



High-Risk Alcohol and Substance Abuse Working Group Report

December 2015



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

“Underage drinking and excessive drinking have negative effects on everything we’re trying to do as a university. They compromise the educational environment, the safety of our students, the quality of life on campus, town/gown relationships, and our reputation.”

Dr. Judith Ramaley, President Emeritus,
University of Vermont

“Decisions about alcohol consumption are not just individual; they can affect the common life of the university.”

Rev. Edward A. Malloy, President Emeritus,
University of Notre Dame

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I. Introduction

High-risk alcohol and substance use is one of the nation's most significant public health issues. On college and university campuses in particular, a culture of dangerous drinking precipitates an array of negative consequences that cannot be overstated. At institutions of higher education, including UNC-Chapel Hill, high-risk or dangerous drinking impedes academic performance, undermines the intellectual climate of the institution, and is a common contributor to lower rates of student retention. High-risk drinking also contributes to other high-risk behaviors that lead directly to injuries, physical or sexual assaults, and a less safe campus and community environment. Moreover, pervasive misuse and abuse of alcohol affects the physical and mental health of students and other members of the campus community in ways that can range from short-term to chronic. The phenomenon of high-risk or dangerous drinking is – in short – an epidemic. The negative consequences associated with this epidemic affect students, faculty, staff, residents, and neighborhoods – indeed, the entire community. As such, it is our collective responsibility to confront this public health crisis directly and comprehensively.

The problem of high-risk drinking is a multilayered problem with an array of environmental influences that requires a comprehensive, multi-faceted solution. Research and best practice indicate that a public health approach is most effective in responding to a problem of epidemic proportion. A public health response addresses not only the symptoms of the problem, but delves deeper to explore and address the root causes. In the context of high-risk drinking, a public health approach examines the culture and climate in which it occurs and seeks to transform the negative influences that catalyze the behavior.

Our campus benefits from the unique confluence of teaching, research, and service that together enable a holistic public health approach to the single-most important health issue for college students. Evidence-based research (i.e., what we know) can be correlated with action (i.e., what we need) to have the greatest impact. This report reflects what the evidence tells us about the scope and impact of high-risk drinking, both nationally and at UNC-Chapel Hill. It further sets forth a plan, with a comprehensive set of recommendations, articulating what we need in order to have the greatest opportunity to effect change in the culture of high-risk drinking. These recommendations represent an interconnected, continuum of care approach, rather than a menu of individual options. No recommendation can work as a standalone solution and each recommendation depends on the others. In other words, they are a matrix for addressing the problem of high risk drinking; omitting one impacts the efficacy of the others. However, with sustained commitment, these recommendations can, over time, effect change at the individual, group, and community level.

II. Working Group Charge and Membership

The High-Risk Alcohol and Substance Abuse Working Group (“Working Group”) was appointed by Executive Vice Chancellor and Provost Jim Dean and Vice Chancellor for Student Affairs Winston Crisp. The Working Group was charged with supporting the educational mission of the University by assessing the scope of high-risk alcohol and substance use at UNC-Chapel Hill, evaluating existing or emerging best practices from a variety of disciplines, and providing evidence-based guidance and recommendations regarding campus-based policies and programs related to alcohol and other drugs. The Working Group was tasked with considering initiatives around education, prevention, intervention, accountability, and recovery. In recognition of the breadth of the topic and to optimize the effectiveness of its work, the Working Group included representatives from across the major areas of campus life: academics, healthcare, policy development, student affairs, and campus safety. The Working Group included representation and expertise from throughout the University community, including faculty, staff, researchers, administrators, and students.

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III. Process and Method

The Working Group convened its initial meeting on March 5, 2015, and received its charge from Provost Dean and Vice Chancellor Crisp. Thereafter, the Working Group continued to meet on a weekly or bi-weekly basis through the remainder of the Spring 2015 semester. During the summer months, a subcommittee developed a draft Campus Alcohol Policy (Appendix A) that was reviewed and refined with the input of the Working Group. Beginning with the start of the Fall 2015 semester, the Working Group met roughly weekly to discuss and refine the recommendations that appear herein.

The Working Group started its efforts with an assessment of the scope of the problem of high-risk and dangerous drinking on college campuses nationally, as well as specifically at UNC-Chapel Hill. The Working Group undertook examination and discussion of various evidence-based approaches and existing best practices for impacting high-risk alcohol consumption. From its earliest meetings, the Working Group committed to an evidence-based public health approach which acknowledges the need to respond to the issue comprehensively, including elements of education, prevention, intervention, accountability, and treatment and recovery. Guided by these principles, the Working Group recognized and agreed from the beginning that a comprehensive evaluation and rewrite of the Campus Alcohol Policy (last revised in 1996) was warranted. The Working Group determined that it would recommend adoption of a policy reflecting a broad public health perspective, with expanded emphasis on education and prevention, codification of important concepts such as medical amnesty, and unification of disparate policies or guidelines pertaining to the consumption, service, or sale of alcohol on campus.

Even as a proposed Campus Alcohol Policy was being drafted, the Working Group undertook a purposeful review of evidence-based best and leading practices in five distinct areas which it defined as follows:

- Education:** The intentional and strategic provision of information, resources, and skills relevant to living and working in an environment where alcohol is readily available.
- Prevention:** Initiatives or strategies designed to promote healthy social norms that discourage high-risk drinking behaviors and seek to avoid negative consequences of high-risk drinking before their initial onset.
- Intervention:** Strategies for responding to exhibited high-risk drinking behaviors or associated negative consequences, with particular emphasis on the health, safety, and overall well-being of both the individual and the effects of the individual's behavior on the greater community.
- Accountability:** Processes for enforcing legal standards, campus policies, and community expectations and consequences for violations so as to provide opportunities for personal or corporate accountability and growth and to deter future violations.
- Treatment and Recovery:** The availability of resources, including trained and qualified clinicians to provide counseling, treatment, and support to individuals impacted by the medical condition of chemical dependency or addiction to alcohol or other substances.

Review and discussion of these areas provided the basis for the recommendations reflected in this report and are organized in similar fashion.

Throughout its nine months of work, the Working Group received and considered the ever-increasing body of professional scholarship that relates to high-risk or dangerous drinking and its deleterious effects. It is safe to say that this literature only reinforces the scope and acuity of the problem. The Working Group benefited enormously from the participation of its many members who possess unique knowledge, training, and experience in the fields of alcohol studies, medicine, and student development. Finally, the findings and recommendations reflected in this report build upon the work of both national and local initiatives that represent the culmination of more than a decade of study and assessment. The Working Group is indebted to have been able to consider and rely upon the NIAAA Call to Action¹ and the Surgeon General's Call to Action to Prevent Underage Drinking² and, at a more local level, the 2013-14 UNC-Chapel Hill Campus Security Initiative Report to the President,³ the 2014 Town/Gown Collaborative to Reduce the Negative Impacts of High-Risk Drinking, and the efforts of multiple UNC-Chapel Hill campus committees which have examined aspects of this issue in previous years.

The original charge to the Working Group included a request for recommendations relating to both alcohol and other drugs. The recommendations that follow reflect the scope of that charge in many respects. However, during the course of their discussions, the members of the Working Group recognized that the factors influencing a culture of high-risk drinking were not identical to those surrounding other drugs. Moreover, the legal, regulatory, and social frameworks pertaining to the use of other drugs are in many instances distinct from those applicable to alcohol. Since the available data indicates that alcohol use is more prevalent among UNC-Chapel Hill students than other substance use, the Working Group has focused the bulk of its efforts and recommendations around high-risk drinking. Many of the Working Group's recommendations, particularly those relating to education and prevention, may have collateral effect on substance use broadly. However, additional study regarding substance use other than alcohol may be warranted.

1 http://www.collegedrinkingprevention.gov/niaacollegematerials/taskforce/taskforce_toc.aspx

2 <http://www.niaaa.nih.gov/sites/default/files/calltoaction.pdf>

3 <http://www.northcarolina.edu/?q=campus-security-initiative>

IV. Scope of the Problem

A. Scope of the Problem⁴—Prevalence of Alcohol Use

Various terms have been coined to describe the problems of alcohol misuse and abuse, including “high-risk” alcohol use, “dangerous” drinking, or “binge drinking.” Depending on the source, these and other terms may be used interchangeably as synonyms or reflect unique definitions or bases for assessment. For example, the National Institute on Alcohol Abuse and Alcoholism⁵ defines “binge drinking” as “a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL. This typically occurs after 4 drinks for women and 5 drinks for men—in about 2 hours.” While such a definition has benefit in particular settings, it can be too restrictive when describing the full scope of the alcohol problem on college campuses. Except where otherwise noted, this report utilizes the descriptor “high-risk” to reflect not only drinking behaviors generally denominated as binge drinking, but also those drinking behaviors that place an individual at heightened risk for experiencing negative consequences (e.g., health, safety, academic and legal). This would include underage consumption, excessive use of alcohol, and use of alcohol in combination with other impairing substances or medications.

When assessing the prevalence of high-risk drinking in college and at UNC-Chapel Hill specifically, it is important to recognize that exposure to high-risk drinking behaviors will begin for many students prior to their matriculation to college. National research indicates that 66% of high school students and more than 75% of high school seniors have consumed alcohol at least once⁶. In North Carolina, students in grades 9-12 reported in 2009 that:

- 63.8% had at least one drink of alcohol on one or more days during their life.
- 19.0% had their first drink of alcohol, other than a few sips, before age 13.
- 38% of new first-year students indicate previous experience with alcohol before arriving to campus.
- 35.0% had at least one drink of alcohol on one or more occasions in the past 30 days.
- 18.7% had five or more drinks of alcohol in a row (binge drinking) in the past 30 days.⁷

Accordingly, a significant number of incoming college students nationally have experience with alcohol and, in some cases, have developed regular consumption habits. This is significant because it means that UNC-Chapel Hill, like virtually all colleges and universities, starts at a disadvantage in that our education and prevention efforts are reaching many students after they have already developed a substantial amount of experience with alcohol.

4 This report incorporates by reference the summaries and descriptions of the problem of high-risk drinking set forth in the “2013-14 UNC Campus Security Initiative Report to the President,” http://www.northcarolina.edu/sites/default/files/unc_campus_security_initiative_report_to_the_president.pdf, 2014 and “Findings & Recommendations of the Town/Gown Collaborative to Reduce the Negative Impacts of High-Risk Drinking,” 2014.

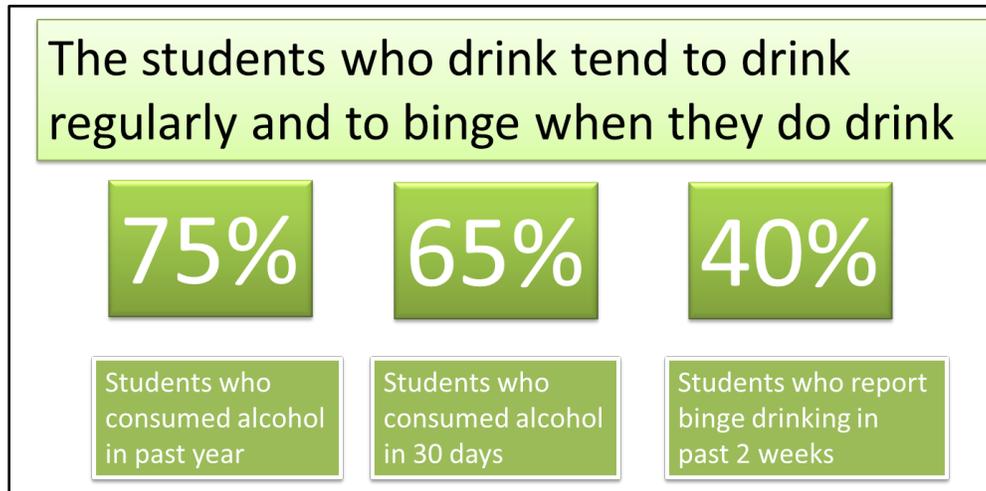
5 NIAAA, “Alcohol Facts and Statistics” <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics>, March 2015.

6 Center for Disease Control, “Youth Risk Behavior Surveillance System,” <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6304a1.htm#tab4>, 2013.

7 Pacific Institute for Research and Evaluation, “Underage Drinking in North Carolina: The Facts,” http://www.ncpic.net/wp-content/uploads/2013/09/2013_09_24-NCPUDI-Project-Overview-and-NC-Outcomes.pdf, 2011.

According to the National Institute on Alcohol Abuse and Alcoholism, 60% of college students (ages 18-22) consumed alcohol in the past month. Of those, 66% engaged in binge drinking in the past month.⁸ At UNC-Chapel Hill, students' self-reported drinking habits mirror national statistics. (Figure 1).

Figure 1. Core Alcohol and Drug Survey 2014: UNC-Chapel Hill Student Alcohol Use Prevalence



Notably, the college environment itself is associated with a higher prevalence of alcohol use.

- **Prevalence of Drinking:** In 2013, 59.4 percent of full-time college students ages 18–22 drank alcohol in the past month compared with 50.6 percent of other persons of the same age.
- **Prevalence of Binge Drinking:** In 2013, 39 percent of college students ages 18–22 engaged in binge drinking (5 or more drinks on an occasion) in the past month compared with 33.4 percent of other persons of the same age.
- **Prevalence of Heavy Drinking:** In 2013, 12.7 percent of college students ages 18–22 engaged in heavy drinking (5 or more drinks on an occasion on 5 or more occasions per month) in the past month compared with 9.3 percent of other persons of the same age.⁹

B. Scope of the Problem—Health and Safety Impacts of High-Risk Drinking

Although the prevalence of high-risk drinking is well-illustrated above, the documented dangers and negative consequences of high-risk drinking provide a compelling case for sustained action to curb those effects. There are many consequences of high-risk drinking for college students. The following national statistics highlight a few of these consequences:

8 NIAAA, “College Drinking,” <http://pubs.niaaa.nih.gov/publications/CollegeFactSheet/CollegeFact.htm>, 2013.

9 NIAAA, “Alcohol Facts and Statistics,” <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics>, 2015.

Researchers estimate that each year:

- 1,825 college students between the ages of 18 and 24 die from alcohol-related, unintentional injuries, including motor vehicle crashes.
- 599,000 students between the ages of 18 and 24 experience unintentional injury while under the influence of alcohol.
- 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking.
- 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape.¹⁰

Aside from the well-documented correlation of high-risk drinking to injuries, assaults, and sexual violence, excessive alcohol consumption can present serious short-term and chronic health risks, ranging from memory loss to physical health problems to dependency or addiction. Of all admissions for clinical substance dependence in 2012, 46% of college-aged patients were admitted specifically for an alcohol-use disorder. Nearly one out of five (18.6%) young adults between the ages of 18 to 25 is estimated to suffer from some form of substance use disorder, with college students being the fastest growing segment seeking treatment (increasing 143% in the past decade compared to an overall population increase of 14%).¹¹

The immediate health and safety impacts of high-risk drinking are further evident by the impact in the local community and on campus:

- Chapel Hill Police Department (CHPD) responds to 40-50 alcohol overdose calls per semester.
- UNC-Chapel Hill Department of Public Safety (DPS) responded to 39 alcohol overdose calls in 2012-13.
- UNC-Chapel Hill Department of Housing and Residential Education (DHRE) reports approximately 4-5 alcohol-related EMS transports every weekend.¹²
- In 2012, UNC-Chapel Hill's Emergency Department reported 185 alcohol-related incidents total and 41 alcohol-related incidents on campus, most of which (80%) involved underage students.

