

WESLEYAN
UNIVERSITY



Biennial Review of the Alcohol and Other Drug Prevention Program of Wesleyan University

For the period of January 1, 2011 to December 31, 2012
As required by the Drug-Free Schools and Campuses Act

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Introduction

On August 16, 1990, the Department of Education published final regulations that implemented the Amendments to the Drug-Free Schools and Campuses Act of 1989. This Act requires all higher education institutions that receive federal funds to certify to the Department of Education that they have adopted and implemented a program to prevent the illicit use of drugs and the abuse of alcohol by students and employees. At a minimum, such a program must include the annual distribution of the following to each student and employee of an institution:

1. Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of drugs and alcohol by students and employees on your institution's property or as any part of your institution's activities.
2. A description of the applicable legal sanctions under local, State, and Federal law for unlawful possession, use or distribution of illicit drugs and alcohol.
3. A description of the health risks associated with the use of illicit drugs and the abuse of alcohol.
4. A description of any drug and alcohol counseling, treatment, or rehabilitation programs that is available to students and employees.
5. A clear statement that your institution will impose sanctions on students and employees (consistent with local, State, and Federal law) and a description of these sanctions up to and including expulsion or termination of employment and referral for prosecution for violations of the standards of conduct.

This Act also requires that an institution of higher education conduct a biennial review of its program to provide:

1. descriptions of the Alcohol and Other Drug (AOD) prevention program contents
2. a statement of the AOD program goals and a discussion of goal achievement
3. summaries of the AOD program's strengths and weaknesses
4. procedures for distributing AOD policy to students and employees
5. copies of the policies distributed to students and employees
6. recommendations for revising the AOD program

This report is Wesleyan University's documentation of its compliance with the Drug-Free Schools and Campuses Act. This report covers the period from January 1, 2011 to December 31, 2012. Information for this biennial review was collected by the Alcohol and other Drugs Committee. It will be on file in the Dean of Students Office and WesWell, the Office of Health Education and available to anyone interested by request.

National College Health Improvement Project – Learning Collaborative on High-Risk Drinking

Wesleyan is participating in the National College Health Improvement Project's (NCHIP) learning collaborative on high-risk drinking. Using proven, evidence-based practices, the objective of the collaborative is to work together to reduce high-risk drinking at participant institutions as well as the associated harms resulting from this behavior.

The 32 institutions participating in this three-year collaborative (2011-2013) are each testing strategies to reduce high-risk drinking, sharing ideas and knowledge that result from testing efforts, focusing on reliable implementation of proven strategies, and measuring and reporting progress. This work is proceeding with the support of measurement and quality improvement experts from The Dartmouth Institute for Health Policy and Clinical Practice, along with faculty experts on high-risk drinking recruited from across the country. Detailed through the Biennial Review are many of the actions recommended by or taken by the NCHIP team during the period of this review. These include strategies targeting the individual drinker, the environment, and the system.

Review of the Alcohol and Other Drug Prevention Program

This report will cover the six areas, as listed in the introduction, which are required elements of the Biennial Review.

Section I: Description of AOD program elements

What follows are descriptions of the various components of the Alcohol and Other Drugs prevention program at Wesleyan University. These components have been grouped into seven categories: environmental strategies, educational strategies, policy and enforcement strategies, early intervention strategies, assessment, campus-community coalition, and prevention initiatives.

A. Environmental Strategies

The environmental strategies profiled in this section include Residential living options and extracurricular/recreational options.

Residential living options

• Well Being House and Substance Free Floors

Residential options at Wesleyan include a Well Being program house and a Substance Free Floor, located in the Butterfield B residence hall. Any upper-class student may apply to reside in the Well Being house; the Substance Free Floor is open to all students. Students requesting to live in either community are required to submit an application during the spring room selection process. First year students can indicate on their housing preference form an interest in living on the Substance Free Floor. Also, Substance Free Floor residents are required to sign a substance-free agreement. These residential options provide a substance-free living space for all students who choose to live in a substance-free area and are viable housing options for students in recovery from alcohol or other drug addictions. Programming in Well Being House focuses on all aspects of “wellness.”

• Quiet Houses

The establishment of Quiet Houses on Home Avenue, Lawn Avenue, and Brainerd Avenue has discouraged large scale parties that are typically characterized by gross alcohol consumption and other associated high risk behaviors.

• Increased Presence in Residential Halls

Eight additional resident advisor (RA) positions were added to the Residential Life staff, primarily in residence halls housing first year students. Furthermore, the number of RAs “on duty” each night has increased across campus, from seven to eight, nine, or ten, depending on the night, and two additional RAs serving as “on call” on Thursday, Friday and Saturday evenings.

• Emphasis on Late-Night Programming for Residents

Student staff is encouraged to offer late night and weekend activities to residents as an alternative to consuming alcohol. During the 2011-12 academic years, student staff offered 791 programs on a weekend, 177 programs took place after 9:00 PM, and 96 programs occurred on a weekend night after 9:00 PM.

A weekend programming series was piloted in September 2011 in an all-first year residence hall. Student staff offered programs on both Friday and Saturday evenings during the first four weeks of classes.

Extracurricular/recreational options

• Student-driven Programming and Social Options

One of the strengths of Wesleyan's student body is the interest and ability to create a wide variety of social programming in spite of insufficient space and monetary resources. Students collaborate with various offices to produce many events, including alcohol free events. In addition, events are strengthened through collaboration with AOD prevention and educational programs, Host Training, and the availability of trained student event staff to work student sponsored social events.

During the 2011-2012 academic years, 171 social events were registered with SALD. All of these events were registered as alcohol free. Of these events, approximately 80 were supported by the Student Program Fund offered by SALD and provided late night social opportunities that were registered as alcohol free.

During Fall 2012, as of October 1st, 29 social events were registered with SALD. All but one of these events was registered as alcohol free and approximately half of the events were supported by the Student Program Fund.

All of these events are in addition to the hundreds of lectures, art shows, panels, workshops and other events which are also offered to students as educational programs.

In addition, during the Fall of 2012, the university revamped the Wood frame Social Event Registration program. The program, intends to encourage seniors living in our Wood frame Houses to register their events (which do not need to be registered under the above Social Event Policy). The revamp process included sending Wood frame registration forms directly to Public Safety and allowing Public Safety final approval of these events. In addition to Public Safety Approval, students must be host trained and register their event by 6pm so Public Safety may check-in with any concerns before the event begins. This revamp process has thus far been a huge success. As of October 2012, 24 events had been registered, up from 20 in the entire 2009-2010 Academic Year when it started. This revamp truly allows our Public Safety office to check in with hosts in private homes to assure they are running a safe event rather than reacting to a complaint.

• Increased Late-Night Programming

After a 6 week trial period in the Spring of 2012, the Office of Student Activities, through University Center Activities Board (UCAB), will continue to plan events on Thursday nights alternating between novel events and using some of the events that had smaller attendance in the trial period. The UCAB budget would be unable to sustain the level of programming that it sustained for the NCHIP PDSA; however, much was learned about the type of event that could be done on a bi-weekly basis to encourage substance free spaces and programming. Moving forward, the Graduate Intern alongside UCAB will program the first Saturday of every month using some of the more popular events and having them begin at 10 so they may run until 2 and

encourage maximum participation and more cost effectiveness. In addition to that, whenever a more popular event is occurring on that first Saturday of every month, UCAB will be sure to have at least two other low key options to keep students engaged as they wait. The Fall semester will be about gathering data to see if the once-a-month Saturday event is still engaging large numbers of participants. That information will then be analyzed over the November break in order to assess and plan for the Spring.

- **HealthFull Words Fund**

The HealthFull Words Fund is a mini-grant program offered by WesWell, the Office of Health Education, to support student-initiated educational programs on health issues, including alcohol and other drugs. Over \$2500 in funding was disbursed during the past four semesters in support of these events.

- **Extended Hours in Campus Facilities**

The Usdan University Center integrates all aspects of university life by serving as the principal gathering place for the campus community, as well as the central dining area for all students; this includes a late night dining program which runs from 9:30pm – 1am. The facility is open until 2am, seven days a week allowing optimal use for programming and events. Programs can occur throughout the building; the University Center Activities Board (detailed below) features entertainment weekly on Thursdays in the café as well as novelty musical and intellectual activities monthly. Clubs and other groups/departments sponsor many alcohol free events including stress free nights during mid-terms and finals, concerts, and gaming tournaments. Many rehearsals (music and theater) occur in the facility in the lower level Multi-purpose rooms and the music rehearsal space, all available until the close of the building at 2am.

- **University Center Activities Board (UCAB)**

The start of the Fall 2007 semester marked the first year for the University Center Activities Board. Ten student UCAB members met with the Assistant Director of SALD and the Evening Manager on a weekly basis. The group was in charge of creating, developing, publicizing, organizing, and managing late night alcohol-free events and programs in the University Center. Some examples were poetry slams, open mic nights, viewing major political events or TV premiers of popular shows, showing Halloween Scary Movies, video game tournaments, and Spa Days. The Board produced several events in the first year of the opening of Usdan University Center.

As of October 2012, the board of 5 returning members and 5 new members has approximately 19 events planned for the Fall semester. The board generally hosts weekly events on Thursdays in September, October, November and December and in November, in collaboration with affinity month, they attempt to collaborate and host a Latin@ themed event with the Latino student group. Attendance at these late night UCAB events ranged from 30 to 180 students depending on the nature of the event. There is also the challenge of the ever-present competition from other events occurring around campus on any given night.

- **Senior Events**

As of the Fall of 2012, the focus of the events has been centered in developing class unity through a common event. While alcohol has remained a part of the event for those students who are above the legal drinking age, it is no longer the focus. This can continue to be seen in the name change: from “Senior Cocktails” to event specific names followed by “Senior Class Event” in addition to the fact that two of the five events only allow the Seniors 3 drinks via drink tickets. The goals for the events have continued to provide a safe and enjoyable atmosphere for the Senior Class to celebrate their growth and accomplishments during their time at Wesleyan and to build class unity as they prepare to depart from one another at the end of the academic year. The changes previously implemented have created a significant decrease in the amount of concerns.

B. Educational Strategies

The educational strategies profiled in this section include awareness and information training, educational outreach programs, peer education, student leader training, and academic courses.

Awareness and information training

• New Student Orientation

New student orientation (NSO) for incoming first-year and new transfer, exchange, and visiting students includes alcohol and drug education as part of its programming.

Orientation 2011 – A required presentation during orientation is Know the Line, a series of Wesleyan student-created monologues focusing on harm reduction, abstinence from alcohol use and responsible alcohol use. This peer theatre piece is reflective of what upper classmen felt first year students would encounter in regards to alcohol and prepared them with strategies for handling those situations in a healthy way.

Orientation 2012 - A new required presentation replacing Know the Line during NSO is We Speak We Stand – Alcohol Interventions. WE Speak WE Stand is a series of monologues written and performed by Wesleyan students addressing alcohol use. This peer theatre piece is a powerful introduction to alcohol use on campus and aims to create a campus that actively advocates for the responsible use of alcohol. The goal of the program is to empower bystanders to intervene in high risk situations involving alcohol use. Specifically, participants learn how alcohol affects behavior and how to recognize an alcohol related medical emergency. This presentation draws on evidence-based health education methodology to deliver effective intervention strategies. Residence Life staff who have first year students conduct small group conversations with residents immediately following the presentation in order to process the content. All of the actors in the monologues and the Residence Life staff hosting conversations had been through a comprehensive alcohol and bystander intervention training prior to New Student Orientation. Alcohol and drug issues are also addressed with new students through a Public Safety presentation during New Student Orientation.

• Host Training

Host training was developed during the 1997-1998 academic year to provide students with a stronger understanding of their responsibilities and requirements as the host of social events on campus. Students are now required to take an on-line training course and pass an on-line exam if they plan to host a registered social event on campus. Topics covered in training include campus AOD policy, liability concerns, available support resources, and the event registration process.

In addition to Host Training, in the summer of 2012, in collaboration with Public Safety, the Office of Student Activities developed a Safe Party Guide and Social Event Policy booklet for all students to have easier access to policy and guidelines under Social Event Policy.

- **Community Standards Workshops**

Host liability is explained to students considering living in the wood frame houses during the spring community standards workshops. Community advisors also educate their residents regarding host responsibilities in the beginning of the academic year through their community newsletter.

Educational Outreach

- **Residentially-based programs**

Residential Life utilizes a comprehensive programming model that reflects the Department's intended learning outcomes for residential living. One of the seven outcomes deals specifically with healthy responsible living, which includes "recognize mental health and/or substance abuse concerns and access resources," and "choose behaviors and environments that promote health and reduce risk with particular attention to alcohol and other drugs." In assessing each community's needs, the staff includes programming on health topics, including alcohol and other drug issues.

