org/hec)). Extensive resources on research-based methodologies can be found at National Institute for Alcohol Abuse and Alcoholism's website, [www.collegedrinkingprevention.gov](http://www.collegedrinkingprevention.gov).

**Environmental Strategies**



### Academic Calendar/Scheduling

- Examine the academic calendar to determine if alterations can be made which help decrease high risk drinking & drugging behaviors. For example:
  - Determine if Reading Week can be altered or shortened to reduce the large amount of “partying” that occurs when students could be studying
  - Examine course scheduling and course access to ensure classes are offered Monday through Friday equally to reduce the possibility for four day weekends.
  - Examine New Student Orientation schedule to determine if the week can be altered or shortened to decrease the high risk drinking that occurs once returning students arrive on campus.
- Implement campus wide quiet hours, particularly during reading week and finals.

### Social/Co-curricular Activities

- In spite of anticipated budget cuts for the foreseeable future, continue to improve and support the availability of substance-free social options for students and employees, particularly as the new Usdan University Center opens.
- Explore ways to support the provision of alcohol-free beverages at student social events where alcohol is served, such as developing a “mocktail” bar service student groups can hire for their events.
- Promote involvement by faculty and staff (outside the Dean of the College office) in student life activities such as residentially-based programming, student-initiated performances and events, and Public Safety ride-alongs.

### Other

- Ask Admissions to review current procedures and communications to ensure they promote a healthy campus environment. For example:
  - Review visitation forms and host forms for prospective student visits for clear expectations related to alcohol and other drugs.
  - Encourage dissemination of behavioral expectations prior to campus visit with both prospective students and hosts.
  - Encourage dissemination of information for students which promote involvement in AOD prevention and other health promotion efforts.
- Examine student staffing during Senior Week to reduce the number of non-seniors present on campus who may remain on campus simply to “party”. (e.g. reduce part-time positions/develop full-time positions to reduce numbers of students present on campus).
- Examine how substance free housing options can be promoted in order to increase participation in these areas. Consider relocating it to higher preference residential areas.

### **Educational Strategies**

- Continue to explore and implement evidence-based methodologies for sending pro-health messages to students through campus media and other avenues.
- Focus education on other illegal drugs, prescription drugs and abuse of other substances.
- Strive to use existing campus avenues, such as the Dean’s Colloquium and the Academic Technology Roundtable, to educate students and employees on the student norms, behavioral

indicators, and cultural attitudes related to high risk AOD use. Develop new means of disseminating this knowledge as possible.

- Consider means for educating various student leadership groups on the impact high risk alcohol and drug consumption can have on their activities and education.
- Create incentives for faculty to infuse the curriculum with alcohol and other drug-related information (within their areas of expertise) in order to promote a multi-dimensional view of these issues.

### **Policy & Enforcement Strategies**

- Consider how we can restrict alcohol availability more effectively through policy and enforcement. For example:
  - Restrict alcohol consumption in open areas, such as Foss Hill and Andrus Field.
  - Ensure alcohol servers on campus are completing Responsible Beverage Service training.
  - Ensure host training is being completed by those students who are actually hosting events.
  - Consider restricting the size of containers that can be offered by student event hosts (e.g. ban beer kegs in student residential living areas)
  - Examine how off-campus students are notified of conduct expectations in off-campus venues to ensure they understand their responsibilities related to alcohol events.
- Create an “in the presence of” policy that will allow university officials to hold students accountable for their actions.
- Increase Public Safety staffing.
- Empower Residential Life and Public Safety staff to enter student rooms where they suspect violations of the Code of Non-Academic Conduct.
- Review the effectiveness of alcohol and other drug sanctions including but not limited to parental notification, educational sanctions and fines.
- Work with Human Resources to ensure that the AOD policy (and other required notifications) is distributed annually to all employees, through various methods of delivery to ensure all employees are notified and to meet federal expectations for policy notification.
- Consider if the AOD policy can be distributed to all students by additional methods of delivery to ensure all are notified.

### **Assessment Efforts**

- Examine methods and frequency of data collection on student AOD consumption, perceptions, attitudes and opinions to ensure we are collecting the data needed to direct AOD prevention efforts effectively. Consider the use of national instruments (e.g. Core Survey), other lifestyle surveys (e.g. National College Health Assessment), focus groups, and creating our own instrument to gather needed data.
- Collect data on when, where and how frequently alcohol-related problem behaviors, such as vandalism, pulled fire alarms, physical assaults, and hospital transports, occur on campus to assist in determining appropriate prevention efforts.

- Collect data from faculty and staff on perceptions, attitudes and opinions related to campus culture, student consumption patterns and university response.
- On an ongoing basis, assess the effectiveness of documented cases of treatment referrals and disciplinary sanctions imposed on students and employees.

