



**Biennial Review of Transylvania University's
Alcohol and Other Drug Programs
2014-16**

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Introduction to the Drug-Free Schools and Communities Act

The Drug-Free Schools and Campuses Regulations (34 CFR Part 86) of the Drug-Free Schools and Communities Act (DFSCA) require an institution of higher education such as Transylvania University to certify that it has adopted and implemented programs to prevent the abuse of alcohol and use or distribution of illicit drugs both by Transylvania University students and employees on its premises. At a minimum, each institution of higher education must annually distribute the following in writing to all students and employees:

- Standards of conduct that clearly prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities
- A description of the applicable legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol
- A description of the health risks associated with use of illicit drugs and the abuse of alcohol
- A description of any drug or alcohol counseling, treatment, or rehabilitation or reentry programs that are available to employees or students
- A clear statement that the institution will impose sanctions on students and employees and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct

Compliance with the Drug-Free Schools and Communities Act

The 2016 Biennial Review of the Transylvania University alcohol and other drug related policies and programs was completed in the summer of 2016. The objectives of the review as stated by the U.S. Department of Education include:

- Determining the effectiveness of current alcohol and other drug programming and implementing any additional programming needed
- Ensuring that the disciplinary sanctions for violating standards of conduct are enforced consistently

The dean of students, or designee, is required to supply a signed statement certifying the Biennial Review to acknowledge awareness of the recommendations within the report. Both the statement signed by the dean of students or designee and a final copy of the 2016 report are kept on file at Transylvania University in the office of the Dean of Students and are available on the Department of Public Safety page of the university's website. These documents must be readily available if the university is audited by the Higher Education Center for Alcohol and Other Drug Prevention, a designee of the U.S. Department of Education. Institutions of higher education are not required to submit the certification or report to the U.S. Department of Education.

Alcohol and Other Drug (AOD) Program Goals

Transylvania University is committed to ensuring, to the best of its ability, that its students, staff, and faculty are aware of the dangers of AOD abuse, have appropriate information and resources to ameliorate such abuse, and are subject to appropriate enforcement regarding the inappropriate or illegal use or abuse of such substances on campus and at other venues that involve university community members.

Goal 1:

The Office of Health and Wellness will increase AOD awareness on our campus through assessment, interactive social norming, passive education, and bystander interventions.

Goal 2:

The Office of Health and Wellness will expand on-campus partnerships beyond the Office of Student Involvement and Leadership to create a cultural shift through increased education and clear policies.

Programs Addressing AOD Use and Abuse

- **AlcoholEdu** is a required online, evidence-based prevention program specifically created for first-year and transfer students. It is designed to create a highly

personalized user experience that inspires students to reflect on their drinking behaviors. The program motivates behavior change by:

- Resetting unrealistic expectations about the effects of alcohol
 - Linking choices about drinking to academic and personal success
 - Helping students practice safer decision-making
 - Engaging students to create a healthier campus community
-
- **Alcohol-Free Late Night Programs** are free and offered on high-risk drinking nights to give students the option of an alternative alcohol-free activity. These events are sponsored by Residence Life, Student Activities Board, clubs and organizations, and offices across campus. The events must be on high-risk nights, and begin after 10pm.

 - **Brief Alcohol Screening and Intervention for College Students (BASICS)** is a prevention program for college students who drink alcohol heavily and have experienced, or are at risk for experiencing, alcohol-related problems. Following a harm-reduction approach, BASICS aims to motivate students to reduce alcohol use to decrease the negative consequences of drinking. It is delivered over the course of two one-hour interviews with a brief online assessment survey taken by the students after the first session. The first interview gathers information about the students' recent alcohol consumption patterns, personal beliefs about alcohol, and drinking history, while providing instructions for self-monitoring any drinking between sessions and preparing the student for the online assessment survey. Information from the online assessment survey is used to develop a customized feedback profile for use in the second interview, which compares personal alcohol use with alcohol use norms, reviews individualized negative consequences and risk factors, clarifies perceived risks and benefits of drinking, and provides options for making changes to decrease or abstain from alcohol use. Based on principles of motivational interviewing, BASICS is delivered in a nonconfrontational and nonjudgmental manner and is aimed at revealing the discrepancy between the students' risky drinking behavior and their goals and values. Trained personnel proficient in motivational interviewing facilitate the intervention. These staff members include representatives from the departments of residence life and health and wellness.

 - **Individual and Group Counseling** services are available on campus to students for free, and faculty and staff can consult our employee assistance provider, the Woodland Group, at no charge. Counseling is also available for substance abuse and

other mental health concerns.

- **Annual Risk Management Training** is required for all fraternity and sorority officers. All fraternity and sorority members receive a condensed version of the risk management training.
- **Medical Amnesty** is a policy created for our students and visiting students. It states:

“When a student’s health and safety are in jeopardy due to alcohol consumption, immediate medical attention should be sought by calling the Department of Public Safety (859-233-8118) or 911 for assistance. Formal disciplinary action for a violation of the alcohol policy will not be taken against those who seek or receive medical assistance for themselves or others, though violation of other student conduct codes such as vandalism, disorderly conduct, and sexual misconduct may still apply. A student who receives medical assistance from the Department of Public Safety or medical service providers will be required to meet with the Dean of Students (or designee) and counseling services staff, and parent/guardians may be informed.”

