

UNIVERSITY OF HARTFORD

Drug-free Schools and Communities Act Notification

**Drug and Alcohol Abuse Prevention Program
Fall 2025**

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Introduction

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

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

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

STUDENTS – for all students enrolled for academic credit, after the completion of University of Hartford census each semester (including fall and spring terms), the Dean of Students Office will distribute the DAAPP.

EMPLOYEES – for all newly hired regular full-time and regular part-time faculty and staff, the Office of Human Resources Development (HRD) provides an overview of the DAAPP during the new hire orientation. Subsequently, these faculty and staff are provided an electronic version of the DAAPP within their first month. For all adjunct and temporary faculty and staff, the DAAPP will be provided to them, electronically, within their first month, via email from HRD. In addition, HRD will distribute the DAAPP electronically to all employees annually. The law further requires that the institution conduct a biennial review of its program with the following objectives:

- Determine the effectiveness of the policy and implement changes to the alcohol and other drug programs if they are needed; and
- To ensure that the sanctions developed are enforced consistently.
- The biennial review must also include a determination as to:
- The number of drug- and alcohol-related violations and fatalities occurring on the campus or as part of their activities that are reported to campus officials; and
- The number and types of sanctions institutions of higher education (IHEs) impose on students or employees as a result of such violations or fatalities.

STUDENT Standards of Conduct

1. Policy Statement

The University subscribes to the guidelines recommended by the State of Connecticut's Department of Higher Education for the elimination of drug and alcohol abuse in the educational environment. The University also complies with the requirements of the Federal Drug-Free Workplace Act of 1988 and the Federal Drug-Free Schools and Communities Amendments of 1989.

Questions about this policy should be directed to Aaron Isaacs, Dean of Students, Gengras Student Union, room 307, 860.768.4285 or aisaacs@hartford.edu.

This policy applies to both on-campus, off-campus activity, and all University-sponsored student events and meetings.

2. Prohibitions

Student Alcohol Policy

Students should review and are expected to abide by Connecticut state laws and the University of Hartford alcohol policy as published in The Source, or otherwise distributed or published by The University of Hartford. Alcohol consumption or being under the influence of alcohol may not be offered as an excuse/rationale for any misconduct.

Behavior that violates the Alcohol Policy includes, but is not limited to:

- A. Possession or use of alcoholic beverages by members of the University community or guests/visitors under the age of 21.
- B. Distributing, transporting, serving and/or purchasing alcohol to/for minors.
- C. Behavior as a result of consumption of alcohol that is disruptive or endangers the health and/or safety of oneself or others
- D. Operating a motor vehicle while under the influence of alcohol
- E. Possession of alcohol that exceeds quantity limits. For students who are of legal age, the quantity limit per student is:
 - 15 beers (12 oz containers) OR,
 - 1.5 liters of wine OR
 - 1 pint of hard alcohol (not higher than 80 proof and not stimulant-enhanced),

Empty containers will be counted towards the quantity limits

The limit per living unit, regardless of the number of occupants/visitors of legal drinking age is:

- 60 beers (12 oz. containers) OR
 - 3.0 liters of wine OR
 - 1 liter (2 pints) of hard alcohol
- F. Possession of kegs or other large alcohol storage devices/common sources (i.e. trash cans, beer balls etc.).
 - G. Large gatherings or events where alcohol is present.

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- H. Possession or use of drinking paraphernalia, devices and/ or games that promote consumption of alcohol (i.e., beer bong, beer-pong tables, funnels, empty alcohol containers, etc.). Such items may be confiscated and not returned.
- I. Use of alcohol packaging or signage for decoration.
- J. Possession or consumption of alcoholic beverages in public areas, except where designated, or at university events where alcohol is not served, regardless of age.
- K. Selling or manufacturing alcoholic beverages.
- L. Violations of other University alcohol policies or federal, state, and local laws pertaining to alcohol.
- M. Outside organizations, individuals, or businesses advertising in any way the availability or sale of alcoholic beverages in any area of the campus.

Controlled Substance Policy (Drug Policy):

Students are expected to be aware of and to observe Connecticut and federal law.

- A. The possession and/or use of illegal or harmful drugs is prohibited.
- B. The manufacture, distribution, possession with intent to sell and/or sale of prescription medication, illegal or harmful drugs is prohibited.
- C. The possession and/or use of drug paraphernalia is prohibited.
- D. The improper possession and/or misuse of prescription medication is prohibited.

Medical Marijuana

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

3. Disciplinary Sanctions for Students

The University will impose sanctions on students for violations of the standards of conduct outlined in this DAAPP (consistent with local, state, and federal law), up to and including expulsion. Specific sanctions for students are listed below.

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

Students are cautioned that convictions for drug and alcohol violations may prevent individuals from entering many fields of employment and make them ineligible for federal grants and loans. For example, if a student is convicted of a drug-related felony or misdemeanor that took place while the student was receiving Federal student aid, the student will become ineligible to receive further aid for a specified period of time upon conviction.

A. Disciplinary Probation

A period of review and observation during which a student has been officially notified that his or her conduct is considered a serious matter and subsequent violation of University rules, regulations, or policies could result in a more severe sanction, including suspension or expulsion from the University. Disciplinary Probation is a status that may involve restrictions, conditions, or terms imposed for a definite period of time not to exceed four full semesters. Restrictions, conditions, or terms of probation may include, but are not limited to ineligibility to participate in University activities or events; required meetings with a designated member of the University staff; restrictions on access to University facilities; and change or loss of housing assignment. Restrictions, conditions, and terms will be imposed for a specific length of time not to exceed the length of probationary period except in the case of change of housing assignment. Failure to comply with the terms and conditions of the probation, or additional behavior in violation of the Student Conduct Code Regulations during the probationary period, will likely result in more serious disciplinary action. Notation of disciplinary probationary status will be on file through the Student Conduct Office.

