



**Biennial Review of Transylvania University's
Alcohol and Other Drug Programs
2020-2022**

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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 2022 Biennial Review of the Transylvania University alcohol and other drug related policies and programs was completed in the summer of 2022. 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 2022 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 Drugs (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 norms, 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 has been required of returning students since July 2018, and of all sophomores and juniors beginning summer 2020 (as seniors now receive prescription drug abuse training). In Fall 2021,

| | |
|---|--|
| Students reported that AlcoholEdu for College: | |
|---|--|

| | |
|---|-------|
| Prepared them to help someone who may have alcohol poisoning | 97.9% |
| Prepared them to prevent an alcohol overdose | 98.2% |
| Helped them establish a plan ahead of time to make responsible decisions about drinking | 98.9% |

- **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. In Fall 2020,

| | |
|--|-----|
| Students reported that Prescription Drug Abuse Prevention: | |
| Taught them how to be an informed consumer of prescription drugs | 75% |
| Encouraged them to intervene when I feel a friend may be misusing prescription drugs | 73% |
| Helped them identify the signs of prescription drug misuse and abuse | 75% |

- **Alcohol-Free Late Night Programs (CHOICES events)** 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 9pm. Due to COVID19, these events were highly curtailed during this reporting period. Students were required to detail how they plan to host their event and comply by Healthy at Transy guidelines when they request funding.

In Fall 2020 Student Wellbeing sponsored 9 CHOICES events for students.

In Fall 2021 Student Wellbeing sponsored 14 CHOICES events for students.

- **Alcohol Skills Training Program (ASTP)** is a new addition to our campus education model. Since 2020, we have trained facilitators who can provide this interactive training as requested, and an abbreviated version is provided during orientation for incoming students.

“The Alcohol Skills Training Program (ASTP) was developed by the Addictive Behaviors Research Center at the University of Washington. The goal of the program is to provide individuals with information about alcohol use and addiction and teach skills for avoiding, resisting, and setting limits on alcohol use. The program draws upon cognitive-behavioral

self-management strategies, the use of motivational enhancement techniques, and the use of harm reduction principles.”¹

- **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.
- **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

¹ <https://compass.everfi.com/tool/compass/alcohol-skills-training-program/>

motivational interviewing facilitate the intervention.

- **Individual Counseling** 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.
- **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. Resident assistants 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 and in-person responses when concerns for high risk or underage drinking are reported..
- **Social Norming Educational Presentations** are interactive programs presented to 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. These were paused during this reporting period for two reasons: 1) the shift to the modular system for academics during the pandemic and 2) the restructuring of Lifetime Fitness to Health and Wellness.

- **ACHA-NCHA Survey** is distributed every other year to all students (pre-pandemic). 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 as fall 2020 was an unusual semester due to the COVID19 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 was postponed with hopes that 2021 would bring a more traditional fall semester. Since 2021-2022 was still an unusual year due to Healthy at Transy and COVID19 restrictions, we hope to reimplement this survey in Fall 2023.

AOD Program Strengths

1. **Expanded Drug Education:** With the addition of Prescription Drug Abuse Prevention, students are gaining additional education on a rising issue in Kentucky. We have also planned partnerships with the Health Department to offer Narcan training on campus. Several staff were trained in February 2020, and we plan to implement trainings on campus in the next reporting period.
2. **Social Norming Educational Presentations:** During COVID19, in person presentations and offerings were quite limited due to restrictions on the number of students who could attend programs and out of an abundance of concern for safety. Social norming was focused on online education and social media, as well as a newsletter sent weekly to students during the pandemic.
3. **Bystander Intervention:** All incoming students are trained on Green Dot during orientation. 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 16²). While this highly popular program was limited during the pandemic, we look forward to more in person training in fall 2022.

² 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.

Transylvania was invited to participate in a national study on bystander awareness in Winter 2022. The NCSBIS is a survey-based study that offers a campus-wide needs assessment of your student’s bystander intervention experiences, attitudes, motivations, and barriers to helping. The study is focused on bystander situations involving bias and discrimination, sexual violence, alcohol and other drug misuse, and hazing. Results will be available in the next reporting period.