UNC-Chapel Hill students themselves report an array of negative health and safety consequences associated with high-risk drinking. Data from the 2014 Core survey administered to students reports consequences specific to UNC-Chapel Hill undergraduates experienced in the last 12 months from drinking or drug use:

- 33% of survey respondents did something they later regretted.
- 31% of survey respondents had memory loss.

10 NIAAA, "College Drinking," www.pubs.niaaa.nih.gov/publications/CollegeFactSheet/CollegeFact.htm, 2002.

11 Office of National Drug Control Policy, 2012.

12 "Findings & Recommendations of the Town/Gown Collaborative to Reduce the Negative Impacts of High-Risk Drinking," 2014.

- 11% of survey respondents drove while under the influence.
- 10% of survey respondents thought they might have a drinking or drug problem.¹³

C. Scope of the Problem—Community Impacts and Secondary Effects

The health and safety impacts of high-risk drinking are profound, but the negative consequences of this behavior extend beyond the individual and also negatively impact the UNC-Chapel Hill campus and community as a whole. The Chapel Hill Police Department receives upwards of 270 calls every year related to parties and noise complaints in houses near or adjacent to campus, the vast majority of which involve alcohol.¹⁴ Other issues of concern in the community include:¹⁵

- Decreased property values in neighborhoods with concentration of loud parties.
- Increased trash on the streets, reckless driving downtown, vomit on sidewalks, and property damage on weekends as a results of high-risk drinking.
- Inconsistent enforcement and mixed messaging among campus and community stakeholders.

It is important to note that the impacts of high-risk drinking are not limited to only the students who drink; it also affects the physical, mental, and emotional well-being of those who abstain or drink moderately. These harms are referred to as “secondary effects” and are quite prevalent. More than 75% of U.S. college students living in residence halls or Greek houses report that they have experienced at least one secondary effect because of another student’s drinking.¹⁶ Among the more prominent are:¹⁷

- 60.0% had study or sleep interrupted.
- 47.6% had to take care of a drunken student.
- 29.2% had been insulted or humiliated.
- 19.0% had a serious argument or quarrel.
- 15.2% had property damaged.
- 8.7% had been hit, pushed, or assaulted.

These secondary effects are well-known to professional staff in Student Affairs and the Department of Housing & Residential Education, as well as community residents living in proximity to campus or other large concentrations of students. The aggregate of these impacts the quality of life for all members of the campus and local community and underscores the need for a population-based approach for ameliorating these effects.

13 Core Institute, “UNC Chapel Hill Core Survey Crosstab Report,” 2014.

14 “Findings & Recommendations of the Town/Gown Collaborative to Reduce the Negative Impacts of High-Risk Drinking,” 2014.

15 Id.

16 Daniel Ari Kapner, “Secondary Effects of Heavy Drinking on Campus,” <http://files.eric.ed.gov/fulltext/ED537632.pdf>, August 2008.

17 Id.

D. Scope of the Problem—Academic Consequences

The prevalence of high-risk drinking actively jeopardizes the mission of the University because of its direct impact on academic performance and the intellectual climate of the University. College students who engage in high-risk drinking or other substance use often suffer academically as a result of their excessive use. A growing body of national research shows a negative association between high-risk drinking and academic performance:¹⁸

- Nationally, 25% of college students report academic consequences associated with their drinking, such as missing class, falling behind, doing poorly, and receiving lower grades. These impacts are most often related to drinking side effects of impaired learning and memory difficulties that specifically affect abstract thinking and problem solving, as well as perceptual motor skills.
- Students who engaged in binge drinking and drank at least three times per week were 5.9 times more likely than those who drank but never binged to perform poorly on a test or project as a result of drinking, 5.4 times more likely to have missed a class, and 4.2 times more likely to have had memory loss.
- Students who engage in binge drinking spend less time on studying and academics in general.
- Students who binge drink in college are more likely to drop out of school, work in lower wage jobs, and experience dependence later in life.
- Students who frequently binge drink are six times more likely than non-binge drinkers to miss class and five times more likely to fall behind in school.
- Among college students, the number of blackouts, a consequence of heavy drinking, is negatively correlated with grade point average (GPA).

At UNC-Chapel Hill, the data also reflects the impact of high-risk drinking on academic performance. Nearly a quarter of surveyed UNC-Chapel Hill undergraduates (24%) report missing a class, and 15% indicate they had performed poorly on a test or important project as a result of alcohol or substance use.¹⁹

The evidence is clear that high-risk drinking is pervasive at colleges and universities across the country, including UNC-Chapel Hill. These national and local data sources highlight the individual and community impacts of high-risk drinking and call for a cohesive, comprehensive approach to address its effects. However, the effectiveness of any response must necessarily acknowledge the unique and varied factors that shape campus culture around alcohol and influence individual decisions around whether to drink and, if so, how much.

18 Aaron White & Ralph Hingson, “The Burden of Alcohol Use: Excessive Alcohol Consumption and Related Consequences Among College Students,” <http://pubs.niaaa.nih.gov/publications/arcr352/201-218.htm>, 2013.

19 Core Institute, “UNC Chapel Hill Core Survey Crosstab Report,” 2014.

E. Scope of the Problem—Influences on High-Risk Drinking

To reasonably assess the probable efficacy of various recommendations designed to reduce high-risk drinking, it is important to evaluate the influences and environment in which the behavior occurs. Moreover, it is critical to recognize that while the percentage of students drinking in college has remained relatively consistent over the past two decades, the manner in which students drink and the surrounding culture has changed:

The Culture of Pre-gaming

Two-thirds of college drinkers engage in what has become an integral part of the college drinking tradition, “pre-gaming.” Pre-gaming is a practice in which students consume large quantities of alcohol very quickly in a compressed amount of time before going to bars, parties, and sporting events. As a result, students are consuming more alcohol at an increased rate earlier in the evening, then continuing to drink over a longer period of time.²⁰ Students that pre-game are significantly more susceptible to harmful consequences because of their greater consumption of alcohol and higher blood alcohol content.²¹ The drinking games that are often associated with pre-gaming activities can quickly result in dangerously high blood alcohol content. Students pre-game for a variety of reasons, but the primary reason is to become intoxicated quickly. Students also pre-game for social enhancement (“it makes going out more fun”), for tension reduction (“it reduces anxiety”), to save money (“drinks at bars are expensive”), and logistical reasons (“I’m underage and I don’t have an ID”).²² On average, students consume 3 to 5 drinks per pre-game.²³ While there are many reasons that college students choose to binge drink, 42% of women and 55% of men list “getting drunk” as one of their main motivational factors in heavily consuming alcohol.²⁴

Celebration Drinking

Another high-risk trend emerging on many college campuses is the phenomenon of “celebration drinking.” Celebration drinking is the term that researchers use to describe the days of the year in which students consume larger quantities of alcohol than a typical evening of drinking.²⁵ Celebration drinking may be associated with prominent sporting events, academic or personal achievements (e.g., completing a major project), or calendar-related events (e.g., Halloween or last day of classes). One particularly disturbing trend is the 21st birthday celebration.²⁶ Every year, students die celebrating their 21st birthday related to the practice of trying to consume 21 shots in a short amount of time.²⁷ About half of student drinkers celebrating their 21st birthday exceed their prior maximum number of drinks, and 12 percent report consuming 21 or more drinks (21 shots at 1.5 ounces per glass would be more than a fifth of liquor).²⁸

20 Adam E. Barry, et al, “The impact of pre-gaming on subsequent blood alcohol concentrations: An event-level analysis,” <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3819100/>, 2013.

21 Id.

22 Borsari, Brian, et al. “Drinking before drinking: Pregaming and drinking games in mandated students.” *Addictive Behaviors* (2007): 2694-2705.

23 Read, Jennifer P., Jennifer E. Merrill and Katrina Bytschkow. “Before the Party Starts: Risk Factors and Reasons for “Pregaming” in College Students.” *Journal of American College Health* (2010): 461-472.

24 Wechsler, Henry, et al. “Trends in College Binge Drinking During a Period of Increased Prevention Efforts.” *Journal of American College Health* (2002): 203-217.

25 Woodyard, Catherine Dane and Jeffrey S. Hallam. “Differences in College Student Typical Drinking and Celebration Drinking.” *Journal of American College Health* (2010): 533-538.

26 Brister, Heather A., Kenneth J. Sher and Kim Fromme. “21st Drinking and Associated Physical Consequences and Behavioral Risks.” *Psychology of Addictive Behaviors* (2011): 573-582.

27 Gray, Kathy Lynn. “21st Birthday Binge Drinking: Fun at 21? Drinking on excess on one’s 21st birthday has become a tradition, tragically, some don’t live to regret their binge.” *The Columbus Dispatch* 20 May 2008.

28 Rutledge, Patricia C., Aesoon Park and Kenneth J. Sher. “21st Birthday Drinking: Extremely Extreme.” *Journal of Consulting and Clinical Psychology* (2008): 511-516.

Marketing and Access

Alcohol today is being prepared and packaged in a manner that appeals to a younger audience. From energy drinks with alcohol that enable students to drink more for longer periods of time, to sweet-tasting liquors that mask the flavor of alcohol, the options are riskier than ever before and may often lead to more alcohol poisoning incidents among college students. A leading study out of Harvard, “The Marketing of Alcohol to College Students: The Role of Low Prices and Special Promotions” speaks to the impact that certain types of marketing can have on the young adult population in relation to increased alcohol norms and expectancies. The study found a correlation between binge drinking among students and the availability of large volumes of alcohol, low alcohol prices, and alcohol promotions and advertising. Additionally, the number of alcohol establishments was positively associated with the total number of drinks consumed by students.²⁹

Cultural and Environmental Factors

“Research consistently shows that no single factor determines whether a college student will misuse alcohol. Multiple developmental, individual, and environmental factors influence this outcome, both individually and interactively.”³⁰ Among the developmental and individual factors are:

- Developmental influences such as ongoing cognitive and moral development that may lead to skepticism about adult-imposed, age-based social norms regarding alcohol use.
- Transformations in relationships with family, as the college student experiences more autonomy and independence, or with peers who may encourage engagement in high-risk drinking, especially if alcohol is central to one’s social environment.
- Challenges with transition to college, ranging from confronting myths about the college drinking culture (e.g., “everyone drinks”) to developing and maintaining effective resiliency and coping skills for responding to stress or anxiety.
- Individual beliefs about alcohol as influenced by family, peers, media, and general social norms. Research reflects a correlation between a student’s belief about alcohol and the onset of drinking behavior. Positive perceptions and expectations (e.g., “drinking alcohol is fun and makes me more sociable”) may provide a catalyst for initiating drinking behavior, whereas negative perceptions and expectations may operate as an inhibitor.

Layered on top of these influences are a variety of cultural and environmental factors that are often campus-specific. The size of the campus, the geographic location, alcohol density (i.e., number/availability of venues serving alcohol), the strength of Greek life, the relative importance of athletics, consistency of enforcement of alcohol laws and policies, academic rigor, and even the existence of Friday morning classes have all been demonstrated to have effects on the prevalence of high-risk drinking behavior.

29 Kuo, Meichun, et al. “The marketing of alcohol to college students: the role of low prices and special promotions.” *American Journal of Preventive Medicine* 25.3 (2003): 204-211.

30 NIAAA, “High-Risk Drinking in College: What We Know and What We Need to Learn,” http://www.collegedrinkingprevention.gov/niaacollegematerials/panel01/highrisk_05.aspx, September 23, 2005.

At UNC-Chapel Hill, it is not difficult to identify the presence and potential influence of these factors. Our institution attracts and enrolls uniquely talented students who are overheard to say that “we work hard and we play hard” and who, just as importantly, have widely divergent views about alcohol and its relationship to their college experience. Our students reside in an alcohol-dense environment. Chapel Hill has over 240 business establishments licensed to sell or serve alcohol, with 35-40 clustered in the downtown area adjacent to campus. UNC-Chapel Hill offers a successful intercollegiate sports program and extensive Greek communities that are important influences on the social environment for our students. The relevance of these factors is further borne out through the perceptions of students who regard alcohol as a central part of the social environment at UNC-Chapel Hill. Survey data from 2014 indicates that:³¹

- 82.1% of survey respondents said they saw drinking as central in the social life of male students.
- 75.3% of survey respondents said they saw drinking as central in the social life of female students.
- 17.9% of survey respondents said they saw drinking as central in the social life of faculty/staff.
- 47.5% of survey respondents said they saw drinking as central in the social life of alumni.
- 63.2% of survey respondents said they saw drinking as central in the social life of athletes.
- 96.8% of survey respondents said they saw drinking as central in the social life of fraternities.
- 90.8% of survey respondents said they saw drinking as central in the social life of sororities.
- 70.5% of survey respondents said they believe the social atmosphere on campus promotes alcohol use.

Even isolated statements or actions by faculty, staff, parents, and peers can reinforce negative social norms that foster an acceptance or tacit approval of high-risk drinking behavior (e.g., telling students there will not be an assignment due on Friday because “everyone” is going out drinking on Thursday or regarding high-risk drinking behavior as just a “rite of passage” for the college student).

Not all students will be negatively influenced by these or other factors and engage in high-risk drinking behavior, but the multiplicity and complexity of these influences necessarily underscores the challenge that awaits any institution that is committed to reducing the effects of high-risk drinking. There is no magic formula for solving this problem, nor will any single effort or initiative adequately respond to the needs of a large, complex community. There is ample research to demonstrate that individual interventions and education alone will not transform an alcohol-oriented culture. Instead, a broad, comprehensive, population-based approach that identifies and addresses the impacts of environmental, cultural, and developmental factors represents our best opportunity for moving forward.

31 Core Institute, “2014 UNC Chapel Hill Core Survey Crosstab Report,” 2014.

V. A Public Health Perspective

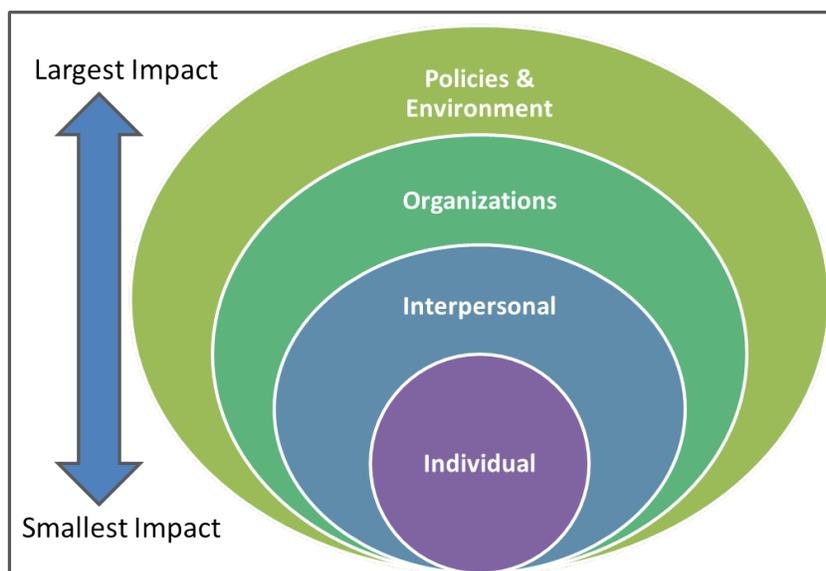
Research clearly indicates that high-risk alcohol and substance abuse negatively impacts both individuals, select populations, and the community as a whole. Because of this breadth of impact, the Working Group determined early in its process that a comprehensive public health approach should guide its evaluation and recommendations. The goal of a public health approach is to improve the health of a population by focusing on the multiple factors that lead to a behavior, like high-risk drinking.

