Brief Overview

The Drug-Free Schools and Campuses Regulations (EDGAR Part 86) regulations require that, as a condition of receiving funds or any other form of financial assistance under any federal program, an institution of higher education (IHE) must certify that it has adopted and implemented a program “to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees” both on the institution’s premises and as part of any of its activities. A number of court rulings have made clear that, while colleges and universities cannot be expected to control student conduct, they must ensure that their activities, offerings, and programs meet minimum standards of care, and they must take steps to deal with dangerous situations on campus.

A program that complies with the regulations includes the following:

1. A biennial review of the program to:
   a. determine effectiveness and implement changes if needed, and
   b. ensure that the disciplinary sanctions are consistently enforced.

2. An annual distribution in writing to each employee and student, taking one or more classes for credit, of:
   a. standards of conduct that clearly prohibit, at a minimum, 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.
   b. a description of applicable legal sanctions under local, state and federal law for the unlawful possession or distribution of illicit drugs and alcohol;
   c. a description of the health risks associated with the use of illicit drugs and the abuse of alcohol;
   d. a description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students; and
   e. a clear statement that the IHE will impose disciplinary sanctions on students and employees and a description of those sanctions, up to and including expulsion or termination for employment and referral for prosecution, or violations of the standards of conduct.

Contents

Select Data .................................................................................................................................................... 2

Review of the Drug and Alcohol Prevention Program, 2012-2013............................................................... 3

Annual Notification ....................................................................................................................................... 6

Compliance Assessment ............................................................................................................................... 7

Appendices .................................................................................................................................................... 8
Select Data

The purpose and goals of the DFSCA are not new ideas for the nation’s IHEs. Higher educational professionals have long recognized the serious effects of substance abuse on academic performance and, more generally, on the well-being of students.

The following data, which was gathered during the period under review, sheds light on the substance abuse habits and consequences for UWSP in specific, thereby reinforcing the need for services and programs.

Student use
- 67% of students drink alcohol
- 38% of students drank before coming to college
- 54% of students drink more than the year before college
- 37% of students binge drink, consume more than 4 drinks in a sitting
- 15% of students use marijuana
- 13% of students use cigarettes
- 4% of student use prescription drugs not prescribed for them
- . . . other drug use was reported at less than 1%

Consequences reported in past year from alcohol (consequences from other drugs not assessed)
- 80% had a hangover
- 21% performed poorly on a test or an important project
- 9% got into trouble with police, residence hall, or other college authorities
- 5% damaged property, pulled fire alarm, etc.
- 28% got into an argument or fight
- 60% got nauseated or vomited
- 26% missed a class
- 25% were criticized for their drinking by someone they knew
- 11% thought they had a drinking or other drug problem
- 42% had a memory loss
- 40% did something they later regretted
- 25% drove a car while under the influence of alcohol
- 16% were hurt or injured

Secondary consequences from drinking
- 45% had sleep interrupted
- 40% had studying interrupted
- 20% felt unsafe
- 25% experienced property damage
- 12% had school activities interrupted
- 15% experienced disruptive events
Review of the Drug and Alcohol Prevention Program, 2012-2013
Effectiveness, Changes, Disciplinary Sanction Consistency

A requirement of the DFSCA is a biennial review of the program, in specific, to:
  a) determine effectiveness and implement changes, if needed, and
  b) ensure that the disciplinary sanctions are consistently enforced.

The UWSP substance abuse prevention and intervention program includes universal, selective, and indicated prevention as defined by the Substance Abuse Mental Health Services Administration (SAMSHA). Universal prevention strives to ensure that all members of society understand that a behavior can have hazardous consequences. The prevention messages are aimed at the wider population regardless of an individual’s previous experience or knowledge. Selective prevention targets people who are at greater risk for a particular outcome because they are members of a subgroup known to be at higher risk than the general population. Indicated prevention targets high-risk individuals who have signs or symptoms of a condition or have biologic markers indicating predisposition. Services and programs are provided by a variety of departments at the institution including but not limited to Center for Prevention, Dean of Students, Counseling Center, Health Service, Residential Living, Academic Affairs, Athletics and University Centers.

