

WESLEYAN
UNIVERSITY



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

For the period of January 1, 2007 to December 31, 2008
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 January 1, 2007 to December 31, 2008. Information for this biennial review was collected by the Alcohol and other Drugs Committee. It will be on file in Dean of Students Office and WesWELL, the Office of Health Education and available to anyone interested by request.

Alcohol and other Drugs Committee

The Alcohol and other Drugs (AOD) Committee was convened in January 2006 after the university signed onto the Statewide Healthy Campuses Initiative, which was developed under the guidance of The Governor's Prevention Partnership and the Departments of Mental Health and Addiction Services and Higher Education in 2004-2005.

The committee is split into four subcommittees, Assessment, Education, Environmental Strategies and Policy and Enforcement and overseen by a small core committee. See Appendix A for the committee's membership for 2008-2009. Detailed below are many of the actions recommended by or taken by the committee during the period of this review.

In addition to being responsible for completing the Biennial Review, the current charge of the committee, from Vice President for Student Affairs Michael Whaley, is as follows:

The Alcohol and Other Drug (AOD) Committee is charged with the following tasks:

- Review data (quantitative and qualitative) related to the use and misuse of alcohol and other drugs at Wesleyan,
- Identify and clearly articulate any concerns about AOD use and misuse at Wesleyan,
- Develop short-term and long-term policy and enforcement recommendations for addressing AOD issues at Wesleyan
- Develop strategic action plans for AOD outreach and education with timelines for reasonable implementation
- Suggest environmental strategies that will contribute to less "high risk" AOD use and a more positive campus climate as it relates to behaviors associated with AOD use.

Students, faculty and administrative staff should all be involved in this important work. The committee should strive for consensus on the variety of issues that will undoubtedly be discussed. When consensus cannot be reached, the alternatives should be presented in the final report.

A final report for 2008-2009 will be presented to the Vice President for Student Affairs no later than April 20, 2009.

Review of the Alcohol and other Drug Prevention Program

This report will cover the six areas, as listed in the introduction, 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 seven categories: environmental strategies, educational strategies, policy and enforcement strategies, early intervention strategies, assessment, campus-community coalition and prevention initiatives.

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 a Substance Free Floor, located in the Butterfield C residential hall. Any upper class student may apply to reside in the WellBeing house; the Substance Free Floor is open to all students. Students requesting to live on the Substance Free Floor are required to submit an application during the spring room selection process. Also, Substance Free Floor residents are 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 spring 2007, 92 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, 21 were supported by the Student Program Fund offered by SALD and provided late night social opportunities that were registered as alcohol free.

During the 2007-2008 academic year, 173 social events were registered with SALD. All of these events were registered as alcohol free. Of these events, 58 were supported by the Student Program Fund offered by SALD and provided late night social opportunities that were registered as alcohol free.

During fall 2008, as of October 23, 2008, 42 social events were registered with SALD. All of these events were registered as alcohol free and 13 of the events were supported by the Student Program Fund.

- **HealthFull Words Fund**

The HealthFull Words Fund is a mini-grant program offered by WesWELL, the office of health Education, to support student-initiated educational programs on health issues, including alcohol and other drugs. Over \$2500 in funding was disbursed during the past four semesters in support of these events.

- **Extended Hours in Campus Facilities**

The Usdan University Center integrates all aspects of university life by serving as the principal gathering place for the campus community, as well as the central dining area for all students; this includes a late night dining program. The facility is currently open until 2am, seven days a week allowing for optimal use for programming and events. Programs can occur throughout the building; the University Center Activities Board (detailed below) features late night entertainment on Thursdays in the café. Clubs and other groups have sponsored many alcohol free events; 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. Although, increase in use since the inception of this program has been flat the extended hours does provide an important opportunity for students to be involved in healthy non-alcohol related activities.

- **University Center Activities Board (UCAB)**

The start of the fall 2007 semester marked the first year for the University Center Activities Board. Ten student UCAB members met with the Assistant Director of SALD and the Evening Manager on a weekly basis. The group was charged with creating, developing, publicizing, organizing, and managing late night alcohol free events and programs in the University Center. Some examples were poetry slams, open mic's, viewing major political events or TV premiers of popular shows, Halloween Scary Movie showings, video game tournaments, Spa Days. The Board produced several events in the first year of the opening of Usdan.