## Appendix A: Academic Courses

Accessed via WesMaps, May 16, 2006

<u>Course</u>	<u>Title</u>	<u>Semester Offered</u>
<b>Biology 324</b>	<b>Neuropharmacology</b>	<b>Fall 04/05</b>
<p>Description: The molecular mechanisms underlying the adaptive (and sometimes maladaptive) nature of brain function are beginning to be elucidated. This course is designed to provide the student with an understanding of the major signaling pathways involved in normal brain function and in neurological disorders. The course will initially introduce the student to the major signaling pathways in the brain, followed by their involvement in learning and memory, and neurological and psychiatric disease. Topics will include: 1) cell biology of the neuron synaptic transmission, neurotransmitters, 2) modulation of synaptic transmission, 3) tyrosine kinases, 4) G protein-coupled receptors serotonin, dopamine, acetylcholine, opiate receptors, 5) neuronal plasticity gene induction, immediate early genes, neurogenesis, 6) cell death and AIF pathways, 7) molecular mechanisms in learning and memory integration of MAP kinase and CREB pathways, and 8) molecular mechanisms of psychiatric diseases.</p>		
<b>Psychology 282</b>	<b>Introduction to Clinical Neuropsychology</b>	<b>Spring 04/05</b>
<p>Description: This introductory course will examine the relationship between brain functioning and cognition, behavior, and emotion. The course will begin with a brief overview of basic neuroanatomy and neurophysiology, followed by an exploration of neuropsychological assessment (its history, rationale, goals, and procedures). These topics will provide a foundation for the discussion of more specific topics in neuropsychology (e.g., traumatic brain injury, dementia, psychiatric disorders, alcohol and drug abuse, cerebrovascular disorders, seizure disorders, learning disabilities, etc.) and the role that neuropsychologists play in the evaluation and treatment of individuals with these disorders.</p>		
<b>ENGL 119</b>	<b>Food, Drugs &amp; Enlightenment</b>	<b>Spring 04/05</b>
<p>Description: Literature uses food as a magical object, as a mark of personal identity ("Tell me what you eat," writes Brillat-Savarin, "and I will tell you what you are"), as a technology of consciousness, and as local color. This class uses literary examples to introduce some topics in the history and theory of food. Topics will include: preservation, taste, poison/intoxication, cannibalism, monoculture, starvation, waste. Examples will include: novels, plays, poems, memoirs, essays, and cookbooks.</p>		
<b>Chemistry 119</b>	<b>Biology and Chemistry in the Modern World - A Survey of Drugs and Disease</b>	<b>Spring 05/06</b>
<p>Description: This course will cover a wide range of topics of current interest that are at the intersection of biology and chemistry. In particular, the molecular basis of issues related to drugs and disease will form a focus of the course. Topics to be discussed will include: psychoactive and performance enhancing drugs, mad cow, cancer, viral and bacterial diseases, and the chemistry of foods.</p>		
<b>Psychology 325</b>	<b>Drug and Behavior Seminar</b>	<b>Spring 05/06</b>
<p>Description: This course provides a discussion of the history, biology, health, and social issues related to legal and illegal psychoactive drugs. The first half of the course will involve lectures and discussions related to the foundations of psychopharmacology, and will transition to student presentations of current</p>		

<u>Course</u>	<u>Title</u>	<u>Semester Offered</u>
topics in the area of drugs and social and biological psychology.		
<b>Psychology 351</b>	<b>Clinical Depression Seminar</b>	<b>Fall 05/06</b>
Description: This course will focus on clinical depression and will bridge biological psychology, clinical psychology and biological psychiatry. We will discuss the different types of depression in adults (e.g. bipolar depression, chronic depression, seasonal affective disorder, postpartum depression) and the differential efficacy of treatments for these groups. We also will discuss the biological mechanisms underlying a variety of treatments for depression including antidepressant drugs and non-drug alternatives (e.g., bright light therapy, sleep deprivation, herbal remedies).		
<b>Sociology 262</b>	<b>Sociology of Health &amp; Illness</b>	<b>Fall 05/06</b>
Description: We have in this country a for profit medical system organized to provide acute and curative care. At least since the late fifties--more than a quarter of a century ago--there has been widespread feeling that this system needed to be reformed. In this course we examine the historical development of our medical care system and critically discuss the array of problems that have given rise to the demand for change. In so doing we will contrast: 1) illness as an individual responsibility with illness as a social responsibility; 2) a fee-for-service system and health maintenance organizations with national health insurance and/or a national health service plan; and 3) a delivery system which focuses on the detection and the control or the alleviation of disease with a broader conception of health and illness where the focus is on primary care and the prevention of disease. In sum, we will discuss a range of topical issues and address the potential implications for policy decisions.		

## **Appendix B: Connecticut Statewide Healthy Campus Initiative Action Plan**

Available at: [http://www.preventionworksct.org/docs/Campus/SWI\\_Final\\_Action\\_Plan.pdf](http://www.preventionworksct.org/docs/Campus/SWI_Final_Action_Plan.pdf)  
Accessed November 15, 2006

### **Connecticut Statewide Healthy Campus Initiative Action Plan**

The Vision of the Statewide Initiative is to foster a campus-community culture that reduces occurrences of high-risk alcohol and other drug use and its related consequences among college students on Connecticut's campuses.

#### **Mission**

Connecticut's institutions of higher learning shall engage in the Statewide Initiative in a collaborative and coordinated effort to:

- Create campuses, communities and a state that actively engages in prevention efforts to reduce high-risk AOD use and its negative consequences;
- Implement science-based prevention and intervention initiatives on Connecticut campuses;
- Facilitate a support network for information sharing and action planning on statewide issues related to high-risk AOD use and its negative consequences among Connecticut's college students.