These multiple layers are shown in the Socio-Ecological Framework (SEF) infographic in Figure 2. As a grounding framework for the public health approach, the SEF illustrates the varying impacts of change when addressing each segment of the campus community:³²

- Individual factors (attitudes, knowledge about alcohol)
- Interpersonal factors (relationships, peer pressure)
- Organizations (organization policy & drinking culture)
- Policies & environment (federal, state, and local laws; alcohol accessibility)

The outer layers of the SEF represent areas that have the most impact on the behavior of a population. In other words, a policy-level intervention will affect the behavior of more students than an organization-level intervention; likewise, an organization-level intervention will affect more students than an interpersonal-level intervention.³³ With this in mind, the committee included recommendations designed to have an impact at all levels of the SEF, from policy-level and environmental changes to individual-level changes (through alcohol education efforts, for example). Particular consideration was given to policy and environmental factors since those factors have the broadest impact across the population.

Figure 2. Socio-Ecological Framework



32 Center for Disease Control and Prevention, “The Socio-Ecological Model: A Framework for Prevention,” <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>, 2002.

33 McLeroy, Kenneth R., et al. “An ecological perspective on health promotion programs.” *Health Education & Behavior* 15.4 (1988): 351-377.

Altering the environment and culture is a proven method for changing behavior. Whereas individual-level programs can change the attitudes and knowledge that influence the behavior of one student, environmental-level programs address the physical, social, economic, and legal environment that influences behavior for all.³⁴ For example, on a street where many drivers speed, a community could add a stop sign or a speed bump, which would lead to a larger number of people changing their behavior because of a change in the environment.

Environmental management is a proven public health strategy that aims to change the environment from one that inadvertently facilitates high-risk drinking to one that actively deters high-risk drinking. This change can be accomplished through a combination of policy change, policy enforcement, changes to the physical environment, and changes to the campus culture, all of which help create large-scale, campus-wide impact. Changing the environment makes it harder and less socially acceptable for students to engage in high-risk drinking and easier for them to choose a safer, healthier option.³⁵

Figure 3. Environmental Management and Individual Strategies that Work



Figure 3 shows seven environmental management and three individual strategies for reducing high-risk drinking. Of these, there are five environmental management strategies that have proven effective in reducing high-risk drinking in the college student population:

- Promoting alcohol-free social, recreational, extracurricular, and public service options.
- Creating a health-promoting normative environment.

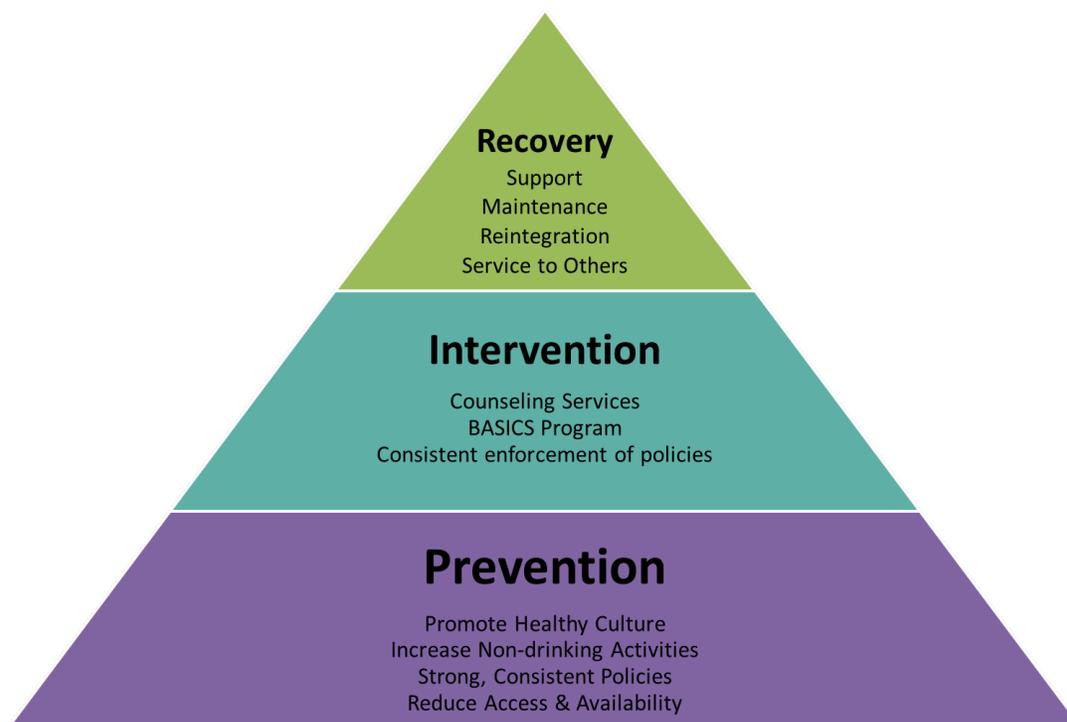
34 William DeJong & Linda M. Langford, “A Typology for Campus-Based Alcohol Prevention: Moving toward Environmental Management Strategies,” <http://www.collegedrinkingprevention.gov/supportingresearch/journal/dejong.aspx>, September 23, 2005.

35 The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, “Environmental Management: An Approach to Alcohol and Other Drug Prevention,” <http://safesupportivelearning.ed.gov/sites/default/files/hec/product/em101.pdf>, July 2002.

- Limiting alcohol availability.
- Restricting the marketing and promotion of alcohol beverages both on and off campus.
- Increasing the development and enforcement of campus policies and state and local laws.³⁶

Environmental management is closely tied to primary prevention efforts, which focus on preventing high-risk drinking in the entire student population. Figure 4 illustrates the three tiers of care related to high-risk drinking and how resources should be allocated among prevention, intervention, and recovery to maximize efficiency and effectiveness.

Figure 4. Continuum of Care Pyramid: Focus on Prevention for Maximum Reach



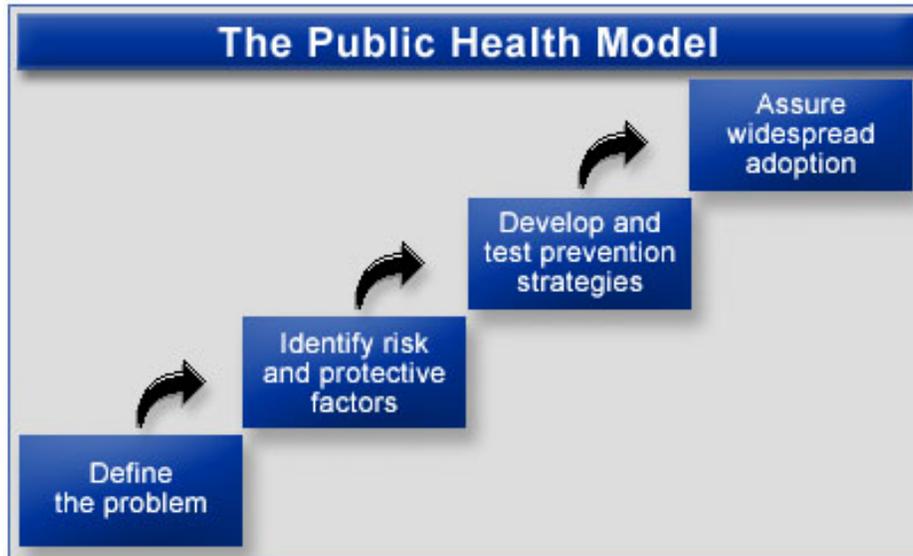
However, a successful approach cannot rely on prevention alone, because even with the most robust prevention efforts, some students will still experience negative consequences from alcohol use and need a more targeted intervention. Likewise, even when employing the prevailing, evidence-based interventions, some students will develop a dependence on alcohol that necessitates treatment and a strong support system for recovery.³⁷ In developing a list of recommendations, the Working Group has taken into account the efficacy and reach of environmental management and the necessity of prevention, intervention, and recovery efforts.

³⁶ The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, “Environmental Management: An Approach to Alcohol and Other Drug Prevention,” <http://safesupportivelearning.ed.gov/sites/default/files/hec/product/em101.pdf>, July 2002. .

³⁷ Rose, Geoffrey. “The strategy of preventive medicine.” The strategy of preventive medicine. (1992).

A public health approach consists of a four-step process, as shown in Figure 5 below. This Working Group has defined and assessed the scope of the problem (Step 1) and identified risk and protective factors that influence high-risk drinking (Step 2). The recommendations that follow correspond to the development of strategies reflected in Step 3. Implementation as envisioned in Step 4 will depend on endorsement of these recommendations, dedication of necessary resources, and sustained commitment to these principles over time.

Figure 5. The Public Health Model



Ultimately, the success of the Working Group’s recommendations will depend on three key factors:

1. **Holistic adoption and implementation**
2. **Rigorous evaluation**
3. **A continuous commitment to these efforts going forward (i.e., not a ‘one time’ approach)**

Holistic Adoption and Implementation

The recommendations function synergistically, each one building on or depending on the others. They are not a menu of options from which to choose, but rather a recipe for changing the campus environment and culture around high-risk drinking. The Working Group proposes these recommendations be adopted and implemented together as a whole if the campus aspires to see effective change occur. That being said, it is important to have realistic expectations for the incremental changes that will take place over the course of a student “generation” or two (i.e., 4-8 years).

Rigorous Evaluation

A public health approach dictates that strategies be both developed and tested. Evaluation and assessment are essential to ensure maximum reach (i.e., are we reaching the maximum number of students in the most efficient way?) and effectiveness (i.e., is what we are doing working?). As mentioned, the Working Group focused on environmental strategies, like an updated Campus Alcohol Policy, and increasing prevention efforts. The nature of these efforts requires a long-term evaluation process before determining ultimate success. For example, reported violations of the Campus Alcohol Policy may increase after the implementation of a new policy, but that is not likely to indicate a worsening problem. Rather, it would likely reflect an increased consistency in enforcement. The Working Group strongly recommends the establishment and resourcing of meaningful assessment tools so that strategies and initiatives may evolve in response to the particular needs of the campus.

Continuous Commitment

Changing a longstanding culture will not happen quickly and will require continuous resolve and commitment. The Working Group has discussed and well understands the competing priorities that merit attention and consideration in a time of limited resources and burgeoning external requirements. However, there are few, if any, issues that so permeate this University as the impacts and harms of alcohol and substance abuse. From the academic climate of the institution to the health and safety of students and the entire campus community, this issue affects virtually everything that we do. Such a challenge demands nothing less than our unrelenting commitment.

VI. Recommendations

The recommendations that follow are drawn from evidence-based best, leading, or emerging practices identified nationally and locally. The Working Group examined national best practices provided by the U.S. Department of Education, the National Institute on Alcohol Abuse and Alcoholism, and the Surgeon General's A Call to Action for addressing collegiate alcohol use and abuse. These standards are also supported by three nationally recognized higher education professional organizations, including the National Association of Student Personnel Administrators (NASPA), American College Personnel Association (ACPA), and the American College Health Association (ACHA), and, ultimately the CAS (Council for the Advancement of Standards in Higher Education) standards for effective prevention science.

Additionally, the Working Group chose to include and endorse several of the recommendations reflected in the UNC System Campus Security Report and the 2014 Town/Gown Collaborative to Reduce the Negative Impacts of High-Risk Drinking. Both of these efforts also drew on the work of multi-disciplinary teams that researched and synthesized solutions based on national research and local (campus and Chapel Hill community) data. The Working Group integrated these efforts with the most current national best practices in order to develop this comprehensive, interdependent list of recommendations. As a final note, it should be observed that many of the recommended initiatives or practices are already in place or well underway, but the report is designed to reflect all of the elements for the public health approach recommended by the Working Group.

Education

It is imperative that members of the UNC-Chapel Hill community have accurate, relevant information regarding the dangers of high-risk drinking and the array of negative effects associated with this behavior. Effective alcohol education will transcend the collegiate experience and inform a lifetime of decision making. The University must also convey clear, consistent information about University policies and expectations regarding the consumption and service of alcoholic beverages to empower individuals to make safe, responsible, and legal decisions regarding the use of alcohol. And, for those students who do choose to drink, effective risk management/risk education information and resources should be made readily available.

1. **Adopt a comprehensive Campus Alcohol Policy that reflects current best practices, provides consistent language, and applies to the entire campus community. [A draft policy is attached hereto as Appendix A]**
 - 1.1 Review, revise, and incorporate within the Campus Alcohol Policy all policies and guidelines regarding the service or sale of Alcoholic Beverages at on-campus locations or University-Sponsored Events (e.g., Guidelines for Serving Alcohol at University-Sponsored Events).
 - 1.2 Include information in the Campus Alcohol Policy for students, faculty, and staff regarding on-campus and off-campus resources available for individuals dealing with alcohol or substance abuse issues.
 - 1.3 Include Good Samaritan and amnesty provisions in the Campus Alcohol Policy to encourage students to report medical events or other serious injuries to campus or community officials. Extend amnesty from disciplinary action to include any student who is the victim of a crime.

- 1.4 Distribute the Campus Alcohol Policy annually to all members of the campus community, including to incoming students prior to matriculation ideally through informative emails in August and through other in-person venues such as faculty/staff meetings, classroom discussions, residence life meetings, etc. Develop a plan for distributing the policy to and educating new faculty/staff and students who join campus throughout the year.
 - 1.5 Establish a standing committee identified in the Policy itself to monitor the implementation and effectiveness of the Campus Alcohol Policy and to propose amendments or changes as may be warranted from time to time.
2. **Create, maintain, and widely publicize a website readily accessible to students, parents and family members, faculty, staff, and community members that provides comprehensive information about University expectations and policies regarding alcohol; accurate, current information about the negative health, academic, and social effects of the misuse and abuse of alcohol; and resources available to individuals seeking help for an alcohol or substance abuse problem.**
 3. **Provide to all students accurate, comprehensive information about University expectations and policies regarding alcohol; the negative health, academic, and social effects of the misuse and abuse of alcohol; and the resources available to students to address an alcohol or substance abuse problem.**
- 3.1 Develop language and messaging for use in admissions materials and University promotionals that position UNC-Chapel Hill as a rigorous academic institution that prioritizes health, wellness, and safety.
 - 3.2 Require applicants to the University to attest that they have reviewed the Campus Alcohol Policy as part of the admission application, similar to the current practice related to the Honor System admissions pledge.
 - 3.3 Require all incoming undergraduate students to complete Alcohol.Edu or a comparable online module; explore selection or creation of an online education module regarding alcohol that addresses the unique needs of graduate and professional students.
 - 3.4 Devote specific attention during Orientation to the Campus Alcohol Policy, University expectations and policies regarding alcohol; the negative health, academic and social effects of the misuse and abuse of alcohol; and the resources available to students to address an alcohol or substance abuse problem.
 - 3.5 Implement a mandatory “University 101” first-year course with a specific focus on transition to the collegiate environment that would include information regarding critical issues for new students (e.g., alcohol; interpersonal violence and sexual assault; sustaining physical, mental, and emotional health; and academic integrity), identification and development of resiliency skills, and resource awareness. This initiative could expand on additional course offerings in LFIT or EDUC 130: Navigating the Research University, but should be scaled to include all first-year students.
 - 3.6 Expand or enhance current education and training programs that focus on Bystander Intervention with emphasis on higher risk populations (e.g., first-year students, student-athletes, fraternity/sorority and other student organization related groups).