Universal Prevention Programs
Mandatory online education--All incoming first-year, transfers, and graduate students were required to take Alcohol-Wise (spring and fall 2012, spring 2013) or Think About It (fall 2013), mandatory online alcohol and other drug education. 98.5% of UW-Stevens Point students complied with the request. The students who did not complete the program were charged and referred to an alternative program. This program was effective in boosting knowledge as well as behaviors. “Knowledge of alcohol and related behavioral health issues” improved 48%. The number of first-year student drinkers increased by only 5%, compared to a national average of 15%, suggesting that our intervention reduced the onset of student drinking. Further, related data suggests that this intervention reduced the trajectory of drinking among pre-college drinkers. No changes are planned at this time.

Electronic Check-Up to Go (Alcohol, Marijuana)—web-based applications for students to voluntarily completed. Most often used by academic classes, PACE students, adjudicating officers, and educational program participants to provide personalized feedback on drug use. Feedback on use, consequences, expense, and health promotion goals is provided to each participant. User satisfaction with these programs was high, with 78% reporting finding useful information that was pertinent to their situation. Over 230 students completed each program during the review period. Greater promotion of these resources may result in greater use.

Greek-letter student re-recognition and risk management—Basic alcohol and other drug education is provided to members in large group meetings (80+ students) twice each academic year. Curriculum includes blood alcohol concentration, bi-phasic response, and drinking attitude activities, plus behavior-based feedback. Program satisfaction is high, with feedback reflecting on how pertinent the content is for of-age drinkers. Long-term behavioral outcomes are not assessed. Program evaluation for knowledge, skills, and behavioral changes could be improved.

Student Health Services Patient Care—All patients are screened for several “lifestyle” behaviors including substance use. If a patient screens positively for use of alcohol, the patient receives a selective prevention intervention. Student outcomes are charted by the practitioner.
Training and education for future teachers—alcohol and drug content is presented in Health Education 390: Wellness and Drugs and Health Education 104: Introduction to Health. The course evaluations indicate strong performance among students learning this content.

Residential Living—this department, housing 3300 students on campus, offers on average 50 in-person and 20 display programs each calendar year. Examples of in-person programs include Partying Point, Alcohol Jeopardy, and Trivia Alcohol Awareness. Examples of display (bulletin board) programs include Myth Busters, Policy, Substance Use Fact or Fiction, and What’s in your Drink. Presenters for these programs include but are not limited to Health Advocate peer educators, Counseling Center counselors, Community Advisors and hall directors. Satisfaction surveys are positive, but long term outcomes are not evaluated.

Professional Staff Training--Community Advisors and Hall Directors received training on alcohol effects, sanction activities, and alcohol overdose indicators in the fall semester. These trainings are not evaluated.

Drug screening for student athletes—this policy was written and approved by the Athletic Department in 2013 for implementation in spring of 2014. No data are available at this time.

The Student Health Promotion Office, through peer educators, facilitated an average of 10 AODA-related programs per semester over the course of the period under review. In addition, they facilitated or participated in several campus-wide initiatives including National Collegiate Alcohol Awareness Week, Casino Night, Zombie Run, and Sexual Assault Awareness Week. Satisfaction surveys are positive, but long term outcomes are not evaluated.

**Selective Prevention Programs**

Personal Alcohol Control through Exploration (PACE)—a group-based alcohol education program with a set curriculum to provide knowledge, challenge attitudes, and assess behaviors related to alcohol. First-time violators of the alcohol policy are sanctioned to PACE. Each participant attends a follow-up meeting with a trained peer educator to discuss their personal risk and future goals. 200+ students participate in PACE annually. Satisfaction surveys are very high with most participants strongly agreeing or agreeing that the information was useful in helping them think about their drinking. Behavioral changes over time were not evaluated. A plan is in place for evaluation in fall of 2014.

Marijuana Education—development of a powerpoint slide experience for first-time violators of the campus drug policy. Intended for face-to-face interaction between the student and a professional staff facilitator. The program will be implemented in spring of 2014.

Student Health Services—After a patient screens positively for a substance use disorder, the practitioner provides the patient with the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT score provides the practitioner with valuable information that is used to converse with the patient, providing foundation for further education and intervention. Student outcomes are charted by the practitioner.