B. Loss of Privileges - Restrictions & Bans

Restriction or Revocation of Privileges is a temporary or permanent loss of privileges as an alternative to another sanction, or as a condition of a particular sanction resulting from a particular action found in violation of the Student Conduct Code. Such action includes, but is not limited to: (a) use of a specific University facility; (b) banned from specified areas; (c) residence hall privileges; (d) holding or running for an office in a campus organization; (e) the representation of the University at any sporting event or intercollegiate function; (f) campus motor vehicle parking and operating privileges; (g) No Contact Order in which no contact with specific student(s) directly, by phone, electronically, via third party, or via written communication

C. Residence Hall Restriction

Residence Hall Restriction involves removal from the University residence hall community for conduct which demonstrates unwillingness or inability to abide by Student Conduct Code Regulations or to function appropriately in the residence hall living situation. Such separation may be permanent or for a specified time period. Restriction prohibits entry or attempted entry to all or designated residence halls, including lobbies and foyers. Visitation is not permitted. Residents restricted from the residence hall are to contact their Resident Director (RD) or the RD on Duty to make arrangements to remove personal belongings, return keys and receive mail. A student separated or dismissed from University housing for disciplinary reasons is not entitled to any refund of housing charges for the semester in progress.

D. Suspension or Permanent Removal (Expulsion) from Housing

A student may be suspended or permanently removed (expelled) from housing. Suspension is involuntary removal from housing for a specific period of time. Expulsion is involuntary permanent removal from housing. Students suspended or permanently removed from housing are usually banned from all residential areas.

E. Deferred University Suspension

The serious nature of the violation would normally result in the student's suspension from the University, but given extenuating circumstances, suspension is not immediately put into effect. A student found responsible for a violation of any of the same policies while on Deferred University Suspension status will cause the suspension from the University for a specified period of time to be put into effect. Allegations that such a violation has occurred shall be promptly presented at a hearing, and the hearing authority shall determine whether such violation occurred and whether to impose the

University suspension. Violation of the conditions of the Deferred University Suspension status may also constitute an independent violation the General Student Conduct Code Regulations and a further sanction, or sanctions, may be imposed in accordance with the procedures set forth in Article VII of the Student Code of Conduct.

F. University Suspension

Suspension is a disciplinary separation from the University involving denial of all student privileges. Suspension shall be effective on the date of notice of the suspension, or later if so stated in the notice; and shall prescribe the date and conditions upon which the student may petition for readmission. No course work will be permitted during the suspension. Upon readmission to the University, the suspended student will be on Disciplinary Probation for the semester immediately following this return. Conditions for readmission may include, but are not limited to: disciplinary probation for a specified length of time, no residence on campus, restricted visitation to specified University facilities, and/or written evaluative statements from an accredited mental health professional, medical doctor, or others to review the capability of the student to function successfully at the University. Students separated from the University by Suspension may not enter University premises, University-related premises, attend University-sponsored activities or be present on campus without securing approval from the Dean of Students, or designee. A student suspended is not entitled to any financial refund for the semester in progress.

G. Expulsion

Expulsion is permanent disciplinary separation from the University involving denial of all student privileges. Expulsion shall be effective on the date stated in the notice. A student separated from the University by Expulsion may not enter University premises, University-related premises, attend University sponsored activities or be present on campus without securing prior approval from the Dean of Students or designee. A student expelled is not entitled to any financial refund for the semester in progress. The Registrar's Office will insert the phrase, "NON-ACADEMIC EXPULSION," on the transcript original of students who have been expelled from the University in accordance with the Student Code of Conduct.

H. Housing Selection Ineligibility

A student may not participate in the Residential Life housing selection process during a period of suspension, but may reapply for housing before the next academic year begins (usually in July).

I. Interim Measures

In certain circumstances, the Dean of Students, or designee, may impose a University or residence hall suspension prior to the commencement of the student conduct process.

1. Interim suspension may be imposed only: a) to ensure the safety and well-being of members of the University community or preservation of University property; b) to ensure the student's own physical or emotional safety and well-being; or c) if the student poses an ongoing threat of disruption of, or interference with, the normal operations of the University.
2. During the interim suspension, a student shall be denied access to the residence halls and/ or to the campus (including classes) and/or all other University activities or privileges for which the student might otherwise be eligible, as the Dean of Students, or designee, may determine to be appropriate.
3. The interim suspension does not replace the regular student conduct process.

In certain circumstances, student-employment and/or student-athlete status may be impacted through interim or other measures taken by supervisor/athletics separate from the Student Code of

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Conduct. Such status will not contradict or undermine University policy, including the Student Code of Conduct.

J. Other Sanctions

Other sanctions may include, but are not limited to, restitution, University service, compensatory service, fines, assessment (psychological or drug/alcohol), and/or educational programs.

Note to Students

Students are cautioned that convictions for drug and alcohol violations may prevent individuals from entering many fields of employment and may make them ineligible for federal grants and loans. For example, if a student is convicted of a drug-related felony or misdemeanor that took place while the student was receiving Federal student aid, the student will become ineligible to receive further aid for a specified period of time upon conviction.

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

EMPLOYEE Standards of Conduct

1. Policy Statement

The University subscribes to the guidelines recommended by the State of Connecticut's Department of Higher Education for the elimination of drug and alcohol abuse in the educational environment. The University also subscribes to the requirements of the Federal Drug-Free Workplace Act of 1988 and the Federal Drug-Free Schools and Communities Amendments of 1989. Institutional policy on this commitment is detailed in the Employment Manual, Chapter 6.15 – Drug-free and Alcohol-free Workplace as well as noted in the Faculty Policy Manual and/or any applicable collective bargaining agreement(s). Questions about this policy should be directed to Human Resources Development at 860.768.4666 or hrd@hartford.edu.

