



# **Biennial Review of Transylvania University's Alcohol and Other Drug Programs 2016-2018**

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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 2018 Biennial Review of the Transylvania University alcohol and other drug related policies and programs was completed in the summer and fall of 2018. 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 2018 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 Student Wellbeing will increase AOD awareness on our campus through assessment, interactive social norming, passive education, and bystander interventions.

### **Goal 2:**

The Office of Student Wellbeing will expand on-campus partnerships beyond the Office of Campus and Community Engagement 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.Edu Ongoing** is a required, online, 30 minute refresher, evidence-based prevention program specifically created for upperclass students. It is designed to create a highly personalized user experience that inspires students to reflect on their drinking behaviors. This program will be required of all sophomores, juniors and seniors beginning July 2018.
  - **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 non-confrontational and non-judgmental 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 Student Wellbeing.

- **CAnnabis Screening and Intervention for College Students (CASICS)** is another Brief Motivational Intervention (BMI) that uses the same core components as *BASICS* but is focused on marijuana use for college and high school students as well as community members who have concerns about their marijuana use. *CASICS* is delivered over the course of two 1-hour interviews with a brief online assessment survey taken by the individual after the first session. The first interview gathers information about the individual's recent marijuana use patterns, personal beliefs about marijuana, and alcohol and drug history, while providing instructions for self-monitoring any use of marijuana between sessions and preparing the individual for the online assessment survey. Information from the online assessment survey is used to develop a Personalized Feedback Report for use in the second interview. The report compares personal marijuana use with marijuana use norms, reviews individualized negative consequences and risks factors, clarifies perceived risks and benefits of marijuana, and provides options to assist in making changes to decrease or abstain from marijuana use. Based on principles of motivational interviewing, *CASICS* is delivered in an empathetic, non-confrontational, and non-judgmental manner and is aimed at revealing the discrepancy between the individual's risky marijuana use behavior and his or her goals and values. This discrepancy when processed with acceptance and caring by the *CASICS* Facilitator motivates behavior change toward greater safety, health and success. Trained personnel proficient in motivational interviewing facilitate the intervention. These staff members include representatives from the departments of residence life and Student Wellbeing.
- **Individual 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. Students may address concerns regarding substance abuse in individual counseling, but cases may also be referred off campus for more specialized help.
- **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. These trainings are hosted by the individual chapters.
- **Medical Amnesty** is a policy created for our students and visiting students. It states:  
“When a student’s health and safety are in jeopardy as the result of alcohol or other

drug consumption, immediate medical attention should be sought by calling the Department of Public Safety (233-8118) or 911 for assistance. Formal disciplinary action for a violation of the alcohol policy will not be taken for those who seek or receive medical assistance for themselves or others, though violation of other student conduct rules 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, 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. The creation of a new taskforce to implement training involving many aspects of health education to student athletes, including drug and alcohol education.
- **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 Student Wellbeing. Residence Life staff also support 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.

- **ACHA-NCHA Survey** is distributed every other year to all students. This survey assists in collecting precise data about students' health habits, behaviors, and perceptions. It was distributed in fall 2016 and will be sent out again in fall 2018.

## AOD Program Strengths

1. **Late-Night Programming:** During the biennial period, various campus organizations offered alcohol-free late-night activities on high-risk nights. 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. Boo Bash, a Halloween themed program, was a highly successful partnership between Residence Life and CHOICES. Over 200 students attended the event, and the popularity of the program has led it to become an annual event. Once a month, Midnight Pancakes are offered by Campus Crusade for Christ, and over 50 students attend each event. Campus dances, welcome week events, and partnerships with academic departments are also successful partnerships.
2. **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, 19 presentations were given to Lifetime Fitness classes, with approximately 95% of each class in attendance.
3. **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 implemented 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 16<sup>1</sup>). Two additional facilitators have been trained to lead Green Dot presentations. In winter 2018, 100 new Greek members were Green Dot trained. Additionally, 80% of the 526 upperclass students who completed Haven Plus in 2016 indicated that they were already familiar with bystander intervention strategies before completing the course, and 98% indicated they were familiar afterwards.