4. **Provide to parents and family members accurate, comprehensive information about University expectations and policies regarding alcohol use by students; the negative health, academic, legal, financial, and social effects of the misuse and abuse of alcohol; the resources available to students to address an alcohol or substance abuse problem; and strategies that may be used by parents and family members to reduce the risks associated with high-risk or dangerous drinking.**
 - 4.1 Devote specific attention during Orientation sessions for parents and family members to the Campus Alcohol Policy, University expectations and policies regarding alcohol; the negative health, academic, legal, financial, and social effects of the misuse and abuse of alcohol; and the resources available to students to address an alcohol or substance abuse problem.
 - 4.2 Design and distribute to the parents/family members of all incoming undergraduate students an informational packet that accurately describes the risks associated with high-risk or dangerous drinking and provides practical tips to aid parents/family members in engaging with their students about alcohol.
 - 4.3 Coordinate with the Office of New Student and Carolina Parent Programs to provide messages to parents/family members at regular intervals, especially in the first 6-8 weeks of the fall semester to encourage ongoing conversation about alcohol beyond orientation and initial enrollment.

5. **Provide to faculty and staff members accurate, comprehensive information about University expectations and policies regarding alcohol, including service guidelines; strategies for discouraging high-risk or dangerous drinking; their influences and impacts on the environment and culture for students; and resources available to students and employees to address an alcohol or substance abuse problem.**
 - 5.1 Ensure that Deans, Directors, and Department heads are familiar with and in compliance with the Campus Alcohol Policy, including the guidelines for service of alcohol at University-Sponsored Events.
 - 5.2 Design and distribute a set of tips and strategies for use by faculty and staff in conveying appropriate messages about alcohol to students (e.g., not scheduling events or assignments on Fridays in deference to perception that students will be drinking on Thursday nights) and the effect of language and social norms exhibited in the classroom on the campus drinking culture at large.
 - 5.3 Expand orientation opportunities for faculty members/graduate assistants/teaching assistants with emphasis on early identification of students with potential alcohol or substance abuse problems, and available resources for intervention. Expand training for orientation leaders and resident advisors to include information about social norms and common student misperceptions about alcohol, available resources, and strategies for engaging students with accurate information about alcohol.
 - 5.4 Expand education and orientation opportunities for faculty or staff advisors to student organizations regarding relevant alcohol policies, effective risk management and communication strategies, and resources available for responding to alcohol-related concerns.

Prevention

A primary focus of a public health approach is to focus on recommendations and initiatives designed to promote healthy social norms that discourage high-risk drinking behaviors and seek to avoid the negative consequences of high-risk drinking before their initial onset. These recommendations are intended to foster environments that would aid in reducing the rates of high-risk, dangerous drinking.

1. Develop and implement a multi-faceted primary prevention and awareness campaign for students and employees that focuses on increasing knowledge and skills, and on empowering members of the campus community to take responsibility for their own safety and the safety of others.

- 1.1 Implement an evidence-based campus social norms marketing campaign to promote expectations of healthy behaviors and address myths and misperceptions about campus alcohol culture and practices (e.g., “everybody drinks”).
- 1.2 Develop comprehensive, evidence-based programs that specifically address the harms of alcohol and substance abuse among students. These programs should include examination of the environmental and cultural factors that promote or reinforce a culture of alcohol misuse or abuse and provide skills and resources necessary to effect culture change.

2. University leadership, including governing boards, senior administration, and faculty should commit to identifying and eliminating institutionally-sponsored messages that promote or encourage a culture of alcohol misuse or the elevation of alcohol to a public focal point.

- 2.1 Review and refine campus policies addressing promotion or advertisement of alcohol on campus or in association with University-sponsored events.
- 2.2 Adopt a University policy barring the advertisement of alcoholic beverages or sponsorship by alcoholic beverage companies for events or activities intended predominantly for students, or attended predominantly by students.
- 2.3 In accordance with the Campus Alcohol Policy and associated Guidelines for Serving Alcohol at University-Sponsored Events, carefully consider any requests for expansion of the service of alcohol at campus locations or events beyond those presently approved. Such reviews should extend beyond considerations of convenience, revenue, or external demand and should expressly include considerations of messaging and social norming, associated harms from alcohol-fueled behavior, and the impact of service on the academic climate of the University.
- 2.4 University administration, faculty, and staff should carefully review and consider current and future images, printed statements, and public activities that may inadvertently raise the promotion of alcohol to a public focal point.

3. Engage in a comprehensive, strategic approach for how the University develops, plans, and coordinates academic, recreational, and social programming on campus with an emphasis on evidence-based best practices for reducing high-risk drinking behaviors.

- 3.1 Provide enhanced resources for increased evening and late night programming as an alternative to parties and social events having a central focus on alcohol.
- 3.2 Re-examine the operating hours of campus spaces that serve students (e.g., recreation spaces, libraries, etc.), particularly on Thursday through Saturday nights.
- 3.3 Review the distribution of classes and other academic endeavors to ensure that students can be successfully engaged throughout the week, including the recommended best practice of utilizing Friday classes.
- 3.4 Provide enhanced resources for prevention programming for first-year students from Week of Welcome through the first eight weeks of the semester.
- 3.5 Consider the scheduling and academic and social impact of significant campus events, including, but not limited to, the start of the academic year, Halloween, athletic events and celebrations, holiday/break openings and closures, special programs, and last day of classes. Where possible, examine ways of mitigating the effects of high-risk drinking through altered calendars or providing alternative, alcohol-free programming.

4. Promote a health normative environment that emphasizes the holistic health and well-being of students, faculty, and staff.

- 4.1 Explore opportunities for linking information regarding high-risk drinking behavior to other health- or safety-related initiatives, such as interpersonal violence, hazing, and sexual assault, drugs and other substances, and promotion of good mental, emotional, and physical health.
- 4.2 Identify and expand mentorship opportunities for younger students, including wellness-oriented peer health educators.
- 4.3 Adopt a University policy barring the possession or service of “hard” alcohol (i.e., alcoholic beverages other than beer and wine) on University premises other than the Carolina Inn and the Alumni Center (both of which are properly permitted by state authorities).
- 4.4 Carefully review and, as necessary, revise current and future policies, protocols, and practices to ensure the intentional support of a culture of healthy choices and avoidance of inconsistent messaging (e.g., sale of shot glasses, flasks, ping pong balls, etc. in campus locations).

5. In coordination with campus and community partners, advocate for consistent enforcement of state ABC laws relating to service or sale of alcohol and examine changes to related substance use policies.

- 5.1 Provide express University support and encouragement to local and state agencies, including ALE and the ABC Commission, to consistently enforce laws and regulations relating to the service or sale of alcohol to minors or intoxicated persons and to hold accountable those entities and individuals that fail to do so.
- 5.2 Establish and maintain ongoing relationships with local and state agencies and community partners to advocate for responsible messaging and advertising regarding alcohol.

- 5.3 Coordinate with Chapel Hill elected officials and staff to assess the adequacy of existing ordinances or the need for new regulations addressing disruptive off-campus parties, alcohol density, and Responsible Beverage Service training for employees of commercial establishments licensed to sell or serve alcohol.
- 5.4 Direct the University's Committee on Student Conduct to review regulations in the Instrument of Student Judicial Governance relating to drug offenses, sanctions, and processes for review. Consider alignment with the procedures set forth in the Campus Alcohol Policy and expanded use of educational interventions in association with penalties prescribed by UNC's Policy on Illegal Drugs.

Intervention

Intervention, as distinct from accountability, is not intended to be disciplinary in nature and focuses on those strategies and practices designed to address the individual and community harms that result from high-risk drinking behaviors, with particular emphasis on the health and well-being of the individual and the greater community. Timely intervention has been demonstrated to be highly effective in modifying drinking habits and curbing future negative consequences.

- 1. Train faculty, staff, and students on the scope and definition of high-risk drinking, signs associated with problem drinking, and campus and community resources for seeking help. Encourage all members of the campus community to intervene early when concerned about a student's alcohol or substance use.**
 - 1.1 Establish and maintain a comprehensive, campus-based website with information targeted to various groups, including students, faculty/staff, and parents that defines high-risk or dangerous drinking and identifies resources for those seeking help.
 - 1.2 Develop and distribute an accessible, abbreviated pamphlet/handout providing clear guidelines on how to report or refer an individual for assistance who self-identifies with having an AOD problem or who exhibits signs of potential AOD abuse.
 - 1.3 Provide enhanced training to resident advisors, Student Affairs and student services staff, and other similar groups regarding AOD issues and implementation of a bystander intervention training model.
 - 1.4 Create clear and consistent messaging and educational opportunities regarding medical amnesty and the Good Samaritan law to reduce barriers for seeking help for self or others.
- 2. Require training of key University personnel on specific assessment and early intervention techniques when concerns arise about a student's alcohol or substance use.**
 - 2.1 Require training for Community Directors and Student Conduct staff regarding how to best assess, support, and direct a student who may have a developing dependency or addiction issue in addition to addressing an exhibited behavioral conduct issue. Standard resources could include S-BIRT (Screening, Brief Intervention, and Referral to Treatment) or CAGE Questionnaire, a screening test for alcohol dependence.

2.2 Ensure all clinical staff in Campus Health Services or Counseling & Psychological Services employ regular S-BIRT screening measures into every patient encounter and have also received training to identify alcohol or substance abuse issues when presented with a different complaint.

3. Within appropriate boundaries as governed by HIPAA and FERPA, enhance communication between and among University departments and personnel, including UNC Hospitals, to identify students who may be experiencing problems with alcohol or other drugs and foster an environment of early intervention and support.

3.1 Create a confidential communication system among undergraduate, graduate, and professional admissions officers and designated staff (e.g., DOS, CAPS, Student Wellness) to provide information about students who apply or reapply for admission and self-disclose a history that would indicate a current or previous risk for the purpose of providing support and early intervention as needed.

3.2 Ensure adequate staff training and/or specific AOD staff representation on University intervention teams (e.g., Care Team, Emergency Evaluation & Action Committee).

3.3 Establish protocols for professionals in student and academic support services departments (e.g., Dean of Students, Undergraduate Retention, Academic Advising, graduate/professional school student services) to provide referrals to Student Wellness for early intervention services when students self-identify that AOD issues may contribute to personal or academic challenges.

3.4 Assess when and under what circumstances emergency room physicians at UNC Hospitals may communicate with University health or wellness personnel information regarding alcohol-related events for which intervention may be appropriate.

3.5 For students found responsible for alcohol/drug violations in the Housing Conduct process or through the Honor System, establish mandatory referral to appropriate AOD staff on campus for consultation on appropriate intervention services (e.g., alcohol education, counseling/treatment, peer support, ongoing screenings, etc.).

3.6 Develop protocols for screening second offenses related to AOD use. This often indicates a potential for a developing problem and requires more impactful intervention (including, as appropriate, consistent and purposeful sanctions related to behavior).

3.7 Identify and utilize a centralized database of student concerns to track more effectively AOD-related issues so that an effective intervention can occur in a timely manner. (For example, a single student at different times may receive an alcohol citation, be transported by EMS, and report significant academic struggles with that information being recorded in three separate databases).

4. Establish a consistent and transparent process for notification of parents or family members of incidents involving alcohol or other drugs.

4.1 Parental or family notification should be predicated on the idea of a partnership aimed to intervene positively for the health and well-being of the student.

- 4.2 The University will contact parents or family members for alcohol-related events if: the student is under the age of 18; there is a significant and immediate health or safety concern; at the student's request or with their consent; or there are other compelling circumstances meriting disclosure and disclosure would otherwise be permissible under FERPA.
 - 4.3 Parental or family notification of students under the age of 21 should be a presumptive course of action for second or greater violations of the Campus Alcohol Policy, unless determined that such notification would be harmful to the student.
- 5. Expand resources to ensure that timely, effective intervention strategies are available to all students.**
- 5.1 Expand capacity for the BASICS (Brief Alcohol Screening and Intervention for College Students) program and require that all first-time violations of University policy involving alcohol and which meet criteria for the program are referred for participation in BASICS.
 - 5.2 Ensure that the University has one or more licensed clinical addiction specialists to meet the growing need for assessments, counseling, and referrals. Utilize this position or a similar one for case management for any student who identifies with a substance abuse disorder and is referred to a treatment provider.
 - 5.3 Maintain a current list of local providers offering individual, group, outpatient, and/or inpatient services for use in serving students/families when seeking treatment for AOD-related issues, including substance abuse disorders.
 - 5.4 Provide resources to expand campus-based programs and services that aid students in developing stronger coping and resiliency skills – including critical decision making, mindfulness, and stress management.
 - 5.5 Provide expanded opportunities for students to engage in regular self-reflection and screening for their alcohol use, including self-referrals for BASICS or counseling, and online resources.

Accountability

Accountability and consistent enforcement of laws and policies regulating alcohol use are one part of an effective public health approach. Ample attention should be given to educating the campus community regarding campus and community standards and expectations regarding alcohol and other drugs. For those individuals and organizations that fail to observe those standards and expectations, there should be clear, consistent processes and responses.

- 1. Clarify and strengthen University expectations regarding what constitutes a violation of the Campus Alcohol Policy and what processes will be used in the enforcement of the Policy.**
 - 1.1 Provide in the Campus Alcohol Policy a clearly identifiable and easily understood list of behaviors that are violations of the Campus Alcohol Policy and are consistent with state and federal law.

- 1.2 Establish that providing a false identification to an individual – on or off campus – for the purpose of buying or being served alcohol is a violation of the Campus Alcohol Policy.
 - 1.3 Establish a simplified process for adjudicating violations of the Campus Alcohol Policy.
 - 1.4 Create and implement a system of progressive sanctioning that takes into account a student’s previous disciplinary history, the opportunity for growth and learning through education, deterrence of future misconduct, and the severity of the offense.
 - 1.5 Clarify that the Campus Alcohol Policy is applicable to student groups and registered student organizations and establish clear mechanisms and standards for responding to corporate violations.
 - 1.6 Establish a board or panel expressly charged with adjudicating alleged violations of any University policy, including the Campus Alcohol Policy, by any student group or registered student organization, including fraternities and sororities, with such board or panel intended to replace any other University entities or processes to which organizations may be presently subject alone or in combination.
- 2. Adopt a model of consistent enforcement rooted in an expectation of action in all cases involving high-risk drinking behavior, where action may range from education or intervention to adjudication and sanction.**
- 2.1 Establish protocols to ensure consistent approaches to adjudication and response across various processes (e.g., Campus Alcohol Policy, DHRE Community Standards) for similar levels of responsibility.
 - 2.2 Advocate for consistent enforcement and application of ABC and drug laws by law enforcement partners, including UNC-Chapel Hill Department of Public Safety, Chapel Hill Police Department, and ALE.
 - 2.3 In coordination with local law enforcement and community partners, establish a consistent referral process wherein the University can be notified of harmful or negative impacts stemming from alcohol or drug use by students or student organizations (e.g., loud or disruptive parties, medical emergencies, etc.), particularly for those situations where no citation is issued or arrest made.
 - 2.4 Advocate for and hold student organizations responsible for enforcing University and organizational risk management policies relating to alcohol.
- 3. Expand the jurisdiction of the Emergency Evaluation and Action Committee to include jurisdiction to consider cases involving student groups or registered student organizations where there are immediate health and safety concerns.**

Treatment & Recovery

The Working Group recommends a comprehensive and collaborative approach that unifies and coordinates the various recovery-related resources currently available and still needed on campus, including treatment, recovery, research and teaching efforts.

