

UNIVERSITY OF HARTFORD

Drug-free Schools and Communities Act
Notification

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Introduction

The Drug-Free Schools and Communities Act of 1989 (DFSCA) requires the University of Hartford, as a recipient of Federal funds, to certify that it has adopted and implemented a program to prevent the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees both on University premises and as a part of any University activities. The University must annually distribute the following information, in writing, to all students enrolled for academic credit and to all employees:

- Information regarding prevention programs;
- Standards of conduct that clearly prohibit the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees;
- A description of the legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol;
- A description of applicable health risks associated with the abuse of alcohol or illicit drug use;
- A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to students or employees; and
- A clear statement that the institution will impose sanctions on students and employees and a description of those sanctions (up to and including expulsion or termination of employment) and referral for prosecution, for violations of the standards of conduct.

To comply with these requirements, the University will distribute this Drug and Alcohol Abuse Prevention Program (DAAPP) as follows:

STUDENTS – for all students enrolled for academic credit, after the completion of University of Hartford census each semester (including fall, winter, spring and summer terms), the Division of Student Affairs will distribute the DAAPP.

EMPLOYEES – for all newly hired regular full-time and regular part-time faculty and staff, the Office of Human Resources Development (HRD) will include the DAAPP in its orientation materials. For all adjunct and temporary faculty and staff, the DAAPP will be included in their orientation materials. In addition, HRD will distribute the DAAPP electronically to all employees annually.

The law further requires that the institution conduct a biennial review of its program with the following objectives:

- Determine the effectiveness of the policy and implement changes to the alcohol and other drug programs if they are needed; and
- To ensure that the sanctions developed are enforced consistently.

The biennial review must also include a determination as to:

- The number of drug- and alcohol-related violations and fatalities occurring on the campus or as part of their activities that are reported to campus officials; and
- The number and types of sanctions institutions of higher education (IHEs) impose on students or employees as a result of such violations or fatalities.

STUDENT Standards of Conduct

1. Policy Statement

The University subscribes to the guidelines recommended by the State of Connecticut's Department of Higher Education for the elimination of drug and alcohol abuse in the educational environment. The University also complies with the requirements of the Federal Drug-Free Workplace Act of 1988 and the Federal Drug-Free Schools and Communities Amendments of 1989. The University's Student Code of Conduct (also known as "*The Source*") sets forth requirements and prohibitions pertaining to intoxicating substances, including alcohol and nonprescription drugs (see pages 58-62 of *The Source*).

Questions about this policy should be directed to Dr. Lee Peters, Vice President for Student Affairs and Dean of Students, Gengras Student Union, room 307, 860.768.4285 or lpeters@hartford.edu.

2. Prohibitions

The manufacture, distribution, dispensing, possession or use of controlled substances is prohibited on the campus, on properties of the University of Hartford or as part of University of Hartford activities. The unlawful manufacture, distribution, dispensing, possession or use of alcoholic beverages is prohibited on the campus, on properties of the University of Hartford or as part of University of Hartford activities. University students are expected to comply with all laws and regulations governing alcoholic beverages, including laws prohibiting the furnishing or serving of alcoholic beverages to minors.

Medical Marijuana

In accordance with Federal law, the University does not permit the possession, use or distribution of marijuana. As such, students in possession of medical marijuana prescriptions (issued in Connecticut or any other state) are not permitted to use or possess marijuana on University property or as part of University activities.

3. Disciplinary Sanctions for Students

The University will impose sanctions on students for violations of the standards of conduct outlined in the Code of Student Conduct as found in *The Source* and in this DAAPP. Specific sanctions for students are listed below.

A. Probation: Probation is designed to serve as a serious warning that any further violations of the Student Code of Conduct (during the probationary period) may result in harsher sanctions being levied against the student which may include loss of on-campus housing privileges for a designated length of time (based on the infraction) or other sanctions as serious as suspension or expulsion from the University of Hartford. Other sanctions may also apply as deemed appropriate by the Director of Student Conduct Administration (DOSCA) or designee (for example, if probation is given rather than a designated number of hours of compensatory service, and the student is found responsible for another violation of the Code of Student Conduct during the probationary period, then the student may receive the sanctions for the new violation **plus** a designated number of hours of compensatory service). The length of probation will be determined by the DOSCA, University Administrative Hearing Committee, or Conduct Officer/designee responsible for hearing the case. If, during a student's period of probation, no further violations occur, the student is returned to Code of Conduct good standing.

B. Restrictions: Students found responsible for violations of the Code of Student Conduct may face restrictions including, but not limited to, the following:

- may not hold a student leadership office or position (at the time of the infraction or in the future);
- may not participate in certain intercollegiate sports;
- may not participate in certain University-sponsored activities;
- may not use certain facilities and/or may be banned from specified areas;
- may not have any contact with a specific student or students directly, by phone, electronically or via written communication.

- C. Residential Side of Campus Ban – Commuter Student.** The DOSCA, Administrative Hearing Committee, or Conduct Officer/designee may ban a commuter student from all residential areas on campus or any part thereof. The student is then subject to arrest for trespass upon entering any part of the banned area.
- D. Suspension or Permanent Removal (Expulsion) from Housing:** The DOSCA, Administrative Hearing Committee, or Conduct Officer/designee may suspend or permanently remove (expel) a student from housing. *Suspension* is involuntary removal from housing for a specific period of time. *Expulsion* is involuntary permanent removal from housing. Students suspended or permanently removed from housing are typically banned from all residential areas on campus.
- E. Temporary Suspension from Housing or the University:** Any student whose continued presence on the campus or in housing might endanger him/herself, other individuals, or the University community may be suspended from the University or from housing until the conduct violation(s) has been resolved through the University of Hartford conduct resolution process.
- Temporary suspensions from the University can be directed by the Vice President for Student Affairs or his/her designee.
 - Temporary suspensions from housing can be directed by the Director of Residential Life or his/her designee.
 - Temporary bans from the residential side of campus of commuter students are made by the DOSCA or his/her designee. Students temporarily suspended from the University or housing may also be banned from parts or all of the University's campus or properties. Any student issued a ban is then subject to arrest for trespass upon entering any part of the banned area.
- F. Housing Selection Ineligibility:** A student may not participate in the Residential Life Housing selection process during a period of suspension, but may reapply for housing before the next academic year begins (usually in July).
- G. Suspension from the University:** The DOSCA, Administrative Hearing Committee, or Conduct Officer/designee may recommend to the Vice President of Student Affairs or his/her designee that a student be suspended from the University. The action of suspension from the University can only be taken by the Vice President for Student Affairs or his/her designee. Suspension is involuntary removal from the University for a specific period of time, after which the student is eligible to return with the approval of the Vice President of Student Affairs, who may consult with the Dean of the student's college. Students suspended from the University are typically banned from all of the University's campus and properties. The student is then subject to arrest for trespassing on any part of the banned area.
- H. Dismissal from the University:** The DOSCA, Administrative Hearing Committee, or Conduct Officer/designee may recommend to the Vice President of Student Affairs or his/her designee that a student be dismissed from the University. The action of dismissal from the University can only be taken by the Vice President for Student Affairs or his/her designee. Dismissal is permanent involuntary separation of the student from the University. Students dismissed from the University are typically banned from all of the University's campus and properties. The student is then subject to arrest for trespassing on any part of the banned area.
- I. Other Sanctions:** Other sanctions may include, but are not limited to, restitution, University service, compensatory service, fines, assessment (psychological or drug/alcohol), and/or educational programs.

Students are cautioned that convictions for drug and alcohol violations may prevent individuals from entering many fields of employment and may make them ineligible for federal grants and loans. For example, if a student is convicted of a drug-related felony or misdemeanor that took place while the student

was receiving Federal student aid, the student will become ineligible to receive further aid for a specified period of time upon conviction. For more information about the impact of drug-related convictions on Federal student aid, visit <https://www.whitehouse.gov/sites/default/files/ondcp/recovery/fafsa.pdf>.

Students who violate the standards of conduct outlined in this DAAPP are subject to institutional sanctions (as outlined in the Student Standards of Conduct in this policy) as well as criminal sanctions provided under local, state and federal law. Pertinent criminal sanctions for unlawful possession, use, or distribution of illicit drugs and alcohol are outlined below.

EMPLOYEE Standards of Conduct

1. Policy Statement

The University subscribes to the guidelines recommended by the State of Connecticut's Department of Higher Education for the elimination of drug and alcohol abuse in the educational environment. The University also subscribes to the requirements of the Federal Drug-Free Workplace Act of 1988 and the Federal Drug-Free Schools and Communities Amendments of 1989. Institutional policy on this commitment is detailed in the Staff Employment Manual, Chapter 6.15 – Drug-free and Alcohol-free Workplace as well as noted in the Faculty Policy Manual and/or any applicable collective bargaining agreement(s).