This policy is designed to allow students to take responsibility for one another.

- **NCAA Athletics** provides ongoing training to coaches and athletics staff. A group of student-athletes, coaches, and staff attend the annual APPLE Training Institute conference, where they learn more about working together to enhance AOD education and policy enforcement.
- **New Student Orientation** includes required presentations and activities for incoming students and their parents. Session topics include: Think Your Drink: Alcohol Education; Green Dot Bystander Intervention; and Understanding Title IX. The Resident Advisors also hold floor meetings regarding alcohol policies and resources.
- **Residence Life Educational and Social Programming** includes ongoing AOD training and education in the residence halls, designed with help from the Office of Health and Wellness. Residence Life staff also support substance-free living and policy enforcement.

- **Safe-Rides** emerged from a partnership between Transylvania University and Yellow Cab of Lexington. The program provides cab vouchers to students in need of a safe ride, freeing them from payment at the time of the service. The bill is sent to Transylvania, and the appropriate charges are posted to the student's account.
- **Social Norming Educational Presentations** are interactive programs presented to Lifetime Fitness classes, Greek organizations, and first-year students to allow them to understand first-hand the drinking and drug habits of their peer groups. Using a "clicker" response system, students anonymously answer questions regarding their AOD habits. The shared survey results highlight any differences between the actual reported behavior of the peer group and the way peer behavior is perceived by the individuals in the group. The presentations can motivate behavior change through changing students' perceptions of their peers' risky drinking and drug use habits.

AOD Program Strengths

1. **Late-Night Programming:** During the biennial period, various campus organizations offered a total of 52 alcohol-free late-night activities on high-risk nights. On average, 13% of the residential students attended each event. Overall, students evaluated most events as highly successful, with 100% of the students who attended agreeing that the programs met the Think Your Drink social programming objective. The number of organizations reaching out to us for partnerships has increased greatly, and the students are taking more ownership over their projects and events. While the funding may come from CHOICES, student events are lead exclusively by students. Cocoa and Canvas was a highly successful partnership between Residence Life and CHOICES, where resident advisors guided participants through painting a scene of the Transylvania Campus and making hot chocolate. This event was intended for 60 students, but over 100 came to the event, and the event was repeated in April to the same success.
2. **Student-Athlete Peer Education:** With the help of funding from the alcohol education program, the university has continued to send a team of student-athletes and staff to the annual APPLE (Athletic Prevention Programming & Leadership Education) Training Institute, a leading national symposium for student-athletes interested in substance abuse prevention and health promotion. This program was developed and is coordinated by the Gordie Center for Substance Abuse Prevention at the University of Virginia and funded by the NCAA. The 2014-15 APPLE team hosted a Student Athlete Leadership Forum on campus. Two students from each

athletic team attended this on campus event, totaling approximately 40 students, to receive information on sports nutrition, diversity and inclusion in sport, and the effects of alcohol and drug use in sport. The 2015-16 APPLE team left the conference with the goal of designing and implementing a pilot student-athlete peer education program for the fall of 2016. The team is currently in the process of creating the program.

3. **Social Norming Educational Presentations:** These programs, presented to Greek organizations, athletic teams, and Lifetime Fitness classes, help students evaluate their perceptions regarding alcohol and drug use among their peers. Lifetime Fitness is a requirement for all students to meet graduation requirements, so in addition to a presentation during orientation, students also receive the information during Lifetime Fitness. The presentations also provide education regarding alcohol consumption and drug use and the negative effects they can have on students' social lives, mental health, physical health, and athletic performance. Over the last two years, 20 presentations were given to Lifetime Fitness classes, with approximately 95% of each class in attendance. In 2015, the presentation given to the Greek organizations had approximately 30% of the fraternities present. We intend to increase this percentage for the next reporting cycle.

4. **Bystander Intervention:** All incoming students are trained on Green Dot during orientation, as well as in Lifetime Fitness classes. Additionally, since fall 2013, all fraternities have required that their new members attend Green Dot training, and the sororities plan to implement this training requirement for their new member class of 2016. Green Dot teaches students how to recognize high risk situations and how to intervene using the 3 D's: Direct, Distract, and Delegate. [Research](#) conducted on schools which implement Green Dot find that "Overall, these findings suggest that Green Dot was associated with lower rates of violence among students on the campus with this diffusion-based program; this finding provides support for the program's effectiveness in preventing violence." (Coker et al, 2014, p 16¹) The University is also considering adding the "Step UP!" program, which is specifically targeted at athletes, as two staff members were trained in spring 2016. Step UP! is a comprehensive bystander intervention program that teaches students: 1) strategies for effective helping; 2) S.E.E. model: Safe, Early, Effective; 3) warning signs; 4) action steps; and 5) resources.

¹ Coker, Ann L., Fisher, Bonnie S., Bush, Heather M., Swan, Suzanna C., Williams, Corrine M., Clear, Emily R., & DeGue, Sarah, (2014). *Evaluation of the Green Dot Bystander Intervention to Reduce Interpersonal Violence Among College Students Across Three Campuses*. Violence Against Women. DOI: 10.1177/1077801214545284.