- 1. Expand the opportunities and resources for students seeking assistance with or treatment for alcohol or drug-related issues, including dependency or addiction.**
 - 1.1 Establish a centralized referral system to assist in connecting students to the clinical addictions specialist (in Student Wellness) for consistent coordination of care.
 - 1.2 Develop and maintain a vetted list of private counselors, intensive outpatient services, and inpatient treatment programs to assist students and families in assessing which resource will be most appropriate for them (level of care, cost, location, etc.).
 - 1.3 Ensure adequate staffing so that a clinical addictions specialist is available to meet with any student referred. A clinical addictions specialist should provide case management for students engaged in recovery efforts to follow and check-in regularly on progress.
 - 1.4 Clinical and wellness staff should work with students to develop and provide regular programs, services and opportunities for students at risk, and coordinate with other campus partners (Retention Services, The Learning Center, CAPS, etc.) to connect students with relevant programs and services in those areas.
 - 1.5 Clinical and wellness staff should work with students seeking treatment or engaged in recovery efforts to address academic concerns (e.g., medical underloads or withdrawals), identify and enroll in in-patient or out-patient treatment programs as appropriate, and develop plans for re-entry/readmission to UNC-Chapel Hill that are supportive of students' health and ongoing recovery.
 - 1.6 Establish a gender-specific and trauma-informed intensive outpatient counseling program to further assist in the stigma reduction, identification of and specific treatment for female college and college-aged clients, (e.g., building upon the current Horizons program).

- 2. Establish and maintain a Collegiate Recovery Program, with sufficient staff, program resources and outreach options.**
 - 2.1 Provide ongoing financial support for the Collegiate Recovery Program, with opportunities for expansion over time.
 - 2.2 To aid students seeking support and for those students already in recovery, establish a centralized campus location where students can find mutual peer support, feel safe, attend educational seminars, hold 12-step meetings, and meet with a clinical addictions specialist or recovery program coordinator.
 - 2.3 Establish wellness-oriented and/or substance free on-campus housing options for students in treatment or recovery.

Implementation and Assessment

The success of the foregoing recommendations is dependent upon active implementation and ongoing evaluation and assessment of their impacts. The continuum of care model proposed herein is synergistic. Effective education and prevention will positively impact the number of students for whom intervention, accountability, and treatment are required. Concurrently, effective intervention, treatment, and recovery options will aid in changing an alcohol-centered culture which will have the collateral benefit of reducing negative consequences experienced by individuals and the community. However, the climate in which high-risk drinking occurs is not static. Accordingly, our efforts to impact that climate must be continuously and rigorously assessed.

This report contains a significant number of recommendations. Some are relatively simple, while others will require considerable planning and resources. Some of the initiatives are already in place and operational, while others will require a significant amount of time to enact. It would be unrealistic to ascribe precise timetables to these recommendations. However, it is hoped that this report will be received with the urgency that the problem requires. To that end, the Working Group offers the following recommendations for effective implementation and assessment of its comprehensive plan.

1. **Establish a standing Implementation Group under the leadership of Student Wellness specifically tasked to monitor the implementation and effectiveness of these recommendations and related alcohol initiatives. Among the responsibilities of the Implementation Group would be:**
 - 1.1 Meet regularly to develop and implement these recommendations, including specifically initiatives and strategies relating to alcohol and other substance use by students, such as social norming campaigns, establishment of consistent health messaging, and development of effective alternative programming.
 - 1.2 In coordination with the standing committee established in the proposed Campus Alcohol Policy, recommend changes or amendments to the Campus Alcohol Policy as may be warranted.
 - 1.3 Inventory and make available a summary of all initiatives related to addressing high-risk or dangerous drinking, with regular updates to reflect implementation of these recommendations and projected timelines.
 - 1.4 As requested, the Implementation Group will provide detailed descriptions of resources needed to deploy effectively the recommendations set forth in this Report.
 - 1.5 Provide a periodic (no less than annual) report and presentation to the Chancellor and Board of Trustees with relevant data and information concerning the scope and effect of high-risk alcohol use at UNC-Chapel Hill and the effectiveness of University policies and initiatives designed to address the problem.
 - 1.6 Regularly review emerging best practices and assess their applicability to UNC-Chapel Hill.
 - 1.7 Prioritize adoption of a revised Campus Alcohol Policy and expanded education efforts (e.g., launch of website and creation of education materials for students, parents, and faculty/staff) during the Spring

2016 semester so that they are available for new first-year and transfer students entering as early Summer 2016.

- 2. Adopt an institutional commitment to conduct an annual assessment of prevention initiatives to determine whether existing initiatives are effective in reducing the impact of high-risk drinking on campus and in the community.**
 - 2.1 Implement annual surveys to students and other members of the campus community using established benchmarks for needs assessment and evaluation of existing programs and initiatives.
 - 2.2 Conduct a biennial review of all AOD prevention programs as provided by the Drug-Free Schools and Campuses Regulations [EDGAR, Part 86].

- 3. Continually assess future campus needs that take into account impacts of the recommendations identified in this report and leverage existing or potential opportunities for additional study and research.**
 - 3.1 Establish a centralized and cross-discipline research center for examining collegiate alcohol/drug use, interventions, recovery- related research by current and future faculty. This could include, without limitation, the current and future work of faculty from medicine, nursing, pharmacy, public health, social work, psychology, etc. This is an area on ongoing and emerging scholarship and significant federal resources for such research are available.
 - 3.2 Develop a Masters/PhD level addictions/recovery sciences academic program to both support the above research and to train future researchers and practitioners in the field.
 - 3.3 Prioritize and commit to ongoing development for the areas of student recovery support, treatment, research and teaching in the field of addictions/recovery science.

- 4. Convene regularly (at least biannually) a multi-disciplinary summit of UNC-Chapel Hill faculty members, researchers, and professional staff who are engaged in the research, evaluation, assessment, and implementation of studies or programs related to alcohol to discuss research findings and their possible application to campus, as well as the potential for future research opportunities.**

VII. Conclusion

We are pleased to offer this Report of the High-Risk Alcohol and Substance Abuse Working Group as the culmination of our research and discussion. However, this Report represents less a conclusion than a beginning. It is our collective hope that these recommendations will become the catalyst for sustained efforts to respond to a critical public health crisis. As noted, substantial change will not occur quickly, nor all at once. Instead, we must expect gradual change in increments over time. However, by committing ourselves to this endeavor, we can chart a path that promotes the health and safety of our students and honors the ideals of an institution that aspires to be a community of scholars.

Respectfully Submitted,

Members of the High-Risk Alcohol and Substance Abuse Working Group

VIII. Appendix

Alcohol Policy of the University of North Carolina at Chapel Hill

SECTION I: Introduction & Guiding Principles

The University of North Carolina at Chapel Hill (“University”) is a community of scholars committed to creating an environment that encourages personal responsibility and intellectual growth. The University’s mission includes the goal “to serve as a center for research, scholarship and creativity and to teach a diverse community of undergraduate, graduate and professional students to become the next generation of leaders.”

High-risk or dangerous alcohol consumption and associated conduct undermine the intellectual climate of the University. Moreover, high-risk or dangerous alcohol use inhibits the opportunity for maximum individual intellectual development, respect for the rights of others, and a sense of community and good citizenship. Studies indicate that the misuse and abuse of alcohol on college campuses is associated with diminished academic performance, an increase in vandalism and other destructive behaviors, and a heightened risk of interpersonal violence. There is a significant correlation between excessive alcohol use and the untimely interruption of a student’s academic career. It is also well-established that significant alcohol-related health problems can result from chronic misuse of alcohol, as well as acute overconsumption and abuse. Finally, there is ample evidence that the behaviors associated with high-risk or dangerous alcohol use adversely affect other members of the University community through disruption of the academic or living environment or placing others at risk of physical or emotional injury.

The Alcohol Policy of the University of North Carolina at Chapel Hill (“Policy”) is designed to support the larger mission of the University and to promote the values of honor and integrity, personal responsibility, dynamic learning, and community engagement. Through incorporation of a public health perspective, this Policy strives to cultivate an educational environment that encourages healthy and responsible behaviors, fosters academic and personal success, supports student retention, and promotes the safety and well-being of all members of the University community. This Policy also seeks to foster a campus culture in which all members of the University community have a meaningful awareness of this Policy and of the resources available to address alcohol misuse.

The University relies on evidence-based, best practices in developing this comprehensive alcohol policy. The University also looks to existing campus policies¹ and federal, state, and local laws to define and regulate the appropriate and legal possession, use, and service of alcohol within the University and the local community. The University encourages all students, faculty, and staff to be responsible citizens by adhering to all laws regarding alcohol. As recommended by the U.S.

¹ These policies include, but are not limited to: *Policy on Use of University Facilities for Noncommercial and Commercial Purposes*; *The Instrument of Student Judicial Governance*; *DHRE Community Living Standards*; and *Non-Discrimination Policy*. For a comprehensive list of these and other University policies that may inform this Policy, please visit <http://policies.unc.edu>.

Department of Education and reflected in this Policy, the University has adopted an environmental management approach built upon the following five pillars²:

1. Offer and promote social, recreational, extracurricular, and public service options that do not include alcohol and other substances
2. Create a social, academic, and residential environment that supports health-promoting norms
3. Limit alcohol availability
4. Restrict marketing and promotion of Alcoholic Beverages
5. Develop and enforce appropriate campus policies

SECTION II: Applicability of Campus Alcohol Policy

A. **Authority:** The Code of the University of North Carolina, Section 502D(3), provides: “Subject to any policies or regulations of the Board of Governors or of the Board of Trustees, it shall be the duty of the Chancellor to exercise full authority in the regulation of campus conduct and discipline. In the discharge of this duty, delegation of such authority may be made by the Chancellor to faculty committees and to administrative or other officers of the institution or to agencies of student government, in such manner and to such extent as may by the Chancellor be deemed necessary and expedient.”

B. **Scope and Applicability:** This Policy establishes the standards and regulations regarding alcohol use at the University and by Campus Members.³ Moreover, this Policy applies to Students at all times, on- or off-campus, until graduation or other separation from the University. The University retains jurisdiction over Students who take a leave of absence, withdraw, or who have graduated for any violation of this Policy that occurred prior to the leave, withdrawal, or graduation. This Policy applies to employees during the duration of their employment, both while on campus and as appropriate to any off campus conduct that has implications for University interests. This Policy applies to all visitors to the campus at any time. Faculty, staff, or students may be held accountable for violations of this Policy by their guests. University Administrative Units and Student Organizations may supplement this Policy with more restrictive measures, as long as those measures do not conflict with the purpose or provisions of this Policy.

C. **Relation to Law and University Policies:** This Policy is intended to be consistent with all applicable local, state, and federal laws. The standards of conduct and the means of enforcement set forth in this Policy are adopted in furtherance of the University’s interests and serve to supplement, rather than substitute for, the enforcement of applicable civil and criminal law. It is not double jeopardy for the University to address conduct that may be sanctioned under local, state, or federal law.

² See http://www.collegedrinkingprevention.gov/niaacollegematerials/Handbook/Sect2_EffectiveSteps.aspx, (2005).

³ Definitions for key terms (denoted by capitalization and italics) used within this Policy and associated appendices may be found in Appendix A.

This Policy is intended to govern the conduct covered by its terms and does not preclude disciplinary or other actions to which an individual may be subject under separate policies of the University, including, but not limited to, *The Instrument of Student Judicial Governance*; the *University of North Carolina at Chapel Hill Policy on Illegal Drugs*; the *Policy on Prohibited Harassment, Discrimination, and Related Misconduct*; the *Emergency Evaluation and Action Committee Policy and Procedures*; or relevant policies promulgated by the Department of Housing and Residential Education, Human Resources, of other University Administrative Unit.

D. Location of Conduct and Reservation of Discretion

1. **Conduct of Students and Student Organizations:** Conduct by Students on University Premises or on the premises of Student Organizations, as well as conduct of Students that occurs elsewhere may give rise to offenses prohibited by this Policy if University interests are implicated. University interests are generally implicated in situations including, but not limited to:
 - a. Any situation where it appears that the conduct of the Student or Student Organization presents a danger or threat to the health or safety of the Student or others;
 - b. Any situation where it appears that the conduct of the Student or Student Organization impinges upon the rights, property, or achievements of others;
 - c. Any situation where it appears that the conduct of the Student or Student Organization unreasonably disrupts or disturbs the academic environment; functions or activities of the University or any of its organizations, personnel, or guests; or the personal living environment of others, whether on- or off-campus;
 - d. Any situation involving the consumption of Alcoholic Beverages by a Student under the legal drinking age or the provision of Alcoholic Beverages to a person under the legal drinking age;
 - e. Any situation where it appears that the Student's conduct is detrimental to the educational mission and/or interests of the University.

The determination of whether University interests are implicated, as well as determinations of whether such conduct should be addressed pursuant to this Policy, are reserved to the discretion of the Vice Chancellor for Student Affairs or his or her designee. The determination of a University interest is not an explicit or implied element of any offense under this Policy.

2. **Conduct of Employees:** Conduct on University Premises or elsewhere by employees (including faculty, staff, and contracted affiliates to the University) may give rise to offenses prohibited by this Policy and may be addressed in accordance with applicable policies of University Human Resources. Determinations of whether such conduct should be addressed pursuant to this Policy are reserved to the discretion of the Vice Chancellor for Workforce Strategy, Equity and Engagement or his or her designee and/or designated supervisors.

E. Medical Amnesty. The health and safety of Students is of paramount importance. In certain

circumstances, promotion of health and safety may be best served through education and support that is not disciplinary. This Policy is to be construed in a manner that encourages Students or others to seek appropriate assistance in the event of an alcohol-related medical emergency or the treatment of an alcohol abuse or dependence condition. Accordingly, amnesty from the disciplinary process and potential sanctions may be afforded to Students in circumstances as described in Appendix C to this Policy.

F. Non-Disciplinary Intervention: Participation in high risk or dangerous drinking or other alcohol-related behavior that places the person at risk of personal injury or jeopardizes the person's health and safety, and is not otherwise a violation of this Policy, may be addressed pursuant to this Policy. The Vice Chancellor for Student Affairs or his or her designee may require or recommend education, treatment, notification of parents/family members or other interventions designed to address the underlying behavior or associated health risks.

G. Consistency: In keeping with the goals set forth herein, including the promotion of a healthy campus environment and personal accountability, the University is committed to the consistent application and enforcement of this Policy.

