



**Biennial Review of Transylvania University's
Alcohol and Other Drug Programs
2018-2020**

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Table of Contents

Introduction to the DFSCA	3
Compliance with the DFSCA	3
Alcohol and Other Drug (AOD) Program Goals	4
Programs Addressing AOD Use and Abuse	4
AOD Program Strengths	8
AOD Program Weaknesses	11
Policies Addressing AOD Use and Abuse	12
Distribution of AOD Policies to Students, Faculty, and Staff	12
AOD Resources and Available Services	13
Analysis of Efficacy of AOD Use and Abuse Efforts	14
AOD Program and Policy Recommendations	18
Appendix A: Student Notification	19
Appendix B: Faculty and Staff Notification	20
Appendix C: Transylvania University Drug and Alcohol Policy	22

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 2020 Biennial Review of the Transylvania University alcohol and other drug related policies and programs was completed in the summer and fall of 2020. 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 the 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 2020 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 create robust student programming by partnering with student organizations, residence halls, and offices outside of student life to ensure students are able to make healthy decisions regarding substance use.

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 was required of all sophomores, juniors and seniors beginning July 2018, and of all sophomores and juniors beginning summer 2020.
 - **Higher Education Prescription Drug Abuse Prevention** replaces the ongoing Alcohol.Edu training for senior students beginning July 2020. This new course provides knowledge, skills and tools to help students make healthy, informed decisions about prescription medications and provides education regarding substances besides alcohol.
 - **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 Housing and 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 housing and residence life and Student Wellbeing.

- **C**annabis **S**creening and **I**ntervention for **C**ollege **S**tudents (**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 department of housing and residence life and Student Wellbeing.
- **I**ndividual **C**ounseling services are available on campus to students for free, and faculty and staff can consult the 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 parents/guardians may be informed.”

This policy is designed to allow students to step in during high risk situations without fear of judicial action.

- **NCAA Athletics** provides ongoing training to coaches and athletics staff. In 2018, a new taskforce was created 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: Alcohol Education; Green Dot Bystander Intervention; and Understanding Title IX. The Resident Advisors also hold floor meetings regarding alcohol policies and resources. This is in addition to the yearly required online training.
- **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. Housing and Residence Life staff also support policy enforcement through nightly rounds.
- **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 fall 2018, but delayed from fall 2020 to fall 2021 as fall 2020 was an unusual semester due to the COVID-19 pandemic. With more students living off campus, classes given remotely, the implementation of a module instead of a semester system, and social gatherings and programs restricted to 10 people or less, the results would not reflect a usual year on campus. This survey has been postponed with hopes that 2021 brings a more traditional fall semester.

AOD Program Strengths

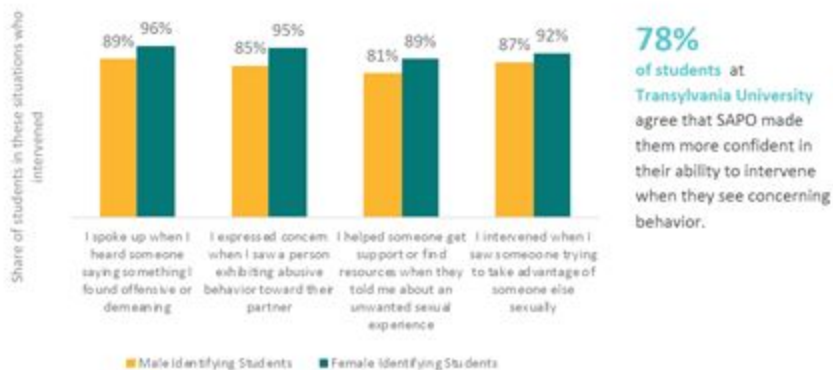
1. **Late-Night Programming:** During the biennial period, various campus organizations offered alcohol-free late-night activities on high-risk nights. The number of organizations reaching out to us for partnerships has increased greatly, and the students are taking more ownership over their projects and events. While the funding may come from CHOICES, student events are led exclusively by students. Boo Bash, a Halloween themed program, was a highly successful partnership between Housing and Residence Life and CHOICES in 2019. 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. Lifetime Fitness has

declined presentations since spring 2019, opting instead for their own in-class education, but Greek organizations have yearly requested training for their new members and returning members.