5. **Multidimensional Approach:** By using several different strategies and carefully planning activities, we were successful in offering programs that yielded positive results. Various strategies included embedding alcohol education within the Lifetime Fitness course material, offering 13 sections of the BASICS program, and presenting late-night programming.
6. **Decreased Alcohol-related Incidents:** There were 135 alcohol violations and 31 drug law violations in the two years assessed. Anecdotally, information from Residence Life and Physical Plant staff indicates that this is a decrease in student conduct violations, vandalism, and damage to the physical plant. Previous years' data is not available due to a change in the online reporting system and staffing, but these numbers will be compared to the numbers in the 2016-18 report.
7. **Primary and Secondary Programming:** During the two-year period, we have increased our passive programming, including social norming campaigns and social media campaigns. This includes the creation of a health and wellness Instagram account, Twitter account, and giveaways such as stress-balls and sunglasses with "Think Your Drink" printed on them. We also have ongoing training for all years a student is enrolled at Transylvania, including AlcoholEdu offered pre-matriculation. We would still like to create a four-year plan integrating education regarding refusal skills, harm reduction, and prevention into curriculum for all Transylvania students.
8. **Drug Education:** According to statistics compiled from the ACHA-NCHA survey assessments given to Transylvania University students, over the previous four years there had been an increase in marijuana use and the misuse of prescription drugs on campus; therefore, increasing the awareness of drug-related issues that affect college-aged students was a focus area. In 2013 there were 109 drug violations, in 2014 there were 147, and in 2015 there were 94. It appears that incorporating more drug-related educational content into both social norming presentations and social media campaigns is working. Additionally, our campus security officers and residence life staff are trained to recognize the signs of drug use and abuse, in order to help students who may be suffering from substance use/abuse or experiencing an overdose. This training also gives the security officers and residence life staff tools to educate students on drug use and abuse. Transylvania hosted Campus Town Hall: A Solution Based Dialogue on Alcohol Enforcement on April 8, 2016 for campus security officers, which was very well attended by Bluegrass Prevention and the Alcohol Prevention Enhancement Site, Kentucky State Police, Kentucky Department of Alcoholic Beverage Control, Lexington Metro Police Department, University of Kentucky Police Department, Kentucky State University, Kentucky Office of Highway

Safety, AIKCU, Georgetown College, Centre College Public Safety, Lindsey Wilson College, and Spalding University.

AOD Program Weaknesses

- 1. Role of Advisors and Coaches:** There is a continued need for additional faculty and staff advisors and coaches to contribute to alcohol and drug education and prevention. To reach this goal, we must identify effective ways for them to intervene and then provide the necessary training to support their role. While there have been increased partnerships between the APPLE team, Student Athletic Advisory Committee, Residence Life, Health and Wellness, and Student Activities Board, these partnerships have mainly focused on students planning programs and events for other students. Coaches and advisors were involved to the degree students included them in their planning of events, but were not directly involved in most of the planning processes. In the future, we will reach out to coaches and advisors directly for their input. We plan to connect with coaches of teams that have had alcohol and drug violations in order to provide additional education to the team members and to include faculty members in planning of events on campus by creating events and programs that better match the schedule of these advisors.
- 2. Late-Night Programming:** There is a need to evaluate the effectiveness of late-night programming to determine if there was a significant impact on reducing negative consequences associated with drinking. One approach would be to evaluate the judicial records following each event. This has not been tracked in previous years. We plan to partner with high-risk groups (identified by their drug/alcohol violations) as we plan our late-night programming and to see if consequently their violations decrease. Additionally, we have added an alcohol programming representative to the Student Activities Board, who will help us gauge student response to these programs..
- 3. Peer Education:** We are still investigating how peer educators could fit into our current programming. Currently the APPLE team does peer education and classroom presentations for Lifetime Fitness, but is not trained to give presentations on other topics. We had been investigating how to involve student-athlete peer educators, but due to staffing changes the plan is on hold. In the next two years we would like to revisit this plan and move forward with student peer educators.

4. **Community Engagement:** Working with the Lexington Police Department and alcohol distributors to decrease the sale of alcohol to minors remains one of our key goals. Ultimately we hope to decrease the instances of negative consequences of alcohol consumption. We will meet with these community partners to determine how to achieve these goals.

Policies Addressing AOD Use and Abuse

The following policies can be found in the [student handbook](#):

- Alcohol and Drug Information and Associated Physical Risks
- Alcohol Policy
- Drugs
- Medical Amnesty Policy
- Protocol for Interactions Between Faculty/Staff and Students When Alcohol Is Present

The following policy can be found in the [employee handbook](#):

- Drug and Alcohol Policy

Distribution of AOD Policies to Students, Faculty, and Staff

The director of human resources sends notification of the AOD policies to faculty and staff every October via email. Human resources staff also distribute hard copies in areas where employees may not readily access email, such as the physical plant.

The associate dean of students distributes links to the Student Handbook via email to all students in the fall, followed by a copy of the AOD policies. This notification is also accessible through the online Student Handbook.

Drug-Free Schools and Communities Act Compliance: Annual Notification for Students

Refer to Appendix A for an example of this notification.

Drug-Free Schools and Communities Act Compliance: Annual Notification for Employees

Refer to Appendix B for an example of this notification.