SECTION III: Alcohol Policy

Consistent with established University policies; local, state, and federal law; and applicable policies of the Board of Trustees or Board of Governors governing the consumption, possession, use and/or sale of Alcoholic Beverages:

1. No person younger than 21 years of age⁴ may purchase, possess or consume Alcoholic Beverages.
2. Persons 21 years of age or older may not possess open containers of Alcoholic Beverages or consume Alcoholic Beverages on University Premises except in designated areas.⁵
3. No person may provide alcohol to a person who is younger than 21 years of age.
4. No person of any age may possess, consume, provide, distribute, sell, and/or manufacture Alcoholic Beverages in violation of any local, state, or federal law.
5. No person younger than 21 years of age may possess or use false identification (ID) for the purchase or procurement of Alcoholic Beverages, or to access an establishment that serves Alcoholic Beverages. This provision includes, but is not limited to, the following:
 - a. possession or use of an altered ID
 - b. possession or use of a forged ID

⁴ In those jurisdictions where the legal drinking age is other than 21, the prevailing legal drinking age would be applied for the purposes of this Policy.

⁵ For information regarding designated areas where persons 21 years of age may possess open containers or consume Alcoholic Beverages, please refer both to the Community Living Standards, found at <http://housing.unc.edu/current-residents/housing-contract/community-living-standards.html> and Appendix B to this Policy, Guidelines for Serving Alcohol at University-Sponsored Events.

- c. possession or use of an ID belonging to another person
 - d. possession or use of any form of identification which misrepresents the bearer's true identity or date of birth.
6. No person of any age may engage in behavior as a result of consumption or use of alcohol that is disorderly, disruptive, or jeopardizes the health or safety of self or others.
7. No person may assist, aid, or otherwise facilitate another in committing a violation of this Policy or a violation of any local, state, or federal law regulating the use of Alcoholic Beverages.
8. No person, Student Organization, or University Administrative Unit may use federal or state-appropriated funds to purchase Alcoholic Beverages.
9. No person, Student Organization, or University Administrative Unit may manufacture and/or sell Alcoholic Beverages except as expressly authorized pursuant to this Policy and/or state statute.
10. Use of common source containers, including, but not limited to, kegs, punch bowls, and loose cases, are prohibited on University Premises. Use of common source containers, including, but not limited to, kegs, punch bowls, and loose cases, are prohibited at off-campus events where these containers are in any way furnished, controlled, sponsored, or otherwise provided by Student Organizations or University Administrative Units.
11. In addition to complying with federal, state and local laws and the provisions outlined above, Student Organizations and University Administrative Units must also adhere to the following:
 - a. No Alcoholic Beverages, for use on- or off-campus, may be purchased with student activity fees, University-collected fees, funds deposited or administered through the Student Activities Fund Office (SAFO), or with any other Student Organization funds or dues. Additionally, no Alcoholic Beverages may be purchased for a Student Organization or its members or guests in the name of or on behalf of the Student Organization (e.g., passing the hat).
 - b. No Student Organization or University Administrative Unit may hold a fundraising event on- or off-campus where the organization or unit profits from the direct sale of Alcoholic Beverages, including collection of a cover charge that defrays the costs of Alcoholic Beverages (e.g., donate to the cause and drinks are ½ off).
12. No Alcoholic Beverages may be advertised or merchandised on campus except when done so in accordance with all applicable University policies.
13. Failing to comply with any disciplinary sanctions or required interventions imposed pursuant to this Policy may also be considered a violation of this Policy.

SECTION IV: Education, Prevention, Intervention & Recovery Initiatives

Pervasive high-risk, dangerous drinking inhibits campus safety and is damaging to both the individual student and other campus members' mental and physical health.⁶ It negatively affects a host of safety-related issues and encourages other high-risk behaviors that lead to accidents, assaults, and other serious injuries. Such drinking behaviors also impact academic performance, exacerbate retention problems, divert University resources, and negatively affect the reputation of the institution. As a result, the University affirms its commitment to a broad-based public health approach to addressing the impact of alcohol in the campus community. This comprehensive, evidence-based approach includes components of education, prevention, intervention, accountability, and recovery.

In support of these efforts, the University undertakes the following:

A. Campus Alcohol Task Force

1. The Campus Alcohol Task Force will be comprised of no less than nine (9) members which shall include faculty, staff, and students who, by virtue of their professional responsibilities, research interests, or campus involvement, have relevant knowledge or experience regarding alcohol-related issues. Appointments shall be made by the Provost and the Vice Chancellor for Student Affairs. Student members will be selected in consultation with the Student Body President and the President of the Graduate and Professional Student Federation.
2. Appointments to the Campus Alcohol Task Force shall be for a term of one year, with no limitation on reappointment
3. Among the duties of the Campus Alcohol Task Force shall be to:
 - a. Oversee the implementation of this Policy;
 - b. Identify and advocate for resources needed for effective implementation of this Policy and related initiatives;
 - c. Assess the efficacy of educational efforts, interventions, and disciplinary actions taken in conjunction with this Policy;
 - d. Advise the Chancellor, Provost, and Vice Chancellors regarding this Policy; best practices in the areas of alcohol education, health promotion, enforcement, and recovery; and compliance obligations under state and federal law;
 - e. Review and provide recommendations regarding locations that may sell or serve Alcoholic Beverages pursuant to this Policy; and develop a "requests" protocol for potential additional locations.
 - f. Propose, review, and coordinate action on amendments or changes to this Policy as appropriate to increase its effectiveness.
4. The Campus Alcohol Task Force shall meet at least annually or more frequently as may be required to discharge its duties.

B. Resources for Comprehensive Planning and Response

⁶ Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism. A Call to Action: Changing the Culture of Drinking at U.S. Colleges. Washington, D.C.: National Institute on Alcohol Abuse and Alcoholism, National Institute of Health, U.S. Department of Health and Human Services, 2002

The University shall provide the requisite resources and appoint necessary personnel to support the implementation and enforcement of this Policy, including resources necessary to provide the following functions:

1. Education and Prevention Programs – provide evidence-based programming to communicate with campus members about making safe and responsible decisions about drinking and the harmful effects of alcohol misuse or abuse. Such initiatives may include, but not be limited to, training of University faculty and staff, social norming campaigns, mandatory alcohol education programs for Students (alcohol.edu), sponsorship of alcohol-free events, and comprehensive education programs addressing the interrelationship between alcohol use and other issues of University concern, including academic success, Student mental health and physical well-being, and relationship or interpersonal violence .
2. Training – provide significant training regarding alcohol and environmental management to members of the campus community with responsibilities for student activities, including resident advisors, student peer leaders, faculty members, teaching assistants, advisors to Student Organizations, and student services professionals.
3. Intervention Programs – provide assistance and support to campus members who engage in an alcohol-related offense or who identify as having an acute or chronic alcohol or substance abuse problem. Such initiatives may include counseling, referrals for assessment or education (BASICS – Brief Alcohol Screening and Intervention for College Students), campus-based classes or workshops, collaboration with community-based resources, and case management.
4. Accountability and Enforcement – provide for consistent and equitable treatment of violations of this Policy in a timely manner to include the use of sanctions designed to promote good citizenship and deter illegal and/or harmful behaviors.
5. Treatment and Recovery – provide assistance and support to campus members in recovery, including maintenance of a campus recovery community and resources or referrals for ongoing treatment and counseling.

SECTION V: Responsibility for Implementation and Enforcement

- A. All Students, faculty, and staff are responsible for knowing and for adhering to this Policy.
- B. The Vice Chancellor for Student Affairs or his or her designee shall be responsible for implementation and enforcement of this Policy as it applies to Students and Student Organizations.
- C. The Vice Chancellor for Workforce Strategy, Equity and Engagement or his or her designee shall be responsible for implementation and enforcement of this Policy as it applies to faculty and staff.
- D. The Department of Public Safety, with assistance from University Administrative Units, shall be responsible for implementation and enforcement of this Policy with respect to visitors and on

University Premises, together with enforcing all applicable local, state, and federal laws regulating the use of Alcoholic Beverages.

SECTION VI: Policy Dissemination, Review, and Amendment

The University affirms its commitment to fully comply with the Drug Free Schools and Communities Act (DFSCA) and with all of its applicable administrative regulations. The DFSCA requires that “as a condition of receiving funds or any other form of financial assistance under any federal program, an institution of higher education (IHE) must certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.”⁷ In accordance with these regulations, the University will:

- A. Annually notify each employee and student, in writing, of standards of conduct; a description of appropriate sanctions for violation of federal, state, and local law and this Policy; a description of health risks associated with alcohol and other drug use⁸; and a description of available treatment programs.
- B. Conduct at least a biennial review on the effectiveness of its alcohol and other drug programs and the consistency of sanction enforcement.
- C. Regularly review amendments to this Policy and related appendices (at least biennial) as necessary to facilitate compliance with any applicable updated regulations regarding Alcoholic Beverages.
- D. Comply with all federal laws and regulations related to the disclosure of crimes as required by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act).

⁷ See EDGAR Subpart A, Sec. 86.1 (2012) and 20 U.S.C. 1145(g).

⁸ See Appendix D for AOD information and resources and alcohol.unc.edu (pending website launch)

Appendix A

Definition of Key Terms

When used in the Alcohol Policy of the University of North Carolina at Chapel Hill or any of its appendices, terms shall have the following definitions:

Alcoholic Beverages: Any beverage or other ingestible substance containing at least one half of one percent of alcohol by volume, as defined by the North Carolina Alcohol Beverage Control Commission. For specific definitions, please visit <http://www.ncabc.com/product/approval.aspx>.

Campus Member(s): All students, faculty, staff, or other employees of the University of North Carolina at Chapel Hill.

Common Source Container: Kegs, coolers, punch bowls, bath tubs, trash cans, common shared refrigerators, or similar common source containers of Alcoholic Beverages intended to serve as a source of open access at a party or other gathering.

Illegal Distribution: The provision of Alcoholic Beverages in any format and in any venue without proper license, or when distributed in any other illegal manner (e.g., provision to underage persons)

Illegal Sale: The exchange of money or other valuable consideration for Alcoholic Beverages without permit. "Sale" may include such practices as charging admission to events where alcohol is served, requiring the purchase of tickets or other items, requiring donations, or other exchanges such as requiring certain acts in order to receive Alcoholic Beverages.

Policy: Except as otherwise noted, the term 'Policy' or 'this Policy' shall refer to the Alcohol Policy of the University of North Carolina at Chapel Hill.

Student: The term "student" means any of the following:

- (i) a person who has applied for admission and been accepted into any academic program of study at the University,
- (ii) a person enrolled in or attending classes at or through the University, either at the University's main campus or at any remote location, including a person enrolled in distance education programs through Distance Education and a person participating in Study Abroad programs, or
- (iii) a person participating in any pre-matriculation orientation programs.

Student Organization: Any recognized group affiliated with or supported by the University or a University entity (e.g., societies, clubs, student organizations including fraternities and sororities, or similarly organized groups in or recognized by the University.) A Student Organization shall also include any group of students, whether or not officially recognized, that is affiliated with the University through the use of University Premises or University-sponsored programs.

University: The University of North Carolina at Chapel Hill and all of its undergraduate, graduate and professional schools and colleges, and administrative units.

University Administrative Unit: A constituent part of the University, such as a department, division, program, college, or school

University Premises: Buildings, property, or grounds owned, leased, operated, controlled, or supervised by the University.

University-Sponsored Event: Any event or activity on- or off-campus which is initiated, aided, funded, authorized, or supervised by the University or any authorized University official(s) (e.g., affiliated student, student organization or group, staff, faculty, department, athletic events, entertainment venues, development/fundraising function, etc.)

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APPENDIX B

Guidelines for Serving Alcohol at University-Sponsored Events

I. Introduction

The following guidelines have been developed to provide consistent and comprehensive information about applicable laws and University rules concerning service of *Alcoholic Beverages* at *University-Sponsored Events*. These guidelines represent the minimum standards for service of *Alcoholic Beverages*. University departments or officials may adopt more stringent standards as deemed necessary and appropriate.

II. Purchase and Sale of Alcoholic Beverages

A. No State-appropriated or Federal funds may be used to purchase Alcoholic Beverages. Some funds that are classified as institutional trust funds may be used to purchase Alcoholic Beverages, but only if those funds are discretionary in nature and the fund authority is sufficiently broad to cover this purchase. Scholarship funds or funds handled through the Office of Sponsored Research are not discretionary in nature. Information about whether a particular trust fund may be used for the purchase of Alcoholic Beverages may be obtained from the Office of the University Controller.

B. The following facilities on University property meet the statutory requirements in N.C. Gen. Stat. §18B-1006(a) permitting Alcoholic Beverages to be sold in such facilities:

1. The Carolina Inn
2. George Watts Hill Alumni Center
3. The Rizzo Center
4. Finley Golf Course
5. Memorial Hall
6. Paul Green Theater
7. Ackland Art Museum
8. Kenan Stadium's Blue Zone (under limited circumstances)

Each of these University facilities shall maintain and follow facility-specific procedures for the sale of alcohol at the facility, which shall be designed to manage risk and comply with applicable laws and regulations.

C. Alcoholic Beverages cannot be sold, directly or indirectly, at any other campus location other than those identified in Section II.B of these Guidelines. This means that when a function is held elsewhere on campus, there can be no "cash bars," nor can there be a cover charge for an event at which Alcoholic Beverages are reportedly "given away." However, a set price for a reception or meal where the service of Alcoholic Beverages is incidental to the reception or meal is permitted, provided the facility where the event is held is otherwise authorized under these Guidelines to serve Alcoholic Beverages.

III. Service of Alcoholic Beverages

Subject to the exceptions described herein, no Alcoholic Beverages may be served, displayed, or consumed at any University-Sponsored Event on University Premises.

A. Except for University holidays, no Alcoholic Beverages may be served at any campus location (with the exception of those campus facilities authorized to sell Alcoholic Beverages under Section II.B) on a weekday until after 5:00 p.m. Only the Chancellor or Chancellor's designee may authorize an exception to this provision. In all cases where a rare exception may be granted, consideration for the impact on the academic environment, and the message to our students, should be critically and thoughtfully considered.

B. It is a violation of North Carolina law and University Policy to serve Alcoholic Beverages to anyone less than 21 years of age. Service of any Alcoholic Beverages is *strongly discouraged* at University-Sponsored Events that are likely to be attended by guests less than 21 years of age. If a University Administrative Unit plans to serve Alcoholic Beverages at a University-Sponsored Event that will be attended by guests less than 21 years of age, it must submit, as part of the approval process, a summary of the method by which it will determine which guests are over 21 and how it will assure that guests under 21 years of age will not be served or have easy access to Alcoholic Beverages.

C. Alcoholic Beverages may be served, displayed, and consumed at invitation-only, private functions hosted by individuals that are held at the Ackland Art Museum, Paul Green Theater, the James M. Johnston Center for Undergraduate Excellence, the Friday Continuing Education Center, Kenan Center, George Watts Hill Alumni Center, Morehead Planetarium Building, Knapp-Sanders Building, the Rizzo Center, Gerrard Hall, Hyde Hall, FedEx Global Education Center, North Carolina Botanical Garden, and designated parts of Carroll Hall, the Dean E. Smith Center, and Koury Natatorium. To the extent these facilities are available for use by other University Administrative Units, arrangements for University-Sponsored Events must be made with the particular facility. Each of these University facilities where Alcoholic Beverages may be served shall maintain facility-specific procedures for the service of Alcoholic Beverages at the facility, which shall be designed to manage risk and comply with applicable laws and regulations. It is the responsibility of the University Administrative Unit hosting the event to comply fully with the facility-specific requirements relating to service of Alcoholic Beverages.