Students report feeling comfortable intervening in high risk situations and comfortable with bystander interventions in their online training. In Fall 2021, 57% of students indicated that Sexual Assault Prevention for Undergraduates made them more confident in their ability to intervene when they see concerning behavior.

Additionally, this program gave us insights into how our male and female identifying students choose to intervene. Our male identifying students reported:

| Bystander Intervention Scenario | |
|---|-----|
| I spoke up when I heard someone saying something I found offensive or demeaning. | 92% |
| I expressed concern when I saw a person exhibiting abusive behavior toward their partner. | 86% |
| I helped someone get support or find resources when they told me about an unwanted sexual experience. | 80% |
| I intervened when I saw someone trying to take advantage of someone else sexually. | 74% |

Note: Percentages are of students who indicated they have been present in the described scenario.

Preferred Bystander Behaviors

Male-identifying students are most likely to express confidence in engaging in the following three behaviors if they observed a potential sexual assault situation:

Stepping in and separating the people involved in the situation.

Creating a distraction to cause one or more of the people to disengage from the situation.

Finding the friends of those involved and asking them for help.

Our female identifying students reported:

| Bystander Intervention Scenario | |
|---|------|
| I spoke up when I heard someone saying something I found offensive or demeaning. | 92% |
| I expressed concern when I saw a person exhibiting abusive behavior toward their partner. | 96% |
| I helped someone get support or find resources when they told me about an unwanted sexual experience. | 97% |
| I intervened when I saw someone trying to take advantage of someone else sexually. | 100% |

Note: Percentages are of students who indicated they have been present in the described scenario.

Preferred Bystander Behaviors

Female-identifying students are most likely to express confidence in engaging in the following three behaviors if they observed a potential sexual assault situation:

Finding the friends of those involved and asking them for help.

Creating a distraction to cause one or more of the people to disengage from the situation.

Following up later to check in with the person who you were concerned about.

- Multidimensional Approach:** By using several different strategies and carefully planning activities, we were successful in offering programs that yielded positive results. 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. We have also added “sun safety kits” for our May Term to encourage students to think about the effect a more relaxed academic atmosphere can have on drinking behaviors. Items include: flashlights with the text a tip number and green dot information, sunscreen, water bottles, lip balm, sunglasses, sun safety information, COVID19 safety, vaccine information, hydration information, and alcohol education items.
- Decreased Alcohol-related Incidents:** While the number of incidents had been decreasing pre-pandemic, with the changes in on and off campus residential requirements, more study must be done to determine any long term trends. These numbers are taken from the 2021 Clery Act Security and Fire Safety Report.

| Offense | Year | On Campus | Residential Facilities | Non-Campus |
|---|------|-----------|------------------------|------------|
| Liquor Law Violations Referred for Judicial Action | 2021 | 25 | 24 | 0 |
| | 2020 | 39 | 38 | 0 |
| | 2019 | 59 | 54 | 1 |
| Drug Law Violations Referred for Judicial Action | 2021 | 10 | 10 | 0 |
| | 2020 | 30 | 27 | 0 |
| | 2019 | 20 | 18 | 0 |

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 AlcoholEdu 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. We look forward to seeing what data is revealed in the Fall 2023 ACHA-NCHA survey. 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 onward, 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. **Late-Night Programming:** During the biennial period, COVID19 greatly restricted the number of late event events we were able to offer. While some events were offered and were highly successful (including the return of a drag show in 2022), our usual programming was not as robust as it had been in previous years.
2. **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.
3. **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 a 2020 and 2021 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 2021 notification.

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

Refer to Appendix B for the 2021 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 Sexual Assault Prevention online education results, and Small Group Harm Reduction surveying using interactive clicker devices in presentations. The addition of TIPS training increased student knowledge of bystander interventions involving alcohol, and ASTP further 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:** 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.
- **Department of Public Safety Overall Findings:** The full [Clery report](#) is available for all students, faculty, staff and visitors to access. The 2021 report has data from 2018, 2019, and 2021.
- **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 (Fall 2021 data), 58% of incoming students are abstainers (no alcohol in the past year) and 34% are nondrinkers (have not consumed in the past two weeks) when they arrive on campus. This is an increase from 2019 (i.e. 40% of incoming students were abstainers and 38% were nondrinkers).