In addition, all current students, staff, and faculty have access to Transylvania's AOD policies on the following web pages.

[Student Policy](#)

[Faculty and Staff Policy](#)

AOD Resources and Available Services

Transylvania University is committed to having resources available for students, faculty, and staff who are experiencing alcohol and/or drug abuse. The Counseling Services office on campus provides free counseling to all currently enrolled students. Contact Counseling Services at (859) 281-3682 or by email at counseling@transy.edu.

In addition, Transylvania University's Health and Wellness Center has made resources available outside of the campus community for those who are affected by alcohol and/or drug abuse. Contact the Health and Wellness Center at (859) 281-3682 or by email at counseling@transy.edu.

Prevention and Education

At Transylvania University, several offices work together to make prevention and education materials available regarding alcohol and other drug use. The university's [AOD policies](#) are available year-round and the following educational resources are also available:

Student and Parent Alcohol Resource:

<http://www.transy.edu/admission/parents/faq/residence-life>

Think Your Drink Alcohol website:

Alcohol.transy.edu

The Office of Health and Wellness provides a number of educational programs, campaigns, and workshops for those affected by alcohol and other drug abuse. For more information, contact the department by phone at (859) 281-3682 or by email at counseling@transy.edu.

The following Lexington establishments have partnered with Transylvania's Office of Health and Wellness and Counseling Services and are used frequently when referring students:

The Ridge Recovery Center

The Ridge Recovery Center provides detox services for withdrawal from alcohol, benzodiazepines, opiates, and other substances. The Ridge Recovery Center uses Recovery Dynamics as the clinical foundation of its new extended program. Recovery Dynamics is a researched method of treatment for alcoholism and addiction. This new, enhanced program offers a clear and concise explanation of the 12-Step Program and is uniquely presented in a goal-oriented format that guides each individual to an understanding of the “Problem,” the “Solution,” and the “Plan.”

Beaumont Behavioral Health

The substance abuse counselors at Beaumont Behavioral Health provide advice, treatment, and ongoing support necessary for addicts to recover. Their counselors work with their team of healthcare professionals to address the physical, mental, and emotional needs of each patient. They work with their patients on various addictive issues, such as eating disorders, prescription drug abuse, and all illegal substances and alcohol or tobacco addictions. In general, substance abuse counselors evaluate, treat, and support patients in a one-on-one or group environment.

Bluegrass.org

Bluegrass.org has several locations in Lexington dedicated to substance abuse and addiction recovery services.

Analysis of Efficacy of AOD Use and Abuse Efforts

Goal 1:

Health and Wellness will increase alcohol and other drug awareness on our campus through assessment, interactive social norming, passive education, and bystander interventions.

Assessment Methods:

Usage reports, Annual Security Report, AlcoholEdu and Haven online education results, and Small Group Harm Reduction surveying using interactive clicker devices. These assessment methods provide a baseline understanding of our campus drug and alcohol use. We can then create awareness events around the identified challenges. The findings will also inform the training that staff should attend as trends are identified.

Assessment Results:

Results of our progress over two years are noted below.

- **Physical Plant Overall Findings:** In our 2014 report, a noticeable trend from year one (\$17,296.22) to year two (\$6,028.88) indicated a decrease in both general and alcohol-related incidents, as well as the cost of those incidents. This trend continued in year one (\$1,497.58) and in year two (\$939.96) of this year's report.
- **Residence Life Overall Findings:** In 2014, there were 6 liquor law arrests, 2 drug law arrests, 83 liquor law violations referred to the student judicial process, and 18 drug law violations referred to the student judicial process. In 2015, there were 6 liquor law arrests, 1 drug law arrest, 59 liquor law violations referred to the student judicial process, and 10 drug law violations referred to the student judicial process. The full [Clery report](#) is available for all students, faculty, staff and visitors to access. The 2016 report has data from 2013, 2014, and 2015.
- **Department of Public Safety Overall Findings:** In this two year period, there were 12 liquor law arrests and 145 cases referred to the judicial system. There were three drug law arrests and 32 referred to the student judicial system. There was an especially significant drop in cases between the 2014 and 2015 school years. Note that from the start of our tracking we have had the same director of DPS; therefore, the expectations for his officers have remained consistent.
- **Orientation (Including Parent-based Intervention):** Data consistently suggest that fewer than half of our incoming first-year orientation students have experienced negative consequences as a result of their drinking, which is below the national average. Summer and fall orientation also included several parent-based education sessions.
- **Athletics:** There were 60 responsible charges for student athletes for drug/alcohol violations in 2014 and 32 cases in 2015². Of those charges, in 2014, five involved members of women's teams; there were also five charges in 2015 involving female athletes. This means that 92% of charges in 2014 and 84% of charges in 2015 involved male athletes.
- **Greek Life:** There were 65 responsible charges involving Greek students and drug/alcohol violations in 2014, and 56 cases in 2015. Of these violations, 18 were from sororities in 2014; the number was the same in 2015. This means 72% of drug

² Charges differ from cases. Students are typically involved in one case per incident, but that case can have numerous charges associated with it.

and alcohol violations involving Greek students in 2014 and 68% of cases in 2015 involved fraternities. While the number of charges was the same in 2014 and 2015, Greek women were involved in a higher percentage of cases in 2015 than in 2014, indicating a growing concern and identifying an area of focus. We will continue to focus on sororities and alcohol education.