There are 99 student staff members, each of whom is required to sponsor six programs a semester. Residential Life policy dictates that all programs sponsored by Residential Life, are alcohol free. This has encouraged the development of substance-free social alternatives by staff and residents which contribute to a healthier culture on campus.

Additionally, Residence Life staff in collaboration with WesWell during the 2011-2012 academic year held 9 workshops in various residence halls with a total of 122 participants.

- **Athletics**

The topic of excessive drinking and the inherent dangers are always at the forefront of topics that the athletic department is communicating to the student-athletes. The student-athlete handbook provides resource materials that identify web sites focusing on alcohol abuse prevention. Also, the handbook clearly articulates the athletic department's alcohol policy and the consequences of violations. In meetings with coaches and varsity athletes the athletic director reinforces the need for athletes to drink responsibly and the reasons why responsible drinking is in harmony with outstanding physical performance. Further, the department strictly enforces a no hazing policy and points out to students that most hazing events are accompanied by excessive drinking. For the academic year 2012-13, the athletic department is considering a presentation for the coaches regarding the step-up program and the benefits of students helping students to make wise decisions about binge drinking and providing examples where misuse of alcohol can lead to lifelong consequences. This presentation can then be provided to captains and teams.

Coaches and athletic administrators regularly spend time discussing, with small student groups, why healthy lifestyle choices lead to improved performance and are important if athletes are to achieve their goals. Wesleyan's strength and conditioning coach sends periodic newsletters and resource guides to the coaches and athletes about healthy nutrition. He also holds twice a week

fitness sessions open to all Wesleyan students that provide the students with strenuous workout programs and peer recognition that healthy lifestyles are a basis to outstanding athletic performance.

- **Online assessment tools**

Several online assessment tools have been made available to Wesleyan students in recent years; they address both alcohol and marijuana. These assessments are tools designed to provide individual feedback on alcohol or marijuana consumption and patterns. They are available to Wesleyan University students by the Davison Health Center and WesWell, the Office of Health Education. The information is given to help students make informed choices about their decision-making. It is available to all students, but is required for students who have a medical transport for alcohol or other drugs, as part of a Brief Motivational Intervention session as a sanction of the Student Judicial Board (SJB) and as a sanction that does not involve a medical emergency. These programs include the AlcoholEDU sanction course, Alcohol Innerview and Marijuana Electronic Check Up To Go. Additionally, AlcoholEdu from Outside the Classroom is required for all incoming first year students. Our AlcoholEDU participation rates for the Fall 2011 and 2012 academic years were both over 80% compliance. Those students who did not complete the program were given a 30 day extension and asked to take the AlcoholEDU for sanctions program.

Peer education

- **Peer Health Advocates**

A group of students are hired each year by the Health Education Office to serve as Peer Health Advocates; four paid Team Leaders oversee the activities of about twenty-five volunteers. These students receive training each year on a variety of health issues, including alcohol and other drugs. Topics covered include actual and normative data on student AOD consumption rates, comprehensive prevention strategies and theories, addressing severe intoxication situations, and bystander intervention.

These students address a variety of health issues in their health promotion efforts, including alcohol and other drug abuse, through awareness events and workshops as well as passive methods and staffing the health education office throughout the year. They have successfully built relationships with numerous student organizations to extend the reach of the health education office.

The Peer Health Advocates and Director of the Office of Health Education lead evidence informed workshops, trainings, and public health outreach campaigns on Alcohol and Other Drugs for the campus community. In the Spring 2011 semester, 2 trainings with a total of 55 participants were documented. During the 2011-2012 academic year, 10 workshops with a total of 872 participants, 6 trainings with a total of 169 participants, and 5 outreach campaigns reaching 838 people were documented. For the Fall 2012 semester, as of 10/19/12 the department has delivered or plans to deliver 6 workshops with a total of 400 participants, 3 trainings with a total of 50 participants, and 3 outreach campaigns reaching 500 people.

Comprehensive Bystander Intervention Program

In February 2012, a comprehensive Bystander Intervention campaign, We Speak We Stand, was launched at Wesleyan. Developed by the Office of Health Education and Counseling and Psychological Services the goal of the training was to empower bystanders to intervene in high risk situations involving alcohol use. More broadly this effort was undertaken to disrupt the culture of assumed consent by increasing helping behavior, changing attitudes and perceptions, and increasing knowledge on when and how to be an active bystander in regards to alcohol use. Participants were equipped with the tools needed to intervene in situations involving alcohol and empowered to use those tools. Specifically, participants learned how alcohol affects behavior and how to recognize an alcohol related medical emergency. This workshop provided participants with the skills to move from inaction to action and intervene safely and effectively. The 6 hour training took place on February 12, 2012 with 24 students in attendance. According to pre-test data 63% of students were inactive bystanders before the training. According to post-test data 21% of students had increased positive attitudes towards helping behaviors, 25% of students had increased knowledge of when to help, and 18 % of students showed willingness to actively help another student in need. Based on this data and additional feedback about the training format we will be revising training and offering it again in February 2013.

For the Fall 2012 semester a supplemental workshop covering the basics of alcohol use and bystander intervention will be launched. These sessions are being developed by students who attended the training in the Spring 2012. The session will be offered once in October and once in November. Post-session evaluations will be distributed at the end of the session in an effort to gauge willingness to intervene and knowledge gained from the session.

Student leader training

• Event Staff

A trained student event staff of approximately 25 students is available to assist social event hosts with maintaining order at their events and intervening should problems arise. Paid by the Office of Student Activities & Leadership Development, event staff members are available at no charge to event hosts. Event staff members are trained with intervention skills and have the opportunity to role-play potential situations they might encounter.

• Residence Life Staff training

During the comprehensive student staff training each August, alcohol and other drugs are discussed in several sessions. These include presentations about policy and enforcement practices by Public Safety and the Dean of Student Services office; and the health risks associated with severe intoxication by the Health Education office. The student staff is also provided with emergency procedures to follow in the event of an alcohol overdose. This training is repeated each January for mid-year hires. Furthermore all student staff is required to be host trained each year through the Office of Student Activities and Leadership Development.

• Greek Organizations

Over the past several years, changes in the University's alcohol and social event policies and host training, describing the liability associated with serving alcohol, have resulted in some positive changes with respect to AOD use by Greek organizations. Beginning in the Fall 2011 semester, all of the Greek organizations have houses affiliated with Wesleyan through Residential Life's

program housing. This affiliation requires that each organization has a staff person who serves as a liaison with the university. Over the past several years, Wesleyan Greek organizations have moved away from hosting large social functions where alcohol is served. These functions are not prohibited from a University policy standpoint, but most national organizations don't allow their chapters to serve alcohol and the student hosts no longer seem willing to seek a liquor license and accept the liability associated with doing so. We continue to be concerned about possible underage and/or high-risk AOD use by members (or prospective members) of these organizations, and will continue to use educational and policy enforcement tools to address these concerns.

Academic Courses

A number of academic courses address alcohol and/or other drugs as part of the curriculum. Due to the challenges of collecting comprehensive data during the current Biennial Review period, a small listing of these courses that could be gathered from the electronic course catalogue (WesMaps) is included in this Biennial Review. (*See Appendix A: Academic Courses*)

C. Policy & Accountability Strategies

Public Safety helps to ensure that students are in compliance with the Code of Non-Academic Conduct. The Residence Life office, as well as the AOD Policy and Accountability subcommittee, works with Public Safety to help promote and update current university policies. (*See Appendix B: Student Code of Non-Academic Conduct*)

The Office of Residential Life continues to clarify the AOD enforcement roles for student and professional staff. All student staff members are trained to address and document AOD policy violations and forward reports to professional staff members for appropriate judicial follow up. Beginning in Fall 2012, the university implemented a point-system to bring greater clarity to what students may expect if they are found to have violated regulations. The Office of Residential Life has also increased staffing in first-year residential areas to provide more of a presence in the halls to try to curb high risk drinking behavior.

The Student Judicial Board annually releases data and summary reports; the reports for the 2010 - 2011 and 2011 - 2012 academic years are available at <http://www.wesleyan.edu/studentaffairs/judicialboard/casesummaries/index.html> . The reports can also be found in Appendix D. During this reporting period, there has been an increase in the number of cases and charges both of which can be attributed to an increased staff presence in residential areas. The Office of Public Safety continues to document the majority of alcohol and drug offenses, and also publishes crime statistics on its website at www.wesleyan.edu/publicsafety/.

The Director of Athletics reviews the Athletics department's alcohol and hazing policies with all athletes at the annual fall, winter, and spring athlete meetings.

All student-athletes receive a Student – Athlete Handbook that includes these policies as well as the list of NCAA Banned Substances. At the annual meeting of teams, it is pointed out that the use of performance enhancing drugs can lead to loss of eligibility and what precautions athletes need to take so that they do not inadvertently consume drugs that are not permitted by NCAA

rules.

• **Judicial violation data**

There were 975 incidents referred to the Student Judicial Board (SJB) in which alcohol was a factor. In the same period of time, 369 incidents, in which drugs were a factor, were referred to the SJB.

There were 1,084 individual alleged violations of the University’s alcohol policy and 372 alleged violations of the drug policy.

Of those charges filed, 512 students were found responsible for under-age possession of use of alcohol and 179 were found responsible for violating the University’s drug policy. 44 students were found responsible for distributing alcohol to minors. (*See Appendix D: Student Code of Non-Academic Conduct*)

• **AOD Policy changes**

There have not been any notable changes to the university’s AOD policies during this reporting period. The most significant change has been the implementation of the point-system during the Fall 2012 semester. The following grid contains the point ranges the judicial board will consider for particular AOD violations (#). If a case arises where a student or group is charged with multiple violations, the board will have the discretion to consider the greatest range indicated by all of the alleged violations (for example, if there are two violations with ranges of 2-6 and 1-3 respectively, the board will consider the range of points as 1-9). The total range of points goes from 1 to 10. If a student accumulates 10 or more points, the board will likely recommend a separation from the university for a specified period of time.

Regulation	Points
Regulation 13a (Drugs):	1-5**
Regulation 13b (Underage Possession or Use of Alcohol):	1-3
Regulation 13c (Distribution of Alcohol to minors):	1-4
Regulation 13d (Possession of False Identification):	1-2
Regulation 13e (Open Container):	1-2
Regulation 13f (Sale or Dispensing without a Permit):	1-3
Regulation 13g (Operating Under the Influence):	5-10

**Distribution/sale of drugs on or off campus will result in 4-10 points.

#The point ranges outlined above will be followed except in mitigating and aggravating

circumstances where the impact of student behavior indicates a judicial response outside of the published range.

In addition to any other sanctions:

1-4 total accumulated points will result in a student receiving a “disciplinary warning”.

5-10 total accumulated points at any time will result in a student being on “disciplinary probation”.

10 or more accumulated points will result in a separation of the student from the University through either suspension or dismissal.

A student who has been found responsible for violating the Code of Non-Academic Conduct and assigned points, as a result, may decrease that number after 6 months without being found responsible for additional violations. A student with accumulated points will lose one point from their accumulated total. (A student with 6 points who is placed on probation will return to good standing after one year without any additional infractions.)

D. Early Intervention Strategies

The early intervention strategies profiled in this section include residence hall staff, student and employee assistance programs, and counseling and support groups.

• Individual Brief Motivational Intervention Sessions

The Director of Health Education holds individual Brief Motivational Intervention (BMI) sessions with students. Students can attend voluntarily, be referred by a campus partner, or be required to attend based on a judicial violation. BMI is a collaborative approach to working with people experiencing negative consequences from substance use and other challenging behaviors. BMI is a style of counseling which facilitates readiness for change by helping the person develop a schema about the positive and negative effects of their behavior. BMI is one of the proven, evidence-based practices in reducing high-risk drinking.

The individual Brief Motivational Intervention sessions began to be offered in the Fall 2011 and currently continue to be offered. During the 2011-2012 academic year, 19 individual sessions have been held. During the Fall 2012 semester, as of October 19th, 11 individual sessions have been held.

• Residence Hall Staff

Residential life student staff members are often the first responders to problems affecting students living in residence halls, apartments, and program houses. They are appropriately trained and expected to report negative or inappropriate conduct and behavior through Communication Reports, reviewed by members of the Office of Residential Life’s central staff. These reports are acted upon if the situation warrants attention by the central staff or consultation with others. All policy violations are forwarded to the Dean of Student’s office for adjudication.