2. Prohibitions

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

Medical Marijuana

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

3. Certifications/Notifications

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

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

4. Sanctions

The University will not tolerate the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace. Individuals not in compliance with the University's Drug-free and Alcohol-free Workplace Policy are in violation of various controlled substance laws and are subject to criminal prosecution. In cases where an individual is found to be in violation of this policy, the University will take one of the following actions within 30 days of receiving notice:

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

Employees who violate the standards of conduct outlined in applicable University policy or in this DAAPP are subject to both institutional sanctions (as outlined in the Employee Standards of Conduct in this policy) as well as criminal sanctions provided under local, state and federal law. Pertinent criminal sanctions for unlawful possession, use, or distribution of illicit drugs and alcohol are outlined below. Employees are cautioned that convictions for drug and alcohol violations may prevent individuals from entering many fields of employment and make them ineligible for federal grants and loans.

Reporting Conduct of Concern

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

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

- Public Safety – 860.768.7985 or 860.768.7777 (emergency)
- Residential Life – 860.768.7792
- Student Conduct and Conflict Resolution Office – 860.768.5403
- Dean of Students – 860.768.4285
- Human Resources Development – 860.768.4666

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

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

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

Federal Penalties and Sanctions for Illegal Trafficking of a Controlled Substance

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

Federal Trafficking Penalties (Source: DEA Federal Trafficking Penalties)

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

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I	LSD 1-9 grams mixture	bodily injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	LSD 10 grams or more mixture	individual, \$75 million if not an individual. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
II	Methamphetamine 5-49 grams pure or 50-499 grams mixture		Methamphetamine 50 grams or more pure or 500 grams or more mixture	
II	PCP 10-99 grams pure or 100-999 grams mixture		PCP 100 grams or more pure or 1 kilogram or more mixture	
Substance/Quantity		Penalty		
Any Amount Of Other Schedule I & II Substances		First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than Life. Fine \$1 million if an individual, \$5 million if not an individual. Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.		
Any Drug Product Containing Gamma Hydroxybutyric Acid				
Flunitrazepam (Schedule IV) 1 Gram or less				
Any Amount Of Other Schedule III Drugs		First Offense: Not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.		
Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam)		First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.		
Any Amount Of All Schedule V Drugs		First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.		

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

Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance

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

- 1st conviction: Up to 1 year imprisonment and fined at least \$1,000 but not more than \$100,000, or both.
- After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fined at least \$2,500 but not more than \$250,000, or both.
- After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least \$5,000 but not more than \$250,000, or both.

Forfeitures

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

Denial of Federal Benefits

- Denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to one year for first offense, up to five years for second and subsequent offenses. 21 U.S.C. 862(b)

Miscellaneous

- Ineligible to receive or purchase a firearm. 18 U.S.C. 922(g).
- Revocation of certain Federal licenses and benefits, e.g., pilot licenses, public housing tenancy, etc., are vested within the authorities of individual Federal agencies. Note: These are only Federal penalties and sanctions.

Connecticut Drug Possession Crimes and Offenses

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

Table 1 below shows the drug possession offenses, the Connecticut General Statutes citation for each offense, and the authorized penalties.

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

The possession of marijuana is not a crime under certain instances, including possession by adults over the age of twenty-one (21) up to 1.5 ounces of marijuana on their person, and up to 5 ounces in a locked container in their car (in a locked glove box or trunk) or home. Also, under specified conditions, the law provides protections from prosecution or other penalties related to marijuana for medical marijuana patients, their caregivers, and their doctors ([CGS § 21a-408](#) et seq). For more information on Connecticut's medical marijuana program, including the regulations for the program, see the Department of Consumer Protection's (DCP) website: <http://www.ct.gov/dcp/mmp>. For information on DCP's Drug Control Division (such as information on controlled substances practitioner registration), see the division's website: www.ct.gov/dcp/drugcontrol.

Table 1: Drug Possession

Offense Descriptions	Authorized Penalties
Narcotics (i.e., heroin, cocaine, and crack) Cite: CGS § 21a-279 :	First offense: up to 1 year prison term. CGS § 53a-36 Subsequent offenses: up to 3 year prison term. CGS § 53a-40(n) .
Possession of illegal drugs within 200 feet of (1) an elementary or secondary school by someone who is not attending the school or (2) a licensed day care center identified as such by a sign posted in a conspicuous place Cite: CGS § 21a-279(b)	Class A misdemeanor and sentenced to a term of imprisonment and a period of probation during which such person shall perform community service as a condition of such probation, in a manner ordered by the court. Judge can depart from this sentence under certain circumstances (see below)*

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

Penalties for Possession of Marijuana

Age of Offender	Penalties
Individuals Under Age 18.	Possession of under five ounces of cannabis plant material, an equivalent amount of cannabis products, or an equivalent combined amount of plant material and products: 1. first offense: a written warning and possible referral to a youth services bureau or other appropriate services; 2. second offense: mandatory referral to a youth services bureau or other appropriate services; and 3. subsequent offense: adjudicated as delinquent in juvenile court. Possession of five ounces or more of cannabis plant material (or an equivalent product amount or combined amount), requires a delinquency adjudication in juvenile court, for a first or subsequent offense.