**Indicated Prevention Programs**

Brief Alcohol Screening and Intervention for College Students (BASICS)—provided for all students after their second violation of the campus alcohol use policies. Facilitated by professional staff, meetings are with the individual student and focused on personal history, knowledge of the drug, use of the drug, and goals for the future. There were 42 students referred. The student feedback was very positive, however, a more formal evaluation after 30 days is warranted. Also, several students who were referred needed to attend PACE class first and did not. This will be studied more and recommendations made for future action. Planning for a cannabis intervention is underway.
Student Health Services—Professional staff are contacted if a student is referred to the local emergency room. The student receives a phone call from the Student Health Service staff for a future follow up. It is unclear what findings have been recorded for these services.

Counseling Center—Professional counselors are available for individuals with a substance use concern to meet and discuss their lifestyle concerns. Serious cases, in need of longer term treatment, are referred into the Stevens Point community. The demand for this service was disappointingly low. Future discussion will focus on how to help students self-identify and seek assistance.

**Environmental Management Initiatives**
AODA Prevention Partnership—the Partnership, along with the internal Management Team, continued its work to provide frequent and regular updates to the UWSP community on prevalence data and prevention strategies. This group developed and works on achieving goals for a strategic plan. See this plan in the appendix.

University of Wisconsin System (UWS) Chapter 17 contains student non-academic disciplinary procedures. These policies were revised most recently in September 2013. The chapter describes in detail definitions, hearings, notification, conduct that is subject to disciplinary action, disciplinary sanctions and procedures. UWS Chapter 18 contains policies regarding conduct on university lands. In specific, 18.09 details alcohol and other drug prohibitions including possession, consumption, and paraphernalia. This policy is readily available on the UWSP website.

Other campus departments that adopt and enforce alcohol and other drug policies (complementing UWS Chs 17 and 18) include, but are not limited to, the following and their purview. These policies are readily available on the UWSP website.

- Residential Living—on campus living, drinking by legal age residents, public area consumption, and parties.
- Dining and Summer Conferences—carry-ins, bartenders, consumption, donations, and outdoor events.
- University Centers—Basement Brewhaus service, student organizations, public area consumption, bartenders, outdoor events, and campus reservations.
- Athletics—student athlete drug testing, consumption, and sanctions.

**Disciplinary Sanction Consistency**
To ensure sanctioning consistency, an alcohol sanctioning grid was developed and implemented in 2012. The document is available in the appendix. This grid is intended to provide a guide for adjudicating officers to sanction students. All students found responsible must be given the minimum selection of sanctions. The following table highlights the sanctions assigned during the period under review. A drug sanctioning grid is planned for development. Further, marijuana sanctions are planned for development for the future. Marijuana sanctions were satisfied through Judicial Educator modules. Maxient, a vended product, serves as the database for sanctions. This data is pulled from that system.

<table>
<thead>
<tr>
<th>AOD-related sanction</th>
<th># of students assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>PACE</td>
<td>349</td>
</tr>
<tr>
<td>BASICS</td>
<td>28</td>
</tr>
<tr>
<td>Judicial Educator Modules (alcohol, marijuana, smoking)</td>
<td>171</td>
</tr>
<tr>
<td>Alcohol screening</td>
<td>12</td>
</tr>
<tr>
<td>Substance abuse assessment</td>
<td>6</td>
</tr>
</tbody>
</table>
Annual Notification

A program that complies with the regulations includes an annual distribution in writing to each employee and student, taking one or more classes for credit. The Department of Education advances a checklist to aid campuses in meeting the minimum standards of an alcohol and other drug prevention program. The following is excerpted from the 2006 Complying With the Drug-Free Schools and Campuses Regulations: A guide for University and College Administrators, EDGAR Part 86. It reflects the institution’s progress on the annual notification.

1. Does the institution maintain a copy of its drug prevention program?
   Yes, the alcohol and other drug prevention program is kept in the Center for Prevention with the Alcohol and Other Drug Abuse Coordinator.