• Student and Employee Assistance Programs

Health Services, the Office of Behavioral Health, the Office of Health Education, and Human Resources each provide referrals for students or employees to sources of assistance on alcohol and other drug issues.

- **Faculty and Staff Brief Motivational Intervention training session**

Colleagues across campus have raised questions and concerns about substance use by Wesleyan students. This is a complicated issue that the University is committed to addressing. As part of this commitment we offered Brief Motivational Intervention (BMI) session training for faculty and staff.

This was done in an effort to train additional staff and faculty to use BMI in their work. In order to facilitate this, WesWell hosted a BMI training session on Friday, March 23rd 2012.

Participants learned BMI techniques that included asking open ended questions, affirming, reflecting, summarizing, and developing change plans. This session also focused on how each participant could use BMI, whether in a judicial conference, in a clinic visit, in academic review, or in a general conversation with a student they are concerned about. Participants left the training prepared to implement BMI sessions. 1 faculty and 22 staff members were in attendance.

- **Therapy and support groups**

The Office of Behavioral Health offers support groups for students each semester, as demand suggests a need for such groups. The topics vary each semester and periodically include alcohol and other drug issues.

- **Screening for High-Risk drinking**

In an effort to identify students who drink in high-risk ways and provide them with appropriate education or an intervention, Wesleyan has begun to screen students using the Alcohol Use Disorders Identification Test (AUDIT), developed by the World Health Organization. Screening is currently being conducted through the following three methodologies:

Health Services – Using the AUDIT, Providers at the Davison Health Center screen patients for high risk drinking and possible alcohol dependence. They then provide the patient with an appropriate referral based on the AUDIT score. This screening process began in September 2011 and is ongoing.

Counseling and Psychological Services (CAPS) - Using the AUDIT, Therapists at CAPS screen all first time clients for high risk drinking and possible alcohol dependence. The therapist then uses this information to help guide the sessions they have with the client and make an appropriate referral if necessary. This screening process began in September 2011 and is ongoing.

Online- At four points in the 2012-2013 academic year, we will screen a sample of students using an online version of the AUDIT. The screening tool will provide immediate education and referral recommendations appropriate for each of the four possible zones a student could land in. Zone 1 will be directed to an online educational booklet, Zone 2 to the Alcohol Innerview program, Zone 3 to make an appointment for an individual BMI session, and Zone 4 to make an appointment with CAPS for an AOD assessment.

E. Assessment

• National College Health Assessment Survey (NCHA)

Wesleyan administered the National College Health Assessment (NCHA) Survey developed by the American College Health Association (ACHA) during the Spring 2012 semester. The survey was administered to a representative sample by the Office of Institutional Research, and supported by Student Affairs. Results from the AOD section of the survey are currently being utilized to inform the work of the AOD committee. The NCHA assessment will be administered bi-yearly alternating years with the CORE Survey of Alcohol and other Drug Use.

F. Prevention Initiatives

• Statewide Healthy Campus Initiative

Wesleyan University continued participation in 2010-2012 with the Connecticut Healthy Campus Initiative (CHCI), developed under the guidance of Mental Health and Addiction Services and Wheeler Clinic. Representatives from Wesleyan University continue to attend monthly coalition meetings for campus student affairs members. Meetings alternate monthly between business meetings and training opportunities. Wesleyan staff attended professional development sessions on student recovery supports, stalking on campus (presented by a Wesleyan Lt. of Public Safety), assessing suicidal thoughts and behaviors in substance abuse treatment, CT liquor control laws, and addressing cultural competence for collegiate professionals. Wesleyan staff from Public Safety, the Office of Health Education, and Davison Health Center presented a session on severe intoxication.

• Recovery@

To enhance relapse prevention services by supporting students in recovery from AOD and thus preventing them from returning to high-risk drinking, the Office of Health Education launched the Recovery@ program in January 2012. Recovery@ is a network of students and administrators who gather for mutual support as they navigate the particular challenges of recovery at Wesleyan University. The only requirement for membership is that you be a student, faculty or staff member of the University in recovery from alcohol and/or drugs. Recovery@ is not formal therapy of any kind. The primary purpose of the group is to stay clean and sober, help other members of the University do the same, and support one another in making recovery at Wesleyan enjoyable. The Recovery@ group comes together once a month during the academic year for fellowship and discussion. They support each other the rest of the month by texts, emails, social engagements and AA and NA meetings in the Middletown community. Potential members are made aware of the existence of the program through postcards and blog posts which are regularly distributed and posted. This program is ongoing.

Section 2: Statement of AOD program goals and discussion of goal achievement

Since we joined the National College Health Improvement Project's (NCHIP) learning collaborative, our AOD program has been focused on reducing high-risk drinking. Wesleyan has developed a number of short term 'studies' to test the effectiveness of different strategies on reducing high risk drinking and the second hand effects associated with alcohol abuse. These strategies have employed alcohol screenings, increased enforcement of alcohol policies, and improving the referral sanctions for students found to have violated AOD policies. A central component of this initiative is measuring the impact of various strategies, modifying the

initiatives, and continuing to measure any change. We are looking forward to the results of this initiative and what we might learn to determine what further changes we can make to our work on this issue.

Section 3: Summaries of AOD program strengths and weaknesses

Strengths

- **Policy is current**

Due to ongoing revisions to the Student Code of Non-Academic Conduct, the policy as it pertains to Alcohol and Other Drugs is current. This assists greatly in creating greater understanding of student responsibilities and expectations for behavior.

- **Greater coordination of judicial efforts**

During this reporting period, we have improved AOD enforcement and documentation procedures as well as better-integrated judicial follow up for violations of the University's AOD policies. Residential Life has further clarified expectations for student staff (resident advisors, house managers, etc.) in terms of confronting and reporting violations. Adjudication processes have also been changed such that violations are handled more expeditiously by both Residential Life staff and by the Student Judicial Board. The implementation of a central judicial database has improved access to prior judicial information, timelines of notification, and improved ability to review and interpret judicial data in comparison with previous reporting periods. The judicial database also allows better coordination and monitoring of adjudication times for cases resolved outside of the hearing process. Judicial sanctions recommended by the SJB and the Area Coordinators in past years were out of sync. Both the SJB and the Area Coordinators utilize evidence-informed educational tools in sanctioning. A more standardized, baseline sanction for AOD violations has been developed.

- **Many social and educational options exist outside the classroom**

Wesleyan University offers numerous substance-free social and educational events for students. Many of these events are student-led and assist greatly in expanding students' educational and co-curricular experiences while at Wesleyan. These also assist in developing a stronger campus community and understanding of a variety of cultural and social issues.

- **Students are highly involved in decision-making**

Due to the commitment of the University to involving students in all aspects of their education, students participate in most committees, program planning groups and other activities alongside faculty and staff on campus. This includes committees that address Alcohol and Other Drug issues, such as the Student Health Advisory Committee and the Student Life Committee, and members of NCHIP.

Weaknesses

- **Little involvement in prevention efforts outside of the Office of Student Affairs**

There is a significant lack of involvement in prevention efforts by departments and offices outside of Student Affairs, excepting Athletics and Public Safety. Involving all departments and

divisions across the campus, particularly Academic Affairs, is necessary in order to affect comprehensive and lasting environmental change.

• **AOD issues could be infused into the curriculum**

Only a small handful of academic courses address alcohol or drug issues in whole or in part, currently. Faculty members could incorporate Alcohol and Other Drug issues within their area of expertise and incorporate their findings into the curriculum. This will assist greatly in promoting a multi-dimensional understanding of AOD issues by the student body.

Section 4: Procedures for distributing AOD policy to students and employees

The Student Handbook is distributed to new students during orientation and is available to all students in an electronic format on the university's website. All returning students, faculty and staff are notified when the updated Student Handbook is available online via email.

This handbook, meets the Federal Act's guidelines for policy distribution as it includes:

1. The University's standards of conduct concerning drugs and alcohol.
2. A description of all applicable local, State, and Federal laws concerning drugs and alcohol.
3. A description of the health risks associated with the use of drugs and alcohol.
4. A description of the drug and alcohol counseling, treatment, and rehabilitation programs available at Wesleyan University.
5. A clear statement of the University's sanctions up to and including expulsion or termination of employment for violations of the standards of conduct.

All policies that pertain to students and employees are always accessible online through the Wesleyan University website at www.wesleyan.edu. Students can find the handbook and information about codes of academic and non-academic conduct, including AOD policies, on the Student Affairs website. The Human Resources office maintains an extensive site on policies, procedures, benefits, and resources for employees, including the AOD policy. New employees are referred to this web site.

Section 5: Copies of the policies distributed to students and employees

See Appendices C and D for copies of AOD policies distributed to students and employees.

Section 6: Recommendations for revising AOD programs

Effectively addressing Alcohol and Other Drug issues on a college campus is a complex and ongoing task, which requires investment from all corners of the university in order to create lasting cultural change. These efforts must be planned for strategically, based on current data and science-based methodologies, and implemented with strong support from the highest levels of the university structure. This will help ensure success in creating a campus environment which supports responsible decision making and low-risk behavior around Alcohol and Other Drugs (AOD).

In order to effect change in the culture, the university's AOD prevention efforts must go far beyond encouraging students to evaluate their personal risk for judicial violations or harm to their health. All members of the campus community must be asked to critically examine and improve their current prevention and intervention efforts, if any, in addressing Alcohol and Other Drug use within their area of responsibility or expertise.

Due to the difficulty of creating such a cultural shift, it should be understood that Alcohol and Other Drug consumption rates are not just a function of the campus culture but of the experience and environment outside of Wesleyan and as such are well-entrenched. There are, however, many indicators like judicial violations and medical transports, which we will continue to monitor to determine where and how we can improve our prevention and enforcement efforts.

WesWell the Office of Health Education, tasked with completing the federally-required Biennial Review of Wesleyan's AOD Prevention program, provides the following recommendations on prevention and intervention strategies. These recommendations provide the University with a foundation on which to build an action plan for our AOD prevention efforts. This is not intended to be a definitive list; rather it should be viewed as an opportunity to review our current efforts and impetus for continuing this challenging work.

Recommendations for Prevention & Intervention Strategies

The following recommendations are arranged into categories which reflect the current research, assessment and goals of Wesleyan's NCHIP team. They include suggestions from various committees and bodies at the University who provide input to the NCHIP team's efforts on an ongoing basis.

Education and Environment

- Increased education, presence, and late night drinking alternative programs in first year residence halls in an effort to disrupt or prevent pre-gaming.
- All students found in violation of the alcohol policy will be required to complete an educational intervention appropriate to the circumstances of the documented violation as part of their assigned sanctions.
- Continue to screen students for high-risk drinking and provide education and referrals as part of comprehensive physical and mental health care at the Davison Health Center.
- Continue Bystander Intervention training and education in an effort to disrupt the culture of assumed consent of high-risk drinking and its associated behaviors.
- In an effort to prevent relapse, support students in recovery from AOD through the Recovery@ program.
- Continue to improve and support the availability of substance-free social options for students and employees, particularly in the Usdan University Center.
- Determine where mixed messages on alcohol consumption and expectations exist and how they impact student behavior and the campus environment.
- Reconsider campus events where alcohol is present and determine if change is needed, including large scale events, such as Spring Fling and Senior Cocktails, and small events such as holiday parties, departmental receptions, and dinners. Explore positive promotion rather than negative images around these events.

- Ensure students who do not drink/use drugs (or who consume at low risk levels) to feel supported, as they may be a marginalized community on a campus with high rates of use and abuse.
- Promote involvement by faculty and staff (outside the Student Affairs division) in student life activities such as residentially-based programming, student-initiated performances and events, and Public Safety ride-alongs.
- Continue to explore and implement evidence-based methodologies for sending pro-health messages to students through campus media and other avenues.
- Create more consistent follow-up programs after Orientation for first year students; expand efforts for sophomores and above.
- Continue to offer smoking cessation support for students, faculty, and staff through one on one consultation and Freedom From Smoking® Classes.
- Continue to review judicial information regarding recommended sanctions for AOD policy violations and recommend potential changes to decrease any identified recidivism rates and improve student learning through the disciplinary process.
- Utilize the central judicial database to improve tracking of judicial information with regard to AOD violations longitudinally to inform potential policy recommendations.
- Examine methods and frequency of data collection on student AOD consumption, perceptions, attitudes, and opinions to ensure we are collecting the data needed to direct AOD prevention efforts effectively.
 - The Core Survey on Alcohol and other Drug Use is currently conducted every four to five years; this should be increased or alternated every two years with a lifestyle instrument such as the National College Health Assessment, which addresses a wider range of health issues.
 - The National College Health Assessment (NCHA-II) data is under review (survey date – April 2010)
 - NCHIP monthly data collection.
- On an ongoing basis, assess the effectiveness of documented cases of treatment referrals and disciplinary sanctions imposed on students and employees.
- Conduct benchmarking of peer institutions that have been successful in the area of AOD (what successes have they seen, how has it been measured, what aided their success, etc.).
- Look to correlate consumption patterns w/ GPA, class year, and varying demographics and identity groups.