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Individuals Age 18 to 20	Possession of under five ounces of cannabis plant material or equivalent product amounts or combined amounts: 1. first offense: \$50 fine, and 2. subsequent offense: \$150 fine. For possession of five ounces or more of plant material the following penalties: 1. First offense: \$500 fine, and 2. Subsequent offense: class D misdemeanor, punishable by up to 30 days in prison, a fine of up to \$250, or both. In addition, for any quantity of cannabis, whether it is a first or subsequent offense, these individuals must view and sign a statement acknowledging the health effects of cannabis on young people.
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Individuals Age 21 or Older	For possession of more than the legal limit, but less than (1) five ounces of cannabis plant material and eight ounces in a locked container in the person's residence or locked glove box or trunk in the person's vehicle; or (2) an equivalent amount of cannabis products or combined amount of cannabis and cannabis products shall be fined: 1. First offense: \$100 fine; and 2. Subsequent offense: \$250 fine Possession of larger amounts of cannabis (e.g., at least five ounces of plant material or eight ounces in a locked container at home): 1. First offense: \$500 fine 2. Subsequent offense: class C misdemeanor, punishable by up to three months in prison, a fine of up to \$500, or both. In addition, the court must evaluate such person and if to determine if that person is drug dependent. If the court finds that such person is drug-dependent it may suspend prosecution and order the person to undergo a treatment program. Any person who, at separate times, has either twice entered a no contest plea or has been found guilty after trial of possessing larger amounts, shall be referred to a drug education program at their own expense upon a subsequent plea of no contest or guilty finding after trial.
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Connecticut Drug Sale Crimes

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

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

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

Table 2: Drug Sales/Distribution

Offense Descriptions	Authorized Penalties
<i>Sale by a nonaddicted person of at least 1 oz. of heroin or methadone; ½ oz. of cocaine or crack; or 5 mg. of LSD</i> Cite: CGS § 21a-278(a)	<i>Mandatory minimum 5- to 20-year term with a possible maximum term of life imprisonment</i> <i>Judge can suspend the mandatory minimum if, at the time of the offense, the person (1) was under age 18 or (2) had significantly impaired mental capacity</i> <i>Judge can depart from the mandatory sentence under certain other circumstances (see below)*</i>
<i>Sale by a nonaddicted person of at least 1 kg. of marijuana or any amount of narcotics, amphetamines, or other hallucinogens</i> Cite: CGS § 21a-278(b)	<i>First offense: mandatory minimum 5- to 20-year prison term</i> <i>Subsequent offenses: mandatory minimum 10- to 25- year prison term</i> <i>Judge can suspend the mandatory minimum if, at the time of the offense, the person (1) was under age 18 or (2) had significantly impaired mental capacity</i> <i>Judge can depart from the mandatory sentence under certain other circumstances (see below)*</i>
<i>Sale by nonaddicted adult of drugs to a minor at least two years younger</i> Cite: CGS § 21a-278a(a)	<i>Mandatory 2-year prison term running consecutively to prison term imposed for the underlying drug sale crime</i>
<i>Sale of illegal drugs within 1,500 feet of (1) an elementary or secondary school, (2) a licensed day</i>	<i>Mandatory 3-year prison term running consecutively to prison term imposed for the underlying drug sale crime</i>

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care center identified as such by a sign posted in a conspicuous place, or (3) a public housing project Cite: CGS § 21a-278a(b)	Judge can depart from this sentence under certain circumstances (see below)*
Hiring or persuading a minor to sell illegal drugs in violation of the laws prohibiting illegal drug sales Cite: CGS § 21a-278a(c)	Mandatory 3-year prison term running consecutively to prison term imposed for the underlying drug sale crime
Sale of any narcotics or hallucinogens other than marijuana Cite: CGS § 21a-277(a)	First offense: up to 15-year prison term, up to a \$50,000 fine, or both Second offense: up to 30-year prison term, up to a \$100,000 fine, or both Subsequent offenses: up to 30-year prison term, up to a \$250,000 fine, or both Alternative sentence: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-277(d))
Sale of any other illegal drug other than (1) narcotics or (2) non-marijuana hallucinogens Cite: CGS § 21a-277(b)	First offense: up to 7-year prison term, up to a \$25,000 fine, or both Subsequent offenses: up to 15-year prison term, up to a \$100,000 fine, or both Alternative sentence: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-277(d))

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

Connecticut Drug Paraphernalia Crimes and Offenses

It is illegal for anyone to use or possess with intent to use drug paraphernalia for various drug-related purposes (e.g., growing, preparing, ingesting, or inhaling controlled substances). It is also illegal to deliver, possess with intent to deliver, or manufacture with intent to deliver drug paraphernalia knowing, or under circumstances where one reasonably should know, that it will be used for the same purposes. These actions are generally subject to criminal misdemeanor penalties. If the actions are done in connection with less than ½ ounce of marijuana, they are punishable as infractions, not crimes.

Penalties for the drug paraphernalia crimes described above are generally enhanced when they occur within 200 feet of a school by someone who is not a student there.

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

The law also prohibits the knowing possession of drug paraphernalia in a drug factory situation for the unlawful mixing, compounding, or otherwise preparing of any amount of a controlled substance for

purposes of violating drug laws. This is a felony, and there is a mandatory minimum prison term if a minor is hired or otherwise used to commit the offense.

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

Table 3 shows the drug paraphernalia crimes and offenses, the authorized penalties, and the related Connecticut General Statutes Citations.