2. Does the institution provide annually to each employee and each student, who is taking one or more classes for any type of academic credit except for continuing education units, written materials that adequately describe and contain the following?
   a) Standards of conduct that prohibit unlawful possession, use, or distribution of illicit drugs and alcohol on its property or as a part of its activities
   b) A description of the health risks associated with the use of illicit drugs and the abuse of alcohol
   c) A description of applicable legal sanctions under local, state, or federal law
   d) A description of applicable counseling, treatment, or rehabilitation or re-entry program
   e) A clear statement of the disciplinary sanctions the institution will impose on students and employees, and a description of those sanctions

   Not at this time. During the 2012-2013 calendar years, UW-Stevens Point crafted a document to include the five points required above. However, this document was not provided annually to each employee and each student. The document is available in the appendix.

   Information and interventions that were provided, however, include the following:
   — General information is provided to each student and parent about AODA at the summer orientation Resource Fair (reaching all 1600 incoming First-Year students).
   — Residence hall policy booklets to all on campus students (3,200)
   — Online promotion of the Rights and Responsibilities handbook detailing campus and system policies to the public announcement system for students and staff/faculty.
   — Promotion of the campus sanctions at all alcohol education classes.
   — Promotion of hazards of excessive AODA use at all alcohol education programs
   — Education to members of the Greek-Life community
   — Random drug screening among student-athletes.

3. Does the means of distribution provide reasonable assurance that each student and staff/faculty receives the materials annually?
   No, items with this information were made available 24/7 via the university’s website.

4. Does the institution's distribution plan make provisions for providing these materials to students who enroll or faculty who are hired at some date after the initial distribution?
   No, however materials were consistently provided at the summer session and one month into the fall semester for students. Faculty received their materials through the campus email system in the fall semester.
5. In what ways does the institution conduct biennial reviews of its drug prevention program to determine effectiveness, implement necessary changes, and ensure that disciplinary sanctions are enforced?

Existing programs and services by various departments are evaluated internally to assess overall program effectiveness. Learning outcomes are taken from both the alcohol education class and the mandatory universal prevention program. The campus implements a biennial student alcohol and other drug survey to identify trends.

To implement changes, the AODA Management Team, part of the Prevention Partnership, identifies priorities from the previous year’s reviews and develops strategies to meet new goals.

A minimum sanctions grid was developed in 2012 and implemented in 2013. This grid is intended to provide guidance for adjudicating officers in the sanctioning of students. Also, a Dean of Students Office was established and staffed in fall of 2013. This unit established trainings and expectations for adjudicating officers, plus fully implemented Maxient, a conduct database to assist with the tracking of sanctions.

6. Who is responsible for conducting these biennial reviews?

Vice Chancellor for Student Affairs, delegated to AODA Coordinator

7. If requested, has the institution made available, to the Secretary and the public, a copy of each requested item in the drug prevention program and the results of the biennial review?

Yes. This document and related materials can be accessed through the AODA Coordinator, 715-346-4290, ahoffman@uwsp.edu.

Compliance Assessment

Areas of favorable compliance
The institution has and maintains an alcohol and drug use prevention policy.
The institution makes the alcohol and drug use policies widely available via website.
The institution provides services and activities to promote a strong drug-free campus environment.
The institution conducts a biennial review of its drug prevention program and policy to determine effectiveness, recommends necessary changes, and ensures that disciplinary sanctions are enforced.
The institution conducts a biennial collection of student data on AOD use and abuse.
The institution employs a rubric to guide sanctioning.
The institution has made progress on recommendations from the 2010-2011 Biennial Review

Areas for improvement.
There is a need to evaluate programs more consistently.
There is a need to annually collect and report on objective data (violations, referrals, ER visits, citations, etc.) more centrally.
The criteria for annual notification needs to be discussed and changes implemented.
Appendices
Appendix—Recommendations from Biennial Review 2010 – 2011: Progress

Recommendation #1
Develop a model for AODA prevention and intervention that will engage a diverse group of stakeholders (students, faculty, staff, and community) and a variety of departments (academic affairs, student life, athletics, and personnel, as examples) in its implementation.

Recommendation Met. Work will continue.
The institution adopted the “Three-In-One” prevention model from the National Institute of Alcohol Abuse and Alcoholism (NIAAA) which suggests employing strategies to address the individual student, groups of students, and the larger institution/surrounding community where students live. Also, the institution developed a Prevention Partnership, a coalition model, to engage multiple stakeholders in the work of AODA prevention. Performing the tasks for the Prevention Partnership is a workgroup of members, called the AODA Management Team.

