

Program to Prevent the Illicit Use of Drugs And the Abuse of Alcohol

University of Wisconsin-Milwaukee
January 2007 - December 2008

Introduction

The Program to Prevent the Illicit Use of Drugs and the Abuse of Alcohol by students was introduced to UW-Milwaukee in January 1990. This program was developed as a result of the passage of the 1989 Drug Free Schools and Communities Act. Our current program maintains a focus on providing for students and staff: 1) awareness, education, and other prevention oriented activities; 2) early intervention and low intensity alcohol and other drug abuse (AODA) assessment and treatment intervention; 3) referrals for higher intensity or specialized ADOA treatment, when indicated, and 4) environmental change efforts aimed at preventing substance abuse and encourage healthier alternatives.

The implementation of the specific components of the UWM program to prevent the illicit use of drugs and the abuse of alcohol by students is described below. This report is divided into 5 sections:

- I. Ongoing programming interventions
- II. Compliance checklist
- III. 2006-08 Goal attainment
- IV. Goals for 2009-2010 biennial period
- V. Appendices
- VI. Sources of referenced information

I. Ongoing Programming

Since the last biennial period, UWM has continued to implement a number of ongoing educational initiatives intended to increase awareness regarding issues related to alcohol and other drug use and to decrease the misuse of alcohol and other drugs on campus.

Educational Programming and Prevention Initiatives

1. Dissemination of Educational Information:

Educational information and related promotional materials are distributed regularly to students via a variety of means. This includes information regarding the effects and impact of alcohol, tobacco, and other drug use, as well as tips for safer alcohol consumption and information regarding how to access available resources for AODA professional assistance and/or self-help. Efforts in this biennial period have included:

- **Information tables**
Norris Health Center, the Peer Health Advocates, and UWM students Against the Nicotine and Tobacco Industry (ANTI) host bi-weekly tables in the student union in order to distribute information and promotional materials regarding health topics that are relevant to the campus community, as well as to promote available health-related resources. Norris Health Center staff also hosts tables at new student orientation sessions, the Sexual Assault Awareness Fair, the Campus Wellness Fair, and other appropriate campus events. AODA-related information and materials are frequently available at these information tables, as is information regarding known co-risk factors, such as violence, sexual health, and eating disorders.
- **Bulletin boards**
Eight large bulletin boards, located in high-traffic areas of buildings throughout campus, are dedicated to Norris Health Center. The content of these boards is changed monthly by the Peer Health Advocates in order to provide information regarding a variety of health-related topics. AODA-related educational and resource information regularly appears on these boards.
- **University Housing**
University Housing distributes door hangers to all residents at the beginning of each school year, advising them of policies and laws related to underage alcohol use, as well as information regarding the potential for negative consequences associated with alcohol and drug use and the warning signs and symptoms of alcohol poisoning. Additionally, University Housing sends 21st birthday cards to their residents, which highlight strategies for making safe choices with regards to alcohol consumption. University Housing has added AODA information for parents. This information has been added to both letters and the parent sections of their website. This includes ways parents can talk with their children about these issues.
- **Safe Party Pamphlet**
University Relations and the Neighborhood Housing Office continued to work with campus and community based groups and organizations to address the concerns raised by the residents of this area. Information was given to students on how to safely and responsibly hold a house party and is posted on the websites of those departments.
- **Campus Resource Centers**
Information regarding Norris Health Center and AODA services is available at UWM's resource centers campus-wide, including the Women's Resource Center, LGBT Resource Center, the Student Union's Student Information Center, the Department of Recruitment and Outreach, and the Athletic Department's Academic Assistance Center.

2. Educational Programming:

Educational programs are developed and implemented in order to provide students with the information and skills needed to make healthy AODA-related behavioral decisions.

- **e-CHUG Online Program**

UWM continues the use of the e-CHUG online alcohol screening and feedback program. To date, some research has supported the potential efficacy of this program in reducing excessive alcohol use for college populations. The program gives students normative feedback regarding their drinking behavior as well as feedback concerning their personal risk factors for serious alcohol abuse/alcoholism. It also provides information (e.g. BAC, hours to complete sobriety) that students find helpful in making informed decisions regarding their drinking. It also provides campus and community referral information for students desiring professional assessment and/or assistance.

- **Training workshops for student leaders**

Training workshops for student leaders are intended to provide these students with the tools that they need to offer appropriate AODA-related educational and preventative interventions to their peers. During this biennial period, training workshops were provided for Resident Assistants, Campus Ambassadors, Community Outreach and Assistance to Student Tenant (COAST) Leaders, and Peer Health Advocates. In the Flashing Your Brights program University Housing AODA graduate assistant taught the RAs an effective and non-threatening method of talking with students who may have a drug or alcohol problem. Following this training the RAs in this method, the graduate assistant facilitated interested RAs who held this training for students residing in their house.

- **Orientation**

Education regarding alcohol and other drugs is part of the orientation program for new freshman students. Campus Ambassadors were provided with training regarding AODA issues, information, and resources by the chair of the campus AODA Task Force (a psychologist with Norris Health Center). The Campus Ambassadors, in turn, discussed this information with incoming freshmen students as a part of their small group activities during orientation. Parents are now also receiving information surrounding alcohol, other drug use and safety information as a part of their orientation program.

- **Make Good Decisions Program**

Funded by a \$5000 grant obtained from the WI Department of Transportation, students in focus groups brainstormed ideas for preventing alcohol-related problems for students in the neighborhoods. From student feedback and requests, 90 student leaders and educators were given training. The training sessions included the effects of alcohol on a young adult population, risk factors for this age group, problems associated with alcohol abuse and strategies their peers could use to minimize problems associated with alcohol use. Safe drinking practices for those who choose to drink were the major theme of the training in the campaign. A new website

(MakeGoodDecisions.uwm.edu) was created for student use that contained this information as well as a BAC calculator. Promotional materials were also distributed.

- **Virtual House Party**

Sponsored by University Housing, the Virtual House Party offers UWM students the opportunity to witness and discuss a variety of the negative consequences that may result from the misuse of alcohol or other drugs. Students are walked through a series of scenes that include situations involving date rape, alcohol poisoning, intoxicated driving, high risk sexual situations, and law enforcement activities. They then participate in a debriefing session that provides them with the opportunity to reflect on what they have witnessed and to discuss what it may mean with regards to their own participation in local house parties. The program is staffed by student leaders (including Resident Assistants and Peer Health Advocates), university Housing staff, and University Police.

- **University Housing AODA Door Hangers:**

Before move in, full-color door hangers were placed on every resident's door. The door hangers were created to highlight the possible consequences of underage and irresponsible drinking and educate residents about how to respond to a medical emergency involving alcohol.

- **University Housing Educational Programs**

During this biennium University Housing offered 55 small- and large-scale programs which in some manner incorporated information about alcohol or other drugs into entertaining and enjoyable events.

- **Presentations for classrooms, university housing, and other student groups**

Numerous presentations to classes and students groups have been delivered, by request, during this biennial period. These presentations have included information regarding campus AODA data, symptoms and dynamics of substance abuse and addiction, tips for safer alcohol consumption, and resources for treatment.