As of October 21, 2008, the board of 5 returning members and 2 new members has put on 5 events and have 7 more planned for the remainder of the fall semester. The board generally hosts bi-weekly events on Thursdays in September and December, weekly in October and November and one large scale event a month on a Saturday. Attendance at these late night UCAB events ranged from 10 to 200 students depending on the nature of the event. There is also the challenge of 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 Usdan University 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, educational outreach programs, peer education, student leader training and academic courses.

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. A required presentation during NSO is a speaker that addressed alcohol and other drugs issues. Since 2006, this speaker has been Randy Haveson, a national speaker presenting a message about maintaining a low risk relationship with alcohol. Alcohol and drug issues are also addressed with new students through a public safety presentation during new student orientation.

- **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.

- **Community Standards Workshops**

Host liability is explained to students considering living in the wood frame houses during the spring community standards workshops. In fall 2008, a new procedure was implemented through student electronic portfolios to remind these students about host liability and responsible hosting.

Educational Outreach

- **Residentially-based programs**

Residential 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. The department developed a list of learning outcomes as a focus of programming and interactions with students. One of the seven outcomes deals specifically with healthy responsible living, which includes “recognize mental health and/or substance abuse concerns and access resources,” and “choose behaviors and environments that promote health and reduce risk with particular attention to alcohol and other drugs.”

There are 95 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**

During academic years 2006-2007 and 2007-2008 the Department of Physical Education and Athletics spent considerable time working with teams to curb excessive drinking. The student-athlete handbook provides resources materials that identify web sites focusing on alcohol abuse prevention. The handbook clearly articulates the athletic department's alcohol policy and the consequences of violations. In meetings with varsity athletes the chair of the department reinforces the need for athletes to drink responsibly and the reasons why responsible drinking is in harmony with outstanding performance. Further, the department strictly enforces a no hazing policy and points out to student that most hazing events are accompanied by excessive drinking. Coaches and athletic administrators spend time discussing, with small student groups, why healthy lifestyle choices lead to improved performance and are important if athletes are to achieve their goals.

Wesleyan's strength and conditioning coach sends periodic newsletters and resource guides to the coaches and athletes about healthy nutrition. He also holds twice a week fitness sessions open to all Wesleyan students that provide the students with strenuous workout programs and peer recognition that healthy lifestyles are a basis to outstanding athletic performance.

- **Online assessment tools**

Two online assessment tools have been made available to Wesleyan students in recent years, one addresses alcohol and the other marijuana. These assessments are tools designed to provide individual feedback on alcohol or marijuana consumption and patterns. They are 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 decision-making. It 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) and other judicial officers.

Peer education

- **Peer Health Advocates**

A group of students are hired each year by the Health Education Office to serve as Peer Health Advocates; three paid Team Leaders oversee the activities of over fifteen volunteers. 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.

Student leader training

• Event Staff

A trained student event staff of approximately 20 students is available to assist social event hosts with maintaining order at their events and intervening should problems arise. Paid by the Office of Student Activities & Leadership Development, event staff members are 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. In September 2008, a new training session was added for the Health Educator to have a dialogue with the Head Residents about alcohol and other drug issues on campus.

• 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 will work with representatives from Academic Affairs to create an effective system of gathering this information in future semesters in order to promote curriculum infusion and to be better prepared for future reporting cycles. (*See Appendix B: Academic Courses*)

C. Policy & Enforcement Strategies

Public Safety helps to ensure that students are in compliance with the Code of Non-Academic

Conduct. The Residence Life office, as well as the AOD Policy and Enforcement subcommittee, works with Public Safety to help promote and update current university policies. (*See Appendix C: Student Code of Non-Academic Conduct*)

The Office of Residential Life continues to clarify 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 have been maintained by the Dean of Students office. 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. A new procedure was implemented in the fall of 2008 whereby professional staff confiscates alcohol found in a room belonging to a minor.

The Student Judicial Board annually releases data and summary reports; the reports for the 2006 - 2007 and 2007 - 2008 academic years are available at 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/.

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.

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 began as a pilot program in November 2006 and is now fully integrated in to the judicial system. 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

Ninety-five residential life 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 central

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 of Alcohol and other Drug Use was administered to a representative sample of the student body in February 2008 by the Office of Institutional Research, and supported by Student Affairs. Results are currently being utilized to inform the work of the AOD Committee.