A vision statement was finalized—
“UWSP AODA Prevention Partnership: Changing Campus Culture Together”

A mission statement was finalized—
“The mission of the AODA Prevention Partnership is to employ best practices to address the alcohol and other drug use culture among members of the UWSP community to foster an environment that optimizes learning and engagement.”

The Prevention Partnership met three times per year in 2012 and 2013: November, February, and May. The Partnership represented the larger institution and community. In addition to university students and personnel, attendees included representatives from the following local agencies:

—— Portage County Health and Human Services
—— Old Main Neighborhood Association (OMNA)
—— Stevens Point Police Department
—— Landlord Association
—— Portage County AODA Coalition
—— Ministry Behavioral Health, St. Michael’s Hospital
—— Northwoods Coalition
—— Portage County Judge, retired
—— Wisconsin Tavern League

Following list includes the names of the AODA Management Team members and their respective departments. These individuals met quarterly to drive the campus programs and services toward goals. Also, this group served in an advisory capacity on policy development.

—— Center for Prevention, Program Director, Anne Hoffmann
—— Counseling Center, AODA counselor, Dale Christianson
—— Residential Living, Director, Brian Faust
—— Student Affairs Vice-Chancellor, Co-Chair Al Thompson
—— Student Health Services, Director, Jen Sorensen
—— Student Involvement, Assistant Director, Susan LeBow
—— Mayor’s Office Mayor, Co-Chair Andrew Halverson
—— Physical Education and Athletic Training, Assistant Professor, Tim Wright
Recommendation #2
Establish minimum standards, enforcement protocols, and consequences for conduct related to AOD use as related to official and unofficial university and academic activities. Standards, protocols and consequences should be reviewed systematically. Leaders should be assigned to conduct respective reviews.

Recommendation not met.
Changes in academic programs, institutional priorities and in personnel at various levels resulted in this recommendation being delayed. Further, this recommendation is a long-term goal and not likely to be met in a single review term.

Preliminary plans for future direction include:
- Meeting with college deans to offer data and solicit feedback on the recommendation and suggestions for progress given the current climate.
- Meeting with new HR director to offer information on recommendation and campus data.
- Meeting with Director of risk management to offer information on recommendation and campus data.

Recommendation #3
Improve evaluation practices for prevention and intervention programs and services in terms of knowledge, skill and behavioral changes. Evaluation should also include mandated referrals and informal follow-up.

Progress achieved, but recommendation not fully met.
Preliminary discussion about program planning and evaluation took place in various departments. However, this recommendation is a long-term goal and not likely to be met in a single review year.

Preliminary plans for future direction include:
- Implementing evaluation for Center for Prevention sponsored programs, specifically PACE, BASICS and CASICS in fall 2014 with the addition of the Substance Abuse Prevention Specialist.
- Setting minimum standards for AODA-related program and services providers in evaluation
- Providing training for AODA-related program and services providers in evaluation (tools, practices, outcomes, etc.)
Recommendation #4
Implement best practices in prevention and intervention as advanced by the National Institute of Alcohol Abuse and Alcoholism, the Higher Education Center, and/or related research findings. For example, explore parental education and communication as a beneficial strategy for prevention or intervention.

Recommendation met, work will continue.
Upon consultation with the most recent research findings, the Center for Prevention offers science-based, best practice interventions for students. These include BASICS, CASICS, social norming, environmental management, and personalized feedback. While further work will be done, parental education started with summer orientation in fall of 2012 and will continue.

Recommendation #5
Establish communications plan and curriculum to share AODA-related data, prevention strategies, resources, and alcohol-free options with faculty, staff, and student employees. Alcohol-Wise program made available to campus for review.

Progress achieved, but recommendation not fully met.
While numerous presentations were scheduled to provide valuable information for the campus community on issues related to student AOD use, these sessions were not part of an overall plan. The Alcohol-Wise program was available for review by all personnel and some departments required employees to complete the exercise.

As part of this recommendation, advancement will continue for achieving community readiness. Many of the goals related to achieving readiness are grounded in communication and marketing strategies.