Appendix A: Academic Courses

Accessed via WesMaps, October, 2012

Biol 324: Neuropharmacology

The molecular mechanisms underlying the adaptive (and sometimes maladaptive) nature of brain function are beginning to be elucidated. This course is designed to provide the student with a mechanistic understanding of normal and pathological brain function and how drugs modulate neurological and psychiatric disease. Topics will include cell biology of the neuron synaptic transmission; neurotransmitters; modulation of synaptic transmission; tyrosine kinases; G-protein-coupled receptors serotonin, dopamine, acetylcholine, opiate receptors; cell death; and molecular mechanisms of neurological diseases. The first three-quarters of the course will be in lecture format. The remaining quarter will be in the format of a journal club where selected articles will be presented and discussed.

SISP 263: Regulating Health

WARNING: The government is concerned with your health. This course examines how the law has been used as a tool for promoting good health and preventing harm. We will explore questions such as: Why do governments try to keep citizens healthy? Why do they guide some behaviors and not others? What happens when diseases breach national boundaries, and when public health is at odds with individuals' rights? We will focus on debates surrounding food, the environment, drugs, and disease, as we explore how health regulations affect our daily lives at school, work, and home.

ECON 308: Healthcare Economics

In this course, we examine the United States' healthcare system in some detail, with some attention to useful international comparisons. We will start with the questions: What makes healthcare provision different from that of other goods and services? And how are these differences reflected in the structure of the healthcare industry in the United States? We will use our new understanding of the U.S. health system to evaluate various reforms that have been proposed. Other questions that we will address include, What is health? How is it measured and valued? What do we get for the money that we spend on health care? And how do we decide whether what we get is a "good value" or not?

HIST 393: Materia Medica: Drugs and Medicines in America

This course investigates the identification, preparation, and application of drugs and medicines in the United States, emphasizing the period before the 20th-century institutionalization of corporate research and development. Topics include colonial bioprospecting for medicinal plants, the development of the international drug trade, and the formation of national pharmaceutical markets. Participants will explore the production of medical knowledge through local practice, public and private institutions, trade and commerce, and regulation.

MB and B 119: Biology and Chemistry in the Modern World: A Survey of Drugs and Disease

This course will cover a wide range of topics of current interest that are at the intersection of biology and chemistry. In particular, the molecular basis of issues related to drugs and disease will form a focus of the course. Topics to be discussed will include psychoactive and performance-enhancing drugs, mad cow, cancer, viral and bacterial diseases, and the chemistry of foods.

HIST 396: Mapping Metropolis: The Urban Novel as Artifact

Taking as its starting point an obscure detective novel published in 1874 and subtitled *A Tale of Hartford and New York*, this seminar will explore the many facets of urban culture in Gilded Age America. With a primary focus on New York City, students will reconstruct the social, commercial, institutional, and intellectual worlds that constituted the nation's metropolis in the aftermath of the Civil War. Clues in the novel suggest ways of mapping class, gender, and race in the city's social geography. The novel comments perceptively and acerbically on manners, mores, religion, politics, and publishing in the Gilded Age. Institutional structures to be investigated include fashionable churches, department stores, charity nurseries for working mothers, jails, and police courts. Kleptomania, epilepsy, and alcoholism figure prominently in the narrative. Popular entertainment in bourgeois parlors, saloons, and gaming halls enlivens the text. The novel also charts the beginnings of the colonial revival movement with its emphasis on historic preservation. The class will collectively construct an archive of primary sources that reveal the understandings of city life that prevailed among the novel's original audience. The seminar offers students the opportunity to pursue original research as principal investigators on key topics in urban cultural history.

MB&B 303: Receptors, Channels, and Pumps: Advanced Topics in Membrane Protein Structure and Function

Membrane proteins constitute a third of all cellular proteins and half of current drug targets, but our understanding of their structure and function has been limited in the past by technological obstacles. In spite of this, the past 10 years have yielded a wealth of new membrane protein structures that have helped to uncover the mechanistic underpinnings of many important cellular processes. This class will examine some of the new insights gained through the various techniques of modern structural biology. We will start with a general review of membrane properties, structural techniques (x-ray crystallography, EM, NMR, etc.), and protein structure analysis. We will then look at common structural motifs and functional concepts illustrated by different classes of membrane proteins. Students will read primary literature sources and learn how to gauge the quality and limitations of published membrane protein structures. These tools will be generally applicable to evaluating soluble protein structures as well.

SOC 231: Criminology

This course provides an introduction to the sociological study of crime and punishment. Crime is rarely far from news headlines or the public imagination. Every day, reports of drug dealing, muggings, and homicide fuel anxiety and debate about the problems of law and order. Here we

consider such debates in the context of both a vision for a just society, and the everyday workings of the criminal justice system. The course is divided into three sections. We begin with an introduction to the historical meanings and measures of crime in society. We then situate the modern United States within this history. In part two we become familiar with the major ways that social scientists think about criminality and crime prevention. In part three we turn to considerations of punishment. We ask how punishment is conceptualized in the United States and other nations; whether the American system of mass imprisonment is effective; and how we might envision improvements and alternatives.

SOC 259: The Sociology of Medicine

Why do we trust our doctors? Is it because of the knowledge they possess, the demeanor they cultivate, the places in which they work, or the institutions they represent? This course is an introduction to social studies of health and illness. We will explore how different forms of medical authority are encouraged or undermined through the efforts of big organizations (such as drug companies, insurance providers, governments, and professional associations) and the routines of everyday life (such as visits to the doctor's office and health advocacy efforts). We will also consider how inequalities and biases might be built into medical knowledge and institutions, and examine what happens when citizens question medical authority through social movements. The readings will focus on modern Western medicine, but we will also read several historical and cross-national studies for comparison. The course does not require science training.

SOC 315: The Health of Communities

Our focus will be on understanding the role of social factors (such as income, work environment, social cohesion, food, and transportation systems) in determining the health risks of individuals; considering the efficacy, appropriateness, and ethical ramifications of various public health interventions; and learning about the historical antecedents of the contemporary community health center model of care in response to the needs of vulnerable populations. We will explore the concept of social medicine, the importance of vocabulary and the complexity of any categorization of persons in discussions of health and illness, ethical issues related to in the generation and utilization of community-based research, the role of place in the variability of health risk, and the idea of just health care. Enrolled students will serve as volunteer research assistants (three-four hours/week), participating in the design and implementation of research projects developed by the Community Health Center of Middletown (CHC) that document and/or support their efforts to improve the health of our local community. Previous class projects have addressed topics such as youth empowerment efforts to reduce the risk of obesity, the use of tele-ophthalmology in primary care; the effectiveness of pharmacist intervention in reducing/eliminating health disparities in outcomes for African American patients, evaluation of early behavioral health intervention in school settings for children, assessment of treating opioid addiction in primary care settings; and assessment of the effectiveness of a model of group prenatal care.

NS&B326: Drugs of Abuse From Neurobiology to Behavior

This course provides a comprehensive analysis of the neuroscience of substance abuse. This is a lecture course with seminar-style student presentations and group discussions. The lecture portion of the course emphasizes basic principles of neuropharmacology, distribution and elimination of drugs, drug-receptor interactions and dose-response relationships, structure of neurons, neurophysiological mechanisms involved in synaptic activity, and the distribution of specific neurotransmitter systems. With a focus on pharmacokinetics, research methodology, and addiction processes, the mechanism of drug action as a basis for evaluation of behavioral functions will be explored. The seminar portion of the course will focus on the neurobiological actions of specific drug classes, including stimulants, depressants, hallucinogens, and opioids.

BIOL335: Research Approaches to Disease

In recent decades, research has expanded our understanding of the contribution of genetic and developmental factors and disease vectors in many human diseases and abnormalities. This knowledge shapes how we manage and treat disease. This course will examine how scientists investigate the cell and genetic biology of disease using different cell and organism models. Each student will prepare a seminar on one topic (for example, type II diabetes, cholera, cervical cancer, retinoblastoma, malaria, spina bifida, alcoholism, etc.) that will be followed by a group discussion and exploration of recent peer-reviewed research. This course will enhance students' interpretive understanding of research and challenge the need for and ethical considerations of research.

SPAN282: Narratives of Crisis: Violence and Representation in Contemporary Latin American Literature

How have Latin American literature, film, and performance of the past three decades articulated the many forms of violence in a region facing complex armed conflicts, wars deployed around the drug trade, and diverse forms of political unrest? Focusing on Colombia, Peru, Central America, and Mexico, we will investigate how contemporary cultural artifacts reflect on the linguistic, ethical, and social dimensions of subjectivity in times of crisis and provide productive analytical frameworks to examine violence, history, and memory in the region.

CHEM321: Biomedical Chemistry

This course is designed to explore the molecular basis of disease. Topics will reflect the importance of chemistry and biochemistry in the advancement of medicine today and will include treatment of metabolic disorders, problems and benefits of vitamin supplementation, and rational drug design and mode of action.

PSYC334: Psychopharmacology

The purpose of this course is to examine basic principles of psychopharmacology. After reviewing the bases of neural communication and functioning, the use and/or misuse of various classes of drugs will be reviewed. Special emphasis will be given to the role of drugs in treating psychological disorders. Topics to be discussed include treatment of psychological disorders, analgesic medications, pharmacology of drug abuse, and psychopharmacology of special

populations (adolescents and geriatric populations). Class activities include lectures and discussions.

SISP123: The Magic Bullet: Drugs in Modern America

Pharmaceuticals are a powerful presence in our daily lives. Turn on the TV for 15 minutes and you are likely to encounter numerous drug ads; scan the news headlines and you are sure to see reports on drug cost debates, latest miracle cures, or jarring tales of terrifying side effects. We look to drugs for everything from curing minor aches and pains to enhancing our personality. Are we hooked on the 'quick fix'? What comes first--the drug or the condition which it is intended to treat? To begin to answer these questions, one first needs to understand something about the dynamic processes through which drugs are developed, manufactured and marketed. These are the kinds of issues that will come up in the course, as exemplary of the questions that scholars in the social studies of medicine bring to their inquiries.

Appendix B: Student Code of Non-Academic Conduct on Illegal Drugs and Alcohol

Available at: <http://www.wesleyan.edu/studentaffairs/studenthandbook/standardsregulations/code-of-non-academic2.html>

ILLEGAL DRUGS AND ALCOHOL

Standards of Conduct

The University prohibits the underage and unlawful possession, use, or distribution of illicit drugs and alcohol by students or by employees on university property or while participating in any university-sponsored activity. The University will impose disciplinary sanctions on students and employees who violate the standards. Disciplinary sanctions that may be imposed on students include warning, disciplinary probation, community service hours, suspension, and dismissal. The University may also require a student who violates these standards to participate in a program of rehabilitation. Whenever the University determines that a student has violated one of the standards, it will consider as a possible sanction referral of the matter to law enforcement officials for prosecution. Although sanctions will vary according to the specific circumstances of the case, and greater or lesser sanctions imposed depending on these circumstances, it is nonetheless important for students to understand the potential consequences of violating the University's policies on drugs and alcohol.

Financial Aid Eligibility: A student who has been convicted of any offense under Federal or State law involving the possession or sale of a controlled substance will not be eligible to receive certain grants, loans or work assistance from the time of conviction through a period of ineligibility. The Dean of Students Office will monitor and report any known conviction to the Financial Aid Office.

The Student Judicial Board has provided the following information related to typical sanctions for students:

First Offense

For minor violations, the student may receive a disciplinary warning via a simplified procedure (pursuant to section III-D-3 of the Code of Non-Academic Conduct). For serious violations, the student may receive more severe sanctions.

Second Offense

The student may receive a period of disciplinary probation and an educational assignment. As permitted by the 1998 Reauthorization of Higher Education Act, Wesleyan may notify parents when a student is placed on disciplinary probation as a result of an alcohol/drug policy violation (generally this occurs as a result of a second offense or serious first offense).

Third Offense

If such an offense occurs during the probationary period, the student may be suspended for at least one semester. If the offense occurs after the probationary period, the student may receive an extended period of disciplinary probation, an educational assignment, and community service.