Questions about this policy should be directed to Lisa Belanger-Buoniconti, Executive Director of Human Resources Development, Financial & Administrative Services Building, 860.768.4156 or belanger@hartford.edu.

2. Prohibitions

The manufacture, distribution, dispensing, possession or use of controlled substances is prohibited on the campus, on properties of the University of Hartford or as part of University of Hartford activities. The unlawful manufacture, distribution, dispensing, possession or use of alcoholic beverages is prohibited on the campus, on properties of the University of Hartford or as part of University of Hartford activities. University employees are expected to comply with all laws and regulations governing alcoholic beverages, including laws prohibiting the furnishing or serving of alcoholic beverages to minors.

Medical Marijuana

In accordance with Federal law, the University does not permit the possession, use or distribution of marijuana. As such, employees in possession of medical marijuana prescriptions (issued in Connecticut or any other state) are not permitted to use or possess marijuana on University property or as part of University activities.

3. Certifications/Notifications

In accordance with the Federal Drug-Free Workplace Act of 1988, it is the University's policy to work actively to ensure a drug-free workplace. Further, this applies to any employee directly engaged in the performance of work pursuant to the provisions of a grant or contract from the federal government and its departments. Any University employee receiving a federal grant and/or contract greater than \$25,000 will be required to certify that they will conform to the University of Hartford's Drug-free and Alcohol-free Workplace Policy.

Under the Act, any person receiving funds through a federal grant and/or contract totaling \$25,000 or more who is convicted of a drug offense in the workplace shall notify the University within five days of conviction. The University is required to notify the funding agency of the conviction within 10 days of receiving such notice from the employee, or of otherwise receiving actual notice of such conviction.

4. Sanctions

The University will not tolerate the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace. Individuals not in compliance with the University's Drug-free and

Alcohol-free Workplace Policy are in violation of various controlled substance laws and are subject to criminal prosecution. In cases where an individual is found to be in violation of this policy, the University will take one of the following actions within 30 days of receiving notice:

- a. take appropriate disciplinary action, such as a verbal warning, written warning, final written warning, suspension and/or termination and/or criminal prosecution; or
- b. require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency.

Employees who violate the standards of conduct outlined in applicable University policy or in this DAAPP are subject to both institutional sanctions (as outlined in the Employee Standards of Conduct in this policy) as well as criminal sanctions provided under local, state and federal law. Pertinent criminal sanctions for unlawful possession, use, or distribution of illicit drugs and alcohol are outlined below.

Employees are cautioned that convictions for drug and alcohol violations may prevent individuals from entering many fields of employment and make them ineligible for federal grants and loans. For more information about the impact of drug-related convictions on Federal student aid, visit <https://www.whitehouse.gov/sites/default/files/ondcp/recovery/fafsa.pdf>.

Reporting Conduct of Concern

The University of Hartford strongly encourages students, faculty and staff to act as engaged bystanders and report suspected violations of the standards of conduct outlined in this DAAPP, or other concerning behaviors related to alcohol or other drug use and/or abuse involving students or employees. Timely reports can help to promote early identification of situations and issues that may adversely affect student or employee safety, performance or well-being and will permit the University to connect students or employees with resources to promote their success. Early identification also allows for lower-level interventions, when necessary, in accordance with the University's procedures applicable to student and employee discipline.

Students or employees may report such matters to a University representative including, but not limited to, a faculty or staff member, a supervisor or any of the following offices/officials:

- Public Safety – 860.768.7985 or 860.768.7777 (emergency)
- Residential Life – 860.768.7792
- Student Conduct Officer – 860.768.5403
- Dean of Students – 860.768.4260
- Human Resources Development – 860.768.4156

In addition, the University reminds our students and employees of the other avenues available to provide campus officials with internal and external feedback on campus activity. To this end, the University partners with EthicsPoint (a third-party provider) to offer a **Whistleblower Hotline**. This reporting tool features both a traditional phone-based reporting channel as well as a confidential web-based reporting portal. Whistleblower telephone calls and web submissions are received directly by EthicsPoint, not a University employee. EthicsPoint representatives are specially trained to properly route issues to University administration for appropriate follow-up.

The Whistleblower Hotline, available at www.hartford.ethicspoint.com or 1.844.256.3946, is intended to supplement and complement, rather than replace, other existing mechanisms and avenues for reporting campus concerns. Retaliatory action of any kind taken by an employee of the University of Hartford against any other employee or student of the institution as a result of that person's use of the Whistleblower Hotline is prohibited by University policy, and in certain instances, by law. If an employee or student is concerned that another individual has retaliated in response to his/her use of the Whistleblower Hotline, then he/she is entitled to file a written complaint under the University's grievance procedure or with the University's Internal Auditor, CC327.

Students and employees also have the ability to make a report using the LiveSafe app on their mobile device. From sharing information on concerning behavior to reporting safety hazards, the LiveSafe platform delivers two-way, real-time interactions that includes location-tagged text, calls, photos and videos; scalable mass notifications; relevant safety resources and peer-to-peer safety tools. This app can be downloaded for free at <http://www.livesafemobile.com/> and provides a leading mobile safety communications platform which provides the “do something for “see something, say something”.

Federal Penalties and Sanctions for Illegal Trafficking of a Controlled Substance

The Controlled Substances Act of 1970 places all substances regulated under federal law into one of five schedules based on the substance's medical use, potential for abuse, and safety or dependence liability.

Federal Trafficking Penalties (Source: DEA Federal Trafficking Penalties)

Federal Trafficking Penalties for Schedules I, II, III, IV, and V (except Marijuana)				
Schedule	Substance/Quantity	Penalty	Substance/Quantity	Penalty
II	Cocaine 500-4999 grams mixture	First Offense: Not less than 5 yrs. and not more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	Cocaine 5 kilograms or more mixture	First Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not less than 20 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
II	Cocaine Base 28-279 grams mixture		Cocaine Base 280 grams or more mixture	
II	Fentanyl 40-399 grams mixture		Fentanyl 400 grams or more mixture	
I	Fentanyl Analogue 10-99 grams mixture		Fentanyl Analogue 100 grams or more mixture	
I	Heroin 100-999 grams mixture		Heroin 1 kilogram or more mixture	
I	LSD 1-9 grams mixture		LSD 10 grams or more mixture	
II	Methamphetamine 5-49 grams pure or 50-499 grams mixture		Methamphetamine 50 grams or more pure or 500 grams or more mixture	
II	PCP 10-99 grams pure or 100-999 grams mixture		PCP 100 grams or more pure or 1 kilogram or more mixture	
Substance/Quantity		Penalty		

Any Amount Of Other Schedule I & II Substances	First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than Life. Fine \$1 million if an individual, \$5 million if not an individual.
Any Drug Product Containing Gamma Hydroxybutyric Acid	Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.
Flunitrazepam (Schedule IV) 1 Gram or less	
Any Amount Of Other Schedule III Drugs	First Offense: Not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual.
	Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.
Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam)	First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.
	Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.
Any Amount Of All Schedule V Drugs	First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.
	Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.

Federal Trafficking Penalties for Marijuana, Hashish and Hashish Oil, Schedule I Substances

Marijuana 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants	First Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.
	Second Offense: Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants	First Offense: Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.
	Second Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50 million if other than an individual.
Marijuana 50 to 99 kilograms marijuana mixture, 50 to 99 marijuana plants	First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.
Hashish More than 10 kilograms	
Hashish Oil More than 1 kilogram	
Marijuana less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight)	Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.
1 to 49 marijuana plants	
Hashish 10 kilograms or less	
	First Offense: Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.
	Second Offense: Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.

Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance

Sentencing Provisions (21 U.S.C. 844(a))

- 1st conviction: Up to 1 year imprisonment and fined at least \$1,000 but not more than \$100,000, or both.
- After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fined at least \$2,500 but not more than \$250,000, or both.
- After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least \$5,000 but not more than \$250,000, or both.
- Special sentencing provision for possession of crack cocaine: Mandatory at least 5 years in prison, not to exceed 20 years and fined up to \$250,000, or both, if:
 - 1st conviction and the amount of crack possessed exceed 5 grams.
 - 2nd crack conviction and the amount of crack possessed exceeds 3 grams
 - 3rd or subsequent crack conviction and the amount of crack possessed exceeds 1 gram.