Table 3: Drug Paraphernalia Crime and Offenses

Offense Descriptions	Authorized Penalties
Use or possess with intent to use in connection with any controlled substance other than marijuana Cite: CGS § 21a-267(a)	Class C misdemeanor, punishable by up to three months in prison, up to a \$500 fine, or both
Deliver, possess with intent to deliver, or manufacture with intent to deliver in connection with any controlled substance other than marijuana. Cite: CGS § 21a-267(b)	Class A misdemeanor, punishable by up to 1-year prison term, up to a \$2,000 fine, or both
Commit the above acts in connection any controlled substance other than marijuana, within 200 feet of an elementary or secondary school by someone who is not attending the school Cite: CGS § 21a-267(c)	Mandatory 1-year prison term running consecutively to prison term imposed for the underlying crime Judge can depart from this sentence under certain circumstances (see below)*
Knowing possession of drug paraphernalia in drug factory situation Cite: CGS § 21a-277(c) (see CGS § 21a-255(b))	First offense: up to 2-year prison term, up to a \$3,500 fine, or both Subsequent offense: Class C felony, punishable up to 10-year prison term, up to a \$10,000 fine, or both
Hiring or persuading a minor to possess drug paraphernalia in drug factory situation Cite: CGS § 21a-278a(c)	Mandatory 3-year prison term running consecutively to prison term imposed for underlying crime.

* Judges can impose less than the mandatory minimum sentence under the same circumstances as described above for certain drug sale offenses (see the footnote under Table 2).

Connecticut Alcohol possession laws & Penalties

It is a crime for a person under 21 years old (minor) to procure, possess, or transport alcohol. Penalties for procuring, possessing, or transporting alcohol are an infraction for a first offense and between \$200 to \$500 for a second offense. It is a crime to sell or furnish alcohol to a minor. Penalties for selling or furnishing alcohol to a minor include a fine up to \$3,500 and/or imprisonment up to eighteen months. It is

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a crime to misrepresent one's age, possess a false identification card, use someone else's identification card, forge or alter an identification card, or loan an identification card to another for the purpose of obtaining alcohol. For more information, please see Connecticut General Statute §30.

City of Hartford, Town of West Hartford Public Drinking

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

Definitions; For the purposes of this section:

Alcoholic Liquor; has the same meaning as set forth in section 30-1 of the general statutes.

Open Container; means any open bottle; any bottle which was sealed by a liquor tax stamp, which seal has been broken, whether or not stopped; any can which has been opened in any way; any keg or dispensing device which is set up to dispense; or any glass, cup, jar, or other vessel. “Open container” does not mean any partially consumed bottle of wine that has been sealed and removed from a restaurant pursuant to C.G.S. § 30-22.

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

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

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

Public Highway; means a highway, road, street, avenue, boulevard or other way within and under the control of the city and open to public use, including the sidewalks of any such highway. “Highway” does not include any outdoor dining area that has been approved pursuant to the Town’s zoning ordinances.

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

Exception; Consumption of alcoholic liquor and possession of an open container of alcoholic liquor is permitted during any function, festival, event or celebration conducted on or within a public highway, public area, or parking area pursuant to any law, statute, ordinance, resolution or permit authorizing sale and consumption of liquor in or upon such public highway, public area or parking area. In West Hartford, exceptions also include within a highway by a person within 100 yards of his or her residence; and on the public sidewalk within the property lines of a residence hosting a social event.

Penalty Hartford; A person who violates any provision of this chapter shall be summoned or brought to community court pursuant to P.A. 97-199. A person who is summoned or brought before the community court cannot invoke any of the appeal rights provided by section 1-5 of the Hartford Municipal Code. The superior court judge assigned to the community court may impose a penalty of community service, a fine up to ninety dollars (\$90.00) or a jail sentence up to twenty-five (25) days to any person who is convicted of violating any provision of this chapter.

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

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

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

Sec. 4-31. - Purpose.

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

(Ord. No. 2004-3, § I, 7-12-04)

Sec. 4-32. - Definitions.

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

(Ord. No. 2004-3, § II, 7-12-04)

Sec. 4-33. - Exceptions.

Provisions of this section shall not apply to:

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

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(Ord. No. 2004-3, § III, 7-12-04)

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

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

(Ord. No. 2004-3, § IV, 7-12-04)

Sec. 4-35. - Hosting events.

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

(Ord. No. 2004-3, § V, 7-12-04)

Sec. 4-36. - Penalties.

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

(Ord. No. 2004-3, § VI, 7-12-04)

Sec. 4-37. - Glossary of terms.

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

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

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

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

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

Health Risks Associated with Illicit Drug Use

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

Schedule I

- The drug or other substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.
- Examples of Schedule I substances include heroin, gamma hydroxybutyric acid (GHB), lysergic acid diethylamide (LSD), marijuana, and methaqualone.

Schedule II

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

Schedule III

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

Schedule IV

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

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- Examples of drugs included in Schedule IV are alprazolam, clonazepam, and diazepam.

Schedule V

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

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

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

Each class has distinguishing properties, and drugs within each class often produce similar effects. However, all controlled substances, regardless of class, share a number of common features.

All controlled substances have abuse potential or are immediate precursors to substances with abuse potential. With the exception of anabolic steroids, controlled substances are abused to alter mood, thought, and feeling through their actions on the central nervous system (brain and spinal cord). Some of these drugs alleviate pain, anxiety, or depression. Some induce sleep and others energize.

