

**Drug-Free Schools and Communities Act (DFSCA)  
2018 Biennial Review Report  
University of Wisconsin—Stevens Point**

**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. Several 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. Programs will be reviewed every two years to:
  - a. determine effectiveness and implement changes if needed
  - b. ensure that the disciplinary sanctions are consistently enforced
  - c. reports are published every other spring semester (e.g., 2021, 2023, 2025)
  
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.

## 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 was gathered from the American College Health Association, National College Health Behaviors Assessment II in the spring of 2017. This information identifies substance abuse habits and consequences for UWSP in specific, thereby reinforcing the need for services and programs.

### Student use

- 70% of students drink alcohol
- 31% of students binge drink, consume more than 5 drinks in a sitting
- 20% of students use marijuana
- 11% of students use cigarettes
- 9% of student use prescription drugs not prescribed for them

Consequences reported in past year from alcohol (consequences from other drugs not assessed)

- 57% of students have gotten sick/vomited from using alcohol
- 53% of student drinkers have had a hangover
- 21% did something they later regretted
- 10% had unprotected sex
- 5% got into trouble with police, residence hall, or other college authorities
- 2% had sex without consent

## Review of the Drug and Alcohol Prevention Program

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, Office of the Dean of Students, Counseling Center, Health Service, Residential Living, Academic Affairs, Athletics and University Centers.

## **Universal Prevention Programs**

**Mandatory online education:** Incoming First-Year undergraduates, transfers, and graduate students were required to take Think About It, a mandatory online alcohol and other drug education course. 98.5% of UW-Stevens Point students complied with the request. The students who did not complete the program were charged a program fee 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. Practitioner use the Alcohol Use Disorders Identification Test (AUDIT) on all new students. If a patient screens positively for use of alcohol, the patient receives a selective prevention intervention. Student outcomes are charted by the practitioner.

**Residential Living:** This department, housing 3,400 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 and Marijuana 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 peer educators, Center for Prevention professional staff, Counseling Center counselors, Community Advisors and Hall Directors. Satisfaction surveys are positive, and course evaluations indicate learning outcomes compliant with content of the programs.

**Professional Staff Training:** Community Advisors and Hall Directors received training on alcohol effects, sanction activities, and alcohol overdose indicators in the at the beginning of each semester.

**Drug screening for student athletes:** The Athletic Department randomly drug test student athletes once a month. Student athletes who fail a drug test are referred to the Dean of Students office for alcohol and drug education.

### **Select 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. Approximately 160 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.

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.

Cannabis Abuse Screening and Intervention for College Students (CASICS )- is a marijuana intervention program provided for all students after their second violation of marijuana use. During these two sessions participants meet 1-on-1 with a trained specialist who will help them to evaluate their own marijuana use, identify personal risks, and to plan ways to reduce consequences associated with their marijuana use. CASICS sessions are non-judgmental and are personalized to the interests and needs of the student.

**Marijuana Education**— After being sanctioned for marijuana, students are enrolled in Marijuana 101. It gives each participant an opportunity to explore respective choices surrounding marijuana and to consider whether those choices are consistent with college goals. There are 3 parts to this educational program

**Online Education** - Marijuana 101 is an online program aimed to aid students in assessing and evaluate their marijuana use, as well as helps students track their smoking behaviors. When

students are referred to Marijuana 101, they will receive instructions on how to sign-up to begin completing the program.

**Follow-Up Meeting** – The one-on-one follow-up meeting is an opportunity for the participant to discuss marijuana use privately and explore possibilities for personal growth and change. It will take about 30 minutes.

**Follow-up Online Survey** - The last part of the sanction requirement is a short survey based on information contained in Part1. Students are asked to participate in Part 2 via email, which is sent 30 days after they complete Part1. This survey takes 15 minutes to complete.

**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**

The Prevention Advisory Committee (PAC) and the Portage County AODA Coalition 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. Progress made in the strategic plan is listed in the goals section of this report.

University of Wisconsin System (UWS) Chapter 17 contains student non-academic disciplinary procedures. 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.

### **Educational Sanctions**

To ensure sanctioning consistency, an alcohol sanctioning grid is utilized. The sanction grid is reviewed and updated as needed on an annual basis. The alcohol and drug sanction grids for UWSP can be found at the Office of the Dean of Students website at <https://www.uwsp.edu/dos/Pages/stu-conduct.aspx>.