- **Harm Reduction (data collected from Lifetime Fitness classes):** From year one to year two, the number of students who reported using alcohol every day decreased to 0%. The total number of students who consumed four or fewer drinks the last time they “partied” decreased from 50.4% in 2014 to 42% in 2016. Since the numbers reflect an increase in high risk drinking, this will be a focus in 2016-2018.

Follow-up:

- Two years following the receipt of the CHOICES grant, we have continued to demonstrate a need in addressing the prevention of alcohol abuse on our campus. The university has agreed to institutionalize all of the components of the CHOICES project and now has permanent budget lines for all itemized areas of the proposed grant budget.
- We are engaging in 10 of the 15 National Institute on Alcohol Abuse and Alcoholism (NIAAA) tier-one strategies proven to decrease alcohol misuse, and we have plans to review the remaining five.

—We are currently engaging in these strategies:

1. Alcohol Free Options
2. Policies
3. Small Group Social Norms
4. Social Norms Marketing
5. Online Education
6. Curriculum Infusion
7. BASICS
8. Peer Engagement
9. Parent-based Interventions
10. Substance-free Housing

—We would like to implement these strategies over the next two years:

1. Responsible Beverage Service training (RBS)
2. Limiting Drink Specials
3. Group Motivational Enhancement
4. Alcohol Price and Taxation

5. Comprehensive Environmental Efforts

Goal 2:

The Office of Health and Wellness will expand on-campus partnerships beyond the Office of Student Involvement and Leadership to create a cultural shift through increased education and clear policies.

Assessment Methods:

Usage reports from APPLE team project and CHOICES events

Assessment Results:

We tracked participation in late-night alcohol-free events and surveyed students to determine their success. Overall, there were 52 social events with an average of 94 students in attendance, and the students rated the events as successful. With an on-campus student population of 731 students, our numbers indicate that approximately 13% of campus residents attended the CHOICES events. The collective evaluation results showed the events met the goal of helping reduce harmful drinking. Students are actively helping to plan these events on campus and seeking funding from CHOICES for their events, leading to more events on campus being co-sponsored by CHOICES and more alcohol-free activities. Most events sponsored by the Office of Residence Life and Housing co-partner with CHOICES, and these events, mainly aimed at first-year students, then promote alcohol-free weekend activities.

Follow-up:

As previously mentioned, we will continue to fund and support late-night programs to reduce alcohol misuse and to provide alternatives to harmful drinking behaviors. In the upcoming year, plans to pilot peer educators and to review the written alcohol policy are underway. With the construction of new residence facilities, we hope to create environmental changes in the living spaces that reduce both harmful and illegal drinking behaviors and consequences. With the increase in themed housing, substance-free upper-class housing is a very real possibility. In the past, only first-year students have had the opportunity to live in housing that is specifically designated as alcohol-free.

AOD Program and Policy Recommendations

The following key campus and community colleagues were involved in reviewing Transylvania's prevention programs and recommending program revisions during the biennial review period:

Martha Billips, associate dean for academic affairs

Bob Brown, associate dean of student affairs & director of residence life

Michael Covert, dean of students

Erinn Foglesong, administrative assistant, health and wellness; health educator

Ashley Hill, director of student wellbeing

Ashley Hinton-Moncer, director of health and wellness; Title IX coordinator

Gregg Muravchick, director of public safety

Aaron Roberts, assistant director of student involvement & leadership

Elizabeth Wachtel, interim director of institutional research

The university's current program goals, activities, and outcomes have proven to be successful in reducing alcohol-related incidents; however, we must continue to work to identify the gaps in programming and community engagement to reduce over-consumption and underage drinking. On campus, we continue to see heavy episodic drinking that has led to injury, hospitalization, vandalism, sexual abuse, assault, unsafe sex, and property damage. Additionally, there are secondary consequences affecting students on campus, such as unwanted sexual advances and disrupted sleep and study. In our surrounding community, we also continue to see vandalism and illegal distribution of alcohol to minors and serving those who are already intoxicated. There will be a continuance of both the evidence-based practice of social norming presentations and campaigns to address the primary issues regarding AOD on our campus and the late-night alcohol-free activities for our students. The strict enforcement of the university's current AOD policy for students, faculty, and staff will remain in effect.

Recommendations to enhance the program include:

- Partnering with local bars to promote responsible, legal drinking through flyers and social media campaigns
- Increasing the promotion and education of responsible drinking behaviors to students who live off-campus. Students are required to live on campus until they are 21 or a senior, so we could target juniors for this program.
- Expanding our social norming campaigns

- Completing the NACA-ACHA survey and tailoring programs and efforts to the results
- Creating a peer advising program
- Partnering with and targeting programs to male athletes and sororities

Appendix A: Student Notification

Greetings from the Dean of Students office,

As a requirement of the Federal Drug-Free Schools and Communities Amendment Act, Transylvania University is responsible for compiling and ensuring the distribution and receipt of the university's policies, sanctions, and resources regarding alcohol and other drug (AOD) use to all students on a yearly basis. Questions about this policy and/or alcohol and other drug use, programs, or interventions should be directed to the Dean of Students Office at robrown@transy.edu or (859) 233-8889.