Following AlcoholEdu, students report feeling a change in their perceptions of other students' drinking habits, and they plan to make changes in their drinking habits.

Course Impact

Students increased their alcohol-related knowledge, and their skills associated with healthier behavior.

Your students agree AlcoholEdu for College

Helped them establish a plan ahead of time to make responsible decisions about drinking **95%**

Prepared them to help someone who may have alcohol poisoning **94%**

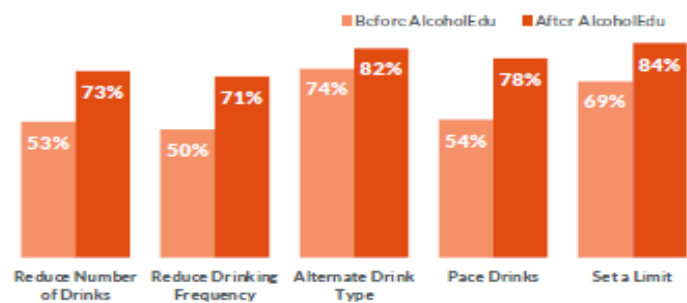
Prepared them to prevent an alcohol overdose **90%**

Drinking Behavior and Norms

Intent to change drinking habits can be impacted by perceptions — or misperceptions — of peers' behavior. Prevention education can influence the students' perception of norms at your school and increase their intention to avoid risky behavior in the future.

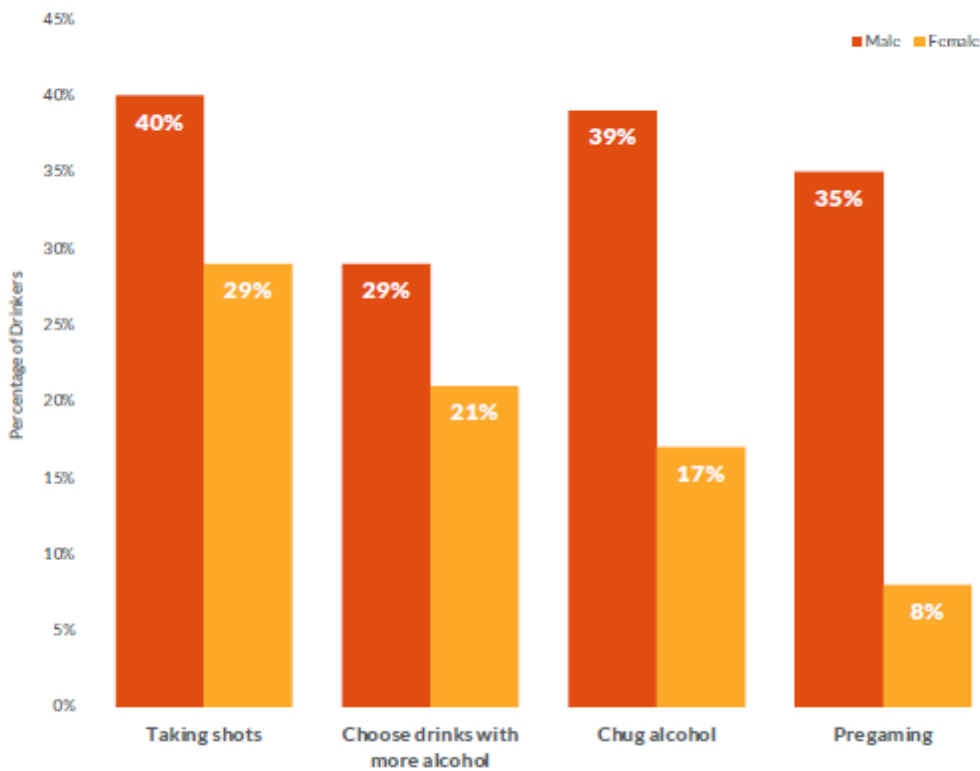
59% of students at Transylvania University report that AlcoholEdu changed their perceptions of others' drinking behavior.