4. **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 sections of the BASICS program, and presenting late-night programming.
5. **Decreased Alcohol-related Incidents:** There were 135 alcohol violations and 31 drug law violations in the 2014-2016 report. There were 106 alcohol violations and 39 drug law violations in the two years assessed.
6. **Primary and Secondary Programming:** During the two-year period, we have increased our passive programming, including social norming campaigns and social media campaigns. We continue to use data from the ACHA-NCHA survey to correct misperceptions through our social media and have expanded our giveaways to include chapstick, pop sockets, and cell phone accessories. We also have ongoing training for all years a student is enrolled at Transylvania, including AlcoholEdu offered pre-matriculation. As of July 2018, all upperclass students complete a refresher course entitled Alcohol.Edu Ongoing, also offered through EverFi. 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.
7. **Drug Education:** According to the 2016 ACHA-NCHA survey distributed to all students, 63% of Transy students have never used marijuana, but the perception was that 94% of Transylvania University students had used marijuana. 23% of Transylvania students have never used alcohol, but the perceived use was 99%. A focus in the past two years has been correcting these misperceptions through presentations and social media. In 2016-17 academic year there were 22 drug violations and in 2017-18 academic year there were 17. It appears that

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<sup>1</sup> 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.

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.

## 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 Student Athletic Advisory Committee, Residence Life, Student Wellbeing, and Student Activities Board, these partnerships have mainly focused on students planning social 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. As judicial issues have arisen regarding drugs and alcohol, sanctions have included further educational programming.
2. **Peer Education:** We are no longer exploring peer education with the dissolution of the Apple Team. Our classroom presentations are handled by our TIPS/BASICS/CASICS trained faculty and staff. We have 4 staff members trained in BASICS/CASICS and 6 staff members trained in TIPS.
3. **Community Involvement:** One of the trends we have noted is that our student population is more likely to use drugs and alcohol off campus. Due to this change in behavior, we believe more education needs to occur regarding liability, social host laws, and bystander accountability. By certifying the Resident Advisors in TIPS and offering campus wide trainings, we are hoping to better educate our students. We will be assessing the effectiveness of this program through incident reported to campus security authorities.
4. **Saturation into Campus Culture:** We, as every university does, struggle with reaching the populations who most need the alcohol education with our programming. Through mandatory online education and judicial sanctions, we are

working on reaching this population. Beginning in July 2018, students who did not complete the EverFi alcohol programming were unable to participate in Greek Life or athletics. This has increased our compliance percentages.

## 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.

The 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 the 2017 notification.

### **Drug-Free Schools and Communities Act Compliance:**

#### **Annual Notification for Employees**

Refer to Appendix B for the 2017 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](mailto:counseling@transy.edu).

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

The Office of Student Wellbeing 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](mailto:counseling@transy.edu).

The following Lexington establishments have partnered with Transylvania's Office of Student Wellbeing 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:**

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

#### *Assessment Methods:*

Usage reports, ACHA-NCHA survey, Maxient records, Annual Security Report, AlcoholEdu and Haven online education results, and Small Group Harm Reduction surveying using interactive clicker devices during orientation and through Lifetime Fitness classes. The addition of TIPS training increased student knowledge of bystander interventions involving alcohol. 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.

- **Residence Life Overall Findings:** In 2016, there were 5 liquor law arrests, 0 drug law arrests, 48 liquor law violations referred to the student judicial process, and 34 drug law violations referred to the student judicial process. In 2017, there were 1 liquor law arrest, 8 drug law arrest, 38 liquor law violations referred to the student judicial process, and 20 drug law violations referred to the student judicial process. The full [Clergy 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 8 liquor law arrests and 93 alcohol related cases referred to the judicial system. This represents a decrease in each category from the previous reporting period. There were 4 drug law arrests and 49 drug related cases referred to the student judicial system. This represents an increase in each category from the previous reporting period.
- **Orientation:** From our incoming student data from EverFi (2016-2017 data), 44% of incoming students are abstainers (no alcohol in the past year) and 25% are nondrinkers (have not consumed in the past two weeks) when they arrive on campus. At the conclusion of Alcohol.Edu, 58% of students indicated they intended to reduce their drinking frequency, compared to 42% who intended to change their behaviors before taking the course. In addition to this online training, students also undergo in-person alcohol education training within 48 hours of arriving on campus
- **Athletics:** There were 52 responsible charges for student athletes for drug/alcohol violations in 2016 and 39 cases in 2017<sup>2</sup>. Of those charges, in 2016, seven involved members of women's teams; there were also thirteen charges in 2017 involving female athletes. This means that 86% of charges in 2016 and 66% of charges in 2017 involved male athletes. While our numbers have improved overall since the 2014-2016 report, we have seen an increase in cases involving female athletes. This may be indicative of an increase in student involvement in athletics and the addition of more female-heavy teams, such as eventing and dance.
- **Greek Life:** There were 30 responsible charges involving Greek students and drug/alcohol violations in 2016, and 30 cases in 2017. Of these violations, 12 were from sororities in 2016, and 14 were from sororities in 2017. This means 60% of drug and alcohol violations involving Greek students in 2016 and 53% of cases in 2017 involved fraternities. These numbers show a significant drop from the 2014

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

and 2015 years which showed 65 responsible charges in 2014 and 56 in 2015. We believe this may be attributed to a change in location for Greek housing on campus.