#### **Strategies**

##### **Promote statewide data collection using common tools, methods, and resources.**

- Develop and implement a comprehensive and consistent statewide data collection process
- Gather data to monitor student health, safety, academic performance and retention indicators
- Use data collected to guide statewide initiative activities
  - Create a sub-group to assess current status of campuses' prevention efforts
    - Current activities
    - Gaps in service
    - Areas of support and training
  - Evaluate the Statewide Initiative through continued data collection and needs assessment

##### **Provide trainings and support to member campuses on science-based prevention strategies**

- Formalize networking opportunities for member campuses in order to support each other in implementation of prevention strategies
  - Utilize technology to facilitate networking
    - Website
    - E-mail listserv
    - Newsletter
  - Create a work group to recommend strategies around spring weekend events
  - Disseminate contact information to members
  - Host networking events
    - Luncheons
    - Meetings
- Provide trainings for member campuses

- Topics to include:
  - Best practices in prevention according to current research
  - Best practices in early intervention according to current research
  - Community-Campus Coalition building
  - Environmental Management
  - Policy development and implementation
  - Social Norms Marketing
  - Program evaluation

**Unify voices to better advocate for effective statewide campus prevention strategies.**

- Advocate for more effective policies for the prevention of high-risk AOD use among college students
- Advocate for increased state and community enforcement of underage drinking laws, responsible service policies, etc.
- Advocate for increased funding for prevention activities
  - Increase dollars dedicated to AOD prevention activities by increasing state partnerships
  - Continually fund training & TA for campus administrators, faculty, staff and students

**Continue to recruit key stakeholders to the statewide initiative**

- Increase student, administrator, community and parental involvement in AOD prevention activities
  - Develop and disseminate appropriate key messages to students, administration, community members and parents
- Recruit representatives from local and state agencies (Connecticut Departments of Higher Education, Transportation, Liquor Control, Public Safety, etc.)
  - Develop key messages for state agency personnel
  - Disseminate key messages at meetings, conferences and workshops
- Recruit members through outreach to Connecticut colleges and universities (presentations, mailings, visits, conferences, Web site, etc.)

**Implement statewide AOD prevention activities**

- Change college student perceptions about AOD use through statewide Social Norms Campaign based on statewide data

This document will be reviewed annually to update plan and evaluate progress on statewide activities.

*Last Updated 06/08/05*

## **Appendix C: Notes from the 2005 Alcohol Forum**

*Sponsored by OBHS, the Physical Education Department,  
Psi Upsilon Fraternity and SABH (Student Advisors to Behavioral Health)*

*February 21, 2005*

*Psi Upsilon Fraternity House*

*Panel Members: Dr. Stephen Henry, Moderator, OBHS*

*Mary Bolich, Head Coach of Men's & Women's Swimming & Diving*

*Sarah Myksin, Co-Captain, Women's Swimming*

*Chris Gates, Captain, Men's Ice Hockey*

*Samantha (Sam) Schwartz, SABH*

*Tobias Wasser, Psi U*

A senior started the discussion on senior cocktails (*I*) talking about the seeming hypocrisy of that event. Essentially the student talked about the fact that these senior gatherings are sanctioned by the administration with administrative representatives in attendance. Seniors are bused to unknown locations and provided unlimited wine and beer and a ticket for a mixed drink. The result is many seniors becoming intoxicated with some becoming ill on the bus ride back to camps. The student felt that the hypocrisy lies in the administration supporting and running such an event that does not promote responsible alcohol use. Further, the student felt that the term "cocktails" was a misnomer because the drinking at these senior events does not resemble the low-key drinking and behavior that the word seems to imply. This history of senior cocktails was also noted by the student as being a formal, late afternoon gathering in the President's home, a situation that elicited different drinking and behavioral problems.

(2) There was some disagreement about the issue of senior cocktails not promoting responsible drinking. A couple of students reflected the University was allowing personal responsibility by not setting arbitrary limits on drinks at these gatherings. Another student felt that the administration would be sending a mixed message to seniors by setting limits on alcohol intake, essentially saying that at this point in their college career, seniors cannot be trusted to monitor their own drinking habits even when they have the legal right to drink in public. Further it was noted that maybe senior cocktails were not much different than ordinary parties or get-togethers on campus—just as much alcohol and since so many seniors are at one gathering, the proportion of seniors even getting ill is no different. There was a suggestion that changing the fee structure for drinks at senior cocktails would be a simple way to alter drinking patterns.

There was considerable agreement about the prevalence of and seriousness of pre-drinking (that is students drinking large amounts of alcohol in short periods of time in their rooms with a few other students before leaving for a party). Some real problems with this type of binge drinking are dangerously high blood-alcohol levels, students actually not leaving their rooms and drinking more and (especially among frosh) the increased probability of random hook-ups that can have longer-term consequences for the students. It was suggested that certain University policies and approaches to underage drinking unwittingly reinforce their binge-drinking pattern. For instance, frosh cannot drink at public parties or in public spaces of the dorm but can drink in their individual rooms without fearing any intrusion from Res. Life staff, Public Safety, etc.



Some suggestion of an implicit message that it is okay to drink in your room with your door closed even if you are underage. Maybe the emphasis of stricter enforcement of underage drinking at parties is misplaced, since at most party situations while there is drinking it is usually a secondary motive to the social aspects of the situation. Dancing and socializing may be more important activities at parties rather than drinking games that more often occur in small groups in private rooms. (3) Again the consensus that more “injurious drinking” occurs behind closed doors than in the social atmosphere of larger gatherings.

(4) The “disciplinary” model toward underage drinking seems to only heighten the dangerousness of the current tendency for binge drinking.

(5) The “two strike” rule seems to make students less likely to seek medical intervention for themselves or others, increasing the probability of more serious outcomes as a result of drinking.