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. Residential Life convenes “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. Prevention Initiatives

- **Statewide Healthy Campus Initiative**

Wesleyan University continued participation in the 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 in 2004-2005.

On March 24, 2008 the Statewide Health Campus Initiative held a Key Leadership Ceremony was held at Wesleyan University. The goal of the ceremony was to recognize outstanding prevention efforts by the schools who participate in the Healthy Campus Initiative. Wesleyan University received an award for “outstanding prevention efforts on a campus level”.

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

The current charge of the committee, from Vice President for Student Affairs Michael Whaley is referenced under the description of the AOD committee on page 4. The foremost goal of the AOD Committee is to reduce high risk consumption of alcohol and other drugs by students and

the resulting negative consequences that may impair their academic success. We are currently focusing primarily on alcohol, marijuana, and non-medical prescription drug abuse, as these are the “drugs of choice” amongst Wesleyan students, according to our research.

In the past two years, the AOD Committee has been able to better define its focus due to two primary factors: receiving a clearly articulated charge from the Vice President of Student Affairs and the completion of the Core Survey in February 2008, providing us with current data on student consumption patterns and perceptions. The committee’s structure has been strengthened and communication enhanced to allow for greater progress towards creating a concrete action plan. We expect to see continued improvement during the remainder of the current academic year and beyond.

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 and co-curricular experiences while at Wesleyan. These also assist in developing a stronger campus community and understanding of a variety of cultural and social issues. One area for improvement would be on knowledge of events taking place on campus amongst students and between departments.

- **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

- **Little involvement in prevention efforts outside of the Office of Student Affairs**

There is a significant lack of involvement in prevention efforts by departments and offices outside of Student Affairs, 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 issues should 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.

• **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. Students should also be involved in a more significant manner, perhaps by integrating research on these issues into academic coursework and creating opportunities for focus groups to gather student opinion. 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, the AOD committee would be better equipped to recommend and implement changes to policy and practice.

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. Human Resources is currently examining how best to distribute the policy to current employees on an annual basis, with implementation expected in 2009.

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. Students can find the handbook and information about codes of academic and non-academic conduct, including AOD policies, on the

Student Affairs 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 such a cultural shift, it should be expected that several years may pass before notable reductions in student alcohol and other drug consumption rates, judicial violations and other measures can be documented.

The current AOD Committee, tasked with completing the federally-required Biennial Review of Wesleyan's AOD Prevention program, provides the following recommendations on prevention and intervention strategies. These recommendations provide the committee with a foundation on which to build an action plan for our AOD prevention efforts. This is not intended to be a definitive list; rather it should be viewed as an opportunity to review our current efforts and impetus for continuing this challenging work.

Recommendations for Prevention & Intervention Strategies

The following recommendations are arranged into categories which reflect the current AOD Committee structure. They include suggestions from various committees and bodies at the university who provide input to the committee's efforts on an ongoing basis (see Appendix E).

Environmental Strategies

- Take a deeper look at what exploration and experimentation means at Wesleyan and the impact this has on alcohol and drug consumption levels.
- 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 in the Usdan University Center.

- Determine where mixed messages on alcohol consumption and expectations exist and how they impact student behavior and the campus environment.
- Reconsider campus events where alcohol is present and determine if change is needed, including large scale events, such as Spring Fling and Senior Cocktails, and small events such as holiday parties, departmental receptions, and dinners. Explore positive promotion rather than negative images around these events.
- Examine the academic calendar to determine if additional alterations can be made which help decrease high risk drinking & drugging behaviors. For example:
 - Examine course scheduling and course access to ensure classes are offered Monday through Friday equally to reduce the possibility for four day weekends.
 - As changes to the New Student Orientation schedule are considered, include discussions of how to minimize or decrease the high risk drinking that occurs once returning students arrive on campus.
- Examine the implementation of campus-wide quiet hours, particularly during reading week and finals.
- Ensure students who do not drink/drug (or who consume at low risk levels) feel supported, as they may be a marginalized community on a campus with high rates of use and abuse.
- 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.
- 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.
- Promote involvement by faculty and staff (outside the Student Affairs division) in student life activities such as residentially-based programming, student-initiated performances and events, and Public Safety ride-alongs.
- Continue to review procedures and communications for hosting prospective students to ensure they promote a healthy campus environment. For example:
 - Visitation forms and host forms for prospective student visits have 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.
- Look into increasing the signage around smoke free perimeters and distance of ashtrays from buildings.