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

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

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

Drug and Alcohol Abuse Prevention Program

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
	Methamphetamine Epidemic Act of 2005, a retail outlet must store these products out of reach of customers, either behind the counter or in a locked cabinet. Regulated sellers are required to maintain a written or electronic form of a logbook to record sales of these products. In order to purchase these products, customers must now show a photo identification issued by a state or federal government. They are also required to write or enter into the logbook: their name, signature, address, date, and time of sale. In addition to the above, there are daily and monthly sales limits set for customers.	rapidly, and psychological dependence occurs. In fact, the strongest psychological dependence observed occurs with the more potent stimulants, such as amphetamine, methylphenidate, methamphetamine, cocaine and methcathinone. Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a “crash.”		
Depressants Depressants will put you to sleep, relieve anxiety and muscle spasms, and prevent seizures. Barbiturates are older drugs and include butalbital (Fiorina®), phenobarbital, Pentothal®, Seconal® and Nembutal®. You can rapidly develop dependence on and tolerance to barbiturates, meaning you need more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death. Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects. Some examples are Valium®, Xanax®, Halcion®, Ativan®, Klonopin® and Restoril®. Rohypnol® is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally. Ambien® and Sonata® are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. Other CNS depressants include meprobamate, methaqualone	Most depressants are controlled substances that range from Schedule I to Schedule IV under the Controlled Substances Act, depending on their risk for abuse and whether they currently have an accepted medical use. Many of the depressants have FDA-approved medical uses. Rohypnol® is not manufactured or legally marketed in the United States.	Depressants used therapeutically do what they are prescribed for: to put you to sleep, relieve anxiety and muscle spasms, and prevent seizures. They also: Cause amnesia, leaving no memory of events that occur while under the influence, reduce your reaction time, impair mental functioning and judgment, and cause confusion. Long-term use of depressants produces psychological dependence and tolerance.	Some depressants can relax the muscles. Unwanted physical effects include: Slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life threatening.	High doses of depressants or use of them with alcohol or other drugs can slow heart rate and breathing enough to cause death.

Drug and Alcohol Abuse Prevention Program

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
(Quaalude®), and the illicit drug GHB.				
Hallucinogens Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood. Hallucinogens include: • Ecstasy/MDMA • K2 /Spice • Ketamine • LSD • Peyote & Mescaline • Psilocybin • Marijuana/Cannabis (addressed as its own class in this table)	Many hallucinogens are Schedule I under the Controlled Substances Act, meaning that they have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.	Sensory effects include perceptual distortions that vary with dose, setting, and mood. Psychic effects include distortions of thought associated with time and space. Time may appear to stand still, and forms and colors seem to change and take on new significance. Weeks or even months after some hallucinogens have been taken, the user may experience flashbacks — fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. The occurrence of a flashback is unpredictable, but is more likely to occur during times of stress and seems to occur more frequently in younger individuals. With time, these episodes diminish and become less intense.	Physiological effects include elevated heart rate, increased blood pressure, and dilated pupils.	Deaths exclusively from acute overdose of LSD, magic mushrooms, and mescaline are extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material. A severe overdose of PCP and ketamine can result in: respiratory depression, coma, convulsions, seizures, and death due to respiratory arrest
Marijuana/Cannabis Marijuana is classified in the Controlled Substances Act as a hallucinogen. Marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis sativa plant. Marijuana contains over 480 constituents. THC (delta-9-tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect.	Marijuana is a Schedule I substance under the Controlled Substances Act, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Marinol, a synthetic version of THC, the active ingredient found in the marijuana plant, can be prescribed for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer and to stimulate appetite in AIDS patients. Marinol is a Schedule III substance under the Controlled Substances Act.	When marijuana is smoked, the THC passes from the lungs and into the bloodstream, which carries the chemical to the organs throughout the body, including the brain. In the brain, the THC connects to specific sites called cannabinoid receptors on nerve cells and influences the activity of those cell. Many of these receptors are found in the parts of the brain that influence: Pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement. The short-term effects of marijuana include: Problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination. The effect of marijuana on perception and coordination are responsible for serious impairments in learning, associative processes, and psychomotor behavior (driving abilities). Long term, regular use can lead	Short-term physical effects from marijuana use may include: Sedation, blood shot eyes, increased heart rate, coughing from lung irritation, increased appetite, and decreased blood pressure. Like tobacco smokers, marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Because marijuana contains toxins and carcinogens, marijuana smokers increase their risk of cancer of the head, neck, lungs, and respiratory tract. Withdrawal from chronic use of high doses of marijuana causes physical signs including headache, shakiness, sweating, and stomach pains and nausea. Withdrawal symptoms also include behavioral signs such as: Restlessness, irritability, sleep difficulties, and decreased appetite	No death from overdose of marijuana has been reported.

Drug and Alcohol Abuse Prevention Program

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
		to physical dependence and withdrawal following discontinuation, as well as psychic addiction or dependence. Clinical studies show that the physiological, psychological, and behavioral effects of marijuana vary among individuals and present a list of common responses to cannabinoids, as described in the scientific literature: • Dizziness, nausea, tachycardia, facial flushing, dry mouth and tremor initially • Merriment, happiness, and even exhilaration at high doses • Disinhibition, relaxation, increased sociability, and talkativeness • Enhanced sensory perception, giving rise to increased appreciation of music, art, and touch • Heightened imagination leading to a subjective sense of increased creativity • Time distortions • Illusions, delusions, and hallucinations are rare except at high doses • Impaired judgment, reduced coordination, and ataxia, which can impede driving ability or lead to an increase in risk-taking behavior • Emotional lability, incongruity of affect, dysphoria, disorganized thinking, inability to converse logically, agitation, paranoia, confusion, restlessness, anxiety, drowsiness, and panic attacks may occur, especially in inexperienced users or in those who have taken a large dose • Increased appetite and short-term memory impairment are common Researchers have also found an association		