This grid is intended to provide a guide for adjudicating officers to sanction students. All students found responsible are given the minimum selection of sanctions. The following table highlights the sanctions assigned over the past two years. Maxient, a vended product, serves as the database for sanctions. This data is pulled from the Maxient system.

| Educational sanction                    | # of students assigned 2016-2017 | # of students assigned 2017-2018 |
|---|----------------------------------|----------------------------------|
| PACE (alcohol education class)          | 169                              | 135                              |
| BASICS (personalized alcohol education) | 18                               | 14                               |
| Marijuana 101                           | 46                               | 65                               |
| CASICS (Marijuana education)            | 5                                | 8                                |
| Alcohol assessment                      | 22                               | 9                                |

## 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 programs are kept in the Center for Prevention with the Program Manager.

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

Yes, the Office of the Dean of Students emails this information to all students, faculty, and staff on October 1st of each year. The email includes information surrounding the five points required above.

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 1,400 incoming First-Year students).
- Residence hall policy booklets to all on campus students (3,400)
- 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 receive the materials annually?

Yes, information to students, faculty, and staff emails listed that are updated daily. The emails lists included all currently enrolled students and currently employed faculty and

staff. Additionally, 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?

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 Prevention Advisory Committee identifies priorities from the previous year's reviews and develops strategies to meet new goals.

A minimum sanctions grid is used to provide guidance for adjudicating officers in the sanctioning of students. The Office of the Dean of Students has 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?

The Program Manager for the Center for Prevention

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?

This information is part of the annual security report and related materials can be accessed through the Center for Prevention and the Office of the Dean of Students.

### **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 review every two years of its drug prevention program and policy to determine effectiveness, recommends necessary changes, and ensures that disciplinary sanctions are enforced.
- The institution collects student data on AOD use and abuse.
- The institution employs a rubric to guide sanctioning.
- The institution has made progress on recommendations from the 2017 Biennial Review

**Areas for improvement**

- There is a need to evaluate programs more consistently.
- Ensure that second semester students and mid-year employee hires receive the information consistently.

**Recommendations for 2017-2019**

**Recommendation #1**

Utilize peer educators to address prevention and education of AOD abuse issues to UWSP students.

**Progress Made**

The Center for Prevention utilized peer educators since the fall of 2017. The peer educators’ primary focus areas have been AOD prevention and education using outreach and one-on-one behavior change facilitation.

The decision to utilize peer educators was intentional and grounded in best practice. Research shows that college students often feel most comfortable talking with peers about their alcohol and drug use and other health behaviors. Peer influence can have significant positive effects on student learners because student’s decisions are influenced by the behaviors and beliefs of their peers (Allison et, al, 2014).

Each semester, the peer educators spend approximately 275 total hours doing a variety of education and prevention initiatives. They have intentional 1-1 conversations with students regarding alcohol and/or drug use and had a direct impact on 2,000 students each semester through programing and outreach. The peer educators also spend their time doing promotions, trainings, content development, social media outreach, and event planning.

**Recommendation #2**

Develop an updated AODA strategic plan that will build off the foundation of the progress of the 2017 AODA strategic plan. Focus areas should be prevention and environmental management.

**Progress made**

In the summer 2016, the Dean of Students and the Vice Chancellor of Student Affairs gave the charge for a strategic planning group to come together and determine the next steps for AODA prevention and intervention at UWSP. The mission of the new strategic plan was to build off the success of the

2011 AODA strategic plan. These current practices from the 2011 AODA strategic plan have become the foundation of our AODA work

- The University student conduct process. The student conduct system emphasizes the development of each student's acceptance of his/her own personal and social responsibilities. The process provides and helps maintain an atmosphere that is conducive to academic achievement.
- Adjudication of non-academic behavioral misconduct that occurs outside university lands.
- Alcohol education programs for first, second, and third violations of AOD policies
- Marijuana education for first, second, and third violations of AOD policies
- Mandatory Universal Prevention program call *Think About It* for all First-Year undergraduate, transfer, and graduate students.

The 2017 AODA strategic plan can be found on the UWSP Center for Prevention website.  
<https://www.uwsp.edu/dos/aoda-ipv/Pages/default.aspx>

The PAC committee is made up of UWSP faculty, staff, students, and community members who participated in the development of the 2017 AODA and IPV strategic plans. This team meets once a month. Members include:

Stacey Duellman, UWSP Center for Prevention Program Director  
Gary Garske, Portage County Health Planner  
Ann Ninnemann, UWSP Women's Hockey Coach  
Marc Young, UWSP Director of Admissions  
Jessica Bowers, UWSP Assistant Professor, Department of Sociology and Social Work  
Sarah Johannes, UWSP Greek Life Coordinator  
Jenna Fremstad, UWSP Residential Living Hall Director  
Jessica King, CAP services/SAVS victim advocate  
Kaityln Keech, UWSP Student and PAVE executive director

### **Recommendation #3**

Improve evaluation practices for prevention and intervention programs and services. Evaluation should also include mandated referrals and informal follow-up.

### **Progress made**

The Center for Prevention developed and administered evaluations for educational sanctions, specifically PACE and BASICS. Also, evaluations were developed and administered for AODA-related program and services through athletics, the Greek community, student organizations, and other AOD related programs.

#### **Recommendation #4**

Implement parental education and communication as a beneficial strategy for AODA prevention or intervention.

#### **Progress Made**

Parental education started with summer orientation in fall of 2012 and has continued to grow. A comprehensive and sustainable communications plan has been started and does include social media outlets, website information, and face-to-face conversations at orientation. The communications plan focuses on social norms, parental expectations, talking points for discussions with their students, and UWSP alcohol and drug policies.

#### **Recommendation #5**

Implement AODA bystander intervention training for athletes, student organizations, and the Greek community. Utilize best practice programs and determine key constitutions and student leaders to be trained in facilitating these programs

#### **Progress Made**

Sexual violence prevention bystander training has been implemented and the program does include some AODA information or how to be an active bystander when using or around alcohol and other drugs.

### **Goals for 2019-2021**

1. The Center for Prevention will continue to apply for grant funding from community or state providers to support paid peer educators.
2. The Center for Prevention staff will continue to work with the Prevention Advisory Committee (PAC) to address the most prevalent AOD issues at UWSP. The strategic plan should include strategies for prevention/reducing the use of vaping, policy development surrounding alcohol licensing agreements, Universal interpersonal violence prevention efforts.
3. All parents of First-Year freshman will receive a parent handout. Handbooks will be sent to parents in the summer before school starts. Follow-up with parent will be through social media outlets, website information, and, face-to-face conversations at orientation. The parent handbook will focus on UWSP student social norms, talking points for discussions with their students, and UWSP alcohol and drug policies.
4. Evaluations for marijuana related sanctions will be developed and implement. Also, long term follow-ups (2-week and 6-weeks after educational sanction) for AOD behaviors will be developed and administered.
5. Develop a bystander training focused on alcohol and other drug prevention and sexual violence prevention. This training will be included in a grant proposal to the NCAA for a three-year funding opportunity. Therefore, the training will be geared towards athletes.
6. Establish a group of 10-12 campus and community members who will be trained in the Safe Bar program and begin implementing these trainings in the Portage County Bars.
7. Collaborate with the Portage County AODA Coalition to develop sober server ordinances as a alcohol licensing agreement condition.

## **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.)

### **The University of Wisconsin-Stevens Point (UWSP) is a tobacco-free campus.**

The University of Wisconsin - Stevens Point Tobacco-free Policy is effective August 25, 2014. The policy applies to all the UW- Stevens Point facilities and vehicles, owned or leased, regardless of location. The use of tobacco products shall not be permitted in any enclosed place, including private residential space within UW- Stevens Point buildings. The use of tobacco products shall also be prohibited outdoors on all UW-Stevens Point campus property, including parking lots. This policy applies to all students, faculty, staff and other persons on campus, regardless of the purpose for their visit.

### Exceptions

Nicotine replacement products approved by the FDA (e.g. patches, gum, products for similar purposes.) are allowed for use on campus to support persons in the process of overcoming nicotine addiction.

This policy does not apply to the practice of cultural activities by American Indians that are in accordance with the American Indian Religious Freedom Act, 42 USC, sections 1996 and 1996a. All ceremonial-use exceptions must be approved in advance by the Facilities Services Department.

This policy does not apply to sponsored research projects in education or clinical instruction approved by the appropriate college dean. Any university sponsored artistic performers are also exempt from this policy. All other exceptions may be brought to the Dean of Students OR the Director of Human Resources for case by case approval.

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 UWSP protective services website: University of Wisconsin System Chapter 18:

### **Conduct on University Lands**

- 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 remember 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.

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 is 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 is 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 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 are 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 and Marijuana-Wise, which are mandatory alcohol education programs 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.