Educational Strategies

- Continue to explore and implement evidence-based methodologies for sending pro-health messages to students through campus media and other avenues.
- Strive to use existing campus avenues, such as the Student Affairs Speakers Series and the Academic Technology Roundtable, to educate students and employees on the student norms,

- 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.
- Create more consistent follow-up programs after Orientation for first year students; expand efforts for sophomores and above.
- Utilize social marketing techniques to address rampant misperceptions about AOD use
- Explore increased programming around the risks of pre-gaming and the physical effects of combining drugs, prescription drugs, conflict resolution, stress management, etc.
- Explore including issues of alcohol and other drugs into efforts around violence and harassment (sexual and non-sexual).

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.
- Consider if the AOD policy can be distributed to all students by additional methods of delivery to ensure all are notified.
- Benchmarking of AOD policy compared to other institutions.
- Consider revising policies to include keg registration, disorderly conduct, open containers, consumption in public areas, Good Samaritan policies, etc.
- Determine what would support more consistent policy enforcement (i.e. more public safety staffing, Res Life staff training, etc.); explore new enforcement methods that may work on Wesleyan’s campus.
- Investigate creating policy prohibiting nonmedical use of prescription drugs (in relation to both Honor Code and Code of Non-Academic Conduct).

- Look into what it means to be a student leader, and if there should be stricter behavioral expectations (and therefore sanctions) around AOD use for students in leadership roles. If there are not, explore the possibility of creating them.
- Investigate whether students being transported to the hospital for severe intoxication a second time should go directly to detox (Rushford) rather than the emergency room.

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. The Core Survey on Alcohol and other Drug Use is currently conducted every four to five years; this should be increased or alternated every two years with a lifestyle instrument such as the National College Health Assessment, which addresses a wider range of health issues.
- Explore the use of the Core Institute's Faculty and Staff Environmental Survey to assess employee perceptions and attitudes about student consumption and the campus environment.
- 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.
- Conduct benchmarking of peer institutions that have been successful in the area of AOD (what successes have they seen, how has it been measured, what aided their success, etc.).
- Look to correlate consumption patterns w/ GPA, class year, and varying demographics and identity groups.

Appendix A: Alcohol and Other Drugs Committee Membership

Core Committee

The Core Committee oversees and coordinates the activities of the entire AOD committee and reports out on the committee's activities to relevant bodies on campus. Members are:

- Lisa Currie, WesWELL/Health Education (chair)
- Rick Culliton, Assistant VP/Dean of Students
- Becky Weiss '10, WSA
- Subcommittee co-chairs, as listed below

Assessment Subcommittee

Tasked with seeking out opportunities to assess the efficacy of Wesleyan's prevention and intervention practices, including the implementation of the Core Alcohol & Other Drug Use Survey, and develop other recommendations for further assessment and evaluation.

- Sharise Brown, Residential Life
- Noel Garrett, Class Dean (chair)
- Matthew Kurtz, Psychology
- Joanna Seirup '11, WSA (co-chair)
- Jeff Hardin '11

Policy & Enforcement Subcommittee

Tasked with assessing current AOD policies and practices for enforcing and adjudicating policy, exploring evidence-based methodologies and best practices in the field, and recommending changes to be implemented.

- Scott Backer, Student Services (chair)
- Jonathan Connary, Residential Life
- Micah Feiring '11, WSA
- Adam Ilowite '12, WSA
- Philip Marcus '09
- Dave Meyer, Public Safety
- Jeff Miller, Physical Plant
- Catherine Ostrow, Faculty
- Ernest Sliwinski '10

Education Subcommittee

Tasked with reviewing educational efforts on AOD issues, both inside and outside the classroom, and seeking evidence-based methodologies and best practices for improving these efforts.

- Alex Cabal, Residential Life
- Lisa Currie, WesWELL/Health Education (chair)
- Jaynice del Rosario '11, WSA (co-chair)

- Nick Field '09, Student Health Advisory Committee
- Vicky Graham, Athletics
- Steve Henry, Office of Behavioral Health for Students
- Stephanie Hucker '11, Peer Health Advocate
- Alexandra Rossett, WesWELL/ Health Education

Environmental Strategies Subcommittee

Tasked with reviewing, recommending changes, and implementing practices on campus which contribute to creating a healthier campus environment and culture surrounding alcohol and other drugs. Seek out evidence-based practices and considers what will fit best at Wesleyan.