3. Dissemination of Information Regarding AODA-Related Information, Resources, Policies and Laws:

These initiatives are intended to inform campus community members of AODA-related campus policies and relevant local laws.

- **Drug Free Campus Policy information**

Information fulfilling the requirements of the federal legislation of 1989 is provided to students by the Dean of Students Office in a number of formats. This includes an insert in the timetable that students use when they register for classes and a posting on the Office of Student Life website (<http://www.uwm.edu/Dept/OSL/DOS/UWS.html>). University AODA policies are also referred to in other widely-distributed student publications, including the Undergraduate Catalog and the Panther Planner Calendar and Undergraduate Student Handbook.

Information fulfilling the requirements of the federal legislation of 1989 is provided annually to university employees by the Chancellor. This information is distributed via email to all employees via email. Those

employees hired after this email are directed to this information in the Annual Security Report webpage at:

http://www4.uwm.edu/safety/annual_security_report.cfm.

Additionally, the website of the Secretary of the University presents employees and staff with a description of the standards of conduct concerning alcohol and other drugs

(<http://www4.uwm.edu/secu/policies.html>),

as does the Human Resources webpage

(<http://www.uwm.edu/Dept/HR/refmaterial/htms/drugplcy.htm>).

The new Annual Security Report format prominently featured on the Campus Safety webpage now contains all of the AODA information, resources, laws and penalties necessary for compliance with the Drug Free Schools and Campuses Act. This information is now presented in a more reader friendly manner.

- **Clery Act information**

UWM's Policy on the Clery Act and the Campus Sex Crimes Prevention Act is available on the Office of Student Life website

(<http://www.uwm.edu/Dept/OSL/CleryAct/>).

- **University Housing policies**

University Housing provides students with detailed written information regarding alcohol and other drug policies, enforcement, and related procedures. This information is in their University Housing Student Handbook and is also available to students on the University Housing website

(http://www4.uwm.edu/housing/contract_policies/forms/contract/handbook/handbook.pdf).

Secondary Prevention and Early Intervention Initiatives

A variety of secondary prevention and early intervention initiatives are available to those students who have been identified by university or law enforcement officials as having experienced negative consequences as a result of their alcohol use and/or who have self-identified themselves as being at high risk for alcohol and/or drug-related problems.

1. Brief Alcohol Screening and Intervention for College Students (BASICS)

BASICS is a research-based, two-session program that offers participants a thorough alcohol screening assessment followed by personalized feedback (delivered utilizing motivational interviewing techniques) regarding his/her drinking behaviors, problems, motivations, and risks. Participants may be self-referred, referred by the legal system, or referred by university medical professionals or staff.

2. Choices About Responsible Drinking (CARD)

University Housing's CARD program is mandated for individuals who have violated the residence hall alcohol policy. The program includes exercises and discussion to increase participants' awareness of their relationship with alcohol and personal drinking patterns, to correct misperceptions regarding drinking, to increase awareness about the negative consequences of alcohol misuse, and to heighten knowledge regarding the effects of alcohol consumption on one's body. In the Fall of 2008 University Housing added CARD II as another level of intervention. Students

who have completed CARD I but have subsequent policy violations related to alcohol, or those who the staff feel would benefit from a more in-depth education and reflection about their alcohol use are referred to CARD II.

3. Alcohol Diversion Program

Sponsored by University Police, the Alcohol Diversion Program offers individuals who have been cited for underage drinking an opportunity to complete an educational program; individuals who successfully complete the diversion program will have their fine forgiven, and the citation will be removed from their record. This program includes group alcohol information and harm reduction strategies, followed by an individual feedback session that uses motivational enhancement to provide each participant with information regarding their personal drinking behaviors, risk factors, motivations and harms related to their drinking, personally relevant alcohol information, and alternatives to participating in high-risk alcohol-related behaviors.

4 AODA Counseling

The Counseling unit of Norris Health Center offers assessment and individual counseling for students with early and middle-stage issues with alcohol or other substances. Referral services are also provided for students requiring more intensive AODA treatment.

5 Smoking Cessation

The Health Promotion and Wellness unit of Norris Health Center offers individual smoking cessation services for students.

6. NIAAA Rapid Response Grant

UWM researchers are in the final data collection stage of a 3-year, \$826,000 National Institute on Alcohol Abuse and Alcoholism (NIAAA) research grant to investigate the differential effectiveness of 3 brief interventions for freshmen alcohol violators living in the residence halls. In this study, first-time alcohol policy violators choosing to participate in the research program will be randomly assigned to the CARD Program, BASICS Program or a meeting with their Residential Program Manager. Post- and follow-up- assessments will assess the differential effectiveness of the interventions over an 18-month period. Over 300 alcohol policy violators participated in one of the interventions.

7. COAST leaders

A new program has been developed to assist in addressing AODA and other problems in the neighborhoods. A dozen students have been hired as Community Outreach and Assistance for Student Tenants (COAST) leaders. These leaders educate students residing in apartments in the nearby neighborhoods. Areas for education include AODA issues, especially as they impact the potential safety of the students and quality of life in the neighborhoods. They receive conflict resolution skills training to help deal in part with conflicts between students and between students and permanent residents that come to the attention of Neighborhood Housing staff.

8. Neighborhood Relations Interns

Within the current biennial period, graduate student interns have begun working within the Neighborhood Relations department. One of the roles of these interns has been to intervene with students and permanent neighbors surrounding conflicts that often involve parties and alcohol use. Another role they have played has been

to talk with students identified as exhibiting problem behavior, often surrounding alcohol use. They encourage students to get assessment and treatment, when appropriate, and provide AODA referral resources

Safety Initiatives

These safety initiatives are intended to mitigate the potential for harmful consequences associated with student alcohol use.

1. SafeWalker Program

A new program of University Police have put teams of two student workers out patrolling the neighborhoods surrounding UWM during evenings into the early morning hours on Thursday evening through Sunday morning. Included in the goals of the program are decreasing crime and victimization of neighborhood residents, many of whom are students. These hours of operation that coincide with heavy drinking periods are high crime times. Safewalkers receive training on dealing with intoxicated persons.

2. Be On the Safe Side (BOSS)

BOSS is a safe ride program that offers evening and late night transportation seven days a week. This UWM service likely deters students from driving under the influence of alcohol and may also decrease crime and incidence of assault.

3. Enhanced Enforcement

In an effort to decrease alcohol-related problems in the neighborhoods, UWM continues to significantly fund enhanced enforcement activities by the Milwaukee Police Department. Funds are allocated for extra weekend shifts by MPD officers for additional patrols and increased response to neighborhood calls. These often involve party-related behaviors of noise, other disruption or violence. UWM Police work closely with MPD officers who often call for assistance with alcohol-related violations.

4. Neighborhood Action Team

A new intervention during this biennial period, the Neighborhood Action Team is composed of University Staff from a number of departments, University Police and Milwaukee Police Department representatives who oversee the above enhanced enforcement activities. The team meets six times in both the Fall and Spring semesters to discuss safety, crime and AODA issues for the neighborhoods surrounding the campus and plan strategies to intervene to minimize future problems in these areas.