The university outlines all of its policies regarding alcohol and other drugs in the [Alcohol and Other Drugs portion of the Student Handbook](#). Further, should a student not abide by the policies of the university described in detail on these pages, the Student Handbook contains information about the [standards of conduct](#) and the [student judicial system](#).

In short, the use of alcohol is permitted for students 21 years of age or older, according to the guidelines of the Kentucky Revised Statutes. Additionally, students must abide by the quantities limitations imposed by the university, which permits personal consumption of alcohol but not the purchase of quantities that would allow for distribution to others. All students are encouraged to read the policies closely and familiarize themselves with the material.

Also, the following information describes in detail the legal repercussions for someone who [violates state and/or federal laws pertaining to alcohol and other drugs](#). The Office of Health and Wellness is available for students who need counseling or medical help related to alcohol and other drugs. Services are described on the [website](#) of the office, or you can call (859) 281-3682.

If you have questions regarding this correspondence, please contact me at (859) 233-8889 or robrown@transy.edu.

Sincerely,

Robert C. Brown
Associate Dean of Student Affairs
Transylvania University

Appendix B: Faculty and Staff Notification (10/2/15)

Faculty and Staff,

I have provided a link to the [Transylvania University drug and alcohol policy](#) for you to read and retain for future reference. We are required to distribute this policy on an annual basis to maintain compliance with the Drug-Free Schools and Communities Act. If you have any questions, please contact me.

Thank you,

Jeff Mudrak
Director of Human Resources
Transylvania University
300 N. Broadway
Lexington, KY 40508
(859) 233-8701

Appendix C: Transylvania University Drug and Alcohol Policy

The Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989 require all federal contractors, federal grant recipients, and recipients of any federal funds whatsoever to implement a comprehensive substance and alcohol abuse policy. Transylvania University complies with all provisions of these acts. This policy applies to all university employees.

Transylvania University prohibits the possession, manufacture, distribution, dispensation, or use of illicit drugs, and the unlawful use, possession, or distribution of alcohol or controlled substances on all university property, at any locations where employees or students are conducting university-related business or activities, when using university vehicles, and when using private vehicles on university business or in the conduct of university activities.

The legal sanctions for the unlawful possession, use, or dispensation under state and federal law vary and are based on the nature and severity of the case. Specific legal sanctions are listed in APPENDIX A.

Use of illicit drugs and abuse of alcohol have been definitively shown to have potential health consequences that may be permanent. These consequences include disorders and dysfunctions that affect the central nervous system, reproductive functioning, cardiovascular and pulmonary systems, and endocrine functioning. Specifically, there are both short- and long-term effects on cognition, memory, retention, information processing, coordination, and athletic and academic performance. The use of illicit drugs and the abuse of alcohol also affect emotional equilibrium, mental well-being, and the ability to make critical decisions and sound judgments. Impaired judgment increases one's vulnerability and risk-taking behaviors, including engaging in unprotected sex, which may lead to exposure to HIV and other sexually transmitted diseases and to unplanned pregnancy. The chronic use and abuse of illicit drugs and alcohol have been shown to cause adverse permanent changes in most of the biological systems studied. These changes can lead to severe impairment, disability, and premature death. A detailed list of health risks appears in APPENDIX B.

Individuals who need assistance relating to the use or abuse of alcohol or drugs may contact the Woodland Group at (859) 255-4864 or the 24-hour crisis line, 1-800-350-6438. The Woodland Group is the provider for the faculty and staff assistance program. The

program offers employees and their dependents eight sessions per person, for each problem, per year, at no cost. Subscribers to the health insurance plan may also take advantage of the mental health benefits associated with the plan. Lastly, numerous resources exist within the community, some of which are listed in the “off-campus numbers” section of [this page](#).

A faculty or staff member who violates this policy is subject to disciplinary action up to and including termination of employment. Any individual who retains employment will receive a mandatory referral to the faculty and staff assistance program and shall be expected to comply with the counselor’s course of treatment.

In compliance with the Federal Drug-Free Workplace Act of 1988, any employee shall notify the immediate supervisor if the employee is convicted of a criminal drug offense occurring in the workplace or while on university business within five days of the conviction. The university shall take appropriate sanction and remedies in accordance with its policies. The provisions of this section are also applicable to students who are employees of the university. If the employee is under a federal contract or grant, the university shall notify the contracting or granting agency of the conviction and of its actions. This section of this policy is also applicable to students who receive a Pell grant (federal grant).

Federal Penalties and Sanctions for Illegal Trafficking and Possession of a Controlled Substance

The Controlled Substances Act (1970) places all substances regulated under federal law into one of five schedules based on the substance's medical use, potential for abuse, and safety or dependence liability.