- **Harm Reduction (data collected from Lifetime Fitness classes):** In the most recent Lifetime Fitness classes (April 2018), an average of 93% of students indicated that they had at some point consumed alcohol, and 78% reported having negative consequences as a result. These presentations incorporated social norming, and the numbers will be monitored over time.

*Follow-up:*

- The university continues to institutionalize the goals of the CHOICES project and has permanent budget lines for late night, alcohol free programming.
- The number of staff members trained in BASICS/CASICS and TIPS has tripled since the 2014-2016 report and these interventions are now more widely available on campus.
- Every section of lifetime fitness (3-4 each semester) is trained in alcohol education and harm reduction, including aspects of social norming to decrease unhealthy drinking behaviors.
- Our numbers for incidents involving Greeks and athletes have both declined since the 2014-2016 report.
- Beginning July 2018, all students receive an online refresher course or a course as an incoming student regarding Alcohol Education.
- In order to best create a comprehensive educational program for our entire campus community, the university has formed a task force surrounding the NCAA requirements involving:
  - Healthy Relationships
  - Sexual Violence Prevalence
  - Harassment
  - Hazing/Bullying
  - Stalking
  - Discrimination
  - Alcohol & Drugs
  - Respectful Communication
  - Negotiating Consent
  - Active listening
  - Impact of Harmful Language
  - Bystander Intervention
  - Compliance, Accountability, and Sanctions

**Goal 2:**

The Office of Student Wellbeing will expand on-campus partnerships beyond the Office of Campus and Community Engagement to create a cultural shift through increased education and clear policies.

*Assessment Methods:*

Reports from Lifetime Fitness and CHOICES events as well as the ACHA-NCHA survey.

*Assessment Results:*

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 co-partner with CHOICES, and these events, mainly aimed at first-year students, then promote alcohol-free weekend activities. Events through the Student Activities Board also incorporate CHOICES funding, and since 2017 the Crimson Affair and Spring Fling (large, popular, campus-wide dances) have been alcohol free. The ACHA-NCHA survey will be repeated in Fall 2018, and numbers will be compared to the 2016 survey.

*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. The change in residential living spaces has created environmental changes in the living spaces that reduce both harmful and illegal drinking behaviors and consequences. First year students are clustered together, creating environments that are alcohol free due to their age.

## 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:

Michael Covert, Dean of Students

Erik Emery, Clery Compliance Officer, Department of Public Safety

Kevin Fisher, Director of Residence Life

Ashley Hill, Director of Student Wellbeing

Chase Waskey, Health Educator

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 see fewer instances of heavy episodic drinking that has led to injury, hospitalization, vandalism, sexual abuse, assault, unsafe sex, and property damage. 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:

- 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 using campus-specific data from the ACHA-NCHA survey and EverFi programming. This may include targeted outreach to specific campus populations or around particular issues of concern.
- Completing the ACHA-NCHA survey and tailoring programs and efforts to the results. For instance, in 2016 results of the ACHA-NCHA survey indicated that there were higher instances of students using electronic cigarette devices (vaping) and we completed more social norming and educational programming directed towards this topic.
- Partnering with and targeting programs to groups who exhibit higher rates of alcohol incidents. Data each summer from the previous academic year will help determine which groups require additional focus for the upcoming semesters.

## **Appendix A: Student Notification (10/17/17)**

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 [mcovert@transy.edu](mailto:mcovert@transy.edu) or (859) 233-8215.

The university outlines all of its policies regarding alcohol and other drugs in the [Alcohol and Other Drugs section](#) of the Student Handbook. Additionally, the Student Handbook contains the [standards of conduct](#), a description of the [student judicial system](#) and [consequences for violating the policy](#). In short, according to the guidelines of the Kentucky Revised Statutes, the use of alcohol is permitted for students of 21 years of age or older on campus where the public does not have ready access. 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. The complete Student Handbook is located [here](#) and paper copies of the Handbook are available in the Dean of Students Office in the Campus Center.

Information on the legal repercussions that could affect someone should they violate [state and/or federal laws](#) pertaining to alcohol and other drugs is also provided. The Student Wellbeing Office is available for students who need medical help, counseling or other assistance related to alcohol and other drugs. The services available to students are described on the Student Wellbeing [website](#) and the office may be reached at [\(859\) 281-3682](#).

If there are further questions regarding this correspondence, please contact me at [\(859\) 233-8215](#) or [mcovert@transy.edu](mailto:mcovert@transy.edu).

