



Drug and Alcohol Abuse: Awareness and Prevention

Updated August 2016

In accordance with the Department of Education Drug Free Schools and Campuses Regulations, this document will be distributed annually to each University of Montevallo student and employee in an effort to assist members of the University community in making informed choices about drug and alcohol use.

Every effort has been made to ensure the accuracy of information presented in this document. This information is not legal advice nor is it intended to replace the guidance of a medical professional. Individuals are encouraged to consult other sources and professionals, and to seek appropriate legal advice when necessary.

Standards of Conduct and Enforcement

All University of Montevallo students, faculty, and staff are expected to know and comply with University Policy 01:105 Illegal Drugs and Alcohol.

Policy 01:105 Illegal Drugs and Alcohol

The University is committed to maintaining an environment that is free from illegal drugs and the abuse of alcohol, thus providing a drug-free workplace for its students, faculty and staff. The University complies with federal and state law in prohibiting the unlawful manufacture, distribution, dispensation, possession or use of illicit drugs and/or alcohol by students and employees on its property or as part of any of its activities. Accordingly, the University provides programs and services designed to prevent the illegal possession, use or distribution of illegal drugs and alcohol and the unauthorized use of legal drugs. As a condition of employment, all faculty and staff must abide by local, state and federal laws and must when required by law report to the University any conviction under a criminal alcohol drug statute no later than five days after the conviction. Any faculty or staff member found to be in violation of laws, regulations or University policies prohibiting the use or abuse of drugs or alcohol may be required to enter and progress successfully in a rehabilitation program. Failure to abide by applicable laws, regulations, or University requirements may result in immediate suspension or discharge and, if appropriate, prosecution, subject to the provision of such notice, hearing, and review procedures as may be available under applicable University handbooks.

The University believes that an effective drug education program aids in the prevention, education, counseling, intervention and treatment of unauthorized use of drugs and alcohol. To that end, faculty, staff and students are encouraged to participate in the various drug and alcohol awareness programs present on campus. A brochure listing campus and area resources for counseling and rehabilitation programs, along with a description of applicable legal sanctions under local, state or federal law, is available through the Health Center, Counseling and Career Center, and the Office of Human Resources

Alcoholic beverages may lawfully be consumed in selected approved areas on campus by individuals who are 21 years or older. Alcoholic beverages may also lawfully be consumed by individuals who are 21 years or older within the privacy of their residence hall rooms. Detailed guidelines and notification forms are available through the University Central Calendar Office.

<http://legacy.montevallo.edu/faculty/Policies/01105.shtm>

Student Code of Conduct

UM students are expected to adhere to the Student Code of Conduct regulations related to “Alcohol Related Misconduct” and “Drug Related Misconduct”, found in the student handbook, *The Fledgling*. Sanctions related to a student alcohol and/or drug violation range from a warning to expulsion from the University. The UM Student Code of Conduct regulations and procedures, in their entirety, can be found at <http://www.montevallo.edu/campus-life/student-handbook/>. Residential students may also want to review the Housing and Residence Life (HRL) Alcohol Policy found in the HRL Handbook at <http://www.montevallo.edu/campus-life/housing/>.

Information on Legal Sanctions Regarding Unlawful Use, Possession, or Distribution of Alcoholic Beverages and Illicit Drugs

A. State of Alabama Laws and Sanctions

The information presented below refers to drug “Schedules” which make reference to the authorization by the Alabama State Legislature for the Alabama State Board of Health to classify drugs in terms of their potential for abuse and/or their current usage in medical treatment. Schedule I substances consist primarily of “street drugs” and “controlled substance analogs” which have a high potential for abuse, including heroin, morphine, marijuana, LSD, Mescaline, and psilocybin. Schedule II substances include controlled substances such as opium, cocaine, and methadone. Schedule III drugs include those which have less potential for abuse than Schedule I or II; those substances with decreasing potential for abuse are included in Schedules IV and V. The Schedules may be found in the Code of Alabama 1975, Section 20-2-20, et. seq. Alabama laws related to the illicit possession, use, and distribution of alcoholic beverages or drugs, and the possible legal penalties for violation of these laws include, but are not limited to:

- 1. Public intoxication** – up to 30 days in jail and/or a fine up to \$200 (Code of Alabama 13A-5-7, 13A-5-12, 13A-11-10);
- 2. Purchase, possession, consumption, or transportation of alcoholic beverages by a person less than 21 years of age** – a fine ranging from \$25 to \$100 and/or up to 30 days in jail (Code of Alabama 28-1-5);
- 3. Possession or distribution of an alcoholic beverage in a dry county** – a fine ranging from \$50 to \$500 and, at the judge’s discretion, a jail sentence of up to 6 months (Code of Alabama 28-4-20, et. seq.);
- 4. Possession of an alcoholic beverage illegally manufactured or illegally brought into the State of Alabama** – a fine ranging from \$100 to \$1,000 and, at the judge’s discretion, a jail sentence of up to 6 months (Code of Alabama 28-1-1, 28-3A-25);
- 5. Driving or being in actual physical control of a vehicle while under the influence of alcohol or other drugs** – on the first conviction, a fine ranging from \$600 to \$2100 and/or one year in jail plus suspension of driver’s license for 90 days (Code of Alabama 32-5A-191);
- 6. Possession of marijuana, salvia divinorum, or salvinorum A for personal use** – a fine up to \$6,000 and/or a jail sentence of up to one year (Code of Alabama 13A-5-7, 13A-5-12, 13A-12-214, 13A-12-214.1);

7. Possession of marijuana salvia divinorum, or salvinorum A for other than personal use – a fine up to \$15,000 and a prison sentence of not more than 10 years (Code of Alabama 13A-5-6, 13A-5-11, 13A-12-213, 13A-12-214.1);

8. Unlawful distribution or possession with intent to distribute of a controlled substance listed in Schedules IV – a fine up to \$30,000 and/or a prison sentence of not more than 20 years (Code of Alabama 13A-5-6, 13A-5-11, 13A-12-211);

9. The selling, furnishing or giving of any controlled substance listed in Schedules I-V by a person 18 years or older to a person under 18 years of age – a fine up to \$60,000 and/or a prison sentence for life, or not less than 10 years but no more than 99 years (Code of Alabama 13A-5-6, 13A-5-11, 13A-12-215);

10. Possession of a controlled substance enumerated in Schedule I-V – a fine of not more than \$15,000 and/or a prison sentence of not more than 10 years (Code of Alabama 13A-5-6, 13A-5-11, 13A-12-212);

11. Conviction for an unlawful sale of a controlled substance on or within a three-mile radius of an educational institution – in addition to any other penalties provided by law, an additional penalty of 5 years of imprisonment with no provision for probation (Code of Alabama 13A-12-250);

12. The use, or possession with intent to use, of drug paraphernalia – a fine of up to \$6,000 and/or up to one year in jail (Code of Alabama 13A-5-7, 13A-5-12, 13A-12-260);

13. The sale, delivery of, or possession with the intent to sell or deliver drug paraphernalia – a fine of up to \$15,000 and/or a prison sentence of not more than 10 years. If the delivery or sale is by a person 18 years or older to a person under 18 years of age, a fine of up to \$30,000 and/or a prison sentence of up to 20 years (Code of Alabama 13A-5-6, 13A-5-11, 13A-12-260).

Penalties for subsequent violations and convictions of the above are progressively more severe than for initial convictions.

B. Federal Laws and Sanctions Related to Controlled Substances

In a manner similar to the Code of Alabama, Title 21 of the United States Code, Section 812 (21 U.S.C. 812) establishes, and authorizes the U.S. Attorney General to revise as needed, classifications of controlled substances. Substances are classified in one or more of five “Schedules,” where Schedule I are substances often considered “street drugs” with a high potential for abuse, while Schedule V are substances considered to have a low potential for abuse when compared with substances in Schedules I – IV.

21 U.S.C. 841 makes it unlawful (a) to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance; or (b) to create, distribute, or dispense, or possess with intent to distribute or dispense, a counterfeit substance. As specified in the provisions of 21 U.S.C. 841, the minimum penalties for the conviction of an individual in a first-offense violation of (a) or (b) are:

1. Schedule I or II substance – a fine not to exceed \$1,000,000 and/or a term of imprisonment of not more than 20 years;

2. Schedule III substance – a fine not to exceed \$500,000 and/or a term of imprisonment of not more than 15 years;

3. Schedule IV substance – a fine not to exceed \$250,000 and/or a term of imprisonment of not more than 5 years;

4. Schedule V substance – a fine not to exceed \$100,000 and/or a term of imprisonment of not more than one year. Notwithstanding the above, the distribution of a small amount of marijuana for no remuneration is punishable by imprisonment of not more than one year and/or other penalties under Title 18 of the United States Code. In addition, 21 U.S.C. 843 makes it unlawful for any person knowingly or intentionally to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge. Penalties for the conviction for a first offense violation include a term of imprisonment of not more than 4 years and/or other penalties under Title 18 of the United States Code. Penalties for subsequent violations and convictions of the above are progressively more severe than for initial convictions.

C. Local Ordinances

Local authorities abide by state and federal laws concerning unlawful possession, use, and distribution of alcoholic beverages and drugs.

Health Risks Associated with Use and Abuse of Drugs or Alcohol

The following is a summary of information on some of the effects, symptoms, and health risks associated with commonly abused substances. It is not intended to be the final word on the types of substances being abused since new drugs and drug use trends are constantly emerging. In addition, the scientific and medical communities continue to research health risks associated with the use and abuse of drugs or alcohol.

Marijuana

Marijuana is a dry, shredded green and brown mix of leaves, flowers, stems and seeds from the hemp plant *Cannabis sativa*. In a more concentrated form it is known as hashish, and as sticky black liquid, hashish oil. The main psychoactive (mind-altering) chemical in marijuana is tetrahydrocannabinol (THC). According to the National Institute on Drug Abuse, as of December 2012 marijuana was the most common illicit drug used in the United States.

Regularly observed physical effects of marijuana are a substantial increase in heart rate, bloodshot eyes, dry mouth and throat, and increased appetite. Marijuana use can have a variety of adverse short- and long-term effects, especially on cardiopulmonary and mental health. Use of marijuana may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving. Research has shown that, in chronic users, marijuana's adverse impact on learning and memory persists after the acute effects of the drug wear off; when marijuana use begins in adolescence, the effects may persist for many years. Motivation and cognition may be altered, making the acquisition of new information difficult. Contrary to common belief, marijuana is addictive. Estimates from research suggest that about 9 percent of users become addicted to marijuana; this number increases among those who start young (to about 17 percent, or 1 in 6) and among daily users (to 25-50 percent).

Cocaine

Cocaine is a powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. Cocaine may be used in powder form and inhaled through the nose, dissolved in water and injected, or smoked when processed to form a rock crystal, often known as “crack” or freebase cocaine. Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucus membranes of the nose. Injecting cocaine with unsterile equipment leads to risk of contracting HIV, hepatitis C, and other blood-borne diseases.

Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly. Crack or freebase cocaine is extremely addictive, since its effects are felt more rapidly but for a shorter time. The health and physical risks of cocaine use include elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures. Cocaine use can cause death by disrupting the brain’s control of the heart and respiration, leading to cardiac and respiratory arrest.

Methamphetamine and Other Stimulants

Stimulants may include amphetamines, methamphetamine, phenmetrazine (Preludin), methylphenidate (Ritalin), and appetite suppressant (anorectic) drugs such as phentermine. Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse.

In particular, methamphetamine is generally a white crystalline powder that dissolves in water or alcohol and is taken orally, inhaled through the nose, by injection, or by smoking. Most of the methamphetamine abused in the United States comes from foreign or domestic “superlabs”, although it is also made in small, illegal “labs”. Production of the drug in these small labs often endangers the people producing the drug, neighbors and the surrounding community, and the environment. Long-term methamphetamine abuse has many negative health consequences, including addiction, extreme weight loss, severe dental problems (“meth mouth”), anxiety, confusion, insomnia, mood disturbances, and violent behavior. Chronic methamphetamine abusers can also display a number of psychotic features, including paranoia, visual and auditory hallucinations, and delusions (for example, the sensation of insects crawling under the skin). Research indicates that chronic abuse significantly changes how the brain functions and can lead to a reduction in motor skills and impairment of verbal learning.

Heroin

Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant. Heroin usually appears as a white or brown powder or as a black sticky substance (“black tar heroin”). Heroin can be injected, inhaled by snorting or sniffing, or smoked. Heroin abuse is associated with a number of serious health conditions, including fatal overdose, spontaneous abortion, and infectious diseases like hepatitis and HIV for people who inject the drug. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, constipation and gastrointestinal cramping, and liver or kidney disease. Pulmonary complications, including various types of pneumonia, may result from the poor health of the user as well as from heroin’s effects on breathing. Research shows that regular heroin use changes the functioning of the brain. One result is tolerance, in which more of the drug is needed to achieve the same intensity of

effect. Another result is dependence, characterized by the need to continue use of the drug to avoid withdrawal symptoms.

Hallucinogens

Hallucinogenic compounds are often found in plants and mushrooms or their extracts, and include LSD (d-lysergic acid diethylamide), PCP (phencyclidine), peyote (mescaline), and psilocybin. LSD is usually taken orally and is frequently found in tablets, capsules, or added to absorbent paper. The effects on people who take it vary, but generally include dramatic emotional swings, and, in larger doses, delusions and visual hallucinations. LSD users can also experience flashbacks, or recurrences of certain aspects of the drug experience. Flashbacks occur suddenly, often without warning, and may do so within a few days or more than a year after LSD use. Physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

While prolonged use of LSD can produce tolerance, LSD is not generally considered an addictive drug since most users voluntarily stop its use over time. PCP is a white crystalline powder, but is frequently sold illegally as a tablet, capsule, or dyed powder that is orally ingested, inhaled by snorting, or smoked. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana. The effects of PCP on users include delusions, hallucinations, paranoia, mood disturbances, memory loss, and difficulties with speech and thought. Physical effects may include elevated breathing rate, shallow breathing, increased heart rate and blood pressure, flushing and sweating, numbness and loss of muscular control. PCP users may become violent or suicidal, and high doses can cause seizures, coma, and death. PCP is very addictive and repeated abuse frequently leads to compulsive behavior in seeking the drug.

Peyote is a small cactus; disc-shaped buttons on the top of the cactus can be cut and dried. The buttons are generally chewed or soaked in water to produce a liquid. The principal active ingredient in peyote is mescaline, which can also be produced by chemical synthesis. According to the National Institute on Drug Abuse, the long term effects of mescaline remain poorly understood. The effects of peyote are similar to LSD, and peyote abusers may also experience flashbacks.

Psilocybin is obtained from certain types of mushrooms found in tropical regions of South America, Mexico, and the United States. The mushrooms are typically taken orally, and may be brewed as tea or added to other foods. The psychological consequences of psilocybin use include hallucinations, an altered perception of time, and an inability to discern fantasy from reality. Physical effects can include excessive pupil dilation, nausea, vomiting, and drowsiness.

Inhalants

Many legal substances found in the home, such as spray paints, hair sprays, paint thinners, markers, glues, cleaning and correction fluids, and lighter fluid, contain substances that have mind-altering properties when inhaled. Nitrites, such as amyl nitrite, are used medicinally to relieve pain of angina attacks, but are also sold for illicit use in small bottles or cap vials.

The effects of inhalants include slurred speech, lack of coordination, euphoria, and dizziness. Inhalant abusers may also experience light-headedness, hallucinations, and delusions. Physical effects of inhalants may include nausea, sneezing, coughing, nose bleeds, headache, fatigue, lack of coordination, and loss of appetite. Long-term effects may include liver and kidney damage, hearing loss, and damage to sheathing around nerve fibers which may result in loss of coordination and spasms. Inhaling highly

concentrated amounts of the chemicals in solvents or aerosol sprays can cause heart failure, suffocation, and permanent brain damage.

“Club” Drugs

So-called “club” drugs include MDMA (Ecstasy), GHB (gamma hydroxybutyrate), Rohypnol, and ketamine. MDMA is generally taken orally as a capsule or tablet, and is frequently abused in combination with other drugs. It produces feelings of increased energy, euphoria, emotional warmth and empathy toward others, and distortions in sensory and time perception. MDMA can have many of the same physical effects as other stimulants like cocaine and amphetamines. Research on the addictive properties of MDMA has shown varying results, but dependence has been reported.

GHB and Rohypnol are both generally ingested orally – GHB in liquid or powder form, while Rohypnol is typically in pill form or ground up and inhaled by snorting. Both drugs have been used to commit sexual assaults (also known as “date rape,” “drug rape,” “acquaintance rape,” or “drug-assisted” assault) due to their ability to sedate and incapacitate unsuspecting victims, preventing them from resisting sexual assault. Rohypnol may also produce amnesia, in which individuals cannot remember events they experienced while under the drug’s influence. Repeated GHB use may lead to insomnia, tremors, sweating, and anxiety. Chronic use of Rohypnol can produce tolerance, dependence, and addiction.

Ketamine, a dissociative anesthetic often used in veterinary practice, is usually snorted or injected intramuscularly. Ketamine use may result in distortion in perceptions of sight and sound and may produce feelings of detachment from the environment and self. Low-doses can cause impaired attention, learning ability, and memory. At higher doses, ketamine can cause dreamlike states and hallucinations; and at higher doses still, ketamine can cause delirium and amnesia.

Prescription Drugs

Many medications used for legitimate medical reasons have mind-altering properties and may be abused by those who take the medications for reasons or in ways or amounts not intended by a doctor, or by someone who takes them who is not the person for whom the medications are prescribed. According to the National Institute on Drug Abuse, as of May 2013, prescription and over-the-counter drugs (such as cough and cold remedies) are, after marijuana and alcohol, the most commonly abused substances by Americans 14 years of age or older. In addition, research indicates that 70% of the people who misuse prescription drugs get them from a friend or relative.

Some of the most commonly abused prescription drugs are: opioids, such as hydrocodone (e.g. Vicodin), oxycodone (e.g. Oxycontin), meperidine (e.g. Demerol), and hydromorphone (e.g. Dilaudid); depressants, such as pentobarbital sodium (e.g. Nembutal), diazepam (e.g. Valium), and alprazolam (e.g. Xanax); and stimulants, such as dextroamphetamine (e.g. Dexedrine), methylphenidate (e.g. Ritalin, Concerta), and amphetamines (e.g. Adderall).

Opioids can produce drowsiness, cause constipation, and in larger doses, depress breathing. Research has shown that more people die from overdoses of prescription opioids than from all other drugs combined, including heroin and cocaine. Depressants slow down brain activity and can cause sleepiness and loss of coordination. Stimulants can have strong effects on the cardiovascular system. Taking high doses of a stimulant can raise body temperature to dangerous levels and cause seizures, irregular heartbeat or even heart failure. All of these drugs have the potential for addiction even when used as intended, and this risk is amplified when they are abused.

Alcohol

Ethyl alcohol, a natural substance formed by the fermentation of yeast, sugars, and starches, is the major active ingredient in beer, wine, and liquor. Alcohol can produce feelings of well-being, but can lead to intoxication, sedation, unconsciousness, or death, depending on how much is consumed and how fast it is consumed. Alcohol is mind-altering substance, and can alter moods, cause changes in the body, and become habit forming. Alcoholism or alcohol dependence is a diagnosable disease characterized by a strong craving for alcohol, and/or continued use despite harm or personal injury. Chronic use of alcohol has been associated with such diseases as alcoholism, stroke, and cancers of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse can also lead to: damage to the brain, pancreas and kidneys; high blood pressure, heart attacks, and strokes; hepatitis and cirrhosis of the liver; stomach and duodenal ulcers; colitis; impotence and infertility; and premature aging. Abuse of alcohol has been linked to birth defects and other Fetal Alcohol Disorders.

Where to Get Assistance

There are many resources and organizations that can provide information and assistance for persons who are in need of counseling or other treatment for substance abuse. The information below lists some additional resources and contact information for several local agencies and organizations which can assist persons in need of such services.

The staff within the University of Montevallo Counseling Services office (205-665-6245) can also assist students and employees of the University with contact information on other local resources. The University's Counseling Services provides services include short-term individual and group counseling by appointment (205-665-6245), crisis intervention, consultation, mental health counseling, social skills training, and referral services to agencies or private practitioners within the community when long-term counseling is required.