Forfeitures

- Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than 1 year imprisonment. (See special sentencing provisions re: crack) 21 U.S.C. 853(a)(2) and 881(a)(7)
- Forfeiture of vehicles, boats, aircraft or any other conveyance used to transport or conceal a controlled substance. 21 U.S.C. 881(a)(4)

Denial of Federal Benefits

- Denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to one year for first offense, up to five years for second and subsequent offenses. 21 U.S.C. 853a

Miscellaneous

- Ineligible to receive or purchase a firearm. Revocation of certain Federal licenses and benefits, e.g., pilot licenses, public housing tenancy, etc., are vested within the authorities of individual Federal agencies.

Note: These are only Federal penalties and sanctions.

Connecticut Drug Possession Crimes and Offenses

It is illegal for any person to possess or have under his or her control any narcotic, hallucinogenic, or other controlled substance unless otherwise authorized by law (e.g., controlled substances obtained pursuant to a prescription). The penalty for personal drug possession in Connecticut depends on a number of different factors, including the amount and type of drug, where the criminal act takes place, and whether the criminal act was a first or repeat offense.

For drug possession offenses, the statutorily authorized penalties range from (1) a \$150 fine for a first offense of possession of less than ½ ounce of marijuana to (2) up to 25 years imprisonment, up to a \$250,000 fine, or both for three or more convictions for possession of narcotics. Penalties for drug possession crimes are generally enhanced when they occur within 1,500 feet of a school or licensed day care center. Table 1 below shows the drug possession offenses, the Connecticut General Statutes citation for each offense, and the authorized penalties.

The law generally prohibits prosecuting a person for possessing drugs solely on discovery of evidence arising from efforts to seek medical assistance for a drug overdose (see [CGS § 21a-279\(g\)](#)).

The possession of less than ½ ounce of marijuana is not a crime, but is punishable by fines (and other penalties in certain circumstances). Also, under specified conditions, the law provides protections from prosecution or other penalties related to marijuana for medical marijuana patients, their primary caregivers, and their doctors ([CGS § 21a-408](#) et seq). For more information on Connecticut's medical marijuana program, including the recently approved regulations for the program, see the Department of Consumer Protection's (DCP) website: <http://www.ct.gov/dcp/mmp>. For information on DCP's Drug Control Division (such as information on controlled substances practitioner registration), see the division's website: www.ct.gov/dcp/drugcontrol.

Table 1: Drug Possession

<i>Offense Descriptions</i>	<i>Authorized Penalties</i>
<p>Less than ½ oz. marijuana</p> <p>Cite: CGS § 21a-279a</p>	<p>First offense: \$150 fine</p> <p>Subsequent offenses: \$200 to \$500 fine (three-time violators must attend drug education, at their own expense)</p> <p>Violators follow the procedures the law sets for infractions (e.g., they can pay the fine by mail) (CGS § 51-164n)</p> <p>60-day suspension of the driver's license or nonresident operating privileges of anyone under age 21 who is convicted of a violation (if the person does not have a license, he or she is ineligible for one for 150 days after meeting all licensing requirements) (CGS § 14-111e)</p> <p>Burden of proof is preponderance of the evidence (rather than beyond a reasonable doubt) (CGS § 51-164n(i))</p>
<p>Narcotics (i.e., heroin, cocaine, and crack)</p> <p>Cite: CGS § 21a-279(a)</p>	<p>First offense: up to 7-year prison term, up to a \$50,000 fine, or both</p> <p>Second offense: up to 15-year prison term, up to a \$100,000 fine, or both</p> <p>Subsequent offenses: up to 25-year prison term, up to a \$250,000 fine, or both</p> <p>Alternative sentence: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-279(e))</p>
<p>At least 4 oz. of marijuana or any quantity of other hallucinogens</p> <p>Cite: CGS § 21a-279(b)</p>	<p>First offense: up to 5-year prison term, up to a \$2,000 fine, or both. Effective October 1, 2013, the penalty is a class D felony, punishable by up to 5-year prison term, up to a \$5,000 fine, or both (PA 13-258, § 88).</p> <p>Subsequent offenses: up to 10-year prison term, up to a \$5,000 fine, or both. Effective October 1, 2013, the penalty is a class C felony, punishable by 1- to 10-year prison term, up to a \$10,000 fine, or both (PA 13-258, § 88).</p> <p>Alternative sentence: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-279(e))</p>

<p>Any other illegal drug or at least ½ oz. but less than 4 oz. of marijuana</p> <p>Cite: CGS § 21a-279(c)</p>	<p>First offense: up to 1-year prison term, up to a \$1,000 fine, or both</p> <p>Subsequent offenses: up to 5-year prison term, up to a \$3,000 fine, or both. Effective October 1, 2013, the penalty is a class D felony, punishable by up to 5-year prison term, up to a \$5,000 fine, or both (PA 13-258, § 88).</p> <p>Alternative sentence for subsequent offenses: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-279(e))</p>
<p>Possession of ½ oz. or more of marijuana or any quantity of other illegal drugs within 1,500 feet of (1) an elementary or secondary school by someone who is not attending the school or (2) a licensed day care center identified as such by a sign posted in a conspicuous place</p> <p>Cite: CGS § 21a-279(d)</p>	<p>Mandatory 2-year prison term running consecutively to the prison term imposed for the underlying possession crime</p> <p>Judge can depart from this sentence under certain circumstances (see below)*</p>

* Judges can impose less than the mandatory minimum sentence when no one was hurt during the crime and the defendant (1) did not use or attempt or threaten to use physical force; (2) was unarmed; and (3) did not threaten to use or suggest that he or she had a firearm, other deadly weapon (e.g., a switchblade knife), or other instrument that could cause death or serious injury. Defendants must show good cause and can invoke these provisions only once. Judges must state at sentencing hearings their reasons for (1) imposing the sentence and (2) departing from the mandatory minimum ([CGS § 21a-283a](#)).

Connecticut Drug Sale Crimes

It is illegal for anyone to manufacture, distribute, sell, prescribe, dispense, compound, transport with intent to sell or dispense, possess with intent to sell or dispense, offer, give, or administer to another any controlled substance, except as otherwise authorized by law. As with possession, the penalty for these actions depends on a number of different factors. These include the amount and type of drug, where the criminal act takes place, whether the offender is addicted to drugs, the offender's age, the buyer's age, and whether the criminal act was a first or repeat offense.

There are mandatory minimum prison terms for several crimes involving drug sales or related actions, although a judge can depart from the mandatory minimum for certain crimes under certain circumstances. The penalties are generally enhanced when the crimes occur within 1,500 feet of a school, licensed day care center, or public housing project.

Table 2 shows the drug sale crimes, the Connecticut General Statutes citation for each offense, and the authorized penalties.

Table 2: Drug Sales/Distribution

<i>Offense Descriptions</i>	<i>Authorized Penalties</i>
<p>Sale by a nonaddicted person of at least 1 oz. of heroin or methadone; ½ oz. of cocaine or crack; or 5 mg. of LSD</p> <p>Cite: CGS § 21a-278(a)</p>	<p>Mandatory minimum 5- to 20-year prison term with a possible maximum term of life imprisonment</p> <p>Judge can suspend the mandatory minimum if, at the time of the offense, the person (1) was under age 18 or (2) had significantly impaired mental capacity</p> <p>Judge can depart from the mandatory sentence under certain other circumstances (see below)*</p>

<p>Sale by a nonaddicted person of at least 1 kg. of marijuana or any amount of narcotics, amphetamines, or other hallucinogens</p> <p>Cite: CGS § 21a-278(b)</p>	<p>First offense: mandatory minimum 5- to 20-year prison term</p> <p>Subsequent offenses: mandatory minimum 10- to 25- year prison term</p> <p>Judge can suspend the mandatory minimum if, at the time of the offense, the person (1) was under age 18 or (2) had significantly impaired mental capacity</p> <p>Judge can depart from the mandatory sentence under certain other circumstances (see below)*</p>
<p>Sale by nonaddicted adult of drugs to a minor at least two years younger</p> <p>Cite: CGS § 21a-278a(a)</p>	<p>Mandatory 2-year prison term running consecutively to prison term imposed for the underlying crime</p>
<p>Sale of illegal drugs within 1,500 feet of (1) an elementary or secondary school, (2) a licensed day care center identified as such by a sign posted in a conspicuous place, or (3) a public housing project</p> <p>Cite: CGS § 21a-278a(b)</p>	<p>Mandatory 3-year prison term running consecutively to prison term imposed for the underlying crime</p> <p>Judge can depart from this sentence under certain circumstances (see below)*</p>
<p>Hiring or persuading a minor to sell illegal drugs in violation of the laws prohibiting illegal drug sales</p> <p>Cite: CGS § 21a-278a(c)</p>	<p>Mandatory 3-year prison term running consecutively to prison term imposed for the underlying drug sale crime</p>
<p>Sale of any narcotics or hallucinogens other than marijuana</p> <p>Cite: CGS § 21a-277(a)</p>	<p>First offense: up to 15-year prison term, up to a \$50,000 fine, or both</p> <p>Second offense: up to 30-year prison term, up to a \$100,000 fine, or both</p> <p>Subsequent offenses: up to 30-year prison term, up to a \$250,000 fine, or both</p> <p>Alternative sentence: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-277(d))</p>
<p>Sale of any other illegal drug</p> <p>Cite: CGS § 21a-277(b)</p>	<p>First offense: up to 7-year prison term, up to a \$25,000 fine, or both</p> <p>Subsequent offenses: up to 15-year prison term, up to a \$100,000 fine, or both</p> <p>Alternative sentence: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-277(d))</p>

* Judges can impose less than the mandatory minimum sentence under the same circumstances as described above for certain drug possession offenses (see the footnote under Table 1).