5. Parent/Family Notification Policy

Beginning fall of 2007, UWM University Housing implemented the notification procedure as a way to capitalize on the positive benefit of parental involvement. This policy was prompted due to grave concerns about the high-levels of intoxication that were seen in some of the residents. A member of the Residential Programs professional staff notifies the family of a student under 21 years of age:

- a. By a phone call if that resident is transported to an emergency medical treatment center for drug use or intoxication. This phone call is made at the time of transport.
- b. In writing if the resident is facing significant disciplinary action related exclusively to alcohol and/or drug use

II. Compliance Checklist

Biennial Review Compliance Checklist University of Wisconsin-Milwaukee 2006-2008

1. Does the institution maintain a description of its alcohol and drug prevention program?

If yes, where is it located?

Yes. In accordance with the 1989 Drug-Free Schools and Campuses Act, the University of Wisconsin – Milwaukee maintains its description of the Alcohol and Drug Prevention Program (Biennial Report) in the office of the Vice Chancellor for Student Affairs as well as within the Health Promotion and Counseling Units of Norris Student Health Center. The report is available to faculty, staff, and students upon request.

2. Does the institution provide *annually to each employee and each student, who is taking one or more classes for any type of academic credit except for continuing education units, written materials that adequately describe and contain the following:*

a) Standards of conduct that prohibit unlawful possession, use, or distribution of illicit drugs and alcohol on its property or as a part of its activities

b) A description of the health risks associated with the use of illicit drugs and the abuse of alcohol

c) A description of applicable legal sanctions under local, state, or federal law

d) A description of applicable counseling, treatment, or rehabilitation or re-entry programs

e) A clear statement of the disciplinary sanctions the institution will impose on students and employees, and a description of those sanctions

Yes. For details see the section Drug Free Campus Policy information: Dissemination of Information Regarding AODA-Related Information, Resources, Policies and Laws above.

In summary, both students and employees annually receive information regarding UWM standards of conduct that prohibit unlawful possession, use, or distribution of illicit drugs and alcohol on its property or as a part of its activities. This material also includes a description of the health risks associated with the use of illicit drugs and the abuse of alcohol, as well as a description of applicable legal sanctions under local, state or federal law. Included also is a listing of applicable counseling, and treatment programs available thru the community and a descriptive statement on the disciplinary sanctions the institution will impose on students and employees who violate these laws is also included. In addition, a website provides this information and is referenced in the course registration materials. The new Annual Security Report format prominently featured on the Campus Safety webpage now contains all of the AODA information, resources, laws

and penalties necessary for compliance with the Drug Free Schools and Campuses Act. This information is now presented in a more reader friendly manner. The Department of Student Life website contains information on the University of Wisconsin System policies on alcohol and other drugs, including controlled substances and it is referenced in the Student Handbook. These websites are referenced in the written materials students receive in the course registration materials as well as in the Student Handbook

- 3. How are the above materials distributed to students?**
- a) Mailed to each student (separately or included in another mailing)**
 - b) Through campus post office boxes**
 - c) Class schedules which are mailed to each student**
 - d) During freshman orientation**
 - e) During new student orientation**
 - f) In another manner (describe)**

For details see the section Drug Free Campus Policy information: Dissemination of Information Regarding AODA-Related Information, Resources, Policies and Laws above.

- 4. Do the means of distribution provide adequate assurance that each student receives the materials annually?**

Yes, it is felt that the current distribution methods have adequately assured that each enrolled student annually receives this information.

- 5. Does the institution's distribution plan make provisions for providing these materials to students who enroll at some date after the initial distribution?**

As in number 2 above, heavy emphasis on distributing the information in materials that students needed for registering for courses and in materials distributed to students as well displayed on frequently visited websites insures their exposure to the information.

- 6. How are the above materials distributed to staff and faculty?**
- a) Mailed**
 - b) Through campus post office boxes**
 - c) During new employees orientation**
 - d) In another manner (describe)**

Since the Fall of 2006 this information is now emailed to all employees via an email from the Chancellor. In addition, the websites of both the Secretary of the University and Human Resources present for employees and staff a description of the standards of conduct concerning alcohol and other drugs as a part of the Drug-Free Campus Act as well as disciplinary action for violation of these standards

http://www.uwm.edu/Dept/SecU/acad+admin_policies/S19.5.htm;
<http://www.uwm.edu/Dept/HR/refmaterial/htms/drugplcy.htm>

7. Do the means of distribution provide adequate assurance that each staff and faculty member receives the materials annually?

Yes.

8. Does the institution's distribution plan make provisions for providing these materials to staff and faculty who are hired after the initial distribution?

Yes. Those employees hired after the Chancellor's annual email are directed to this information in the Annual Security Report webpage at:

http://www4.uwm.edu/safety/annual_security_report.cfm#CP_JUMP_152008

9. How and by whom does the institution conduct biennial reviews of its drug prevention program to determine effectiveness, implement necessary changes, and ensure that disciplinary sanctions are enforced?

- a) Conduct student alcohol and other drug use survey
- b) Conduct opinion survey of its students, staff and faculty
- c) Evaluate comments obtained from a suggestion box
- d) Conduct focus groups
- e) Conduct intercept interviews
- f) Assess effectiveness of documented mandatory drug treatment referrals for students and employees
- g) Assess effectiveness of documented cases of disciplinary sanctions imposed on students and employees

Biennial reviews of the Alcohol and Drug Prevention Program to determine effectiveness, implement necessary changes, and ensure that disciplinary sanctions are enforced are done every 2 years (even numbered years) and are conducted by the UWM AODA Task Force (membership roster is presented in **Appendix A**).

The Core Survey was completed in 2003 and was administered again to students in University Housing in 2008. In 2004 UWM participated in the UW System's pilot AODA survey of 26 schools. In Spring of 2005 and 2007 UWM again participated in the UW System AODA web-based survey and will again in 2009. These surveys allow for analysis of UWM AODA trends over time compared to UW System averages.

The National College Health Assessment (NCHA) was also conducted in 2005 and 2008 through an online survey of UWM undergraduates. These surveys complemented the previous years' AODA surveys by expanding the nature of the data beyond substance use by including broad-based health and mental health data. In addition, the College Alcohol Risk Assessment (CARA), an alcohol environmental survey was completed in 2005. (Copies of the results of all of these surveys are available at the Norris Health Center from the Campus AODA Coordinator). Data from all these surveys are discussed in monthly AODA Task Force meetings. Based in part on these data, recommendations were made for some of the AODA programming described above.

With respect to student feedback, the main component of the 2008 WI DOT grant was to tailor an intervention for students in the neighborhoods based upon the feedback of students. Impressions and feedback about alcohol problems and possible successful strategies to reduce them were solicited in three focus groups led by and comprised of students. From these focus groups, students picked a set of interventions, from a list of evidence-based strategies, which they felt would reduce alcohol-related problems for students in the surrounding neighborhoods. Also, the UWM Student Association was considering conducting an email survey of students largely around AODA issues. The AODA Task Force provided consultation to SA representatives for this survey.