Local, State, and Federal Legal Sanctions

Numerous local, state, and federal laws govern the possession, use, and distribution of illicit drugs and alcohol. The following is a brief overview of those laws. This overview cannot be an exhaustive or definitive statement of the various laws, but rather is designed to indicate the types of conduct that are against the law and the range of applicable legal sanctions. It is important to note that, while the activities covered by state, local, and federal law and those covered by Wesleyan's rules are largely the same, the laws and the rules operate independently and do not substitute for each other. Wesleyan may pursue enforcement of its rules whether or not legal proceedings are under way or in prospect, and it may use information from third-party sources, such as law enforcement agencies and the courts, to determine whether university rules have been broken. The University will make no attempt to shield members of the Wesleyan community from the law.

Local Laws

A. Alcohol

1. Use of Alcoholic Beverages Prohibited (see Middletown Code of Ordinances, 18–9)

a. The possession and/or drinking of alcoholic beverages, including, but not limited to, wine and beer, by any person on any city-owned property under the jurisdiction of the Parks and Recreation Department of the city of Middletown shall be prohibited, except that the possession and/or drinking of wine and/or beer shall be allowed in posted areas and at posted times, or by permit, at Veterans Memorial Park, Area A, and Crystal Lake.

b. No person under the age of 21 shall be in possession of alcohol on public or private property.

c. Beer kegs on any city property under the jurisdiction of the Parks and Recreation Department of the city of Middletown shall only be permitted by special permit.

d. Any person violating these provisions shall be fined in an amount not to exceed \$90 per violation per day.

2. Consumption and Possession of Alcoholic Liquor Within and Upon Public Highways, Sidewalks, and Parking Areas (see Middletown Code of Ordinances, 25–47)

a. Except as permitted by the ordinance, no person shall consume any alcoholic liquor or possess with the intent to consume any alcoholic liquor upon or within the limits of any public highway or sidewalk or parking area within the city of Middletown.

b. Consumption of alcoholic liquor or possession with intent to consume alcoholic liquor shall not be permitted in parked vehicles within or upon public highways, streets, or parking areas under any circumstances.

c. Any person violating this ordinance shall be fined not more than \$99 for each offense.

State Laws

A. Drugs

1. Penalties for Illegal Manufacture, Distribution, Sale, Prescription, or Dispensing of Controlled Substances

a. Hallucinogenic or narcotic substances other than marijuana. First offense: Prison sentence not to exceed 15 years and/or fine not to exceed \$50,000. Second offense: Prison sentence not to exceed 30 years and/or fine not to exceed \$100,000. Each subsequent offense: Prison sentence not to exceed 30 years and/or fine not to exceed \$250,000. (See Connecticut General Statutes 21a-277.)

b. Other controlled substances excluding marijuana. First offense: prison sentence not to exceed seven (7) years and/or fine not to exceed \$25,000. Each subsequent offense: Prison sentence not to exceed 15 years and/or fine not to exceed \$100,000. (See Connecticut General Statutes 21a-277.)

c. Examples of such substances include, but are not limited to, mescaline, peyote, morphine, LSD, cocaine (including “crack”), opium, amphetamines, and heroin. For a complete definition of controlled, hallucinogenic, and narcotic substances, see Connecticut General Statutes 21a-240.

2. Penalties for Illegal Manufacture, Distribution, Sale, and Prescription or Administration by Nondrugdependent Person

a. Minimum prison term of not less than five years and maximum term of life imprisonment for the manufacture, distribution, sale, or possession or transportation with the intent to sell of one ounce or more of heroin, methadone, or cocaine (including “crack”), or one-half gram more of cocaine in a freebase form, or five milligrams or more of LSD. (See Connecticut General Statutes 21a-278.)

b. Minimum prison term of not less than five years for first offense, and for subsequent offenses, minimum prison term of not less than 10 years, for the manufacture, distribution, sale or transportation or possession with the intent to sell any narcotic, hallucinogenic or amphetamine-type substance, or one kilogram or more of a cannabis-type substance (which includes marijuana). (See Connecticut General Statutes 21a-278.)

3. Penalties for Illegal Manufacture, Distribution, Sale, Prescription, or Administration Involving Minors (See Connecticut General Statutes 21a-278a.)

a. Mandatory two-year prison term for the distribution, sale, dispensing, offering, or giving of any controlled substance to another person who is under 18 years of age and who is at least two years younger than the person violating the statute.

b. Mandatory three-year prison term for the manufacture, distribution, dispensing, sale, transportation or possession with intent to sell, offering or gift of any controlled substance on or within one thousand feet of the real property comprising a public or private elementary school.

4. Penalties for Possession (see Connecticut General Statutes 21a–279)

a. Any person who possesses or has under his control any quantity of any narcotic substance, including marijuana, for a first offense may be imprisoned not more than seven years and/or fined not more than \$50,000, and for a second offense, may be imprisoned not more than 15 years and/or fined not more than \$100,000.

b. A variety of sentences are available under this statute depending on the substance possessed, its quantity, and the background of the offender.

B. Alcohol

1. Sale of Alcohol to Minors and Intoxicated Persons (see Connecticut General Statutes 30-86)

a. Any permittee who sells or delivers alcoholic liquor to any minor, or to any intoxicated person, or to any habitual drunkard shall be fined not more than \$1,000 and/or imprisoned not more than one (1) year.

b. Any person who delivers or gives alcoholic liquor to any minor, except on the order of a practicing physician, shall be fined not more than \$1,500 and/or imprisoned not more than 18 months.

2. Inducing Minors to Procure Liquor (see Connecticut General Statutes 30-87)

a. Any person who induces any minor to procure alcoholic liquor from any person permitted to sell the same shall be fined not more than \$1,000 and/or imprisoned not more than one year.

3. Misrepresentation of Age (see Connecticut General Statutes 30–88a)

a. Any person who misrepresents his age or uses or exhibits for the purpose of procuring alcoholic liquor an operator’s license belonging to any other person shall be fined not less than \$200 nor more than \$500 and/or imprisoned for not more than 30 days.

4. Procuring Liquor by Persons Forbidden and Public Possession of Liquor by Minors (see Connecticut General Statutes 30-89)

a. Any person to whom the sale of alcoholic liquor is by law forbidden who purchases or attempts to purchase such liquor or who makes any false statement for the purpose of procuring such liquor shall be fined not less than \$200 nor more than \$500.

b. Any minor who possesses any alcoholic liquor on any street or highway or in any public place or place open to the public, including a club that is open to the public, shall be fined not less than \$200 nor more than \$500.

5. Dram Shop Act (see Connecticut General Statutes 30–102)

a. If any person, by himself or his agent, sells any alcoholic liquor to any intoxicated person, and such purchaser, in consequence of such intoxication, thereafter injures the person or property of another, such seller shall pay just damages to the person injured, up to the amount of \$20,000, or to persons injured in consequence of such intoxication up to an aggregate amount of \$50,000.

6. Operating a Motor Vehicle While Under the Influence of Liquor or Drug or While Impaired by Liquor (see Connecticut General Statutes 14-227a)

a. Any person who operates a motor vehicle while under the influence of intoxicating liquor or drug or both or who operates a motor vehicle while his ability to operate is impaired by the consumption of intoxicating liquor shall, for conviction of a first violation, be fined not less than \$500 and be imprisoned for not more than six months, and shall have his operator's license suspended for one year.

b. This statute provides for greater penalties for subsequent offenses.

Federal Laws

A. Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance

1. Penalty for Simple Possession (See 21 U.S.C. 844[A].)

First conviction: Up to one 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 two 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 three years and fined at least \$5,000 but not more than \$250,000 or both.

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

a. First conviction and the amount of crack possessed exceeds five grams;

- b. Second crack conviction and the amount of crack possessed exceeds three grams;
- c. Third or subsequent crack conviction and the amount of crack possessed exceeds one gram.

2. Criminal Forfeitures (See 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 one-year imprisonment. (See special sentencing provisions regarding crack.)

3. Forfeitures (See 21 U.S.C. 881[a][4].)

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

4. Civil Penalties for Possession of Small Amounts of Certain Controlled Substances (See 21 U.S.C. 844a.): Civil fine up to \$10,000 (pending adoption of final regulations).

5. Denial of Federal Benefits to Drug Traffickers and Possessors (See 21 U.S.C. 853a.) Denial of federal benefits, such as student loans, grants, contracts, and professional and commercial licenses up to one year for first offense, up to five years for second and subsequent offenses.

6. Firearm Forfeiture (See 18 U.S.C. 922[g].) Ineligible to receive or purchase a firearm.

7. 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.

Health Risks Associated with Alcohol Use

While most college students either do not drink or drink moderately, some students report high risk alcohol consumption.

The U.S. Surgeon General and the U.S. Department of Health and Human Services have identified high risk drinking among college students as a major public health problem, which is neither victimless nor cost-free.

Consuming alcohol at high risk levels is more likely to result in personal consequences such as:

- hangovers, vomiting or nausea
- memory loss (“blacking out”) or loss of consciousness (“passing out”)
- being criticized for their drinking behaviors
- regretting actions taken while under the influence of alcohol
- damage to relationships with friends and family
- unplanned or unsafe sexual activity
- missing classes

- poor performance on an exam or project
- lower grade point averages
- driving while intoxicated
- hospitalization due to injury or severe intoxication
- citation by university judicial system or arrest by local police
- alcohol dependency or addiction
- death due to injury, accident or alcohol overdose

Those who do not drink or do not abuse alcohol may experience secondhand consequences from others' excessive alcohol use. In addition to physical and sexual assault and damaged property, these consequences may include unwanted sexual advances and disrupted sleep and study.

Many students carry an expectation that there are a subset of drinking behaviors relegated to the college years. While it is often the case that we “grow out” of potentially perilous drinking behaviors, there may be patterns set which have lasting impacts. While only a small minority of students will develop clinical alcoholism, many more will suffer avoidable negative impact on relationships and studies. (Information adapted from the Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism. “A Call to Action: Changing the Culture of Drinking at U.S. Colleges,” April 2002. Available at www.collegedrinkingprevention.gov.)

Health Risks Associated with Illicit Drug Use

Similar to alcohol, someone who uses illicit drugs on a regular basis is at increased risk for experiencing negative consequences (see “Health Risks Associated with Alcohol Use,” above). These consequences can vary greatly depending on the substance, the quantity consumed, if it is combined with alcohol or other substances, and the frequency of consumption. Some consequences may include the following:

- Mental and physical health problems, including lowered resistance to disease/illness, Increased risk of ulcers, heart disease, and cancers of the liver, mouth, throat and stomach, memory loss, anxiety disorders, phobias, and depression.
- Increased risk of serious injury to self or others, due to fighting, sexual assault, driving under the influence, homicide and suicide.
- Increased likelihood of engaging in unprotected/unsafe sex, due to impaired judgment which may result in unplanned pregnancy and/or infection with a sexually transmitted disease.
- Increased likelihood of developing an addiction, particularly those with a family history of alcohol or other drug addiction. They are at least four times more likely to develop an addiction.

- Increased likelihood of death. Drug use increases the odds of death from accidental or intentional drug overdoses as well as participation in other unsafe behaviors (e.g., driving under the influence).

Multiple drug use: Drugs, by definition, impact the body’s physiologic processes by chemical means. These interactions may be unpredictable, especially when the constituents of drugs are partially unknown (as with street or club drugs), or of unexpected intensity as when prescription drugs are misused. Such effects are especially problematic when drugs are mixed or combined with alcohol or with other prescription or herbal medications a student may be taking.

At best, such an outcome is frightening or uncomfortable; at worst it could lead to unintended effects as detailed above. In addition to these risks, there is the possibility of addiction to behavior patterns or physical addiction, both of which can yield devastating impact on family, finances, health, etc.

The charts “Controlled Substances—Uses and Effects” (see Appendix B) provide additional information on the uses and effects of controlled substances.

(Information adapted from McDowell, U. and Futris, T., “Adolescents at Risk: Illicit Drug Use.” Department of Human Development and Family Science, The Ohio State University, 2002; and C. Kuhn, S. Swartzwelder and W. Wilson, “Buzzed: The straight facts about the most used and abused drugs from alcohol to ecstasy,” 1998.)

Alcohol and Other Drug Prevention and Education for Students

WesWELL, the Office of Health Education | Davison Health Center, 327 High Street x2466, www.wesleyan.edu/weswell

WesWELL, the Office of Health Education, coordinates alcohol and other drug prevention education activities. These efforts consist of educational outreach activities with the goal of informing and educating the Wesleyan community about the use and abuse of alcohol and other drugs. The program is aimed at creating an environment on campus in which responsible choices about alcohol and drug use are supported. Some strategies include:

1. The director of health education hires a team of student Peer Health Advocates who create peer-led outreach activities on a range of health issues, including alcohol and other drugs. They design and disseminate a variety of activities and materials, assist the director in planning prevention activities, and help staff the WesWELL Office.
2. The health education staff offers informative and interactive programs during New Student Orientation, residentially-based workshops throughout the year, and sponsors awareness events and speakers, often in collaboration with other departments or student organizations.
3. The health education staff supports students referred for educational follow-up as a result of alcohol and other drug policy violations. This may be a one-on-one meeting with the director, participation in a web-based AlcoholEdu for Sanctions program, or completing university service hours.