Percent of Student Drinkers who plan to:



Additionally, Alcohol.Edu provides data regarding high risk drinking behaviors by gender identity. We plan to use this information to target our education:

Top Four High Risk Behaviors, by Gender Identity

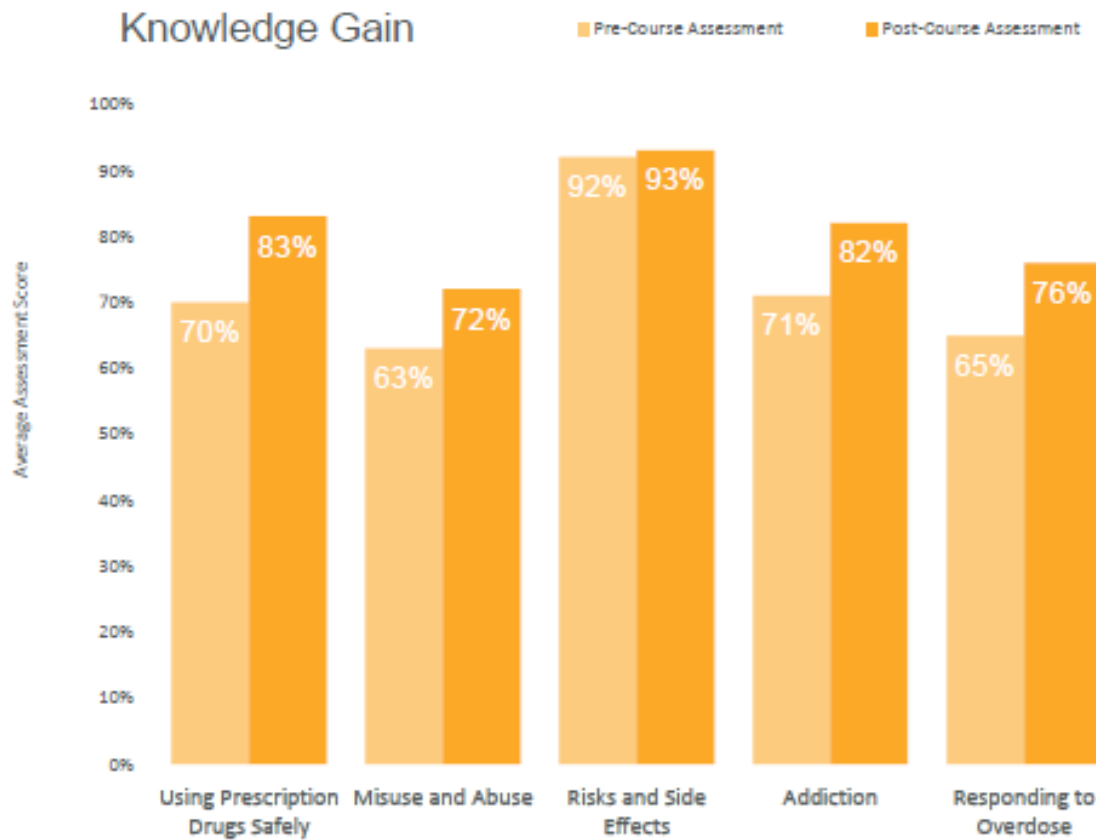


Follow-up:

- 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 2022-2023 year when campus returns to a more normal operating protocol.
- 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.