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		between marijuana use and an increased risk of depression, an increased risk and earlier onset of schizophrenia, and other psychotic disorders, especially for teens that have a genetic predisposition.		
Steroids Anabolic steroids are synthetically produced variants of the naturally occurring male hormone testosterone that are abused in an attempt to promote muscle growth, enhance athletic or other physical performance, and improve physical appearance. Testosterone, nandrolone, stanozolol, methandienone, and boldenone are some of the most frequently abused anabolic steroids.	Anabolic steroids are Schedule III substances under the Controlled Substances Act. Only a small number of anabolic steroids are approved for either human or veterinary use. Steroids may be prescribed by a licensed physician for the treatment of testosterone deficiency, delayed puberty, low red blood cell count, breast cancer, and tissue wasting resulting from AIDS.	Case studies and scientific research indicate that high doses of anabolic steroids may cause mood and behavioral effects. In some individuals, steroid use can cause dramatic mood swings, increased feelings of hostility, impaired judgment, and increased levels of aggression (often referred to as "roid rage") When users stop taking steroids, they may experience depression that may be severe enough to lead one to commit suicide. Anabolic steroid use may also cause psychological dependence and addiction.	A wide range of adverse effects is associated with the use or abuse of anabolic steroids. These effects depend on several factors including: Age, sex, the anabolic steroid used, amount used, and duration of use. In adolescents, anabolic steroid use can stunt the ultimate height that an individual achieves. In boys, steroid use can cause early sexual development, acne, and stunted growth. In adolescent girls and women, anabolic steroid use can induce permanent physical changes, such as deepening of the voice, increased facial and body hair growth, menstrual irregularities, male pattern baldness, and lengthening of the clitoris. In men, anabolic steroid use can cause shrinkage of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer. In both men and women, anabolic steroid use can cause high cholesterol levels, which may increase the risk of coronary artery disease, strokes, and heart attacks. Anabolic steroid use can also cause acne and fluid retention. Oral preparations of anabolic steroids, in particular, can damage the liver. Abusers who inject steroids run the risk of contracting various infections due to non-sterile injection techniques, sharing of contaminated needles, and the use of steroid preparations manufactured in non-sterile environments. All	Anabolic steroids are not associated with overdoses. The adverse effects a user would experience develop from the use of steroids over time.

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			these factors put users at risk for contracting viral infections such as HIV/AIDS or hepatitis B or C, and bacterial infections at the sight of injection. Abusers may also develop endocarditis, a bacterial infection that causes a potentially fatal inflammation of the heart lining.	

Health Risks Associated with Alcohol Abuse

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

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

Short-Term Health Risks

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

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

Long-Term Health Risks

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

- High blood pressure, heart disease, stroke, liver disease, and digestive problems.
- Cancer of the breast, mouth, throat, esophagus, liver, and colon.
- Learning and memory problems, including dementia and poor school performance.
- Mental health problems, including depression and anxiety.
- Social problems, including lost productivity, family problems, and unemployment.
- Alcohol dependence or alcoholism.

Educational Consequences of Alcohol and Other Drug Abuse

There are numerous educational consequences associated with alcohol and other drug abuse. About 25 percent of college students report academic consequences of their drinking, including missing class,

falling behind, doing poorly on exams or papers, and receiving lower grades.¹ A post-college study found binge drinking in college to be associated with academic attrition, early departure from college, and lower earnings in post-college employment.² Additionally, a study found that college students who used marijuana were more likely to put themselves in physical danger when under the influence, experience concentration problems, and miss class.³

Support Systems and Resources for Students

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

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

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

- *Alcohol and Other Drugs* (via Vector Solutions)
- *Under the Influence; Marijuana101* (via 3rd Millennium courses)
- One-on-one brief motivational interviewing meetings with trained staff and graduate students

Student Programs and Information

There are a variety of programs, including required training for new first-year and transfer students, sanctions assigned due to student code of conduct alcohol/drug violations, and policies in place to increase student notification to the university of a student in distress due to alcohol/drugs.

¹ National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. (2010). *A snapshot of annual high-risk college drinking consequences*. Retrieved from <http://www.collegedrinkingprevention.gov/StatsSummaries/snapshot.aspx>.

² Jennison, K. M. (2004). The short-term effects and unintended long consequences of binge drinking in college: A 10-year follow-up study. *The American Journal of Drug and Alcohol Abuse*, 30(3), 659-684.

³ Sullivan, M., & Risler, E. (2002). Understanding college alcohol abuse and academic performance: Selecting appropriate intervention strategies. *Journal of College Counseling*, 5 (2), 114-124.

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Prevention and Education Programs and their Goals

Descriptions:

Intervene: The University of Hartford's bystander intervention education program. Originally developed by Cornell University, the 60-minute training examines how students can act as a bystander in seven different scenarios.

Alcohol and Other Drugs: is an online course assigned to all incoming new students. This is a reality-driven online course designed to educate students on the risks of the abuse of alcohol and other drugs, and to teach successful strategies for handling dangerous situations related to these substances. The course features four modules: Your GPA, Your Brain, Your Peers and Your Life. Each section provides extensive, research-backed evidence of the detrimental effects alcohol and other drugs can have, and how social skills and interactions can help reduce harm associated with these substances. (Featuring Not Anymore content)

Under The Influence & Marijuana 101: online programs that are frequently utilized by students who are mandated to complete alcohol or drug education or diversion programs.

Staff Training-Resident Assistant, Resident Director: As part of their required training, all Resident Assistants (RAs) attend workshops where an overview is given of the alcohol and drug policy, as well as proper protocol for documentation is discussed. Within their roles, Resident Assistants are expected to document situations that potentially involve alcohol and/or drugs. This training seeks to educate RAs about our drug and alcohol policy, and to increase the confidence of the Resident Assistants who may have to confront and document behavior.

Similar to Resident Assistants, Residence Directors (RDs) have training around proper response and documentation protocols involving alcohol and/or drugs. In addition, all Residence Directors attend Hearing Officer training is held by the Director for Student Conduct and Conflict Resolution. This training gives an overview of the alcohol and drug policy and prepares these staff members to be hearing officers for student conduct cases that occur in their residential buildings. Similar to the RA training, this training seeks to educate RDs about our drug and alcohol policy, and to increase the confidence of the RDs who may have to play a more active role in the confrontation of such behaviors.

Educational Programming (Residential Halls, community, etc.): As part of their duties, Resident Assistants and Residence Directors design and implement social and educational programming within their buildings. Often times, this programming has focused on education around alcohol and other drugs, risk reduction strategies, bystander intervention and other pertaining topics. This education also occurs through passive programming in the form of themed bulletin boards in residence halls, which may highlight safety tips and campus resources. Whether it is active or passive in nature, the goal is to provide direct education on a topic so that students are better equipped to make healthy decisions.

[Alcohol and Drug Prevention Information \(University of Hartford Website\):](#)

THE SOURCE (The Student Handbook)

Good Samaritan and Amnesty Policy

I.Philosophy

The University of Hartford views student health and safety as matters of paramount importance. The University Alcohol and Drug Policies reflect this priority by prohibiting the use of substances in a manner which is dangerous and/or unlawful.

Students are strongly encouraged to call 860-768-7777 (Public Safety Emergency Phone Line) to request medical assistance when they or others may be

- i.dangerously intoxicated/ under the influence of alcohol/drugs; or,
- ii.experiencing any medical emergency.

The Good Samaritan and Amnesty Policy serves as a supplement to the University's Alcohol and Drug Policies and is designed to encourage good faith, immediate, help-seeking behavior for individuals requiring medical assistance. This policy provides amnesty from consequences described in the Student Code of Conduct and does not preclude hospitalization, interim suspension, university student job-related and/or student-athlete interim measures or other actions deemed relevant for student safety.

II.Policy

This policy applies to students seeking medical assistance for themselves or for another person, and who act in accordance with the expectations set forth in this policy. It also applies to any student for whom medical assistance was sought.

Under this policy:

- a. When students contact Public Safety or another appropriate University staff member (e.g. Resident Assistant on Duty, etc.) seeking medical attention neither the reporting student nor the student for whom medical assistance was sought will be subject to a Student Conduct complaint for possession, consumption or intoxication under the University's alcohol or drug policies.
- b. In order to qualify for medical amnesty under this policy, students who seek assistance for another person must remain with that individual (assuming the student is present at the scene) until Public Safety or other designated first/emergency responder (e.g., ambulance, Fire Department) arrives on scene. It is expected that individuals involved in this process cooperate fully with first/emergency responders.
- c. This policy does not apply to individuals requiring medical assistance for alcohol- or drug- related issues who do not seek assistance, for whom no assistance was sought, or who have already been brought to the attention of University staff or first/emergency responders. For example, this policy would not apply to an intoxicated individual whom Public Safety discovers creating a disturbance on campus.
- d. This policy applies to University alcohol and drug policy violations related to possession, consumption, and intoxication. It does not prevent a complaint being filed against a student for other violations of the Student Code of Conduct (e.g., assault, distribution of illegal substances, etc.), nor does it prevent police/criminal action.
- e. When it is the opinion of the Dean of Students or designee that the continued presence of a student constitutes a danger to the student, or to others, the imposition of interim suspension or other temporary restrictions deemed necessary shall not be precluded under this policy.
- f. In order to qualify for medical amnesty under this policy the student(s) will be required to:
 - i.attend a meeting scheduled by the Executive Director of Student Conduct and Conflict Resolution or designee;

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- ii. attend an educational-based meeting with a trained staff/ graduate student as required by the Executive Director of Student Conduct and Conflict Resolution or designee; and,
 - iii. Act in accordance with all student expectations outlined in this policy.
- g. This policy is in place to provide proactive help and support in good faith for the health of University of Hartford students in isolated situations. It does not excuse or protect those who repeatedly violate University policy. In most cases, this Policy will be applied once - either to the intoxicated student, those that have served alcohol, or those attending social gatherings. Repeat offenders may have their cases referred to the Office of Student Conduct and Conflict Resolution for a student conduct complaint.

Students that help others in incidents of a medical emergency are not limited to one use of this policy as they should always feel empowered to help those in need. Serious or repeated incidents, however, will prompt a higher degree of medical concern and formal response from the University which may include an intervention and/or student conduct action.

- a. This policy is applied after an incident has been reviewed in the Office of Student Conduct and Conflict Resolution. University personnel responding to an incident will follow all protocols on the scene, including documentation of the incident and of those involved.
- b. This University policy does not prevent action by local, state, and/or federal authorities.

Support Systems and Resources for Employees

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

In addition, the University recognizes that, at times, an individual may feel unable to cope with personal problems and that such problems can interfere with the ability to perform satisfactorily on the job. The University offers an Employee Assistance Program (EAP) through ENI/Bree Health to meet the needs of the regular full-time and regular part-time employee needing confidential counseling offered under the program.

The EAP combines managerial elements of training, education, promotion and crisis intervention with a full range of EAP clinical services. This model delivers an integrated program for identifying and successfully combating employee problems in their early stages, including alcohol and drug abuse, before they adversely impact the workplace.

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

The University of Hartford's EAP provider, ENI/Bree Health, provides barrier-free access to personalized mental health solutions by providing employees with a fully-integrated, total well-being program, and

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prides itself in meeting employees where they are in their journey towards holistic wellness. Online materials are available to remind employees and their families of the availability of the program and its services.

Employees are reminded annually about the EAP via a campus-wide email. In addition, more information about the EAP can be found at <https://www.hartford.edu/about/offices-divisions/human-resources-development/employee-assistance-program.aspx>.

Rehabilitation and Re-Entry Programs for Students

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

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