4. The director of health education conducts Residence Life student staff training and in-services, assists with event staff training, and supports the training needs of other departments and groups on alcohol and other drug issues as requested.
5. WesWELL coordinates the HealthFull Words Fund, which provides funding for student organizations for educational events on health issues, including alcohol and other drugs.
6. The office maintains an in-house resource library that includes pamphlets, books, journals, and DVDs, and access to appropriate Internet-based resources via the WesWELL Web site: www.wesleyan.edu/weswell/ and blog: weswell.blogs.wesleyan.edu.
7. The director of health education serves as a resource and an advisor to the Well-Being community, which includes students who opt to live in alcohol- and drug-free housing.
8. The office regularly assists in conducting research on students' attitudes and behavior regarding alcohol and other drug use.

A. Identification, Intervention, and Referral of Students with Substance Abuse Problems

Health Services and other Student Affairs and Deans' Office staff are trained to identify students who may have substance-abuse problems and can intervene, if appropriate, to refer these individuals to the Office of Counseling and Psychological Services (CAPS) or to a local treatment center for assessment and treatment, if necessary. The Residential Life student staff and the Peer Health Advocates may also refer students to Health Services and CAPS for problems with alcohol and other drugs.

Additionally, students who violate the University's Alcohol and Other Drug Policy may be referred by the Student Judicial Board (SJB) to meet with staff in Health Services and/or CAPS for an evaluation/ assessment or ongoing therapy.

B. Ongoing Support for Students in Recovery

Professionals are available in CAPS for ongoing counseling and support. Twelve-step support programs are available locally; for more information contact the Office of Health Education. Students in recovery have the option to live in substance-free housing available through the Office of Residential Life.

Alcohol and Drug Counseling and Treatment for Students

Davison Health Center, 327 High Street | x2470, www.wesleyan.edu/healthservices

The Davison Health Center serves as an important point of first contact for many students. The Health Center staff are well-attuned to the direct and indirect effects of alcohol and other drugs on students' lives and factor this in virtually every clinical encounter. Educating and advising students on the use of alcohol and other drugs occurs directly when medical history or exam suggest that their use may be having an impact on physical, academic or social functioning and indirectly as when students are advised to avoid alcohol use to promote recovery from a viral

illness. When necessary, students are referred to the Office of Behavioral Health or other substance abuse resources.

Office of Counseling and Psychological Services (CAPS) | Davison Health Center, 327 High Street | x2910, www.wesleyan.edu/obhs

The drug/alcohol treatment program of CAPS is designed to meet the varied needs of students with substance abuse problems, and the program is designed to deal with different groups of students: those who are self-referred, those who are referred by other offices and members of the university community and those who are returning to campus following treatment for substance abuse.

The CAPS drug/alcohol program consists of four components: consultation and assessment, voluntary treatment, drug awareness education, and an individualized reentry program.

A. Consultation and Assessment

The assessment consists of one to two sessions with a therapist who assesses the nature of the drug/alcohol use and makes explicit recommendations regarding treatment if that is indicated. The consultation portion of the program is designed to be used by students who have concerns about their drug/alcohol use but who might be reluctant to seek treatment. Any member of the university community can also refer students directly to the CAPS program.

B. Voluntary Treatment

Treatment begins with an assessment of the nature and extent of drug/alcohol use and the formulation of a treatment plan, which may include individual therapy, AA/NA meetings, and group therapy. When outpatient therapy is insufficient to meet the needs of the student, a referral to an inpatient facility is made. In those instances, careful consideration is given to the student's support networks, to family finances, to the type of program, and to post rehabilitation requirements before any recommendation is made.

C. Individualized Reentry Program

This program is for those students who are returning to the University following treatment (usually inpatient) for drug/alcohol abuse. When the student returns to campus, he/she will meet with a therapist to develop an individualized plan for his/her successful return to the University. This plan will be coordinated with the treatment facilities with which the student was involved.

Policy Review

The University will review the Illegal Drugs and Alcohol Policy at least every two years to assess its effectiveness and ensure that disciplinary sanctions are consistently enforced. Changes in the policy will be implemented as needed following each review.

Appendix C: Employee Alcohol and other Drugs Policy

Available at: http://www.wesleyan.edu/hr/wesleyan_handbook.pdf

Accessed September 26, 2012.

ALCOHOL AND ILLEGAL DRUGS POLICY

Wesleyan University prohibits:

- Working while under the influence of alcohol or illegal drugs; and
- Unlawful possession, use, or distribution of illegal drugs on University property or while participating in any University-sponsored activity.

NOTE: Any employee is required to notify the Director of Human Resources within five days of any criminal drug conviction for a violation in the work place or during work hours.

Violation of this prohibition will result in discipline up to and including termination. In some limited instances, and in addition to other available measures, the University may require employees who violate this section to participate in rehabilitation programs outside the University as a condition of continuing employment. Page 24 of 25

For help with problems of drug and alcohol abuse, please contact the Wesleyan University Employee Assistance Provider (EAP). For more information, please refer to:

<http://www.wesleyan.edu/hr/benefits/eap.doc>.

Appendix D: Judicial Reports Summarizing Violation and Sanction Data

Executive Summary of 2010-2011 Judicial Report

During the current academic year (2010-2011), the Student Judicial Board (SJB) processed 330 documented reports warranting judicial follow-up which involved 695 students. Of those students, 574 appeared before the SJB once while 121 appeared between 2 (93) and 6 (1) times. Those reports were primarily submitted by Public Safety (227), Residential Life (74), and Fire Safety (58); of the 330 documented incidents, 28 were documented by more than one department. After reviewing the incident reports, the student co-chairs of the SJB referred 160 cases to judicial conferences with a residential life professional staff member or to the dean of students office, 97 cases to simplified hearings, 13 cases to full hearings and 61 cases to other methods of resolution. Those methods include cases resolved without formal judicial follow-up as is the case with students transported to the hospital due to severe intoxication, administrative panels for cases involving alleged violations of the sexual assault and sexual misconduct policy or through interim administrative boards when the board could not convene or if a case presented personal conflicts for the majority of the SJB members.

The cases referred to judicial conferences with professional staff in residential life were generally first time offenses or minor infractions of residential standards. Of the 695 students referred to the SJB, 348 (50%) had their cases resolved through a judicial conference. The alleged violations in those cases were primarily “privacy and tranquility” (162), “property” (28), “underage possession or use of alcohol” (139) and violations of the social event registration guidelines (145). Sanctions imposed as a result of a judicial conference have a limited scope and must be agreed upon by all parties. Because of these factors sanctioning through judicial conferences typically results in disciplinary warnings (218) along with an educational sanction (25) or service hours (19). Staff resolving judicial conferences issued disciplinary probation in 21 cases. During the current reporting period, judicial conferences were resolved 11 days (median) after the incident was documented. There continue to be cases which are not resolved as quickly; however, more effective use of the judicial tracking software and consistent communication should help to further reduce those instances.

Cases referred to the SJB and scheduled as simplified hearings are adjudicated by three student members of the Board. These cases can involve any violation of the Code of Non-Academic Conduct (CNAC) with the exception of the most serious violations. Simplified hearings are generally convened for students who have two or fewer prior violations, who are not currently on disciplinary probation or for students who have not appeared before the SJB for a significant period of time and are in good judicial standing. Of all of the students who had judicial cases, 257 (37%) were scheduled for a simplified hearing. Simplified hearings accounted for 35% of the scheduled hearings or meetings convened during the current reporting period. The charges most commonly addressed through a simplified hearing are violations of the alcohol or other drug policy (324), “privacy and tranquility” (77), “property” (73) and various departmental regulations (52). Simplified hearings were adjudicated 14 days (median) from the date of the incident report; this includes weekend days when the SJB did not meet. The timeliness of hearings continues to be a strength of the SJB and is a testament to the dedication the students show during those times of the year, generally the early fall and the late spring, when case volume peaks. The students serving on the SJB are always careful and contemplative when considering possible sanctions; however, there are still a number of students who receive multiple warnings for similar violations, in particular when secondary cases appear to be minor

violations. This has, however, continued to present difficulties when some students perceive that the repeated warnings have little consequence to them.

Those cases that the co-chairs determined to be more serious or more complex than what could be resolved through a simplified hearing were referred to the SJB and scheduled as full hearings. Full hearings require five student members of the SJB and two advisors, usually one faculty advisor and one administrative advisor. Charges considered in a full hearing can cover the full spectrum of the CNAC as full hearings can be convened to address repetitive behavior regardless of the perceived severity of the incident. Full hearings also allow the SJB to consider the full range of sanctions as a means to address those students found responsible for violating the CNAC. The most common charges brought to a full hearing are those which involve student safety; in the current reporting period the SJB addressed “driving under the influence” (1), “harassment and abuse” (12) and significant property violations (8). Other issues include repeat violations of “privacy and tranquility” (7), repeat violations of the alcohol and other drug policy (8) and reports which indicate non-compliance (6). Of these cases, there were 22 students who were charged with violating the CNAC and referred to 13 full hearings; this represents 3% of the students referred and 6% of the hearings or meetings scheduled through the SJB. Full hearings were adjudicated in 12 days (median) from the date of the reported violation.

There were 61 cases that were referred to the SJB and were resolved through alternate methods. The bulk of the cases include those students who were transported to the hospital due to severe intoxication (55), or cases involving individuals who presented conflicts of interest for too many Board members to hear the case. There were 3 cases left to be adjudicated at the conclusion of the reporting period. Two of those cases will be resolved in the summer and one has been referred to the SJB for a hearing in the fall.

Alcohol use and abuse continues to be a major issue in cases which warrant judicial follow-up through the SJB. Alcohol or other drug use was determined to be a contributing factor in 76% of all violations processed by the SJB. This includes those cases where students were charged with violating the alcohol policy or the drug policy; it also includes cases in which the alcohol policy may not have been violated but the presence or consumption of alcohol was determined to be a contributing factor.

The students who serve the University as members of the SJB do so voluntarily and diligently. During the academic year, the co-chairs of the Board meet once a week to review all judicial reports and determine charges to be filed and the most appropriate method of adjudication. The full Board meets once per week to review cases to be scheduled to insure there are no conflicts of interest. Hearings are typically scheduled once or twice a week (depending on the time of year) and additionally as needed. Given the time dedicated to reviewing incident reports and scheduling cases, as well as the expedience at which those cases have been adjudicated, those students, staff and faculty involved in the judicial process should be proud of the role they have played in upholding Wesleyan’s community standards.

The following summarizes information pertaining to cases adjudicated by the Student Judicial Board (SJB) and The Residential Life Area Coordinator Staff during the 2010-2011 academic year.

Judicial Volume

During this reporting period, there were 330 cases or incidents referred to the Student Judicial Board. These cases involved 695 students and 1223 alleged violations of the Code of Non-Academic Conduct (CNAC). When compared with the same period last year, the data indicates

a 24% decrease in the number of cases the SJB processed. There was also a 19% decrease in the number of reported violations while the number of students involved in those cases and reported violations decreased by 28%.

There was a significant decrease in all areas of SJB case volume; the co-chairs of the SJB recommended informal follow-up through Residential Life or the Dean’s office when students demonstrated a significant level of cooperation when confronted with behavioral concerns. This was most often the case when Public Safety responded to noise complaints during weekend hours when students could be expected to be producing more noise due to an increased level of activity. These referrals might account for some of the decrease in volume; however, it does not provide a complete explanation. Numerous factors including increased vigilance and early intervention by Residential Life staff and Public Safety, weather, and academic work-load likely all contributed.

Reporting

There continues to be significant collaboration between the Residential Life student staff and the Office of Public Safety; that collaboration also extends to Physical Plant staff members who work with Residential Life to maintain compliance with Fire Safety regulations in residential areas. There were 28 jointly reported incidents during the current reporting period; Resident Advisors and House Managers are communicating their reports of student behavior through Communication Reports rather than relying solely on the Public Safety Officers to document incidents which resulted in 16 incidents being documented by both offices. Eleven incidents were jointly documented by Fire Safety and either Residential Life staff member or with a Public Safety report. The SJB utilizes the additional reports to establish a clearer understanding of a situation which has proven to be very helpful in cases as the additional reports were often able to corroborate one version of events.

Table 1: Student Judicial Board Cases
2010-2011 Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011
Cases	513	438	435	330
Alleged Violations	1667	1446	1515	1223
Students Charged	1050	972	973	695

Recidivism

During the current reporting period, 551 individuals, or 19% of the student population, were processed through the judicial system as a result of alleged policy violations. Of those students processed during the current reporting period, 121 appeared before the SJB at least twice. The number of students who were processed through the judicial system is a representation of those people who were charged with various offences in multiple cases; 93 of those students were processed twice, 20 were processed three times, 4 were processed four times, 2 were processed five times and 1 student was processed six times. Overall 695 students were processed through the judicial system. The SJB will have to continue explore how students appearing before them

with prior violations that are not reflected in the current case and the time-frame in which prior violations are sanctioned in order to be clear that a warning should have alerted the student to their responsibilities with regard to all community standards and not simply the one or two addressed through the first hearing.

Table 2: Recidivism
2010-2011 Academic Year

	2009-2010	2010-2011	Two-Year total
Individuals charged	722	551	1273
Repeat Documentation	25%	21%	23%

Typical Violations

During the reporting period, 20% of the violations reported fell under the category of “privacy and tranquility”, 47% were alcohol or other drug violations, and 11% were violations of “departmental regulations”. Less than 6.5% of the cases involved “property” violations and 7% for “failure to comply” violations. This data is consistent with the previous reporting period.

Alcohol and other drug violations increased 4% when compared to the previous reporting period and constitute nearly half of the alleged violations processed by the Student Judicial Board. There was an 8% increase (81) in the number of distribution cases processed by the Board. This increase is due to the number of cases where minors were hosting other minors in their residence halls and allowing alcohol to be consumed in their private residential space. There were 324 documented cases of underage alcohol policy violations which represents 56% of all alcohol or other drug charges. The Student Judicial Board will be considering new options for sanction recommendations which will hopefully more clearly illustrate the community expectations around alcohol consumption and options for alcohol free events during typical hours where students may be documented drinking.

Alcohol or other drug use was determined to be a factor in 76% of the alleged violations documented during the current reporting period, representing a 9% increase over the previous reporting period. The number of underage students that required medical attention for intoxication decreased to 55, a 12% decrease. There were also 6 students who are at least 21 years old transported to the hospital for episodes of severe intoxication bringing the total to 61 transports or 13% of alcohol related incidents. The number of transports has remained consistent over the past two reporting periods and indicates an increasing willingness of students, especially residential staff to seek help for those students who demonstrate that need; however, the majority of transported students are identified by Public Safety officers on routine patrol. The Student Judicial Board, in collaboration with Public Safety, Residential Life and WesWELL, will continue to clarify how these incidents are handled in an effort to increase the number of students seeking help for their peers when appropriate. It is clear that there is a need to address the underlying issues of alcohol use and abuse on campus and the SJB may also want to reconsider how it handles cases where students are transported directly from social events or from a group of students who have chosen not to seek assistance. There is a tenuous balance between pursuing judicial charges against hosts or other students and maintaining some level of amnesty for those students who recognize the need to seek assistance.

The one area that showed an increase in total violations was “harassment and abuse”. This was the result of a significant number of students being involved in physical or verbal altercations. The incidents were often the result of one or more of the students involved being under the influence of alcohol or other drugs.

The number of violations of departmental regulation remained level when compared to the previous reporting period accounting for 11% of the total number of charges files with the SJB. Most of the violations were the result of social gatherings exceeding the limits established in the party registration policy. In the previous reporting period a change in the social event registration process has allowed students to register events with Public Safety with little advanced notice and those events allow for students to be present both inside and outside a residence. Those students who chose to utilize the process were able to continue events after an initial complaint, provided steps were taken to address the nature of the complaint. Unregistered events were generally shut down if Public Safety received complaint and documented an incident which violated the CNAC. The SJB, through the Student Judicial Process Committee will need to more effectively communicate the benefits of registering social events to encourage more students to work with the University to host safe events.

Table 3: Most Common Violations
2010-2011 Academic Year

Violation Type	2008-2009	2009-2010	2010-2011	% Change
Privacy & Tranquility	344	308	251	(18)
Alcohol/Drug/Distribution	620	657	576	(12)
Departmental Regulations	172	173	145	(16)
Property	110	167	83	(50)
Failure to Comply	92	95	89	(6)
Harassment and Abuse	30	29	32	10
Reckless Endangerment	27	30	12	(60)
Total	1446	1515	1223	(19)

Hearing Adjudication

The Student Judicial Board co-chairs meet weekly to review cases and recommend resolution methods. The co-chairs have established a threshold for cases they believe warrant resolution through a hearing as opposed to those that can be resolved through a judicial conference in Residential Life or in the Dean’s office. Most cases of a student being referred to the SJB two or more times have resulted in hearings unless the violations are separated by a significant period of time or are unrelated and do not show a pattern of behavior that raises significant concern.

The SJB has asked Public Safety Officers to attend hearings where it is clear the student accused of violating the CNAC will likely present a different version of events than what is presented in the report submitted by the officers. The scheduling of such cases may extend adjudication times, but have helped to reduce false information from being considered during a hearing. The

SJB has also asked the Director of Public Safety to attend weekly scheduling meetings to present additional information about cases that may help to present a clearer picture of the event(s) in question.

The Area Coordinator Staff continued to play a significant role in the adjudication of minor CNAC violations. The SJB has been clear as to the types of cases that should be adjudicated through a Judicial Conference with an Area Coordinator. First offense party registration policy violations, noise complaints, and simple alcohol violations have all been passed from the SJB to the Area Coordinator Staff for adjudication. Adjudication times for violations resolved through Judicial Conferences remained consistent with the previous reporting period. This allowed minor violations to be processed quickly and provided a learning opportunity for students going through the judicial process. A change made during the current reporting period helped ease confusion when students from different areas of campus were documented in an incident report and charged with violations. All students documented in a report will continue to meet with the Area Coordinator in the area where the alleged violation(s) occurred.

The median adjudication time for cases originating in the current reporting period remains consistent with previous reporting periods. The SJB and the Area Coordinator staff work diligently to have cases heard in a timely manner. Though an additional 24 hours was added to the notification time for students to prepare for hearings the adjudication time did not change significantly.

The median time, in days, for cases adjudicated by each of the five members of the Area Coordinator Staff was 8, 13.5, 14, 18, and 27.5 days respectively. The median for all cases adjudicated through Judicial Conferences was 11 days. The median adjudication time for simplified hearings was 14 days and cases resolved through full hearings were adjudicated in 12 days.

Table 4: Adjudication Methods
2010-2011 Academic Year

Adjudication Method	2007-2008	2008-2009	2009-2010	2010-2011
Judicial Conference	238	205	204	160
Simplified Hearing	246	145	111	97
Full Hearing	18	30	24	13
Total	502	438	435	330
Individual "Responsible" findings	N/A	N/A	928	639
Cases with "Responsible" decision	N/A	N/A	364	283
Median Adjudication Time (days)	17	14	12	12

Judicial Sanction Data

In response to the violations outlined above, the SJB has continued to employ a range of sanctions. The SJB continued to employ the use of University Service during the current reporting period as well as other sanctions that are intended to prompt a student to reflect on the incident. The SJB required service as a sanction when they determined that there was a connection between the violation(s) and harm to the campus community. The Board was able to assign service house in the Usdan University Center, with Physical Plant and Building and Grounds. Fire Safety was another area where students were sanctioned to provide service based on the violation addressed through the hearing process. The SJB also sanctioned students to complete service in the Middletown area as well.

During the current reporting period, CHOICES was replaced by the “AlcoholEdu for sanctions” online module as the University’s main vehicle for alcohol education in response to a violation. Given the frequency of alcohol and other drug violations, in comparison with the total number of violations, the SJB will have to continue to adapt new approaches to addressing problematic behavior in an effort to help students find alternate social programming that will not have negative consequences in other aspects of a student’s life on campus.

Table 5: Judicial Sanction Data
2010-2011 Academic Year

Sanction Type	2007-2008	2008-2009	2009-2010	2010-2011
Disciplinary Warning	571	409	519	385
Disciplinary Probation	42	64	90	40
Community Service/University Service	85	76	115	53
Referral To HC	80	96	99	97
Restitution/Fines	4	6	27	9
Suspension/Expulsion	2	4	7	8
Total	784	655	672	698

Unresolved Cases

At the conclusion of the reporting period there were 3 cases that were not adjudicated. The cases that remain will either be scheduled for simplified hearings (1) or resolved through judicial conferences (1) or interim administrative board (1) during the summer.

2011-2012 Judicial Report

The following summarizes information pertaining to cases adjudicated by the Student Judicial Board (SJB) and The Residential Life Area Coordinator Staff during the 20110-2012 academic year.

Judicial Volume

During this reporting period, there were 539 cases or incidents referred to the Student Judicial Board. These cases involved 1141 students and 1952 alleged violations of the Code of Non-Academic Conduct (CNAC). When compared with the same period last year, the data indicates a 63% increase in the number of cases the SJB processed. There was also a 59% increase in the number of reported violations while the number of students involved in those cases and reported violations increased by 64%.

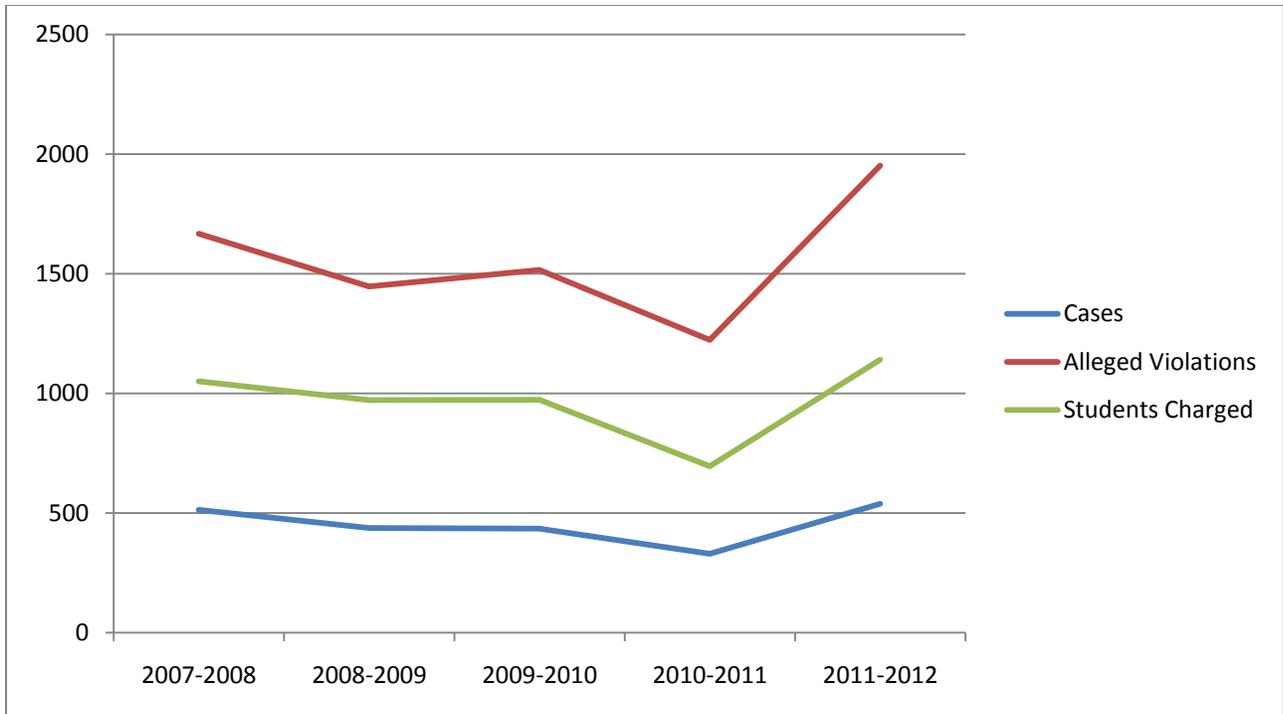
There was a significant increase in all areas of SJB case volume; there was an increase in the number of noise complaints on quiet streets due to social gatherings, a significant number of cases resulting from documentation of incidents during the Tour de Franzia, as well as an increase in the number of violations documented by Residential Life and Fire Safety during room inspections. Additionally there was an increase of students who had repeat violations from follow-up inspections to check on compliance. All of the above factors and a continued emphasis from Residential Life staff to interrupt problematic activity within the residence halls have led to the increase in judicial volume.