Connecticut Drug Paraphernalia Crimes and Offenses

It is illegal for anyone to use or possess with intent to use drug paraphernalia for various drug-related purposes (e.g., growing, preparing, ingesting, or inhaling controlled substances). It is also illegal to deliver, possess with

intent to deliver, or manufacture with intent to deliver drug paraphernalia knowing, or under circumstances where one reasonably should know, that it will be used for the same purposes. These actions are generally subject to criminal misdemeanor penalties. If the actions are done in connection with less than ½ ounce of marijuana, they are punishable as infractions, not crimes.

Penalties for the drug paraphernalia crimes described above are generally enhanced when they occur within 1,500 feet of a school by someone who is not a student there.

As with drug possession, the law generally prohibits prosecuting a person for possessing drug paraphernalia solely on discovery of evidence arising from efforts to seek medical assistance for a drug overdose (see [CGS § 21a-267\(e\)](#)).

The law also prohibits the knowing possession of drug paraphernalia in a drug factory situation for the unlawful mixing, compounding, or otherwise preparing of any amount of a controlled substance for purposes of violating drug laws. This is a felony, and there is a mandatory minimum prison term if a minor is hired or otherwise used to commit the offense.

The law's definition of “drug paraphernalia” lists several specific examples (see [CGS § 21a-240\(20\)\(A\)](#)). The law also sets out factors courts or other authorities must consider when determining whether an object or material is drug paraphernalia (see [CGS § 21a-270](#)).

Table 3: Drug Paraphernalia

<i>Offense Descriptions</i>	<i>Authorized Penalties</i>
Use, possess with intent to use, or deliver, possess with intent to deliver, or manufacture with intent to deliver, in connection with less than ½ oz. of marijuana Cite: CGS § 21a-267(d)	Infraction (punishable by fines of between \$35 and \$90, plus a surcharge and additional fee based on the amount of the fine; the current total amount due for violating § 21a-267(d) is \$136) 60-day suspension of the driver's license or nonresident operating privileges of anyone under age 21 who is convicted of this infraction (if the person does not have a license, he or she is ineligible for one for 150 days after meeting all licensing requirements) (CGS § 14-111e) Burden of proof is preponderance of the evidence (rather than beyond a reasonable doubt) (CGS § 51-164n(h))
Use or possess with intent to use in connection with ½ oz. or more of marijuana or any amount of another controlled substance Cite: CGS § 21a-267(a)	Class C misdemeanor, punishable by up to three months in prison, up to a \$500 fine, or both
Deliver, possess with intent to deliver, or manufacture with intent to deliver in connection with ½ oz. or more of marijuana or any amount of another controlled substance Cite: CGS § 21a-267(b)	Class A misdemeanor, punishable by up to 1-year prison term, up to a \$2,000 fine, or both
Commit the above acts in connection with ½ oz. or more of marijuana or any amount of another controlled substance, within 1,500 feet of an elementary or secondary school by someone who is not attending the school Cite: CGS § 21a-267(c)	Mandatory 1-year prison term running consecutively to prison term imposed for the underlying crime Judge can depart from this sentence under certain circumstances (see below)*

Knowing possession of drug paraphernalia in drug factory situation Cite: CGS § 21a-277(c) (see CGS § 21a-255(b))	First offense: up to 2-year prison term, up to a \$1,000 fine, or both Subsequent offense: up to 10-year prison term, up to a \$10,000 fine, or both
Hiring or persuading a minor to possess drug paraphernalia in drug factory situation Cite: CGS § 21a-278a(c)	Mandatory 3-year prison term running consecutively to prison term imposed for the underlying crime

Connecticut Alcohol Possession Laws & Penalties

It is a crime for a person under 21 years old (minor) to procure, possess, or transport alcohol. Penalties for procuring, possessing, or transporting alcohol are an infraction for a first offense and up to \$500 for a second offense. It is a crime to sell or furnish alcohol to a minor. Penalties for selling or furnishing alcohol to a minor include a fine up to \$1,000 and/or imprisonment up to one year. It is a crime to misrepresent one's age, possess a false identification card, use someone else's identification card, forge or alter an identification card, or loan an identification card to another for the purpose of obtaining alcohol. For more information please see Connecticut General Statute §30.

City of Hartford, Town of West Hartford Public Drinking

The City of Hartford ordinance § 4-3 and West Hartford Town Ordinance § 45-2 share the following language regulating the public consumption and possession of open containers, with the exception of penalties as noted below.

Definitions; For the purposes of this section:

Alcoholic Liquor; has the same meaning as set forth in Section 30-1 of the General Statutes.

Open Container; means any open bottle; any bottle which was sealed by a liquor tax stamp, which seal has been broken, whether or not stopped; any can which has been opened in any way; any keg or dispensing device which is set up to dispense; or any glass, cup, jar, or other vessel.

Parked Vehicle; has the same meaning as set forth in G.S. § 14-1.

Parking Area; means lots, areas or other accommodations for the parking of motor vehicles off the street or highway and open to public use, with or without charge.

Public Area; means any park, plaza, mall, arena, stadium, cemetery, or other public owned place which is open to the public.

Public Highway; means a highway, road, street, avenue, boulevard or other way within and under the control of the city and open to public use, including the sidewalks of any such highway.

Prohibited Acts; except as permitted in subsection (c), no person shall consume any alcoholic liquor, or possess any open container of alcoholic liquor, upon or within the limits of any public highway, public area, or parking area within the city. For the purposes of this section, without limiting the generality of this subsection, the consumption of alcoholic liquor or the possession of an open container of alcoholic liquor in parked vehicles within or upon parking areas or a public highway or sidewalk is a violation of this section.

Exception; Consumption of alcoholic liquor and possession of an open container of alcoholic liquor is permitted during any function, festival, event or celebration conducted on or within a public highway, public area, or parking area pursuant to any law, statute, ordinance, resolution or permit authorizing sale and consumption of liquor in or upon such public highway, public area or parking area.

Penalty, Hartford; A person who violates any provision of this chapter shall be summoned or brought to community court pursuant to P.A. 97-199. A person who is summoned or brought before the community court cannot invoke any of the appeal rights provided by Section 1-5 of the Hartford Municipal Code. The superior

court judge assigned to the community court may impose a penalty of community service, a fine up to ninety dollars (\$90.00) or a jail sentence up to twenty-five (25) days to any person who is convicted of violating any provision of this chapter.

Penalty, West Hartford; The penalty for violation of the provisions of § [45-3](#) of this article shall be in accordance with § [1-8](#) of the West Hartford Code of Ordinances.

§ [1-8](#) Whenever in this Code or any other ordinance of the Town or rule or regulation promulgated by any officer thereof under authority vested in him by law or ordinance any act is prohibited or is declared to be unlawful or any offense or the doing of any act is declared to be unlawful, where no specific penalty is provided, the violation of such ordinance, rule or regulation shall be punished by a fine of \$65. Each calendar day that any such violation shall continue shall constitute a separate offense.

Town of Bloomfield Ordinance, Possession of Alcohol by Minor or Delivery Alcohol to Minor

Sec. 4-31. - Purpose.

The purpose of this article is to prohibit the possession of alcoholic beverages by minors within the Town of Bloomfield.

(Ord. No. 2004-3, § I, 7-12-04)

Sec. 4-32. - Definitions.