Seniors report that the addition of prescription drug abuse education has been very helpful, citing:

Course Impact



Your students reported that PDAP:

(From post-course survey)

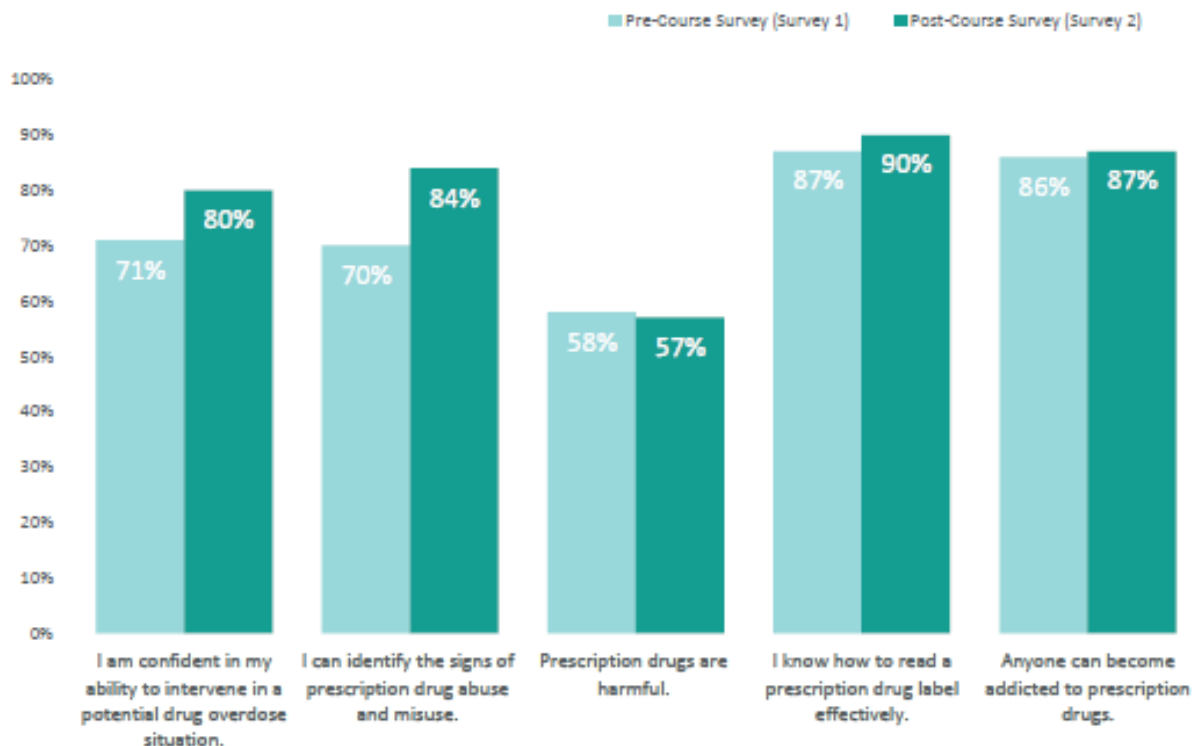
Taught me how to be an informed consumer of prescription drugs. **75%**

Encouraged me to intervene when I feel a friend may be misusing prescription drugs. **73%**

Helped me identify the signs of prescription drug misuse and abuse. **75%**

Taught me where to find resources for drug abuse at my institution. **69%**

Healthy Responses, Before and After the Course



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:

CHOICES events, EverFi results and the previous ACHA-NCHA survey. Limited assessment due to limited programming during COVID19 restrictions.

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.

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:

Ashley Hill, Associate Dean of Students and Director of Student Wellbeing
Erik Emery, University Compliance Officer

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. We look forward to updated data in 2023 to use for programming guidance.
- 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 (10/11/2021)

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

Vice-President for Student Life & Dean of Students

300 North Broadway | Lexington, KY 40508

(859) 233-8215

Appendix B: Faculty and Staff Notification (10/4/21)

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

Associate Vice President and Director of Human Resources

Transylvania University

300 N. Broadway

Lexington, KY 40508

(859) 233-8520

Appendix C: Transylvania University Drug and Alcohol Policy (10/21)

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. Lastly, numerous resources exist within the community, some of which are listed in the "off-campus numbers" section of the Transylvania phone book.