- 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 16¹). Two additional facilitators have been trained to lead Green Dot presentations. In winter 2018, 100 new Greek members were Green Dot trained. In winter 2019, 92 students were trained on Green Dot in 3 presentations. In fall 2019, 13 students received Green Dot training. In February 2020, 27 students attended Green Dot training. The requirements for Greek Organizations to complete Green Dot training has been extended due to the university conducting classes online for winter 2020 and in-person programs of more than 10 students prohibited in fall 2020. The final training for spring 2020 was scheduled for April, and cancelled due to the pandemic. Students report feeling comfortable intervening in high risk situations and comfortable with bystander interventions in their online training. The chart below comes from the 2019 upperclass student EverFi report.

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.

Bystander Intervention Scenarios



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. Social media has been a growing method of interacting with students through passive interactions, and “Safe Spring Break Kits” (co-sponsored by Tri Delta) include alcohol safety information and are extremely popular with students.
5. **Decreased Alcohol-related Incidents:** There were 135 alcohol violations and 31 drug law violations in the 2014-2016 report. In 2016-2018, There were 106 alcohol violations and 39 drug law violations in the two years assessed. In 2018-2020, there were 185 liquor law violations referred to the student judicial process (but only 99 students found responsible during that time frame) and 57 drug law violations referred (37 found responsible). While numbers of referred incidents are up, the number of students found responsible continue to decline.
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. As of July 2020, senior students are assigned Higher Education Prescription Drug Abuse

Prevention, which further diversifies our educational offerings.

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. The 2018 ACHA-NCHA survey revealed that 67% of all students had never used marijuana, and the perception was that 89% of students had tried it. Likewise, 30% of students in 2018 reported they abstain from drinking, and perceived use was down to 96%. These slow but steady declines indicate that the programming is working and students are becoming more aware of the realities of alcohol and other drug use on campus as well as making healthy decisions for themselves around alcohol and marijuana use. In the 2016-17 academic year there were 22 drug violations and in 2017-18 academic year there were 17. In 2018 there were 24 drug law violations referred to the student judicial process. In 2019 there were 33 drug law violations referred to the student judicial process. While the numbers are fluctuating slightly and appear to be rising, a larger frame of time is needed in order to see trends. This is something we will monitor during the next reporting period. Additionally, our campus security officers and housing 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 housing and residence life staff tools to educate students on drug use and abuse.
8. **Role of Advisors and Coaches:** An emerging area of strength is the role of athletes in drug and alcohol education. While coaches are notified directly of any incidents involving their teams, beginning in 2019 and continuing into 2020, any student athlete who does not complete their yearly online alcohol training by the deadline is unable to participate in their sport until their training is complete. Coaches are responsible for monitoring their teams progress, under the supervision of the assistant athletic directors.

AOD Program Weaknesses

1. **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. In 2019, the university made a switch from TIPS

education to the Alcohol Skills Training Program. Greek students and Resident Advisors were the first students trained in ASTP, and the alcohol orientation program was re-written to focus on ASTP instead of TIPS.

2. **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 and led to Transylvania earning the 2020 EverFi Campus Prevention Network Seal of Prevention. “The Seal of Prevention is a designation given to institutions committed to comprehensive, evidence-based digital prevention strategies on issues of wellness, safety, and inclusion. The CPN Seal elevates the visibility of campuses that demonstrate evidence of meeting this commitment.”

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 2020 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.

In addition, Transylvania University's Student Wellbeing Office has made resources available outside of the campus community for those who are affected by alcohol and/or drug abuse. Contact the Student Wellbeing Office 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>

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.

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:

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

Assessment Methods:

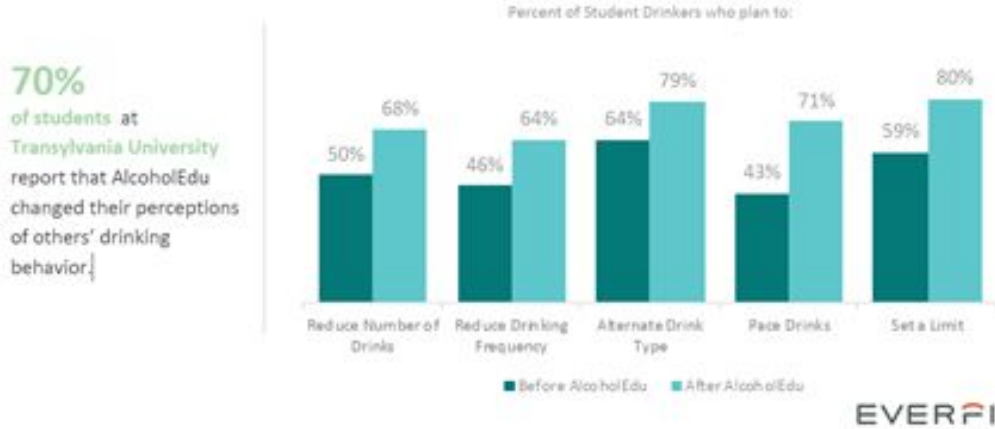
Usage reports, ACHA-NCHA survey, Maxient records, Annual Security Report, AlcoholEdu and Haven online education results, and Small Group Harm Reduction surveying using interactive clicker devices during orientation and through Lifetime Fitness classes. The addition of TIPS training increased student knowledge of bystander interventions involving alcohol, and ASTP furthered helped students recognize strategies for making healthy decisions around alcohol and drug use. 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 2018, there were 99 liquor law violations referred to the student judicial process, and 24 drug law violations referred to the student judicial process. 43 students were found responsible for liquor law violations and 17 students were found responsible for drug law violations through the student judicial process. A new sanctioning program, Judicial Educator, has been made available in 2020-2021 for students found responsible for alcohol and drug violations. This new educational component to judicial sanctions will give our students more information to make decisions regarding their substance use and will be a compliment to their already existing EverFi training.
- In 2019 there were 86 liquor law violations referred to the student judicial process, and 33 drug law violations referred to the student judicial process. 56 students were found responsible for liquor law violations and 20 students were found responsible for drug law violations through the student judicial process. The full [Clery report](#) is available for all students, faculty, staff and visitors to access. The 2020 report has data from 2017, 2018, and 2019.
- **Department of Public Safety Overall Findings:** In this two year period, there were 12 liquor law arrests and 118 alcohol related cases referred to the judicial system. This represents a decrease in each category from the previous reporting period. There were 12 drug law arrests and 39 drug related cases referred to the student judicial system. This represents an increase in each category from the previous reporting period.
- **Orientation:** Online training is assigned to students over the summer, which challenges perceptions regarding alcohol use on campus and encourages students to

think about their own attitudes and behaviors around alcohol. In addition to this online training, students also undergo in-person alcohol education training within 48 hours of arriving on campus. From our incoming student data from EverFi (2019-2020 data), 40% of incoming students are abstainers (no alcohol in the past year) and 38% are nondrinkers (have not consumed in the past two weeks) when they arrive on campus. Following Alcohol.Edu, students report feeling a change in their perceptions of other students’s drinking habits, and they plan to make changes in their drinking habits.



- **Athletics:** There were 33 responsible charges for student athletes for drug/alcohol violations in 2018 and 22 cases in 2019. Of those charges, in 2018, twelve involved members of women’s teams; there were also nine charges in 2019 involving female athletes. This means that 64% of charges in 2018 and 59% of charges in 2019 involved male athletes. While our numbers have improved overall since the 2016-2018 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 university continues to add more female teams, which will increase the percentage of female students.
- **Greek Life:** There were 27 responsible charges involving Greek students and drug/alcohol violations in 2018, and 21 charges in 2019. Of these violations, 9 were from sororities in 2018, and 11 were from sororities in 2019. This means 67% of drug and alcohol violations involving Greek students in 2018 and 47% of cases in 2019 involved fraternities. These numbers show a continued drop from the 2016 and 2017 years which showed 30 responsible charges in 2016 and 30 in 2017. 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 introduction of the Alcohol Skills Training program and 3 trained facilitators has given the university new ways to train students to think about their behavior. Pre-pandemic, the plan was to train the risk management chair of each Greek organization on ASTP each year, and this will continue in the 2021-2022 year when campus returns to a more normal operating protocol.
- Our numbers for incidents involving Greeks and athletes have both declined since the 2014-2016 and the 2016-2018 report.
- Beginning July 2018, all students receive an online refresher course or a course as an incoming student regarding Alcohol Education and in 2020 seniors gained training on substances outside of alcohol.

Goal 2:

The Office of Student Wellbeing will create robust student programming by partnering with student organizations, residence halls, and offices outside of student life to ensure students are able to make healthy decisions regarding substance use.