Federal Trafficking Penalties (as of January 1, 1996)

Drug Schedule	1st Offense	2nd Offense	Quantity	Drug	Quantity	1st Offense	2nd Offense
I and II	* Not less than 5 years. Not more than 40 years. * If death or serious injury, not less than 20 years	* Not less than 10 years. Not more than life. * If death or serious injury, not less than life. * Fine of	10-99 gm pure or 100-999 gm mixture	Methamphetamine	100 gm or more pure or 1 kg or more mixture	* Not less than 10 years. Not more than life. * If death or serious injury, not less than 20 years or more than life * Fine of not more than \$4 million	* Not less than 20 years. Not more than life. * If death or serious injury, not less than life * Fine of not more than \$8 million
			100-999 gm mixture	Heroin	1 kg or more mixture		
			500-4,999 gm mixture	Cocaine	5 kg or more mixture		

	or more than life. * Fine of not more than \$2 million individual, \$5 million other than individual	not more than \$4 million individual, \$10 million other than individual	5-49 gm mixture	Cocaine Base	50 gm or more mixture	individual, \$10 million other than individual	individual, \$20 million other than individual
			10-99 gm pure or 100-999 gm mixture	PCP	100 gm or more pure or 1 kg or more mixture		
			1-9 gm mixture	LSD	10 gm or more mixture		
			40-399 gm mixture	Fentanyl	400 gm or more mixture		
			10-99 gm mixture	Fentanyl Analog	100 gm or more mixture		

Drug Schedule	Description	Drugs	Quantity	1st Offense	2nd Offence
I	<ol style="list-style-type: none"> Has a high potential for abuse. Has no current accepted medical use in treatment in the United States. A lack of accepted safety for use of the drug or other substance under medical supervision. 	Includes GHB, ecstasy, methaqualone and others. (Law does not include marijuana, hashish or hashish oil.)	Any	<ul style="list-style-type: none"> * Not more than 20 years * If death or serious injury, not less than 20 years, not more than life * Fine \$1 million individual, \$5 million not individual 	<ul style="list-style-type: none"> * Not more than 30 years * If death or serious injury, life * Fine \$2 million individual, \$10 million not individual
II	<ol style="list-style-type: none"> Has a high potential for abuse. Has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions. Abuse may lead to severe psychological or physical dependence. 	Includes morphine, methadone, Ritalin and others	Any	<ul style="list-style-type: none"> * Not more than 20 years * If death or serious injury, not less than 20 years, not more than life * Fine \$1 million individual, \$5 million not individual 	<ul style="list-style-type: none"> * Not more than 30 years * If death or serious injury, life * Fine \$2 million individual, \$10 million not individual

III	<ol style="list-style-type: none"> Has potential for abuse less than the drugs or the substances in Schedules I and II. Has a currently accepted medical use in treatment in the United States. Abuse may lead to moderate or low physical or high psychological dependence. 	Includes Ketamine, anabolic steroids, codeine and hydrocodone with aspirin or Tylenol, some barbiturates and others.	Any	<ul style="list-style-type: none"> * Not more than 5 years * Fine not more than \$250,000 individual, \$1 million not individual 	<ul style="list-style-type: none"> * Not more than 10 years * Fine not more than \$500,000 individual, \$2 million not individual
IV	<ol style="list-style-type: none"> Has a low potential for abuse relative to the drugs or other substances in Schedule III. Has a currently accepted medical use in treatment in the United States. Abuse may lead to limited physical or psychological dependence. 	Includes Darvon, Talwin, Equanil, Valium, Xanax, Rohyphnol and others.	Any	<ul style="list-style-type: none"> * Not more than 3 years * Fine not more than \$250,000 individual, \$1 million not individual 	<ul style="list-style-type: none"> * Not more than 6 years * Fine not more than \$500,000 individual, \$2 million not individual
V	<ol style="list-style-type: none"> Has a low potential for abuse relative to the drugs or other substances in Schedule IV. Has a currently accepted medical use in treatment in the United States. Abuse may lead to limited physical or psychological dependence. 	Includes over the counter cough medicines with codeine and others.	Any	<ul style="list-style-type: none"> * Not more than 1 year * Fine not more than \$100,000 individual, \$250,000 not individual 	<ul style="list-style-type: none"> * Not more than 2 years * Fine not more than \$200,000 individual, \$500,000 not individual

Description	Quantity	1st Offense	2nd Offense
Marijuana	1,000 kg or more mixture; or 1,000 or more plants	<ul style="list-style-type: none"> * Not less than 10 years, not more than life * If death or serious injury, not less than 20 years, not more than life * Fine not more than \$4 million individual, \$10 million other than 	<ul style="list-style-type: none"> * Not less than 20 years, not more than life * If death or serious injury not more than life * Fine not more than \$8 million individual, \$20 million other than individual

		individual	
Marijuana	100 kg-999 kg mixture; or 100 to 999 plants	<ul style="list-style-type: none"> * Not less than 5 years, not more than 40 years * If death or serious injury, not less than 20 years, not more than life * Fine not more than \$2 million individual, \$5 million other than individual 	<ul style="list-style-type: none"> * Not less than 10 years, not more than life * If death or serious injury not more than life * Fine not more than \$4 million individual, \$10 million other than individual
Marijuana	50-99 kg mixture; or 50 to 99 plants	<ul style="list-style-type: none"> * Not more than 20 years * If death or serious injury, not less than 20 years, not more than life * Fine not more than \$1 million individual, \$5 million other than individual 	<ul style="list-style-type: none"> * Not more than 30 years * If death or serious injury, not more than life * Fine not more than \$1 million individual, \$5 million other than individual
Marijuana	Less than 50 kg mixture	<ul style="list-style-type: none"> * Not more than 5 years * Fine not more than \$250,000 individual, \$1 million other than individual 	<ul style="list-style-type: none"> * Not more than 10 years * Fine not more than \$500,000 individual, \$2 million other than individual
Hashish	10 kg or more		
Hashish Oil	1 kg or more		

Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance

21 U.S.C. 844(a)

1st conviction: Up to 1 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 2 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 3 years and fined at least \$5,000 but not more than \$250,000, or both.