- Alcoholic beverage shall have the same meaning as defined in Section 30-1 of the Connecticut General Statutes.
- Guardian shall have the same meaning as defined in Section 45a-604 of the Connecticut General Statutes.
- Host shall mean to organize a gathering of two (2) or more persons, or to allow the premises under one's control to be used with one's knowledge, for a gathering of two (2) or more persons for personal, social or business interaction.
- Intent to consume shall mean having in one's possession or control an alcoholic beverage in an open container so as to permit consumption.
- Minor shall have the same meaning as defined in Section 30-1 of the Connecticut General Statutes.
- Parent shall have the same meaning as defined in Section 45a-604 of the Connecticut General Statutes.
- Person shall have the same meaning as defined in Section 30-1 of the Connecticut General Statutes.

(Ord. No. 2004-3, § II, 7-12-04)

Sec. 4-33. - Exceptions.

Provisions of this section shall not apply to:

- (a) A person who is an employee of a permit holder under Section 30-90a of the Connecticut General Statutes and who possesses an alcoholic beverage in the regular course of employment.
- (b) A person who possesses an alcoholic beverage on the order of a practicing physician.
- (c) A person who possesses an alcoholic beverage while accompanied by a parent, guardian, or spouse who has attained the age of twenty-one (21).
- (d) A sale or delivery made in good faith to a minor who practices any deceit in the procurement of an identity card, or exhibits an identity card belonging to any other person, or who uses or exhibits an identity card that has been altered or tampered with in any way.

(Ord. No. 2004-3, § III, 7-12-04)

Sec. 4-34. - Sale or delivery of an alcoholic beverage to a minor.

Except as provided in [section 4-33](#) above, no person shall sell or deliver an alcoholic beverage to any person under the age of twenty-one (21) within the Town of Bloomfield.

(Ord. No. 2004-3, § IV, 7-12-04)

Sec. 4-35. - Hosting events.

No person shall host an event gathering at which the host knowingly allows alcoholic beverages to be consumed or intended for consumption by minor or dispensed to any minor unless said minor is accompanied by or is in the presence of his or her parent, guardian or spouse who has attained the age of twenty-one (21). This prohibition shall apply to events on both public and private property.

(Ord. No. 2004-3, § V, 7-12-04)

Sec. 4-36. - Penalties.

Any person violating any provision of this article shall be subject to a fine of one hundred dollars (\$100.00).

(Ord. No. 2004-3, § VI, 7-12-04)

Sec. 4-37. - Glossary of terms.

Alcoholic beverages. C.G.S. § 30-1, includes the four (4) varieties of liquor (defined as alcohol, beer, spirits, and wine) and every liquid or solid, patented or not, containing alcohol, spirits, wine or beer, and capable of being consumed by a human being for beverage purposes. Any liquid or solid containing more than one (1) of the four (4) varieties so defined is considered as belonging to that variety which has the higher percentage of alcohol, according to the following order: alcohol, spirits, wine and beer, except that any alcoholic beverage obtained by the fermentation of the natural sugar contents of fruits, such as grapes or apples or other agricultural products, containing sugar, including fortified wines such as port, sherry and champagne. This definition shall not apply to any liquid or solid containing less than one-half (½) of one (1) percent of alcohol by volume.

Guardian. C.G.S. § 54a-604, one who has the authority and obligations of guardianship of the person of a minor and is defined as: a) the obligation of care and control, and b) the authority to make major decisions affecting the minor's welfare, including but not limited to, consent determinations regarding marriage, enlisted in the armed forces and major medical, psychiatric, or surgical treatment.

Minor. C.G.S. § 30-1, means any person under the age of twenty-one (21) years of age.

Parent. C.G.S. § 45a-604, means a mother, defined as: a) a woman who can show proof of means of a birth certificate or other sufficient evidence of having given birth to a child, or b) an adoptive mother as shown by decree of a court of competent jurisdiction or otherwise; or a father defined as: a) a man who is a father under the law of this state and b) a man determined to be a father under C.G.S. Chapter 815y, § 46b-160.

Person. C.G.S. § 30-1, means a natural person including partners but shall not include corporations, limited liability companies, joint stock companies or other associations of natural persons.

Health Risks Associated with Illicit Drug Use¹

The Controlled Substances Act (CSA) places all substances which were in some manner regulated under existing federal law into one of five schedules. This placement is based upon the substance's medical use, potential for abuse, and safety or dependence liability. A description of each schedule is included below.

Schedule I

- The drug or other substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United States.

¹ The information in this section is taken from the U.S. Department of Justice's 2015 publication "Drugs of Abuse." Students and employees are strongly encouraged to review this publication for more detailed information regarding the health risks associated with alcohol and illicit drug use and abuse. The full publication is available online at: https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf.

- There is a lack of accepted safety for use of the drug or other substance under medical supervision.
- Examples of Schedule I substances include heroin, gamma hydroxybutyric acid (GHB), lysergic acid diethylamide (LSD), marijuana, and methaqualone.

Schedule II

- The drug or other substance has a high potential for abuse.
- The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
- Abuse of the drug or other substance may lead to severe psychological or physical dependence.
- Examples of Schedule II substances include morphine, phencyclidine (PCP), cocaine, methadone, hydrocodone, fentanyl, and methamphetamine.

Schedule III

- The drug or other substance has less potential for abuse than the drugs or other substances in Schedules I and II.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.
- Anabolic steroids, codeine and hydrocodone products with aspirin or Tylenol®, and some barbiturates are examples of Schedule III substances.

Schedule IV

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.
- Examples of drugs included in Schedule IV are alprazolam, clonazepam, and diazepam.

Schedule V

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substances may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV.
- Cough medicines with codeine are examples of Schedule V drugs.

The Controlled Substances Act (CSA) regulates five classes of drugs:

- Narcotics,
- Depressants,
- Stimulants,
- Hallucinogens and
- Anabolic steroids.

Each class has distinguishing properties, and drugs within each class often produce similar effects. However, all controlled substances, regardless of class, share a number of common features. All controlled substances have abuse potential or are immediate precursors to substances with abuse potential. With the exception of anabolic steroids, controlled substances are abused to alter mood, thought, and feeling through their actions on the central nervous system (brain and spinal cord). Some of these drugs alleviate pain, anxiety, or depression. Some induce sleep and others energize.

Though some controlled substances are therapeutically useful, the “feel good” effects of these drugs contribute to their abuse. The extent to which a substance is reliably capable of producing intensely pleasurable feelings (euphoria) increases the likelihood of that substance being abused.

The following chart summarizes each class’s legal status, effects on the mind, effects on the body and effects of overdose.

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
<p>Narcotics Also known as “opioids,” the term “narcotic” comes from the Greek word for “stupor” and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as “narcotics,” today “narcotic” refers to opium, opium derivatives, and their semi-synthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is “opioid.” Examples include the illicit drug heroin and pharmaceutical drugs like OxyContin®, Vicodin®, codeine, morphine, methadone, and fentanyl.</p>	<p>Narcotics/opioids are controlled substances that vary from Schedule I to Schedule V, depending on their medical usefulness, abuse potential, safety, and drug dependence profile. Schedule I narcotics, like heroin, have no medical use in the U.S. and are illegal to distribute, purchase, or use outside of medical research.</p>	<p>Besides their medical use, narcotics/opioids produce a general sense of well-being by reducing tension, anxiety, and aggression. These effects are helpful in a therapeutic setting but contribute to the drugs’ abuse. Narcotic/opioid use comes with a variety of unwanted effects, including drowsiness, inability to concentrate, and apathy.</p> <p>Use can create psychological dependence. Long after the physical need for the drug has passed, the addict may continue to think and talk about using drugs and feel overwhelmed coping with daily activities. Relapse is common if there are not changes to the physical environment or the behavioral motivators that prompted the abuse in the first place.</p>	<p>Narcotics/opioids are prescribed by doctors to treat pain, suppress cough, cure diarrhea, and put people to sleep. Effects depend heavily on the dose, how it’s taken, and previous exposure to the drug. Negative effects include: Slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing</p> <p>As the dose is increased, both the pain relief and the harmful effects become more pronounced. Some of these preparations are so potent that a single dose can be lethal to an inexperienced user. However, except in cases of extreme intoxication, there is no loss of motor coordination or slurred speech.</p> <p>Physical dependence is a consequence of chronic opioid use, and withdrawal takes place when drug use is discontinued. The intensity and character of the physical symptoms experienced during withdrawal are directly related to the particular drug used, the total daily dose, the interval between doses, the duration of use and the health and personality of the user.</p>	<p>Overdoses of narcotics are not uncommon and can be fatal. Physical signs of narcotics/opioid overdose include: Constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, extreme drowsiness, and slowed breathing</p>
<p>Stimulants Stimulants speed up the body’s systems. this class of drugs includes: Prescription drugs such as amphetamines [Adderall® and dexedrine®], methylphenidate [Concerta® and Ritalin®], diet aids [such as didrex®, Bontril®, Preludin®, Fastin®, Adipex P®, ionomin®, and Meridia®] and illicitly produced drugs such as methamphetamine, cocaine, and methcathinone.</p>	<p>A number of stimulants have no medical use in the United States but have a high potential for abuse. These stimulants are controlled in Schedule I. Some prescription stimulants are not controlled, and some stimulants like tobacco and caffeine don’t require a prescription — though society’s recognition of their adverse effects has resulted in a proliferation of caffeine-free products and efforts to discourage cigarette smoking.</p> <p>Stimulant chemicals in over-the-counter products, such as ephedrine and pseudo-ephedrine can be found in allergy and cold medicine. As required by</p>	<p>When used as drugs of abuse and not under a doctor’s supervision, stimulants are frequently taken to: Produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for pro longed period, and “get high”.</p> <p>Chronic, high-dose use is frequently associated with agitation, hostility, panic, aggression, and suicidal or homicidal tendencies. Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur.</p> <p>Tolerance, in which more and more drug is needed to produce the usual effects, can develop</p>	<p>Stimulants are sometimes referred to as uppers and reverse the effects of fatigue on both mental and physical tasks. Therapeutic levels of stimulants can produce exhilaration, extended wakefulness, and loss of appetite. These effects are greatly intensified when large doses of stimulants are taken.</p> <p>Taking too large a dose at one time or taking large doses over an extended period of time may cause such physical side effects as: Dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps.</p>	<p>In overdose, unless there is medical intervention, high fever, convulsions, and cardiovascular collapse may precede death. Because accidental death is partially due to the effects of stimulants on the body’s cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.</p>

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
	<p>The Combat Methamphetamine Epidemic Act of 2005, a retail outlet must store these products out of reach of customers, either behind the counter or in a locked cabinet. Regulated sellers are required to maintain a written or electronic form of a logbook to record sales of these products. In order to purchase these products, customers must now show a photo identification issued by a state or federal government. They are also required to write or enter into the logbook: their name, signature, address, date, and time of sale. In addition to the above, there are daily and monthly sales limits set for customers.</p>	<p>rapidly, and psychological dependence occurs. In fact, the strongest psychological dependence observed occurs with the more potent stimulants, such as amphetamine, methylphenidate, methamphetamine, cocaine and methcathinone.</p> <p>Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a “crash.”</p>		
<p>Depressants Depressants will put you to sleep, relieve anxiety and muscle spasms, and prevent seizures. Barbiturates are older drugs and include butalbital (Fiorina®), phenobarbital, Pentothal®, Seconal® and Nembutal®. You can rapidly develop dependence on and tolerance to barbiturates, meaning you need more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death.</p> <p>Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects. Some examples are Valium®, Xanax®, Halcion®, Ativan®, Klonopin® and Restoril®. Rohypnol® is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally. Ambien® and Sonata® are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. Other CNS depressants include meprobamate, methaqualone (Quaalude®), and the illicit drug GHB.</p>	<p>Most depressants are controlled substances that range from Schedule I to Schedule IV under the Controlled Substances Act, depending on their risk for abuse and whether they currently have an accepted medical use. Many of the depressants have FDA-approved medical uses. Rohypnol® is not manufactured or legally marketed in the United States.</p>	<p>Depressants used therapeutically do what they are prescribed for: to put you to sleep, relieve anxiety and muscle spasms, and prevent seizures. They also: Cause amnesia, leaving no memory of events that occur while under the influence, reduce your reaction time, impair mental functioning and judgment, and cause confusion. Long-term use of depressants produces psychological dependence and tolerance.</p>	<p>Some depressants can relax the muscles. Unwanted physical effects include: Slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing</p> <p>Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life threatening.</p>	<p>High doses of depressants or use of them with alcohol or other drugs can slow heart rate and breathing enough to cause death.</p>
<p>Hallucinogens Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood. Hallucinogens include:</p> <ul style="list-style-type: none"> • Ecstasy/MDMA • K2 /Spice • Ketamine • LSD 	<p>Many hallucinogens are Schedule I under the Controlled Substances Act, meaning that they have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.</p>	<p>Sensory effects include perceptual distortions that vary with dose, setting, and mood. Psychic effects include distortions of thought associated with time and space. Time may appear to stand still, and forms and colors seem to change and take on new significance. Weeks or even months after some hallucinogens have been taken,</p>	<p>Physiological effects include elevated heart rate, increased blood pressure, and dilated pupils.</p>	<p>Deaths exclusively from acute overdose of LSD, magic mushrooms, and mescaline are extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material. A severe overdose of PCP and ketamine can result in: respiratory depression, coma,</p>

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
<ul style="list-style-type: none"> • Peyote & Mescaline • Psilocybin • Marijuana/Cannabis (addressed as its own class in this table) 		<p>the user may experience flashbacks — fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. The occurrence of a flashback is unpredictable, but is more likely to occur during times of stress and seems to occur more frequently in younger individuals. With time, these episodes diminish and become less intense.</p>		<p>convulsions, seizures, and death due to respiratory arrest</p>
<p>Marijuana/Cannabis</p> <p>Marijuana is classified in the Controlled Substances Act as a hallucinogen. Marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis sativa plant. Marijuana contains over 480 constituents. THC (delta-9-tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect.</p>	<p>Marijuana is a Schedule I substance under the Controlled Substances Act, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.</p> <p>Marinol, a synthetic version of THC, the active ingredient found in the marijuana plant, can be prescribed for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer and to stimulate appetite in AIDS patients. Marinol is a Schedule III substance under the Controlled Substances Act.</p>	<p>When marijuana is smoked, the THC passes from the lungs and into the bloodstream, which carries the chemical to the organs throughout the body, including the brain. In the brain, the THC connects to specific sites called cannabinoid receptors on nerve cells and influences the activity of those cells. Many of these receptors are found in the parts of the brain that influence: Pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement. The short-term effects of marijuana include: Problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination. The effect of marijuana on perception and coordination are responsible for serious impairments in learning, associative processes, and psychomotor behavior (driving abilities). Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychic addiction or dependence. Clinical studies show that the physiological, psychological, and behavioral effects of marijuana vary among individuals and present a list of common responses to cannabinoids, as described in the scientific literature:</p> <ul style="list-style-type: none"> • Dizziness, nausea, tachycardia, facial flushing, dry mouth and tremor initially • Merriment, happiness, and even exhilaration at high doses • Disinhibition, relaxation, increased sociability, and talkativeness • Enhanced sensory perception, giving rise to increased appreciation of music, art, and touch • Heightened imagination leading to a subjective 	<p>Short-term physical effects from marijuana use may include: Sedation, blood shot eyes, increased heart rate, coughing from lung irritation, increased appetite, and decreased blood pressure. Like tobacco smokers, marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Because marijuana contains toxins and carcinogens, marijuana smokers increase their risk of cancer of the head, neck, lungs, and respiratory tract. Withdrawal from chronic use of high doses of marijuana causes physical signs including headache, shakiness, sweating, and stomach pains and nausea. Withdrawal symptoms also include behavioral signs such as: Restlessness, irritability, sleep difficulties, and decreased appetite</p>	<p>No death from overdose of marijuana has been reported.</p>

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
		<p>sense of increased creativity</p> <ul style="list-style-type: none"> • Time distortions • Illusions, delusions, and hallucinations are rare except at high doses • Impaired judgment, reduced coordination, and ataxia, which can impede driving ability or lead to an increase in risk-taking behavior • Emotional lability, incongruity of affect, dysphoria, disorganized thinking, inability to converse logically, agitation, paranoia, confusion, restlessness, anxiety, drowsiness, and panic attacks may occur, especially in inexperienced users or in those who have taken a large dose • Increased appetite and short-term memory impairment are common <p>Researchers have also found an association between marijuana use and an increased risk of depression, an increased risk and earlier onset of schizophrenia, and other psychotic disorders, especially for teens that have a genetic predisposition.</p>		
<p>Steroids Anabolic steroids are synthetically produced variants of the naturally occurring male hormone testosterone that are abused in an attempt to promote muscle growth, enhance athletic or other physical performance, and improve physical appearance. Testosterone, nandrolone, stanozolol, methandienone, and boldenone are some of the most frequently abused anabolic steroids.</p>	<p>Anabolic steroids are Schedule III substances under the Controlled Substances Act. Only a small number of anabolic steroids are approved for either human or veterinary use. Steroids may be prescribed by a licensed physician for the treatment of testosterone deficiency, delayed puberty, low red blood cell count, breast cancer, and tissue wasting resulting from AIDS.</p>	<p>Case studies and scientific research indicate that high doses of anabolic steroids may cause mood and behavioral effects. In some individuals, steroid use can cause dramatic mood swings, increased feelings of hostility, impaired judgment, and increased levels of aggression (often referred to as “roid rage”) When users stop taking steroids, they may experience depression that may be severe enough to lead one to commit suicide. Anabolic steroid use may also cause psychological dependence and addiction.</p>	<p>A wide range of adverse effects is associated with the use or abuse of anabolic steroids. These effects depend on several factors including: Age, sex, the anabolic steroid used, amount used, and duration of use.</p> <p>In adolescents, anabolic steroid use can stunt the ultimate height that an individual achieves.</p> <p>In boys, steroid use can cause early sexual development, acne, and stunted growth.</p> <p>In adolescent girls and women, anabolic steroid use can induce permanent physical changes, such as deepening of the voice, increased facial and body hair growth, menstrual irregularities, male pattern baldness, and lengthening of the clitoris.</p> <p>In men, anabolic steroid use can cause shrinkage of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer.</p>	<p>Anabolic steroids are not associated with overdoses. The adverse effects a user would experience develop from the use of steroids over time.</p>

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
			<p>In both men and women, anabolic steroid use can cause high cholesterol levels, which may increase the risk of coronary artery disease, strokes, and heart attacks. Anabolic steroid use can also cause acne and fluid retention. Oral preparations of anabolic steroids, in particular, can damage the liver.</p> <p>Abusers who inject steroids run the risk of contracting various infections due to non-sterile injection techniques, sharing of contaminated needles, and the use of steroid preparations manufactured in non-sterile environments. All these factors put users at risk for contracting viral infections such as HIV/AIDS or hepatitis B or C, and bacterial infections at the sight of injection. Abusers may also develop endocarditis, a bacterial infection that causes a potentially fatal inflammation of the heart lining.</p>	

Health Risks Associated with Alcohol Abuse

The consequences associated with alcohol abuse among college students are far reaching. According to the National Institute on Alcohol Abuse and Alcoholism, “Students who engage in risky drinking may experience blackouts (i.e., memory loss during periods of heavy drinking); fatal and nonfatal injuries, including falls, drowning, and automobile crashes; illnesses; missed classes; unprotected sex that could lead to a sexually transmitted disease or an unwanted pregnancy; falling grades and academic failure; an arrest record; accidental death; and death by suicide. In addition, college students who drink to excess may miss opportunities to participate in the social, athletic, and cultural activities that are part of college life.”

The risks are not just limited to students. The Centers for Disease Control and Prevention identifies the following short-term and long-term health risks related to alcohol use and abuse.

Short-term Health Risks

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following:

- Injuries, such as motor vehicle crashes, falls, drowning, and burns.
- Alcohol poisoning, a medical emergency that results from high blood alcohol levels.
- Violence, including homicide, suicide, sexual assault, and intimate partner violence.
- Risky sexual behaviors, including unprotected sex or sex with multiple partners. These behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV. Miscarriage and stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women.

Long-term Health Risks

Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including:

- High blood pressure, heart disease, stroke, liver disease, and digestive problems.
- Cancer of the breast, mouth, throat, esophagus, liver, and colon.
- Learning and memory problems, including dementia and poor school performance.

- Mental health problems, including depression and anxiety.
- Social problems, including lost productivity, family problems, and unemployment.
- Alcohol dependence or alcoholism.

Educational Consequences of Alcohol and Other Drug Abuse²

There are numerous educational consequences associated with alcohol and other drug abuse. About 25 percent of college students report academic consequences of their drinking, including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades.³ A post-college study found binge drinking in college to be associated with academic attrition, early departure from college, and lower earnings in post-college employment.⁴ Additionally, a study found that college students who used marijuana were more likely to put themselves in physical danger when under the influence, experience concentration problems, and miss class.⁵

SUPPORT SYSTEMS AND RESOURCES FOR STUDENTS

Students with alcohol or drug-related problems are encouraged to seek the help of the University of Hartford's Counseling and Psychological Services (CAPS) and/or the Health Education and Wellness Center. CAPS and Wellness staff are experienced in working with issues of substance use and abuse and can provide direct assistance, as well as provide information about off-campus assessments, treatment facilities, and area support groups.

While the University will hold students accountable for violations of the Alcohol and Other Drugs Policies within our Student Code of Conduct, it is also committed to supporting any student who makes the responsible decision to address his or her substance use. Students should feel confident in knowing that University staff and faculty will support any student who is struggling to address his or her substance use. This support may include referrals to CAPS, Health Education and Wellness Center, Health Services, educational programming or intervention plans off campus to assist a student in meeting his or her goals.

The University of Hartford offers the following alcohol and other drugs services for students:

- Brief Alcohol Screening in College Students (BASICS) one-on-one brief intervention programs
- E-CHECK-UP: on-line screening assessment tool for both alcohol and marijuana use, followed up with a one-on-one meeting with Wellness staff
- Educational presentations for groups and classes
- Hawk Life: supportive, safe social group for students in recovery, those trying to reduce substance use, and student-allies of substance-free living

Student Programs and Information

University of Hartford Center for Health Education and Wellness Prevention and Education Programs and their Goals

http://www.hartford.edu/student_affairs/departments/connections/default.aspx

² These consequences are taken verbatim from

https://www.whitehouse.gov/sites/default/files/ondcp/ondcp_higher_ed_letter.pdf

³ National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. (2010). *A snapshot of annual high-risk college drinking consequences*. Retrieved from

<http://www.collegedrinkingprevention.gov/StatsSummaries/snapshot.aspx>.

⁴ Jennison, K. M. (2004). The short-term effects and unintended long consequences of binge drinking in college: A 10-year follow-up study. *The American Journal of Drug and Alcohol Abuse*, 30(3), 659-684.

⁵ Sullivan, M., & Risler, E. (2002). Understanding college alcohol abuse and academic performance: Selecting appropriate intervention strategies. *Journal of College Counseling*, 5 (2), 114-124.

Everfi: Alcohol Edu for First Year Students (pre-matriculation): AlcoholEdu for College is an interactive online program designed to reduce the negative consequences of alcohol amongst students. It is the most widely used alcohol prevention program in higher education, and helps schools comply with Education Department General Administrative Regulations (EDGAR part 86). The online programs deliver a personalized experience to all types of students dependent on their current drinking choices, and are proven effective – eight independent studies have verified the efficacy of AlcoholEdu. New first year undergraduate residential students are required to complete Part I of this on-line program prior to moving onto campus.

Everfi: HAVEN for First Year Students (pre-matriculation): Haven is the premier online program addressing the critical issues of sexual assault, relationship violence, stalking, and sexual harassment – among students, faculty and staff. Created in collaboration with leading campus practitioners and researchers and national thought leaders including renowned expert Dr. Alan Berkowitz, Haven reaches 700,000 individuals at over 650 institutions across the country. Like Alcohol Edu, new first year undergraduate residential students are required to complete Part I of this on-line program prior to moving on to campus.

e-CHECKUP TO GO (Marijuana/Alcohol): e-Checkup to go is on-line interventions for behavioral change including brief intervention screening for abuse of substance. This educational tool incorporates ASSIST (Alcohol, Smoking, and Substance Involvement Screening Test) and can “flag” areas of concern, covering both marijuana and alcohol. It integrates motivational enhancement strategy. The substance programs are designed to motivate individuals to reduce their consumption using personalized information about their own use and risk factors.

CHOICES: This program engages students in self-reflection and discussion about facts, risks and norms associated with alcohol while equipping them with the information, strategies and skills to make wise decisions.

BASICS (Brief Alcohol Screening and Intervention for College Students): This prevention program is designed for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems. Following a harm reduction approach, BASICS aims to motivate students to reduce alcohol use in order to decrease the negative consequences of drinking.

Hawk Life-Recovery Group: Hawk Life is a supportive, safe social group for students in recovery, those trying to reduce substance use, and student-allies of substance-free living.

Lift-Off Programming for First Year Students – “Thriving at the University of Hartford – Being a Healthy Hawk”: In this interactive program, representatives of the Health Education & Wellness Center and Department of Public Safety offer tips to help students make a smooth transition to college and develop habits that promote health and safety while on campus. This TED Talk-inspired session includes various campus resources and also speaks to the effects of alcohol and other drug use as well as sexual violence, suicide prevention, and hazing on campus. Discussion around safe decision-making takes place during and after each presentation (two 90-minute presentations over two days). The goal of the presentations is to introduce students to campus health and wellness resources, normalize transitional concerns about coming to college and informing students about AOD and other issues that may affect their academic performance.

Educational Literature: The Health Education and Wellness Center offers a vast array of educational literature pertaining to alcohol and drug safety and risk reduction strategies. These hard copy materials are available for free to students at UH Wellness, as well as available through many outreaches and tabling events. While these are more of a passive way to educate our students, the major goal is to provide brief, impactful education to students on the go with the hope that these materials spurn students to reach out and speak with a professional staff member when it is needed.

Workshops/Trainings/Dialogue Presentations by Request: Professional staffs within the Health Education and Wellness Center are often asked to present workshops, speak to first year dialogue classes and conduct trainings. Many of these presentations revolve around the topic of alcohol or drugs, bystander intervention, and

sexual violence prevention. Though the topic will vary, these endeavors seek to meet the individual needs of the group requesting them, as well as furthering the knowledge of Health Education and Wellness Center across campus.

Resident Assistant (RA) Training: As part of their required training, all RAs attend workshops regarding the alcohol and drug policy, as well as proper protocol for documentation in cases involving alcohol and/or drugs. This training seeks to educate RAs as well as increase their confidence in the event they have to confront and document this behavior.

Educational Programming (Residential Halls, community, etc.): As part of their duties, RAs and Resident Directors (RDs) design and implement social and educational programming within their buildings. Often times, these programs focus on education around alcohol and other drugs, risk reduction strategies, bystander intervention and other pertaining topics. The Health Education and Wellness Center frequently works with these staff members to design and even facilitate such programs. This education also occurs through passive programming in the form of themed bulletin boards in residence halls, which may highlight safety tips and campus resources. Whether it is active or passive in nature, the goal is to provide direct education on a topic so that students are better equipped to make healthy decisions.

SmartHost Class: The SmartHost Class was established with the goal of educating students about the responsibilities and liabilities inherent to hosting a party at which alcohol is served. SmartHost attendance is mandatory for hosts, servers, and door people before a party can be registered. This class is generally offered at various times throughout the academic year.

Amnesty Policy: In a case of severe alcohol intoxication and/or alcohol poisoning, students are highly encouraged to call for medical assistance (860.768.7777 for Public Safety's Emergency Response Line) for themselves or for their fellow students. Under the University of Hartford's Alcohol Amnesty Policy, no student seeking medical attention for an alcohol overdose will be subject to the University's conduct process for violation of using or possessing alcohol. This policy also pertains to those students who are not medically transported but do exhibit severe or obvious alcohol intoxication as noted by a University official (Public Safety, Residence Life, etc.).

Students are provided a "wellness card" and are required to meet with the Health Education and Wellness center regarding the transport and/or incident within five academic days of the incident. Failure to complete this meeting will result in conduct action.

Students are also encouraged to access the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems. To access this resource, visit <https://findtreatment.samhsa.gov/locator/home>.

Students seeking information regarding Self-Help, Peer Support, and Consumer Groups related to addiction (such as Alcoholics Anonymous, Narcotics Anonymous, Marijuana Anonymous, and others) are encouraged to visit <https://findtreatment.samhsa.gov/locator/link-focSelfGP>.

SUPPORT SYSTEMS AND RESOURCES FOR EMPLOYEES

The University of Hartford strives for a working climate in which each person can and will speak up for his/her needs and any obstacles hindering his/her best performance on the job. Employees with alcohol or drug-related problems are encouraged to seek help. Those in leadership roles are charged with building and maintaining effective working relationships with their employees in an effort to encourage open and honest exchanges of information and preservation of dignity in cases where support and/or resources are requested and/or needed. HRD is also available to provide information, support and/or resources to employees in need.

In addition, the University recognizes that, at times, an individual may feel unable to cope with personal problems and that such problems can interfere with the ability to perform satisfactorily on the job. The University offers an Employee Assistance Program (EAP) to meet the needs of the regular full-time and regular part-time employee needing confidential counseling offered under the program. The EAP combines managerial elements of training, education, promotion and crisis intervention with a full range of EAP clinical services. This model delivers an integrated program for identifying and successfully combating employee problems in their early stages, including alcohol and drug abuse, before they adversely impact the workplace.

The University of Hartford's EAP provider, The Lexington Group, prides itself in understanding the importance of printed materials to help promote the EAP and to remind employees and their families of the availability of the program and its services. The Lexington Group has the following materials, which all include alcohol and drug awareness and treatment information, available for distribution:

- EAP Brochures & Personal Wallet Cards
- Payroll Stuffers
- Posters
- Newsletters
- Leadership Guides
- Web site access

The successful management of problematic behavior on the job depends upon the awareness of supervisors and their ability to act in a constructive, remedial way. The training of managers and supervisors to handle these complex situations is an integral part of the University's EAP methodology. In addition to on-line training, The Lexington Group case managers are available around-the-clock to consult with the University leadership on individual cases as they occur. Additionally, on-site EAP employee awareness sessions and EAP leadership training are conducted periodically throughout the year.

Employees are reminded annually about the EAP via a campus-wide email. In addition, more information about the EAP can be found at http://www.hartford.edu/hrd/Employee_Benefits/Employee_Assistance_Program.aspx.

Employees are also encouraged to access the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems. To access this resource, visit <https://findtreatment.samhsa.gov/locator/home>.

Employees seeking information regarding Self-Help, Peer Support, and Consumer Groups related to addiction (such as Alcoholics Anonymous, Narcotics Anonymous, Marijuana Anonymous, and others) are encouraged to visit <https://findtreatment.samhsa.gov/locator/link-focSelfGP>.

Employee Programs and Information

In an effort to educate employees regarding the University's policy to actively ensure a drug-free workplace, HRD conducts a formal orientation program for all new faculty and staff, providing detailed information regarding institutional policies, procedures, resources and benefits available to employees.

The University of Hartford also updates our Jeanne Clery Act Annual Security and Fire Safety Report. This report includes, among other important information, educational information on drug and/or alcohol-referable cases classified as an arrestable offenses. In addition, this report includes a description of any drug or alcohol abuse policy as well as drug or alcohol abuse prevention and education programs offered to our campus community. The annual security report is available to all applicants for employment as well as employees and is published at <https://www.hartford.edu/publicsafety/files/pdf/annalsecurityreport.pdf>.

In support of applicable University policy to ensure an alcohol-free and drug-free campus as well as the DAAPP, the University coordinates drug tests for employees who drive or operate University vehicles, as

required by law. In addition, all newly hired public safety officers, dispatchers, corporals and sergeants are required to submit to a drug screen as a condition of employment both at the time of hire and as part of a random drug testing process.

In addition, Resident Directors (RD) in the Office of Residential Life, Division of Student Affairs receive training on proper response and documentation protocols involving alcohol and/or drugs. In addition, all RDs attend an annual ASCA (Association of Student Conduct Administrators) training and conference and upon completion of this workshop, a Hearing Officer training is held by the Director for Student Conduct Administration on campus. This training gives an overview of the alcohol and drug policy and prepares RDs to serve as hearing officers in judicial cases that occur in their residential buildings. Similar to the RA training, this training seeks to educate RDs about our drug and alcohol policy, and to increase the confidence of the RDs who may have to play a more active role in the confrontation of such behaviors.

As part of their duties, RDs also design and implement social and educational programming within their buildings. Often times, this programming focuses on education around alcohol and other drugs, risk reduction strategies, bystander intervention and other pertaining topics. The Health Education and Wellness Center has frequently worked with these staff members to design and even facilitate such programs. This education also occurs through passive programming in the form of themed bulletin boards in residence halls, which may highlight safety tips and campus resources. Whether it is active or passive in nature, the goal is to provide direct education on a topic so that students are better equipped to make healthy decisions.

Rehabilitation and Re-Entry Programs for Students

While the University of Hartford does not have formal rehabilitation or re-entry programs for students, conditional re-entry criteria to return to the classroom or the campus may include, but are not limited to, entering and providing documentation of the successful completion of a substance abuse treatment program.

Rehabilitation and Re-Entry Programs for Employees

While the University of Hartford does not have formal rehabilitation or re-entry programs for employees, conditional re-entry criteria to return to work may include, but are not limited to, entering and providing documentation of the successful completion of a substance abuse treatment program.