Recommendation #6
Develop guidelines, process and training modules to support consistency and comprehensive data collection with regard to AODA-related sanctioning. Provide broader access to Maxient (database program) for recording and reporting.

Recommendation met, work will continue.
A minimum sanctions grid was developed in 2011; revised and implemented fully in 2012. The grid supports consistency in sanctioning and provides clear and transparent information to students about likely sanctions for various levels of violations. Further, training was provided on the grid for all adjudicating officers. The campus employs Maxient for case management. In 2012, access and training on Maxient was provided for all campus adjudicating officers.
## Appendix-UW-Stevens Point Minimum Sanction Grid for Alcohol

<table>
<thead>
<tr>
<th>Incident</th>
<th>Minimum Sanction Required for Alcohol Violation</th>
<th>Minimum Sanction Required for Drug Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student found not responsible for violation</td>
<td>No sanction; however, follow-up letter describing incident and suggestions for future behavior. Letter may include: ☐Not in presence of alcohol until 21, no bottles in room, etc.</td>
<td>No sanction; however, follow-up letter describing incident and suggestions for future behavior. Letter may include: ☐Not in presence of drugs or suggestions for positive personal decision making</td>
</tr>
</tbody>
</table>
| First Violation | 1. Financial restitution (if damages are incurred)  
2. Judicial Educator Module 5: Personal Decision Making  
3. Educational Component: (PACE) Personal Alcohol Control through Exploration class ($75 program fee and follow up meeting) | 1. Judicial Educator Module 5: Personal Decision Making  
2. Educational Component: Marijuana 101 – an online marijuana education exercise, 6 lessons, 3 hours ($75 program fee plus follow up meeting with the Student Health Promotion Office)  
3. Parent/legal guardian notification by letter |
| Second Violation | 1. Financial restitution (if damages are incurred)  
2. Parental/legal guardian notification by letter  
3. Educational Component: (BASICS) Brief Alcohol Screening and Intervention for College Students (first 60-minute meeting; personal inventory; second 60-minute meeting; $125 program fee)  
4. Alcohol use reflection paper | 1. Parental/legal guardian notification by phone with student  
2. Educational Component: (CASICS) Cannabis Screening and Intervention for College Students (first 60-minute meeting; personal inventory; second 60-minute meeting; $125 program fee)  
3. On campus residence hall relocation  
4. Drug use reflection paper |
| Third Violation | 1. 12 months University Disciplinary Probation  
2. On campus residence hall relocation  
3. Parental/legal guardian notification via phone call by the Dean of Students Office  
4. Financial restitution (if damages are incurred)  
5. Signed statement of suspension  
6. Educational Component: Referral to UWSP AODA Counselor ($175 program fee) or external agency referral | 1. 12 months University Disciplinary Probation  
2. Residence Hall contract termination  
3. Parental/legal guardian notification via phone call by the Dean of Students Office  
4. Signed statement of suspension  
5. Educational Component: Drug check-up at Counseling Center ($175 program fee) or external agency referral |
| Fourth Violation or Possession with intent to deliver (for drug violation) | 1. Suspension from UWSP for 12 months  
2. Cancellation of housing contract, no refund  
3. Financial restitution (if damages are incurred) | 1. Suspension from UWSP for 12 months  
2. Cancellation of housing contract, no refund  
3. Parental/legal guardian notification via phone call by the Dean of Students Office |
<table>
<thead>
<tr>
<th>Referred to the Dean of Students Office</th>
<th>4. Parental/legal guardian notification via phone call by the Dean of Students Office 5. 12 months disciplinary probation upon return</th>
<th>4. 12 months disciplinary probation upon return</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fifth Violation Referred to the Dean of Students Office for adjudication</td>
<td>1. Referred to the University Administrative Hearing Board for adjudication</td>
<td>1. Referred to the University Administrative Hearing Board for adjudication</td>
</tr>
</tbody>
</table>
Appendix
UWSP Alcohol and Other Drug Abuse Annual Notification

**Standards of Conduct** are communicated in UW system Chapter 18 Conduct on University Lands. (The following is excerpted.)