D. Any University Administrative Unit wishing to serve Alcoholic Beverages at a University-Sponsored Event that includes guests under the age of 21 and/or wishing to serve and allow for the display and consumption of Alcoholic Beverages in a facility or open space on University Premises other than those listed in Section III.C may do so only if:

1. A request is submitted by the chair or director of the University Administrative Unit hosting/sponsoring the event (LINK FOR REQUEST FORM);
2. The planned function is a private, University-Sponsored Event that is invitation-only;
3. Approval is received from the Dean of the academic unit or from the appropriate Vice Chancellor (if a non-academic unit) and, upon completion of the above;
4. Approval is received from the Provost or the Provost's designee.

All required approvals must be obtained prior to the event.

E. Where proper approval has been obtained, the following requirements must be met at all University-Sponsored Events where Alcoholic Beverages are served:

1. In the case of an approved event at a campus location other than those identified in Section II.B above, an event manager must be designated and present at all times while Alcoholic Beverages are being served. The event manager shall be at least 21 years of age and shall be knowledgeable of the Campus Alcohol Policy and these Guidelines;
2. Access to the event must be limited to invitees and controlled throughout the event. The event may not be open to the public. For outdoor events, special steps must be taken to control access and delineate the area for the event (e.g., tents with sides or other significant barriers). An “Approved Vendor” sign should be prominently displayed near the distribution point of service.
3. A sufficient amount of alternative, nonalcoholic beverages must be available at the same placement of the Alcoholic Beverages and featured as prominently;
4. A sufficient amount of substantial, wholesome food (e.g., heavy hors d’oeuvres or dinner) must be served;
5. Alcoholic Beverages must be served by a professional caterer or bartender with liability insurance, in established standard serving sizes or less (see E. 9. Below), with one drink per customer at a time).
6. No self-service of Alcoholic Beverages shall be permitted;
7. A reception with Alcoholic Beverages that is followed by a full meal may last no longer than one hour. A reception with Alcoholic Beverages that is not followed by a full meal may last no longer than two hours;
8. Alcoholic Beverages shall not be served to individuals exhibiting signs of impairment or intoxication; and
9. Quantities of Alcoholic Beverages served at any University-Sponsored Event shall be in compliance with the standard measure guidelines set forth by the National Institute on Alcohol Abuse and Alcoholism:
 - a. Beer – 12 oz. per person, per hour;
 - b. Wine – 4 oz. per person, per hour; or
 - c. Spiritous Liquor – 1 oz. per person, per hour

F. In addition to the above requirements, if individuals under 21 years of age will be attending a University-Sponsored Event where Alcoholic Beverages will be served, the University Administrative Unit hosting the event must take appropriate precautions to ensure that Alcoholic Beverages are not served to individuals under the age of 21. Such precautions may include:

1. A sign on the bar or other location where Alcoholic Beverages are served that states “Must be 21” or other similar language and an instruction to the caterer or bartender to ask for proof of age whenever an individual appears to be less than 30 years of age.

2. Color-coded nametags or place cards for guests under 21 years of age and instructions to the caterer or bartender as to the significance of the color-coding.
3. Instructions to caterers, bartenders, or University staff in charge of the event to be alert to the possibility that guests over 21 may attempt to obtain Alcoholic Beverages on behalf of guests under 21.

It is the responsibility of the University Administrative Unit hosting the event to be certain that Alcoholic Beverages are not served or provided to individuals under the age of 21.

G. In addition to the foregoing, individuals, Student Organizations, and University Administrative Units are strongly encouraged to consider the following in conjunction with the service of Alcoholic Beverages at any event on- or off-campus:

1. The University recommends that all Alcoholic Beverages be provided by a third-party licensed vendor or BYOB.
2. The requirements set forth in this Policy are minimum standards. Organizations or University Administrative Units may adopt standards or protocols which are more stringent than the requirements of this Policy. Organizations or University Administrative Units that have adopted their own alcohol risk management policies shall follow the requirements of this Policy as well as their own alcohol risk management standards.

APPENDIX C

Adjudication & Response of Student Violations

This Policy strives to promote an educational campus environment that encourages healthy choices and behaviors, fosters academic and personal success, supports student retention, and promotes the safety and well-being of all members of the University community. The adjudication and response of student and/or group violations serves as an extension of the vision above.

I. Learning Outcomes: After participating in the Alcohol Conduct Process, which includes the administrative hearing process and completion of all applicable sanctions, students will be able to:

- A. Recognize the effect of their behavior on themselves, on other Campus Members, and on the University and greater local communities
- B. Identify dangerous drinking behaviors
- C. Seek out campus and community resources related to substance abuse
- D. Articulate their rights and responsibilities as they pertain to the Alcohol Policy
- E. Discuss how their personal values and principles impact decision-making

II. Procedural Rights: A student accused of violating the Alcohol Policy is afforded procedural rights in the Alcohol-Related Conduct Process. Accordingly, an accused student has the right:

- A. To receive a notice of the charge(s);
- B. To be informed of the procedural alternatives applicable to their case;
- C. To review the Incident Report regarding the charges against them. They may request a copy in advance of their hearing;
- D. To be presumed not responsible until evidence of their involvement in the violation is proven by a preponderance of the evidence standard (more likely than not);
- E. To an objective and impartial hearing; if a student feels that the Hearing Officer has a bias, they may write to request a new hearing officer be assigned to their case;
- F. To have their hearing held within a reasonable amount of time;
- G. To be represented by an attorney or non-attorney advocate. Further information can be found here <http://studentconduct.unc.edu/students/attorney-and-non-attorney-advocates>;
- H. To present witnesses or evidence on their behalf at the hearing; and
- I. To appeal the outcomes of this process

III. Administrative Action

- A. **Initial Investigation:** The Hearing Officer, as a designee of the Vice Chancellor for Student Affairs, will review documented incidents and referrals of alleged student violations of the Alcohol Policy. The Hearing Officer will then send the accused student a written notice of the alleged violation(s). The written notice shall contain a scheduled initial meeting date and time, as well as a listing of the potential charges, including a statement that additional charges may be assigned as additional evidence becomes available.
- B. **Initial Meeting:** The purpose of the initial meeting is to gain the accused student's perspective on the alleged violation(s) and to determine whether there exists a reasonable basis to formally charge the accused student with a violation. In the initial meeting, the Hearing Officer shall inform the accused student of the alleged violation(s), of the Alcohol Conduct Process, and of the accused student's procedural rights. Additionally, the Hearing Officer and the accused student will review any applicable evidence, including the incident report, and the accused student may also choose to make a statement. If the accused student fails to attend the initial meeting without prior written notice and the accused student's failure to attend is not otherwise due to extraordinary circumstances, the Hearing Officer will review the evidence and determine if a reasonable basis exists for a charge.

During the initial meeting, the Hearing Officer will exercise one of the following options in pursuing a violation of the Alcohol Policy:

1. Determine that no reasonable basis exists to formally charge the student with violating the Alcohol Policy, thereby dismissing the case, or determine that additional information is needed to make a formal charge decision;
2. Determine that a reasonable basis exists to formally charge the student with violating the alcohol policy and provide the student the opportunity to resolve the matter immediately;
 - i. In order for a student to accept this option, the student must enter a plea of responsible for each of the applicable charges. The initial meeting then becomes an administrative hearing and proceeds as such.
 - ii. The accused student shall have the option to resolve their charges through an administrative hearing at a later date. The Hearing Officer will send the accused student a written notice of all charge(s) with a scheduled administrative hearing date and time. The administrative hearing will occur at least (5) five business days after the issuance of the formal charge(s), unless extraordinary circumstances apply. If the accused student wishes to hold the administrative hearing on a date prior to (5) five business days after the issuance of the formal charge, the accused student may make this request in writing. This written request must be submitted to the Hearing Officer.
3. Determine that a reasonable basis exists to formally charge a student with violating the alcohol policy, but determine that this matter be resolved through an administrative hearing to be scheduled no sooner than (5) business day after the issuance of the formal charge(s);
4. Determine that due to the circumstances surrounding the incident, University Medical Amnesty should apply. The Hearing Officer will act to resolve the case in a manner pursuant to Appendix C Section 3.C.2. of the Alcohol Policy.

C. Legal and University Medical Amnesty

1. North Carolina State Medical Amnesty: North Carolina State Law provides an exemption from criminal prosecution for the “possession or consumption of alcoholic beverages if law enforcement, including campus safety police, became aware of the offenses *solely because the person was seeking medical assistance for another individual.*” Amnesty applies if the person seeking medical attention on behalf of another did all of the following:

- i. “Acted in good faith, upon a reasonable belief that he or she was the first to call for assistance;
- ii. Used his or her own name when contacting authorities;
- iii. Remained with the individual needing medical assistance until help arrived.” ([Chapter 18B of the North Carolina General Statutes § 18B-302.2](#))

An amendment passed in 2015 offers additional protections, including limited immunity for the overdose victim, i.e. a person under the age of 21 shall not be prosecuted for a violation of [G.S. 18B-302](#) for the possession or consumption of alcoholic beverages.

2. University Medical Amnesty: The University is committed to upholding the law as well as prioritizing student safety. The University wishes to promote an environment where students are not afraid to seek help in medical emergencies due to the added fear of

disciplinary repercussions from the University. The University cannot guarantee amnesty from any civil or criminal legal action, or from any legal consequences arising from a student's violation of local, state, or federal law. With these priorities in mind, the Hearing Officer acting pursuant to this Policy may defer or decline formal University disciplinary action for violations of this Policy.

The following are situations in which a student will be granted amnesty:

Student in need of medical attention: A student who seeks medical attention for themselves or for whom medical assistance was sought and willingly received as a result of the consumption of alcohol, including cases where alcohol may have been combined with medications or other substances.

Victim of a crime: A student who has been the victim of a sexual assault or other violent crime after consuming alcohol.

Caller or support person: A student, who calls on behalf of or accompanies an impaired individual, remains with that individual until assistance arrives, and fully cooperates with emergency responders.

Amnesty applies to the disciplinary process pursuant to this Policy. The student may be required to complete educational interventions or other supportive resources, as deemed appropriate by the Hearing Officer.

D. Administrative Hearing Procedures

During an administrative hearing, the Hearing Officer shall inform the accused student in detail of the charge(s), of the evidence within the Hearing Officer's possession, of the alternatives available to the accused student in responding to the charge(s) including acknowledgement of responsibility and its implications, of possible sanctions, and of applicable procedural and appeal rights. During an administrative hearing, the accused student may provide any information or statements that they deem important for the Hearing Officer to consider, including witnesses. **If the accused student fails to attend the administrative hearing without prior written notice and the accused student's failure to attend is not otherwise due to extraordinary circumstances, the Hearing Officer will conduct the hearing in the accused student's absence and render a decision based on the information available.**

In determining a finding of responsibility, the Hearing Officer shall utilize a "preponderance of the evidence" standard. This standard means that after careful and impartial consideration of the evidence and witness testimony presented during the administrative hearing, the Hearing Officer determines it is **more likely than not** that the accused student committed the alleged violation(s) of the Alcohol Policy. The Hearing Officer's decision shall rest solely on the evidence contained in the record of the administrative hearing. The Hearing Officer may reach one of the following decisions for each charge: (a) not responsible; or (b) responsible. The Hearing Officer shall submit a resolution letter containing a notification of the outcome and any assigned sanctions to the accused student as soon as possible, but in no more than (5) five business days. The written notice shall also include, if applicable, the deadline by which the accused student must complete the assigned sanction(s).

E. Parental notification: The University reserves the right to notify the parents/guardians of dependent students of violations of this Policy. The University may also notify parents/guardians of non-dependent student who are under the age of 21 of violations of this Policy. Parental notification may also be utilized at the discretion of appropriate University officials when permitted by FERPA or consent of the student.

F. Safe Harbor Clause: The University has a Safe Harbor rule for students. The University believes that students who have an alcohol, drug, and/or addiction problem deserve help. If any University

student brings their own use, addiction, or dependency to the attention of University officials outside the threat of drug tests or conduct sanctions and seeks assistance, a conduct complaint will not be pursued. A written action plan may be used to track cooperation with the Safe Harbor program by the student. Failure to follow the action plan will nullify the Safe Harbor protection and campus conduct processes will be initiated.

IV. Sanctioning:

A. Purpose: Sanctions are intended to educate students on the inappropriate nature of their actions, to help students improve their responsible decision-making, and to hold students accountable to the expectations set forth in this policy. If a student is found responsible for a violation of this Policy, the Hearing Officer will assign sanctions as appropriate. There are two categories of sanctions that may be assigned.

1. **Educational Interventions** are assigned to educate students as to why their actions were inappropriate, to help students improve their responsible decision-making, and to help them grow from the incident.
2. **Disciplinary Sanctions** are assigned to hold students accountable for conduct that violates the Alcohol Policy.
3. **Other Requirements** are assigned to remedy the effects of the misconduct and prevent similar conduct from occurring in the future

B. Criteria: Sanctions and Interventions will be determined by balancing the following criteria:

1. The gravity of the violation in question including, but not limited to: intent and deliberation involved in committing the offense; implications for other members of the University community; and University interests impacted by the offense.
2. The importance of learning through the Alcohol Conduct process in order to develop a greater sense of responsibility for one's actions and consequences to others, including but not limited to: demonstrated sense of responsibility, demonstrated respect for the importance of integrity; existence of plans to correct the violation and/or prevent future violations;
3. The importance of equitable treatment for similar violations.
4. Other compelling circumstances, including but not limited to: the accused student's previous conduct history, extraordinary personal circumstances, and the educational goals of the University.

C. Sanction Types

1. Educational Interventions:

Administrative Follow up: A required follow up meeting with whomever served as the Hearing Officer for the case.

AlcoholEdu for Sanctions: An online course designed specifically to help students who have violated alcohol policies make safer and healthier choices - and avoid experiencing problems again. The course provides a strong educational foundation to support the student's responsible decision-making process.

Decisions Course: UNC's Decisions is a 3-hour student-centered workshop focused on ethical and critical decision making, and on understanding readiness for behavior and attitude change through self-awareness. The program helps students align personal and University core values with their actions in an atmosphere of responsibility and accountability. The program engages participants in a process of self-awareness and critical reflection. Students will learn applied skills and have opportunities to practice these skills to make better choices moving forward.

Referral: A required follow up with a campus partner or community agency. Referrals are typically made in order to connect students to resources or to help students manage issues that led to the violation by connecting them with an individual who is specialized in the area of concern.

BASICS: Brief Alcohol Screening and Intervention for College Students. A preventive alcohol abuse intervention program for college students 18 to 24 years old. It is aimed at students who have had negative experiences or other problems related to alcohol misuse. The program is designed to help students make better alcohol-use decisions and to overall reduce their risks for alcohol-related harm. The program's style is not confrontational or judgmental and consists of two sessions with a Student Wellness staff member. Students who enroll in BASICS are assessed a \$50 fee for service that is charged to the student's account.

2. Disciplinary Sanctions:

Warning: An official written reprimand that is formally communicated by a letter giving the student notice that any subsequent violations will result in more stringent sanctions, up to and including disciplinary probation.

Disciplinary Probation: Assigned for a definite or indefinite period, including probation with associated conditions or requirements. Probation means that a student may remain at the University, but may be required to satisfy specified conditions or requirements, report regularly to appropriate University officials, and may be barred from holding any office or participating in any activity in which the student represents the University or University-recognized student organizations or groups either within or outside the University community. The sanction of probation prohibits graduation until the period of probation has ended and the student has complied with all requirements of the sanctions. Disciplinary probation shall be reflected on a student's academic transcript while active, but will be removed upon successful completion of disciplinary probation.