The information below is provided for informational purposes only, and does not constitute an endorsement of any of the agencies/organizations listed. Additional local and online resources are available at the UM Counseling Services office located in the lower level of Main Hall.

For University of Montevallo Employees who are Blue Cross Blue Shield subscribers and their qualified dependents who are Blue Cross Blue Shield subscribers, resources are available at no charge through Alabama Psychiatric Services:

APS
2868 Acton Road
Birmingham Alabama 35243
205-968-8360.

For all benefits eligible University of Montevallo Employees, resources are available through the Lincoln Financial Group's *EmployeeConnect* program:

Phone: 877-757-7587
www.eapadvantage.com.

Local Agencies/Organizations

University of Alabama at Birmingham (UAB)

Center for Psychiatric Medicine
1713 6th Avenue South
Birmingham, AL 35294-0018
(205) 975-7350 or 1-800-782-1133

UAB Beacon Addiction Treatment Center

410 Beacon Pkwy W. Suite 150
Birmingham, AL 35209
(205) 917-3733, ext. 104
Fax: (205) 940-3481

Trinity Medical Center

860 Montclair Road
Birmingham, AL 35213
(205) 592-5051

Chilton Shelby Mental Health

110 Medical Center Drive
Clanton, AL 35045
(205) 755-5985

Bradford Health Services (Inpatient)

1189 Albritton Road
Warrior, AL 35180
(205) 647-1945 or 1-800-333-1865

Bradford Health Services (Outpatient)

101 Aviators View Dr # B
Calera, AL 35040
(205) 621-4429

Online Resources

Alcoholics Anonymous World Services

www.aa.org

AL-ANON Alabama Northwest Florida (Area 64)

www.alnwfl-al-anon.org/

Alabama Department of Public Health

www.adph.org/

Narcotics Anonymous World Services

www.na.org/

National Institute on Alcohol Abuse and Alcoholism

www.niaaa.nih.gov/

National Institute on Drug Abuse

www.drugabuse.gov/

Alcohol Charges
2015-2016 Academic Year

Summary

Alcohol Cases for 2015-2016

	Total	Found Responsible	% of Total
Number of Charges SC	57	49	86%
Number of Incidents SC	45	43	96%
Number of housing alcohol outside of room*	5	4	80%
Other CoC Charges From Cases	4	4	
Number of second time charges	4	3	

Sanctions Given*

*Sanctions do not include housing cases. Fines and Housing Points were given to the 4 people who were found responsible by housing for alcohol outside their room.

		Comment	% Found Responsible Given this Sanction
Administrative Probation	40		93%
Administrative Probation with Check-in	3		
Conduct Process Evaluation	43		7%
Think About It: Alcohol Module	38	5 cases had already completed the module, one of the 38 is an assignment made with a warning	100%
Personal Decision Making Class	34		
Expulsion	0		88%
Fines	35		81%
Housing Points	35		81%
Housing Probation	3		7%
Other modules	0		0%
Loss of privilege - Housing	0		0%
Paper	3	Given in cases of self-identified financial hardship	7%
Referral to Counseling for Assessment	4		9%
Substance Abuse Class	3		7%
Suspension	1	3 separate alcohol incidents, 2 of which involved DUIs	2%

Drug Charges
2015-2016 Academic Year

Summary

	Total	Found Responsible	% of Total
Number of Charges*	30	27	90%
Number of Incidents	19	16	84%
Number of Shared Responsibility Charges related to drugs	3	2	
Other CoC Charges From Cases	5	5	
Number of second time charges for a particular student, any other charge	4	3	

*one student is on hold awaiting student conduct hearing, one student had a charge but his roommate admitted that the drugs were his

Sanctions Given

Charge	Given	% Found Responsible Given this Sanction by incidents	Comment
Administrative Probation	12	73%	
Administrative Probation with Check-in	4	25%	
Conduct Process Evaluation	16	100%	
Think About It: Drug Module	14	88%	
Personal Decision Making Class	13	81%	
Expulsion	0	0%	
Fines	16	100%	
Housing Points	10	63%	
Housing Probation	9	36%	*one student was already on probation, so no housing prob. given
Other modules	0	0%	
Loss of privilege - Housing	1	6%	
Paper	1	6%	
Referral to Counseling for Assessment	2	13%	
Suspension	1	6%	