Sincerely,

Michael Covert, Ph.D.  
Dean of Students

## **Appendix B: Faculty and Staff Notification (10/13/17)**

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

Jeff Mudrak  
Associate VP and Director of Human Resources  
Transylvania University  
300 N. Broadway  
Lexington, KY 40508  
ph (859) 233-8701  
fax (859) 281-3523

## **Appendix C: Transylvania University Drug and Alcohol Policy (10/17)**

### **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 shall comply with all provisions of these acts. This policy shall apply 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.

The health risks associated with the 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 which 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 is listed in Appendix B.

Individuals who need assistance relating to the use or abuse of alcohol or drugs may contact the Woodland Group at 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 dependents 8 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.

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 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).

## Appendix A

### **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.	* Not less than 10 years. Not more than life.	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	* Not less than 20 years. Not more than life. * If death or serious injury, not less than life

<ul style="list-style-type: none"> <li>* If death or serious injury, not less than 20 years or more than life.</li> <li>* Fine of not more than \$2 million individual, \$5 million other than individual.</li> </ul>	<ul style="list-style-type: none"> <li>* If death or serious injury, not less than life.</li> <li>* Fine of not more than \$4 million individual, \$10 million other than individual.</li> </ul>	500-4,999 gm mixture	<b>Cocaine</b>	5 kg or more mixture	<ul style="list-style-type: none"> <li>* Fine of not more than \$4 million individual, \$10 million other than individual</li> <li>* Fine of not more than \$8 million individual, \$20 million other than individual</li> </ul>
		5-49 gm mixture	<b>Cocaine Base</b>	50 gm or more mixture	
		10-99 gm pure or 100-999 gm mixture	<b>PCP</b>	100 gm or more pure or 1 kg or more mixture	
		1-9 gm mixture	<b>LSD</b>	10 gm or more mixture	
		40-399 gm mixture	<b>Fentanyl</b>	400 gm or more mixture	
		10-99 gm mixture	<b>Fentanyl Analog</b>	100 gm or more mixture	

Drug Schedule	Description	Drugs	Quantity	1st Offense	2nd Offence
<b>I</b>	<ul style="list-style-type: none"> <li>1. Has a high potential for abuse.</li> <li>2. Has no current accepted medical use in treatment in the United States.</li> <li>3. A lack of accepted safety for use of the drug or other substance under medical supervision.</li> </ul>	Includes GHB, ecstacy, methaqualone and others. (Law does not include marijuana, hashish or hashish oil.)	Any	<ul style="list-style-type: none"> <li>* Not more than 20 years</li> <li>* If death or serious injury, not less than 20 years, not more than life</li> <li>* Fine \$1 million individual, \$5 million not individual</li> </ul>	<ul style="list-style-type: none"> <li>* Not more than 30 years</li> <li>* If death or serious injury, life</li> <li>* Fine \$2 million individual, \$10 million not individual</li> </ul>
<b>II</b>	<ul style="list-style-type: none"> <li>1. Has a high potential for abuse.</li> <li>2. Has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.</li> <li>3. Abuse may lead to severe psychological or physical dependence.</li> </ul>	Includes morphine, methadone, Ritalin and others	Any	<ul style="list-style-type: none"> <li>* Not more than 20 years</li> <li>* If death or serious injury, not less than 20 years, not more than life</li> <li>* Fine \$1 million individual, \$5 million not individual</li> </ul>	<ul style="list-style-type: none"> <li>* Not more than 30 years</li> <li>* If death or serious injury, life</li> <li>* Fine \$2 million individual, \$10 million not individual</li> </ul>

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

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

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

## **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 licenses, 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, or
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, or
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 of forty-eight 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
<b>Narcotics</b>						
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			
<b>Depressants</b>						
<b>Barbiturates:</b> 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
<b>Benzodiazepines:</b> Ativan, Diazepam, Librium, Xanax, Valium, Tranxene, Versed, Halcion	IV	Low	Low			
<b>Methaqualone</b>	I	Moderate	Moderate			
<b>GHB</b>	I					
<b>Rohypnol</b>	IV					
<b>Other Depressants</b>	I to IV	Moderate	Moderate			
<b>Stimulants</b>						
<b>Cocaine</b>	II	Possible	High	Increased alertness, increased pulse rate and blood pressure, loss of appetite, euphoria, excitation,	Agitation, increased body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
<b>Amphetamine</b>	II	Possible	High			
<b>Methamphetamine</b>	II	Possible	High			
<b>Ritalin</b>	II	Possible	High			

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

### **Alcohol:**

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.