- Rose Agger '10, Peer Health Advocate
- Leslie Barry, Admissions
- Michelle Dube, University Relations
- Dawn Brown, Residential Life
- Morgan McCray '10 , WSA (co-chair)
- Heather Stanton '10, Peer Health Advocate
- Joyce Walter, Health Services (chair)
- Holly Wheeler, Athletics

Appendix B: Academic Courses

Accessed via WesMaps, November 24, 2008

<u>Course</u>	<u>Title</u>	<u>Semester Offered</u>
PSYC 228	Clinical Neuropsychology	Spring 2008
<p>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>		
CHEM 114	Chemistry in modern society	Spring 2007
<p>Qualitative analysis of the importance of chemistry in a modern society. Who are the most creative and successful chemists of the past century and what did they do? How do chemists discover new drugs? What will we do without oil? How do chemists discover and develop renewable energy? What is the quality of Middletown water and air? Will global warming cause species extinction? Does the ozone hole cause cancer? No prior chemistry is required or needed</p>		
CHEM 119	Biology and chemistry in the modern world	Spring 2007
<p>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>		
SOC 315	The Health of Communities	Spring 05/06
<p>Our focus will be on understanding the role of social factors (such as income, work environment, social cohesion, food and transportation systems) in determining the health risks of individuals; learning about the historical antecedents of the contemporary community health center model of care in response to the needs of vulnerable populations; and studying (through observation and participation) the conduct of research that documents efforts to improve the health of communities. We will explore the concept of social medicine, the importance of vocabulary and categorization in any discussion of health care, the complex issues involved in population categorization, ethical issues in community-based research, and the idea of just health care. Enrolled students will serve as volunteer research assistants with one of the ongoing research projects being conducted by Middletown's Community Health Center (CHC). These include school-based efforts to reduce the risk of obesity, the health needs of homeless persons, perinatal</p>		

<u>Course</u>	<u>Title</u>	<u>Semester Offered</u>
mental health, and the transition from paper to electronic medical records.		
PSYC 235	Health Psychology	Fall 2006
<p>This health psychology course will introduce the major theories of health behavior (e.g., Health Belief Model, Transtheoretical Model, Theory of Reasoned Action/Planned Behavior, Social Learning Theory, and Public Health Models). The course will also cover the influence and application of these theories to current efforts to promote change in specific health behaviors, including substance use and abuse, cigarette smoking, exercise, diet, and other health-related behaviors and disorders. Students will develop a working knowledge of the history, major research theories and constructs, and exposure to a variety of practical applications within the field of health psychology.</p>		
SOC 262	Sociology of Health and Illness	Fall 2007
<p>This course addresses central topics in health, illness, and medicine from the vantage point of key sociological perspectives and theories. The objective is to broaden and deepen students' conceptual knowledge of some of the defining healthcare debates and phenomena of our time. We will explore such questions as: How do differing cultural constructions of health and illness - especially Western versus non-Western conceptions - affect treatment and outcomes, and what can be meant by informed consent under such circumstances of radical cultural alterity? Why do political and economic institutions facilitate the growth and spread of preventable contemporary illnesses and then offer an ineffectual, expensive healthcare system that ill-serves the vast majority of people? The economic hegemony of the pharmaceutical industry is emblematic of this problem. What is the nature of the relationship between social inequality and the distribution of health, illness, and care in U.S. society? Are epidemiology and healthcare provision isomorphic with or reflective of social inequalities of race, class, gender, sexuality, and nationality? This question breaks down further into who gets sick and who provides care and what the nature of the patient-doctor relationship is. Along with these questions, we will also consider the circumstances under which medicalization - the application of the medical model to a human physical or behavioral condition - becomes a means of social control. Mental illness, as Foucault and Goffman have shown, is paradigmatic. We will also examine whether political and social movements are effective at altering the national and international healthcare agenda and producing fundamental changes in research and care provision. Finally, the course will take up the question of why it is some biophysical phenomena become subject to moral and ethical scrutiny and others do not. We will examine these questions, in part, by using specific case studies that analyze such problems as HIV/AIDS politics, research, and activism; pediatric medicine; breast cancer; mental health; and reproductive health, medicine, and the new genetic technologies. In each substantive case we examine, we will also consider how people exert resistance to what they perceive as unjust or injurious in cultural definitions of health and illness and how they attempt to transform or provide alternatives to the care delivery system</p>		
CCIV 225	Medicine and Health in Antiquity	Spring2008