Disciplinary Suspension: for a definite or indefinite period means that the student is removed from good standing and must leave the University for a definite or indefinite period. Suspension anticipates that the student may eventually return if applicable conditions are satisfied. Academic work completed at another institution during a period in which a student is under suspension from the University may not be transferred toward the degree, but applicable health care or insurance benefits may be continued⁹.

Restitution: A monetary sanction imposed on students when there is a financial cost associated with their behavior.

Community Service: A required sanction in which the student must complete a service learning experience for a designated amount of time. The student must provide documentation to the Hearing Office confirming the completion of the community service experience.

Loss of Privileges: Assigned for a definite or indefinite period. Loss of privileges may include restrictions on participation in intramural competitions or other activities or events

⁹ In extraordinary cases in which the student is found responsible for violating University Policy, the Hearing Officer may assign the sanction of Disciplinary Suspension. In order to do so, the Hearing Officer will comply with UNC System Policy 700.4.1. Section 6.

sponsored by the University or University affiliated organizations, restrictions on use of University facilities for meetings or other activities, removal from University housing, and loss of other privileges as deemed appropriate to deter future misconduct.

3. Other Requirements. The Hearing Officer may assign other sanctions or interventions as deemed appropriate to remedy the effects of the misconduct and prevent similar conduct from occurring in the future.

D. Additional Sanctions for Student Organization Violations: The following group sanctions may be imposed in conjunction with or in lieu of the sanctions listed above for violations of the Alcohol Policy:

Educational activities such as presentations or completion of projects, programs or requirements designed to understand the nature and implications of the misconduct and prevent similar misconduct from arising in the future.

Loss of Privileges: Loss of group privileges including but not limited to the following:

Activity restrictions prohibiting the group from sponsoring any organized social activity, party, or function for a specified period.

Restrictions on participation in intramural competitions or other activities or events sponsored by the University or University affiliated organizations.

Restrictions on use of University facilities for meetings or other activities

Loss of such other privileges as deemed appropriate to deter future misconduct.

Sanctions Affecting Group Status or Charter. The following sanctions may be imposed:

Group probation, which restricts group activities and privileges (other than seeking and adding members) for a specified period of time, upon pain of immediate restriction or revocation of the group's charter or status as a University-affiliated or recognized organization in the event of repeated violations during the period of the sanction.

Restricted status, which restricts a group's charter, temporarily removes a group's status as recognized or affiliated with the University, or imposes related restrictions on recruitment or addition of members, sponsoring or conducting events in the University community, or enjoyment of privileges other than the right to continue to occupy or hold property for a period of one semester in addition to the semester in which the offense occurred.

Revocation of group charter or affiliation including permanent removal of University recognition for the group in question, if approved by the Chancellor.

V. Administration of Educational Interventions and Disciplinary Sanctions:

It is the responsibility of a Student or Student Organization found responsible for violating this Policy to timely inform the Hearing Officer of extenuating circumstances preventing the Student or Student Organization from completing the assigned sanction(s) by the assigned deadline and, if

necessary, to request that the Hearing Officer grant an extension of the assigned deadline. The Hearing Officer, in his or her sole discretion and in taking into consideration the particular facts and circumstances supporting the extension request, may choose to extend the deadline.

If a Student or Student Organization fails to complete the assigned sanction(s) by the established deadline, the Hearing Officer may take any of the following actions:

A. In cases involving violations committed by individual students:

1. Take administrative action against the student, to be removed by the Hearing Officer upon the student's successful completion of the assigned sanctions or interventions. This includes any combination of administrative actions affecting the student's ability to enroll in classes, to receive his or her official transcript, to graduate, or to sign up for campus housing;
2. Refer the student's non-compliance to the appropriate authority as a potential violation of the Alcohol Policy.¹⁰

E. In cases involving violations committed by student groups or student organizations:

1. Impose additional group sanctions as appropriate
2. Refer the student organization or student group's non-compliance to the appropriate authority as a potential violation of the Alcohol Policy.

VI. Appeals Process:

The Appellate Officer is an impartial decision-maker who serves as the VC designee. A student may appeal the Hearing Outcome only on the following grounds:

- a. **Procedural Rights:** A violation of procedural due process rights afforded in Appendix C, Section II of this policy (material deviation from established procedures that would substantially affect the outcome);
- b. **Newly Discovered Information:** Newly discovered information has been obtained that was not previously available during the initial investigation or the administrative hearing process through the exercise of due diligence, and this newly discovered information would substantially affect the outcome.

Mere dissatisfaction with the Hearing Outcome is not a valid basis for appeal.

A. Appeal Submission: The appeal must be submitted in writing to the applicable Appellate Officer within five (5) business days from the delivery of the resolution letter. The appeal shall consist of a plain, concise, and complete written statement outlining the grounds for appeal and all relevant information to substantiate the basis for the appeal. Receipt of the written appeal will be acknowledged in writing. Any sanctions imposed by the Hearing Officer **will not** be enforced until the deadline for submission of an appeal has passed. Once an accused student submits a request for appeal, their sanction(s) will not be enforced until after the determination of a final appeal decision.

B. Appeal Review: The Appellate Officer will assess the written appeal to determine whether the appeal is timely filed and, if so, whether the appeal is properly framed based on the two permissible grounds. If the Appellate Officer determines that the appeal does not meet the

¹⁰ As per Section II.12 of the Alcohol Policy, failure to comply with any disciplinary sanctions or interventions imposed pursuant to the Policy may also be considered a violation of the Policy.

criteria, the appeal will be denied. If the appeal is timely filed and meets one or more of the criteria for appeal, the Appellate Officer shall review and consider solely the evidence contained in the case file. If necessary, the Appellate Officer may request to meet with the accused student to discuss the appeal further in order to make a determination. No new evidence may be entered during the appeal process unless strictly outlined as a ground for appeal.

C. Appeal Decision: After the Appeal Review, the Appellate Officer will reach a decision after reviewing the case file, the grounds for appeal as stated in the written appeal, and any applicable discussion with the accused student. The decision of the Appellate Officer is final, and the Appellate Officer shall submit a written rationale of their decision to the accused student no later than five (5) business days after the Appeal Hearing. When making his or her determination, the Appellate Officer may:

1. Uphold the decision of the Hearing Officer; or
2. Overturn the decision of the Hearing Officer by:
 - i. Dismissing the case;
 - ii. Remanding the case for a new Administrative Hearing; or
 - iii. Modifying the sanctions. The Appellate Officer may not increase a sanction or other penalty, but may assign a more appropriate sanction.

D. Student Organizations and Student Groups: Student organizations and student groups are subject to the same adjudicative processes and disciplinary actions and sanctions as are individual students for violations of the Alcohol Policy. These adjudicative processes and disciplinary actions shall be enforced against student organization and student groups in concert with applicable University policies governing those student organizations and student groups. **It is not double jeopardy for a student organization or student group to be adjudicated and disciplined under both this Policy and other applicable University policies governing their conduct.**

VII. Host Liability: Campus Members may be held accountable under this Policy for violations of this Policy committed by their guests.

VIII. Maintenance of Records: Access to any student's Alcohol Conduct Records will be governed by the provisions of the Family Educational Rights and Privacy Act of 1974 ("FERPA"). University officials or faculty members with a legitimate educational interest shall have access to Alcohol Conduct Records. Students and others may request these records in accordance with the University's FERPA Policy, available at policy.sites.unc.edu/files/2013/05/FERPA.pdf.

Except for disciplinary probation and suspension, a record of the outcome and any imposed sanction(s) will not appear on a student's official University academic record. Disciplinary probation or suspension shall be reflected on a student's academic transcript while active, but will be removed upon successful completion of all requisite conditions. A record of the outcome and any imposed sanction(s) shall appear on a student's official University disciplinary record. A student's record as it relates to this Policy will be maintained for seven years from the date of resolution.

Appendix D

Alcohol & Other Drug Risks & Resources

I. Health Risks

The use or abuse of alcohol and other drugs increases the risk for a number of health-related and other medical, behavioral and social problems. Below is a general description of the health risks associated with drug use.

ALCOHOL Can cause short-term effects such as loss of concentration and judgment; slowed reflexes; disorientation leading to higher risk of accidents and problem behavior; long-term effects include risk of liver and heart damage, malnutrition, cancer and other illnesses; can be highly addictive to some persons.

AMPHETAMINES Can cause short-term effects such as rushed, careless behavior and pushing beyond your physical capacity, leading to exhaustion; tolerance increases rapidly; long-term effects include physical and psychological dependence and withdrawal can result in depression and suicide; continued high doses can cause heart problems, infections, malnutrition and death.

CANNABIS Can cause short-term effects such as slow reflexes; increase in forgetfulness; alters judgment of space and distance; aggravate pre-existing heart and/or mental health problems; long-term health effects include permanent damage to lungs, reproductive organs and brain function; can interfere with physical, psychological, social development of young users.

COCAINE Can cause short-term effects such as impaired judgment; increased breathing, heart rate, heart palpitations; anxiety, restlessness, hostility, paranoia, confusion; long-term effects may include damage to respiratory and immune systems; malnutrition, seizures and loss of brain function; highly addictive.

DESIGNER DRUGS/SYNTHETIC CANNABINOIDS (bath salts, K2, spice) Can cause short-term effects such as elevated heart rate, blood pressure and chest pain; hallucinations, seizures, violent behavior and paranoia; may lead to lack of appetite, vomiting and tremor; long-term use may result in kidney/liver failure, increased risk of suicide and death.

HALLUCINOGENS (PCP, LSD, ecstasy, dextromethorphan, mushrooms) Can cause extreme distortions of what's seen and heard; induces sudden changes in behavior, loss of concentration and memory; increases risk of birth defects in user's children; overdose can cause psychosis, convulsions, coma and death. Frequent and long-term use can cause permanent loss of mental function.

INHALANTS (nitrous oxide, amyl nitrite, butyl nitrite, chlorohydrocarbons, hydrocarbons) Can cause short-term effects such as nausea, dizziness, fatigue, slurred speech, hallucinations or delusions; may lead to rapid and irregular heart rhythms, heart failure and death; long-term use may result in loss of feeling, hearing and vision; can result in permanent damage to the brain, heart, lungs, liver and kidneys.

OPIATES/NARCOTICS (heroin, morphine, opium, codeine, oxycodone, china white) Can cause physical and psychological dependence; overdose can cause coma, convulsions, respiratory arrest and death; long-term use leads to malnutrition, infection and hepatitis; sharing needles is a leading cause of the spread of HIV and hepatitis; highly addictive, tolerance increases rapidly.

SEDATIVES Can cause reduced reaction time and confusion; overdose can cause coma, respiratory arrest, convulsions and death; withdrawal can be dangerous; in combination with other controlled substances can quickly cause coma and death; long-term use can produce physical and psychological dependence; tolerance can increase rapidly.

TOBACCO (cigarettes, cigars, chewing tobacco) Can cause diseases of the cardiovascular system, in particular smoking being a major risk factor for a myocardial infarction (heart attack), diseases of the respiratory tract such as Chronic Obstructive Pulmonary Disease (COPD) and emphysema, and cancer, particularly lung cancer and cancers of the larynx and mouth; nicotine is highly addictive.

For an extensive list of health-related risks please visit *The National Institute on Drug Abuse*: <http://www.drugabuse.gov/>

II. Resources

Emergency Services

UNC Hospitals Emergency Services

911

UNC Campus Resources

Student Wellness - BASICS, Persistence Counselor, and collegiate recovery programs

For students seeking brief screening, assessments or who are currently in recovery, these resources offer professional 1-on-1 coaching as well as peer social support.

<https://studentwellness.unc.edu/>

CAPS (Counseling and Psychological Services)

Offers individual and group counseling to students who have paid that Student Health Fee. Walk in hours Monday through Friday, 9am to 4pm.

Located 3rd floor of Campus Health, James A Taylor Building.

<https://campushealth.unc.edu/services/counseling-and-psychological-services>

Dean of Students

Offers support and guidance to students in crisis or facing difficult circumstances.

<https://deanofstudents.unc.edu/>

Located on 1st floor of SASB North

(919) 966-4042

Student Legal Services

Offers free legal advice and representation to students on a variety of legal matters, including but not limited to, drug and alcohol citations. All sessions are confidential.

<https://studentlegalservices.web.unc.edu/>

Located in Union 3512

(919) 962-1303

Carpe Diem

15-hour alcohol education class that fulfills the court requirement under deferred prosecution.

<http://www.carpediemnc.org/>

(919) 929-7087

On Campus Resources for Faculty & Staff

Employee Assistance Program

Confidential counseling and resource program for UNC employees. <http://hr.unc.edu/benefits/work-life-programs/employee-assistance-program/>

24-hour ComPsych line for employees and family members 877-314-5841

Off Campus Resources

AA/NA

AA meetings in Orange County, NC: <http://www.aanc33.org/orange-county-meeting-list/>

NA meetings (click "Find meetings near me"): <http://crna.org/meeting-search/>

Al-Anon/Alateen: <http://www.alanonalateen6nc.org/public/meeting%20list.php>

For info on meetings frequented by other college students, contact Carolina Recovery Group carolinarecovery@unc.edu

Outpatient Services

Freedom House Recovery Center

Offers crisis and detox services as well as outpatient services for alcohol and drug abuse treatment. <http://freedomhouserecovery.org/>

104 New Stateside Drive
Chapel Hill, NC 27516

(919) 942-2803

UNC Alcohol & Substance Abuse Program (ASAP)

Outpatient treatment for alcohol and drug dependency.

<http://www.uncmedicalcenter.org/uncmc/care-treatment/alcohol-and-substance-abuse/>

UNC Medical Center

101 Manning Drive

Chapel Hill, NC 27514

984-974-1000

First Step Services, locations in Raleigh, Durham, Cary, and Garner

Assessments, DWI services, and outpatient services for alcohol and drug abuse.

<http://www.firststepnc.com/>

211 E. Six Forks Road Ste 117
Raleigh, NC 27609

(919) 833-8899

Durham Child Development and Behavioral Health Clinic

Outpatient services young adults up to 21 years of age.

<https://www.dukemedicine.org/locations/durham-child-development-and-behavioral-health-clinic>

402 Trent Drive
Durham, NC 27710

919-668-5559

Legacy Freedom Treatment Centers, locations in Raleigh, Charlotte, Asheville, and Wilmington

Intensive outpatient services for addiction. <http://www.legacyfreedom.com/>

4944 Parkway Plaza #300
Charlotte, NC 28217
(877) 254-5536
(704) 930-2456

Full-Life Counseling, locations in Raleigh and Winston-Salem

Pre-treatment, counseling, and sober living services. <http://full-life-counseling.com/>

1066 W 4th St
Winston-Salem , NC 27101

(336) 923-7526

Residential Programs

Fellowship Hall, Greensboro

<http://www.fellowshiphall.com/>

Four Circles Recovery, Asheville

<http://www.fourcirclesrecovery.com/>

Red Oak Recovery, Asheville

<https://www.redoakrecovery.com/>

Pavillion Treatment Center, Asheville

<http://www.pavillon.org/>

Sober Living

Oxford House Collegiate Recovery Community, located adjacent to campus. Contact Paula Harrington at paula.harrington@oxfordhouse.org

Gender-specific sober living, with locations throughout NC, including in Chapel Hill and Durham. <http://www.oxfordhousenc.org/>



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL