

# **Drug-Free Schools and Campuses Act (EDGAR Part 86) Annual Notification January 2019**

Prepared By: Sarah Blanton, MPH  
Alcohol, Tobacco, and Other Drug (ATOD) Program Coordinator  
Student Wellness Center  
Division of Student Affairs | Health and Wellness

*In accordance with the Drug Free Schools and Campuses Act passed by Congress, the University of Cincinnati is required to provide enrolled students, faculty and staff with various pieces of information regarding the unlawful use of drugs or alcohol on University property. The following information describes legal sanctions, health risks, available assistance and treatment avenues as well as University-imposed disciplinary standards for the Main and Regional Campuses.*

**Table of Contents**

**Standards of Conduct.....3**

**Legal and Disciplinary Sanctions.....10**

**Health Risks.....14**

**Support Systems and Resources.....19**

## Standards of Conduct

### *Alcohol and Other Drugs: Standards for Students*

It is the goal of the University of Cincinnati to maintain an on campus environment that is conducive to intellectual, emotional, and social growth of all members of its community. The University of Cincinnati has established the following policy governing the possession, sale, and consumption of alcohol on its campuses. It is the university's intention, through these policies, to be clear about university consequences attributed to irresponsible or illegal usage of alcohol on campus.

The university shall implement and enforce the laws of the state of Ohio as stated in the Ohio Revised Code. It is the responsibility of each student, staff, and faculty member to be familiar with the requirements of the Ohio Revised Code and the provisions of this policy and to conduct themselves accordingly.

As permitted by law individual students, faculty and/or staff may purchase, possess and/or consume beer or intoxicating liquor on campus at certain campus events, in designated campus facilities and in campus facilities having permits issued by the Ohio department of liquor control.

Restrictions in the Ohio Revised Code include the following:

- (1) It is unlawful for a person under 21 years of age to purchase, consume, possess, or transport any beer or intoxicating liquor.
- (2) It is unlawful to knowingly and falsely misrepresent one's age to obtain alcoholic beverages and/or to misrepresent that another is of legal age for such purpose.
- (3) It is unlawful to have in one's possession in a public place without a permit an open container of beer or intoxicating liquor.
- (4) It is unlawful to possess an open container and/or consume any beer or intoxicating liquor in a motor vehicle.
- (5) It is unlawful to serve, distribute beer and/or intoxicating liquor to a minor.

These laws are contained in Chapter 4301 of the Ohio Revised Code. The complete text of the state liquor laws and administrative regulations may be obtained from the department of campus security, campus library, or the Ohio department of liquor control.

Student organizations will be permitted to schedule and/or sponsor on-campus events at which alcohol would be available only at those locations having permits issued by the Ohio department of liquor control.

Student organizations that sponsor off-campus events are expected to adhere to state law. Organizations found to have violated state law may be subjected to the loss of registered status.

Administrative and academic units (colleges, departments) are permitted to schedule and/or sponsor

on-campus student events at which beer or intoxicating liquor would be available only in designated areas within those units and only with the approval of the unit head. These events may not be all campus events and must adhere to regulations for on-campus events.

### **Policy for Campus Events**

The following regulations must be followed at on-campus events at which beer or intoxicating liquor are served and/or sold:

- (1) The events must be properly authorized by the administrative unit responsible for the facility(s) to be used.
- (2) Consumption and/or sales are permitted only within the approved area for the event.
- (3) Non-alcoholic beverages must be available at the same place as alcoholic beverages and featured as prominently as the alcoholic beverages.
- (4) The sponsors of the event will implement precautionary measures to ensure that alcoholic beverages are not accessible or served to persons under the legal drinking age or to persons who are intoxicated.
- (5) The sponsors of the event must require proof of legal age for those individual in question as to legal age.
- (6) Marketing, advertising and promotion of events with alcoholic beverages being served should not emphasize the serving of alcohol and/or have any drinking games there associated with the event.
- (7) Management of licensed facilities on-campus reserves the right to limit consumption and/or sales at events in the designated facilities.
- (8) Policy violations and sanctions.

Individuals and organizations found in violation of university regulations will be subject to disciplinary action and may be subject to action outlined in the Ohio Revised Code.

### **Alcohol or drug possession disclosure from Student Code of Conduct**

#### **(a) Alcohol or Drug Possession: Parental Disclosure**

In order to reach its goal of maintaining an on campus environment that is conducive to intellectual, emotional, and social growth of all members of its community, the University of Cincinnati's Student Code of Conduct provides for discipline and parental notification as deterrents to alcohol and drug abuse.

- (i) The University of Cincinnati may notify the parents or guardians of any student who is under the age of 21 and who has been found to be in violation of the SCOC with respect to any federal, state, or local law or university policy governing the use or possession of

alcohol or a controlled substance.

- (ii) Students will receive copies of notification letters sent to their parents or guardians.
- (iii) The university also reserves the right to make any other parental disclosures as permitted by FERPA.

**(b) Student Code of Conduct Violations: Nonacademic Misconduct**

- (i) Section (C)(2)(g) Drugs or narcotics

Uses, manufactures, distributes, buys, sells, offers for sale, or possesses illegal drugs, narcotics, drug paraphernalia, or prescription medication.

- (ii) Section (C)(3)(aa) Violation of federal, state, or local law

Violation of any federal, state, or local law where the effect is interference with university activities or an identifiable individual's university work or academic activities.

**(c) Student Code of Conduct Sanctions**

The unlawful use of alcohol or others drugs may result in disciplinary action by the university, as well as criminal charges and legal penalties. Examples of these may include, but are not limited to, the following:

- Substance abuse education or treatment;
- Loss of privileges as students or organizations;
- Suspension or dismissal from the university;
- Suspension or termination of employments;
- Fines as determined under state, local, and federal laws;
- Incarceration;
- Forfeiture of personal or real property; and/or
- Denial of federal benefits such as financial aid.

**Smoking Policy**

(1) Smoking is one of the largest causes of illness and premature death in the United States. Research findings indicate that nonsmokers who are regularly exposed to tobacco smoke are also at increased risk of illness. The university recognizes that smoking any substance in any form poses a public health hazard. For purposes of this policy, "smoking" has the same meaning as in section 3794.01 division (A) of the Revised Code, which is the inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, pipe, or other lighted smoking device for burning tobacco or any other plant. Additionally, this prohibition includes all tobacco-derived or tobacco-containing products including, but not limited to, cigarettes, electronic cigarettes, vaporizing devices, cigars and cigarillos, hookah smoked products, pipes, oral tobacco (e.g., spit and spitless, smokeless, chew or snuff), and nasal tobacco (e.g., snus). It also includes any product intended to mimic tobacco products, contain tobacco flavoring or the smoking of any other substance that delivers nicotine.

(2) The university has had smoking regulations in place that are stipulated by the state of Ohio and, as a matter of policy, it shall be dedicated to providing a safe and healthy environment. Furthermore, the university has substantial commitments to health-related research, teaching and patient care. Thus, the university community has a particular obligation to be sensitive to health-protection issues and as a result, the University of Cincinnati intends to provide a one hundred percent tobacco and smoke free environment. The following policy has been developed with these interests in mind and shall be applied consistently to all faculty, staff, students, visitors, volunteers, contractors and patients of the University of Cincinnati. Exemptions can include cessation devices approved by the federal drug administration (not including electronic cigarettes), nicotine replacement therapy, university-sponsored research, and conduct protected by the American Indian Religious Freedom Act codified under 42 U.S.C. § 1996.

#### Restrictions

- (1) “Effective May 1, 2017, smoking and tobacco use (including chewing tobacco and electronic cigarettes as outlined in (A)(1) above shall be prohibited by students, staff, faculty, visitors, vendors, and contractors at all times in or on University of Cincinnati Properties, including events on university property during non-school hours, including but not limited to the following: all facilities owned or leased by the University of Cincinnati as well as the grounds of any property owned or leased by the university. This includes all shelters, indoor and outdoor theaters and athletic facilities, bridges, walkways, sidewalks, residence halls, parking lots, and street parking and garages owned by the university. Please note this also prohibits smoking inside personal vehicles parked on university property as well as any vehicles owned, operated, or leased by the University of Cincinnati.
- (2) To ensure compliance with this regulation:
  - (a) “No tobacco use” signage shall be posted in appropriate locations;
  - (b) University literature and advertising, particularly that which is related to the posting of employment opportunities and campus events, shall identify the university as being one hundred percent smoke and tobacco free; and
  - (c) Announcements regarding this policy shall be made during university-sponsored events, as well as at campus functions where deemed appropriate. Event programs shall include a written reminder of this policy.

Tobacco advertising, sales, and distribution are prohibited on college campus grounds, in all sponsored publications, and at all college campus sponsored events. Affiliated organizations are prohibited from accepting any form of contribution including, but not limited to, financial support, gifts (such as curriculum, book covers, speakers, etc.) or in-kind support from the tobacco industry for the sponsorship or promotions of any event or activity affiliated in an manner with the University of Cincinnati.

Although not under the authority of the University of Cincinnati, all students, staff, faculty, and visitors of the university are requested to refrain from smoking and tobacco use on sidewalks and other areas adjacent to university property in an effort to remain good neighbors with our community.

#### Responsibility and compliance:

- (1) It shall be the responsibility of all members of the University of Cincinnati community to observe this rule, both smokers and nonsmokers. Enforcement of this policy will depend on the cooperation of all faculty, staff, and students to not only comply with this policy but to

encourage others to comply as well. This helps promote a healthy environment in which to work, study, and live. Civility and respect are expected at all times in regard to this policy.

- (2) The appropriate union contract or university policies shall prevail in addressing those faculty and staff who fail to comply with this rule.
- (3) Tobacco education and cessation shall be closely coordinated with other components of the University of Cincinnati's wellness program.
- (4) Any employee of the University of Cincinnati who violates this policy may be subject to disciplinary action up to and including termination and may be subject to monetary fines for violating Ohio's smoking ban (Chapter 3794 of the revised code).
- (5) Any student of the University of Cincinnati who violates this policy may be subject to sanctions pursuant to the Student Code of Conduct and may be subject to monetary fines for violating Ohio's smoking ban (Chapter 3794 of the revised code).
- (6) Any visitor who violates this policy may be denied access to University of Cincinnati campuses and may ultimately be subject to arrest for criminal trespass.  
([www.uc.edu/trustees/rules](http://www.uc.edu/trustees/rules)).

### *Alcohol and Drugs: Standards for Faculty and Staff*

#### **Reasonable Cause Drug and Alcohol Testing for Employees**

##### Background

This policy applies to employees who are not covered by a collective bargaining agreement or for whom the agreement contains no provision regarding this subject.

1. The University of Cincinnati is committed to providing a safe and secure environment for its students, faculty, staff and visitors. Toward that goal, faculty, staff, volunteers and student workers are prohibited from being impaired due to illegal drugs and/or alcohol use while on the job. The following policy addresses the process for reasonable cause drug and alcohol testing.
2. In compliance with the Drug-Free Workplace Act and the Drug-Free Schools and Community Act, the university maintains a drug-free campus and prohibits the unlawful manufacture, distribution, dispensing, or possession of illicit drugs or alcohol on its campuses or as part of any university activity.
3. This policy applies to employees who are not covered by a collective bargaining agreement or for whom the agreement contains no provision regarding this subject.

##### Definitions

1. Illegal Drug means a substance whose use or possession is controlled by federal or state law but that is not being used or possessed under the supervision of a licensed health care professional.
2. Refuse to Consent means to obstruct the collection or testing process; to submit an altered, adulterated, or substitute sample; to fail to show up for a scheduled test; to refuse to complete the requested drug testing forms; or fail to promptly provide specimen(s) for testing when directed to do so, without a valid medical basis for the failure.
3. Under the Influence of Alcohol means actions, appearance, speech or bodily odors that reasonably cause a supervisor, manager or administrator to conclude that an employee is impaired because of alcohol use.
4. Under the Influence of Drugs means a confirmed positive test result for illegal drug use

per this policy. In addition, it means the misuse of legal drugs (prescription and possibly over-the-counter) where there is not a valid prescription from a physician for the lawful use of a drug in the course of medical treatment (prescription containers must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization).

## Policy

1. Any faculty, staff, volunteer, or student worker suspected of being impaired due to illegal drug and/or alcohol use while on the job shall be required to submit to a drug and/or alcohol test. The test shall be administered by University Health Services (UHS) or an agency contracted through UHS.
2. The university shall not conduct random drug and/or alcohol tests unless required by federal or state law.
3. Refusal by faculty, staff, volunteers, or student workers to submit to a drug and/or alcohol test shall have the same force and effect as a positive test result.
4. Managers, supervisors and administrators are responsible for enforcing this policy in a consistent manner. Managers, supervisors, and administrators who are found to have knowingly violated this policy will be subject to disciplinary action up to and including termination of employment.
5. All faculty, staff, volunteers, or student workers are required to report known or suspected violations of this policy to their supervisor, manager or an appropriate administrator. Any faculty, staff, volunteer, or student worker convicted of any criminal drug statute violation shall notify his or her supervisor, manager, or appropriate administrator not later than five days after such conviction. Failure to follow these requirements may result in disciplinary action up to and including termination of employment.
6. This policy is subject to all applicable collective bargaining agreements and state and federal statutes.

## Procedure

1. Criteria for Reasonable-Cause Testing:

Drug and/or alcohol testing may be ordered when a manager, supervisor, or appropriate administrator has a reasonable suspicion that a faculty, staff, volunteer, or student worker is under the influence of drugs and/or alcohol while on the job. Reasonable suspicion may be based on, among other things:

- 1) Direct observation of the physical symptoms of being impaired by drugs or alcohol in the workplace;
- 2) A pattern of abnormal conduct or erratic behavior in the workplace that is consistent with impairment;
- 3) Information provided either by reliable and credible sources or independently corroborated; or
- 4) Newly discovered evidence that the faculty, staff, or student worker has tampered with a previous drug test.

Physical symptoms and abnormal behavior may include, but are not limited to the following:

- 1) slurred/incoherent speech
- 2) drowsiness and/or sleepiness



- 3) unusually aggressive behavior
- 4) unexplained work errors
- 5) rapid changes in mood
- 6) impaired manual dexterity
- 7) lack of coordination in walking
- 8) dilated pupils
- 9) smell of alcohol or marijuana on the breath with observed behavior issues

Note: Because the symptoms listed above could be attributable to causes other than drugs or alcohol, the manager, supervisor, or appropriate administrator will document those facts that led him or her to believe the faculty, staff, volunteer, or student worker was impaired. In addition, personnel at UHS will evaluate the faculty, staff, volunteer, or student worker before testing (if possible) to ensure reasonable suspicion of drug or alcohol use or impairment exists.

## 2. Confirmation and Documentation of Reasonable Suspicion:

Where a manager, supervisor, or appropriate administrator has reasonable suspicion that faculties, staff, volunteer, or student worker is impaired by drugs and/or alcohol on the job, he or she shall immediately notify his or her immediate supervisor or other appropriate administrator. If the immediate supervisor is unavailable for confirmation, the manager or supervisor may utilize any of the following to confirm his or her reasonable suspicion of impairment due to drugs or alcohol:

- 1) another manager, supervisor or administrator
- 2) public safety or health services personnel
- 3) another UC employee
- 4) union official (for bargaining unit employees)

Where the reasonable suspicion is confirmed, the manager or supervisor shall, soon after ensuring the suspected faculty, staff, volunteer, or student worker is transported to UHS, prepare a written report supporting his or her finding that a reasonable suspicion exists. The report will be kept confidential to the extent permitted by law and the use of the report shall be limited to the administration of this policy. Copies of the report shall be filed with UHS and Human Resources.

Information and records relating to positive test results, drug and alcohol dependencies and legitimate medical explanations provided by the suspected faculty, staff, volunteer, or student worker shall be kept confidential to the extent required by law and maintained in secure files separate from personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and may also be disclosed where relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant. If this suspicion takes place on third shift, weekends, holidays, etc., and no one listed above is available, then the manager or supervisor shall act on his/her own suspicion. In this case, the supervisor or manager will call On Site Drug & Alcohol Collection Service (ODACS) Inc. at 513-761-0539. ODACS Inc. will respond to the place of

employment within 30 minutes for testing.

### 3. Relief of Duty:

Where reasonable suspicion exists, the faculty, staff, volunteer, or student worker shall be immediately relieved of all duty pending the outcome of the screen by UHS or ODACS Inc. The faculty, staff, or student worker may be placed on paid administrative leave pending the outcome of the screen. Under no circumstances shall the faculty, staff, volunteer or student worker be permitted to operate machinery or equipment, including a motor vehicle, until cleared to do so by UHS or ODACS Inc.

### 4. Submission for Drug or Alcohol Screen:

The supervisor or designee shall arrange for the suspected faculty, staff, volunteer or student worker to be transported to UHS for a drug and/or alcohol screen. If UHS personnel are not available, ODACS, Inc. will respond to the place of employment. Either UHS or ODACS Inc. personnel will, at that time, confirm and document the existence of reasonable suspicion for testing. The faculty, staff, volunteer, or student worker will be asked to consent to permission to perform the drug and/or alcohol screen and release the resulting information to UHS, the employing unit, and Human Resources. Faculty, staff, volunteers, or student workers who refuse to consent will be advised that no screen will be conducted. Refusal by faculty, staff, volunteers, or student workers to consent to a test shall have the same force and effect as a positive test result, and may result in disciplinary action up to and including termination of employment. A positive result may result in disciplinary action up to and including termination of employment. All appropriate chain-of-custody procedures will be observed by UHS and ODACS Inc.

### 5. Supervisory Training:

Managers and supervisors may be trained to recognize behaviors that give rise to and to document circumstances that support reasonable suspicion of drug and/or alcohol impairment on the job. Failure to receive such training, however, shall not invalidate otherwise proper reasonable suspicion testing.

### 6. Employee Assistance:

Faculty and staff are encouraged to take advantage of the university's employee assistance plan (EAP). Voluntary submission for treatment of substance abuse problems will not subject faculty, staff, volunteers or student workers to disciplinary action; however, submission for treatment shall not serve as a shield or a substitute for disciplinary action under this, or any other university policy.

## **Drug and Alcohol Abuse Statement**

The University of Cincinnati is committed to providing a safe and healthy learning environment for all our faculty, staff, and students. Our institution recognizes that the improper use of alcohol and drugs will interfere with the school's mission and vision by negatively affecting the health and safety of our faculty, staff, and students. All faculty, staff, and students are governed by

University rules, as well as by federal, state, and local laws, and will be held accountable for any illegal use or possession of alcohol or other drugs. It is the responsibility of all faculty, staff, and students to be aware of these laws. Employees, students, and campus visitors may not unlawfully manufacture, consume, possess, sell, distribute, transfer, or be under the influence of alcohol, drugs, or other controlled substances on school property, while driving a university vehicle or while otherwise engaged in any university activity or business.

## Legal and Disciplinary Sanctions

### Federal, State and Local Legal Sanctions

The following is a description of the applicable legal sanctions under Local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol.

#### A. Federal Law

##### 1. Controlled Substances

Any person knowingly or intentionally manufacturing, distributing, dispensing, or possessing with an intent to distribute or dispense, a “controlled substance” (as defined in 21 U.S.C. Sections 802,812) is subject to sentencing under Federal law to a term of imprisonment of as much as twenty (20) years to life and a fine of four million dollars (\$4,000,000). Although the sentences imposed under Federal law vary according to the specific controlled substance involved, all Federal sentencing requirements are stringent.

##### 2. Alcohol

The illegal manufacture or sale of alcoholic beverages, without obtaining the necessary and proper permits from Federal alcohol authorities may subject a convicted individual to fines of up to one thousand dollars (\$1,000).

#### B. State Law

Criminal sanctions under Ohio law vary significantly depending upon the controlled substance and the act involved. All specific laws and relevant sections are written in the Ohio Revised Code (ORC).

##### 1. Controlled Substances

**ORC 2925.11** Prohibits any person from knowingly obtaining, possessing or using a controlled substance.

Penalty: A maximum of ten (10) years imprisonment and up to a \$5,000.00 fine.

##### 2. Alcohol

**ORC 4301.63** Provides that no person under the age of twenty one (21) shall purchase beer or intoxicating liquor.

Penalty: A fine of not less than \$25.00 nor more than \$100.

**ORC 4301.69A** Prohibits selling beer or intoxicating liquor to a person under the age of twenty one (21) years, or buying it for or furnishing it to such a person.

Penalty: Misdemeanor of the first degree. Maximum penalty is imprisonment for up to 6 months and a \$1000.00 fine.

**ORC 4301.69E** Provides that no underage person shall knowingly possess or consume any beer or intoxicating liquor, in any public or private place, unless he is accompanied by a parent, spouse, or legal guardian, who is not an underage person, unless it is for medical or religious reasons.

Penalty: Maximum penalty is imprisonment for not more than six months and a \$1,000.00 fine.

### 3. Medical Marijuana

**ORC 3796.02** Establishes a medical marijuana control program in the department of commerce and the state board of pharmacy. The department shall provide for the licensure of medical marijuana cultivators and processors and the licensure of laboratories that test medical marijuana. The board shall provide for the licensure of retail dispensaries and the registration of patients and their caregivers. The department and board shall administer the program.

**ORC 3796.06** Establishes that the only forms of medical marijuana that may be dispensed are oils, tinctures, plant materials, edibles, and patches. It also prohibits the smoking or combustion of medical marijuana.

**ORC 3796.28** Nothing in this chapter does any of the following: (1) Requires an employer to permit or accommodate an employee's use, possession, or distribution of medical marijuana; (2) Prohibits an employer from refusing to hire, discharging, disciplining, or otherwise taking an adverse employment action against a person with respect to hire, tenure, terms, conditions, or privileges of employment because of that person's use, possession, or distribution of medical marijuana; (3) Prohibits an employer from establishing and enforcing a drug testing policy, drug-free workplace policy, or zero-tolerance drug policy; (4) Interferes with any federal restrictions on employment, including the regulations adopted by the United States department of transportation in Title 49 of the Code of Federal Regulations, as amended; (5) Permits a person to commence a cause of action against an employer for refusing to hire, discharging, disciplining, discriminating, retaliating, or otherwise taking an adverse employment action against a person with respect to hire, tenure, terms, conditions, or privileges of employment related to medical marijuana; (6) Affects the authority of the administrator of workers' compensation to grant rebates or discounts on premium rates to employers that participate in a drug-free workplace program established in accordance with rules adopted by the administrator under Chapter 4123. of the Revised Code. (B) A person who is discharged from employment because of that person's use of medical marijuana shall be considered to have been discharged for just cause for purposes of division (D) of section 4141.29 of the Revised Code if the person's use of medical marijuana was in violation of an employer's drug-free workplace policy, zero-tolerance policy, or other formal program or policy regulating the use of medical marijuana.

### C. Local Ordinances

The City of Cincinnati enforces all the state criminal statutes cited above and all others cited in the ORC.

### **University Sanctions and Interim Measures for Nonacademic Misconduct**

(a) The university may impose interim measures (e.g., cease and desist, restriction from dining halls, residence halls or specific buildings, no contact) to protect the rights and ensure the safety or address the concerns of students, staff, faculty, and the university community.

(b) Sanctions shall be imposed according to the severity of the misconduct. Multiple sanctions may be imposed should the behavior call for the imposition of a more severe penalty. Remedies also may be provided to the parties or the campus community, as appropriate.

(c) Implementation of sanctions is immediate or as defined.

(d) Alcohol or drug possession disclosure

(i) The University of Cincinnati may notify the parents or guardians of any student who is under the age of 21 and who has been found to be in violation of the SCOC with respect to any federal, state, or local law or university policy governing the use or possession of alcohol or a controlled substance.

(ii) Students will receive copies of notification letters sent to their parents or guardians.

(iii) The university also reserves the right to make any other parental disclosures as permitted by FERPA.

(iv) In complaints involving crimes of violence and sexual violence, the complainant will receive written notification of sanctions that the respondent may receive, consistent with federal and state law.

(v) Definitions of disciplinary sanctions include the following:

(i) University disciplinary reprimand

Notifies the student in writing that his or her behavior is unacceptable and that any other violation may warrant further sanctions.

(ii) University disciplinary probation

Imposes specific restrictions or places extra requirements on the student for a specified period. These may vary with each case and may include restrictions related to participation in intercollegiate athletics, extracurricular and residence life activities. Such restrictions may also involve other requirements not academically restrictive in nature. They should be consistent with the philosophy of providing constructive learning experiences as a part of the probation. A student may be required to meet periodically with designated persons. Any

further misconduct on the student's part during the period of probation may result in disciplinary suspension or dismissal.

(iii) University disciplinary suspension

Prohibits the student from attending the university and from being present without permission of the director of the Office of Student Conduct and Community Standards or his or her designee on any university owned, leased, or controlled property for a specified period of time. University disciplinary suspensions shall have effective beginning and ending dates. Students placed on university disciplinary suspension must comply with all suspension requirements. A student seeking to attend the university after the conclusion of his or her suspension shall first request permission to re-enroll from the OSGS.

(iv) University disciplinary dismissal

Permanently prohibits the student from attending the university and from being present, without permission, on any university owned, leased, or controlled property.

(v) Other disciplinary educational sanctions

Sanctions designed to develop the student's behavior include: service to the university or university community; restrictions on the right of access to campus facilities, events, and student organizations; restitution for damage or expenses caused by the misconduct; and referral for psychological or psychiatric evaluation or other educational or developmental programs.

(vi) Interim suspension

(a) An interim suspension is an interim action, effective immediately, designed to prohibit the presence of the student or student organization on campus and from participating in any university-related activities, registered student organization activities, and academic coursework until the student's disciplinary case can be resolved in accordance with prescribed disciplinary procedures. Such action shall be taken when the vice president for student affairs and services or his or her designee has reasonable cause to believe that the student's presence on university owned, leased, or controlled property or at a university-related or registered organization activity poses a substantial threat to the health or safety of others or to property. An interim suspension begins immediately upon written notice by the vice president for student affairs and services or designee and restricts a student's physical access to campus if deemed necessary in order to:

(i.) Maintain order on university property and campuses.

(ii.) Preserve the orderly functioning of the university and the pursuit

of its mission.

(iii.) Stop interference in any manner with the rights of citizens while on university owned, leased, or controlled property, while on professional practice assignment or while representing the university.

(iv.) Stop actions that threaten the health or safety of any person including oneself.

(v.) Stop actions that destroy or damage property of the university or of any member of its community.

(b) Interim suspension may be imposed pending the application of the disciplinary process. A disciplinary hearing shall be scheduled by the university without undue delay. The student may, within three (3) calendar days of the imposition of the suspension, petition the vice president for student affairs and services for reinstatement. The petition must be in writing, and must include supporting documentation or evidence that the student does not pose, or no longer poses, a significant risk of substantial harm to the health or safety of others or to property. A hearing on such petition will be conducted without undue delay by the vice president for student affairs and services or his or her designee. The purpose of this hearing will be to determine if the interim suspension shall remain in effect, be modified, or be revoked pending a disciplinary hearing.

In interim suspension related to harassment or discrimination matters, complainant will be notified of the petition and be provided the opportunity to provide a response. The Complainant will be allowed to participate in any hearing where the Respondent is allowed to participate. The Complainant and Respondent will receive concurrent written notification of the outcome of the hearing. The complainant's role in the interim suspension process may be limited consistent with federal and state laws.



## Health Risks

The abuse of alcohol and use of 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 alcohol and drug use.

### Alcohol

People drink to socialize, celebrate, and relax. Alcohol often has a strong effect on people—and throughout history, people have struggled to understand and manage alcohol's power. The National Institute on Alcohol Abuse and Alcoholism is actively researching the health risks associated with alcohol and here's what is known:

Alcohol's effects vary from person to person, depending on a variety of factors, including:

- How much you drink
- How often you drink
- Your age
- Your health status
- Your family history

While drinking alcohol is itself not necessarily a problem, [drinking too much](#) can cause a range of consequences, and increase your risk for a variety of problems.

Alcohol enters your bloodstream as soon as you take your first sip. Alcohol's immediate effects can appear within about 10 minutes. As you drink more, you increase your blood alcohol concentration (BAC), which is the amount of alcohol present in your bloodstream. The higher your BAC, the more impaired you become by alcohol's effects. These effects can include:

- Reduced inhibitions
- Slurred speech
- Motor impairment
- Confusion
- Memory problems
- Concentration problems
- Coma
- Breathing problems
- Death

Other risks of drinking can include:

- Car crashes and other accidents
- Risky behavior
- Violent behavior
- Suicide and homicide

For more information on alcohol's effects on the body, please see the [National Institute on Alcohol Abuse and Alcoholism's](#) related web page describing [alcohol's effects on the body](#).

## **Other Drugs**

There are significant health risks associated with the use of illegal substances. Illicit drugs used in excess over time can produce illness, disability, and death. The health consequences of substance abuse may be immediate and unpredictable, such as cardiac arrest with cocaine use. In addition to health related problems, other concerns relating to substance abuse include the following:

- Regular users of alcohol and other drugs often have erratic lifestyles which interfere with sleep, nutrition, and exercise.
- Substance use and abuse may lead to financial difficulties, domestic violence, deterioration of the family structure, motor vehicle accident injuries, and reduced job performance.
- Repeated use of a drug can lead to dependence.

	Description	Short Term	Long term	In combination with Alcohol	Withdrawal Symptoms	Treatment Options
<b>Cocaine</b>	A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America.	Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure, headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent behavior, panic attacks, paranoia, psychosis; heart rhythm problems, heart attack, stroke, seizure, coma.	Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting, infection and death of bowel tissue from decreased blood flow, poor nutrition and weight loss from decreased appetite.	Greater risk of overdose and sudden death than from either drug alone.	Depression, tiredness, increased appetite, insomnia, vivid unpleasant dreams, slowed thinking and movement, restlessness.	Cognitive-behavioral therapy (CBT) Community reinforcement approach plus vouchers  Contingency management, or motivational incentives  The matrix model  12-Step facilitation therapy
<b>GHB</b>	A depressant approved for use in the treatment of narcolepsy, a disorder that causes daytime "sleep attacks."	Euphoria, drowsiness, decreased anxiety, confusion, memory loss, hallucinations, excited and aggressive behavior, nausea, vomiting, unconsciousness, seizures, slowed heart rate and breathing, lower body temperature, coma, death.	Unknown	Nausea, problems with breathing, greatly increased depressant effects.	Insomnia, anxiety, tremors, sweating, increased heart rate and blood pressure, psychotic thoughts.	Benzodiazepines
<b>Heroin</b>	An opioid drug made from morphine, a natural substance extracted from the seed pod of the Asian opium poppy plant.	Euphoria; warm flushing of skin; dry mouth; heavy feeling in the hands and feet; clouded thinking; alternate wakeful and drowsy states; itching; nausea; vomiting; slowed breathing and heart rate.	Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease; pneumonia.	Dangerous slowdown of heart rate and breathing, coma, death.	Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), leg movements.	Methadone  Buprenorphine  Naltrexone  Contingency management, or motivational incentives  12-Step facilitation therapy
<b>Inhalants</b>	Solvents, aerosols, and gases found in household products such as spray paints, markers, glues, and cleaning fluids.	Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition; lightheadedness; hallucinations/delusions; headaches; sudden sniffing death due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking.	Liver and kidney damage; bone marrow damage; limb spasms due to nerve damage; brain damage from lack of oxygen that can cause problems with thinking, movement, vision, and hearing.	Unknown	Nausea, loss of appetite, sweating, tics, problems sleeping, and mood changes.	More research needed
<b>Ketamine</b>	A dissociative drug used as an anesthetic in veterinary practice. Dissociative drugs are hallucinogens that cause the user to feel detached from reality.	Problems with attention, learning, and memory; dreamlike states; hallucinations; sedation; confusion and problems speaking; loss of memory; problems moving, to the point of being immobile; raised blood pressure; unconsciousness; slowed breathing that can lead to death.	Ulcers and pain in the bladder; kidney problems; stomach pain; depression; poor memory.	Increased risk of adverse effects.	Unknown	More research needed

	Description	Short Term	Long term	In combination with Alcohol	Withdrawal Symptoms	Treatment Options
<b>Marijuana</b>	Marijuana is made from the hemp plant, Cannabis sativa. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC.	Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; hallucinations, anxiety, panic attacks; psychosis.	Mental health problems, chronic cough, frequent respiratory infections.	Increased heart rate, blood pressure, further slowing of mental processing and reaction time.	Irritability, trouble sleeping, decreased appetite, anxiety.	Cognitive-behavioral therapy (CBT)  Contingency management, or motivational incentives  Motivational Enhancement Therapy (MET)  Behavioral treatments geared to adolescents
<b>MDMA (Molly/ Ecstasy)</b>	A synthetic, psychoactive drug that has similarities to both the stimulant amphetamine and the hallucinogen mescaline. MDMA is an abbreviation of the scientific name 3,4-methylenedioxy-methamphetamine.	Lowered inhibition; enhanced sensory perception; confusion; depression; sleep problems; anxiety; increased heart rate and blood pressure; muscle tension, teeth clenching; nausea; blurred vision; faintness; chills or sweating; sharp rise in body temperature leading to liver, kidney, or heart failure and death.	Long-lasting confusion, depression, problems with attention, memory, and sleep; increased anxiety, impulsiveness, aggression; loss of appetite; less interest in sex.	May increase the risk of cell and organ damage.	Fatigue, loss of appetite, depression, trouble concentrating.	More research needed
<b>Methamphetamine</b>	An extremely addictive stimulant amphetamine drug.	Increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, temperature, irregular heartbeat.	Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss, severe dental problems ("meth mouth"), intense itching leading to skin sores from scratching.	Masks the depressant effect of alcohol, increasing risk of alcohol overdose; may increase blood pressure and jitters.	Depression, anxiety, tiredness.	Cognitive-behavioral therapy (CBT)  Contingency management or motivational incentives  The matrix model  12-Step facilitation therapy
<b>OTC Cough/ Cold Medicine</b>	Psychoactive when taken in higher-than-recommended amounts.	Euphoria; slurred speech; increased heart rate, blood pressure, temperature; numbness; dizziness; nausea; vomiting; confusion; paranoia; altered visual perceptions; problems with movement; buildup of excess acid in body fluids.	Unknown	Increased risk of adverse effects.	Unknown	More research needed
<b>Prescription Opioids</b>	Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used nonmedically, leading to overdose deaths.	Pain relief, drowsiness, nausea, constipation, euphoria, confusion, slowed breathing, death.	Unknown	Dangerous slowing of heart rate and breathing leading to coma or death.	Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), leg movements.	Methadone  Buprenorphine  Naltrexone  Behavioral therapies that have helped treat addiction to heroin may be useful in treating prescription opioid addiction.

	Description	Short Term	Long term	In combination with Alcohol	Withdrawal Symptoms	Treatment Options
<b>Prescription Sedatives</b>	Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems.	Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.	Unknown	Further slows heart rate and breathing, which can lead to death.	Must be discussed with a health care provider; barbiturate withdrawal can cause a serious abstinence syndrome that may even include seizures.	More research needed
<b>Prescription Stimulants</b>	Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate.	Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages.  High doses: dangerously high body temperature and irregular heartbeat; heart failure; seizures.	Heart problems, psychosis, anger, paranoia.	Masks the depressant action of alcohol, increasing risk of alcohol overdose; may increase blood pressure and jitters.	Depression, tiredness, sleep problems.	Behavioral therapies that have helped treat addiction to cocaine or methamphetamine may be useful in treating prescription stimulant addiction.
<b>Steroids (Anabolic)</b>	Man-made substances used to treat conditions caused by low levels of steroid hormones in the body and abused to enhance athletic and sexual performance and physical appearance.	Headache, acne, fluid retention (especially in the hands and feet), oily skin, yellowing of the skin and whites of the eyes, infection at the injection site.	Kidney damage or failure, liver damage, high blood pressure, enlarged heart, or changes in cholesterol leading to increased risk of stroke or heart attack, even in young people; aggression, extreme mood swings; anger ("roid rage"); paranoid jealousy, extreme irritability, delusions; impaired judgment. Males: shrunken testicles, lowered sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer. Females: facial hair, male-pattern baldness, menstrual cycle changes, enlargement of the clitoris, deepened voice.	Increased risk of violent behavior.	Mood swings; tiredness; restlessness; loss of appetite; insomnia; lowered sex drive; depression, sometimes leading to suicide attempts.	Hormone therapy
<b>Tobacco</b>	Plant grown for its leaves, which are dried and fermented before use.	Increased blood pressure, breathing, and heart rate.	Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis, emphysema; heart disease, leukemia, cataracts, pneumonia.	Unknown	Irritability, attention and sleep problems, increased appetite.	Bupropion (Zyban®)  Varenicline (Chantix®)  Nicotine replacement (gum, patch, lozenge)  Cognitive-behavioral therapy (CBT)  Self-help materials  Mail, phone, and Internet quit resources

## **Support Systems and Resources**

### **For Students**

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

While the University will hold students accountable for violations of the AOD Policies noted below, it is also committed to supporting any student who makes the responsible decision to address his or her substance use. Students should feel confident in knowing that Area Coordinators, advisors, faculty, and staff will support any student who is struggling to address their substance use. This support may include referrals to CAPS, UHS, and Student Wellness Center educational programming.

The University offers the following alcohol and other drug programs and services for students:

- Alcohol Skills Education Program (ASEP), Drug Skills Education Program (DSEP), Prime for Life
- Online alcohol and marijuana assessments
- Individual and group counseling
- Educational presentations for groups and classes
- Undergraduate peer educators
- When student interest is shown, support is given for student run national programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Adult Children Of Alcoholics (ACOA), and Al-Anon.

## **For Employees**

### *Impact Solutions Employee Assistance Program (EAP)*

The University recognizes that employees may have difficulties with drug abuse which are not immediately obvious in their job performance, but which they wish to find help in controlling. The University of Cincinnati EAP offers assessment, counseling and referral services that are confidential and professional. Impact Solutions is widely recognized as a leader in the EAP field, serving a broad range of clients with strong ties to the higher education market. Impact EAP will offer our employees unlimited phone consultation with a live mental health professional 24 hours a day, 365 days a year. Face-to-face counseling is also available, with up to five sessions included per problem occurrence. Assistance will be available to all benefits eligible employees and their household members, dependents living away from home, as well as parents and parents-in-law.

Impact Solutions can be contacted by calling 800-227-6007 or [myimpactsolution.com](http://myimpactsolution.com).

To connect with staff from UC Benefits and Employee Wellness visit:

University of Cincinnati  
Human Resources - Benefits  
PO Box 210039  
Cincinnati, OH 45221-0039  
513-556-6381  
<http://www.uc.edu/hr/benefits.html>

## **Online Resources**

University of Cincinnati Student Wellness Center  
<http://www.uc.edu/wellness>

University of Cincinnati Counseling and Psychological Services  
<http://www.uc.edu/counseling.html>

University of Cincinnati Office of Student Conduct and Community Standards  
<http://www.uc.edu/conduct.html>

University of Cincinnati University Health Services  
<http://med.uc.edu/uhs>

Ohio Revised Code

<http://codes.ohio.gov/orc>

United States Code

<http://uscode.house.gov>

National Institute on Alcohol Abuse and Alcoholism

<http://www.niaaa.nih.gov>

National Institute on Drug Abuse

<http://www.drugabuse.gov>