The University Police collect data on enforcement of laws including alcohol and other drug violations. As mentioned above, hundreds of students participate annually in the mandatory interventions for substance abuse violations in the residence halls. In addition, the NIAAA Rapid Response grant is designed to assess the differential effectiveness of these interventions on both short- and long-term bases for mandated University Housing alcohol policy violators.

The Alcohol Diversion Program, offering group and individual interventions for underage drinking violations, collects program evaluation data based upon feedback requested of each participant. Hundreds of students have utilized this program since its first year in 2006. In addition, each year hundreds of University Housing students who violate alcohol policy are mandated to participate in the CARD or more intensive CARD II programs. Finally, dozens of students participate each year in the BASICS program offered by Norris Health Center. Although some students are self-referred, the majority of these students are referred for this alcohol intervention as the result of legal or campus alcohol policy violations.

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

Yes. A copy of the results of the biennial review is available upon request from either the Dean of Students, campus AODA coordinator or Norris Health Center.

11. Where is the biennial review documentation located?

See answer #1 in this section above.

III. 2006-2008 Goal Attainment

Goals for the 2007-08 Biennial Period

The following goals were proposed by the UWM AODA Task Force for the 2007-2008 biennial period.

- 1. Consider readministering the CORE alcohol and other drug survey either campus-wide or with a subgroup of students.**

The Core was administered to UH students in 2008. This data, along with current UWS and NCHA survey data are considered adequate at this time for AOD survey assessment.

- 2. Review the most recent version of the NIAAA recommendations for college alcohol abuse prevention strategies and consider implementing those deemed as appropriate for our campus**

The Fall 2007 NIAAA Update for college drinking prevention was reviewed and discussed by the AODA Task Force. Many of the early intervention programs recommended for at-risk students are currently in place on our campus. A number of other recommended strategies for the general student population have been incorporated into the goals for the 2009-2010 biennial period.

- 3. Examine the latest research regarding effective campus-wide late night alcohol free events. Contingent on the outcome of this examination, consider:**
 - a. collaboration with student organizations to increase the number of these events on campus**
 - b. investigating grants and other funding options for late night events**

A Task Force member and student volunteer researched late night alcohol free activities at universities and the research regarding their effectiveness. The results show a growing body of evidence linking substance use to a lack of a substance free reinforcement environment. Participants in some late night alcohol free activities report that the programs decrease substance use by themselves and their peers and other data supports this perception. Some successful programs are funded, supported within the university and comprehensive in nature (vs. intermittent or isolated activities) and marketed as alcohol free events. The Task Force will look for opportunities to solicit funding for these activities.

- 4. Explore potential opportunities for collaborating with Access to Success for prevention programming**

Task Force members submitted a proposal for comprehensive co-curriculum programming on wellness and health-related topics which was recently funded. Off campus students receive points for attending informational activities including two on alcohol. A menu of courses offered to instructors includes content on alcohol. Collaboration with administration and staff of the First Year Center on new programming for upcoming years is presently occurring.

5. Consider utilization of an online alcohol education program as an orientation component for residence hall living

An online educational intervention was explored by University Housing administrators. It was decided not to add this intervention at the present time. An online intervention for all incoming students was researched by a subcommittee of the AODA Task Force. After a thorough review of currently used interventions, findings and recommendations were presented to the Task Force and to the director of the First Year Center. An online intervention is being considered for use by all incoming students for the 2009-2010 academic year.

6. Examine opportunities for enhanced parent AODA prevention interventions

A member of the AODA Task Force wrote a substantial DOE grant proposal for this type of programming which unfortunately was not funded. During this biennial period parents are given more AODA information as part of parent orientation. The parent orientation process is being revamped and expansion of AODA content is being considered. Parental notification for AODA-related medical transports as well as for multiple AODA offenses has been instituted in the past year by University Housing. Also within the past year University Police have begun parental notification for multiple underage drinking infractions.

7. Examine current programming to determine which student groups may have more limited exposure to prevention efforts. Explore viable options for targeted interventions for these groups

Current programming was discussed by the AODA Task Force with an eye towards groups who may have more limited exposure to the current interventions. A list of groups likely receiving less exposure to preventive efforts and/or at-risk was generated and included: new students in University Housing, student athletes, women, international students, student residing in new residence halls at a distance from the campus, students with disabilities, distance commuting students, non-traditional age students, student veterans, LGBT students, repeated AOD offenders and university staff. Viable preventive efforts for these groups will be considered for the future.

8. Examine all feasible ways of gathering and organizing existing and new sources of data regarding AOD policy violations and related behavioral problems

Neighborhood relations has recently developed a new report of AODA violations that is being updated regularly by Neighborhood Housing. It combines data from multiple sources (University Police, Milwaukee Police Department enhanced enforcement operations) into one comprehensive report. University Housing regularly tracks violations including AODA violations. In addition, all students of concern (those exhibiting behavioral disturbances that may suggest serious problems- including those with possible AODA problems) are tracked and are discussed by the new Multidisciplinary Review Team). This team pulls together data and interventions from various departments across campus.

9. Attempt to gather information regarding AODA policy and enforcement activities at like urban institutions

An extremely comprehensive review of our AOD policies, procedures and enforcement in comparison with the aggregate data for all of the UW System institutions was completed this year. This thorough analysis of UWM of these areas was conducted by the College Center for Health and Safety as a result of a Department of Transportation grant. As a follow-up of this analysis a number of AODA Task Force members attended a two day symposium where the results were discussed. The results were also reviewed and discussed within the Task Force as a whole. The decision was reached that we will wait for the proposed modifications of Chapters 17 and 18 and then interface some of the recommendations with them. Given its comprehensive nature, further comparisons were deemed by the AODA Task Force as unnecessary at this time.

10. Explore opportunities for increased collaboration with community groups

Efforts have been made for collaboration with the neighborhoods associations through both the Task Force Neighborhood Relations subcommittee and a meeting hosted by University Relations in the Fall. Members of adjacent neighborhood associations were invited to a meeting to discuss collaborative efforts but only one neighborhood resident attended. In addition University Relations hosted meeting with interested neighbors (permanent residents and students), landlords, university departments and community enforcement and services. Due to low attendance these meetings were discontinued. University personnel regularly attend neighborhood association meetings. The new COAST Program is making inroads in developing stronger relationships with permanent neighbors on a more informal basis. The director of Neighborhood Relations regularly patrols neighborhoods on weekend nights and has regular contacts with residents with complaints. This department has also added interns to its staff for increased neighborhood contacts. The new Safewalker Program of University Police has informally improved relations and contacts with neighborhood residents. The DOT IV Grant focused on off campus alcohol- and non-alcohol-related safety issues and good neighbor practices. We will continue to look for opportunities to expand collaboration.

11. Explore opportunities for increased education/prevention activities in the classroom.

University 101 classes are now being offered University-wide to instructors through co-curricular planning. The offered classes include content on alcohol and stress management skills.

12. Offer AODA prevention education/training to academic advisors, counselors and instructors for Freshmen Experience classes.

Students in Freshmen Experience classes will have access to the above classes if these are chosen by their instructors. In addition, the new director of the First Year Center is presently examining this issue of AODA programming through the First Year Center.