Special sentencing provision for possession of crack cocaine: Mandatory at least 5 years in prison, not to exceed 20 years and fined up to \$250,000, or both, if:

- (a) 1st conviction and the amount of crack possessed exceeds 5 grams.
- (b) 2nd crack conviction and the amount of crack possessed exceeds 3 grams.
- (c) 3rd or subsequent crack conviction and the amount of crack possessed exceeds 1 gram.

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 1 year imprisonment. (See special sentencing provisions re: crack)

21 U.S.C. 881(a)(4)

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

21 U.S.C. 844a

Civil fine of up to \$10,000 (pending adoption of final regulations).

21 U.S.C. 853a

Denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to 1 year for first offense, up to 5 years for second and subsequent offenses.

18 U.S.C. 922(g)

Ineligible to receive or purchase a firearm.

Miscellaneous

Revocation of certain federal licenses and benefits, e.g., pilot's license, public housing tenancy, etc., are vested within the authorities of individual federal agencies. *Note: These are only federal penalties and sanctions. Additional state penalties and sanctions may apply.*

Alcohol

Under university regulations, students, faculty, and staff are required to abide by state laws concerning alcoholic beverages. Basically, Kentucky laws state that, if one is under the age of 21, it is unlawful to:

1. Possess or consume alcoholic beverages
2. Misrepresent one's age for the purpose of purchasing alcoholic beverages
3. Use a fake ID in an attempt to purchase alcoholic beverages

No matter what one's age, Kentucky law states that it is unlawful to:

1. Procure any alcoholic beverages for anyone under 21 years of age
2. Drink or be drunk in a public place
3. Operate a motor vehicle while under the influence of alcohol or other substances, which may impair ability

Sanctions for violation of state alcohol laws vary from a fine of \$10.00 to \$2,000.00, a sentence 48 hours to 12 months in jail, and/or suspension of one's operator's license.

APPENDIX B

Health Risks Associated with the Use of Illicit Drugs and Alcohol

Drugs	Schedule	Physical Dependence	Psychological Dependence	Possible Effects	Effects of Overdose	Withdrawal Syndrome
Narcotics						
Heroin	I	High	High	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, runny nose, chills and sweating, watery eyes
Morphine	II	High	High			
Codeine	II, III or V	Moderate	Moderate			
Methadone	I or II	High	High			
Other Narcotics: Percodan, Darvon, Talwin, Percocet, Opium, Demerol	I to V	High-Low	High-Low			
Depressants						
Barbiturates: Amytal, Nembutal, Phenobarbital, Pentobarbital	II to IV	High-Moderate	High-Moderate	Slurred speech, disorientation, drunken behavior without odor of alcohol	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
Benzodiazepines: Ativan, Diazepam, Librium, Xanax, Valium, Tranxene, Versed, Halcion	IV	Low	Low			
Methaqualone	I	Moderate	Moderate			
GHB	I					
Rohypnol	IV					
Other Depressants	I to IV	Moderate	Moderate			
Stimulants						
Cocaine	II	Possible	High	Increased alertness, increased pulse rate and blood pressure, loss of	Agitation, increased body temperature, hallucinations, convulsions,	Apathy, long periods of sleep, irritability, depression, disorientation
Amphetamine	II	Possible	High			
Methamphetamine	II	Possible	High			
Ritalin	II	Possible	High			
Other	I to V	Possible	High			

Stimulants				appetite, euphoria, excitation, insomnia	possible death	
Cannabis						
Marijuana	I	Unknown	Moderate	Euphoria, relaxed inhibitions, increased appetite, disorientation	Fatigue, paranoia, possible psychosis	Occasional reports of insomnia, hyperactivity, decreased appetite
THC, Marinol	I or II	Unknown	Moderate			
Hashish	I	Unknown	Moderate			
Hashish Oil	I	Unknown	Moderate			
Hallucinogens						
LSD	I	None	Unknown	Illusions and hallucinations, altered perception of time and distance	Longer, more intense "trip" episodes, psychosis, possible death	Unknown
Mescaline and Peyote	I	None	Unknown			
Psilocybin mushrooms	I	None	Unknown			
Ecstasy (MDMA)	I	Unknown	Unknown			
Phencyclidine (PCP)	I or II	Unknown	High			
Ketamine	III	Unknown	Unknown			
Other Hallucinogens	I	None	Unknown			
Anabolic Steroids						
Testosterone	III	Unknown	Unknown	Virilization, testicular atrophy, acne, edema, gynecomastia, aggressive behavior	Unknown	Possible depression
Nandrolone	III	Unknown	Unknown			
Oxymethalone	III	Unknown	Unknown			

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident.

Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental

functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

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

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