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 Housing and Residence Life co-partner with CHOICES, and these events, mainly aimed at first-year students, 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 was repeated in Fall 2018, and numbers below are compared to the 2016 survey. Green boxes indicate an improvement, red boxes indicate a negative change. Most notably, the use of e-cigarettes and tobacco products in the past 30 days has increased considerably.

Tobacco, Marijuana, Alcohol Use	Actual Use	2016	2018	Perceived Use	2016	2018
	<i>Cigarette</i>					
	Never Used	77.6	82.6		10.8	13.6
	Any use within 30 days	9.7	6.2		72.8	65.5
	<i>E-Cigarette</i>					
	Never Used	89.1	68		22.5	6.8
	Any use within 30 days	1.1	22.5		62.9	88.7
	<i>Tobacco</i>					
	Never Used	87.3	88.1		23	28.8
	Any use within 30 days	0.7	2.3		58.9	51.4
	<i>Alcohol</i>					
	Never Used	22.8	29.8		1.1	3.9
	Any use within 30 days	17.9	54.5		91.4	96.1
	<i>Marijuana</i>					
	Never Used	63.1	66.9		3.7	6.2
	Any use within 30 days	17.9	17.4		91.4	89.3

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
- Jeremy Sheffield, Director of Housing and 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. The 2018 report suggests similar data, indicating a need for continued programming focus.
- 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 (9/21/2020)

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 studentlife@transy.edu or (859) 233-8215.

The university outlines all of its policies regarding alcohol and other drugs in the [alcohol](#) section and [drugs](#) section of the Student Handbook. Additionally, the Student Handbook contains the [standards of conduct](#), a description of the [student conduct process](#) and [consequences](#) for violating the alcohol and drug policies. 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.

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.

The complete Student Handbook is located [here](#) and paper copies of the handbook are available in the Student Life Suite in the Campus Center (Room 231). If there are further questions regarding this correspondence, please contact me at (859) 233-8215 or studentlife@transy.edu.

Michael Covert, Ph.D. '91

Interim Vice-President for Student Life & Dean of Students

300 North Broadway | Lexington, KY 40508

(859) 233-8215

Appendix B: Faculty and Staff Notification (10/14/19)

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,
Alison

Alison Begor, SHRM-SCP
Director of Human Resources
Transylvania University
300 N. Broadway
Lexington, KY 40508
(859) 233-8520

Appendix C: Transylvania University Drug and Alcohol Policy (10/19)

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 within 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.

<i>Federal Trafficking Penalties (as of January 1, 1996)</i>							
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
			100-999 gm mixture	Heroin	1 kg or more mixture		

<p>* If death or serious injury, not less than 20 years or more than life.</p> <p>* Fine of not more than \$2 million individual, \$5 million other than individual.</p>	<p>* If death or serious injury, not less than life.</p> <p>* Fine of not more than \$4 million individual, \$10 million other than individual.</p>	500-4,999 gm mixture	Cocaine	5 kg or more mixture	<p>* Fine of not more than \$4 million individual, \$10 million other than individual</p>	<p>* Fine of not more than \$8 million individual, \$20 million other than individual</p>
		5-49 gm mixture	Cocaine Base	50 gm or more mixture		
		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 Offense
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	<p>* Not more than 20 years</p> <p>* If death or serious injury, not less than 20 years, not more than life</p> <p>* Fine \$1 million individual, \$5 million not individual</p>	<p>* Not more than 30 years</p> <p>* If death or serious injury, life</p> <p>* Fine \$2 million individual, \$10 million not individual</p>
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	<p>* Not more than 20 years</p> <p>* If death or serious injury, not less than 20 years, not more than life</p> <p>* Fine \$1 million individual, \$5 million not individual</p>	<p>* Not more than 30 years</p> <p>* If death or serious injury, life</p> <p>* Fine \$2 million individual, \$10 million not individual</p>

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 individual 	<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

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 	<ul style="list-style-type: none"> * Not more than 10 years
Hashish	10 kg or more	<ul style="list-style-type: none"> * Fine not more than \$250,000 individual, \$1 million other than individual 	<ul style="list-style-type: none"> * Fine not more than \$500,000 individual, \$2 million other than individual
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 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
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 appetite, euphoria, excitation,	Agitation, increased body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
Amphetamine	II	Possible	High			
Methamphetamine	II	Possible	High			
Ritalin	II	Possible	High			

Other Stimulants	I to V	Possible	High	insomnia		
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			
Oxymetholone	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.