Reporting

There continues to be significant collaboration between the Residential Life student staff and the Office of Public Safety; that collaboration also extends to Physical Plant staff members who work with Residential Life to maintain compliance with Fire Safety regulations in residential areas. There were 69 jointly reported incidents during the current reporting period; Resident Advisors and House Managers are communicating their reports of student behavior through Communication Reports rather than relying solely on the Public Safety Officers to document incidents which resulted in 36 incidents being documented by both offices. Thirty-three (33) incidents were jointly documented by Fire Safety and either Residential Life staff member or with a Public Safety report. The SJB utilizes the additional reports to establish a clearer understanding of a situation which has proven to be very helpful in cases as the additional reports were often able to corroborate one version of events.

Table 1: Student Judicial Board Cases
2011-2012 Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Cases	513	438	435	330	539
Alleged Violations	1667	1446	1515	1223	1952
Students Charged	1050	972	973	695	1141



Recidivism

During the current reporting period, 798 individuals, or 28% of the student population, were processed through the judicial system as a result of alleged policy violations. Of those students processed during the current reporting period, 236 appeared before the SJB at least twice. The number of students who were processed through the judicial system is a representation of those people who were charged with various offences in multiple cases; 161 of those students were processed twice, 54 were processed three times, 12 were processed four times, 4 were processed five times, 1 student was processed six times, 1 student was processed 7 times, and 3 students was processed eight times. Overall 798 students were processed through the judicial system. Changes to the judicial process will provide the SJB a clearer picture of a student's judicial history and should decrease the number of students who came before the Board more than 3 times. These changes will be discussed later in the report

Table 2: Recidivism
2011-2012 Academic Year

	2009-2010	2010-2011	2011-2012
Individuals charged	722	551	798
Repeat Documentation	25%	21%	29.6%

Typical Violations

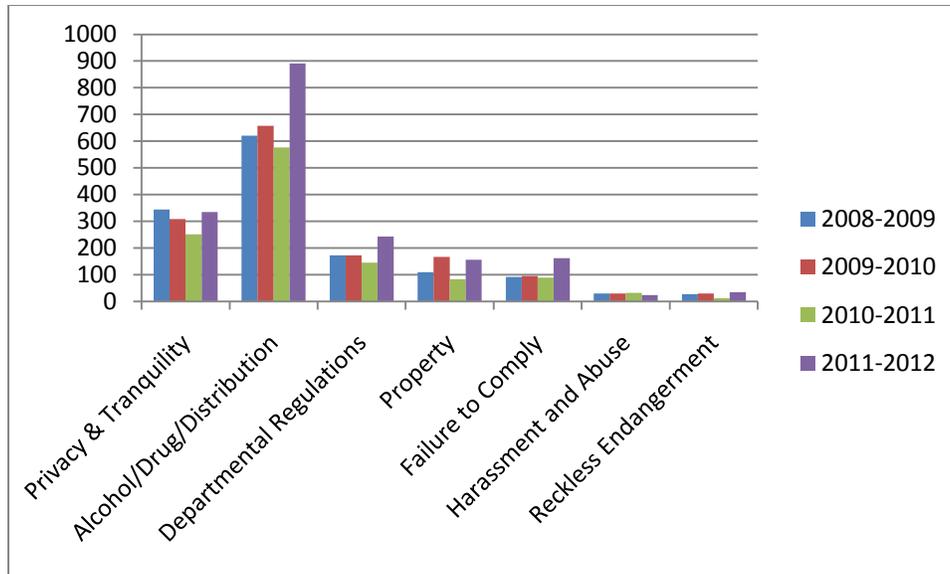
Alcohol and drug violations continued to be the most prevalent violations addressed through the judicial process. Underage possession or use of alcohol charges accounted for nearly 23% (444) of the charges filed with the SJB. Combined, alcohol and drug violations accounted for 46% of all charges. Charges related to excessive noise or other forms of disorderly conduct (privacy and tranquility) accounted for 17% (334) of the total number of charges. The Co-Chairs of the SJB utilized this charge more frequently to address problematic behavior which did not reach the level of harassment or abuse but did not align with Wesleyan's community standards. There was an increase in the number of departmental regulation charges (243) as well as failure to comply charges (162). This increase is due in part to room inspections resulting in violations after formal warnings had been issued.

Alcohol use was identified as a factor in 55% (297) of all cases processed by the SJB and drug use was a factor in 19% (100). The SJB will need to continue to monitor the impact of alcohol in the impact on an individual's decision making ability and to consider that information in the sanction recommendation.

The introduction of the judicial points system will be beneficial in allowing the SJB to consider mitigating and aggravating factors in the hearing outcome without feeling confined by a limited range of status sanctions (warning, probation, suspension).

Another significant area where the SJB will need to focus sanctioning efforts is the prevalence of loud noise and social event violations at particular residential areas. The SJB will need to consider the use of more significant sanctions for those residences where repeat offenses occur. The increase in privacy and tranquility violations (33%) is significant as those violations are often cases with which alcohol is a factor even if there are not alcohol violations documented. The social event registration and noise violations, which were persistent through the reporting period, in the wood frame area had a negative impact on that residential community.

Table 3: Most Common Violations
2011-2012 Academic Year



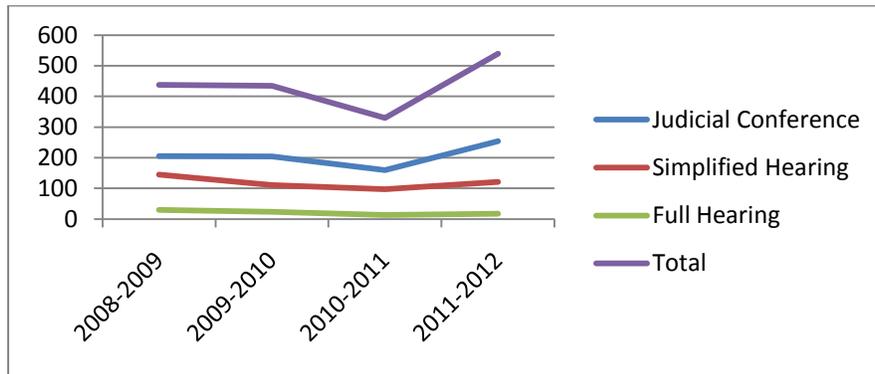
Violation Type	2008-2009	2009-2010	2010-2011	2011-2012	% Change
Privacy & Tranquility	344	308	251	334	33
Alcohol/Drug/Distribution	620	657	576	891	55
Departmental Regulations	172	173	145	243	68
Property	110	167	83	156	88
Failure to Comply	92	95	89	162	82
Harassment and Abuse	30	29	32	24	(25)
Reckless Endangerment	27	30	12	34	183
Total	1446	1515	1223	1952	60

Hearing Adjudication

During the fall semester, the SJB was hampered in adjudicating cases by the number of cases requiring resolution through the hearing process, difficulty in scheduling hearing dates, and the fall snow storm which caused significant delay in resolving cases already in the judicial queue and delaying the completion of room inspections. These factors all contributed to higher volume and longer adjudication times. These issues were noted in the mid-year report and were a focus of the SJB during the spring semester. At the conclusion of the reporting period there are fewer than 15 cases held in abeyance. Many of those will likely be resolved through judicial conferences during the summer recess. Another factor in the delay in adjudication times was the method in which cases were being referred to Area Coordinators for judicial conferences. During the fall semester, the number of cases which were held with the Board until the co-chair review meeting before being referred to an Area Coordinator was on par with previous reporting periods; however, those cases were not referred out until after a more significant delay due to the factors described above. At the conclusion of the reporting period, a revised referral system was recommended making greater use of the PeopleSoft database. Those changes will be implemented in the fall 2012 semester and will allow the Area Coordinators to generate notification to students without having to wait for the case file to become available. Overall the median adjudication time remained consistent with previous reporting periods. With the planned

changes, judicial conference adjudication times should become more consistent. The chart below compares typical resolution methods year to year, however this reporting period also included a significant number of interim administrative panels to resolve cases due to unique circumstances or that occurred at times when the SJB was unable to convene. During the current reporting period, 79 cases were resolved through alternate procedures.

Table 4: Adjudication Methods
2011-2012 Academic Year



Adjudication Method	2008-2009	2009-2010	2010-2011	2011-2012
Judicial Conference	205	204	160	254
Simplified Hearing	145	111	97	121
Full Hearing	30	24	13	17
Total	438	435	330	539
Individual “Responsible” findings	N/A	928	639	1092
Cases with “Responsible” decision	N/A	364	283	456
Median Adjudication Time (days)	14	12	12	15

Judicial Sanction Data

In response to the violations outlined above, the SJB has continued to employ a range of sanctions. The involvement of the University in the National College Health Initiative Program (NCHIP) provided an opportunity for the SJB to employ a more robust framework for sanctions addressing alcohol violations. This effort was successful in establishing the ground work for the SJB to take a more comprehensive approach to all sanctioning and to better understand the need for some measure of punitive action accompanied by rehabilitative education. With those ideas

at the forefront of all judicial resolutions, community service and University service were recommended in fewer cases in favor of other educational sanctions. There was a significant increase in the number of students asked to complete an online alcohol education module or meet with a health professional. Included in those referrals are students asked to complete educational and medical follow-up for episodes of severe intoxication resulting in hospitalization. In lieu of formal judicial follow-up, 67 students who were transported to the hospital for the first time were asked to complete an educational program and meet with a health professional. Eight students were transported for a second time and were processed through the judicial system and received a formal sanction focused on education and health. In addition to the 75 underage students transported to the hospital, 14 students who were 21 years or older needed hospitalization due to severe intoxication.

Table 5: Judicial Sanction Data
2011-2012 Academic Year

Sanction Type	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Disciplinary Warning	571	409	519	385	586
Disciplinary Probation	42	64	90	40	135
Community Service/University Service	85	76	115	53	77
Referral To HC	80	96	99	97	232
Restitution/Fines	4	6	27	9	17
Suspension/Expulsion	2	4	7	8	8
Total	784	655	672	698	1458

Judicial Process Feedback

During the current reporting period, the SJB solicited feedback from students who had been processed during the fall semester. A web form was created in conjunction with the Student Judicial Process Committee and over 400 students received an email requesting their feedback. Requests were sent to 414 students to which 10% (42) responded by completing the survey. The survey asked students to quantify their agreement or disagreement with three questions and to answer yes or no to two others. Respondents were also provided the opportunity to provide qualitative feedback to each question and at the end of the survey.

In response to the question regarding the timeliness of the resolution of their judicial case, 25 students either strongly agreed or agreed compared to 12 students who disagreed or strongly disagreed. Given the students surveyed were processed through the judicial system in the fall semester, it was expected there would be some frustration with the length of time the SJB took to come to resolution. The qualitative feedback was helpful to the SJB in showing students preferred to be informed of their judicial resolution by telephone the day after the hearing as opposed to only being notified by letter. Students also reported the importance of timely resolution to insure an accurate reporting of facts related to the incident.

The survey asked students to qualify their agreement or disagreement related to being treated respectfully through the judicial process. The vast majority of responding students (32 of 41) either strongly agreed or agreed they were treated respectfully through the judicial process compared to 5 who disagreed or strongly disagreed. The qualitative feedback echoed those responses reaffirming the importance of making certain each individual feels respected and heard during any judicial proceeding.

While the majority of students (24 of 41) strongly agreed or agreed they understood the process compared to 10 who disagreed or strongly disagreed, the students who disagreed were processed through judicial conferences where the process should have been clearly outlined in a one-on-one meeting. This feedback has been helpful in planning for the coming year to evaluate how the process is being shared and to develop a consistent message to be shared with students regardless of the staff person with whom they meet. The qualitative feedback indicated a need to review the information being provided in notification letters which has been completed and will be more consistent across all offices where judicial cases are referred.

The last two questions asked students to respond with yes or no answers about whether a process advisor had been utilized and if they felt the sanction they received was appropriate. Process advisors were utilized by 9 of 41 respondents and 32 of 41 respondents agreed the sanction recommended by the SJB was appropriate. More work will be done in conjunction with the Student Judicial Process Committee to train more advisors and to promote the use of those on campus who have already been trained. Of those students who disagreed with the sanction recommendation, half had their case resolved through a full SJB hearing and would have received a more significant sanction.

Overall the feedback received through the first cycle of requests has been both positive and constructive. The information has helped to reinforce the tenets of respectful and fair treatment the judicial process at Wesleyan is grounded. Information indicating shortfalls or lapses is well received and has been used to make productive changes which will lead to a more universal respect for the community standards and the mechanisms used to enforce them.