Smoking tobacco is not allowed in residence halls, nonresidential buildings, or within 25 feet of buildings.

The use or possession of alcohol beverages (fermented malt beverages and intoxicating liquors containing 0.5% or more of alcohol by volume) is prohibited on all university premises, except in faculty and staff housing and as permitted by the chief administrative officer, subject to statutory age restrictions. No person may procure, sell, dispense or give away alcohol beverages to any person contrary to the provisions of ch. 125, Stats.

No person may intentionally use or possess marijuana on university lands. No person may use, or possess with the primary intent to use, drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale or otherwise introduce into the human body a controlled substance or controlled substance analog in violation of ch. 961, Stats. In this subsection, the term “drug paraphernalia” has the meaning specified in s. 961.571(1), Stats.; the term “controlled substance” has the meaning specified in s. 961.01(4), Stats.; and the term “controlled substance analog” has the meaning specified in s. 961.01(4m), Stats.

**Legal Sanctions**

The following ordinances and fines are excerpted from the City of Stevens Point website:

- Underage drinking violation - tavern related (17-20 yr olds), 1st offense $452.50
- Underage drinking violation - non-tavern related (17-20 yr olds), 1st offense $263.50
- Identification card violation - carrying, obtaining, providing, making, altering, duplicating (use of another’s id without consent is a felony) (17-20 yr olds) $515.50
- Sale of alcohol beverage without license/permit - (illegal taverns or house parties) 1st offense $389.50
- Procure for/sell/dispense/give alcohol to an underage person - 1st offense $389.50
- Being Loud, abusive, arguing, etc. $186.00
- Aggravated loudness, abusiveness, profanity, involving property damage $326.50
- Fighting, resisting arrest $263.50
- Open intoxicant or malt beverage on public way $236.50
- Littering $200.50
- Causing damage to property/graffiti $263.50
- Urinating/defecating on public/private property without owner’s consent $175.50

**Wisconsin State Sanctions**

The Uniform Controlled Substances Act, Chapter 961 of the Wisconsin Statutes, regulates controlled substances and outlines specific penalties for the violation of the regulations.

- A first-time conviction for possession of a controlled substance can result in a sentence of up to one year in prison and a fine of up to $5,000.
- Sec. 961.41(3g), Stats. A person convicted of manufacturing a controlled substance, delivering a controlled substance, or possessing a controlled substance with an intent to manufacture or deliver, can be imprisoned for up to 30 years and fined up to $1,000,000.
Secs. 961.41(1) and (1m), Stats. Penalties vary according to the type of drug involved, the amount of drug confiscated, the number of previous convictions, and the presence of any aggravating factors. The distribution of a controlled substance to a minor can lead to the doubling of an authorized sentence term.

Sec. 961.46, Stats. Wisconsin has formidable legal sanctions that restrict the use of alcohol in various situations. It is illegal to procure for, sell, dispense or give away alcohol to anyone who has not reached the legal drinking age of 21 years.

Sec. 125.07(1)(a)(1), Stats. Every adult has a legal obligation to prevent the illegal consumption of alcohol on premises owned by the adult or under the adult’s control.

Sec. 125.07(1)(a)(3), Stats. A first-time violator of either of the above subsections can be fined up to $500. It is against the law for an underage person to procure or attempt to procure an alcoholic beverage, to falsely represent his or her age for the purpose of obtaining alcohol, to enter premises licensed to sell alcohol, or to consume or possess alcohol on licensed premises.

Sec. 125.07(4)(a), Stats. A first-time underage violator of Section 125.07(4)(bs), Stats., can be fined up to $500, ordered to participate in a supervised work program, and have their driver’s license suspended.

Federal Legal Sanctions

Pursuant to federal law, the United States Sentencing Guidelines establish mandatory minimum penalties for categories of drug offenses and provide for penalty enhancements in specific cases.

Under these federal guidelines, courts can sentence a person for up to 6 years for unlawful possession of a controlled substance, including the distribution of a small amount (less than 250 grams) of marijuana; a sentence of life imprisonment can result from a conviction of possession of a controlled substance that results in death or bodily injury; and, possession of more than 5 grams of cocaine can trigger an intent to distribute penalty of 10–16 years in prison.

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.

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.

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.