It was suggested that drinking violations by individual students have no place in front of the SJB. These should be dealt with from an educational or treatment perspective. (6) There is some indication that students have become very aware that even if their friends were to take them to the Middlesex ER for medical attention for drinking too much, the hospital will report their names to the University and they will have to deal with the disciplinary sanctions. So in some instances students are driving their friends to the hospital in Meriden (which could delay medical attention and create more risks of students driving who may have had a least some alcohol). A student pointed to an example of a neighboring school having an on-campus facility staffed by nurses where students who have drunk too much can “sleep it off” under medical supervision without sanctions. (7) It was pointed out that the Health Center here at Wesleyan no longer has 24-hour coverage that provided a similar function in the past.

There was some discussion about the larger issue of trying to curb drinking in general on college campuses. One student pointed out that Prohibition did not work in this country and that such efforts are a waste of resources. Another student added that strict alcohol policies do not stop drinking but rather drive it underground (or behind closed doors as previously discussed. There was an example of a European university where specific student-run facilities for drinking were set up and supported on campus by the administration with the impression that there were fewer cases of problem drinking in this type of setting. There was a difference of opinion about the previous drinking experience of frosh entering Wesleyan. The different perceptions may be due to real differences about whether students attended private prep schools (especially boarding schools) or public schools. Again the bigger issue was addressed: do you try to curb drinking in general at college or accept that it will always be a factor on college campuses and that you need to deal with it from a different framework? A student even pointed to this alcohol forum as a type of institutional hypocrisy; that is, underage drinking is not allowed and a vast majority of the student body is not 21 years old, yet there is a forum on the prevalent use of alcohol on the campus.

As the discussion progressed, some factors that directly or indirectly drive unhealthy drinking patterns were crystallized and suggestions for change were made. (8) One factor that emerged was the apparent decline of large spaces for student social gatherings. There were several comments about the University’s apparent tendency to crack down on fraternities and program houses while putting up new small apartment-like spaces for seniors and upperclassmen. (9) The current trend to consolidate student housing and reduce the number of large and diverse spaces

seems to unwittingly reinforce the tendency for small group drinking which was already identified as being increasingly risky. (10) The issue of large social spaces grew out of the idea that social events that emphasize activities other than drinking are probably the best way to reduce at least the more problematic drinking patterns. One student noted that at another college, that is fairly isolated from any large town or city, drinking by students was the major activity. It was agreed that while there are a variety of different arts and cultural events taking place on the Wesleyan campus at any time, many of them end early in the evening or simply would not be as interesting to students on weekend nights (who would attend a lecture on a Friday night?). (11) It was suggested that the University could support a larger variety of social events such as bigger name bands or comedians. (12) One student suggested that the University could lease out a large social space to an outside contractor who would be in charge of scheduling and putting on these events so there would be very little up-front cost to the University for these events. Again, the overarching issue behind these suggestions is that larger structured student activities, even if they included alcohol use, would reduce the more risky alcohol use patterns that occur when a few students drink in small, private places. It was noted that fraternities could add to the overall diversity of social activities that could shift the emphasis away from drinking as the primary activity. One Psi U brother recalled that he had no intention of joining a frat when he came to Wesleyan. However, in his first year he attended a variety of different events at Psi U where he met students from all backgrounds attending events sponsored by Psi U, many of which did not involve alcohol.

(13) Another ongoing theme involved was the perception of the University's enforcement (or disciplinary) approach to alcohol use. The previous discussion about the two-strike policy for underage drinking have some students feeling that liability concerns versus the safety of students was the driving force behind these policies. One student noted that the over concern for liability only seemed to increase the ultimate liability the University will face. It was also noted that because of the "enforcement" attitude of the University regarding underage drinking, student groups who are running licensed events feel pressure rather than support from the University for monitoring their events. As a result, students running such events are put in awkward situations with other students where they detect someone wanting to gain entry to the event and who is showing the dangerous effects of pre-drinking. The students in charge then need to act responsibly in the interest of the other student's safety and call for help, which may result in disciplinary action for that student. (So essentially students running these events become caught up in policing activities.)

Overall, many of the students in attendance felt energized by the discussion and felt that some of the issues and suggestions for change merited consideration by the administration. Many of the suggestions for alternate events came after considering the realistic limits the University does face regarding federal mandates around student alcohol use (that are tied to federal funding to the University) and liability insurance constraints. The students were also responding with these suggestions after hearing that there are no simple and effective educational programs for addressing the patterns of problematic alcohol use on college campuses.

## **Appendix D: Student Code of Non-Academic Conduct on Illegal Drugs and Alcohol**

Available at: [http://www.wesleyan.edu/studenthandbook/3\\_illegal\\_drugs.html](http://www.wesleyan.edu/studenthandbook/3_illegal_drugs.html)

Accessed May 12, 2006

### **STANDARDS OF CONDUCT**

#### **Illegal Drugs and Alcohol**

Wesleyan University prides itself on being a community of responsible citizens. To this end, it is expected that members of the community will abide by Wesleyan policies and local laws.

We recognize that despite these laws, expectations and standards, some people will illegally consume or possess alcohol or other drugs, and some will have medical, legal, and/or interpersonal problems as a result of their use. Moreover, even those of legal age may misuse alcohol and in so doing come into conflict with standards of community conduct.

It is therefore the purpose of this document to delineate clearly the University policy on alcohol and other drugs. This includes the University's regulations and many relevant laws, information regarding substance-free events, resources for those who have or are concerned about problems related to alcohol or drug use, and clarification about potential outcomes if found in violation of the University policy.

### **STANDARDS OF CONDUCT**

The University prohibits the underage and unlawful possession, use, or distribution of illicit drugs and alcohol by students or by employees on University property or while participating in any University-sponsored activity. The University will impose disciplinary sanctions on students and employees who violate the standards. Disciplinary sanctions that may be imposed on students include warning, disciplinary probation, community service hours, suspension, and dismissal. The University may also require a student who violates these standards to participate in a program of rehabilitation. Whenever the University determines that a student has violated one of the standards, it will consider as a possible sanction referral of the matter to law enforcement officials for prosecution. Although sanctions will vary according to the specific circumstances of the case, and greater or lesser sanctions imposed depending on these circumstances, it is nonetheless important for students to understand the potential consequences of violating the University's policies on drugs and alcohol. The Student Judicial Board has provided the following information related to typical sanctions for students:

#### *First Offense*

For minor violations, the student may receive a disciplinary warning via a simplified procedure (pursuant to section III-D-3 of the Code of Non-Academic Conduct). For serious violations, the student may receive more severe sanctions.

#### *Second Offense*

The student may receive a period of disciplinary probation and an educational assignment. As permitted by the 1998 Reauthorization of Higher Education Act, Wesleyan may notify parents when a student is placed on disciplinary probation as a result of an alcohol/drug policy violation (generally this occurs as result of a second offense or serious first offense).

### *Third Offense*

If such an offense occurs during the probationary period, the student may be suspended for at least one semester. If the offense occurs after the probationary period, the student may receive an extended period of disciplinary probation, an educational assignment, and community service.

## **LOCAL, STATE, AND FEDERAL LEGAL SANCTIONS**

Numerous local, state, and federal laws govern the possession, use, and distribution of illicit drugs and alcohol. The following is a brief overview of those laws. This overview cannot be an exhaustive or definitive statement of the various laws, but rather is designed to indicate the types of conduct that are against the law and the range of applicable legal sanctions. It is important to note that, while the activities covered by state, local, and federal law and those covered by Wesleyan's rules are largely the same, the laws and the rules operate independently and do not substitute for each other. Wesleyan may pursue enforcement of its rules whether or not legal proceedings are under way or in prospect, and it may use information from third-party sources, such as law enforcement agencies and the courts, to determine whether University rules have been broken. The University will make no attempt to shield members of the Wesleyan community from the law. University Standards and Regulations

## **LOCAL LAWS**

### **A. Alcohol**

#### 1. Use of Alcoholic Beverages Prohibited (see Middletown Code of Ordinances, 18-9)

a. The possession and/or drinking of alcoholic beverages, including, but not limited to, wine and beer, by any person on any city-owned property under the jurisdiction of the Parks and Recreation Department of the city of Middletown shall be prohibited, except that the possession and/or drinking of wine and/or beer shall be allowed in posted areas and at posted times, or by permit, at Veterans Memorial Park, Area A, and Crystal Lake.

b. No person under the age of 21 shall be in possession of alcohol on public or private property.

c. Beer kegs on any city property under the jurisdiction of the Parks and Recreation Department of the city of Middletown shall only be permitted by special permit.

d. Any person violating these provisions shall be fined in an amount not to exceed \$90 per violation per day.

#### 2. Consumption and Possession of Alcoholic Liquor Within and Upon Public Highways, Sidewalks, and Parking Areas (see Middletown Code of Ordinances, 25-47)

a. Except as permitted by the ordinance, no person shall consume any alcoholic liquor or possess with the intent to consume any alcoholic liquor upon or within the limits of any public highway or sidewalk or parking area within the city of Middletown.

b. Consumption of alcoholic liquor or possession with intent to consume alcoholic liquor shall not be permitted in parked vehicles within or upon public highways, streets, or parking areas under any circumstances.

c. Any person violating this ordinance shall be fined not more than \$99 for each offense.

## STATE LAWS

### A. Drugs

#### 1. Penalties for Illegal Manufacture, Distribution, Sale, Prescription, or Dispensing of Controlled Substances

a. Hallucinogenic or narcotic substances other than marijuana. First offense: Prison sentence not to exceed 15 years and/or fine not to exceed \$50,000. Second offense: Prison sentence not to exceed 30 years and/or fine not to exceed \$100,000. Each subsequent offense: Prison sentence not to exceed 30 years and/or fine not to exceed \$250,000. (See Connecticut General Statutes 21a-277.)

b. Other controlled substances excluding marijuana. First offense: prison sentence not to exceed seven (7) years and/or fine not to exceed \$25,000. Each subsequent offense: Prison sentence not to exceed 15 years and/or fine not to exceed \$100,000. (See Connecticut General Statutes 21a-277.)<sup>46</sup>

c. Examples of such substances include, but are not limited to, mescaline, peyote, morphine, LSD, cocaine (including "crack"), opium, amphetamines, and heroin. For a complete definition of controlled, hallucinogenic, and narcotic substances, see Connecticut General Statutes 21a-240.

#### 2. Penalties for Illegal Manufacture, Distribution, Sale, and Prescription or Administration by Nondrug-dependent Person

a. Minimum prison term of not less than five years and maximum term of life imprisonment for the manufacture, distribution, sale, or possession or transportation with the intent to sell of one ounce or more of heroin, methadone, or cocaine (including "crack"), or one-half gram more of cocaine in a freebase form, or five milligrams or more of LSD. (See Connecticut General Statutes 21a-278.)

b. Minimum prison term of not less than five years for first offense, and for subsequent offenses, minimum prison term of not less than 10 years, for the manufacture, distribution, sale or transportation or possession with the intent to sell any narcotic, hallucinogenic or amphetamine-type substance, or one kilogram or more of a cannabis-type substance (which includes marijuana). (See Connecticut General Statutes 21a-278.)

#### 3. Penalties for Illegal Manufacture, Distribution, Sale, Prescription, or Administration Involving Minors (See Connecticut General Statutes 21a- 278a.)

a. Mandatory two-year prison term for the distribution, sale, dispensing, offering, or giving of any controlled substance to another person who is under 18 years of age and who is at least two years younger than the person violating the statute.

b. Mandatory three-year prison term for the manufacture, distribution, dispensing, sale, transportation or possession with intent to sell, offering or gift of any controlled substance on or within one thousand feet of the real property comprising a public or private elementary school.

#### 4. Penalties for Possession (see Connecticut General Statutes 21a-279)

a. Any person who possesses or has under his control any quantity of any narcotic substance, including marijuana, for a first offense may be imprisoned not more than seven years and/or fined not more than \$50,000, and for a second offense, may be imprisoned not more than 15 years and/or fined not more than \$100,000.

b. A variety of sentences are available under this statute depending on the substance possessed, its quantity, and the background of the offender.

## **B. Alcohol**

### 1. Sale of Alcohol to Minors and Intoxicated Persons (see Connecticut General Statutes 30-86)

a. Any permittee who sells or delivers alcoholic liquor to any minor, or to any intoxicated person, or to any habitual drunkard shall be fined not more than \$1,000 and/or imprisoned not more than one (1) year.

b. Any person who delivers or gives alcoholic liquor to any minor, except on the order of a practicing physician, shall be fined not more than \$1,500 and/or imprisoned not more than 18 months.

### 2. Inducing Minors to Procure Liquor (see Connecticut General Statutes 30-87)

a. Any person who induces any minor to procure alcoholic liquor from any person permitted to sell the same shall be fined not more than \$1,000 and/or imprisoned not more than one year.

### 3. Misrepresentation of Age (see Connecticut General Statutes 30-88a)

a. Any person who misrepresents his age or uses or exhibits for the purpose of procuring alcoholic liquor an operator's license belonging to any other person shall be fined not less than \$200 nor more than \$500 and/or imprisoned for not more than 30 days.

### 4. Procuring Liquor by Persons Forbidden and Public Possession of Liquor by Minors (see Connecticut General Statutes 30-89)

a. Any person to whom the sale of alcoholic liquor is by law forbidden who purchases or attempts to purchase such liquor or who makes any false statement for the purpose of procuring such liquor shall be fined not less than \$200 nor more than \$500.

b. Any minor who possesses any alcoholic liquor on any street or highway or in any public place or place open to the public, including a club that is open to the public, shall be fined not less than \$200 nor more than \$500.

### 5. Dram Shop Act (see Connecticut General Statutes 30-102)

a. If any person, by himself or his agent, sells any alcoholic liquor to any intoxicated person, and such purchaser, in consequence of such intoxication, thereafter injures the person or property of another, such seller shall pay just damages to the person injured, up to the amount of \$20,000, or to persons injured in consequence of such intoxication up to an aggregate amount of \$50,000.

6. Operating a Motor Vehicle While Under the Influence of Liquor or Drug or While Impaired by Liquor (see Connecticut General Statutes 14-227a)

a. Any person who operates a motor vehicle while under the influence of intoxicating liquor or drug or both or who operates a motor vehicle while his ability to operate is impaired by the consumption of intoxicating liquor shall, for conviction of a first violation, be fined not less than \$500 and be imprisoned for not more than six months, and shall have his operator's license suspended for one year.

b. This statute provides for greater penalties for subsequent offenses.

**FEDERAL LAWS**

A. Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance

1. Penalty for Simple Possession (See 21 U.S.C. 844[A].)

First conviction: Up to one year imprisonment and fined at least \$1,000 but not more than \$100,000 or both.

After 1 prior drug conviction: At least 15 days in prison, not to exceed two years, and fined at least \$2,500 but not more than \$250,000 or both. After 2 or more prior drug convictions: At least 90 days in prison, not to exceed three years and fined at least \$5,000 but not more than \$250,000 or both.

Special sentencing provisions for possession of crack cocaine: Mandatory at least five years in prison, not to exceed 20 years and fined up to \$250,000 or both, if:

- a. First conviction and the amount of crack possessed exceeds five grams;
- b. Second crack conviction and the amount of crack possessed exceeds three grams;
- c. Third or subsequent crack conviction and the amount of crack possessed exceeds one gram.

2. Criminal Forfeitures (See 21 U.S.C. 853[a][2] and 881[a][7].)

Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than one-year imprisonment. (See special sentencing provisions regarding crack.)

3. Forfeitures (See 21 U.S.C. 881[a][4].)

Forfeiture of vehicles, boats, aircraft, or any other conveyance used to transport or conceal a controlled substance.

4. Civil Penalties for Possession of Small Amounts of Certain Controlled Substances (See 21 U.S.C. 844a.): Civil fine up to \$10,000 (pending adoption of final regulations).

5. Denial of Federal Benefits to Drug Traffickers and Possessors (See 21 U.S.C. 853a.) Denial of federal benefits, such as student loans, grants, contracts, and professional and commercial licenses up to one year for first offense, up to five years for second and subsequent offenses.

6. Firearm Forfeiture (See 18 U.S.C. 922[g].) Ineligible to receive or purchase a firearm.
7. Miscellaneous Revocation of certain federal licenses and benefits, e.g., pilot licenses, public housing tenancy, etc., are vested within the authorities of individual federal agencies.
8. Federal Trafficking Penalties

See "Federal Trafficking Penalties" Charts.

## **HEALTH RISKS ASSOCIATED WITH ALCOHOL USE**

While most college students either do not drink or drink moderately, some students report high risk alcohol consumption. The U.S. Surgeon General and the U.S. Department of Health and Human Services have identified high risk drinking among college students as a major public health problem, which is neither victimless nor cost-free.

### **CONSUMING ALCOHOL AT HIGH RISK LEVELS IS MORE LIKELY TO RESULT IN PERSONAL CONSEQUENCES SUCH AS:**

- hangovers, vomiting or nausea
- memory loss ("blacking out") or loss of consciousness ("passing out")
- being criticized for their drinking behaviors
- regretting actions taken while under the influence of alcohol
- damage to relationships with friends and family
- unplanned or unsafe sexual activity
- missing classes
- poor performance on an exam or project
- lower grade point averages
- driving while intoxicated
- hospitalization due to injury or severe intoxication
- citation by university judicial system or arrest by local police
- alcohol dependency or addiction
- death due to injury, accident or alcohol overdose

Those who do not drink or do not abuse alcohol may experience secondhand consequences from other's excessive alcohol use. In addition to physical and sexual assault and damaged property, these consequences may include unwanted sexual advances and disrupted sleep and study.



Many students carry an expectation that there are a subset of drinking behaviors relegated to the college years. While it is often the case that we "grow out" of potentially perilous drinking behaviors, there may be patterns set which have lasting impacts. While only a small minority of students will develop clinical alcoholism, many more will suffer avoidable negative impact on relationships and studies. (Information adapted from the Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism. "A Call to Action: Changing the Culture of Drinking at U.S. Colleges", April 2002. Available at [www.collegedrinkingprevention.gov](http://www.collegedrinkingprevention.gov).)

## **HEALTH RISKS ASSOCIATED WITH ILLICIT DRUG USE**

Similar to alcohol, someone who uses illicit drugs on a regular basis is at increased risk for experiencing negative consequences (see "Health Risks Associated with Alcohol Use", above). These consequences can vary greatly depending on the substance, the quantity consumed, if it is combined with alcohol or other substances, and the frequency of consumption. Some consequences may include the following: Mental and physical health problems, including lowered resistance to disease/illness, Increased risk of ulcers, heart disease, and cancers of the liver, mouth, throat and stomach, memory loss, anxiety disorders, phobias, and depression. Increased risk of serious injury to self or others, due to fighting, sexual assault, driving under the influence, homicide and suicide. Increased likelihood of engaging in unprotected/unsafe sex, due to impaired judgment which may result in unplanned pregnancy and/or infection with a sexually transmitted disease. Increased engagement in other illegal activities, including vandalism, physical assault, sexual assault, driving under the influence, etc. Increased likelihood of developing an addiction, particularly those with a family history of alcohol or other drug addiction. They are at least four times more likely to develop an addiction. Increased likelihood of death. Drug use increases the odds of death from accidental or intentional drug overdoses as well as participation in other unsafe behaviors (e.g., driving under the influence).

**Multiple drug use:** Drugs, by definition, impact the body's physiologic processes by chemical means. These interactions may be unpredictable, especially when the constituents of drugs are partially unknown (as with street or club drugs), or of unexpected intensity as when prescription drugs are misused. Such effects are especially problematic when drugs are mixed or combined with alcohol or with other prescription or herbal medications a student may be taking. At best, such an outcome is frightening or uncomfortable; at worst it could lead to unintended effects as detailed above. In addition to these risks, there is the possibility of addiction to behavior patterns or physical addiction, both of which can yield devastating impact on family, finances, health, etc.

The charts "Controlled Substances--Uses and Effects" (see Appendix) provide additional information on the uses and effects of controlled substances. (Information adapted from McDowell, U. and Futris, T., "Adolescents at Risk: Illicit Drug Use". Department of Human Development and Family Science, The Ohio State University, 2002; and C. Kuhn, S. Swartzwelder and W. Wilson, "Buzzed: The straight facts about the most used and abused drugs from alcohol to ecstasy", 1998.)

## **ALCOHOL AND OTHER DRUG PREVENTION AND EDUCATION FOR STUDENTS**

WesWELL, the Office of Health Education, Davison Health Center, 327 High Street x2466,  
[www.wesleyan.edu/weswell/](http://www.wesleyan.edu/weswell/)

WesWELL, the Office of Health Education, coordinates alcohol and other drug prevention education activities.

These efforts consist of educational outreach activities with the goal of informing and educating the Wesleyan community about the use and abuse of alcohol and other drugs. The program is aimed at creating an environment on campus in which responsible choices about alcohol and drug use are supported. Some strategies include:

1. The health education staff offers informative and interactive programs during New Student Orientation and workshops throughout the year.
2. The office hires a team of student Peer Health Advocates who help staff the WesWELL Office. They design and disseminate a variety of alcohol and drug education materials and assist the Director in planning prevention activities. This includes the creation of an ongoing social marketing campaign geared toward resetting perceived norms surrounding high risk use of alcohol.
3. The Director of Health Education serves as a resource and an advisor to the Well-Being community, which includes students who opt to live in alcohol-and drug-free housing.
4. The office provides financial assistance for student organizations through the Good Clean Fund to support substance-free social events and the HealthFull Words Fund for educational events on health issues, including alcohol and other drugs.
5. The Director of Health Education conducts resident advisor training and in-services, assists with party host and event staff training, provides resident hall programs and campus-wide speakers, sponsors awareness events, and maintains a resource library that includes pamphlets, books, journals, videos, and access to appropriate Internet-based resources via the WesWELL Web Site: [www.wesleyan.edu/weswell/](http://www.wesleyan.edu/weswell/).
6. The office also regularly assists in conducting research on student's attitudes and behavior regarding alcohol and other drug use.

## **ALCOHOL AND OTHER DRUG INTERVENTION AND SUPPORT**

### **A. IDENTIFICATION, INTERVENTION, AND REFERRAL OF STUDENTS WITH SUBSTANCE ABUSE PROBLEMS**

Health Services and other Student Services and Dean's Office staff are trained to identify students who may have substance-abuse problems and can intervene, if appropriate, to refer these individuals to the Office of Behavioral Health for Students or to a local treatment center for assessment and treatment, if necessary. The Residential Life student staff and the Peer Health Advocates may also refer students to Health Services and Behavioral Health for problems with alcohol and other drugs.<sup>51</sup>

Additionally, students who violate the University's Alcohol and Other Drug Policy may be referred by the Student Judicial Board (SJB) to meet with staff in Health Services and/or Behavioral Health for an evaluation/assessment or ongoing therapy.

### **B. ONGOING SUPPORT FOR STUDENTS IN RECOVERY**

Professionals are available in the Office of Behavioral Health for Students for ongoing counseling and support. Twelve-step support programs are available locally; for more information contact the Office of Health Education. Students in recovery have the option to live in substance-free housing available through the Office of Residential Life.

## **ALCOHOL AND DRUG COUNSELING AND TREATMENT FOR STUDENTS**

Davison Health Center, 327 High Street, x2470, [www.wesleyan.edu/healthservices/](http://www.wesleyan.edu/healthservices/)

The Davison Health Center serves as an important point of first contact for many students. The Health Center staff is well-attuned to the direct and indirect effects of alcohol and other drugs on students' lives and factor this in virtually every clinical encounter. Counseling students on the use of alcohol and other drugs occurs directly when medical history or exam suggest that their use may be having an impact on physical, academic or social functioning and indirectly as when students are advised to avoid alcohol use to promote recovery from a viral illness. When appropriate, students are referred to the Office of Behavioral Health or other counseling resources.

Office of Behavioral Health for Students, Davison Health Center, 327 High Street, x2910, [www.wesleyan.edu/obhs/](http://www.wesleyan.edu/obhs/)

The drug/alcohol treatment program of the Office of Behavioral Health for Students is designed to meet the varied needs of students with substance abuse problems, and the program is designed to deal with different groups of students: those who are self-referred, those who are referred by other offices and members of the University community, and those who are returning to campus following treatment for substance abuse.

The Office of Behavioral Health for Students drug/alcohol treatment program consists of four components: consultation and assessment, voluntary treatment, drug awareness education, and an individualized reentry program.

### **A. CONSULTATION AND ASSESSMENT**

The assessment consists of one to two sessions with a therapist who assesses the nature of the drug/alcohol use and makes explicit recommendations regarding treatment if that is indicated. The consultation portion of the program is designed to be used by students who have concerns about their drug/alcohol use but who might be reluctant to seek treatment. Any member of the University community can also refer students directly to the program.

### **B. VOLUNTARY TREATMENT**

Treatment begins with an assessment of the nature and extent of drug/alcohol use and the formulation of a treatment plan, which may include individual therapy, AA/NA meetings, and group therapy. When outpatient therapy is insufficient to meet the needs of the student, a referral to an inpatient facility is made. In those instances, careful consideration is given to the student's support networks, to family finances, to the type of program, and to post rehabilitation requirements before any recommendation is made.

### **C. ALCOHOL/DRUG AWARENESS EDUCATION**

This program is for those students who have been strongly recommended to treatment by other offices of the University because of their drug/alcohol use. When a student is referred to this program, the student will be required to attend six consecutive sessions. The purpose of the session is to educate students about drug/alcohol abuse and to help the students become aware of negative consequences of their drug/alcohol use. The program uses different methods to accomplish this. Just one example: Students are required to keep a daily log of their drug/alcohol use. These logs will be used to confront consumption rates.

#### **D. INDIVIDUALIZED REENTRY PROGRAM**

This program is for those students who are returning to the University following treatment (usually inpatient) for drug/alcohol abuse. When the student returns to campus, he/she will meet with a therapist to develop an individualized plan for his/her successful return to the University. This plan will be coordinated with the treatment facilities with which the student was involved.

#### **POLICY REVIEW**

The University will review the policy on illegal drugs and alcohol at least every two years to assess its effectiveness and ensure that disciplinary sanctions are consistently enforced. Changes in the policy will be implemented as needed following each review.

## **Appendix E: Employee Alcohol and other Drugs Policy**

Available at: [http://www.wesleyan.edu/hr/handbook/h20\\_environment.html](http://www.wesleyan.edu/hr/handbook/h20_environment.html)

Accessed May 12, 2006

### **ALCOHOL AND ILLEGAL DRUGS**

Wesleyan University prohibits:

- Working while under the influence of alcohol or illegal drugs; and
- Unlawful possession, use, or distribution of illegal drugs on university property or while participating in any university-sponsored activity.

#### *NOTE:*

*Any administrative staff member is required to notify the director of Human Resources within five days of any criminal drug statute conviction for a violation in the work place.*

Administrative staff members who violate or fail to comply with this policy will be subject to disciplinary action that may include: oral warning, written warning, suspension (with or without pay), and termination of employment. In some instances, the University may also require administrative staff members who violate the section of this policy referring to alcohol or drug use to participate in rehabilitation programs outside the University as a condition of continuing employment.

For help with problems of drug and alcohol abuse, please contact Human Resources for assistance with identifying professional services and resources.