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.

| <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 | <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 or more than life. * Fine of 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 less than life. * Fine of not more than \$4 million individual, \$10 million other than individual. | 10-99 gm pure or 100-999 gm mixture | Methamphetamine | 100 gm or more pure or 1 kg or more mixture | <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 or more than life * Fine of 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 less than life * Fine of not more than \$8 million individual, \$20 million other than individual |
| | | | 100-999 gm mixture | Heroin | 1 kg or more mixture | | |
| | | | 500-4,999 gm mixture | Cocaine | 5 kg or more mixture | | |
| | | | 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 | <ul style="list-style-type: none"> * Not more than 20 years * If death or serious injury, not less than 20 years, not more than life * Fine \$1 million individual, \$5 million not individual | <ul style="list-style-type: none"> * Not more than 30 years * If death or serious injury, life * Fine \$2 million individual, \$10 million not individual |
| II | <ol style="list-style-type: none"> Has a high potential for abuse. Has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions. Abuse may lead to severe psychological or physical dependence. | Includes morphine, methadone, Ritalin and others | Any | <ul style="list-style-type: none"> * Not more than 20 years * If death or serious injury, not less than 20 years, not more than life * Fine \$1 million individual, \$5 million not individual | <ul style="list-style-type: none"> * Not more than 30 years * If death or serious injury, life * Fine \$2 million individual, \$10 million not individual |
| III | <ol style="list-style-type: none"> has potential for abuse less than the drugs or the substances in Schedules I and II. Has a currently accepted medical use in treatment in the United States. Abuse may lead to moderate or low physical or high psychological dependence. | Includes Ketamine, anabolic steroids, codeine and hydrocodone with aspirin or Tylenol, some barbiturates and others. | Any | <ul style="list-style-type: none"> * Not more than 5 years * Fine not more than \$250,000 individual, \$1 million not individual | <ul style="list-style-type: none"> * Not more than 10 years * Fine not more than \$500,000 individual, \$2 million not individual |
| IV | <ol style="list-style-type: none"> Has a low potential for abuse relative to the drugs or other substances in Schedule III. Has a currently accepted medical use in treatment in the United States. Abuse may lead to limited physical or psychological dependence. | Includes Darvon, Talwin, Equanil, Valium, Xanax, Rohyphnol and others. | Any | <ul style="list-style-type: none"> * Not more than 3 years * Fine not more than \$250,000 individual, \$1 million not individual | <ul style="list-style-type: none"> * Not more than 6 years * Fine not more than \$500,000 individual, \$2 million not individual |

| | | | | | |
|----------|--|--|-----|---|--|
| V | <ol style="list-style-type: none"> 1. Has a low potential for abuse relative to the drugs or other substances in Schedule IV. 2. Has a currently accepted medical use in treatment in the United States. 3. 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 * Fine not more than \$250,000 individual, \$1 million other than individual | <ul style="list-style-type: none"> * Not more than 10 years * Fine not more than \$500,000 individual, \$2 million other than individual |
| Hashish | 10 kg or more | | |
| Hashish Oil | 1 kg or more | | |

Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance

21 U.S.C. 844(a)

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

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

After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least \$5,000 but not more than \$250,000, or both.

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

(a) 1st conviction and the amount of crack possessed exceeds 5 grams.

(b) 2nd crack conviction and the amount of crack possessed exceeds 3 grams.

(c) 3rd or subsequent crack conviction and the amount of crack possessed exceeds 1 gram.

21 U.S.C. 853(a)(2) and 881(a)(7)

Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than 1 year imprisonment. (See special sentencing provisions re: crack)

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

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

21 U.S.C. 844a

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

21 U.S.C. 853a

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

18 U.S.C. 922(g)

Ineligible to receive or purchase a firearm.

Miscellaneous

Revocation of certain Federal licenses and benefits, e.g., pilot 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 | Agitation, increased body temperature, hallucinations, | Apathy, long periods of sleep, irritability, depression, disorientation |
| Amphetamine | II | Possible | High | | | |
| Methamphetamine | II | Possible | High | | | |

| | | | | | | |
|-----------------------------|---------|----------|----------|--|---|---|
| Ritalin | II | Possible | High | appetite, euphoria, excitation, insomnia | convulsions, possible death | |
| Other Stimulants | I to V | Possible | High | | | |
| 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.