13. Gather and organize data regarding AOD-related violence. Consider adopting violence prevention interventions deemed appropriate for our campus

The brief rise in reports of AODA-related violence at the time of the setting of these goals was time limited. In discussion in the Task Force, it was decided that efforts to meet Goal 8 above are sufficient to organize ongoing data. A large scale program to decrease violence was developed for a Violence Against Women grant proposal. Unfortunately, the grant was not funded. Attempts will be made to implement some of the programming without this funding. Orientation training for Campus Ambassadors for incoming students continues to emphasize the AODA and violence links.

14. Explore options for the use of students to develop and/or assist in marketing appropriate AOD prevention information and materials

The DOT IV grant obtained was designed specifically to get student ideas for prevention programs and to gain more of their involvement in the efforts. The intervention idea which was chosen by students includes the emphasis on the use of student groups to market appropriate safety and good decision-making with respect to alcohol use on the part of the general student population. The nature of the interventions and their content was chosen by students. It also provides opportunities for them to continue their involvement throughout the year. Also, consultation was provided to the Student Association for an AOD survey they planned to send out to a large number of the student body.

IV. Goals for the 2009-2010 Biennial Period

The following goals have been proposed by the UWM AODA Task Force for the 2009-2010 biennial period.

**UWM AODA Task Force
Proposed Goals for the 2009-2010 Biennial Period**

The following goals have been proposed by the UWM AODA Task Force for the 2009-2010 biennial period.

1. Incorporate brief motivational interventions within the medical care setting.
2. Explore research literature to determine where, when, and by whom motivational interventions might be effectively utilized beyond the context of clinical care.
3. Pursue the implementation of an online alcohol education program for incoming students.
4. Develop and disseminate a consistent message regarding the use of alcohol and other drugs for use in educational programming and prevention efforts across various campus entities. Identify and utilize students' key contact points within the University for further conveyance of these messages.
5. Explore the use of web-based technology for prevention efforts.

6. Support the development of a tracking system to identify high-risk groups (and the student leaders within those groups). Explore research-supported or promising strategies for successfully working with identified students.
7. Take advantage of opportunities to engage parents in AODA-related interventions.
8. Investigate peer groups on other campuses that work to connect those students who are choosing not to drink, and assess the feasibility for replicating these groups and/or strategies on our campus.
9. Maintain communication with the Neighborhood Action Team so as to stay informed of their activities and to get involved when appropriate.
10. Develop and implement a Task Force membership/recruitment plan to bring a greater representation of faculty members, advisors, academic affairs personnel, and other campus entities to the group.
11. As they arise, pursue possibilities to become involved in multi-campus research initiatives that seek to investigate promising practices.
12. Develop and implement required and consistent training for all student employees in leadership and mentoring positions.

V. Appendices

Appendix A- **UWM AODA Task Force Membership**

Appendix B- **UWM Drug Free Campus Policy-Annual Faculty and Staff Notification of Standards of Conduct, Health Risks, Legal and Disciplinary Sanctions and Resources- AODA**

VI. Sources of Referenced Information

UWM's Policy on the Clery Act, the Campus Sex Crimes Prevention Act, and Drug and Alcohol Abuse Prevention Information (www.uwm.edu/Dept/OSL -Campus Safety Information- and http://www4.uwm.edu/safety/annual_security_report.cfm#CP_JUMP_152008)

Chapter UWS 17- Student Non-Academic Disciplinary Procedures
(www.uwm.edu/Dept/OSL -UW System Policies)

Chapter UWS 18- Conduct on University Lands
(www.uwm.edu/Dept/OSL -UW System policies)

UWM Student Handbook
(Available at www.uwm.edu/Dept/OSL -Student Handbook)

University Housing Student Handbook
(Available at www3.uwm.edu/Dept/Housing)

Throwing a House Party: A Guide By and For UW-Milwaukee Students and Neighbors
(Available at http://www.aux.uwm.edu/nho/NHO_brochures/House_Party_Guide.pdf Neighborhood Living)

Timetable (UWM Student Policy, Registration and Course Listing Book)
(Available at www.des.uwm.edu)

APPENDIX A

UW-MILWAUKEE ALCOHOL AND OTHER DRUG ABUSE (AODA) TASK FORCE

December 2008

	Department	Campus Address	E-mail	Ext.
Sarah Belstock	Norris Health	Union 350	belstock@uwm.edu	4675
Colleen Bernstein	Norris Health	Norris Health Center Merrill Hall G12	colleenb@uwm.edu	6668
Jaymes Burns	Student/PHA	Union 350	burnsim@uwm.edu	327-9111
Arcetta Knautz	University Housing	Sandburg Halls	arcettab@aux.uwm.edu	6872
Marty Cavan	University Police	Sandburg Halls West 140	mmcavan@uwm.edu	4627
Toby Deutsch	Recruitment & Outreach	Bolton 120	deutsch@uwm.edu	X6899
Keri Duce	Neighborhood Housing	Union 363	duce@aux.uwm.edu	X6999
Paul Dupont	Norris Health	Norris Health Ctr 220	pdupont@uwm.edu	2927
Becca Grassl	Union Programming	Union 320	grassl@aux.uwm.edu	3728
Jennifer Hernandez-Meier	Graduate Student	Enderis 1110	hernan23@uwm.edu	4851
Kelly Johnson	University Housing	Sandburg Halls	kjohnson@aux.uwm.edu	5683
Sue McCarthy	Women's Resource Center	Union WG93	suzimac@uwm.edu	2852
Tom McGinnity	Assoc Dean of Students	Union 363	tommc@uwm.edu	5780
Jennifer Murray	LGBT Resource Center	Union WG 89	jrmurray@uwm.edu	4116
Aggie Northrup	Academic Advisor L&S	Holton 125	witowski@uwm.edu	2795
David Ohrmund	University Housing	Sandburg Halls	ohrmund@aux.uwm.edu	698-1806
Oscar Perez	Neighborhood Relations	Chapman Hall	oop@uwm.edu	4035
Sara Schillinger	Recreational Sports & Facilities	Klotsche Ctr 332	sj@uwm.edu	5072
Carol Haertlein Sells	Occupational Therapy	Enderis Hall 961	chaert@uwm.edu	6933
Laura Stuart	Norris Health	Norris Health Center Merrill G42	stuartl@uwm.edu	2919

Rev 12-08

APPENDIX B

UWM DRUG FREE CAMPUS POLICY: ANNUAL FACULTY AND STAFF NOTIFICATION OF STANDARDS OF CONDUCT, HEALTH RISKS, LEGAL AND DISCIPLINARY SANCTIONS, WISCONSIN AND FEDERAL SANCTIONS



November 1, 2007

Chapman Hall
P.O. Box 413
Milwaukee, WI
53201-0413
414 229-4331 *phone*
414 229-2347 *fax*

MEMORANDUM

To: UWM Faculty and Staff

From: Carlos E. Santiago
Chancellor

Re: *Maintaining a Drug-Free Workplace*

During the late 1980s, Congress enacted legislation concerning drug use and possession in an effort to curb the drug problem among our youth and in the workplace. UW-Milwaukee is subject to two federal statutes, which address an employer's obligation to maintain a drug-free workplace.

The Drug-Free Workplace Act of 1988 requires institutions to certify they maintain a drug-free workplace as a condition for receiving federal grants and contracts. The Drug Free Schools and Communities Act amendment of 1989 also require institutions to certify they have adopted and implemented programs that help prevent the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees. These programs include the distribution of related educational materials.

The attachments were created to meet specific requirements relating to our faculty and staff population. They include UWM's Drug-Free Campus Policy, a description of related Wisconsin and Federal sanctions, a summary report on the health effects of drug and alcohol abuse, and a general list of available campus and community resources for drug and alcohol abuse treatment.

Under UWM's Drug-Free Campus Policy, employees who are convicted of any drug statute violation occurring in the workplace must notify their dean, director or department chair within five days of the conviction if the employee(s) are employed by the university at the time of the conviction(s).

Questions concerning the campus policy and related legal sanctions may be directed to Robin Van Harpen, Director of Legal Affairs (ext. -4278), or Karl Sparks, Director of Human Resources (ext. -5640). If you have any questions concerning the effects of drug and alcohol abuse, please call Paul Dupont, the campus alcohol and other drug abuse educator (ext. -2927). Information regarding alcohol and other drug abuse counseling and treatment resources may be obtained by contacting UWM's Employee Assistance Program administrator, Symmetry, <http://www.symmetryeap.org/>, at (414) 256-4800 or (800) 236-7905.

Attachments

UWM DRUG-FREE CAMPUS POLICY

Authority: Federal Drug-Free Workplace Act of 1988, Drug-Free Schools and Communities Act of 1990, and UWM Administration, Selected Academic and Administrative Policies No. S-19.5

Date: 1997 – Rev. (2) (August 1990 – Rev. 1) (Original 7/3/89)

UNIVERSITY OF WISCONSIN-MILWAUKEE STANDARDS OF CONDUCT AND UNIVERSITY SANCTIONS CONCERNING ILLICIT DRUGS AND ALCOHOL

The University of Wisconsin System and the University of Wisconsin-Milwaukee prohibit the unlawful possession, use, distribution, manufacture or dispensing of illicit drugs and alcohol by students and employees on university property or as part of university activities.

The use or possession of alcoholic beverages is prohibited on university premises, except in faculty and staff housing and as expressly permitted by the chief administrative officer or under institutional regulations, in accordance with UWS 18.06(13)(a), Wis. Adm. Code and UWM's Guidelines for Serving Alcoholic Beverages (S-5), Selected Administrative and Academic Policies. Without exception, alcohol consumption is governed by Wisconsin statutory age restrictions under UWS 18.06(13) (b), Wis. Adm. Code.

The unlawful use, possession, distribution, manufacture or dispensing of illicit drugs ("controlled substances" as defined in §961.01(4), Wis. Stats.) is prohibited in accordance with UWS 18.10, Wis. Adm. Code.

Violation of these provisions by a student may lead to the imposition of disciplinary sanctions, up to and including suspension or expulsion, under Ch. UWS 17, Wis. Adm. Code. University employees are also subject to disciplinary sanctions for violation of these provisions occurring on university property or the worksite during work time, up to and including termination from employment. Disciplinary sanctions are initiated and imposed in accordance with applicable procedural requirements and work rules, as set forth in Wisconsin statutes, administrative rules, faculty and academic staff policies, and collective bargaining agreements. Referral for prosecution under criminal law is also possible. Further, violations of UWS 18.06(13) and 18.10, Wis. Adm. Code may result in additional penalties as allowed under Ch. UWS 18, Wis. Adm. Code.

Employees who are convicted of any drug statute violation occurring in the workplace must notify their dean, director or department chair within 5 days of the conviction if the employees are employed by the university at the time of the conviction, in accordance with the Federal Drug-Free Workplace Act, 41 U.S.C. § 701 et al., and UWM's Drug-Free Campus Policy (S-19.5), Selected Academic and Administrative Policies.

PROCEDURE FOR REPORTING CONVICTIONS

DRUG FREE CAMPUS POLICY

The UWM Drug-Free Campus Policy, S-19.5, (August, 1990), incorporates the requirements of the Federal Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act of 1990. The Drug-Free Workplace Act requires any employee who is convicted (including a plea of nolo contendere) of any drug statute violation occurring in the workplace to notify his or her dean, director or department chair within five (5) calendar days of the conviction if employed by the university at the time of the conviction. This notification must be in writing.

Within 10 calendar days of receiving information from any source about a conviction the university must notify the federal funding agency if the employee worked on any activity covered by the grant or contract. This includes both direct charge and indirect charge employees. The following steps explain the internal administrative procedure for reporting convictions to the federal funding agency:

1. Dean, director or department chair obtains knowledge (from any source whatsoever) about a drug statute conviction at the workplace. (Consult Legal Affairs if there is a question about whether a particular location is considered a “workplace.”)
2. Dean, director or department chair shall contact immediately the Dean or Associate Dean for Research and Sponsored Programs of the Graduate School to transmit the relevant information. This contact shall be by telephone, followed by written confirmation.
3. The Dean or Associate Dean of Research and Sponsored Programs of the Graduate School shall obtain written confirmation of the conviction if the information was obtained by the dean, director or department chair from any source other than the convicted employee.
4. The Dean or Associate Dean of Research and Sponsored Programs of the Graduate School shall determine whether the convicted employee worked on any activity related to a federal grant or contract.
5. If the convicted employee worked on an activity related to a federal grant or contract, the Dean or Associate Dean of Research and Sponsored Programs of the Graduate School, within 10 calendar days of the conviction, must notify in writing the appropriate federal funding agency. The notification should be sent via certified mail and copies sent to the Vice Chancellor and Legal Affairs.
6. The Vice Chancellor shall ensure that appropriate internal discipline and/or rehabilitation is implemented for the employee following applicable due process requirements or collective bargaining agreement provisions and in compliance with the Wisconsin Fair Employment Act.

FEDERAL LEGAL SANCTIONS

The Controlled Substances Act (CSA), 21 U.S.C. § 801 *et seq.*, is a consolidation of numerous federal laws regulating the manufacture and distribution of controlled substances. The CSA establishes mandatory minimum penalties for the unlawful manufacturing and distribution of controlled substances. Select penalties mandated by the CSA are highlighted below.

21 U.S.C. 844(a)

1st drug conviction: Up to 1 year imprisonment and/or fined at least \$1,000.

2nd conviction: At least 15 days in prison, not to exceed 2 years and/or fined at least \$2,500.

3rd conviction: At least 90 days in prison, not to exceed 3 years and/or fined at least \$5,000.

Special sentencing provisions for possession of substances containing a cocaine base (e.g. “crack” cocaine): At least 5 years in prison not to exceed 20 years and fined a minimum \$1,000, if (a) 1st conviction and the amount possessed exceeds 5 grams; (b) 2nd conviction and the amount possessed exceeds 3 grams; or (c) 3rd or subsequent conviction and the amount possessed exceeds 1 gram.

21 U.S.C. 853 and 21 U.S.C. 881

Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance, used to transport a controlled substance, obtained as the result of a violation of federal law, or otherwise used to violate federal law relating to controlled substances.

21 U.S.C. 844a

Civil fine of up to \$10,000.

21 U.S.C. 862

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

18 U.S.C. 922(g)

Ineligible to purchase, receive, or transport a firearm or ammunition.

Miscellaneous

Drug convictions may result in the revocation of certain federal licenses and benefits, e.g. pilot licenses, public housing tenancy, etc. The power to revoke such licenses and benefits is vested within the authorities of the applicable government agency.

STATE OF WISCONSIN LEGAL SANCTIONS

The Uniform Controlled Substances Act, Chapter 961 of the Wisconsin Statutes, regulates controlled substances and outlines specific penalties for the violation of the regulations. A first-time conviction for possession of a controlled substance can result in a sentence of up to one year in prison and a fine of up to \$5,000. Sec. 961.41(3g), Wis. Stats. A person convicted of manufacturing a controlled substance, delivering a controlled substance, or possessing a controlled substance with intent to manufacture or deliver, can be imprisoned for up to 30 years and fined up to \$1,000,000. §§ 961.41 (1) and (1m), Wis. Stats. Penalties vary according to the type of drug involved, the amount of drug confiscated, the number of previous convictions, and the presence of any aggravating factors. The distribution of a controlled substance to a minor can lead to a five-year increase of the maximum term of imprisonment otherwise authorized. Section 961.46, Wis. Stats.

Wisconsin has formidable legal sanctions that restrict the use of alcohol in various situations. It is illegal to procure for, sell, dispense or give away alcohol to any person under the age of 21 who is not accompanied by his or her parent, guardian or spouse. § 125.07(1) (a) (1), Wis. Stats. Every adult has a legal obligation to prevent the illegal consumption of alcohol on premises owned by the adult or under the adult's control. §125.07(1) (a) (3), Wis. Stats. A first-time violator of either of these laws can be fined up to \$500. §125.07(1) (b) (2), Wis. Stats.

Wisconsin laws impose harsh penalties on underage persons who attempt to use alcohol as well. It is against the law for an underage person to procure or attempt to procure an alcoholic beverage, to falsely represent his or her age for the purpose of obtaining alcohol, or, if not accompanied by his or her parent, guardian or spouse, to enter premises licensed to sell alcohol or to consume or possess alcohol on licensed premises. §125.07(4) (a), Wis. Stats. A first-time underage violator of this law can be fined up to \$500, ordered to participate in a supervised work program, and have his or her driver's license suspended. § 125.07(4) (bs), Wis. Stats.

SUMMARY OF THE HEALTH EFFECTS OF THE USE AND ABUSE OF ALCOHOL AND OTHER DRUGS

The following is a partial list of drugs and some of the possible consequences of their use. The abuse of alcohol and the use of other drugs can be detrimental to the health of the user. Further, the use of drugs is not conducive to an academic atmosphere. Substances can impede the learning process and can cause disruption for other students and disturb their academic progress. The use of alcohol or other drugs in the workplace may also impede the employee's ability to perform in a safe and effective manner and may result in injuries to others. Early diagnosis and treatment of substance abuse is in the best interests of the student, employee and the university.

Alcohol

Alcohol is the most frequently abused drug on campus and in society. Alcohol (ethanol) is classified as a mind-altering drug due to its depressant effect on the central nervous system. This depression can affect motor speed and coordination, speech, hearing and vision. In higher amounts judgment can be significantly affected which can lead to impulsive, dangerous or aggressive behaviors including sexual and other assaults as well as physical injury. In large amounts alcohol can significantly affect respiration and heart rate. Death from alcohol poisoning can result for many individuals when the blood alcohol level exceeds 0.40%. Decreased academic performance is associated with higher levels of alcohol use. Prolonged abuse of alcohol can lead to alcoholism, malnutrition, liver and brain damage, stomach ailments, sexual impotence, memory problems and heart and central nervous system damage. Alcohol abuse frequently leads to academic, work, family or emotional problems.

Anabolic Steroids

Concerns over a growing illicit market and the prevalence of abuse combined with the possibility of long-term effects of steroid use led Congress to classify anabolic steroids as a Schedule III Controlled Substance. Although used most frequently by bodybuilders and athletes hoping to increase muscle mass and improve performance, use of anabolic steroids can have serious health consequences and can lead to addiction. The abuse of oral and injectable steroids is associated with higher risks for heart attacks, strokes and liver problems. In men, steroids can result in breast development and genital shrinking while, in women, they can cause masculinization of the body. These effects can be irreversible. In both sexes, use of anabolic steroids can lead to acne and hair loss. Abuse of steroids has been associated with increased mood problems, hostility, aggression ("Roid Rage") and paranoia.

Cannabis

Three substances obtained from the cannabis plant; marijuana, hashish and hash oil, are distributed in the U.S. on the illicit drug market. Marijuana is the most widely used controlled substance in the U.S. It contains over 400 chemicals, including THC, which produces the drug effect. Marijuana is often used to produce feelings of relaxation, but it can cause mild to severe anxiety or mild paranoia in sensitive users. Use of marijuana has been associated with short-term memory problems and it can interfere with the learning of new material as well as the performance of complex motor tasks. Some research has associated heavy ongoing use of marijuana with increased risk of respiratory problems, decreased sex hormone levels, formation of precancerous cell changes in the lungs, impairment in the immune system and decreased cognitive functioning on standardized tests. Marijuana can produce psychological dependence on the drug and withdrawal symptoms have been observed in some heavy users. The long-term effects of frequent marijuana after periods of abstinence are still being investigated.

Cocaine

Cocaine (and its smokable freebase form "crack") is among the most potent of the stimulant drugs. These substances pose a relatively high potential for addiction. The more intense and immediate euphoric effects of crack increase its potential for addiction. In addition to its euphoric effects, many use cocaine for the short-lived experience of increased mental alertness or clarity, increased energy or increased sense of confidence. Immediate negative effects reported by some users include restlessness, irritability and anxiety with depressed mood following the high period. Prolonged snorting of cocaine can cause serious damage to the nasal membranes and nasal septum. High doses of cocaine or prolonged use can produce irritability, mood disturbances, paranoia and auditory hallucinations with the potential of crack to produce particularly aggressive paranoid behavior. Moderate to severe depression lasting weeks can follow

cessation of use in heavy users of cocaine. Medical complications of frequent cocaine use can include disturbances in heart rhythm, heart attacks, chest pain, respiratory failure, strokes and seizures that can be experienced even by experimenters with the drug. Mixing cocaine and alcohol can increase the risk of sudden death.

Other Stimulants

Other stimulant drugs with the potential for abuse and dependence include amphetamines, Ritalin and methamphetamine whose effect is to stimulate the central nervous system. Increased energy and stamina, decreased need for sleep, decreased appetite, euphoria and increased sense of power and well-being are among their effects. However, other short-term effects can be anxiety, headaches, and increased heart rate and blood pressure. In higher doses, there is a risk of stroke, convulsions and irregular heartbeat and respiration that can lead to death. Crushing and snorting stimulant tablets as well as intravenous use greatly increase the risk of overdose and serious infections. Higher doses or prolonged abuse of stimulants can also cause weight loss, paranoia, hallucinations, delusions and the feeling of bugs crawling under one's skin as well as significant depression after the high and during periods of abstinence. Methamphetamine use can cause irreversible damage to the blood vessels in the brain and lead to strokes. It has been associated with long term decreased functioning of brain areas regulating motor control and memory and has a very high potential for addiction.

Nicotine is another highly addictive stimulant drug whether it is ingested by smoking or chewing. The dependence that develops is both physical and psychological. Physical withdrawal symptoms include changes in body temperature, heart rate digestion muscle tone and appetite. Psychological withdrawal can include irritability, anxiety, sleep disturbances, nervousness, headaches, fatigue, nausea and cravings for nicotine that can last for long periods of time after cessation of use. Some of the risks associated with smoking include numerous types of cancer, stroke, heart disease, emphysema, elevated blood pressure, chronic bronchitis, gastric ulcers, frequent colds and premature and more abundant face wrinkles.

Club Drugs

The term "club drugs" refers to a wide variety of drugs often used at all-night dance parties ("raves"), nightclubs and concerts. GBH and Rohypnol, often referred to as "date rape" drugs due to their use by some to immobilize or cause unconsciousness in unknowing others. Rohypnol can cause a type of amnesia in which the user may not remember what was said or done while under its influence. Chronic abuse of Ecstasy (MDMA) has been shown to cause long-term damage to nerve cells in the brain important in the regulation of emotion, memory, sleep and pain. Some studies suggest that lasting negative effects may occur with only experimental use of ecstasy. In higher doses it can cause dehydration, dangerous increases in heart rate and body temperature, heart attacks, seizures and potentially death. Ketamine is a depressant drug that has dissociative properties. In low doses it can produce psychedelic effects quickly, but in higher doses, can lead to lack of coordination, slurred speech, paranoia, aggressive behavior, heart attacks strokes, coma or death. In general, mixing club drugs with alcohol can exaggerate their negative effects and increase the risks of use of even small amounts of the drug.

Hallucinogens

Hallucinogenic drugs are substances that distort the perception of objective reality. The most well-known and widely used hallucinogens include LSD, PCP (angel dust), psilocybin ("magic mushrooms"), mescaline and peyote. Under the influence of hallucinogens, the senses of direction, distance, time, sound and visual perception can become distorted. The effects of the hallucinogens can last from a few up to 12 hours. Psychological risks associated with their use include "bad trips" which can include significant anxiety, confusion, depression, paranoia and loss of emotional control. Other risks include flashbacks, violent behavior, or behaviors resembling psychosis. Hallucinogen use may precipitate significant mental health problems in emotionally vulnerable individuals. Possible physical risks associated with using hallucinogens include elevated heart rate and blood pressure, sleeplessness and tremors, decreased awareness of touch and pain resulting in injury, convulsions and coma.

Depressants

Depressant drugs depress or slow down activity in the central nervous system. Included in this broad category are medications to relieve anxiety and those to induce sleep. They include the general classes of barbiturates and benzodiazepines as well as other newer antianxiety drugs. Some of the more common brand names in this category are

Xanax, Ativan, Valium, Librium, Amytal, Butisol, Nembutal, Seconal, Luminal, Quaalude, Notec, Placidyl, Doriden and Ambien. These drugs can be very beneficial in short-term use or at safe dosages over a longer period of time. However, they pose significant potential for abuse through taking them in higher dosages than prescribed, taking them without a prescription or using them with alcohol or other depressant medications. When used with alcohol or other depressant medication, the risk of overdose and possible death is multiplied. In general, tolerance can develop in which the person needs larger amounts to achieve the desired effect that can lead to accidental overdoses. In addition, other accidents might happen due to the side effects of loss of coordination, slowed reaction time, sleepiness or poor judgment that can sometimes occur in dosages slightly higher than those prescribed. In general, drugs in this class have a high potential for physical and psychological dependence.

Narcotics

Narcotics are a class of drugs used medically as pain relievers, anesthetics or cough suppressants. Some opiates come from the Asian poppy including opium, morphine heroin and codeine. Others are synthetics such as Demerol and Oxycontin. Unfortunately, as a result of their powerful properties, they have a high potential for abuse. According to the American Psychiatric Association, about half of those who use narcotics develop a dependence upon them. Tolerance for the drug can lead to taking remarkably high amounts to achieve the desired effect which increases the chances of accidental overdoses. Different potencies of heroin can also lead to accidental death from overdose. Unintentional overdoses can also occur due to inhaling drugs prescribed to be taken orally such as Oxycontin. Contamination of the drug, use of unsterile needles or mixing the drug with other substances can lead the intravenous drug user to develop HIV infection, infections in the heart lining or valves, skin abscesses, liver disease, hepatitis or tetanus.

For more information concerning the effects of alcohol or other drugs, call Paul Dupont, Ph.D., AODA Specialist, Norris Health Center at 229- 2927 or 229-4716.

RESOURCES FOR DRUG AND ALCOHOL ABUSE TREATMENT

The Employee Assistance Program SYMMETRY

The Employee Assistance Program (EAP) was established at UWM because alcohol, drug, and other personal problems can affect the quality of an employee's life at home and performance on the job. UWM has contracted with *Symmetry*, a private, nonprofit human services agency, to provide EAP services to all permanent employees and their immediate families/household members. Participation is voluntary, confidential, and free.

Help is immediately available by calling *Symmetry* directly at (414) 256-4800 or (800) 236-7905 or accessing on-line information at <http://www.symmetryeap.org/>. Click on the "Employee Assistance" box. The user id for employees is uwm and the password is eap

Faculty and staff may wish to contact community resources directly for assistance or information. The names and phone numbers of *some* of the agencies and groups that are involved with counseling and/or treatment and self-help programs are listed below.

INFORMATION, COUNSELING AND TREATMENT RESOURCES

Aurora Behavioral Health Services

Available at Family Service of Milwaukee,
Aurora Psychiatric Hospital,
Aurora Sinai Medical Center, and
St. Luke's Southshore Hospital
1-800-647-6529

Rogers Memorial Hospital

11101 W. Lincoln Avenue
West Allis, WI
1-800-767-4411
(414) 327-3000

IMPACT

2266 N. Prospect Ave., Ste 324
Milwaukee, WI
(414) 276-8487

Helpline

Milwaukee, WI
(414) 773-0211 (24 hours)
TDD (414) 271-6039

Waukesha County Health and Human Services AODA Clinic

500 Riverview Ave.
Waukesha, WI
(262) 548-7666

Lutheran Social Services, Lapham Street Clinic

(formerly operated by DePaul Hospital)
1545 Layton Blvd
Milwaukee, WI
(414) 645-8525

SELF HELP/SUPPORT GROUPS AND CLUBS

On Campus Information and Referral

AODA Specialist – Paul Dupont

(414) 229-2927

Alcoholics Anonymous

(414) 771-9119

Families Anonymous

(414) 384-8051

Cocaine Anonymous

(414) 445-5433

AI-Anon Family Groups of Southeast Wisconsin

(414) 257-2415

Narcotics Anonymous

(414) 390-5389

SMART Recovery

Smartrecovery.org