21 U.S.C. 862 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 purchase, receive or transport a firearm. Miscellaneous Revocation of certain Federal licenses and benefits, e.g. pilot licenses, public housing tenancy, etc.

Health Risks

This is a brief summary of some of the principal health risks and hazards associated with the use of illicit drugs and alcohol. It is neither comprehensive nor exhaustive. For more detailed information concerning the dangers of drugs and alcohol, students should consult your doctor or a drug and alcohol prevention or treatment specialist.
Alcohol has many academic, social, legal, physical, and financial risks. According to recent surveys, missing class, doing poorly in class, not remembering actions, getting into fights, hangovers, and spending more money than expected were all reported by respondents to a campus survey about consequences of excessive alcohol use.

Further, 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 sexual violence. 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 others for becoming alcoholics.

While less prevalent than alcohol, the following information on other drugs is provided:

**Other Depressants** (barbiturates, sedatives and tranquilizers)—Addiction, accidents as a result of impaired ability and judgment, alcohol overdose, overdose when used with other depressants, causes damage to a developing fetus, heart and liver damage.

**Marijuana** use can cause significant health and psychological risks. Use, even in the short term, impairs short-term memory, thinking, and physical coordination; causes poor depth perception, inability to process information, and memory lapse. Can also cause panic reaction and increase the risk of lung cancer and emphysema. Can interfere with judgment, attention span, concentration and overall intellectual performance. Impairs driving ability. May cause psychological dependence and compromise the immune system. Physical dependence is also a high risk for regular marijuana users.

**Prescription Drug Misuse** occurs when a person uses a medication for which he or she does not have a prescription. Typical prescription drugs that are misused include pain medications and stimulants. Not only is this use illegal, it can also be dangerous as the user is not under the care of a prescribing physician. There is great risk for addiction with these medications.

**Heroin**—A highly addictive opioid drug, synthesized from morphine. Users often shift their drug use to heroin from prescription pain medications. Short term effects include dry mouth, nausea, vomiting, and severe itching. Other effects include drowsiness for several hours, reduced mental functioning and severely slowed heart and breathing functions. Use can also lead to coma and permanent brain damage. Heroin has a rapid tolerance, causing users to greatly increase the amount of the drug they use, which often leads to overdose.
Cocaine – A highly addictive stimulant. Can cause addiction as well as cardiovascular system damage including heart attack, brain damage, seizures, lung damage, severe depression, paranoia, psychosis. Similar risks are associated with other stimulants, such as speed and uppers.

Nicotine—Tobacco smoke contains thousands of chemical compounds, many of which are known to cause cancer. Nicotine, which is a central nervous system stimulant, is known to cause stroke, heart disease, and lung cancer.

Inhalants A diverse group of chemicals that easily evaporate and can cause intoxication when their vapors are inhaled such as spray paints, markers, glues, and cleaning fluids. Most inhalants are central nervous system depressants. Use of these drugs slow down many body functions. High doses can cause severe breathing difficulties and because inhalants deprive the brain of oxygen, brain damage may result.

Drug and Alcohol Prevention and Intervention Services
UW-Stevens Point students participate in Alcohol-Wise, a mandatory alcohol education program upon entering the institution. The Electronic Check-Up to Go for Alcohol and Electronic Check-Up to Go for Marijuana programs are online and available to students 24/7 at no cost. Also, several departments offer alcohol education including Residential Living, Student Health Promotion and Greek-letter organizations. Additional educational services include brief motivational interventions for students.

The Student Health Service screens patients using the Alcohol Use Disorders Identification Test (AUDIT). The Dean of Student’s Office refers students involved in policy violations to an alcohol education class. The Counseling Center will see students who present themselves with substance use disorders or concerns. For faculty and staff, the Counseling Center supports an Employee Assistance Program. Treatment needs are referred to several community services.

Disciplinary Sanctions
Sanctions will be imposed for violations of the campus alcohol and other drug standards. The following range of disciplinary sanctions include: disciplinary probation, attendance at educational classes, meeting with professional staff, program fees, residence hall relocation, suspension and expulsion.

It should be noted that disciplinary sanctions that apply to faculty and staff differ from one another depending on the terms set forth in contracts.