<u>Course</u>	<u>Title</u>	<u>Semester Offered</u>
<p>What does the Hippocratic Oath reveal about the ethics of ancient medical practitioners? Did religious and natural models of disease and healing comfortably coexist in Greece and Rome? How was the female body interpreted by male medical writers? In this course, students will investigate ancient approaches to illness and health, focusing on the writings of authors such as Homer, Hesiod, the Hippocratic writers, Herophilus, Dioscorides, Pliny, Celsus, Soranus, Rufus, and Galen. Moving from archaic and classical Greece to Hellenistic Alexandria to imperial Rome and, finally, to the medieval West and Middle East, we will trace the development, organization, and influence of ancient medical thought and practice</p>		

Appendix C: Student Code of Non-Academic Conduct on Illegal Drugs and Alcohol

Available at: www.wesleyan.edu/studenthandbook/3_illegal_drugs.html

Accessed November 24, 2008

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 a 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.

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.)

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 (Appendix B).

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 others’ 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.)

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 C) 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

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/.
6. The office also regularly assists in conducting research on students' 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 affairs 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.

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

The Davison Health Center serves as an important point of first contact for many students. The Health Center staff are 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

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 D: Employee Alcohol and other Drugs Policy

Available at: www.wesleyan.edu/hr/handbook/h20_environment.html

Accessed November 24, 2008.

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.

Appendix E: Discussion Notes on Alcohol and other Drug Issues from Student Affairs Staff, Student Life Committee, and the President's Cabinet Fall 2008

Policy & Enforcement

- Examine policy for any conflicting messages
- Benchmarking of AOD policy compared to other institutions,
- Consider revising policies to include keg registration, disorderly conduct, open containers, consumption in public areas, Good Samaritan policies, etc.
- Explore new enforcement methods that may work on Wesleyan's campus
- Determine what would support more consistent policy enforcement (i.e. more public safety staffing, Res Life staff training, etc.)
- Investigate creating policy prohibiting nonmedical use of prescription drugs (in relation to both Honor Code and Code of Non-Academic Conduct)
- Look into redefining the expectations for students when hosting prospective students during WesFest, etc.
- Look into what it means to be a student leader, and if there should be stricter behavioral expectations (and therefore sanctions) around AOD use. If there are not, explore the possibility of creating them.
- Investigate whether students being transported a second time should go directly to detox (Rushford) rather than the emergency room.
- Establish 25 foot smoke-free perimeter for all buildings

Education

- Create more consistent follow-up programs after Orientation for first year students; expand efforts for sophomores and above
- Utilize social marketing techniques to address rampant misperceptions about AOD use
- Explore increased programming around the risks of pre-gaming and the physical effects of combining drugs
- Explore including issues of alcohol and other drugs into efforts around violence and harassment (sexual and non-sexual)
- Explore the possibility of getting more faculty members informed and invested in AOD issues on campus (e.g. curriculum infusion, AOD committee, etc.)
- Examine student perception of the trash left behind after the weekends. (i.e. plastic cups strewn on the ground); address the environmental impacts of alcohol use, (i.e. planning to intentionally leaving students' trash for them to be able to visually see, perhaps rotating weekends for students to help clean up?)
- Look into increased education of prescription drugs, conflict resolution, stress management, etc.
- Education about the 25 ft. smoke-free perimeter around buildings

Environment

- Explore positive promotion rather than negative images around WesFest
- Look for mixed messages (ex: policy vs. practice)

- Take a deeper look at what exploration and experimentation means at Wesleyan and the impact this has on alcohol and drug consumption levels.
- Investigate ways to involve and support students who do not drink or drug at all or only consume at low-risk levels.
- Review class scheduling and length of student weekends due to the clustering of classes mid-week.
- Look into the length and structure of Orientation as it relates to weekend social events when upper class students return to campus.
- Possibly revisit the idea of a campus pub or some sort of designated space for students 21+ to be able to consume

Assessment

- Conduct benchmarking of peer institutions that have been successful in the area of AOD (what successes have they seen, how has it been measured, what aided their success, etc.)
- Look to correlate consumption patterns w/ GPA, class year, and varying demographics and identity groups